



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Assessment Framework for Designated Centres for Older People

July 2016

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.

HIQA'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.

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Introduction

The Health Information and Quality Authority (the Authority) has adopted a common 'Authority Monitoring Approach' (AMA) in order to carry out its functions as required by the Health Act 2007.

All HIQA staff involved in the regulation of services and/or the monitoring of services against standards adhere to this approach and to any associated procedures and protocols. HIQA's monitoring approach does not replace professional judgment. Instead it gives a framework to exercise professional judgment and to support it. The application of AMA, and the use of assessment and judgment frameworks ensures the consistent and timely assessment and monitoring of compliance with regulations and standards and a responsive approach to regulation and assessed risk within designated centres.

The purpose of the Assessment Framework is to support HIQA 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 order to assess 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 sufficient evidence, he/she will refer to the judgment framework.

The purpose of the Judgment Framework is to support HIQA 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 HIQA'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.

The Assessment Framework should be used in conjunction with the following:

- Health Act 2007 (as amended)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013
- the *National Quality Standards for Residential Care Settings for Older People in Ireland, Revised 2015*
- the Authority's Enforcement Policy for those services subject to regulations, to inform decisions on what is an appropriate regulatory response
- the Authority's Judgment Framework, which supports staff in by promoting consistent decision making.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1: Statement of purpose

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.

Line of enquiry:

1.1 Is there is a written statement of purpose that accurately describes the service that is provided in the centre and which is clearly demonstrated in practice?

References:

Regulation 3: Statement of Purpose

Standard 2.3: The design and delivery of the residential service maintains and supports physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcomes.

Standard 5.3: The residential service has a publically available statement of purpose that accurately describes the services provided.

Outcome 2: Governance and management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Line of enquiry:

2.1 Are there effective management systems in place?

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

References:

Regulation 23: Governance and Management

Standard 5.1: The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and

promote their welfare.

Standard 5.2: The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.

Standard 5.4: The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

Standard 6.1: The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.

Standard 8.1: Information is used to plan and deliver person-centred, safe and effective residential services and supports.

Superseded

Outcome 3: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Line of enquiry:

3.1 Is there a guide for residents and a written contract agreed with each resident?

References:

Regulation 24: Contract for the Provision of Services

Regulation 20: Information for Residents

Standard 2.8: Each resident's access to residential services is determined on the basis of fair and transparent criteria.

Outcome 4: Suitable person in charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Line of enquiry:

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

References:

Regulation 14: Persons in Charge

Outcome 5: Documentation to be kept at a designated centre

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 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 Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Line of enquiry:

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

5.2 Are there written operational policies to inform practice?

5.3 Is the centre adequately insured against accidents or injury to residents?

References:

Regulation 4: Written Policies and Procedures

Regulation 19: Directory of Residents

Regulation 21: Records

Regulation 22: Insurance

Standard 7.1: Safe and effective recruitment practices are in place to recruit staff.

Standard 8.2: Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred safe and effective service.

Outcome 6: 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:

6.1 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 Absence

Regulation 33: Notification of Procedures and Arrangements for Periods when Person in Charge is Absent from the Designated Centre

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers. In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity. To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 7: 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 provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Line of enquiry:

- 7.1 Are there measures in place to safeguard and protect residents from abuse?
- 7.2 Are there systems in place to safeguard residents' money?
- 7.3 Is there evidence that any incidents of abuse were appropriately investigated and managed in line with the centre's policy?
- 7.4 Does the centre promote a positive approach to behaviour that challenges?

References:

Regulation 7: Managing Behaviour that is Challenging
Regulation 8: Protection

Standard 4.3: Each resident experiences care that supports their physical, behavioural and psychological wellbeing.

Standard: 3.1 Each Resident is safeguarded from abuse and neglect and their safety and welfare is promoted.

Standard 3.5: Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint free environment in accordance with national policy.

Outcome 8: Health and safety and Risk management

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

Line of enquiry:

- 8.1 Is the health and safety of residents, visitors and staff promoted and protected?

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

References:

Regulation 26: Risk Management

Regulation 27: Infection Control

Regulation 28: Fire precautions

Standard 3.2: The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.

Standard 3.3: Infection prevention and control practices achieve the best outcomes for residents.

Outcome 9: Medication management

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

Line of enquiry:

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

References:

Regulation 29: Medicines and Pharmaceutical Services

Standard 3.4: Each resident is protected through the residential services policies and procedures for medicines management.

Outcome 10: 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:

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

References:

Regulation 31: Notification of Incidents

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Line of enquiry:

11.1 Are residents health care needs met?

11.2 Is evidence-based nursing care provided?

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

References:

Regulation 5: Individual Assessment and Care Plan

Regulation 6: Health Care

Regulation 25: Temporary Absence or Discharge of Residents

Standard 2.1: Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the support required to maximise their quality of life in accordance with their wishes.

Standard 4.1: The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs

Outcome 12: 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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Line of enquiry:

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

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

References:

Regulation 17: Premises

Standard 2.6: The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.

Standard 2.7: The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13: Complaints procedure

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:

13.1 Are the complaints of residents listened to and acted upon?

13.2 Is the complaints process monitored and does it provide an opportunity for learning and improvement?

References:

Regulation 34: Complaints Procedures

Standard 1.7: Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner

Outcome 14: End of life care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Line of enquiry:

14.1 Do residents receive end of life care in a manner that meets their needs?

References:

Regulation 13: End of Life Care

Standard 2.4: Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.

Standard 2.5: Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.

Outcome 15: Food and nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Line of enquiry:

15.1 Is food wholesome and nutritious, properly prepared, cooked and served and provided in adequate quantities to meet each residents needs?

15.2 Are residents provided with a nutritious and varied diet?

References:

Regulation 18: Food and Nutrition

Standard 2.2: Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.

Outcome 16: Residents' rights, dignity and consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private.

He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Line of enquiry:

16.1 Are residents consulted about how the centre is planned and run?

16.2 Are residents enabled to make choices about how they live their lives in a way that reflects their individual preferences, diverse needs and rights?

16.3 Do residents' receive care in a dignified way that respects their privacy at all times?

16.4 Are residents communication needs met?

16.5 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 9: Residents' Rights

Regulation 10: Communication

Difficulties Regulation 11: Visits

Standard 1.1: The rights and diversity of each resident are respected and safeguarded.

Standard 1.2: The privacy and dignity of each resident are protected.

Standard 1.3: Each resident has the right to exercise choice and to have their needs and

preferences taken into account in the planning, design and delivery of services

Standard 1.4: Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.

Standard 1.6: Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.

Standard 4.2: Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

Standard 1.5: Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Line of enquiry:

17.1 Can residents retain control over their own possessions?

References:

Regulation 12: Personal possessions

Standard 3.6: Each resident's personal property and finances are managed and protected.

Theme: Workforce

The workforce consists of all the people who work in, for, or with the service provider providing a health and social care and support service; they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18: Suitable staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. 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:

- 18.1 Are the numbers and skill mix of staff appropriate to the assessed needs of residents?
- 18.2 Does the education and training available to staff enable them to provide care that reflects contemporary evidence based practice?
- 18.3 Are staff supervised appropriate to their role?
- 18.4 Is there a safe and robust recruitment process?
- 18.5 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 7.2: Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.

Standard 7.3: Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.

Standard 7.4: Training is provided to staff to improve outcomes for all residents.

Superseded

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