



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Assessment-judgment framework for designated centres for older people

Version 4: March 2025

Safer Better Care

Contents

Introduction to this assessment-judgment framework 3

Section 1 Capacity and capability of the provider to deliver a safe quality service..... 1

Section 2 Quality and safety of the service. 18

Appendix 1 — Registration regulations 36

Appendix 2 — Revision history 39

Introduction to this assessment-judgment framework

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) is responsible for registering designated centres and inspecting and monitoring compliance by registered providers with regulations and standards. This revised assessment-judgment framework has been published by the Chief Inspector to support these functions.

The Chief Inspector advocates for and promote a human rights-based approach to health and social care services which upholds the resident's core human rights principles of fairness, respect, equality, dignity and autonomy. Respecting diversity, promoting equality, treating people fairly and with dignity, and including people in decisions about their care promote and support safe and effective care.

A standardised approach to inspection and monitoring is adapted by the Chief Inspector to consistently carry out its functions as required by the Health Act 2007 (as amended) (referred to in this document as 'the Act'). This standardised approach is called the 'Authority Monitoring Approach' (AMA). All inspectors adhere to this approach and to any associated procedures and protocols.

This monitoring approach does not replace the professional judgment of inspectors, but rather gives inspectors a range of procedures, protocols and tools to assist them in carrying out their functions. This assessment-judgment framework is one of these tools.

Applying AMA and using the assessment-judgment framework will ensure that each provider is treated fairly and the assessment of compliance with regulations and standards is timely, consistent and responsive to risk identified within the designated centre. It also provides transparency for providers and the public on how the Chief Inspector assesses and makes judgments about compliance and non-compliance.

The application of AMA does not replace or take away from providers^{*} responsibility to ensure that they are in compliance with the regulations and standards, that they provide safe and high-quality services for people who use their services, and that they ensure residents' rights are respected and upheld.

The Chief Inspector has also produced an updated *Guidance for the assessment of designated centres for older people* to support this assessment-judgment framework which can be found on www.hiqa.ie.

* Throughout this guidance, the term 'provider' refers to the registered provider or, where applicable, the intending provider of a designated centre.

* Throughout this guidance, the term 'centre' refers to designated centres in the case of centres that are registered or where an applicant is intending to register a designated centre.

Additional information about AMA and how the Chief Inspector carries out its functions can be found in the *Regulation Handbook: a guide for providers and staff of designated centres*, which is also available at www.higa.ie.

Assessment-judgment framework

There are two purposes to this assessment-judgment framework:

- It supports inspectors in gathering evidence when monitoring or assessing a service and to make judgments on compliance. The framework sets out examples of the lines of enquiry to be explored (questions to be asked) by inspectors.
- It supports providers to self-assess their own service.

Judgment descriptors

We make judgments on whether the provider is: compliant, substantially compliant or not compliant with the regulations. Table 1 defines what these levels of compliance mean, which are called 'judgment descriptors'. These are used to assess compliance against each of the regulations.

Table 1. Judgment descriptors

- | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">▪ Compliant: a judgment of compliant means the provider and or the person in charge are in full compliance with the relevant regulation.▪ Substantially compliant: a judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.▪ Not compliant: a judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service, it is risk-rated orange (moderate risk) and the provider must take action <i>within a reasonable time frame</i> to come into compliance. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The assessment-judgment framework should be applied 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 (S.I. 415 of 2013)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 (S.I. 293 of 2016)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2017 (S.I. 428 of 2017)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022 (S.I. 628 of 2022)
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (S.I. 61 of 2015)
- Health Act 2007 (Registration of Designated Centres for Older People) (Amendment) Regulations 2017 (S.I. 430 of 2017)
- *National Standards for Residential Care Settings for Older People in Ireland (2016)*
- *National Standards for infection prevention and control in community services (2018)*
- *National Standards for Adult Safeguarding (2019)*
- *Guidance for the assessment of designated centres for older people*
- *Guidance on a Human Rights-based approach in Health and Social Care Services*
- *Regulation Handbook.*

How this document is structured

The assessment-judgment framework is set out in two overarching sections which are termed 'dimensions'. These are:

- 1. Capacity and capability of the provider to deliver a safe quality service**
- 2. Quality and safety of the service**

The regulations and national standards[†] are linked to the relevant dimension — **capacity and capability** or **quality and safety** — for ease of reporting and so do not appear in numerical order.

Capacity and capability of the provider to deliver a safe quality service

The dimension of **capacity and capability** focuses on the governance, leadership and management arrangements in place in the service. It covers how effective these are in ensuring that a good-quality and safe service is being sustainably provided. It outlines how people who work in the service are recruited and supported through education and training, and whether there are appropriate systems in place to underpin the safe delivery and oversight of the service.

Quality and safety of the service

The dimension of **quality and safety** reviews the experiences and support people receive on a day-to-day basis. It evaluates whether this is a good quality and caring service which ensures people are safe. It includes information about the environment where the service is provided.

The dimensions are inter-dependent: good governance and oversight procedures, the right resources, active use of information and a competent and confident workforce are essential to the delivery of a sustainable quality and safe service.

Essentially, person-centred care and support, safeguarding and protection, and better health, wellbeing and development for people using services all happen because the capacity and capability arrangements are there to make sure they happen.

Figure 1 on the following page shows the 'Themes' as described in the *National Standards for Residential Care Settings for Older People in Ireland* (2016).

[†] Where possible, the national standards are aligned to one regulation only, as a 'best fit' simply for the purpose of reporting. This does not negate the provider's responsibility in meeting these standards.

Figure 1: Themes in the National Standards



Appendix 1 gives guidance when assessing compliance with the assessment and judgment of the Health Act 2007 (Registration Regulations 4, 6, 7 and 9 of the Registration of Designated Centres for Older People) Regulations 2015. These specific regulations are detailed as they are the most frequently used registration regulations.

Section 1. Capacity and capability of the provider to deliver a safe quality service

This section focuses on the overall delivery of the service and how the provider is assured that a good quality, safe and effective service is provided to residents.

It includes how the provider:

- implements effective governance structures with clear lines of accountability in place so that all members of the workforce are aware of their responsibilities and who they are accountable to
- ensures that the necessary resources are in place to support the effective delivery of good quality person-centred care and support to people using the service
- uses information to plan, deliver and manage services provided to residents to ensure the delivery of high-quality, safe and effective services
- designs and implements policies and procedures that embed a human rights-based approach and will make sure the centre runs effectively.

Dimension: Capacity and capability	
Regulation 3: Statement of purpose	
National standards (designated centres for older people)	<p>Standard 2.3</p> <p>The design and delivery of the residential service maintains and supports physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcomes.</p> <p>Standard 5.3</p> <p>The residential service has a publicly available statement of purpose that accurately describes the services provided.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider prepared in writing a statement of purpose relating to the designated centre concerned which contains the information set out in Schedule 1 of the regulations? 2. Has the provider reviewed and revised the statement of purpose at intervals of not less than one year? 	

Dimension: Capacity and capability	
Regulation 4: Written policies and procedures	
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5 of the regulations? 2. Has the provider made the written policies and procedures referred to in paragraph (1) available to staff? 3. Has the registered provider reviewed the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, when necessary, reviewed and updated them in accordance with best practice? 	

Dimension: Capacity and capability

Regulation 14: Persons in charge

Line of enquiry

1. Has the registered provider ensured there is
 - a. a person in charge of the designated centre and
 - b. there is a person who is able to deputise in the absence of the person in charge?
2. Where the person in charge is the registered provider, and the registered provider concerned is a registered medical practitioner:
 - a. are they solely employed in carrying on the business of the designated centre concerned, and
 - b. has not less than 3 years' experience of carrying on the business of a nursing home under the Health Act 2007?
3. Where the provider is not the person in charge, is the person in charge a registered nurse with not less than 3 years' experience of nursing older persons within the previous six years?
4. Where the person in charge is the person in charge of up to two designated centres, is the Chief Inspector satisfied that they engaged in the effective governance, operational management and administration of the designated centres concerned?
5. Where the registered provider is not the person in charge, have they ensured that the documents specified in Schedule 2 of the regulations are provided by the person concerned?
6. Does the person who is employed to be a person in charge have not less than 3 years' experience in a nurse management role in the health and social care area?
7. Will the person who is employed to be the person in charge
 - (a) before 31 March 2028 have in addition to the requirements of paragraph (6), one of the following:
 - (i) a post registration management qualification in health or a related field; and

- (ii) Not later than the 31 March 2026, subject to paragraph (c)³, either
- i. a post registration management or leadership certificate in health or a related field at a minimum of Level 8 qualification on the National Framework of Qualifications, or,
 - ii. a nursing post-graduate qualification at a minimum of Level 9 on the National Framework of Qualifications which includes a management or leadership module?
- (b) on or after 31 March 2028, have in addition to the requirements of paragraph (6) and subject to paragraph (c), either:
- i. a post registration management or leadership certificate in health or a related field at a minimum of Level 8 qualification on the National Framework of Qualifications, or,
 - ii. a nursing post-graduate qualification at a minimum of Level 9 on the National Framework of Qualifications which includes a management or leadership module?
8. Where the Chief Inspector is satisfied that no resident of a designated centre concerned has been assessed as requiring full-time nursing care, paragraphs (3), (6), (7) and (9) of the regulations do not apply to the person in charge of that centre or a person deputising for the person in charge during a period of absence.
9. Is the person who will deputise for the person in charge during an absence, a registered nurse working in the designated centre with not less than 3 years' experience of nursing older persons within the previous 6 years?

³ Paragraph (c) refers to a person who is employed to be a person in charge who is named on the register maintained by the Chief Inspector and/or was availing of statutory leave from the position on or before 31 March 2025, shall be exempt from being required to obtain the qualifications prescribed by subparagraphs 7(a)(ii) or 7(b), as applicable, but shall have, in addition to the requirements of paragraph (6), a post registration management qualification in health or a related field.

Dimension: Capacity and Capability

Regulation 15: Staffing

Line of enquiry

1. Has the provider ensured that the number and skill-mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned?
2. Has the person in charge ensured that the staff of a designated centre includes, at all times, at least one registered nurse?
3. Where the Chief Inspector is satisfied that no resident of the designated centre concerned has been assessed in accordance with Regulation 5 as requiring full-time nursing care, paragraph (2) does not apply to the staff of the centre.

Dimension: Capacity and capability	
Regulation 16: Training and staff development	
National standards (designated centres for older people)	<p>Standard 7.2</p> <p>Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.</p> <p>Standard 7.3</p> <p>Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.</p> <p>Standard 7.4</p> <p>Training is provided to staff to improve outcomes for all residents.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the person in charge ensured that: <ol style="list-style-type: none"> a. staff have access to appropriate training b. staff are appropriately supervised c. staff are informed of the Act and any regulations made under it? 2. Has the person in charge ensured that copies of the following are available to staff: <ol style="list-style-type: none"> a. the Act and any regulations made under it b. any relevant standards set and published by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act c. relevant guidance published from time to time by government or statutory agencies in relation to designated centres for older people? 	

Dimension: Capacity and capability

Regulation 19: Directory of residents

Line of enquiry

1. Has the provider established and maintained a directory of residents in the designated centre?
2. Is the directory established under paragraph (1) above available, when requested, to the Chief Inspector?
3. Does the directory of residents include the information specified in paragraph (3) of Schedule 3 of the regulations?

Dimension: Capacity and capability	
Regulation 21: Records	
National standards (designated centres for older people)	<p>Standard 7.1 Safe and effective recruitment practices are in place to recruit staff.</p> <p>Standard 8.2 Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred safe and effective service.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that the records set out in Schedule 2, 3 and 4 of the regulations are kept in the designated centre and are available for inspection by the Chief Inspector? 2. Are records kept in accordance with this section and set out in Schedule 2 retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned? 3. Are records kept in accordance with this section and set out in Schedule 3 retained for a period of not less than 7 years after the resident has ceased to live in the designated centre concerned? 4. Are records kept in accordance with this section and set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4, retained for a period of not less than four years from the date of their making? 5. Are records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, retained for a period of not less than 7 years from the date of their making? 6. Are records specified in paragraph (1) kept in such a manner as to be safe and accessible? 	

Dimension: Capacity and capability	
Regulation 22: Insurance	
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider effected a contract of insurance against injury to residents? 2. Where the registered provider has insured against other risks, including loss or damage to a resident's property and where such insurance is effected, has the resident been advised accordingly? 	

Dimension: Capacity and capability	
Regulation 23: Governance and Management	
National standards (designated centres for older people)	<p>Standard 5.1</p> <p>The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.</p> <p>Standard 5.2</p> <p>The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.</p> <p>Standard 5.4</p> <p>The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.</p> <p>Standard 6.1</p> <p>The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.</p> <p>Standard 8.1</p> <p>Information is used to plan and deliver person-centred, safe and effective residential services and supports.</p>
Line of enquiry	
<p>1. Has the provider ensured that:</p> <ul style="list-style-type: none"> a. the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose b. there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of care provision c. there are deputising arrangements for key management roles in place d. management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored e. there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in 	

<p>accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act</p> <p>f. the review referred to in subparagraph (e) is prepared in consultation with residents and their families</p> <p>g. that a copy of the review referred to in subparagraph (e) is made available to residents and, if requested, to the Chief Inspector</p> <p>h. that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e)?</p> <p>2. Has the registered provider ensured that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents?</p>

Dimension: Capacity and Capability	
Regulation 24: Contract for the provision of services	
National standards (designated centres for older people)	Standard 2.8 Each resident's access to residential services is determined on the basis of fair and transparent criteria.
Line of enquiry	
<p>1. Has the provider agreed in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom?</p> <p>2. Does the agreement referred to in paragraph (1) relate to the care and welfare of the resident in the designated centre concerned and include details of:</p> <p>a. the services to be provided, whether under the Nursing Homes Support Scheme (the Fair Deal Scheme) or otherwise, to the resident concerned</p> <p>b. the fees, if any, to be charged for such services</p>	

- c. where appropriate, the arrangement for the application for or receipt of financial support under the Nursing Homes Support Scheme, including arrangements for the payment or refund of monies, or
- d. any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement?

Dimension: Capacity and Capability

Regulation 30: Volunteers

Line of enquiry

1. Has the person in charge ensured that people involved on a voluntary basis with the designated centre:
 - a. have their roles and responsibilities set out in writing
 - b. received supervision and support, and
 - c. have a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012?

Dimension: Capacity and Capability

Regulation 31: Notification of incidents

Line of enquiry

1. Where an incident set out in paragraph 7(1)(a) to (i) of Schedule 4 of the regulations occurs, has the person in charge given notice in writing of the incident within 2 working days of its occurrence?
2. Has the person in charge ensured that, when the cause of an unexpected death has been established, the Chief Inspector is informed of that cause in writing?
3. Has the person in charge provided a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraph 7(2)(a) to (ee) of Schedule 4?
4. Where no report is required under paragraph (1) or (3) above, has the registered provider concerned reported this information to the Chief Inspector at the end of each six-month period?
5. Are the reports required under paragraphs (1) or (3) in accordance with guidance produced by the Chief Inspector?

Dimension: Capacity and capability

Regulation 32: Notification of absence

Line of enquiry

1. Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous period of 42 days or more, has the provider given notice in writing to the Chief Inspector of the proposed absence?
2. Except in the case of emergency, has the notice referred to in paragraph (1) been given no later than one month before the proposed absence starts or within such a shorter period as may be agreed with the Chief Inspector and has it specified:
 - a. the length or expected length of absence
 - b. the expected dates of departure and return?
3. Where the person in charge is absent as the result of an emergency, has the registered provider, as soon as it becomes apparent that the absence concerned will be for a period of 42 days or more, given notice of the absence including the information referred to in paragraph (2) above in writing to the Chief Inspector specifying the matters mentioned in paragraph (2)?
4. Where the absence referred to in paragraph (3) has occurred, has the registered provider notified the Chief Inspector of the return to duty of the person in charge not later than 3 working days after the date of their return?

Dimension: Capacity and capability

Regulation 33:

Notification of procedures and arrangements for periods when person in charge is absent from the designated centre.

Line of enquiry

1. Where the provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, does the notice include details of the deputising arrangements that will be in place for the management of the designated centre during that absence up to a 6 month period of time?
2. Where there is an expectation that the person in charge named on the register will return to their post, has the registered provider applied to the Chief Inspector for an extension of this arrangement for a period not to exceed 6 months?
3. Does the notice referred to in paragraph (1) specify:
 - a. the arrangements which have been made, or were made, for the running of the designated centre during that absence
 - b. the deputising arrangements that have been made, or are proposed to be made, for the management of the designated centre during that absence, including the proposed date by which the deputising arrangements are or will be in place
 - c. the name, contact details and qualifications of the person who will be or was deputising for the person in charge during that absence?

Dimension: Capacity and capability	
Regulation 34: Complaints procedure	
National standards (designated centres for older people)	Standard 1.7 Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.
Line of enquiry	
<p>1. Has the provider arranged an accessible and effective procedure for dealing with complaints, which includes a review process?</p> <ul style="list-style-type: none"> a. Has the registered provider made each resident aware of the complaints procedure as soon as is practicable after their admission to the designated centre? b. Has the registered provider displayed a copy of the complaints procedure in a prominent position in the designated centre; and where the provider has a website, on that website? <p>2. Has the registered provider ensured the complaints procedure includes:</p> <ul style="list-style-type: none"> a. the nomination of a complaints officer to investigate complaints b. that complaints are investigated and concluded as soon as possible and in any case no later than 30 working days after the receipt of the complaint c. for the provision of a written response informing the complainant⁴ whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process d. the nomination of a review officer to review, at the request of a complainant, the decision referred to in paragraph (c) e. that a review is conducted and concluded as soon as possible and no later than 20 working days after the receipt of the request for review 	

⁴ Complainant means a resident, a spouse, a civil partner, a cohabitant, a close relative or a carer of the resident, any person who by law or by appointment of a court, has the care of the affairs of the resident, any legal representative of the resident, or any other person with the consent of the resident.

- f. the provision of a written response informing the complainant of the outcome of the review
 - g. the provision of a written response informing the complainant when the complainant will receive a written response in accordance with subparagraph (b) or (e) above, as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline
 - h. that the persons nominated under subparagraph (a) and (d) above should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident?
3. Has the registered provider taken reasonable steps to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer?
4. Has the registered provider ensured that a resident:
 - a. has access to records and information in relation to the complaint
 - b. is not adversely affected by reason of the complaint having been made by them or by any other person, whether or not that person comes within the definition of complainant or not?
5. a. Has the registered provider offered or arranged for practical assistance to the complainant, as is necessary, for the complainant to:
 - understand the complaints process
 - make a complaint in accordance with the provider's complaints procedure
 - request a review in a case where they are dissatisfied with the decision made in relation to their complaint, or
 - refer the matter to an external complaints process, such as the Ombudsman?
- b. Has the registered provider, where appropriate, assisted the person making or seeking to make a complaint, subject to their agreement, to identify another person or independent advocacy service who could assist with the making of the complaint?
6. Has the registered provider ensured that:

- a. all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan?
 - b. as part of the provider's annual review, has the provider made a general report, on (i) the level of engagement of independent advocacy services with residents, and (ii) complaints received, including reviews conducted?
7. Has the registered provider ensured that:
- a. the nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the provider's complaints procedures
 - b. that all staff are aware of the provider's complaints procedures, including how to identify a complaint?

Section 2 Quality and safety of the service.

The focus of this section is about the lived experience of people using the service. This includes how people:

- are empowered to exercise their rights, achieve their personal goals, hopes and aspirations
- make choices and are actively involved in shaping the services they receive
- receive effective person-centred care and support, at all stages of their lives
- are able to live in a safe, comfortable and homely environment
- have food and drink that is nutritious
- are protected from any harm or abuse.

Dimension: Quality and safety	
Regulation 5: Individual assessment and care plan	
National standards (designated centres for older people)	Standard 2.1 Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the support required to maximise their quality of life in accordance with their wishes.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider, in so far as is reasonably practical, arranged to meet the needs of each resident when these have been assessed in accordance with paragraph (2)? 2. Has the person in charge arranged a comprehensive assessment by an appropriate healthcare professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre concerned? 3. Has the person in charge prepared a care plan, based on the assessment referred to in paragraph (2) above, for a resident no later than 48 hours after that resident's admission to the designated centre concerned? 4. Has the person in charge formally reviewed at intervals not exceeding four months, the care plan prepared in paragraph (3) above and, where necessary, 	

revised it, after consultation with the resident concerned and where appropriate that resident’s family⁵?

5. Is the care plan prepared under this regulation available to the resident concerned and, with the consent of the resident or where the person in charge considers it appropriate, made available to their family?

Dimension: Quality and safety

Regulation 6: Health care

**National standards
(designated
centres for older
people)**

Standard 4.1

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

Line of enquiry

1. Has the provider, having regard to the care plan prepared under Regulation 5, provided appropriate medical and healthcare to residents, including a high standard of evidence-based nursing care in accordance with professional guidelines issued from time to time by the Nursing and Midwifery Board of Ireland (An Bord Altranais agus Cnáimhseachais na hÉireann)?
2. Has the person in charge, in so far as is reasonably practical, made available to a resident:
 - a. a medical practitioner chosen or acceptable to the resident
 - b. where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment
 - c. where the care referred to in paragraph (1) above or other healthcare service requires additional expertise, access to such treatment?

⁵ The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025 define “family” as meaning a member of a resident’s family, a close friend, carer of a resident or a person involved in promoting the health, welfare and wellbeing of a resident.

Dimension: Quality and safety	
Regulation 7: Managing behaviour that is challenging	
National standards (designated centres for older people)	Standard 4.3 Each resident experiences care that supports their physical, behavioural and psychological wellbeing.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that, where restraint is used in the designated centre, it is only done in accordance with national policy as published on the website of the Department of Health? 2. Has the person in charge ensured that staff have up-to-date knowledge and skills, appropriate to their roles, to manage behaviour that is challenging? 3. Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, has the person in charge managed and responded to that behaviour, in so far as possible, in a manner that is not restrictive? 	

Dimension: Quality and safety	
Regulation 8: Protection	
National standards (designated centres for older people)	<p>Standard: 3.1</p> <p>Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.</p> <p>Standard 3.5</p> <p>Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider taken all reasonable measures to protect residents? 2. In the measures referred to in paragraph (1) above, has the registered provider included staff training in relation to the detection and prevention of and responses to abuse? 3. Where the person in charge is the subject of an allegation of abuse, has the provider: <ol style="list-style-type: none"> a. investigated the matter or b. nominated a person, who in the opinion of the registered provider, is a suitable person to investigate the matter? 4. Has the person in charge investigated any incident or allegation of abuse? 	

Dimension: Quality and safety	
Regulation 9: Residents' rights	
National standards (designated centres for older people)	<p>Standard 1.1 The rights and diversity of each resident are respected and safeguarded.</p> <p>Standard 1.2 The privacy and dignity of each resident are protected.</p> <p>Standard 1.3 Each resident has the right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services</p> <p>Standard 1.4 Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.</p> <p>Standard 1.6 Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.</p> <p>Standard 4.2 Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider carried on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of the resident? 2. Has the provider provided for each resident: <ol style="list-style-type: none"> a. facilities for occupation and recreations, and 	

- b. opportunities to participate in activities in accordance with their interests and capacities?
3. Has the provider, in so far as is reasonably practical, ensured that a resident:
- a. may exercise choice in so far as such exercise does not interfere with the rights of other residents
 - b. may undertake personal activities in private
 - c. is facilitated to communicate freely and in particular have access to:
 - (i) information about current affairs and local matters
 - (ii) radio, television, newspapers, internet, and other media
 - (iii) telephone facilities, which may be accessed privately
 - (iv) voluntary groups, community resources and events
 - d. may be consulted about and participate in the organisation of the designated centre concerned
 - e. may exercise their civil, political and religious rights?
4. Has the person in charge made staff aware of the matters referred to in paragraph (1) above in relation to each resident in the designated centre?
5. Has the provider ensured residents have access to independent advocacy services,⁶ including access to in-person awareness campaigns by such services and access to meet and receive support from them? Are these services made available to residents in the designated centre and in private, as required?

⁶ 'Independent advocacy service' means advocacy support provided by an organisation that is free from conflict of interest and is independent of family and service providers.

Dimension: Quality and safety	
Regulation 10: Communication	
National standards (designated centres for older people)	Standard 1.5 Each resident has access to information, provided in a format appropriate to their communication needs and preferences.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that a resident, who has communication difficulties is facilitated to communicate freely in accordance with the residents' needs and ability? 2. Has the person in charge ensured that where a resident has specialist communication requirements, that such requirements are recorded in the resident's care plan prepared under Regulation 5? 3. Has the person in charge ensured that staff are informed of any specialist needs referred to in paragraph (2) above? 	

Dimension: Quality and safety	
Regulation 11: Visits	
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured the designated centre has a written visitor policy, to include the process for: <ol style="list-style-type: none"> i. normal visitor access? ii. access during an outbreak of a communicable disease, and an epidemic or a pandemic? iii. arrangements for residents to receive nominated support persons? 2. Has the provider made arrangements for a resident to receive visitors? 3. Has the person in charge ensured that: <ol style="list-style-type: none"> a. in so far is reasonably practical, visits to a resident are not restricted, unless: <ol style="list-style-type: none"> i. such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or 	

- ii. the resident concerned has requested the restriction of visits?
- b. having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practical, a suitable private area which is not the resident's room is available to a resident to receive a visitor if required?
- c. on occasions when visiting is restricted, restrictions are in place for the shortest period possible and that during such times residents are facilitated to maintain communication and links with family?
- d. Notwithstanding subparagraph (c), residents are supported to receive visits from nominated support persons during an outbreak of a communicable disease, epidemic or pandemic subject to any guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management?

Dimension: Quality and safety	
Regulation 12: Personal possessions	
National standards (designated centres for older people)	Standard 3.6 Each resident's personal property and finances are managed and protected.
Line of enquiry	
1. Has the person in charge, in so far as is reasonably practical, ensured that residents have access to and retain control over their property, possessions and finances, in particular, that: <ol style="list-style-type: none">a. residents use and retain control over their clothesb. their linen and clothes are laundered regularly and returned to the right residentc. they have adequate space to store and maintain their clothes and other personal possessions?	

Dimension: Quality and safety	
Regulation 13: End of life care	
National standards (designated centres for older people)	<p>Standard 2.4</p> <p>Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.</p> <p>Standard 2.5</p> <p>Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Where a resident is approaching the end of their life, has the person in charge ensured that: <ol style="list-style-type: none"> a. appropriate care and comfort, which addresses the physical, emotional social, psychological and spiritual needs of the resident concerned are provided b. the religious and cultural needs of the resident concerned are, in so far as reasonably practical, met c. the family⁷ of the resident concerned are, with the resident’s consent, informed of the resident’s condition, and permitted to be with the resident and suitable facilities are provided for such persons d. where the resident indicates a preference as to their location (for example, a preference to return home or for a private room), such a preference has been facilitated in so far as is reasonably practical? 2. Following the death of a resident, has the person in charge ensured that appropriate arrangements in accordance with that resident’s wishes — in so far as they are known and are reasonably practical — have been met? 	

⁷ The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025 define “family” as meaning a member of a resident’s family, a close friend, carer of a resident or a person involved in promoting the health, welfare and wellbeing of a resident.

Dimension: Quality and safety	
Regulation 17: Premises	
National standards (designated centres for older people)	<p>Standard 2.6</p> <p>The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.</p> <p>Standard 2.7</p> <p>The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that the premises of the designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3? 2. Has the provider, having regard to the needs of the residents of a particular designated centre, provided premises which conform to the matters set out in Schedule 6 of the regulations? 	

Dimension: Quality and safety	
Regulation 18: Food and Nutrition	
National standards (designated centres for older people)	Standard 2.2 Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the person in charge ensured that each resident: <ol style="list-style-type: none"> a. has access to a safe supply of fresh drinking water at all times b. is offered choice at mealtimes c. is provided with adequate quantities of food and drink which: <ul style="list-style-type: none"> — are properly and safely prepared, cooked and served — are wholesome and nutritious — meet the dietary needs of a resident as prescribed by healthcare or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned? 2. Has the person in charge provided meals, refreshments and snacks at all reasonable times? 3. Has the person in charge ensured that an adequate number of staff are available to assist residents at meals and when other refreshments are served? 	

Dimension: Quality and safety

Regulation 20: Information for residents

Line of enquiry

1. Has the provider prepared and made available to residents a guide in respect of the designated centre?
2. Does this guide include:
 - a. a summary of the services and facilities in that designated centre
 - b. the terms and conditions relating to residence in the designated centre concerned
 - c. how to access any inspection reports on the centre
 - d. the procedure regarding complaints, including external complaints processes such as the Ombudsman
 - e. the arrangements for visits
 - f. information regarding independent advocacy services?

Dimension: Quality and safety

Regulation 25: Temporary absence or discharge of residents

Line of enquiry

1. When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, has the person in charge where the resident lives ensured that all the relevant information about the resident is provided to the receiving designated centre, hospital or place?
2. When the resident returns from another designated centre, hospital or place, has the person in charge where the resident lives taken all reasonable steps to ensure that all relevant information about the returning resident is obtained from the other designated centre, hospital or place?
3. Has the person in charge ensured, in so far as practicable, that a resident is discharged from the designated centre concerned in a planned and safe manner?
4. Was the discharge discussed, planned for and agreed with a resident and, where appropriate, with their family⁸, and in accordance with the terms and conditions of the contract agreed in accordance with Regulation 24?

⁸ The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025 define “family” as meaning a member of a resident’s family, a close friend, carer of a resident or a person involved in promoting the health, welfare and wellbeing of a resident.

Dimension: Quality and safety	
Regulation 26: Risk management	
National standards (designated centres for older people)	Standard 3.2 The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
Line of enquiry	
<p>1. Has the provider ensured that the risk management policy, set out in Schedule 5 of the regulations, includes the following:</p> <ul style="list-style-type: none"> a. hazard identification and assessment of risks throughout the designated centre b. measures and actions in place to control the risks identified c. measures and actions in place to control the following risks: <ul style="list-style-type: none"> i. abuse ii. unexplained absence of any resident iii. accidental injury to residents, visitors or staff iv. aggression and violence v. self-harm vi. infectious diseases d. arrangements for the identification, recording, investigation of serious incidents or adverse events involving residents? e. a process for the implementation of actions and recommendations arising from subparagraph (d) f. a process for the audit, review and learning from events? <p>2. Has the provider ensured that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property?</p>	

Dimension: Quality and safety	
Regulation 27: Infection control ⁹	
National standards (designated centres for older people)	Standard 3.3 Infection prevention and control practices achieve the best outcomes for residents.
Line of enquiry	
<p>1. Has the provider ensured that</p> <ul style="list-style-type: none"> a. infection prevention and control procedures consistent with the standards published by the Authority are in place and implemented by staff? b. guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre as required? c. Staff receive suitable training on infection prevention and control? 	

⁹ A more detailed assessment-judgment framework is also available for infection prevention and control.

Dimension: Quality and safety

Regulation 28: Fire precautions

Line of enquiry

1. Has the provider:
 - a. taken adequate precautions against the risk of fire, and provided suitable firefighting equipment, suitable building services, and suitable bedding and furnishing?
 - b. provided adequate means of escape, including emergency lighting
 - c. made adequate arrangements for:
 - maintaining all fire safety equipment, means of escape, building fabric and building services
 - reviewing fire precautions
 - testing fire equipment
 - d. made arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call-points, first aid, firefighting equipment, fire-control techniques and the procedure to be followed should the clothes of a resident catch fire
 - e. ensured by means of fire safety management and fire drills at suitable intervals that the people working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire?
2. Has the provider made adequate arrangements for:
 - detecting, containing and extinguishing fires
 - giving warnings of fire
 - calling the fire service
 - evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents?
3. Has the person in charge ensured that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre?

Dimension: Quality and safety	
Regulation 29: Medicines and pharmaceutical services	
National standards (designated centres for older people)	Standard 3.4 Each resident is protected through the residential service's policies and procedures for medicines management.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured, in so far as is reasonably practicable, that a pharmacist of a resident's choice or who is acceptable to the resident is available to the resident? 2. Has the person in charge facilitated the pharmacist concerned in meeting their obligation to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland? 3. Has the person in charge ensured that where a pharmacist provides a record of medication-related interventions in respect of a resident, such a record is kept in a safe and accessible place in the designated centre concerned? 4. Has the person in charge ensured that all medicinal products dispensed or supplied to a resident are stored securely at the centre? 5. Has the person in charge ensured that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product? 6. Has the person in charge ensured that a medicinal product which is out of date or a medicine that has been dispensed to a resident but is no longer required by them: <ol style="list-style-type: none"> a. is stored in a secure manner, b. is segregated from other medicinal products and c. is disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and which ensures that the product concerned can no longer be used as a medicinal product? 	

Appendix 1 — Most frequently used registration regulations

Registration Regulation 4. Application for registration or renewal of registration	
Line of enquiry	<p>1. In addition to the requirements set out in section 48(2) of the Act, has an application for the registration of a designated centre for older people been accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 of the registration of designated centres for older people regulations 2015 and has an application for renewal been accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of:</p> <ul style="list-style-type: none"> a. the person who is the provider b. the person in charge or intending to be in charge and any other person who participates or will participate in the management of the designated centre?
Registration Regulation 6. Changes to information supplied for registration purposes	
Line of enquiry	<p>1. Has the provider as soon as practicable:</p> <ul style="list-style-type: none"> a. given notice in writing to the Chief Inspector of any intended change in the identity of the person in charge of a designated centre for older people b. supplied full and satisfactory information in regard to the matters set out in Schedule 2 registration of designated centres for older people regulations 2015 in respect of the new person proposed to be in charge of the designated centre? <p>2. Notwithstanding paragraph (1), has the provider in any event:</p> <ul style="list-style-type: none"> a. notified the Chief Inspector, within 10 days of it occurring, where the person in charge of a designated centre for older people has ceased to be in charge b. supplied full and satisfactory information, within 10 days of the appointment for a new person in charge of the designated centre, in regard to the matters set out in Schedule 2?

	<p>3. Has the provider notified the Chief Inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the centre) within 28 days of the change and supplied full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person participating in the management of the designated centre?</p> <p>4. Has the provider given not less than eight weeks' notice in writing to the Chief Inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 registration of designated centres for older people regulations 2015 and supplied full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people?</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Registration Regulation 7. Applications by registered providers for the variation or removal of conditions of registration

<p>Line of enquiry</p>	<p>1. Has the provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration that have been attached by the Chief Inspector under section 50 of the Act made an application in the form determined by the Chief Inspector?</p> <p>2. Does an application under section 52 of the Act specify the following:</p> <ul style="list-style-type: none"> a. the condition to which the application refers and whether the application is for the variation and or the removal of the condition or conditions b. where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation c. where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal d. changes proposed in relation to the designated centre as a consequence of the variation or removal of a condition or conditions including:
-------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Assessment-judgment framework for designated centres for older people

	<ul style="list-style-type: none"> i. structural changes to the premises that are used as a designated centre ii. additional staff, facilities or equipment iii. changes to the management of the centre that the provider believes are required to bring the proposed changes into effect? <p>3. Has the provider provided the Chief Inspector with any additional information that the Chief Inspector reasonably requires in considering the application?</p>
<p>Registration Regulation 9. Notice to be given by a registered provider of a designated centre of intention to cease to carry on its business and close the designated centre</p>	
<p>Line of enquiry</p>	<p>1. Has the provider of a designated centre for older people provided the Chief Inspector with not less than six months' notice of intention to cease to carry on the business of the designated centre and close the centre?</p>

Appendix 2 — Revision history

Revision Date	Summary of changes
March 2025	Version 4 Amended and updated to reflect Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025
January 2024	Version 3 Amended and updated to reflect Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022 (S.I. 628 of 2022)
June 2022	Version 2 Amendment to descriptors for substantial compliance and non-compliance.
February 2018	First published



Published by the Health Information and Quality Authority (HIQA)

Issued by the Chief Inspector
Health Information and Quality Authority
George’s Court
George’s Lane
Smithfield
Dublin 7
D07 E98Y

+353 (0)1 814 7400
info@hiqa.ie
www.hiqa.ie