Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Guidance for providers on the monitoring programme for regulated services for children:

- Child protection and welfare services
- Foster care services
- Residential centres
- Special care units
- Oberstown Children Detention Campus

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services —** Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation —** Registering and inspecting designated centres.
- **Monitoring Children's Services —** Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality —** Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment —** Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information —** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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Revision history

Revision History	Publication date / revision date	Title/version	Summary of changes
Version 1	August 2014	Guidance for Providers – Monitoring programme for regulated services for children which includes: - Child protection and welfare services - Foster care services - Residential centres - Special care units - Detention Schools	
Version 1.1	February 2017	Guidance for Providers – Monitoring programme for regulated services for children which includes: - Child protection and welfare services - Foster care services - Residential centres - Special care units - Detention School	This guidance was revised in February 2017 to reflect the new descriptions of judgments which come into effect on 1 February 2017 and the methodology for thematic inspections

Purpose of this guide

This guide will explain the overall approach that the Health Information and Quality Authority (HIQA) will take when monitoring specific services for children including:

- statutory residential centres
- special care units
- Oberstown Children Detention Campus
- statutory child protection and welfare services
- foster care services — statutory and private.

This document is divided into five sections:

- Section one gives background information on the role of HIQA in relation to regulated services for children.
- Section two outlines HIQA's monitoring approach and its aims and objectives.
- Section three describes the monitoring and or inspection programme for services and the different type of inspections.
- Section four describes various inspection fieldwork activities including:
  - what information will be provided to service providers
  - what is required from service providers
  - what to expect during the inspection and monitoring process
  - risk identification, assessment and notification process
  - continuous monitoring of services.
- Section five outlines HIQA's process for reporting on the findings of inspections and the responses expected from service providers.

Section one

1.1 The Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) was established in 2007 to promote safety and quality in health and personal social care services for the benefit of the health and welfare of the public.

Under section 8(1)(b) of the Health Act 2007,[1] HIQA has, among other roles, the function of setting standards on safety and quality in services provided by the Health Service Executive (HSE) or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts 1991 and 2001, and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

Under section 8(1)(c) of the Health Act 2007, HIQA monitors compliance with the standards referred to in section 8(1)(b) and advises the Minister for Children and Youth Affairs as to the level of compliance with the standards. Additionally, under section 69 of the Child Care Act, 1991 — as amended by the Child Care (Amendment) Act 2011— HIQA has the power to inspect the quality of specific services to children provided by, or on behalf of, the Child and Family Agency (Tusla) and report its findings to the Minister for Children and Youth Affairs.

Section 186(1) of the Children Act 2001 (as amended by Section 152 of the Criminal Justice Act 2006) provides HIQA with the power to inspect the Oberstown Children Detention Campus in County Dublin.

1.2 How we regulate services

1.2.1 The statutory framework — monitoring against standards and regulations

Each type of children's service has its own statutory framework that gives authority to HIQA to monitor the service, using standards and regulations which set out what is expected from the service. Table 1 shows the statutory framework for each type of service monitored by HIQA.

[1] Health Act 2007. Dublin: The Stationery Office; 2007. [Online]. Available on from: http://www.oireachtas.ie/documents/bills28/acts/2007/a2307.pdf

1.2.2 Authorised persons and inspectors

- HIQA appoints authorised persons in accordance with section 70 of the Health Act 2007 for the purposes of monitoring compliance with standards in accordance with 8(1)(c) of the Act.
- Inspectors are authorised under Section 69(3) of the Child Care Act, 1991 and Section 186(1) of the Children Act 2001 (as amended by Section 152 of the Criminal Justice Act 2006) for the purposes of monitoring compliance with standards and regulations.
- All authorised persons and inspectors carry a certificate of authorisation together with a form of personal identification.
- All authorised persons and inspectors must comply with HIQA's Code of Conduct, which is available on HIQA's website (www.hiqa.ie)

Table 1. Statutory basis for inspection and monitoring of children's services by HIQA

Functions	Authority to inspect	Primary legislation	Regulations	Standards
Child Protection and Welfare Services	Inspected under Section 8(1)c of the Health Act 2007	Health Act 2007		*National Standards for the Protection and Welfare of Children* (HIQA, 2012)
Foster care services	Inspected under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011	Child Care Act, 1991	Child Care (Placement of Children in Foster Care) Regulations, 1995 Child Care (Placement of Children with Relatives) Regulations, 1995	*National Standards for Foster Care* (Department of Health and Children, 2003)
Children's residential centre	Inspected under Section 69 of the Child Care Act, 1991	Child Care Act, 1991	Child Care (Placement of Children in Residential Care) Regulations, 1995	*National Standards for Children's Residential Centres (2001)*
Special care units	Inspected under Section 69 of the Child Care Act, 1991	Children Act, 2001		*National Standards for Special Care* (HIQA November 2014)
Oberstown Children Detention Campus	Inspected under Section 185 and Section 186 of the Children Act 2001, as amended by Criminal Justice Act, 2006	Children Act, 2001 as amended by Criminal Justice Act, 2006		*Standards and Criteria for Children Detention Schools* (Department of Justice, Equality and Law Reform, 2008)

1.3 Continuous monitoring in improving quality and safety

The role of HIQA is to promote improvement in the provision of health and personal social services for the benefit of the health and welfare of the public. HIQA, through its monitoring programmes, aims to provide assurances to the public that service providers are implementing and meeting National Standards and relevant regulations and are making quality and safety improvements that safeguard children.

There are a number of elements of the monitoring programme. HIQA monitors services by carrying out inspections and reviewing information which it receives between these inspections, which can take the form of notifications, requested and unsolicited information, including data and monitoring reports.

HIQA receives information from members of the public who may have a concern about a service, and it reviews any relevant reports relevant to services. This allows HIQA to make ongoing assessments of the services' compliance with standards and regulations and identify possible risks which might be present.

1.4 Confidentiality

HIQA is subject to the Freedom of Information Acts[2] and the statutory Code of Practice regarding Freedom of Information.[3] If submitting information to HIQA, services are requested to explain to HIQA if they regard any of the information submitted to be confidential. If HIQA receives a request for disclosure of information, HIQA will take full account of each service's explanation, but HIQA cannot give an assurance that confidentiality can be maintained in all circumstances. Services must not return any information to HIQA that could be used to identify an individual child.

[2] Freedom of Information Act 2014. Dublin: The Stationery Office; 2014. [Online]. Available from: www.oireachtas.ie/documents/bills28/acts/2014/a3014.pdf.

[3] Department of Public Expenditure and Reform. Freedom of Information Act Code of Practice 2014. Dublin: Department of Public Expenditure and Reform; 2014. [Online]. Available from: http://foi.gov.ie/guidance/code-of-practice.

Section two

2.1 HIQA's monitoring approach

The Authority's monitoring approach (which may from time to time be referred to by HIQA as AMA) is a framework that applies to all regulatory activities carried out by HIQA. It ensures:

- the consistent and timely assessment and monitoring of compliance with regulations and standards
- a consistent and proportionate approach to regulation and risk.

Inspections carried out under the Authority's monitoring approach framework are done under 'themes' as explained in section 2.2 below.

2.2 Themes

HIQA has devised a framework for developing standards following a review of international and national evidence, engagement with national and international experts and applying HIQA's knowledge and experience of the Irish health and social care context.

Based on this framework, standards and regulations are organised into themes[4] relating to the quality, safety, capacity and capability of services. Themes one to three describe the dimensions of quality and safety in the delivery of a child-centred service. Themes four to seven describe the capacity and capability factors necessary to deliver high-quality safe care.

The three quality themes are:

- Child-centred services
- Safe and effective services
- Health and development.

The four capacity and capability themes are:

- Leadership, governance and management
- Use of resources
- Responsive workforce
- Use of information.

[4] Different themes apply to services based on the relevant standards and regulations

2.3 Assessment framework

An assessment framework is devised for each service being regulated, based on the relevant themes, standards and regulations. The assessment framework sets out the lines of enquiry to be explored by inspectors and or authorised persons in order to assess compliance with the regulations and standards (refer to relevant assessment frameworks for providers on www.hiqa.ie). A line of enquiry guides inspectors and or authorised persons to look for evidence and analyse it in a consistent way.

In assessing practice against the relevant standards and regulations, inspectors and or authorised persons use a process called triangulation to ensure that the inspectors' and or authorised persons' findings are not based on single sources of evidence, such as one staff member's comments. This process involves examining evidence gathered and ensuring that the resulting finding is supported, where possible, by different sources of evidence. For example, inspectors and or authorised persons may gather evidence based on:

- what is observed (observation)
- what is told to the inspector or authorised person (questioning and or discussions)
- what is read (documentation).

To determine if the evidence is sufficient, we also consider the following:

- Is the evidence reliable and or credible and can it be validated?
- 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 enable findings to be made?
- Does the evidence support findings made by the inspectors and or authorised persons on the quality and safety of services provided to children?
- Does the evidence reflect the experience of service users?

2.4 Making judgments

Inspectors and or authorised persons consider the evidence in order to make findings under each theme. These findings are used to inform a judgment. Descriptions of judgments — called judgment descriptors in HIQA — are used to report on the quality of the service as assessed by inspectors and or authorised persons.

HIQA will judge a service or centre 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 service or centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant**: a judgment of **substantially compliant** means that some action is required by the service and or centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant**: a judgment of **non-compliant** means that substantive action is required by the service and or centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

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

This approach requires inspectors and or authorised persons to exercise a precise judgment, which in turn provides clear information for the provider on what needs to improve. It reflects and underpins a 'responsive regulation' approach by ensuring that regulatory activities are proportionate and based on risk.

For the provider, the benefit of this type of reporting on compliance is that it:

- provides a balanced reflection of what is working well
- identifies to the provider what needs to be improved
- clearly reflects the level of risk involved in the service
- assists providers in prioritising their efforts and resources in specific areas of practice due to the level of risk to the safety and wellbeing of children and families identified by inspectors and or authorised persons.

Section three

3.1 The monitoring and quality improvement programme

HIQA's monitoring programmes which are designed to promote quality improvement are aligned to its mission to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. The monitoring programmes will operate within HIQA's values, which are outlined here.

HIQA's mission

HIQA is an independent Authority that exists to improve health and social care services for the people of Ireland. Among its functions, HIQA promotes improvement in the quality and safety of health and social care services, assesses health technologies and advises on the use of health information.

HIQA's core values are as follows.

- Put people first — HIQA puts the needs and the voices of people who use health and social care services at the centre of all of its work
- Be fair and objective — HIQA strives to be fair and objective in its dealings with people and organisations, and undertakes its work without fear or favour.
- Be open and accountable — HIQA shares information about the nature and outcomes of its work, and accepts full responsibility for its actions.
- Be committed to excellence — HIQA seeks to continually improve and strives for excellence in its work.
- Work together — HIQA engages with those funding, planning, providing and using health and social care services in developing all aspects of its work.

The monitoring programme will aid the service provider's development and implementation of evidence-based practice, which is known to contribute to safeguarding children and promoting their welfare.

In order to drive quality and safety in the provision of services to children, HIQA will:

- assess if the service provider has all the elements in place to safeguard children and provide them with a high quality service
- establish if the failure to have these elements in place poses a serious risk to the children receiving these services
- seek assurances from service providers that they are safeguarding children

through the mitigation of serious risks

- present the service provider with the findings of the inspection so that they may develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of HIQA's findings.

3.2 The purpose of inspection

The purpose of inspection is to monitor a provider's compliance with regulations and standards, to gather evidence on which to make judgments and to report on the safety and quality of the service and outcomes for children.

Inspections can be announced (where you are told in advance about the inspection) or unannounced (where you are not told in advance) and can take place at any time. Most inspections of residential centres are not announced and some inspections may take place outside of working hours.

3.3 What are the different types of inspections?

A number of different types of inspection will be carried out in order to monitor ongoing compliance with standards and regulations. They are as follows:

3.3.1. Full inspection

These are inspections of services against the standards related to the relevant themes of the service being inspected. Please see relevant assessment frameworks for providers on www.hiqa.ie.

3.3.2. Follow-up inspections

Follow-up inspections will often be carried out following an earlier inspection to check on specific matters arising from a previous inspection and to ensure that the action required by you has been taken. Follow-up inspections will take place:

- when direct observation or discussion is required in order to verify that an action has been undertaken and improvement has taken place. For example, that staff members' understanding of the policy on the prevention and detection of abuse has improved.
- when the history of the service is such that the inspector or authorised person believes that only an inspection can verify that the required actions have been taken. For example, where there has been a previous

inspection which has found repeated non-compliance.

- when an action plan update has already been received and has been judged unsatisfactory by the inspector or authorised person. For example, where the proposed actions or the actions taken do not significantly address the practice that requires improvement.

3.3.3. Thematic inspections

HIQA has introduced a themed approach whereby the inspection focuses on specific issues to enable a more intense focus on specific areas of service provision.

3.3.4 Single-issue inspections

In some instances an inspection will be required to focus on a single or specific issue. Single-issue inspections arise from a number of events including information received by HIQA which indicates there may be a risk to children or where there is a continued non-compliance in a service.

This inspection allows the inspector or authorised person to focus (but not exclusively) on the area of concern indicated by the information that HIQA has received.

Section four

The aim of inspections is to gather evidence of compliance with the standards and or regulations through observation, data and document review, meetings and interviews.

4.1 Data and documentation requirement for announced inspections

Prior to some inspections, HIQA will request a number of documents, key pieces of data and some information to be furnished to it.

- The documentation, information and data requirement will be issued by the lead inspector or authorised person.
- The required data, information and documentation should be returned electronically to HIQA within 10 working days[5] of the receipt of the request. The notification correspondence will confirm the 'return-by' date.
- The document and data requirement has been developed with the understanding that the information required should already be in existence as part of the programme of implementing the relevant standards and regulation for the service.
- During the course of the inspection, the inspectors or authorised persons may review additional documentation.

4.2. Service provider planning meetings[6]

At the earliest opportunity after the inspection has been announced, inspectors or authorised persons may, depending on the type of service being inspected, meet with the relevant persons to:

- provide further information about the scope of the inspection and inspection methodology
- provide an overview of an indicative timetable for the activities taking place during the inspection
- agree practical arrangements, such as access arrangements
- plan how children, young people and their families and or carers can be directly engaged with

[5] For thematic inspections this will be 5 working days
[6] These will not take place for thematic inspections but the lead inspector will arrange a teleconference with the area manager.

- plan the organisation of groups of external agencies and or professionals, gather any outstanding contact information and possible location or office arrangements as appropriate
- discuss possible observation opportunities for inspectors or authorised persons
- arrange for access to any electronic records on children and other records and case files
- arrange ongoing meetings throughout the fieldwork to clarify any issues which are identified during the inspection.

4.3 Pre-onsite inspection

Important pieces of information relating to the centre or service — such as previous inspection report and action plan, relevant information received by HIQA about the service or centre — will be examined by the inspection team preparing for the inspection. The inspection team will discuss any particular issues that need to be addressed during the inspection.

4.4 On-site inspection fieldwork

The aim of on-site inspection fieldwork is to gather further evidence of compliance with the standards and regulations through document review, meetings and interviews and observation. The lead inspector will make contact with the manager on arrival to the service or centre.

As part of HIQA's monitoring approach, an assessment framework is devised for each service based on the relevant themes, standards and regulations. The key activities of the inspection are:

- the interrogation of data
- the review of policies and procedures, minutes of various meetings, staff
- files, monitoring and oversight of care practices, audits, satisfaction surveys, other quality improvement initiatives and service plans
- the review of children's case files
- meeting, as appropriate, with children, young people, parents and carers.
- meeting with relevant staff members such as social care staff, social workers, team leaders, the principal social workers, the area manager, other relevant line managers and other external stakeholders and professionals as appropriate
- observing staff in their day-to-day work

- observing key meetings, particularly where decisions about children are being made.

4.5 Reviewing individual children's experiences and trending specific issues

A core inspection activity is the gathering of information on how services keep children safe and to assess the quality of the service that is provided to children. Both reviewing and trending cases aims to:

- capture the experiences of children receiving a social work service
- identify trends
- verify information provided to inspectors
- gather information under lines of enquiry.

4.6 Case reviewing

Case reviewing aims to examine how the service responds to the child's needs, risks to the child, and how decisions are made. In essence, its purpose is to capture the experience of the child and gain evidence of the effectiveness of the service in achieving positive outcomes for individual children.

A case review begins with an inspector or authorised person reading the child's file and discussing the case with the allocated social worker or link worker or key worker. The inspector or authorised person will request that the social worker or link worker or key worker talks them through the child's history and shows them the written evidence contained in the file or files to support what they are saying about the social work or care activities and interventions.

The next stage of the case review is to meet and speak with the child and parents and or foster carers where possible. Case reviews should provide inspectors or authorised persons with insight into the service's or centre's systems and the direct impact that its strengths and deficiencies have on children and their families. When considered alongside other evidence, these contribute to the overall judgments made by inspectors or authorised persons.

However, judgments will not be made based on an individual case review alone and issues identified may require further examination to identify possible trends. Similar cases may be required, using 'trending' to ensure a more reliable and strong evidence-base.

4.7 Trending

Trending is defined as the inspection method of reviewing a number of cases to further examine a particular issue or line of enquiry. It does not encompass a full examination of the child's file as in case reviewing, and it focuses purely on a

particular aspect of the child's experience of the service. For example, a case review may identify that community-based services had been recommended for a child but had not been provided. This may prompt the inspector or inspection team to sample this aspect of other children's files to establish if there is a pattern or not.

This can apply to any aspect of a child or foster carer file that requires further examination, such as the quality of care plans, foster care assessments, effectiveness of safety plans and safe transfer of information across service areas or jurisdictions and so on.

4.8 Interviews

During fieldwork, inspectors or authorised persons will interview, either in groups or individually, key professionals involved in the delivery of services to children. These interviews will occur throughout the fieldwork. They may also gather information through phone interviews before the inspection or after the inspection.

During interviews, the inspectors or authorised persons will explain the purpose of the inspection, describe their role and interact respectfully and patiently with the individual being interviewed.

The inspectors and or authorised persons will meet with children and families and or carers as part of the monitoring process to ask them their views about the service.

The inspectors or authorised persons will provide information to the service provider to share with children, birth families and carers about the inspection process. Focus groups may also be arranged with key stakeholders, for example, school representatives and representatives from the community and voluntary agencies.

4.9 Observation of practice

Observation of practice is a key evidence gathering activity and is dependent on the type of service being inspected. The inspector or inspectors or authorised person or persons will:

- observe day-to-day practices in the centre or service

- observe care plan review meetings, strategy meetings, child protection case conferences and review meetings
- be sensitive to the potential impact on others of their attendance at such meetings and will consult with the service provider on the appropriateness of their attendance at all or part of meetings
- only observe meetings with the consent of the families and children
- have a brief discussion with parents, children and young people and carers, as appropriate, following the observation to talk about their experience.

4.10 Risk identification, assessment and notification

Key points:

- During the course of the inspection, inspectors or authorised persons may identify specific issues that they believe may present a risk to the welfare of children and their families.
- If risks are identified the inspector or authorised person will use HIQA's risk matrix (see Appendix 1) to assess the likelihood and the impact of the identified risks.
- Any significant risks to the welfare of individual children or their families identified during the fieldwork and which require immediate action will be brought to the attention of the accountable person[7] during fieldwork. This is to allow them to put in place the actions necessary to mitigate such risks. Formal written notification of the identified risk will also be issued to the accountable person for the service within **two working days** of the inspection, with the requirement to formally write back by a specified reporting date to HIQA reporting how the risk has been mitigated.
- In the case of significant risks that do not require immediate mitigation, details of these will be included in the report.

The decision to issue an immediate action plan is an exceptional regulatory activity.

The expectation is that immediate actions will be taken by the provider to ensure the safety and welfare of children. Failure to appropriately respond to significant risks will be addressed through HIQA's escalation procedure (see guidance for providers at www.higa.ie).

[7] Identified individual with overall executive accountability, responsibility and authority for the delivery of high-quality, safe and reliable services.

Section five

5.1 Findings

Inspectors or authorised persons will judge the level of a service's or centre's performance against the relevant National Standards and regulations, as appropriate.

HIQA will provide the service or centre with a report of findings of the inspection to outline its performance on the day or days of inspection, and identify scope for improvement if necessary.

5.2 Reports

The purpose of the inspection report is to provide assurances to the public that service providers have implemented and are meeting the relevant nationally mandated standards and regulations. They also aim to provide assurances that services or centres have the appropriate arrangements in place to ensure the quality and safety improvements required to safeguard all children and young people in their care.

Reports give factual information and highlight where standards of services are good, as well as where improvements are required. The report will reflect findings and judgments supported by evidence.

Key elements:

- The inspection report will outline HIQA's overall assessment in relation to the inspection. It will include a summary of key findings in relation to areas of practice that worked well and identify opportunities for improvement.
- Details of any risks identified will be included in the report of the inspection.
- Reports will set out the findings from the inspection under the relevant themes and judgments in line with the National Standards and or regulations.
- Reports are likely to generate an action plan and this is issued with the draft report.
- If the non-compliance identified is judged as substantial compliance or non-compliance an action to address the deficit is required from the provider.

5.3 Due process

When the report is complete, the draft report is given to the provider and other interested parties who may be affected by its contents (see table below for number of working days to issue report). It is the main way that the people who are identified or are identifiable in the report have access to due process. These people are offered the opportunity to provide feedback in relation to the relevant report findings over a period of up to 15 days before the report is published.

Depending on the level and nature of the feedback received, changes to the report may be required. Any feedback received through due process which may alter the existing findings is reviewed in line with the triangulation process. This involves re-examination of the evidence gathered during the inspection.

5.4 Service provider response — the action plan

Each service provider is accountable for the development of and implementation of an action plan that prioritises the necessary actions to ensure compliance with the relevant standards and regulations.

These plans must be approved by the service provider's identified individual who holds accountability, responsibility and authority for the delivery of high-quality, safe and reliable services.

- The actions to address non-compliances should be specific, measurable, achievable, realistic and timely (SMART).
- The inspector or authorised person will assess the quality of the action plan. It is important that the inspector or authorised person is satisfied that the provider's action plan is of an acceptable quality; it should address the issues sufficiently, assign accountability and include implementation timelines.
- Providers will have **no more than two** opportunities to complete a satisfactory action plan.
- The action plan response should incorporate all required actions, local, regional and national.
- Actions plans will be published separately to reports.

5.5 Submission

In the course of their regulatory and inspection work, inspectors or authorized persons make judgments on an ongoing basis as to the quality and safety of services and the degree to which services comply with relevant nationally mandated standards and regulations. These judgments of findings are set out in an inspection

report. In doing so, the inspector adheres to HIQA's monitoring approach.

If a provider has specific concerns regarding the inspector's or authorised person's judgments, they should in the first instance make contact with the lead inspector or authorized person. If following this interaction, the issues are not resolved a provider can submit a submission. You can find information about this process on our website, www.hiqa.ie under guides.

5.6 Publication of reports

In line with Section 8(1)(c) of the Health Act 2007, the section 69(5) of the Child Care Act, 1991 (as amended), section 188 of the Children Act 2001, HIQA will provide a copy of the finalised report to the Minister for Children and Youth Affairs. HIQA will also provide a copy of the final report to the service provider.

HIQA reports its findings publicly and in most cases each inspection report will be published on HIQA's website. This is done in order to provide assurances to the public that service providers have implemented and are meeting the relevant standards and regulations. Action plans will be published concurrently with the report.

However, if an inspection report could potentially identify a child, for example in a very small residential centre, the report will not be published. Nonetheless, whether reports are published or not, Tusla should make HIQA inspection reports available to the children living in the centre and their families once they have been finalised.

5.7 Continuous monitoring

Following the inspection, the inspector or authorised person will continue to monitor the service provider's action plan in order to be assured that providers are continuing to address the identified deficits.

Furthermore, HIQA will review all information received about the safety, quality and standard of children and family services. HIQA will use a variety of sources of information to inform ongoing monitoring. These may include:

- data and document review to include publicly available information
- the review of the service provider's action plan
- information provided by other regulators
- information provided by children, families and carers
- service-user feedback

- meetings with service providers
- meetings with children, families and carers
- notifications and concerns.

The purpose of this is to establish if:

- the service continues to comply and or improve
- the information indicates that the service provider has not implemented recommendations made by HIQA
- the information indicates non-compliance with the standards and regulations
- there are reasonable grounds for HIQA to believe that there is a serious risk to the welfare of persons receiving services.

Refer to HIQA's escalation guidance for providers, which is available at www.hiqa.ie.

Other resources are also available on www.hiqa.ie, including assessment frameworks for:

- children's residential centre
- special care units
- Oberstown Children Detention Campus
- assessment framework for foster care services — statutory and private
- assessment framework for child protection and welfare services.

Appendix 1 — Risk matrix

Risk assessment process: the inspector or authorised persons from the Health Information and Quality Authority (HIQA) will assess the impact of the risk to children and or families and the likelihood of reoccurrence to determine the level of risk, using the tables below. The impact of the risk, and the likelihood of occurrence are both assessed and given a score from 1 to 5. The risk matrix is then used to give an overall risk score. This score then corresponds with the classification of risk table.

Impact of the risk: what is the actual impact of the risk?

App Table 1. Impact (consequence) scoring

Impact category	Impact on individual/future service users
1 Negligible	▪ No obvious harm ▪ No injury requiring treatment
2 Minor	▪ Minor injury ▪ No permanent harm
3 Moderate	▪ Significant injury or ill health ▪ Some temporary incapacity
4 Major	▪ Major injuries or long-term incapacity or disability ▪ Major permanent harm as result of clinical or non-clinical incident injuries or long-term incapacity or disability ▪ Major permanent harm
5 Catastrophic	Death

Likelihood of reoccurrence: what is the chance of this event occurring or reoccurring?

Identify the 'probability rating' for reoccurrence from the following table:

App Table 2. Likelihood (probability) scoring

Likelihood score	Descriptor	Frequency
1	Rare	This will probably never happen or reoccur
2	Unlikely	Do not expect it to happen or reoccur again, but it is possible
3	Possible	Might happen or reoccur occasionally
4	Likely	Will probably reoccur, but it is not a persistent issue
5	Almost certain	Will undoubtedly recur, possibly frequently

The lead inspector or authorised person classifies the risk using the risk matrix below and documents the findings that indicate the risk.

App Table 3. Risk scoring

	Likelihood (probability) of reoccurrence				
Impact	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

The risk is then classified as significant, moderate, low or very low in line with the risk matrix score. See classification of risk table below.

App Table 4. Risk score

Risk score	
Score	**Grade**
15-25	**Significant risk**
8-12	**Moderate risk**
4-6	**Low risk**
1-3	**Very low risk**

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