



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Judgment Framework for Dementia Care at Designated Centres for Older People

January 2015

## About the Health Information and Quality Authority

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

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

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

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## 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 judgments 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:

- Health Act 2007 (as amended)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
- National Standards for Residential Care Settings for Older People in Ireland Revised, December, 2015)
- 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*<sup>1</sup>** 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.

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<sup>1</sup> 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.

## 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).

### 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.

## **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 enquiry<sup>2</sup> within the assessment framework.

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<sup>2</sup>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.

### 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 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.

**Theme: Safe Care and support**

**Outcome 01: Health and social care needs**

<b>Outcome</b>	<b>Critical components demonstrating compliance</b>	<b>Substantially compliant</b>	<b>Moderate non compliance</b>	<b>Major non compliance</b>
<p>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and health and social care.</p> <p>Each resident's assessed needs are set out in an individual care plan, that reflects his or her needs, interests and capacities. The plan is drawn up with the resident's involvement and reflects his or her changing needs and circumstances.</p>	<ul style="list-style-type: none"> <li>• Residents' healthcare needs are met through timely access to medical treatment.</li> <li>• Residents have access to health and social care services which reflect their different care needs.</li> <li>• The care delivered encourages the prevention and early detection of ill health.</li> <li>• Residents are enabled to make healthy living choices.</li> </ul> <ul style="list-style-type: none"> <li>• The assessment, care planning processes and clinical care are based on evidence-based practice including any professional guidelines issued by An Bord Altranais agus</li> </ul>		<ul style="list-style-type: none"> <li>• Each resident is not enabled to make healthy living choices</li> <li>• Each resident's medical and or health and social care needs are only partially met.</li> <li>• Inadequate processes are in place to ensure that when a resident is admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment is shared between providers and services.</li> <li>• A comprehensive and personalised assessment of each resident's health and social care needs is undertaken on</li> </ul>	<ul style="list-style-type: none"> <li>• The healthcare needs of each resident with dementia are not met.</li> <li>• Recommended medical and health and social care treatment is not facilitated.</li> <li>• Access to health and social care professionals is not facilitated.</li> <li>• Assessment, care planning and clinical care do not accord with current evidence-based practice.</li> </ul>

	Cnáimhseachais.		admission but not reviewed regularly to identify' changing needs.	<ul style="list-style-type: none"> <li>• Comprehensive nursing assessments are not carried out for each resident.</li> </ul>
	<ul style="list-style-type: none"> <li>• Each resident has been assessed immediately before or on admission to identify his/her individual needs and choices.</li> <li>• Residents have a choice of medical practitioner, where possible.</li> <li>• Each resident has a personalised care plan prepared within 48 hours of their admission which details their needs and choices.</li> <li>• Each resident is actively involved in the assessment and care planning process.</li> <li>• Care is delivered to each resident in accordance with his/her care plan.</li> <li>• Care plans are reviewed on an ongoing basis at a minimum of every four months.</li> <li>• Care plans are made available to each resident and where appropriate his/her family.</li> <li>• Treatment given to each</li> </ul>	<ul style="list-style-type: none"> <li>• There are gaps in care planning documentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Care plans are generic and do not identify individual needs and choices.</li> <li>• Residents with dementia have no input into their care plans.</li> <li>• Care plans are not made available to each resident with dementia or where appropriate his/her family or carer.</li> <li>• Residents with dementia do not have a choice of medical practitioner.</li> <li>• Care plans are not reviewed regularly to reflect the current status of the resident.</li> <li>• There is no link between residents' care plans and the care that is delivered to them.</li> <li>• Residents' care plans</li> </ul>	<ul style="list-style-type: none"> <li>• Residents with dementia are not assessed to identify their individual needs and choices.</li> <li>• Residents with dementia do not have any care plans.</li> <li>• Care plans are not implemented.</li> <li>• A resident's right to refuse treatment is not respected or documented.</li> </ul>

	<p>resident is done with their consent and care. Treatment reflects the nature and extent of residents' dependencies and needs.</p> <ul style="list-style-type: none"><li>• Each resident with dementia has a right to refuse treatment.</li><li>• Systems are in place to ensure that all relevant information about residents with dementia is provided and received when they are absent or return from another care setting, home or hospital.</li><li>• Discharges are discussed and planned for with each resident and where appropriate his/her family or carer.</li><li>• Discharges are made in accordance with the terms and conditions of the resident's contract.</li></ul>		<p>are comprehensive and kept under regular review but staff are not familiar with them.</p> <ul style="list-style-type: none"><li>• Recommendations from health and social care professionals are not incorporated into all residents' care plans.</li><li>• Residents with dementia and where appropriate family or carers are not involved in discharge planning.</li><li>• Discharges are not in accordance with the terms and conditions of resident's contracts.</li></ul>	
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	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
Each resident with dementia receives care at the end of their life which meets their physical, emotional, social and spiritual needs and respects their dignity and autonomy.	<ul style="list-style-type: none"> <li>• There are written operational policies and protocols in place for end-of-life care which staff are familiar with.</li> <li>• Care practices, plans and facilities are in place so that residents with dementia receive end-of-life care in a way that meets their individual needs and wishes and also respects their dignity and autonomy.</li> <li>• All religious and cultural practices are facilitated.</li> <li>• Where possible, residents with dementia have a choice as to the place of death.</li> <li>• There is access to specialist palliative care services, when appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• While there are end-of-life policies, procedures and practices in place, some gaps can be seen in the maintenance of the documentation and care provided.</li> <li>• Care plans do not fully direct the end of life care to be delivered.</li> </ul>	<ul style="list-style-type: none"> <li>• There is an end-of-life care policy but staff do not know enough about it.</li> <li>• Processes are in place but they are not always followed by staff.</li> <li>• There are no arrangements in place to find out and record residents' end-of-life preferences of residents with dementia.</li> <li>• Spiritual, religious and cultural practices are not facilitated.</li> </ul>	<ul style="list-style-type: none"> <li>• There is no end-of-life care policy.</li> <li>• The care provided at the end of life does not meet the residents' assessed needs and does not take into account their expressed wishes.</li> <li>• Families are not facilitated to be with the resident when he or she is dying.</li> <li>• There is no access to specialist palliative care services, when appropriate.</li> </ul>
Each resident with dementia is provided with food and drink at times and in quantities adequate for his/her needs. Food is wholesome and nutritious.	<ul style="list-style-type: none"> <li>• There is a comprehensive policy for monitoring and recording nutritional intake which is put into practice.</li> <li>• Processes are in place to ensure residents with dementia do not experience poor nutrition and hydration.</li> </ul>	<ul style="list-style-type: none"> <li>• While there are policies, procedures and practices for maintaining good nutrition, monitoring and recording nutritional intake, some gaps can be</li> </ul>	<ul style="list-style-type: none"> <li>• There is a policy for monitoring and recording nutritional intake but staff do not know enough about it.</li> <li>• Processes are in place to make sure residents with dementia do not</li> </ul>	<ul style="list-style-type: none"> <li>• There is no policy for monitoring and recording nutritional intake.</li> <li>• There are no processes in place to ensure residents do not experience poor</li> </ul>

<p>Assistance is offered to residents in a discrete and sensitive manner.</p>	<ul style="list-style-type: none"> <li>• There is access to fresh drinking water at all times.</li> <li>• Residents with dementia are offered appropriate help in a discreet and sensitive manner and enabled to eat and drink when necessary.</li> <li>• Special dietary requirements of each resident are addressed.</li> </ul>	<p>seen in how the documentation is kept.</p> <ul style="list-style-type: none"> <li>• Care plans do not fully direct the care to be given in the area of nutrition and monitoring and recording nutritional intake.</li> </ul>	<p>experience poor nutrition and hydration but they are not always adhered to.</p> <ul style="list-style-type: none"> <li>• Residents with dementia are not provided with appropriate assistance.</li> </ul>	<p>nutrition and hydration.</p> <ul style="list-style-type: none"> <li>• Water and drinks are not freely available or easily accessible to residents with dementia.</li> <li>• Residents' dietary requirements are not communicated to kitchen staff.</li> <li>• Residents on specialised diets do not have their specific needs met.</li> <li>• There are no systems in place to ensure that residents receive specialised or modified consistency diets as prescribed.</li> </ul>
	<ul style="list-style-type: none"> <li>• Food is properly prepared, cooked and served, and is wholesome and nutritious.</li> <li>• Food is nutritious, varied and available in sufficient quantities.</li> <li>• Food is available at times suitable to residents.</li> <li>• Snacks are available throughout the day.</li> </ul>	<ul style="list-style-type: none"> <li>• Food is nutritious, varied and available in sufficient quantities but there is no choice at mealtimes.</li> </ul>	<ul style="list-style-type: none"> <li>• Modified-consistency meals are not presented in an appetising and appropriate way.</li> <li>• Residents with dementia have no access to snacks outside regular mealtimes.</li> </ul>	<ul style="list-style-type: none"> <li>• Portion sizes are not in accordance with residents' assessed needs.</li> <li>• Food is not nutritious.</li> </ul>

Medications	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
<p>Each resident with dementia is protected by the designated centre's policies and procedures for medication management.</p>	<ul style="list-style-type: none"> <li>• There are written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.</li> <li>• Staff follow appropriate medication management practices.</li> <li>• Residents are responsible for their own medication after they have been appropriately assessed.</li> <li>• Safe medication management practices are reviewed and monitored.</li> <li>• Pharmacists are facilitated to meet their obligations to residents.</li> <li>• Residents have a choice of pharmacist, where possible.</li> </ul>	<ul style="list-style-type: none"> <li>• While there are policies, procedures and practices in place, some gaps can be seen in the documentation.</li> <li>• Residents with dementia are not given a choice of pharmacist.</li> </ul>	<ul style="list-style-type: none"> <li>• There are written medication management policies but staff do not know enough about them.</li> <li>• Medication is regularly reviewed by medical practitioner. However, prescription records are transcribed and do not always contain the appropriate signatures.</li> <li>• Where residents self-medicate there is no evidence that appropriate assessments have been carried out.</li> <li>• There is no contemporaneous recording of medications administered.</li> </ul>	<ul style="list-style-type: none"> <li>• There are no written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.</li> <li>• There is no system in place for reviewing and monitoring safe medication management practices.</li> <li>• Medication administration practices are unsafe.</li> </ul>

**Theme: Safe Care and support**

**Outcome 2: Safeguarding and safety**

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
<p>Measures to protect residents with dementia being harmed or suffering abuse are in place.</p> <p>Appropriate action is taken in response to allegations, disclosures or suspected abuse.</p> <p>Residents with dementia are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</p>	<ul style="list-style-type: none"> <li>• There is a policy on, and procedures in place for, the prevention, detection and response to abuse.</li> <li>• Staff are trained on the policy and procedures in place for the prevention, detection and response to abuse.</li> <li>• There are measures in place to safeguard residents with dementia and protect them from abuse.</li> <li>• Staff know what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report this to.</li> <li>• The provider and person in charge monitor the systems in place to protect residents</li> <li>• The provider and person in charge ensure that there are no barriers to staff or residents disclosing abuse.</li> <li>• Residents with dementia feel</li> </ul>	<ul style="list-style-type: none"> <li>• While there are policies, procedures and practices in place, some gaps can be seen in how the documents are maintained and how care is provided.</li> <li>• Measures are in place to protect residents with dementia from being harmed and from suffering abuse but some improvement is required to the policy.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a policy on the prevention, detection and response to abuse but staff do not know enough about it.</li> <li>• Staff know what to do in the event of an allegation/suspicion of abuse but training or other measures are not in place to communicate this to staff.</li> <li>• Residents with dementia and/or their relatives do not know how to report an allegation of abuse.</li> <li>• Improvements are required in the policy on the protection of residents from abuse.</li> <li>• The policy does not properly explain the procedures to be put in place to support and</li> </ul>	<ul style="list-style-type: none"> <li>• There is no policy and procedures on the prevention, detection and response to abuse.</li> <li>• Safeguarding practices are poor.</li> <li>• Staff know very little about the signs of abuse.</li> <li>• Staff do not know what to do in the event of an allegation/ suspicion of abuse in relation to a resident with dementia.</li> </ul>

	<p>safe.</p> <ul style="list-style-type: none"> <li>• Relatives are satisfied that residents are safe.</li> </ul>		<p>protect residents with dementia in the event of an allegation of abuse</p>	
	<ul style="list-style-type: none"> <li>• There are systems in place to safeguard residents' money.</li> </ul>	<ul style="list-style-type: none"> <li>• While there are policies, procedures and practices in place to keep residents' money safe, some gaps are evident in how the documents are maintained.</li> </ul>	<ul style="list-style-type: none"> <li>• The centre has a policy and system in place to keep residents' money safe but staff do not know enough about it.</li> <li>• Where residents receive services, that are billed to the provider (who in turn charges the resident), there is no system in place to verify the amounts are correct.</li> <li>• The provider is acting as an agent for a resident but there is no appropriate documents about this.</li> </ul>	<ul style="list-style-type: none"> <li>• There is no policy or system in place to keep residents' money safe.</li> <li>• Comprehensive and complete records of financial transactions are not kept.</li> </ul>
	<ul style="list-style-type: none"> <li>• Appropriate action is taken where a resident with dementia is harmed or suffers abuse.</li> <li>• Any incidents, allegations or suspicion of abuse have been recorded. These incidents were appropriately investigated by the person in charge and</li> </ul>		<ul style="list-style-type: none"> <li>• Incidents of abuse are investigated appropriately but poorly recorded.</li> <li>• Incidents of abuse are investigated appropriately but residents and their</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate action is not taken where a resident with dementia is harmed or suffers abuse.</li> <li>• Incidents, allegations and or suspicions of abuse are</li> </ul>

	<p>responded to in line with the centre's policy.</p> <ul style="list-style-type: none"> <li>Any allegations of abuse against the person in charge are investigated by the provider or a suitable person nominated by the provider.</li> </ul>		<p>relatives, where appropriate are not told about the outcomes.</p>	<p>deliberately concealed by the service.</p> <ul style="list-style-type: none"> <li>Any incidents, allegations, and or suspicion of abuse at the centre are not appropriately investigated.</li> <li>Any incidents, allegations and or suspicion of abuse at the centre were not recorded.</li> <li>Incidents, allegations and or suspicion of abuse at the centre are investigated but safeguards have not been put in place.</li> <li>The provider or person in charge does not know how to respond to incidents, allegations or suspicion of abuse in relation to a resident who has dementia.</li> <li>Abuse allegations are</li> </ul>
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				not reported to the Garda Síochána when required.
	<ul style="list-style-type: none"> <li>• There is a policy on, and procedures in place, for working with residents who have behaviour that is challenging (behaviours and psychological signs and symptoms of dementia) which is informed by evidence-based practice and implemented by staff.</li> <li>• Arrangements are in place for investigating and learning from serious incidents/adverse events involving residents.</li> <li>• Efforts are made to identify and alleviate the underlying causes of behavioural and psychological symptoms of dementia.</li> <li>• A restraint-free environment is promoted.</li> </ul>		<ul style="list-style-type: none"> <li>• The centre's policy on restraint does not have enough detail to guide and inform staff practice.</li> <li>• The centre's policy on the use of restraint is not in line with the national policy, as published by the Department of Health.</li> <li>• Multi-disciplinary input is not sought when planning interventions for individual residents who have dementia.</li> <li>• While there is efficient recording and notification of incidents, there is no effective system for investigating and learning from incidents.</li> </ul>	<ul style="list-style-type: none"> <li>• The centre has no policy on the management of behaviour that is challenging.</li> <li>• The centre has no policy on the use of restraint.</li> <li>• Staff do not have the skills to manage behaviour that is challenging.</li> <li>• Bedrails and lap belts are routinely used without any risk assessment.</li> <li>• The use of restraint is not in line with the national policy on restraint.</li> <li>• Reasons for using restraint are not clearly reviewed or recorded.</li> </ul>

**Theme: Person-centred care and support**

**Outcome 3: Residents' rights, dignity and consultation**

<b>Outcome</b>	<b>Critical components demonstrating compliance</b>	<b>Substantially compliant</b>	<b>Moderate non compliance</b>	<b>Major non compliance</b>
<p>Residents with dementia are consulted with and participate in the organisation of the centre.</p> <p>Each resident's privacy and dignity is respected, including receiving visitors in private. He or she is facilitated to communicate and exercise choice and control over his/her life and to maximise his/her independence.</p> <p>Each resident has</p>	<ul style="list-style-type: none"> <li>Residents with dementia are consulted about how the centre is planned and run.</li> <li>Feedback is sought from residents with dementia and is put into practice.</li> <li>Residents have access to independent advocacy services.</li> </ul>	<ul style="list-style-type: none"> <li>Residents with dementia are consulted with in an effective way, but not often enough.</li> </ul>	<ul style="list-style-type: none"> <li>Feedback is sought from residents with dementia and their families but there is no evidence that it is acted upon.</li> <li>Residents with dementia have no access to independent advocacy services.</li> </ul>	<ul style="list-style-type: none"> <li>There is no consultation with residents who have dementia.</li> </ul>
	<ul style="list-style-type: none"> <li>The care provided in the centre takes account of the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident (and staff are fully aware of these matters).</li> <li>The centre is managed in a way that maximises residents' capacity to exercise personal freedom and choice.</li> </ul>	<ul style="list-style-type: none"> <li>Residents with dementia are not consistently provided with information about choices.</li> </ul>	<ul style="list-style-type: none"> <li>Spiritual, religious and cultural practices are not facilitated.</li> <li>Practice is led by the routine and resources of the service, not the residents' wishes.</li> <li>Visits are restricted.</li> <li>Visiting times are unrestricted but the facilities where</li> </ul>	<ul style="list-style-type: none"> <li>Residents with dementia are not facilitated to vote.</li> <li>Residents with dementia are not facilitated to attend religious services at their request.</li> <li>Residents with dementia are not enabled to make</li> </ul>

<p>opportunities to participate in meaningful activities, in line with his or her interests and preferences.</p>	<ul style="list-style-type: none"> <li>• Routines, practices and facilities maximise residents' independence.</li> <li>• Residents are facilitated to exercise their civil, political, religious rights and are enabled to make informed decisions about the management of their care through the provision of appropriate information.</li> <li>• There are adequate facilities for occupation and recreation including the opportunity to undertake personal activities in private.</li> <li>• There are arrangements in place for each resident to receive visitors in private.</li> <li>• There are no restrictions on visits except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.</li> <li>• Residents have access to a private telephone.</li> </ul>		<p>residents can meet with visitors are unsuitable.</p> <ul style="list-style-type: none"> <li>• Facilities for occupation and recreation are inadequate.</li> <li>• Residents with dementia are not facilitated to undertake personal activities in private.</li> </ul>	<p>informed decisions about the management of their care.</p> <ul style="list-style-type: none"> <li>• Routines and practices and facilities do not maximise each resident's independence or choice.</li> <li>• Staff do not know the individual preferences of each resident with dementia.</li> </ul>
	<ul style="list-style-type: none"> <li>• Each resident with dementia receives care in a dignified way that respects his or her privacy at all times.</li> </ul>	<ul style="list-style-type: none"> <li>• While staff are courteous to residents with dementia, they do not address them by their preferred</li> </ul>	<ul style="list-style-type: none"> <li>• Personal information about residents with dementia is not communicated appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>• Care is not provided to residents in a manner that respects their privacy and dignity.</li> </ul>

		names.	<ul style="list-style-type: none"> <li>• Staff do not seek permission before entering bedrooms of residents with dementia.</li> <li>• Inappropriate terminology is used about residents with dementia.</li> <li>• Information governance procedures do not protect resident's privacy.</li> </ul>	<ul style="list-style-type: none"> <li>• CCTV cameras are in use in areas where residents would have a reasonable expectation of privacy.</li> </ul>
	<ul style="list-style-type: none"> <li>• Staff are aware of the different communication needs of residents with dementia and there are systems in place to meet the diverse needs of all residents.</li> <li>• Residents' communication needs are highlighted in care plans and reflected in practice.</li> <li>• The centre is part of the local community and residents with dementia have access to radio, television, newspapers, information on local events, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents are unable to access information about the local area.</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions to support and improve communication for individuals are not implemented.</li> <li>• Residents with dementia are unable to access radio, television or newspapers.</li> <li>• Residents with dementia have no access to a private telephone.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents with dementia are left without essential aids and equipment for their communication needs.</li> <li>• Staff are unaware of the different communication needs of individual residents with dementia.</li> </ul>
	<ul style="list-style-type: none"> <li>• Each resident with dementia has opportunities to participate in activities that are meaningful</li> </ul>		<ul style="list-style-type: none"> <li>• The activities available do not reflect the capacities and interests</li> </ul>	<ul style="list-style-type: none"> <li>• There are no meaningful and purposeful activities</li> </ul>

	and purposeful to him or her, and which suits his or her needs, interests and capacities.		<p>of each individual resident.</p> <ul style="list-style-type: none"><li>• Residents with dementia cannot opt out of activities.</li><li>• Residents with dementia have no choice about the activities they engage in.</li><li>• Staff do not have the necessary expertise and training to engage with residents with cognitive impairment.</li><li>• Activities are dictated by the routine and resources of the centre, not by the wishes of residents or their suitability.</li></ul>	available to residents with dementia.
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**Theme: Person-centred care and support**

**Outcome4: Complaints procedure**

<b>Outcome</b>	<b>Critical components demonstrating compliance</b>	<b>Substantially compliant</b>	<b>Moderate non compliance</b>	<b>Major non compliance</b>
<p>The complaints of each resident with dementia, his or 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"> <li>• There are policies and procedures for the management of complaints.</li> <li>• The complaints process is user-friendly, accessible to all residents and displayed in a prominent place.</li> <li>• Residents with dementia and their family are made aware of the complaints process as soon as practicable following admission and are also supported to make complaints.</li> <li>• There a nominated person to deal with all complaints and all complaints are fully investigated.</li> <li>• There is an appeals process that is fair and objective.</li> <li>• Residents are made aware promptly of the outcome of any complaint.</li> </ul>	<ul style="list-style-type: none"> <li>• While there are policies, procedures and practices in place, some gaps can be seen in how the documentation is maintained</li> <li>• The complaints policy is not prominently displayed.</li> <li>• Residents with dementia and their family have not been made aware of the complaints process following admission.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a complaints policy but staff do not know enough about it.</li> <li>• The management of complaints is inconsistent.</li> <li>• Residents with dementia and or their relatives have made complaints but have not received a response.</li> <li>• Residents and family members have no confidence in the complaints process.</li> <li>• There is no person nominated to deal with complaints.</li> <li>• There is no appeals process.</li> </ul>	<ul style="list-style-type: none"> <li>• There is no complaints policy or procedure in place.</li> <li>• Residents do not know who to complain to.</li> <li>• Residents are not supported to make complaints</li> <li>• Staff do not know what to do in the event of a complaint being made to them.</li> </ul>

	<ul style="list-style-type: none"> <li>• A record is made of all complaints, investigations, responses and outcomes.</li> <li>• There are processes in place to implement learning from complaints.</li> <li>• There is a nominated person separate to the person nominated in article 34(1) (c), who holds a monitoring role to ensure that all complaints are appropriately responded to, and records are kept.</li> <li>• Any resident or relative who has made a complaint is not adversely affected for having made it.</li> </ul>	<ul style="list-style-type: none"> <li>• While there are records of complaints, investigations, responses and outcomes, some gaps in documentation can be seen.</li> </ul>	<ul style="list-style-type: none"> <li>• There are no processes in place to implement learning from complaints.</li> <li>• There is no independent person who holds a monitoring role to ensure that complaints are responded to.</li> <li>• Residents with dementia are not promptly informed of the outcome of any complaint.</li> </ul>	<ul style="list-style-type: none"> <li>• There are no records of complaints.</li> <li>• Actions to protect and safeguard residents are not put in place following complaints.</li> <li>• Residents or relatives who have made a complaint are adversely affected as a result.</li> </ul>
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Theme: Workforce

Outcome 5: Suitable staffing

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. There are enough staff for the size and layout of the designated centre.</p> <p>Staff have up-to-date mandatory training. They also have access to other 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"> <li>At all times there are enough staff with the right skills, qualifications and experience to meet the assessed needs of residents with dementia.</li> <li>Staffing levels take into account the statement of purpose and size and layout of the building.</li> <li>There is planned staff rota available and in use.</li> </ul>	<ul style="list-style-type: none"> <li>There are enough staff on duty to meet the assessed needs of residents with dementia but the planned rota does not match the staff on duty.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Staff are slow to respond to residents at different times of the day and night.</li> <li>Adequate supervision is not in place for residents during staff handovers.</li> <li>Resident's records (outlining their assessed needs and dependency) are not up to date to adequately inform staffing decisions, and provide adequate supervision, social and nursing care provision.</li> </ul>	<ul style="list-style-type: none"> <li>There is evidence of major negative outcomes for residents due to staff shortages, e.g. call bell waiting times.</li> <li>There is no staff rota in place.</li> <li>Staff do not have the appropriate qualifications to meet the needs of residents with dementia.</li> <li>Staff lack the required skills and or experience to meet the needs of residents with dementia.</li> <li>The staffing skill mix at certain times of day or night is not adequate to meet the needs of residents</li> </ul>

				with dementia.
	<ul style="list-style-type: none"> <li>• There is a nurse on duty at all times where residents are assessed as requiring full time nursing care.</li> </ul>			<ul style="list-style-type: none"> <li>• There is not a nurse on duty at all times.</li> </ul>
	<ul style="list-style-type: none"> <li>• The education and training available to staff enables them to provide care that reflects up-to-date, evidence-based practice.</li> <li>• Education and training provided reflects the Statement of purpose.</li> <li>• Staff are competent to deliver care and support to residents because their learning and development needs have been met.</li> <li>• Staff are aware of all policies and procedures about the general welfare and protection of residents.</li> <li>• Staff are aware of the Health Act 2007, Regulations and Standards and other relevant guidance; and copies of these are available in the centre.</li> </ul>	<ul style="list-style-type: none"> <li>• Training records are not accurately maintained.</li> </ul>	<ul style="list-style-type: none"> <li>• A training programme is in place for staff but some staff have not received mandatory training.</li> <li>• Staff have received training but that training is not always put into practice.</li> <li>• Staff have no access to or understanding of the Health Act 2007, regulations, standards and other relevant guidance.</li> </ul>	<ul style="list-style-type: none"> <li>• There is no training programme in place for staff.</li> <li>• Staff are not familiar with the centre's policies and procedures.</li> </ul>
	<ul style="list-style-type: none"> <li>• Staff are supervised appropriate to their role.</li> <li>• The supervision provided is</li> </ul>	<ul style="list-style-type: none"> <li>• Staff members receive supervision but this is not supported by</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision is of poor quality and does not improve practice or</li> </ul>	<ul style="list-style-type: none"> <li>• There is no supervision of staff.</li> </ul>

	<p>good quality and improves practice and accountability.</p>	<p>written policies.</p> <ul style="list-style-type: none"> <li>Records of supervision are not consistently maintained.</li> </ul>	<p>accountability.</p> <ul style="list-style-type: none"> <li>Staff members are not supervised appropriate to their roles.</li> <li>There is a supervision system in place but not all staff are aware of it.</li> <li>Some (but not all) staff receive supervision.</li> </ul>	
	<ul style="list-style-type: none"> <li>There are effective recruitment procedures that include checking and recording all required information.</li> <li>The requirements of Schedule 2 of the Regulations have been met.</li> <li>All relevant members of staff have an up-to-date registration with the relevant professional body, if this is required, for their role.</li> </ul>	<ul style="list-style-type: none"> <li>There are written policies and procedures for the recruitment, selection and vetting of staff. However some minor gaps in documentation or practice can be seen.</li> <li>Some staff references have not been verified</li> <li>Telephone references have not been documented.</li> </ul>	<ul style="list-style-type: none"> <li>There are written policies and procedures relating to the recruitment, selection and vetting of staff. However, not all documents required under Schedule 2 of the Regulations are contained in the personnel files.</li> <li>The provider failed to maintain a record of current registration details of nursing or (where relevant) other staff.</li> </ul>	<ul style="list-style-type: none"> <li>There are no written policies and procedures relating to the recruitment, selection and vetting of staff</li> <li>Unqualified staff members are working in the centre.</li> <li>Residents are at risk due to the lack of appropriate vetting of the suitability of staff members to work directly with residents</li> <li>Recruitment procedures do not ensure that the requirements of</li> </ul>

				Schedule 2 of the regulations are met prior to employment.
	<ul style="list-style-type: none"> <li>• Volunteers provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.</li> <li>• Volunteers receive supervision appropriate to their role and level of involvement in the centre.</li> <li>• Volunteers have their roles and responsibilities set out in writing.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Volunteers are supported to understand and interact with residents who have dementia but improvements are required.</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteers have provided a vetting disclosure but do not receive supervision appropriate to their role and level of involvement in the centre.</li> <li>• Volunteers are not supported to understand and interact with residents who have dementia</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteers have not provided a vetting disclosure.</li> </ul>

**Theme: Effective Care and Support**

**Outcome 6: Safe and suitable environment**

Outcome	Critical components demonstrating compliance	Substantially compliant	Moderate non compliance	Major non compliance
<p>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.</p> <p>The premises takes account of the residents' needs and is in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</p>	<ul style="list-style-type: none"> <li>• The design and layout of the centre are in line with the Statement of purpose.</li> <li>• The premises meet the needs of all residents and the design and layout promotes the dignity, independence and wellbeing of residents with dementia.</li> <li>• The unit/s where people with dementia live is small scale and homely with appropriate furnishings, fixtures and fittings.</li> <li>• Equipment to stimulate the engage residents is available and used.</li> <li>• The premises and grounds are well-maintained with suitable heating, lighting and ventilation.</li> <li>• The centre is clean and suitably decorated.</li> <li>• Objects and colour are used to support residents with dementia to find their way around.</li> <li>• The layout supports freedom of movement for the residents to</li> </ul>	<ul style="list-style-type: none"> <li>• The premises need redecoration and upkeep.</li> <li>• There are no suitable staff facilities for changing and storage.</li> <li>• Storage for resident's personal belongings is limited.</li> <li>• Efforts are made to control stimuli such as glare and noise, but improvements are required.</li> <li>• Signage and cues are used but need to be improved.</li> <li>• Signage is placed too high.</li> <li>• The use of colour schemes needs to be enhanced.</li> <li>• Indoor space for active residents to walk and exercise does not fully</li> </ul>	<ul style="list-style-type: none"> <li>• There is a safe outdoor space for residents but it can only be accessed on request.</li> <li>• The centre does not provide enough communal or shared areas.</li> <li>• Parts of the centre are poorly maintained and in need of repair.</li> <li>• Bedrooms do not provide enough space for furniture.</li> <li>• Colour is not used to help residents with dementia to find their way around.</li> <li>• The design and layout is confusing and difficult to navigate.</li> <li>• Residents with dementia do not have access to a quiet indoor space.</li> </ul>	<ul style="list-style-type: none"> <li>• The design and layout of the centre is not in line with the Statement of Purpose.</li> <li>• A resident's bedroom does not allow for enough space for manoeuvring assistive equipment such as hoists.</li> <li>• Space in the bedrooms is restrictive and does not allow free movement around all furniture and equipment.</li> <li>• There is no screening in shared rooms to ensure privacy for personal care.</li> <li>• There is no suitable indoor area where residents can walk.</li> </ul>

	<p>common areas and to their personal spaces.</p> <ul style="list-style-type: none"> <li>• Good signage and multiple cues are used where possible.</li> <li>• The design offers scope for involvement in ordinary domestic and outdoor activities,</li> <li>• There is adequate private and communal accommodation.</li> <li>• The size and layout of bedrooms is suitable to meet the needs of residents with enough toilets, bathrooms and showers.</li> <li>• There are wash hand basins in each bedroom.</li> <li>• There is a sufficient supply of piped hot and cold water which incorporates thermostatic control valves or other anti-scalding protection.</li> <li>• Each bedroom contains the following for each resident: <ul style="list-style-type: none"> <li>○ a bed</li> <li>○ bedside locker</li> <li>○ wardrobe</li> <li>○ a chair</li> <li>○ any specialised/assistive equipment or furniture that a resident might require.</li> </ul> </li> </ul>	<p>support freedom of movement.</p> <ul style="list-style-type: none"> <li>• Outdoor spaces for active residents to walk are restrictive.</li> <li>• Floor coverings are appropriate in some areas but not in all areas used by residents with dementia.</li> <li>• Contrasting colours are not used in bathrooms and toilets.</li> <li>• Call bells are visible but difficult to reach.</li> <li>• Equipment to stimulate the engage residents is available but in limited supply.</li> </ul>	<ul style="list-style-type: none"> <li>• Window heights do not facilitate residents to see out while seated.</li> <li>• There is no separate dining room.</li> <li>• Communal rooms are large and not homely.</li> <li>• The layout of the sitting room does not support social interaction.</li> <li>• The space for activity provision is inadequate.</li> <li>• Equipment to stimulate the engage residents is available but rarely used.</li> <li>• The design, colour and layout of the bathroom/showers and toilets does not support independence for people with dementia.</li> <li>• Access to certain areas of the centre, such as sluice rooms, is unrestricted.</li> <li>• There are inadequate sluicing facilities.</li> <li>• The kitchen, cooking facilities and catering</li> </ul>	<ul style="list-style-type: none"> <li>• There are not enough toilet and washing facilities.</li> <li>• There is not enough heating in the centre.</li> <li>• Lighting is poor.</li> <li>• The centre is unclean.</li> <li>• The call bell system is not functioning</li> <li>• The lift does not work.</li> <li>• Grab rails, handrails are not fitted in appropriate areas.</li> <li>• There is no lift where residents live on two or more floors.</li> <li>• Residents do not have access to a garden or an outdoor space.</li> <li>• External grounds are unsuitable, unsafe or inappropriately maintained.</li> <li>• There are no thermostatic control valves or other anti-scalding protection</li> </ul>
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	<ul style="list-style-type: none"> <li>• Shared rooms provide screening to ensure:             <ul style="list-style-type: none"> <li>○ privacy for personal care</li> <li>○ free movement of residents and staff</li> <li>○ free movement of a hoist or other assistive equipment</li> <li>○ free access to both sides of the bed.</li> </ul> </li> <li>• Residents with dementia are supported to individualise their rooms, with personal items and furnishings</li> <li>• Bedrooms are individually identified to assist residents with dementia to recognise their room.</li> <li>• There is suitable storage for residents' belongings.</li> <li>• Floor coverings are non-slip and are consistent in colour throughout.</li> <li>• Grab rails are used in common areas to support independent walking.</li> <li>• Handrails are provided on both sides of a stair except where a stair lift is provided.</li> </ul>		<p>equipment is not suitable.</p>	<p>on piped hot water supplies.</p>
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	<ul style="list-style-type: none"><li>• Where residents live on two or more floors, a lift is provided.</li><li>• There are indoor and outdoor spaces for active residents to walk unimpeded.</li><li>• Noise and glare stimuli are controlled.</li><li>• There is a functioning call bell system in place and a lift where appropriate.</li><li>• There is a separate kitchen with sufficient cooking facilities and equipment.</li><li>• There are tea/coffee making facilities for visitors and residents who are able to use them.</li><li>• Residents have access to a safe external space without the need to request staff permission.</li><li>• Gardens can be enjoyed from inside and also encourage people to go outside.</li><li>• The size and layout of bedrooms is suitable to meet individual residents' needs.</li><li>• There are sufficient numbers of toilets, bathrooms and showers.</li><li>• Toilets are readily visible and accessible from bedrooms and</li></ul>			
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	<p>communal rooms.</p> <ul style="list-style-type: none"> <li>• Doors to toilets and bathrooms are consistently painted a contrasting colour throughout the centre.</li> <li>• Contrasting colours are used in the toilets and bathroom areas.</li> <li>• Call/alarms are visible and within reach.</li> <li>• Grab rails are provided in bath, shower and toilet areas.</li> <li>• Bathrooms and toilets have non-slip floors and showers are step free and spacious enough to accommodate one or more assistants.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Residents have access to appropriate equipment which promotes their independence and comfort.</li> <li>• Residents have access to appropriate equipment and communication aids.</li> <li>• 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.</li> </ul>	<p>The equipment is well maintained but no records of maintenance are maintained</p>	<ul style="list-style-type: none"> <li>• Necessary assistive equipment is available for residents but some equipment needs to be replaced.</li> <li>• Necessary assistive equipment is available for residents and while it is in good working order, it is not regularly serviced.</li> <li>• Assistive equipment is</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary assistive equipment is not available to residents.</li> <li>• Equipment is available for residents but staff are not trained in how to use it.</li> <li>• Equipment is not maintained in good working order.</li> </ul>

	<ul style="list-style-type: none"><li>• Staff are trained to use equipment and the equipment is stored safely and securely.</li><li>• Handrails are provided in circulation areas</li><li>• Grab rails are provided in bath shower and toilet areas</li><li>•</li></ul>		<p>not stored safely.</p> <ul style="list-style-type: none"><li>• There are not enough assistive devices to support staff to move and transfer residents safely, including hoists and wheelchairs.</li><li>• There is no evidence to confirm that the equipment has been repaired or replaced.</li></ul>	
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