



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Judgment Framework for Designated Centres for Persons (Children and Adults) with Disabilities

January 2015

Table of Contents

Introduction	3
Compliance Classifications.....	4
Step 1: Is there sufficient evidence to make a judgment?	5
Step 2: Does the evidence demonstrate compliance?	6
Step 3: What is the level of risk to residents?	6
Step 4: What is the most appropriate regulatory response?	7
Theme 1: Individualised Supports and Care	9
Outcome 1: Residents' Rights, Dignity and Consultation	9
Outcome 2: Communication	15
Outcome 3: Family and personal relationships and links with the community	16
Theme 2: Effective Services.....	19
Outcome 4: Admissions and Contract for the Provision of Services.....	19
Outcome 5: Social Care Needs	21
Outcome 6: Safe and suitable premises	24
Outcome 7: Health and Safety and Risk Management.....	28
Theme 3: Safe Services.....	32
Outcome 8: Safeguarding and Safety	32
Outcome 9: Notification of Incidents.....	37
Theme 4: Health and Development.....	39
Outcome 10: General Welfare and Development.....	39
Outcome 11: Healthcare Needs	41
Outcome 12: Medication Management	44
Theme 5: Leadership, Governance and Management.....	46
Outcome 13: Statement of Purpose.....	46
Outcome 14: Governance and Management.....	48
Outcome 15: Absence of the person in charge	51
Theme 6: Use of Resources.....	52
Outcome 16: Use of Resources	52
Theme 7: Responsive workforce.....	53
Outcome 17: Workforce	53
Theme 8: Use of Information	57
Outcome 18: Records and documentation to be kept.....	57

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 a framework for staff to use professional judgment and supports them to do this. The use of AMA and of the assessment and judgment frameworks ensures:

- a consistent and timely assessment and monitoring of compliance with regulations and standards
- 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 so they can assess the centre's 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 compliance and non-compliance. Once an inspector has gathered enough evidence, he or she will refer to the judgment framework.

The **Judgment Framework** is used to support Authority staff in reaching decisions on whether a registered provider or person in charge is compliant with the regulations and or standards. The judgment framework underpins the Authority's monitoring approach by promoting consistent evidence-based judgement through the use of standardised processes. It also provides transparency for providers and the public on how we make judgments about compliance and non-compliance.

This judgment 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.

Compliance Classifications

We will judge a registered provider or person in charge to be **compliant**, **substantially compliant** or **non-compliant** with the regulations and/or standards. These are defined as follows:

- **Compliant:** A judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the registered provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the registered provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

Actions required

Substantially compliant means that ***action within a reasonable timeframe*** is required to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

Non-compliant means we will assess the impact on the individual(s) who use the service and make a judgment as follows:

- **Major non-compliance: *Immediate action*¹** is required by the provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.
- **Moderate non-compliance: *Priority action*** is required by the provider or person in charge (as appropriate) to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

The judgment framework comprises four steps:

Step 1: Ensure there is sufficient evidence to make a judgment.
Step 2: Ascertain whether the evidence demonstrates compliance.
Step 3: Determine the level of risk to residents (using the Authority's Risk Matrix).
Step 4: Determine the most appropriate regulatory response (using the Enforcement Policy as necessary).

¹ Where a major non-compliance judgment presents an 'immediate' risk to the safety, health or welfare of people using the service, the inspector may issue an immediate action plan on the day of inspection.

Step 1: Is there sufficient evidence to make a judgment?

The first step in the judgment framework is to find out if there is enough strong evidence to make a judgment of compliance or non-compliance with the regulations and/or standards that we are monitoring against.

To determine if the evidence is sufficiently strong we should consider the following:

- Is the evidence **current?** (this may vary by function and by data source)
- Is the evidence **reliable/credible** and can it be validated (triangulated) with another source of information? (it should be noted that not all evidence can be triangulated, for example, a policy is either available or not)
- Is the evidence **relevant?** (does it relate to the regulations and/or standards against which the service is being monitored)
- Is there a **sufficient** amount of evidence to make decisions?
- Does the evidence show **outcomes** (positive and/or negative) regarding the quality and safety of care provided to residents?
- Does the evidence reflect the **experience** of residents?
- Does the evidence show the **processes and controls** that a provider has in place?
- Does the evidence show **relevant actions** taken by the provider in response to factors outside his/her control?

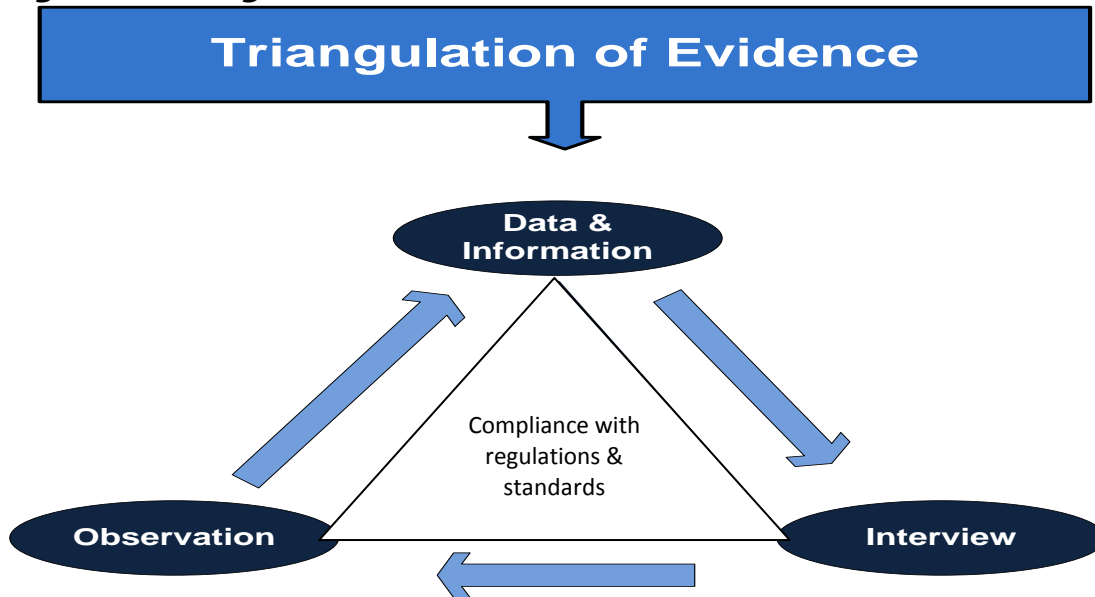
Once we determine that the evidence is strong enough to make an informed judgment, we progress to Step 2 of the judgment framework.

If we find that there is insufficient evidence, further information or clarification will be requested from the provider. Failure to provide additional information or clarification may be in some circumstances considered as non-compliance. In those instances, we use the Authority's monitoring and escalation procedure and the enforcement policy to find the most appropriate regulatory response.

In making a judgment on compliance or non-compliance, we gather and analyse multiple sources of information to ensure that this judgment is informed by at least three separate sources of information. This is known as triangulation.

In some instances, it is not always possible to have three sources of information on which to make a judgment; where there is an immediate (or potential) risk to the safety, health and welfare of residents, a judgment of non-compliance may be made on the strength of a single source of information. However, if fewer sources of information are used to inform our judgments, they may potentially weaken the judgment. Figure 1 demonstrates the mechanics of triangulating evidence.

Figure 1: Triangulation of Evidence



Step 2: Does the evidence demonstrate compliance?

Once we determine that there is enough evidence, we must weigh the evidence and make a judgment of compliance or non-compliance against the relevant regulations or standards.

If there is no evidence of non-compliance, our judgment is that the provider or person in charge is compliant with that specific standard and or regulation.

If the evidence indicates that the provider or person in charge is non-compliant with one or more regulations or standards, it is important to identify which part of the regulation or standard is not being complied with. This will determine the impact of that non-compliance on residents. To do this, we need to refer to the relevant line of enquiry² within the assessment framework.

Step 3: What is the level of risk to residents?

Once we have determined that a provider or person in charge is non-compliant with regulations and/or standards, we need to judge the impact of that non-compliance on residents (and others as per relevant regulations).

All decisions on non-compliance will be considered with regard to 'reasonableness' and 'proportionality' before making a judgment on the impact of that non-compliance.

In terms of **reasonableness**, we will consider what steps a provider has taken towards achieving compliance, such as progress made against their most recent

² The 'lines of enquiry' are prompts for Inspectors to consider when making a judgment about the provider's compliance or lack of compliance with a regulation and or standard.

action plan. For example, a provider has a work programme in place that details the actions he or she proposes to take to comply with the relevant regulations and standards. While the provider may not yet be fully compliant (as the work is still ongoing), we should exercise our judgment as to the impact of that continued non-compliance in the context of the work carried out to date and any residual risk within the centre.

There are two aspects to **proportionality**. All judgments of non-compliance must be in proportion to the evidence and our regulatory response must be proportionate to the facts, circumstances and potential risk.

The Authority's Risk Matrix is used to inform decisions on the severity of impact of non-compliance on residents and the likelihood (probability) of recurrence.

Step 4: What is the most appropriate regulatory response?

Once the evidence has been gathered, the next step is to assess the level of compliance in line with the judgment prompts and compliance descriptors outlined in Step 2.

This step involves reviewing and evaluating information on the lines of enquiry including documentation, data, observations and interviews based on a triangulation of the evidence.

Following this (and where relevant, additional follow-up enquiries with a provider) a judgment of compliance is made.

Inspectors will write their judgments on compliance and non-compliance in a draft report which will be submitted to the relevant inspector manager for review.

When we identify specific issues that could present an immediate and significant risk to the health or welfare of current and future residents, we will act straight away. We will meet with the provider to discuss the risk identified and set out immediate actions they must take to reduce and effectively reduce (or manage) the risk within a specified period of time. This approach is described further within the Authority's monitoring and escalation procedure.

When making decisions on the most appropriate action to take, we will consider the nature of the regulations and or standards that have not been complied with. For example, non-compliance with regulations or standards that relate to safeguarding or protection are more likely to negatively impact on the care and welfare of residents and may warrant a more significant sanction/intervention than those that relate to policies alone.

All available evidence and information about non-compliances (both singular findings of non-compliance and multiple non-compliances across more than one regulation) should be considered, as well as any enforcement options available to

the Authority, before a decision is made about what course of action is proportionate and appropriate.

The Authority's enforcement policy sets out our options for regulatory responses and includes an escalator pyramid to help decision making on the most appropriate action to take. In each instance, we will evaluate all information available to us and using the pyramid, find the most appropriate action to take.

The grids below show the best outcomes for residents and the critical components needed to achieve them, based on the evolving evidence base. They also indicate the deficits which inspections have identified as substantially compliant; or major or moderate non-compliance.

Effective from January 2015

Theme 1: Individualised Supports and Care

Outcome 1: Residents' Rights, Dignity and Consultation

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
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, including receiving visitors in private. 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	<ul style="list-style-type: none"> Residents are consulted about how the centre is planned and run. Residents have access to advocacy services and information about their rights. There are policies and procedures for the management of complaints. The complaints process is user-friendly, accessible to all residents and displayed in a public place. Residents and their families are made aware of the complaints process following admission and are also supported to make complaints. There a nominated person to deal with all complaints and all complaints are recorded and fully and promptly investigated. There is an appeals process that is fair and objective. Residents are made aware promptly of the outcome of any complaint. Complaints are well-managed and bring about changes. 	<ul style="list-style-type: none"> While there are policies, procedures and practices in place, some gaps can be seen in the maintenance of the documentation. The complaints policy is not displayed in a public area and written in an accessible format. Residents and their family have not been made aware of the complaints process following admission. 	<ul style="list-style-type: none"> Residents' views are sought but there is no evidence that they are acted upon. Residents have no access to independent advocacy services. There is a complaints policy but staff do not know enough about it. Practice around the management of complaints is inconsistent. Residents/relatives have made complaints but have not received a response. Residents and family members have no confidence in the 	<ul style="list-style-type: none"> There is no consultation with residents. Residents are not facilitated to exercise their rights. There is no complaints policy or procedure in place. Residents do not know who to complain to. Residents are not supported to make complaints Staff do not know what to do in the event of a complaint being made to them. Residents who have made a complaint are adversely affected as a result.

<p>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.</p>	<ul style="list-style-type: none"> Any resident who has made a complaint is not adversely affected by reason of the complaint having been made. Staff members treat residents with dignity and respect. Personal care practices respect residents' privacy and dignity. Residents are encouraged to maintain their own privacy and dignity. Residents can have private contact with friends, family and significant others. Residents' personal communications, such as letters and phone calls, are respected. The privacy of personal meetings and personal information in respect of each resident is respected. In centres where CCTV systems are in use there is a CCTV policy. 	<ul style="list-style-type: none"> Care is provided in a way that respects residents' privacy but residents are not encouraged to maintain their own privacy and dignity. 	<p>complaints process.</p> <ul style="list-style-type: none"> There is no appeals process. Care is provided in a way that respects residents' privacy but is not consistent. Information about residents is not communicated privately by staff. Staff knock but do not wait for permission before entering bedrooms. Residents are not facilitated to meet or have contact with family members or friends in private. Some practices are not sensitive to residents' needs and do not promote their privacy and dignity. For example, some phrases used to describe residents' needs are 	<ul style="list-style-type: none"> Care is not provided to residents in a way that respects their privacy and dignity. Bedroom and bathroom doors are left open while residents receive personal care. Residents are not encouraged to maintain their own privacy and dignity. Residents' personal communications are monitored and not respected. In centres where CCTV systems are in use there is no CCTV policy.
--	--	--	---	---

			<p>inappropriate.</p> <ul style="list-style-type: none"> • The centre's Information Governance procedures do not protect residents' privacy. • Residents do not have opportunities to be alone. • In centres where CCTV systems are in use there is a CCTV policy but staff do not know enough about it. 	
	<ul style="list-style-type: none"> • The centre is managed in a way that maximises residents' capacity to exercise personal independence and choice in their daily lives. • Routines, practices and facilities promote residents' independence and preferences. • Residents are facilitated to exercise their civil, political, religious rights and can make informed decisions about the management of their care as they are provided with appropriate information. • Residents have opportunities similar 	<ul style="list-style-type: none"> • Residents are not provided with information about choices. • No information is available to residents about their rights. 	<ul style="list-style-type: none"> • Residents' individual choices are not always promoted. • Activities are led by the routine and resources of the service, not the resident and their support needs and wishes. • Some residents have opportunities similar to their peers within services but some do 	<ul style="list-style-type: none"> • Residents are not enabled to make informed decisions about their lives. • Residents are not supported in exercising their rights. • Routines, practices and facilities do not promote residents' independence or choice. • Staff do not know

	<p>to their peers.</p> <ul style="list-style-type: none"> Residents are enabled to take risks within their day to day lives. 		not. There is no clear reason for this difference.	residents' individual preferences.
	<ul style="list-style-type: none"> There is a policy on residents' personal property, personal finances and possessions. Residents' personal property including monies is kept safe through appropriate practices and record keeping. Residents retain control over their own possessions. Residents do their own laundry if they wish. There is enough space for each resident to store and maintain his/her clothes and other possessions. 	<ul style="list-style-type: none"> While there are policies, procedures and practices in place, there are some gaps can be seen in in the documents . Records of residents' money, valuables or furniture are not kept up to date. Residents are supported to keep their own belongings but storage facilities not secure. Not enough storage space is provided for residents' clothing and belongings. Money is kept safe but residents are not encouraged to take financial responsibilities. 	<ul style="list-style-type: none"> There is a policy on residents' personal property, personal finances and possessions but staff do not know enough about it. There are no records of residents' money, valuables or furniture. Laundry facilities do not support residents doing their own laundry. 	<ul style="list-style-type: none"> There is no policy on residents' personal property, personal finances and possessions. Residents' belongings and money regularly go missing in the centre. Residents are not allowed to keep and store their own clothes and belongings. There is no investigation when residents' belongings and money go missing.
	<ul style="list-style-type: none"> Residents have opportunities to participate in activities that provide 	<ul style="list-style-type: none"> While there are activities available to 	<ul style="list-style-type: none"> While there are activities available to 	<ul style="list-style-type: none"> There are no or very few meaningful

	<p>meaning and purpose to them, and which suit their needs, interests and capacities.</p> <ul style="list-style-type: none"> • Individual residents engage in their own specific interests outside of the centre. • There are adequate facilities for occupation and recreation. 	<p>residents, they are not relevant to all of the residents' individual capacities.</p>	<p>residents, they are limited in scope.</p> <ul style="list-style-type: none"> • There is little evidence that staff have the necessary expertise and training to engage with residents with certain disabilities. • Facilities for occupation and recreation are inadequate. • Residents are only involved in resident group activities in the centre. • Residents are not involved in activities in the community, unless it involves a group from the centre. • Residents have no choice about the activities they engage in. • Activities are dictated by the routine and resources of the 	<p>activities available to residents.</p> <ul style="list-style-type: none"> • Residents cannot choose not to participate in activities.
--	--	---	---	---

			<p>centre, not by the wishes or residents or their suitability.</p> <ul style="list-style-type: none"> • Activities are not age appropriate. 	
	<ul style="list-style-type: none"> • Children have opportunities to play. 		<ul style="list-style-type: none"> • There are limited opportunities for play for children. • Play is provided but there is no reasoning for the types of play or the benefits to children's development. • There are not enough toys or recreational areas for children to play in. 	<ul style="list-style-type: none"> • There are no opportunities for play for children. • There are no toys or recreation area for children to play.

Outcome 2: Communication

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
Residents' communication needs are met.	<ul style="list-style-type: none"> • There is a policy on communication with residents. • Staff are aware of the different communication needs of residents and there are systems in place to meet the diverse needs of all residents. This may include the input of external professionals, where necessary. • Individual communication requirements are highlighted in residents' personal plans and reflected in practice. • The centre is part of the local community and residents have access to radio, television, social media, newspapers, internet, information on local events, etc. • Residents are facilitated to access assistive technology and aids and appliances where they are required to promote the residents' full capabilities. 	<ul style="list-style-type: none"> • While there is a policy on communication with residents in place, some gaps are evident in how the document is maintained • Residents are unable to access information about the local area. 	<ul style="list-style-type: none"> • There is a policy on communication with residents but staff do not know enough about it. • Staff have not received training in communication with residents. • Residents are unable to access radio, television, internet, social media or newspapers. • Communications interventions set out in residents' personal plans are inconsistently implemented. • Assistive equipment and technology has not been serviced as necessary. 	<ul style="list-style-type: none"> • There is no policy on communication with residents. • Residents are left without essential aids and equipment for their communication needs. • Interventions to support and improve communication for individuals are not implemented. • Staff are unaware of the different communication needs of residents. • Residents do not have access to assistive technology and aids and appliances to promote their full capabilities.

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

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
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.	<ul style="list-style-type: none"> • Positive relationships between residents and their family members are supported. • Residents can receive visitors in private with no restrictions on family visits, except when requested by the resident. • Families are kept informed of residents' wellbeing. • Families and residents attend personal plan meetings and reviews in accordance with the wishes of the resident. 		<ul style="list-style-type: none"> • Families are not always kept advised of the wellbeing of their relative. • Residents are not facilitated to receive visitors from families where they wish to do so. No specific reasons for this are documented in the residents' personal plan. 	<ul style="list-style-type: none"> • Residents are prevented from meeting or having any contact with family members or friends (except where there are specific, justified reasons given in the residents' personal plan). • Families are not invited to planning meetings in line with the residents' wishes, age and the nature of his or her disability. • Families are not informed about any significant events, incidents or accidents that affect their relative, in line with residents' wishes. • Families are not actively encouraged to be part of their residents' lives in line with residents' wishes.

	<ul style="list-style-type: none"> • There is a policy in place about visitors. • There are no restrictions on visits by friends, except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk. • Residents meet with their friends in private. • Residents are involved in activities in the community. • Residents are supported to develop and maintain personal relationships. • Residents are supported to maintain links with the wider community. 		<ul style="list-style-type: none"> • There is a policy in place in relation to visitors but staff do not know enough about it. • Residents are not facilitated to receive visitors from friends in line with their wishes (where there are no specific reasons given in the residents' personal plan). • Some residents have friends in the wider community but not actively encouraged to develop and maintain friendships. • Individual residents have some involvement in the wider community but not actively encouraged to do so. • Individual residents are involved in the community but only 	<ul style="list-style-type: none"> • There is no policy in place in relation to visitors. • Residents do not have appropriate opportunities to make friends external to the centre. • Residents live in isolation in the centre with minimal involvement with the community. • Friends are not welcome to visit the centre.
--	---	--	---	---

			as part of a group activity with other residents from the centre.	
--	--	--	---	--

Effective from January 2015

Theme 2: Effective Services

Outcome 4: Admissions and Contract for the Provision of Services

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
Admission and discharge to the service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident. It includes details of the services to be provided for that resident and the fees to be charged.	<ul style="list-style-type: none"> • There are policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents. • Residents' admissions are in line with the centre's Statement of Purpose. • The centre's admissions process considers the wishes, needs and safety of the individual and the safety of other residents currently living in the services. 	<ul style="list-style-type: none"> • While there are policies, procedures and practices in place, some gaps are evident in the maintenance of documentation. 	<ul style="list-style-type: none"> • Residents cannot visit the centre in advance of admission. 	<ul style="list-style-type: none"> • There are no policies and procedures for admissions in place, including transfers, discharges and the temporary absence of residents. • Residents are living in the centre even though it is unsuitable and the service cannot meet their needs. • The mix of residents in the centre is unsafe. • Residents' admissions are not in line with the centre's Statement of Purpose.
	<ul style="list-style-type: none"> • Each resident has a written agreement of the terms of their in the centre given to them on 	<ul style="list-style-type: none"> • Residents have a written agreement but it is not signed 	<ul style="list-style-type: none"> • Some residents have a written agreement but others do not 	<ul style="list-style-type: none"> • Residents do not have a written agreement of the

	<p>admission.</p> <ul style="list-style-type: none"> • The agreement sets out the services to be provided and all fees are included in the contract. • Details of additional charges are also included. 	<p>by the resident/relative within one month of admission.</p> <ul style="list-style-type: none"> • Residents have a written agreement but details of charges for additional services are not covered in the contract. 	<p>within one month of admission.</p> <ul style="list-style-type: none"> • Residents have a written agreement but it does not fully outline the services to be provided. • Residents have a written agreement but it does not include the fees to be charged. 	<p>terms on which that resident shall reside in the centre.</p>
--	---	---	---	---

Effective from January 2015

Outcome 5: Social Care Needs

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
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 that are appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in a personal plan that reflects his or her needs, interests and capacities. Personal plans are written with the participation of each resident. Residents are	<ul style="list-style-type: none"> • Each resident's health, personal and social care and support needs are fully assessed before admission. • An assessment is carried out as required to reflect changes in need and circumstances, and at a minimum once a year. • Each resident (or their representative) is actively involved in an assessment to identify their individual needs and choices. • Each assessment has multi-disciplinary input. • Each resident has a written personal plan, which details his or her individual needs and choices. The plan is prepared no later than 28 days after admission to the centre. • The personal plan is made available to the resident in an accessible format. • Each plan is fully implemented and improves outcomes for residents • Each plan is reviewed annually or more frequently if there is a change 	<ul style="list-style-type: none"> • Residents' personal plans are comprehensive and kept under regular review, but there is no evidence that residents have been involved in developing their plans. • Residents and family members are involved in planning and reviews of personal plans but not provided with copies of the plan. 	<ul style="list-style-type: none"> • Personal plans are not holistic and focus on limited aspects of the person's life (e.g. health, social, emotional). • Personal plans are reviewed without the involvement of resident. • Aspirations and preferences are restricted due to risk adverse procedures. • Some personal plans are not updated to reflect the changing needs of residents. • The personal plan is not available to the resident in an accessible format. • Residents' personal plans are comprehensive and 	<ul style="list-style-type: none"> • A comprehensive assessment of the health, personal and social care and support needs of each resident has not been carried out. • There are no personal plans for residents. • Personal plans are not implemented. • Personal plans are not developed with the participation of the resident. • Personal plans are not kept under regular review. • Personal plans are generic and do not identify individual needs, choices and aspirations. • There is no link

supported when moving between services and between childhood and adulthood.	<p>in needs or circumstances, to ensure it is being put into action and that it improves the lives of residents</p> <ul style="list-style-type: none"> • Residents and their family members are consulted and involved in reviewing plans. 		<p>kept under regular review but not fully put into action.</p> <ul style="list-style-type: none"> • Reviews do not assess the effectiveness of the residents' personal plan. • Plans are not specific; they do not identify the person responsible for the objectives within the agreed timescales. 	between residents' personal plans and the care and support that is delivered to them.
	<ul style="list-style-type: none"> • Residents are supported when moving between services. • Planned supports are in place when residents transfer between services. • Residents are consulted when moving within the service or to a new service. • Where appropriate, training in the life-skills required for the new living arrangement is provided to residents. • Discharges are discussed and planned for with the residents. • Discharges take place in a planned and safe manner. <p>On transfer of residents to and from the centre appropriate information is provided and/or received.</p>		<ul style="list-style-type: none"> • Residents are consulted about being transferred between services, but there are limited supports available to the resident. 	<ul style="list-style-type: none"> • Residents are moved between services in an unplanned manner. • Residents are repeatedly moved in response to a crisis. • Residents cannot object to being moved. • There are no supports in place for residents who move between services. • Residents are not consulted about

				<p>being moved between services.</p> <ul style="list-style-type: none"> • Residents are discharged from services without consultation or planning. • On transfer of residents to and from the centre appropriate information is not provided and/or received.
	<ul style="list-style-type: none"> • Children are supported in preparing for adulthood • Older children are given support and guidance in life-skills to enable them to live as independently as possible. 		<ul style="list-style-type: none"> • Older children are taught an inadequate range of life-skills. • Life skills are taught in an infrequent and unstructured way, and the skills are not developed effectively. • Staff do not provide consistent guidance and support to residents on being more independent. 	<ul style="list-style-type: none"> • Older children are treated exactly the same as much younger children. • Risk-averse practices inhibit young people becoming more independent. • Older children are not taught any life skills in preparation for adulthood.

Outcome 6: Safe and suitable premises

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
The location, design and layout of the centre are 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.	<ul style="list-style-type: none"> • The design and layout of the centre are in line with the centre's Statement of purpose. • The centre uses best practice to achieve and promote accessibility. • If needed, alterations are made to the centre to ensure it is accessible to all. • The centre is clean, suitably decorated and well-maintained. • The premises meet the needs of all residents and the design and layout promotes residents' safety, dignity, independence and wellbeing. • The premises have suitable heating, lighting and ventilation. • The premises are free from any major dangers which could cause injury. • There are enough furnishings, fixtures and fittings. • There is enough private and communal accommodation. • There is enough space and suitable storage facilities for the personal 	<ul style="list-style-type: none"> • The premises are clean and well maintained but bedrooms are not personalised. • The premises need redecoration and upkeep. • There are no suitable staff facilities for changing and storage. • Storage for resident's personal belongings is limited. 	<ul style="list-style-type: none"> • The centre does not provide enough communal space. • Residents are able to access most (but not all) parts of the building because of poor accessibility in the design of the building. • Some parts of the building are unclean. • Parts of the centre are poorly maintained and in need of repair. • Bedrooms do not provide enough space for furniture. 	<ul style="list-style-type: none"> • The design and layout of the centre is not in line with the centre's Statement of purpose. • The centre does not provide enough private accommodation. • Residents are restricted in their movements and accessing areas due to the poor design of the building. • Where the centre accommodates adults and children, separate sleeping accommodation is not provided. • Space in the bedrooms is restrictive and does not allow free

	<p>use of residents.</p> <ul style="list-style-type: none"> • There is a kitchen with enough cooking facilities and equipment. • There are enough toilets, bathrooms, showers to meet the needs of residents. • Rooms are of a suitable size and layout suitable for the needs of residents. • There is communal space for residents suitable for social, cultural and religious activities. • General and clinical waste can be disposed of safely. 			<p>movement of the resident and staff around all furniture and equipment.</p> <ul style="list-style-type: none"> • There are inadequate facilities to meet the needs of residents. • There are a number of hazards in the premises which could cause injury. • The centre is unclean and poorly maintained. • There are not enough toilet and washing facilities. • General and clinical waste cannot be disposed of safely. • The kitchen does not have suitable and sufficient cooking facilities, kitchen equipment and tableware.
	<ul style="list-style-type: none"> • There is a suitable outside areas for children to play in • Where the centre accommodates adults and children, sleeping 			<ul style="list-style-type: none"> • There is no suitable recreation area for children to play in outside.

	<p>accommodation is provided separately and decorated in an age-appropriate manner.</p> <ul style="list-style-type: none"> Residents have access to appropriate equipment which promotes their independence and comfort. The equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced. Equipment and facilities are serviced and maintained regularly. 	<ul style="list-style-type: none"> The equipment is well maintained but no records of maintenance are kept 	<ul style="list-style-type: none"> Residents who need assistive equipment have it available to them but some equipment needs to be replaced. Residents who need assistive equipment do not have it available to them and while it is in good working order, it is not regularly serviced. Assistive equipment is not stored safely. There are not enough assistive devices to support staff to move and transfer residents safely, where required. There is no evidence to confirm that the equipment has been repaired or replaced. 	<ul style="list-style-type: none"> Residents who need assistive equipment do not have it available to them. This impacts their quality of life. Equipment is not maintained in good working order.
--	---	---	---	--

			<ul style="list-style-type: none">• Equipment that is shared between residents is not kept clean.	
--	--	--	---	--

Effective from January 2015

Outcome 7: Health and Safety and Risk Management

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
The health and safety of residents, visitors and staff is promoted and protected.	<ul style="list-style-type: none"> There are policies and procedures in place for risk management and emergency planning. The centre has policies and procedures relating to health and safety. The centre has policies and procedures relating to incidents where a resident goes missing Satisfactory procedures are in place for the prevention and control of infection which are in line with standards published by the Authority. The risk management policy is implemented throughout the centre and covers the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents. Arrangements are in place for investigating and learning from serious incidents/adverse events 	<ul style="list-style-type: none"> While there are policies, procedures and practices in place, some gaps can be seen in the maintenance of the documentation. Safe manual handling practice is observed but some staff need refresher training. 	<ul style="list-style-type: none"> There is a risk management and emergency planning policy is in place but staff are do not know enough about it. The centre has policies on health and safety but staff do not know enough about them There are policies and procedures relating to incidents where a resident goes missing but staff do not know enough about it. Staff know what to do in the event of an emergency but the emergency plan is not documented. A risk management policy is in place but some risks in the 	<ul style="list-style-type: none"> There is no risk management and emergency planning policy for the centre. The centre has no policies and procedures relating to incidents where a resident goes missing There have been many health and safety accidents in the centre. There are one or more significant hazards throughout the centre that place residents at risk. There have been repeated recent outbreaks of infections which are not properly managed. There is no emergency plan.

	<p>involving residents. There are also arrangements in place for responding to emergencies.</p> <ul style="list-style-type: none"> • Reasonable measures are in place to prevent accidents. • Vehicles used to transport residents are roadworthy and suitably equipped. 		<p>centre have not been assessed.</p> <ul style="list-style-type: none"> • There is no system to ensure that control measures identified from risk assessments are implemented. • Visitors to residents at risk of health care associated infections do not have ready access to hand washing/ sanitising facilities. • While there is efficient recording and notification of incidents, there is no effective system for investigating and learning from all incidents and accidents. • Risk-averse practices inhibit residents exercising independence and autonomy. 	<ul style="list-style-type: none"> • The centre has no policies on health and safety. • The risk management policy for the centre has not been implemented. • Measures have not been put in place following adverse incidents to prevent them reoccurring. • Hand washing/sanitising facilities are not readily accessible to staff where residents are at risk of a health care associated infection. • There are no measures in place to help residents with their mobility where needed; e.g. handrails are not in place in the centre. • Staff are not trained in moving and handling of residents,
--	--	--	---	---

				<p>where required.</p> <ul style="list-style-type: none"> • Staff are using unsafe moving and handling practices. • Vehicles used to transport residents are not roadworthy and suitably equipped.
	<ul style="list-style-type: none"> • Suitable fire equipment is provided. • There is adequate means of escape, including emergency lighting, and fire exits are unobstructed. • There is a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. • The mobility and cognitive understanding of residents been adequately accounted for in the evacuation procedure. • Staff are trained and know what to do in the event of a fire. • The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. • There are fire drills at six monthly intervals and fire records are kept which include details of fire drills, 		<ul style="list-style-type: none"> • Staff have received fire training but some need refresher training. • Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire, however, regular fire drills are not taking place. • There is an evacuation plan but it does not adequately consider the diverse abilities of residents 	<ul style="list-style-type: none"> • There is no up to date policy on fire prevention and management. • Reasonable arrangements have not been put in place to ensure residents are aware of fire procedures. • There have been frequent fires in the centre. • There are inadequate means of escape • There is inadequate emergency lighting. • Fire escapes are obstructed. • Staff are not trained in fire safety and do

	fire alarm tests and fire fighting equipment.			<p>not demonstrate knowledge of what to do in the event of a fire.</p> <ul style="list-style-type: none"> • Staff are trained in moving and handling of residents, where required. • There is no evacuation plan. • There is no evidence of regular fire drills. • Fire safety equipment has not been tested or serviced in the previous 12 months. • Fire safety systems are often faulty. • Fire exits are unobstructed but some fire doors were wedged open. • Fire evacuation procedures are not prominently displayed throughout the building.
--	---	--	--	--

Theme 3: Safe Services

Outcome 8: Safeguarding and Safety

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
Measures to protect residents being harmed or suffering abuse are in place. 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	<ul style="list-style-type: none"> There is a policy on, and procedures in place for, the prevention, detection and response to abuse which staff are trained on. There is a policy in place for providing personal intimate care. There are measures in place to keep residents safe and protect them from abuse. Staff members treat residents with respect and warmth. Staff know what abuse is and know what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The provider and person in charge monitor the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. Residents in the centre feel safe. Staff have received training in understanding abuse, especially 	<ul style="list-style-type: none"> While there are policies, procedures and practices in place, some gaps are evident in the maintenance of the documentation. The provider and person in charge have taken measures to protect residents from being harmed and from suffering abuse; however, some improvement is required to the policy on preventing abuse and responding to allegations or suspicions of abuse. 	<ul style="list-style-type: none"> There is a policy on the prevention, detection and response to abuse but staff do not know enough about it. There is a policy in place for the provision of personal intimate care but staff do not know enough about it. Staff know what to do in the event of an allegation/ suspicion of abuse but there is no programme of formal staff training. The centre has no policy and procedures on the prevention, detection and response to abuse. 	<ul style="list-style-type: none"> There is no policy and procedures on the prevention, detection and response to abuse. There is no policy in place for the provision of personal intimate care. Safeguarding practices are poor. Staff have very little knowledge about the signs of abuse. Staff do not know what to do in the event of an allegation or suspicion of abuse. Residents do not know what to do in the event they experience abuse.

behaviour that challenges. A restraint-free environment is promoted.	about abuse of children and adults with disability			
	<ul style="list-style-type: none"> • Staff caring for children understand Children First and their responsibilities under this guidance • There is a designated person on the staff team as per the <i>Children First</i> National Guidance for the Protection and Welfare of Children 		<ul style="list-style-type: none"> • There is a designated person but not all staff are aware of the role 	<ul style="list-style-type: none"> • Staff have no knowledge of <i>Children First</i> nor their responsibilities under their guidance • There is no designated person as required under the <i>Children First</i> legislation
	<ul style="list-style-type: none"> • Any incidents, allegations or suspicions of abuse have been recorded. These incidents were appropriately investigated and responded to in line with the centre's policy, national guidance and legislation 		<ul style="list-style-type: none"> • Incidents of abuse were investigated appropriately but poorly recorded. • Incidents of abuse were investigated appropriately, but residents, their families or representatives were not informed of the outcomes. • Incidents of abuse were reported to the relevant statutory agency but not followed up. 	<ul style="list-style-type: none"> • Incidents, allegations and suspicions of abuse were deliberately concealed by the service. • Incidents, allegations, suspicions of abuse at the centre were not appropriately investigated in accordance with policy, national guidance and legislation. • Parents and family members were not informed about allegations of abuse. • Child abuse allegations

				<p>were not referred to the statutory Child Protection and Welfare Service.</p> <ul style="list-style-type: none"> • Abuse allegations were not reported to the Garda Síochána when required. • Any incidents, allegations, suspicions of abuse at the centre were not recorded. • Incidents, allegations or suspicions of abuse at the centre were investigated but safeguards have not been put in place. • The provider or person and charge does not know how to respond to incidents, allegations or suspicions of abuse.
	<ul style="list-style-type: none"> • There is a policy in place for the provision of behavioural support. • Staff are fully trained in managing behaviour that is challenging including de-escalation and intervention techniques. 	<ul style="list-style-type: none"> • While there are policies, procedures and practices in place, some gaps can be seen in the way the documents are 	<ul style="list-style-type: none"> • There is a policy in place for the provision of behavioural support but staff do not know enough about it. 	<ul style="list-style-type: none"> • There is no policy in place for the provision of behavioural support. • There is no policy in place on the use of

	<ul style="list-style-type: none"> • There is a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint • Efforts are being made to identify and alleviate the underlying causes of behaviour that is challenging for each individual resident • Specialist and/or therapeutic interventions are implemented in consultation with the resident and their family member through their personal plans. • Interventions are regularly reviewed as part of the personal planning process to assess their impact on improving challenging behaviour and improving the lives of the resident. • The rights of residents are protected in the use of restrictive procedures. • All alternative measures are considered before a restrictive procedure. • Where restrictive procedures are assessed as being required the least restrictive procedure, for the shortest duration necessary, is used • The use of restrictive procedures is 	<p>maintained.</p> <ul style="list-style-type: none"> • The centre's policy on restrictive procedures does not give enough guidance and inform staff practice. • Care interventions have been developed for the use of restrictive procedures for most residents but some do not provide adequate instruction to guide staff practice. 	<ul style="list-style-type: none"> • There is a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint but staff do not know enough about it. • Safeguarding and quality assurance of restrictive procedures is poor. • Multi-disciplinary input (such as consulting with doctors, physiotherapists etc.) is not sought when planning interventions for individual residents. • There is insufficient review of interventions through the individual personal plan. • While risk assessments on the use of restrictive 	<p>restrictive procedures and physical, chemical and environmental restraint.</p> <ul style="list-style-type: none"> • Staff have not been trained in managing behaviour that is challenging. • Where restrictive procedures are used, they are not used in accordance with national policy and evidence-based practice. • Restrictive procedures are overly used and are the sole means of managing behaviour. • Restrictive procedures are used in a way that causes significant distress and upset to residents. • Staff are not • putting individual plans in place to manage behaviours.
--	--	--	--	---

	<p>carefully monitored to prevent them being abused and or overused.</p> <ul style="list-style-type: none"> • Family members are informed of the use of restrictive procedures. • The use of medication to manage challenging behaviour is carefully monitored. • Staff are fully trained in the use and implications of restrictive procedures. • Residents are assessed as to their suitability to receive restrictive procedures. 		<p>procedures have been completed, the reasons for their use is not clearly assessed and recorded for some residents.</p> <ul style="list-style-type: none"> • There is no evidence that other options have been tried for residents. 	<ul style="list-style-type: none"> • Reasons for using restrictive procedures are not clearly assessed or recorded. • The use of restrictive procedures are not monitored, supervised and reviewed. • Staff carry out restrictive procedures without being trained to do so.
--	--	--	--	---

Effective from January 2015

Outcome 9: Notification of Incidents

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.	<ul style="list-style-type: none"> A record of all incidents occurring in the designated centre is maintained. A notification is provided to the Authority within 3 days of the occurrence of any incident set out in regulation 31(1) (a) to (h) quarterly report is provided to the authority to notify of any incident set out in regulation 31(3) (a) to (f) of Schedule 4. A report is provided to the Authority at the end of each 6 month period in the event of no 'three day' or 'quarterly' notifiable incidents occurring in the designated centre When the cause of an unexpected death has been established, the Authority is informed of that cause. 		<ul style="list-style-type: none"> A system is in place to record incidents and accidents but some incidents were not reviewed. Not all incidents were appropriately recorded. While there is a log of all accidents and incidents, some were not reported to the Authority within the three day time period as necessary. Some details recorded on the incident log do not match the information submitted to the Authority. Notifications are not being made in line with the 	<ul style="list-style-type: none"> Not all incidents and accidents are recorded in the centre. Incidents have not been notified to the Authority's Chief Inspector.

			<p>requirements of the regulations.</p> <ul style="list-style-type: none">• When established, the Authority has not been informed of the cause of an unexpected death.	
--	--	--	--	--

Effective from January 2015

Theme 4: Health and Development

Outcome 10: General Welfare and Development

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
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.	<ul style="list-style-type: none"> In centres where children live, there is an education policy that complies with the relevant legislation about the education needs of children with disabilities. There is a policy on access to education, training and development. Educational achievement of residents is valued and proactively supported by practices in the centre. There is a robust assessment process to establish each resident's educational/employment/training goals. Residents are engaged in social activities, internal and external to the centre. Arrangements are in place for residents to undergo training or attend college. 	<ul style="list-style-type: none"> Residents are engaged in social activities but these are limited in scope. 	<ul style="list-style-type: none"> In centres where children live, there is a policy that complies with relevant legislation about the education needs of children with disabilities. Staff, however, are not sufficiently knowledgeable about it. There is a policy on access to education, training and development, but staff are not sufficiently knowledgeable about it. Residents are facilitated to 	<ul style="list-style-type: none"> In centres where children live, there is no policy that complies with relevant legislation about the education needs of children with disabilities. There is no policy on access to education, training and development. Residents are not supported to participate in education/training/employment programmes. Residents are attending unsuitable programmes against their wishes. There is no assessment or plans in place to support education and training and employment. Residents are not engaged in social activities. Educational and

	<ul style="list-style-type: none"> Residents in transition can continue their education. 		<p>participate in education, training or employment programmes but support is limited.</p> <ul style="list-style-type: none"> Continuing education is not considered for residents in transition. 	<p>employment outcomes are poor.</p>
	<ul style="list-style-type: none"> Children participate in education and other programmes that support them in achieving their potential. When children enter residential services their assessment includes appropriate education attainment targets. Children approaching school-leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests. 		<ul style="list-style-type: none"> Children are not actively encouraged to reach their educational potential. 	<ul style="list-style-type: none"> There is no educational programme available to children. There is no assessment of children's educational needs. Children approaching school-leaving age are not supported to participate in third level education or relevant training programmes Educational supports identified to be provided by the centre are not implemented.

Outcome 11: Healthcare Needs

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
Each resident is supported to achieve and enjoy the best possible health.	<ul style="list-style-type: none"> Residents' health care needs are met in line with their personal plan through timely access to health care services and appropriate treatment and therapies. Where medical treatment is recommended and agreed by the resident, such treatment is facilitated. Each resident's health needs are appropriately assessed and met by the care provided in the centre. Residents have access to allied health care services which reflect their different care needs. Residents are encouraged and enabled to make healthy living choices. Residents are actively encouraged to take responsibility for their own health and medical needs. End-of-life care meets the needs of the resident and is in line with best practice. Residents have access to a medical 	<ul style="list-style-type: none"> There is not enough evidence that residents have access to appropriate health information. Residents do not have access to a medical practitioner of their choice or one that is acceptable to them. 	<ul style="list-style-type: none"> Generally, residents' health and social care needs are met; however there are significant deficiencies in documentation. This means not all residents' identified needs are being addressed. There is no record of residents being referred to allied services such as speech and language, physiotherapy and occupational therapy, where required. Where residents have refused medical treatment, there is not enough evidence that this has been 	<ul style="list-style-type: none"> Residents do not have access to a medical practitioner. Where medical treatment is recommended and agreed by the resident, such treatment is not facilitated. Some or all of residents' health needs were not met. The part of the personal plan that relates to health does not reflect the real, assessed health needs of residents. Access to Allied Healthcare Professionals is not facilitated. Residents' right to refuse medical

	<p>practitioner of their choice or one that is acceptable to them.</p> <ul style="list-style-type: none"> Residents are supported to access appropriate health information both within the residential service and in the wider community. Residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes. 		<p>documented and brought to the attention of their medical practitioner.</p> <ul style="list-style-type: none"> End-of-life care processes are in place but they are not always followed by staff. 	<p>treatment is not respected.</p> <ul style="list-style-type: none"> End-of-life care does not meet the residents' assessed needs and does not take into account their expressed needs and wishes.
	<ul style="list-style-type: none"> Food is nutritious, appetizing, varied and there is enough available. Food is available at times suitable to residents. Snacks are available throughout the day. Residents are offered support and helped to eat and drink, when necessary, in a sensitive and appropriate way. Residents are supported to buy and prepare their own meals if this is their preference and if they can do so. The advice of dieticians and other specialists is implemented in accordance with each residents 	<ul style="list-style-type: none"> Food is nutritious, varied and there is enough available, but there is limited choice. 	<ul style="list-style-type: none"> Residents are given assistance at mealtimes but it is often hurried or undignified. Individual health plans are not consistently put into practice. Residents have no access to snacks outside regular mealtimes. Residents are prevented from buying, preparing or choosing meals as 	<ul style="list-style-type: none"> Residents are often hungry. Advice of dieticians and other specialists is ignored, resulting in serious incidents of choking and allergic reactions. Food is not nutritious or appetizing. Residents are not given appropriate assistance. Poor food is contributing to health problems e.g. obesity/malnourishment.

	personal plan. <ul style="list-style-type: none">• Meal times are positive and social events.		appropriate to their ability and preference.	
--	---	--	--	--

Effective from January 2015

Outcome 12: Medication Management

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
Each resident is protected by the designated centres' policies and procedures for medication management.	<ul style="list-style-type: none"> There are written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans are appropriately reviewed and put in place, as part of the individual personal plans. The processes in place for the handling of medicines are safe and in accordance with current guidelines and legislation. Staff follow appropriate medication management practices. There are appropriate procedures for handling and disposing of unused and out-of-date medicines. Residents are responsible for their own medication following an appropriate assessment. A system is in place for reviewing and monitoring safe medication management practices. 	<ul style="list-style-type: none"> Residents do not have access to a pharmacist of their choice or one that is acceptable to them. The person in charge does not give appropriate support to the resident in his/her dealings with the pharmacist (if required). While there is a policy on medication management in place, there are some gaps in the maintenance of the documentation. 	<ul style="list-style-type: none"> There are written medication management policies but staff do not know enough about them. Where residents are self-medicating there is no evidence that appropriate assessments have been carried out. There is no recording of medications administered during a specific time. Residents are not supported to manage their own medication, in line with their wishes and capacity. Where the pharmacist provides a record of a medication related 	<ul style="list-style-type: none"> There are no written operational policies relating to medication management. The centre does not have appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines Medication being used as part of the therapeutic response to behaviour issues is not reviewed regularly to ensure it continues to meet the needs of the resident.

			intervention this is not kept in a safe and accessible place.	
--	--	--	---	--

Effective from January 2015

Theme 5: Leadership, Governance and Management

Outcome 13: Statement of Purpose

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
There is a written statement of purpose that accurately describes the service that is 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.	<ul style="list-style-type: none"> • The statement of purpose sets out a statement of the aims, objectives and ethos of the designated centre. It also states the facilities and services which are to be provided for residents. • It contains all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013. • The statement of purpose is kept under review at intervals of not less than one year • The statement of purpose is available in a format that is accessible to residents and their representatives.. 	<ul style="list-style-type: none"> • The statement of purpose accurately describes the services provided in the centre but does not contain some of the information as required. [According to Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.] • Residents are not aware that there is a statement of purpose. • The statement of purpose is not available in a format that is accessible to residents. • The statement of 	<ul style="list-style-type: none"> • The statement of purpose does not accurately describe the services provided in the centre. • The centre's practices do not reflect the statement of purpose. • The statement does not contain much of the information required. [in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.] • The statement of purpose is not kept under review. 	<ul style="list-style-type: none"> • There is no written statement of purpose. • The statement of purpose provided does not reflect the service provided by the centre. • There is a statement of purpose but changes to the facilities and services have been made without notifying the Authority in writing prior to these changes being made.

		purpose is not kept under review or revised at intervals of not less than one year.		
--	--	---	--	--

Effective from January 2015

Outcome 14: Governance and Management

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
<p>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</p>	<ul style="list-style-type: none"> • Management systems are in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. • There is an annual review of the quality and safety of care in the designated centre. • A copy of the annual review is made available to residents. • The provider (or the provider nominee) visits the centre at least once every six months and produces a report on the safety and quality of care and support provided in the centre. • Arrangements are in place to ensure staff exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. 	<ul style="list-style-type: none"> • An annual review of the quality and safety of care in the designated centre takes place; however there is no evidence of consultation with residents or their representatives. 	<ul style="list-style-type: none"> • An annual review of the quality and safety of care in the designated centre takes place but there is no evidence of learning from the review. • A copy of the annual review is not made available to residents or to the chief inspector. • The provider (or the provider nominee) does not make an unannounced visit to the centre at least once every six months. • The provider or the provider nominee does not produce a report on the safety and quality of care and support provided 	<ul style="list-style-type: none"> • An annual review of the quality and safety of care in the designated centre does not take place.

service.			in the centre.	
	<ul style="list-style-type: none"> • There is a clearly defined management structure which identifies the lines of authority and accountability in the centre. 	<ul style="list-style-type: none"> • Staff know the management structure and the reporting mechanisms but it is not correctly documented. • There is an annual review of quality and safety of care, but a copy is not made available to residents, their family or representative. 	<ul style="list-style-type: none"> • There is a management structure but it is not up-to-date. • Some staff members do not know the reporting mechanisms. • There are not enough arrangements in place to allow staff to raise concerns about the quality and safety of the care and support provided to residents. 	<ul style="list-style-type: none"> • There is no defined management structure. • There are no clear lines of accountability for decision making and responsibility for the delivery of services to residents. • Staff are unaware of the relevant reporting mechanisms.
	<ul style="list-style-type: none"> • There is a full-time person in charge of the designated centre. • The centre is managed by a suitably skilled, qualified and experienced manager. • The person in charge can demonstrate sufficient knowledge of the legislation and his/her statutory responsibilities. • The person in charge provides good leadership. 		<ul style="list-style-type: none"> • Residents do not know who is in charge of the centre. • The designated centre is managed by a suitably qualified person; however, there are some gaps in his/her knowledge of the relevant legislation and 	<ul style="list-style-type: none"> • The person in charge does not have the required experience. • The person in charge does not have the required qualification. The role of the person in charge is not full-time. • The person in charge is ineffective in their

	<ul style="list-style-type: none"> • The person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis. • He/she is committed to his/her own professional development. • Residents can identify the person in charge. • The person in charge may manage more than one designated centre if he/she can ensure the effective governance, operational management and administration of the designated centres concerned. 		<p>his/her responsibilities under the legislation.</p> <ul style="list-style-type: none"> • There are no appropriate arrangements in place for a deputy in the case of the absence of the person in charge. 	<p>role and outcomes for residents are poor.</p> <ul style="list-style-type: none"> • The person in charge is unable to demonstrate sufficient knowledge of his/her statutory obligations. The person in charge is inaccessible to residents and their families. The person in charge manages more than one designated centre and cannot ensure the effective governance, operational management and administration of the designated centres concerned.
--	--	--	--	---

Outcome 15: Absence of the person in charge

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
The Authority's 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.	<ul style="list-style-type: none"> In cases where the person in charge is expected to be absent for 28 days or more, the Authority is notified one month prior to the expected absence. In the case of an emergency absence, the Authority is notified within 3 days of its occurrence. The Authority is also notified within 3 days of person in charge's return. While the person in charge is absent there are suitable arrangements made for his/her absence and these arrangements are notified to the Authority. 		<ul style="list-style-type: none"> The person in charge is absent from the centre and suitable arrangements have been made for his or her absence. However, the provider is unaware of his/her responsibility to notify the Authority of the absence of the person in charge. 	<ul style="list-style-type: none"> The Authority has not been notified of the absence of the person in charge, as required by the regulations. The person in charge is absent from the centre but no suitable arrangements have been made for his or her absence.

Theme 6: Use of Resources

Outcome 16: Use of Resources

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
The centre is resourced to ensure the effective delivery of care and support in accordance with the centre's Statement of Purpose.	<ul style="list-style-type: none"> There are enough resources to support residents achieving their individual personal plans. The facilities and services in the centre reflect the statement of purpose. 	<ul style="list-style-type: none"> Resources are not being regularly reviewed. 	<ul style="list-style-type: none"> There are sufficient resources but they are not appropriately managed to meet priority needs. 	<ul style="list-style-type: none"> There are insufficient resources in the centre and the needs of residents are not met. The facilities and services do not reflect the centre's statement of purpose.

Theme 7: Responsive workforce

Outcome 17: Workforce

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
<p>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.</p> <p>Residents receive continuity of care.</p> <p>Staff have up-to-date mandatory training and access to education and training to meet the needs of residents.</p> <p>All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</p>	<ul style="list-style-type: none"> • There are enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. • Nursing care is provided, subject to the statement of purpose and the assessed needs of residents. • Staffing levels take into account the statement of purpose and size and layout of the building. • There is an actual and planned staff rota. • Residents receive assistance, interventions and care in a respectful, timely and safe manner. 	<ul style="list-style-type: none"> • There are enough staff on duty to meet the assessed needs of residents but the planned rota does not match the staff on duty. • Adequate supervision is not in place for Residents are not adequately supervised during staff handovers. 	<ul style="list-style-type: none"> • There are enough staff to meet the assessed needs of residents but no contingencies are in place to cover staff on annual or sick leave. • There are enough staff to meet the assessed needs of residents but staffing is not organised around the needs of residents. • Staff are slow to respond to residents at different times of the day and night. 	<ul style="list-style-type: none"> • Residents' needs could not be met as staff members lacked the required skills and/or experience to support and care for them. • Where residents are assessed as requiring nursing care, none is provided. • The staffing levels and skill mix are not enough to meet the assessed needs of residents. • There is evidence of negative outcomes for residents due to staff shortages. • There is no staff rota in place.

	<ul style="list-style-type: none"> • The education and training available to staff enables them to provide care that reflects up-to-date, evidence-based practice. • Education and training provided reflects the Statement of purpose. • Staff are able to deliver care and support to residents because their learning and development needs have been met. • Staff are aware of all policies and procedures related to the general welfare and protection of residents. • There are also aware of the current legislation including the Health Act 2007, the Regulations and Standards. 	<p>Training records do not provide adequate evidence that training has been provided.</p>	<ul style="list-style-type: none"> • A training programme is in place for staff but some staff have not received mandatory training. • Staff have received training but there is evidence that training is not always put into practice. • Staff have no access to or understanding of the Health Act 2007, regulations, standards and other relevant guidance 	<ul style="list-style-type: none"> • Staff have not participated in any training. • There is no training programme in place for staff and this impacts on the quality of care to residents • Staff have no understanding of the regulations and standards. • Staff are not familiar with the centre's policies and procedures. • Staff do not have the skills to care for residents with specialist care needs.
	<ul style="list-style-type: none"> • Staff are supervised appropriate to their role. • Good quality supervision is in place that improves practice and accountability. 	<ul style="list-style-type: none"> • Staff members receive good quality supervision but this is not supported by written policies. • There is not enough evidence that staff receive sufficient supervision. 	<ul style="list-style-type: none"> • Staff receive supervision but this does not impact on the quality of care. • Some but not all staff receive supervision. 	<ul style="list-style-type: none"> • Staff members do not receive any supervision

	<ul style="list-style-type: none"> • There are effective recruitment procedures in place that include checking and recording all required information. • The requirements of Schedule 2 of the regulations in relation to staff documentation have been met. • All relevant members of staff have an up-to-date registration with the relevant professional body, if this is required, for their role. 		<ul style="list-style-type: none"> • There are written policies and procedures relating to the recruitment, selection and vetting of staff but not all documents required under Schedule 2 of the Regulations are contained in the personnel files. • Some staff references have not been verified • Telephone references have not been documented or verified. 	<ul style="list-style-type: none"> • Residents experienced harm as a direct result of inadequate recruitment and vetting practices. • There are no written policies and procedures relating to the recruitment, selection and Garda vetting of staff. • Evidence that inappropriate staff members were working in the centre as proper checks were not completed. • Residents were at risk due to the lack of appropriate Garda vetting of the suitability of staff members to work directly with residents. • Recruitment procedures do not ensure that the requirements of
--	---	--	--	---

				<p>Schedule 2 of the regulations are met prior to employment.</p> <ul style="list-style-type: none"> • The provider failed to maintain a record of current registration details of nursing staff.
	<ul style="list-style-type: none"> • Volunteers provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. . • Volunteers receive supervision appropriate to their role and level of involvement in the centre. • Volunteers have their roles and responsibilities set out in writing. 	<ul style="list-style-type: none"> • Volunteers have provided a vetting disclosure, have a clear understanding of their role and responsibilities, but these have not been set out in a written agreement. 	<ul style="list-style-type: none"> • Volunteers have provided a vetting disclosure but do not receive supervision appropriate to their role and level of involvement in the centre. 	<ul style="list-style-type: none"> • Volunteers have not provided a vetting disclosure.

Theme 8: Use of Information

Outcome 18: Records and documentation to be kept

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
<p>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 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 Regulations.</p>	<ul style="list-style-type: none"> • Complete records are maintained in the centre. • Records are accurate and up-to-date. Records are kept secure but easily retrievable. • Residents can access their own records. • Residents' records and general records are kept for at least 7 years after the child stops living in the centre. • Records relating to inspections by other authorities (fire/food safety/health and safety) are maintained. • There is a guide to the centre available to residents. 	<ul style="list-style-type: none"> • Records are maintained but are not easily retrievable. 	<ul style="list-style-type: none"> • Records are maintained but there are inaccuracies and some are out of date. 	<ul style="list-style-type: none"> • Some of the records required by Part 6 of the Regulations are not maintained. • Records relating to inspections by other authorities are not maintained in the centre.
	<ul style="list-style-type: none"> • There are policies which reflect the centre's practice. • Staff understand policies and implement them in practice. • Policies and procedures are reviewed and updated to reflect best practice and at intervals not 	<ul style="list-style-type: none"> • While there are operational policies and procedures some gaps are evident in the maintenance of the documentation. • Policies and 	<ul style="list-style-type: none"> • There are policies in place but they are not enough to guide staff. • Staff are aware of the centre's policies but do not always 	<ul style="list-style-type: none"> • Many of the operational policies required by Schedule 5 of the regulations are not maintained. • Staff have no understanding of the

	<p>exceeding 3 years</p> <ul style="list-style-type: none"> • Practices are regularly reviewed to ensure the changing needs of residents are met. 	<p>procedures have not been reviewed and updated to reflect best practice and/or at intervals not exceeding 3 years.</p> <ul style="list-style-type: none"> • Staff put the policies into practice but some staff need further training in relation about using them. 	reflect them in practice.	centre's policies and do not put them into practice.
	<ul style="list-style-type: none"> • The centre is adequately insured against accidents or injury to residents, staff and visitors. 			<ul style="list-style-type: none"> • The centre is not adequately insured against injury to residents.

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400

URL: www.hiqa.ie

© Health Information and Quality Authority 2015