



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Assessment Framework for Dementia Care: Designated Centres for Older People

16 February 2015

Updated June 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.

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

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

Contents

Theme: Safe Care and Support	4
Outcome 1: Health and Social Care Needs.....	4
Theme: Safe care and support	9
Outcome 2: Safeguarding and Safety.....	9
Theme: Person-centred care and support	14
Outcome 3: Residents' Rights, Dignity and Consultation	14
Theme: Person-centred care and support	20
Outcome 4: Complaints procedures	20
Theme: Workforce	22
Outcome 5: Suitable Staffing.....	22
Theme: Effective Care and Support	27
Outcome 6: Safe and Suitable Premises	27

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 1: 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, their family/carers where appropriate and reflect his/her changing needs and circumstances.

References:

Regulation 5: Individual assessment and care plan
Regulation 6: Health care
Regulation 13: End of Life Care
Regulation 18: Food and Nutrition
Regulation 25: Temporary absence or discharge of residents
Regulation 29: Medicines and pharmaceutical services

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 supports required to maximize their quality of life in accordance with their wishes.

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

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.

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

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

Line of enquiry:

1.1 Are the health care needs of residents with dementia met?

DOCUMENTS REQUESTED AND REVIEWED	
<p>Pre – Inspection:</p> <ul style="list-style-type: none"> • Completed Self Assessment Questionnaire and Action Plan • Policy Restraint and Behaviours that Challenge • Notifications –falls, restraint, behavioural incidents <p>Onsite:</p> <ul style="list-style-type: none"> • Residents’ records (see Schedule 3) • Relevant clinical policies • Care plans for 4- 6 residents who have dementia (see Case tracker form) 	
OBSERVATION	
<ul style="list-style-type: none"> • What arrangements are in place to facilitate residents with dementia to have timely access to healthcare services and appropriate treatment and therapies? • Do the health and social care services that are available to residents with dementia reflect their assessed needs and the statement of purpose? • Are recommended treatments reflected in care plans? • Is consent to treatment sought from residents with dementia? Is residents’ refusal of treatment recorded and brought to attention of a medical practitioner? • Is care provided in a manner that meets residents’ needs, such as, skin integrity, falls prevention and nutrition? • Do any residents appear to be in pain? • Is there evidence of advance care planning? Planning for future events and residents wishes and preferences, including the resident’s right to refuse treatments? 	
INTERVIEW	
<p><i>Provider/ Manager/ Person in charge</i></p>	<ul style="list-style-type: none"> • Follow up on Self-assessment Questionnaire responses. • Did you have access to the Common Summary Assessment Record (CSAR) prior to or when the resident was admitted under the nursing home support scheme? • How many residents have dementia? • What arrangements are in place to ensure regular access to medical services? • What arrangements are in place to ensure regular access to health and social services (e.g. OT/Physiotherapy/Dietician)? • What arrangements are in place, where practicable, to ensure a pharmacist of a resident’s choice (or one acceptable to him/her) is available to each resident? • What is your policy for using (as required medication (PRN)? • How often is residents’ medication reviewed?

	<ul style="list-style-type: none"> • What system is in place for residents with dementia to elicit their preferences for future health events and end-of-life care? How is the general practitioner involved in these discussions? • How do you ensure that staff are competent to provide care which addresses the physical, emotional, social, psychological and spiritual needs of residents who have dementia? • How many residents have pressure sores?
<i>Staff</i>	<ul style="list-style-type: none"> • What is the procedure when a resident refuses consent to treatment/clinical care? Is it documented? Brought to attention of a medical practitioner? • Do residents have access to optical, dental, chiropody and diabetic services? What is the timeframe for access to health and social care professionals? • What arrangements are in place for accessing medical practitioner and pharmacy services at weekends and out of hours? • Is there a procedure for prescribing, administration and reviewing as required medication (PRN)? • Is care implemented and monitored as prescribed by health and medical practitioners? • How has staff training in end of life care informed practice?
<i>Residents/Family (Tailor questions appropriately.)</i>	<ul style="list-style-type: none"> • Can you access a medical practitioner in a timely way? Do you feel your health needs are met? • Can you meet with the medical practitioner in private? • Do you have access to health and social care professionals – are you awaiting referral/treatment for any such services? • Do you feel the care you receive promotes your independence? • Have you any specific wishes about what should happen if your health deteriorated or you became suddenly ill? Or for your care at the end of your life? • Have you shared this with anyone? • Have staff ever asked you about your wishes?

Line of enquiry:

1.2 Is evidence-based nursing care provided?

DOCUMENTS REQUESTED AND REVIEWED	
ON-SITE	
<ul style="list-style-type: none"> • Records of nursing assessments • Records of nursing care • Biographical information about residents who have dementia 	
OBSERVATION	
<ul style="list-style-type: none"> • Is the clinical care of residents based on evidence-based practice (e.g. falls prevention/pressure ulcers/continence promotion and nutrition)? • Are staff seen to administer care in line with evidence-based practice? • Are clinical risk assessments carried out where appropriate using recognised tools (e.g. falls, pressure areas, nutrition)? • Are the results used to inform the plan of care and the care provided? 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • How do you ensure residents receive evidence-based nursing care? • Is nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais?
<i>Staff</i>	<ul style="list-style-type: none"> • What clinical risk assessments are carried out? • What assessment tools are used? • How do you keep your clinical knowledge up-to-date?

Line of enquiry

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

DOCUMENTS REQUESTED AND REVIEWED	
ON-SITE	
✓ Care plans to meet physical, emotional, spiritual, psychological and social needs.	
OBSERVATION	
<ul style="list-style-type: none"> • Are care plans based on an assessment of resident's needs? • Are care plans prepared for each resident within 48 hours of admission? • Are all prescribed interventions by other health professionals integrated into the residents' care plan? • Do care plans reflect the nature and extent of each resident's needs, dependencies, capabilities, wishes and preferences? • Are care plans reviewed at intervals not exceeding 4 months? • Is the care plans based on the ongoing assessment of residents? • Do care plans clearly set out the care interventions for staff? • Do care plans clearly state the outcome for the resident who has dementia? • Do they show evidence of consultation with residents and/or family/carer? • Are care plans implemented in practice? 	

- Are care plans made available to each resident and where appropriate his/her family?
- Are there suitable assistive devices available to residents to enable mobility and independence?
- Are efforts made to identify and alleviate the underlying causes of behaviour that is challenging?
- Are discharges discussed and planned for with residents?
- Are there systems in place to ensure that all relevant information about residents is provided and received when they are absent or return from another care setting, home or hospital?

INTERVIEW

<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • On transfer of residents to and from the centre, how do you ensure appropriate information is provided and received? • Describe the assessment process on a resident's admission? • How often are care plans formally reviewed? • How many residents have pressure sores? • How often do you discuss trends relating to falls?
<i>Staff</i>	<ul style="list-style-type: none"> • How are residents actively involved in developing their care plans? • Are staff who provide direct care involved in the ongoing review of a care plan? • How are deviations from care plans identified? • How do you ensure that care plans inform the individual care and support residents receive? • How are you supported to get to really know each resident? • How do you support residents with challenging behaviour? • Do staffing levels/ daily routines facilitate you to spend time with residents who are agitated or confused?
<i>Residents/carers</i>	<ul style="list-style-type: none"> • Are you consulted in developing your care plan? Do you get a copy? • Are you involved in reviewing your care plan?

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 2: 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.

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.

Line of enquiry:

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

DOCUMENTS REQUESTED AND REVIEWED
<p>Pre-site:</p> <ul style="list-style-type: none">✓ Policy on prevention, detection and response to abuse <p>Onsite:</p> <ul style="list-style-type: none">✓ Staff training records which includes times and content of any training delivered
OBSERVATION

<ul style="list-style-type: none"> • Can staff demonstrate knowledge of the centre's policy? Do they know what to do in the event of an allegation, suspicion, disclosure of abuse? Does this reflect centre policy? • Is there evidence that the centre's policy is implemented in practice? • How does the person in charge ensure that there are no barriers to staff or residents reporting abuse? • Do staff engage with residents in a manner that respects their dignity and privacy and maximises their opportunities for choice and control, i.e. reducing the potential for abuse? • What measures are in place to monitor and review safeguarding practices and procedures? 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • What systems are in place to safeguard residents? • How do you monitor the systems in place to protect residents? • How do you ensure that all residents, particularly those with a cognitive impairment are safe from abuse? • How do you ensure that there are no barriers to staff or residents reporting abuse?
<i>Staff</i>	<ul style="list-style-type: none"> • What is your understanding of abuse? Do you know what to do in the event of an allegation, suspicion or disclosure of abuse? • Do you know what to do if you were to witness or suspect abuse? What would you do if they were concerned about the Person in charge's behaviour? • Do you know what to do if you were to witness or receive an allegation of abuse against the Person in charge? • Do you feel able to report any concerns you may have in relation to the safety and quality of the service? • What measures are in place to protect residents from peer abuse? • What would you do if a resident resists personal care?
<i>Residents</i>	<ul style="list-style-type: none"> • Do you feel safe? What do you attribute this to? • Do you know what to do if you were mistreated by another or witnessed mistreatment of another? • Can you access the Person in charge in private?

Line of enquiry:

2.2 Are there systems in place to safeguard residents' money?

DOCUMENTS REQUESTED AND REVIEWED
<p>On-site: Records of any monies retained for a resident in line with Schedule 3 (5)(b)</p>
OBSERVATION

<ul style="list-style-type: none"> • How are residents' finances managed? • What measures are in place to ensure that staff cannot benefit financially from a resident (pensions/wills/use of personal property/banking/sell, dispose of goods, and act as agent for resident)? 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • What measures are in place to safeguard residents' money? How is this monitored?
<i>Staff</i>	<ul style="list-style-type: none"> • What prevents you from benefitting financially from residents?
<i>Residents</i>	<ul style="list-style-type: none"> • Are you satisfied that you can access your money or valuables that are kept in safe-keeping? • Are you aware of/ sign the financial records that are maintained?

Line of enquiry:

2.3 Is there evidence that any incidents of abuse were appropriately investigated and managed in line with the centre's policy?

DOCUMENTS REQUESTED AND REVIEWED
<p>Pre-inspection: NF06 form, (concerning any allegation, suspected or confirmed abuse of any resident)</p> <p>On-site: Incident log, investigation records, complaints book. See <i>Inspector Guidance 007 – Maintenance of Clinical Incident report forms in designated centres</i></p>
OBSERVATION
<ul style="list-style-type: none"> • Have any incidents, allegations, suspicions of abuse been investigated? • Was the investigation(s) carried out in line with the policy on protection? • Was the investigation(s) carried out in a timely manner? • Were relatives informed? • Was the resident's immediate safety and the safety of others ensured pending the outcome of an investigation? • Did the resident receive feedback on the outcome of the investigation? • Was the resident's response recorded? • What measures are in place to ensure that learning takes place from incidents of abuse?
INTERVIEW

<p><i>Provider/ Manager/ Person in charge</i></p>	<ul style="list-style-type: none"> • Follow up on responses in Self-Assessment Questionnaire • What procedures are in place to investigate incident/ allegations of abuse? • How is the resident's safety ensured pending the outcome of an investigation? • How do residents receive feedback in relation to complaints made? Are relatives involved? • What learning has resulted from incidents of abuse? • Are incidents of abuse reported to the relevant authorities (e.g. Gardaí)? • Is there a nominated person to investigate any allegations of abuse made against the person in charge?
<p><i>Staff</i></p>	<ul style="list-style-type: none"> • What measures or changes in practice were put in place in response to the learning from any allegation of abuse? Examples.

Line of enquiry:

2.4 Does the centre promote a positive approach to behaviour that challenges?

DOCUMENTS REQUESTED AND REVIEWED	
<p>Pre-inspection:</p> <ul style="list-style-type: none"> • Notifications to the Chief Inspector • Policy on management of behaviour that is challenging • Policy on the use of restraint • Self-assessment Questionnaire <p>On-site</p> <ul style="list-style-type: none"> • Staff training records. • Care plans • Incident log <p>Medication records re-any use of physical interventions</p>	
OBSERVATION	
<ul style="list-style-type: none"> • Is the environment peaceful as opposed to busy and noisy? • Is there interesting things to engage residents or do they look bored? • How do staff members manage behaviour that is challenging? • Are efforts made to identify and alleviate the underlying causes of behaviour that is challenging? • Is a restraint-free environment promoted? • Where restraint is used, is it in line with the national policy on restraint as published on the website of the Department of Health? • Review against <i>Inspector Guidance 003 – Restraint</i> 	
INTERVIEW	
<p><i>Provider/ Manager/ Person in charge</i></p>	<ul style="list-style-type: none"> • How is behaviour that challenges managed? • How do you promote a restraint-free environment? • Are you aware of the National Policy on the Use of Restraint? • What type of restraint, if any, is used in the centre? • How do you protect the rights of the resident in this situation? • When working with residents who have dementia, how do you strike a balance between supporting the resident to be independent and the duty to prevent harm to a resident? • How often is restraint reviewed for each of the residents affected? • What safeguards are in place to ensure there is no over use or abuse using these practices? • What measures are considered before any restraint is initiated? • Is medication used to manage behaviour? If yes, who sanctions its use?

<p><i>Staff</i></p>	<ul style="list-style-type: none"> • What training have you done on managing behaviour that is challenging? • How do you support residents with challenging behaviour? • Describe the last time you used a restraint on a resident. • How do you balance promoting independence with your duty to keep a resident safe? • Do you have any concerns about the use of restraint in the centre? • What safeguards are in place in relation to the use of restraint? • Do you administer sedative medication to manage behaviour? What are the arrangements in relation to this? Are these arrangements reflected in the resident's care plan? • Is the use of restraint recorded? • Do staffing levels/ daily routines allow for you to spend time with residents who are agitated or confused? • How are the rights of residents protected when restraint is used? • Are you aware of the National Policy "<i>Towards a Restraint Free Environment in Nursing Homes</i>"?
---------------------	--

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 3: 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.

References:

Regulation 9: Residents' rights
Regulation 10: Communication difficulties
Regulation 11: Visits
Regulation 20: Information for Residents

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.

Line of enquiry:

3.1 Are residents with dementia consulted about how the centre is planned and run?

DOCUMENTS REQUESTED AND REVIEWED	
On-site:	
<ul style="list-style-type: none"> ✓ Minutes of Residents' meetings or forum ✓ Evidence of consultation with residents, e.g. feedback forms, satisfaction surveys 	
OBSERVATION	
<ul style="list-style-type: none"> • Are there effective mechanisms for consulting with residents? • Do staff communicate effectively with residents during routine interactions? • Is feedback sought? Is it acted upon; for example, is there evidence that resident feedback has informed practice? • How are staff made aware of residents' views? • Do residents have access to independent advocacy services? 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • Follow up on Self-assessment Questionnaire Responses. • How is feedback sought from residents? • How has resident feedback informed practice?
<i>Staff</i>	<ul style="list-style-type: none"> • How are you made aware of residents' views and preferences? • What improvements/changes have come about as a result of feedback from residents? • Who holds the controls for the television?
<i>Residents/Family</i>	<ul style="list-style-type: none"> • Are your views sought and listened to? How does this happen? • Are you asked your opinion about how things are done in the centre? • Is there anything you would like to see changed? Who can you talk to about this?

Line of enquiry:

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

DOCUMENTS REQUESTED AND REVIEWED	
On-site:	
✓ Resident care plan	
OBSERVATION	
<ul style="list-style-type: none"> • How do residents with dementia spend their day? Do routines, practices, facilities, encourage their autonomy, independence, choice? • Are residents with dementia offered choices at mealtimes? • Do residents with dementia have choice about the time they have breakfast? • Do staff demonstrate regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident? • Is there a link between the each resident's expressed preferences and his/her experience? • Is each resident treated as an individual? • Are residents' choices accommodated within the routines of daily living? • What arrangements are in place to facilitate the exercise of residents' civil, political, religious rights? Their facility to practice religion and to vote? • Can residents with dementia go outside without consulting staff? • Can residents with dementia come and as they wish? 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • How does daily life in the centre facilitate and promote independence, choice, and personal preferences? • How do you ensure the rights (i.e. sex, religious persuasion, racial origin, cultural and linguistic background and ability) of each resident are respected? How is this communicated to staff? • How are residents with dementia enabled to make informed decisions about the management of their care?

<i>Staff</i>	<ul style="list-style-type: none"> • Do you know about the preferences of each resident with dementia? • Do staffing levels facilitate residents to exercise their preferences? Mealtimes, getting up, going to bed etc. • How are residents given information about activities and choices available to them? • Who is responsible for supporting residents to attend these activities, should they choose to attend? • Give some examples of how you offer choice to people who have dementia in relation to their daily life? • How many residents with dementia are using restraint? Details?
<i>Residents</i>	<ul style="list-style-type: none"> • Can you choose how to spend you day? • Can you choose when to retire for the night? • Can you spend time on your own if you wish? • What is the most enjoyable part of the day? • Do you get opportunities to go outside during the day time? • Can you attend mass/favourite activity if you wish? • Do you have any contact with the local community? • Are visits from religious ministers facilitated? • Who chooses/picks/buys your clothes?

Line of enquiry:

3.3 Do residents with dementia receive care in a dignified way that respects their privacy at all times?

DOCUMENTS REQUESTED AND REVIEWED
<p>On-site:</p> <ul style="list-style-type: none"> • Resident care plan
OBSERVATION
<ul style="list-style-type: none"> • Do personal care practices respect individual residents' privacy and dignity? See <i>Inspector Guidance 008 – The use of CCTV</i> • Is there signage to facilitate privacy? • Is there sufficient space/screening between beds? Do curtains actually meet? • Are there adequate facilities for occupation and recreation? • Is there a working call bell system to summon assistance? • Is information about residents communicated privately (staff handovers)? • Can residents' lock their bedroom doors? • Do staff seek permission before they enter a resident's bedroom? • Do facilities support residents to engage in intimacy or express themselves sexually should they wish to do so? • Can residents receive visitors in private? • Use observational tool to monitor the quality of interactions between staff and residents who have dementia.
INTERVIEW

<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • How do you monitor that residents' privacy and dignity is respected? • Under what circumstances, if any, are there restrictions on residents receiving visitors? • Have residents got access to a private phone.
<i>Staff</i>	<ul style="list-style-type: none"> • What practices are in place to promote residents dignity and privacy? • How is information about residents communicated in a way that protects their privacy? • Are there any restrictions on residents receiving visitors?
<i>Residents</i>	<ul style="list-style-type: none"> • Do staff care for you in a respectful manner? • Do you receive personal care in a respectful and sensitive manner? • Are staff available to you when you need support or assistance? • Are visitors treated respectfully and welcomed into the centre? • Can you meet with your visitors in private? • Can you undertake personal activities in private?

Line of enquiry:

3.4 Are the communication needs of residents with dementia met?

DOCUMENTS REQUESTED AND REVIEWED
<p>Pre-inspection:</p> <ul style="list-style-type: none"> ✓ Policy on information provision ✓ Resident Guide <p>On-site:</p> <ul style="list-style-type: none"> ✓ Care plans ✓
OBSERVATION
<ul style="list-style-type: none"> • Are staff aware of the different communication needs of residents? Are these needs recorded in individual care plans? • Are there systems in place to meet the diverse needs of all residents (e.g. how is meaningful self-expression facilitated for residents with a cognitive impairment?) • Are there therapeutic tools/ devices to facilitate communication with residents? • Is there appropriate equipment in place for people with a hearing impairment? • Have staff received training in communication with residents that have a cognitive impairment? • Have residents access to radio, television, newspapers, information on current affairs/local matters etc? • Can residents access a telephone in private?

INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • Follow up on responses in Self-assessment Questionnaire • What systems are in place to meet the diverse needs of residents who have dementia? • How are residents with dementia assisted to communicate?
<i>Staff</i>	<ul style="list-style-type: none"> • What specialist equipment do you have to help you to connect or communicate with a resident who has dementia? Can you tell me more about this? • How do you look after a hearing aid? • Are there specific measures or practices you use when working with visually impaired residents? • How would you respond to a resident with dementia who told you to go away they did not want to have breakfast, get up or get dressed today?
<i>Residents</i>	<ul style="list-style-type: none"> • Do you have access to radio, television, newspapers, computers, telephone (in private), skype?

Line of enquiry:

3.5 Are there opportunities for residents with dementia to participate in activities that are meaningful and purposeful to them and that reflect their interests and capacities?

DOCUMENTS REQUESTED AND REVIEWED	
On-site:	
<ul style="list-style-type: none"> ✓ Care plans ✓ Activity programme/ attendance records 	
OBSERVATION	
<ul style="list-style-type: none"> • How is each resident's interests determined? • Has each resident got access to a range of meaningful activities to meet his/her needs? • Do the activities available to residents fit with their interests and preferences? • Is each resident given a choice to participate in individual or communal activities? • Are residents supported to engage in everyday domestic activities? • Do residents have access to a social kitchen • Are there tea/coffee making facilities for visitors and residents who are capable and wish to use them? 	
INTERVIEW	
<i>Person in Charge</i>	<ul style="list-style-type: none"> • Follow up on responses in Self-assessment Questionnaire.
<i>Staff</i>	<ul style="list-style-type: none"> • Have residents got access to a range of activities that meet their needs? • How are each resident's interests and preferences determined?

	<ul style="list-style-type: none"> • Do staffing levels facilitate residents' attendance at activities, including outside activities?
<i>Residents/Family</i>	<ul style="list-style-type: none"> • How do you like to spend your day? • Are you provided with opportunities to take part in activities you have an interest in? • How does the centre know what your interests are? Has this been discussed with you? • Are you given a choice to participate in individual or communal activities? • How do you keep in contact with friends and family? • Do you ever go on a trip or to an event in the community?

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 4: Complaints procedures

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.

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.

Line of enquiry:

4.1 Are the complaints of residents with dementia listened to and acted upon?

DOCUMENTS REQUESTED AND REVIEWED
<p>Pre-inspection:</p> <ul style="list-style-type: none">✓ Policy on the handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.✓ Review against <i>Checklist 9 - Complaints procedure</i> <p>On-site:</p> <ul style="list-style-type: none">✓ Complaints log and records associated with complaints✓ Minutes of staff meetings
OBSERVATION
<ul style="list-style-type: none">• Is the complaints procedure displayed in a prominent place and is it in an accessible format?• How are residents and relatives made aware of the complaints procedure? How soon after admission?• Are residents with dementia helped to understand the complaints procedure?• Is there a nominated person assigned to deal with complaints?• Is there a separate independent nominated person to ensure complaints are appropriately recorded and responded to?• Is there a timely response to residents' complaints?• Do residents receive feedback on the findings of complaints and any actions taken?
INTERVIEW

<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • How does the centre encourage feedback from residents with dementia and their relatives? • Is there help provided for residents to make a complaint if they are unable to do so themselves? • How do you ensure that residents are aware of the
	<p>complaints process and what to do if they are not happy with the response they receive?</p> <ul style="list-style-type: none"> • What controls are in place to ensure that you are aware of any significant residents' complaints?
<i>Staff</i>	<ul style="list-style-type: none"> • Has a resident with dementia ever raised an issue or made a complaint to you? • Can you describe what you did? • What would you do if you had a concern about the person in charge's behaviour?
<i>Residents</i>	<ul style="list-style-type: none"> • Do you know how to make a complaint? • Are you comfortable raising any issues? • Who would you talk to? • Have you raised a concern or made a complaint - was action taken? • Were you satisfied with the response you received? • If not, do you know about the appeals process?

Line of enquiry:

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

OBSERVATION	
<ul style="list-style-type: none"> • Are there measures in place to ensure that residents or relatives are not adversely affected by making a complaint? • Have measures been put in place for improvement in response to a complaint? 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • Who monitors that complaints are acted upon? Please describe the process. • How do you ensure that residents are not adversely affected by making a complaint? • What learning has resulted from residents' complaints?
<i>Staff</i>	<ul style="list-style-type: none"> • What learning, if any, has resulted from residents' complaints?

Theme: Workforce

The workforce consists of all the people who work in, for, or with the service provider. 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 5: 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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

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.

Line of enquiry:

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

DOCUMENTS REQUESTED AND REVIEWED	
On-site:	
✓	Statement of Purpose
✓	Staff rosters
✓	Number and dependency of residents
✓	Accidents/incidents log
OBSERVATION	

<ul style="list-style-type: none"> • Do planned and actual rosters match? • Does the staff to resident ratio and the skill mix of staff reflect residents' needs at different times of the day and night? • Do staffing levels meet resident's needs? Is the care unhurried? Does it facilitate staff to engage in a person-centre manner? Does it facilitate residents' independence (such as doing things with the resident, not for the resident)? • Do residents receive assistance, interventions, personal care in a timely manner? • Do the numbers of staff reflect the size of the building, number of floors and /or wings? • Is there a connection between accidents, incidents and number of staff available to residents? 	
<ul style="list-style-type: none"> • Are there enough staff on duty to implement the evacuation plan, if necessary? • How long are call bells ringing before they are responded to? • Are vulnerable residents appropriately supervised? • Is there a nurse on duty at all times? (unless regulation 15(3) applies) 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • How do you ensure that staff are used in a way that best meets residents' needs and at different times of the day/night (including allowing them to develop relationships with residents with cognitive impairments)? • What arrangements are in place to fill staff vacancies on a short or long term basis? • How do you continually monitor the dependency needs of residents to ensure that the service provided reflects the statement of purpose and that staffing levels are responsive to need on a continual basis? • What on-call system is in place?
<i>Staff</i>	<ul style="list-style-type: none"> • Is there enough staff on duty to promote resident's independence and assist them in an unhurried manner?
<i>Residents</i>	<ul style="list-style-type: none"> • Is there enough staff to accommodate your individual preferences and daily routines? • Do you have long to wait if you request assistance?

Line of enquiry:

5.2 Does the education and training available to staff enable them to provide care that reflects contemporary evidence based practice?

DOCUMENTS REQUESTED AND REVIEWED
<p>Pre-inspection visit:</p> <ul style="list-style-type: none"> ✓ Policy on staff training and development <p>On-site:</p> <ul style="list-style-type: none"> ✓ Staff training records ✓ Staff training programme ✓ Residents records

OBSERVATION	
<ul style="list-style-type: none"> • How are training needs identified? • Do staff present as competent and confident to carry out their roles? • Do any significant events (accidents/incidents/notifications identify a gap in training or staff resources? • Does practice reflect training received e.g. moving and positioning residents; infection prevention; responding to challenging behaviour, continence promotion, falls prevention for residents with dementia? 	
INTERVIEW	
<i>Person in charge</i>	<ul style="list-style-type: none"> • How are staff training needs identified? • Apart from formal training, how is learning shared and practice developed? • Tell me about training provided in the past 12 months? • How is your training plan informed by the needs of residents?
<i>Staff</i>	<ul style="list-style-type: none"> • Tell me about any recent training you attended. • Are your training needs identified through your supervision? • Do you have opportunities to implement new learning? • Can you describe evidence based practice in relation to specific health and social issues?

Line of enquiry:

5.3 Are staff supervised appropriate to their role?

DOCUMENTS REQUESTED AND REVIEWED	
On-site: <ul style="list-style-type: none"> ✓ Staff meeting minutes ✓ Sample of staff supervision records 	
OBSERVATION	
<ul style="list-style-type: none"> • Is staff practice clearly supervised? • Does the skill mix and numbers of staff on duty provide for supervision of practice? • Are staff aware of the Health Act 2007, Regulations, Standards and relevant guidance? Do they have access to these documents? 	
INTERVIEW	
<i>Staff</i>	<ul style="list-style-type: none"> • Can you describe the system of supervision in place? • Can you identify your supervisor? Can you describe their roles/responsibilities and the tasks they are accountable for? • How are you facilitated to keep up-to-date on the requirements of registration and standards? • How have you been made aware of the Health Act 2007, Regulations, Standards and relevant guidance? Can you access these?

Line of enquiry:

5.4 Is there a safe and robust recruitment process?

DOCUMENTS REQUESTED AND REVIEWED	
Pre-inspection visit: <ul style="list-style-type: none">✓ Policy on recruitment, selection and vetting of staff.	
On-site: <ul style="list-style-type: none">✓ Staff files (Review against <i>Checklist 2 - Staffing records</i>)✓ Induction programme	
OBSERVATION	
<ul style="list-style-type: none">• Review against <i>Checklist 2 - Staffing records</i>	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none">• How does the provider satisfy him/herself as to the authenticity of staff references?• Is there an induction programme available to new recruits?

Line of enquiry:

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

DOCUMENTS REQUESTED AND REVIEWED	
Pre-inspection visit: <ul style="list-style-type: none">✓ Policy on Volunteers	
On-site: <ul style="list-style-type: none">✓ Vetting disclosure from volunteers in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.✓ Written agreement between the centre and the volunteer setting out his/her role and responsibilities✓ Sample of supervision records of volunteers	
OBSERVATION	
<ul style="list-style-type: none">• What arrangements are in place to supervise volunteers?	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none">• How are volunteers introduced into the centre?• How do you manage vetting disclosures?• Is there a named person they are accountable to?• What are the expectations regarding the roles of volunteers?• How do you support volunteers to work with people who have dementia?

<i>Volunteer</i>	<ul style="list-style-type: none">• Are you clear about your role?• Do you receive supervision?• Were there any specific policies your attention was drawn to?• Would you know what to do if you had a concern about a resident's safety or welfare?• How were you supported to work with people who have dementia?
------------------	---

Theme: Effective Care and Support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people with dementia 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 6: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. 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.

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.

Line of enquiry:

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

DOCUMENTS REQUESTED AND REVIEWED
<p>Pre-inspection:</p> <ul style="list-style-type: none">✓ Registration Application Form✓ Statement of Purpose✓ Floor Plans✓ Self-Assessment Questionnaire <p>On-site:</p> <ul style="list-style-type: none">✓ Review against <i>Checklist 8 – Schedule 6, Premises</i>✓ Review against Section 4 of the Self-assessment Questionnaire
OBSERVATION

- Are the premises appropriate to the number and needs of the residents and in accordance with the statement of purpose?
- Does the environment promote residents' dignity, independence, and wellbeing?
- Is the centre clean and suitably decorated?
- Is there space for active residents to walk unimpeded, where they are visible to staff and staff are visible to them?
- Is there adequate lighting including natural light?
- Can glare and noise be monitored and controlled?
- Is signage used appropriately?
- Are floor covering a consistent colour, non-slip and subtly patterned or polished?

OBSERVATION (CONTINUED)

- Are colour schemes used appropriately to promote independence and help people to find their way around?
- Is there adequate private and communal space for residents? Does the size of bedrooms meet individual needs?
- Can each bedroom accommodate for each resident:
 - a bed
 - bedside locker
 - a wardrobe
 - a chair
 - any specialised/assistive equipment or furniture that a resident might require?
- Are bedrooms personalised and easily identifiable to the resident with dementia?
- Is there space for personal furnishings, pictures etc.?
- Can a resident see a clock from where they sit or lie?
- Is the loss mattress at the correct setting for the resident's weight?
- Has the resident with a special mattress also got a pressure relieving cushion when sitting out?
- Is the pattern on curtains and bed linen subdued?
- Do multi occupancy rooms provide screening to ensure:
 - privacy for personal care?
 - free movement of residents and staff?
 - free movement of a hoist or other assistive equipment?
 - free access to both sides of the bed?
- Is there adequate sitting, recreational and dining space?
- Are there enough of toilets, bathrooms and showers to meet needs of residents?
- Are necessary sluicing facilities provided?
- Is there a functioning call bell system in place, accessible from each resident's bed or chair when seated?
- Can residents see out the window when seated?
- What is the view like?
- Is there a lift?
- Are there external grounds which are suitable and safe for use by residents? Are the grounds well maintained and free from hazards?
- Do residents with dementia have independent access to safe external grounds?
- Are the garden/patio areas visible from inside the centre?
- Is there seating areas inside and outside at frequent intervals that provide opportunities for rest?
- Is there suitable storage space for residents' belongings?
- Are heating, lighting, and ventilation suitable?
- Is there a sufficient supply of hot, piped water? Is water at a suitable temperature? Are anti-scalding devices in place? Are radiators safe to touch?
- Is there evidence of hazard identification and control measures in place to prevent accidents (i.e. handrails, grab-rails, safe floor covering)?
- Is there a separate kitchen with sufficient cooking facilities?

- Do residents/family/visitors have access to tea making facilities?
- Are there suitable laundry facilities?
- Are different rooms used for different purposes?
- How long are call bells ringing before they are answered?
- Can the dining room accommodate all the residents?
- Are residents with dementia offered a choice of place to dine?

INTERVIEW

<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • Is there a programme of upkeep and maintenance for the centre? • What aspects of the premises make it a suitable environment for people with dementia? • Follow up on responses from the Self-assessment Questionnaire.
<i>Staff</i>	<ul style="list-style-type: none"> • Does the design and layout of the centre help you to meet resident's needs? • Does it provide for adequate supervision? • How do you ensure that those residents who need assistance have access to the garden area?
<i>Residents</i>	<ul style="list-style-type: none"> • Do you find the premises clean? • Do you feel safe when moving around the premises? • Can you access the garden area? • Have you places rest when you go for a walk? • Have you enough privacy? • Does your call bell work? Do staff respond quickly when you ring it? • Can you bring personal belongings with you and have you a place to store them?

Line of enquiry:

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

DOCUMENTS REQUESTED AND REVIEWED	
On –site:	
✓ Servicing records	
OBSERVATION	
<ul style="list-style-type: none"> • Is there adequate assistive equipment to meet residents' needs? • Is it maintained to a high standard? • Are staff trained in the use of assistive equipment? • Are staff trained in the moving and handling of residents? • Are staff seen to move and handle residents safely? • Is storage adequate for assistive equipment? 	
INTERVIEW	
<i>Provider/ Manager/ Person in charge</i>	<ul style="list-style-type: none"> • How do you ensure that there is adequate assistive equipment to meet residents' needs?
<i>Staff</i>	<ul style="list-style-type: none"> • Are you confident they can use hoists safely? • Have you received training in the use of hoists? • What equipment is used for residents who have problems communicating?
<i>Residents/Family</i>	<ul style="list-style-type: none"> • Do you have the assistive equipment you need? Does it help you to maintain your independence?

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