



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **Assessment Framework for Designated Centres for Persons (Children and Adults) with Disabilities**

**January, 2015**

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement** – Supporting health and social care services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

## **Contents**

Introduction.....	4
Theme 1: Individualised Supports and Care .....	5
Theme 2: Effective Services .....	7
Theme 3: Safe Services .....	9
Theme 4: Health and Development .....	10
Theme 5: Leadership, Governance and Management.....	12
Theme 6: Use of Resources .....	14
Theme 7: Responsive Workforce .....	15
Theme 8: Use of Information .....	16

## Introduction

The Health Information and Quality Authority (the Authority) has adopted a common 'Authority Monitoring Approach' (AMA) to carry out its functions as required by the Health Act 2007. All Authority staff involved in the regulation of services and/or the monitoring of services against standards use this approach and any associated procedures and protocols.

The Authority's monitoring approach does not replace professional judgment. Instead, it gives staff a framework within which they can use their professional judgment and supports them in decision-making. The use of AMA and the assessment and judgment frameworks ensures the consistent and timely assessment and monitoring of compliance with regulations and standards. It also ensures a responsive approach to regulation and assessed risk within designated centres.

The purpose of the **Assessment Framework** is to support Authority staff in gathering evidence when monitoring or assessing a service. It is a framework which sets out the 'lines of enquiry' to be explored by inspectors in assessing compliance with the standards and or regulations being monitored or assessed. The lines of enquiry are the key questions or prompts that inspectors use to guide how they source evidence and analyse it in a consistent way.

Inspectors gather and analyse different sources of information to make informed judgments about whether a centre is compliant, substantially compliant or non-compliant with the Regulations and Standards. Once an inspector has gathered enough evidence, using the processes set out in the Assessment Framework, he or she will refer to the judgment framework.

The **Judgment Framework** supports the Authority's staff in making judgments as to whether a registered provider or Person in charge is compliant with the regulations and/or standards or not. The judgment framework works with the Authority's monitoring approach by promoting consistent, evidence-based judgments. This is done by using standardised processes. This framework also provides transparency for providers and the public on how we make judgments about compliance and non-compliance.

This assessment framework should be used in conjunction with the following:

- The Health Act 2007 (as amended)
- Child Care Act 1991
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- National Standards for Residential Services for Children and Adults with Disabilities
- The Authority's Monitoring, Compliance and Escalation procedure
- The Authority's Enforcement Policy for those services subject to regulations, to inform decisions on what is an appropriate regulatory response.

## **Theme 1: Individualised Supports and Care**

Residential services for adults and children with disabilities are centred on the individual person/child and his/her care and support needs. Person-centred services provide the right support at the right time to enable people/children with disabilities to lead their lives in as fulfilling a way as possible. A person-centred approach is one where services are planned and delivered with the active involvement and participation of the people who use services.

### **Outcome 1: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

### **Line of enquiry:**

- 1.1** Are residents consulted with about how the centre is planned and run?
- 1.2** Is the privacy and dignity of each resident respected?
- 1.3** Are residents enabled to make choices about how they live their lives in a way that reflects their individual preferences and diverse needs?
- 1.4** How are residents' belongings and finances valued and protected?
- 1.5** Are there opportunities for residents to participate in activities that are meaningful and purposeful to them and that reflect their interests and capacities??

### **References:**

Regulation 13. General Welfare and Development  
Regulation 9. Residents' Rights  
Regulation 12. Personal Possessions  
Regulation 34. Complaints Procedures  
Standard 1.1. Rights and Diversity  
Standard 1.2. Privacy and dignity  
Standard 1.3. Choice and Control  
Standard 1.5. Access to information  
Standard 1.6. Decision making and consent  
Standard 1.7. Complaints

### **Outcome 2: Communication**

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

**Line of enquiry:**

2.1 Are residents assisted and supported to communicate at all times?

**References:**

Regulation 10. Communication

Standard 1.5. Access to information

**Outcome 3: Family and personal relationships and links with the community**

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

**Line of enquiry:**

**3.1** Are families actively encouraged and involved in the lives of residents?

**3.2** Are residents supported in making friends and integrating into the community?

**References:**

Regulation 13. General Welfare and Development

Regulation 11. Visits

Standard 1.4. Relationships and links with family and the community

## **Theme 2: Effective Services**

Effective services ensure that the proper support mechanisms are in place to enable adults and children with disabilities to lead a fulfilling life. Personal planning is central to supporting people in residential services to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that each person/child maximises his/her personal development. For many people with disabilities, the residential service is their home. The design and layout of the physical environment helps to make sure that people with disabilities can enjoy living in accessible, safe, comfortable and homely surroundings.

### **Outcome 4: Admissions and Contract for the Provision of Services**

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

#### **Line of enquiry:**

**4.1** Are admissions determined on the basis of transparent criteria in accordance with the Statement of Purpose?

**4.2** Are there written agreements with residents which deal with the support, care and welfare of the resident in the designated centre and include details of the services to be provided for that resident?

#### **References:**

Regulation 24. Admissions and Contract for the Provision of Services  
Standard 2.3. Admission and Contract

### **Outcome 5: Social Care Needs**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his or her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

#### **Line of enquiry:**

**5.1** Does the care and support provided to residents reflect the assessed needs and wishes of residents?

**5.2** Are residents supported in transition between services?

**5.3** Are children supported in preparing for adulthood?

**References:**

Regulation 5. Individualised assessment and personal plan  
Regulation 25. Temporary Absence, Transition and Discharge of Residents  
Standard 2.1. Personal planning  
Standard 2.3. Access to services  
Standard 2.4. Transition between childhood and adulthood

**Outcome 6: Safe and suitable premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Line of enquiry:**

**6.1** Is the design and layout of the centre suitable for its stated purpose?

**6.2** Is there suitable equipment, aids and appliances in place to support and promote the full capabilities of residents?

**References:**

Regulation 17. Premises  
Standard 2.2. Physical environment

**Outcome 7: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Line of enquiry:**

**7.1** Is the health and safety of residents, visitors and staff promoted and protected?

**7.2** Are there adequate precautions against the risk of fire in place?

**References:**

Regulation 26. Risk Management Procedures  
Regulation 27. Protection against infection  
Regulation 28. Fire Precautions  
Standard 2.2. Physical environment



## Theme 3: Safe Services

Services promote the safety of people living in residential services through the assessment of risk, learning from adverse events and putting in place policies and procedures that are designed to protect people with disabilities. Safe residential services protect people from abuse and neglect, and follow policy and procedure in reporting any concerns of abuse and or neglect to the relevant authorities.

### **Outcome 8: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

### **Line of enquiry:**

**8.1** Are there measures in place to safeguard and protect residents from abuse?

**8.2** Is there evidence that any incidents of abuse were appropriately investigated and managed in line with the centre's policy, national guidance and legislation?

**8.3** Are residents provided with supports to promote a positive approach to behaviour that challenges?

### **References:**

Regulation 8. Protection

Regulation 7. Positive behavioural support

Standard 3.1. Safeguarding

Standard 3.2. Positive behaviour and emotional wellbeing

Standard 3.3. Restrictive procedures

### **Outcome 9: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

### **Line of enquiry:**

**9.1** Is a record maintained of all incidents occurring in the designated centre, and where required notified to the Chief Inspector of the Authority?

### **References:**

Regulation 31. Notification of Incidents

Standard 3.4. Adverse events and incidents

## **Theme 4: Health and Development**

Residential services support people so that they continue to enjoy a good quality of life and live their lives in keeping with their own social, cultural and religious beliefs. The quality of life for people living in residential care is important in areas including health, educational development, physical and cognitive attainment and social and emotional development. People with disabilities have access to universal health and social care services on the same basis as others in order to maintain and improve their health status.

### **Outcome 10. General Welfare and Development**

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

#### **Line of enquiry:**

**10.1** Do residents have opportunities for new experiences, social participation, education, training and employment?

#### **References:**

Regulation 13. General Welfare and Development  
Standard 4.4. Educational, training and employment opportunities

### **Outcome 11. Healthcare Needs**

Residents are supported on an individual basis to achieve and enjoy the best possible health.

#### **Line of enquiry:**

**11.1** Are residents health care needs met?

**11.2** Are residents provided with a nutritious and varied diet?

#### **References:**

Regulation 6. Health Care  
Regulation 18. Food and Nutrition  
Standard 4.1. Health and development  
Standard 4.2. Health assessment

## **Outcome 12. Medication Management**

Each resident is protected by the designated centres' policies and procedures for medication management.

### **Line of enquiry:**

12.1 Are residents protected by safe medication management policies and practices?

### **References:**

Regulation 29. Medicines and pharmaceutical services  
Standard 4.3. Medication Management

## **Theme 5: Leadership, Governance and Management**

Effective governance in residential services for people with disabilities is achieved by directing and managing activities using good business practices, objectivity, accountability and integrity. In an effective governance structure, overall accountability for the delivery of residential services is clearly defined. Clear lines of accountability can be seen at individual, team and service levels so that all people working in the service are aware of their responsibilities and who they are accountable to.

### **Outcome 13: Statement of Purpose**

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

#### **Line of enquiry:**

**13.1** Is there is a written statement of purpose that accurately describes the service that is provided?

**13.2** Is the statement of purpose clearly demonstrated in practice?

#### **References:**

Regulation 3. Statement of Purpose

Standard 5.3. Statement of Purpose

### **Outcome 14: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

#### **Line of enquiry:**

**14.1** Are there effective management systems in place?

**14.2** Is there a clearly defined management structure that identifies the lines of authority and accountability?

**14.3** Is the centre managed by a suitably qualified, skilled and experienced person?

#### **References:**

Regulation 14. Person in Charge

Regulation 23. Governance and Management

Standard 5.1. Regulatory functions

Standard 5.2. Leadership, governance and management arrangements

Standard 5.4. Service level agreements and contracts

**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Line of enquiry:**

**15.1** Are there suitable arrangements in place for the management of the designated centre in the absence of the person in charge?

**References:**

Regulation 32. Notification of periods when the person in charge is absent

Regulation 33. Notification of the procedures and arrangements for periods when the person in charge is absent

Standard 5:2. Leadership, governance and management arrangements

## **Theme 6: Use of Resources**

The centre's financial and human resources must be well managed in order to deliver person-centred, safe and effective residential services that support the needs of people with disabilities.

### **Outcome 16: Use of Resources**

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

### **Line of enquiry:**

**16.1** Is the centre resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose?

### **References:**

Regulation 23. Governance and Management  
Standard 6.1. Use of resources

## **Theme 7: Responsive Workforce**

Each staff member has a key role to play in delivering person-centred, effective and safe residential services and supports to people living in the residential service. Residential services organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of people with disabilities.

### **Outcome 17: Workforce**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

### **Line of enquiry:**

**17.1** Are the numbers and skill mix of staff appropriate to the assessed needs of residents?

**17.2** Does the education and training available to staff enable them to meet the needs of residents?

**17.3** Are staff supervised appropriate to their role?

**17.4** Is there a safe and robust recruitment process?

**17.5** Do volunteers receive supervision and vetting appropriate to their role and level of involvement in the centre?

### **References:**

Regulation 15. Staffing

Regulation 16. Training and Staff Development

Regulation 30. Volunteers

Standard 7.1. Recruitment practices

Standard 7.2. Staff competencies

Standard 7.3. Supporting staff

Standard 7.4. Training

## **Theme 8: Use of Information**

Quality information and good information systems are central to improving the quality of residential services for people with disabilities. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for service providers. It is important in planning, managing, delivering and monitoring residential services. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of person-centred, safe and effective care to people with disabilities who live in residential services or use residential respite services.

### **Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

### **Line of enquiry:**

**18.1** Are residents protected against the risks of unsafe or inappropriate care by the completeness and accuracy of records?

**18.2** Are there written operational policies to inform practice?

**18.3** Is the centre adequately insured against injury to residents?

### **References:**

Regulation 20. Information for residents

Regulation 4. Written policies and procedures

Regulation 19. Directory of Residents

Regulation 22. Insurance

Regulation 21. Records

Standard 8:1. Information

Standard 8:2. Information governance arrangements



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