Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation and Monitoring of Social Care Services

Guidance for the assessment of designated centres for people with disabilities

Version 2.1: May 2025

Safer Better Care

Contents

1. About the guidance

1.1. Introduction

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) advocates for and promotes a human rights-based approach to health and social care services that upholds the resident's core human rights principles of fairness, respect, equality, dignity and autonomy. Respecting diversity, promoting equality and treating people fairly and with dignity, as well as including people in decisions about their care, promotes and supports safe and effective care.

This updated guidance has been produced to support the related assessment-judgment frameworks, and also has been updated to reflect this commitment to a more human rights-based approach together with evidence-based changes since it was first published. It includes the *National Standards for infection prevention and control in community services* (2018). This guidance should be read in conjunction with the following associated assessment-judgment frameworks:

- *Assessment-judgment framework for designated centres for people with disabilities*
- *Assessment-judgment framework for infection prevention and control and antimicrobial stewardship in designated centres for people with disabilities.*

Additional information for providers about how the Chief Inspector carries out its work can be found in the *Regulation Handbook*. These documents are available on www.hiqa.ie.

Each provider[*] and person who participates in managing a centre[†] must ensure they are delivering a safe and effective service that complies with the regulations, *National Standards for Residential Services for Children and Adults with Disabilities*,[≠] other relevant standards,[¥] and any all other relevant legislation to ensure that residents' rights are respected and upheld.

[*] Throughout this guidance, the term 'provider' refers to registered providers or where applicable intended provider of designated centres.

[†] 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.

[≠] The term 'standards' will be used throughout this guidance to refer to the *National Standards for Residential Services for Children and Adults with Disabilities*.

[¥] Other relevant standards include the *National Standards for infection prevention and control in community services*, as well as the *National Standards for Adult Safeguarding* which have been jointly developed by HIQA and the Mental Health Commission (MHC), and standards issued by other organisations.

The regulations set the minimum standard of safe, quality care to be provided to residents by providers. Providers should continually seek to improve the service provided to residents and use the standards to achieve a high standard of care. Providers should use this guidance to self-assess and improve their own service, where required.

2. Purpose of the guidance

The purpose of the guidance is to provide additional supporting information on assessing compliance and to offer guidance on reviewing each regulation and applicable standard. It is also intended to be used by providers and their staff to assess their own services and continually improve the quality and safety of care and support.

The guidance gives greater detail on how both the Chief Inspector and a provider assess compliance. It outlines what an inspector might review during fieldwork planning (fieldwork is the term we use to describe all the activities associated with the pre-, on-site and post-inspection activities), gathering of relevant information and evidence on site, and the making of judgments about compliance.

Furthermore, this guidance facilitates a consistent approach to assessing compliance by:

- supporting inspectors in developing a clear understanding of the regulations and standards
- providing direction to providers and persons in charge on the type of findings that could demonstrate evidence of compliance and non-compliance.

The guidance also includes a section on what a service implementing a rights-based approach and quality improvement looks like. This section is intended to further support providers to constantly strive for ongoing improvements in the quality of the service and to promote positive outcomes for residents where providers are meeting the regulations.

2.1 Structure of the guidance on each regulation

Guidance on each individual regulation from Regulation 3 to 34 is presented in the following section. Each regulation is described in five sections, namely:

- the standards associated with the regulation, where applicable
- what a service implementing a rights-based approach and quality improvement looks like

- examples of the information and evidence reviewed to assess compliance
- indicators which demonstrate the level of compliance with the regulations and standards, and
- risk-rating of compliance.

The section on '**What a rights-based quality service looks like**' is based on various national standards and national and international evidenced-based research. National standards describe how services can achieve safe, quality, person-centred care and support.

Principles that underpin all national standards are: responsiveness, a human rights-based approach, safety and wellbeing, and accountability, which work together to ensure person-centred care and support and enhance the quality of life of residents. To support providers of services and to embed a human rights-based approach in their services, HIQA has published *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Additionally, to support the application of a human rights-based approach, an online learning course is available on HSEland | The Irish Health Service's portal for online learning.

Appendix 1 lists the primary regulation and any associated regulations that may be considered when assessing compliance of the primary regulation. The inspector's judgment on the primary regulation being assessed is made independently of the associated regulations.

Section 1: The standard associated with the regulation, where applicable

Where a standard is directly linked to a regulation, it is listed. While a number of standards can be related to one or more regulations, for the purposes of inspection and reporting, a 'best fit' approach to the standards is taken, and the standard is linked to the most relevant regulation.

Section 2: What a rights-based quality service looks like

Where a regulation has been complied with, providers must seek out ways to continually improve the quality of their services and outcomes for residents. This part of the guidance outlines examples of what residents can expect of a service that is implementing a rights-based approach to care and striving for quality improvement. We will acknowledge and report on residents' rights, service improvements and quality initiatives.

Section 3: Examples of the information and evidence reviewed to assess compliance

This part gives examples of information and evidence that are reviewed to assist with assessing compliance. The examples are listed under the headings of observation, communication and documentation. These examples will support the planning of an inspection, gathering of information on site and the making of judgments about compliance.

The types of information reviewed will be determined by the history of compliance, specific areas of risk and outcome of the inspection planning. As part of this planning, inspectors will review documentation about a centre.

Section 4: Indicators which demonstrate the level of compliance with the regulations and standards

Compliance with the regulations and standards is the overall responsibility of the registered provider. The inspections give the registered provider and person in charge an opportunity to demonstrate how they have complied with the regulations and standards. The expectation is that providers continually review and assess their services and put measures in place to comply with the regulations and standards. The regulations are a minimum requirement, and the standards are intended to promote quality improvement.

The examples detailed are not an exhaustive list but are there to assist with determining the levels of compliance.

Part 5: Risk-rating of compliance

The level to which centres have complied with the regulations have an impact on outcomes for residents. In order to improve outcomes for residents, compliance with regulations are risk-rated.

Each regulation can be assigned a maximum risk-rating based on the severity of impact on residents and the likelihood of occurrence, reoccurrence or recurrence. Continued non-compliance resulting from a failure of a provider to put appropriate measures in place to address the areas of risk or non-compliance may result in escalated regulatory action by the Chief Inspector.

4. Guidance

4.1 Guidance on regulations relating to capacity and capability of a provider to deliver a safe quality service

This section of the guidance focuses on regulations and national standards related to the leadership, governance and management of a centre and how effective providers are in ensuring that a good quality and safe service is being sustainably provided. It considers how people who work in the centre are recruited and trained, and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

Regulation 3	Statement of purpose
National standards (designated centres for people with disabilities)[‡]	**Standard 5.3** The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

What a rights-based quality service looks like

The statement of purpose is one of the most important documents that a provider is required to have in relation to its services. It is where the provider clearly sets out what the services does, who the services is for and information about how and where the service is delivered. When developing the statement of purpose, the provider should carefully consider and provide precise detail when describing the type and range of services, and the supporting health, personal and social care arrangements they provide.

A good statement of purpose promotes transparency by accurately describing the provider's aims, objectives and ethos. The statement of purpose clearly describes the model of care and support available to current and future residents in the service. The service that is defined in the statement of purpose is evident in the day-to-day operation of the centre.

[‡] *National Standards for Residential Services for Children and Adults with Disabilities*.

A good statement of purpose recognises the intrinsic value of the residents. It recognises the rights of each resident and clearly sets out how the service is designed and delivered to meet individual needs. It details how residents' rights will be protected by promoting people's individuality and maximising their independence and autonomy. It reflects the safeguarding principles of empowerment, rights-based approach, proportionality, prevention, partnership and accountability.

The statement of purpose is publicly available and communicated to people living in the centre and or their representatives in a format and medium appropriate to their communication needs and preferences. It should also be made available to any potential new residents.

The provider has systems and processes in place to ensure the statement of purpose is reviewed on an ongoing basis and in response to any changes in the service or the people living in the centre. This review is incorporated in the service's governance arrangements, and is part of the continual quality improvement cycle, which forms part of the annual review.

As part of good document management, the provider maintains a version history to support the oversight and tracking of changes to the statement of purpose.

To support providers, the Chief Inspector has developed a statement-of-purpose template that providers may wish to use. This template also includes guidance on what should be included in a statement of purpose in order to comply with the regulations and when it should be reviewed. It also provides guidance to providers on when changes to the statement of purpose may impact on the conditions of registration. The guidance on the statement of purpose can be found here or search online at hiqa.ie.

Regulation 3: Statement of purpose

Examples of information and evidence that will be reviewed

Through observation
Inspectors will observe: ▪ if the statement of purpose accurately reflects the facilities and services provided in the centre ▪ if the information outlined in the statement of purpose is evident in practice ▪ if the statement of purpose is available to residents and their representatives.

Through communication[§]

Inspectors will communicate:

- with residents and or their representatives and staff to determine:
  - — if they are aware of the statement of purpose and whether a copy of the statement of purpose has been made available to them
  - — if the statement of purpose guides the day-to-day operation of the service.

Through a review of documents

Inspectors will review documents such as:

- the statement of purpose
- residents' records
- policies, procedures and guidance.

Compliance indicators for Regulation 3: Statement of purpose

Some examples of indicators of compliance:

- a written statement of purpose that reflects how the services operates is available to residents, representatives, staff and inspectors, and has been reviewed annually and revised if necessary.

Some examples of indicators of substantial compliance:

- a written statement of purposed is in place but minor improvements are required to reflect the facilities and services in place, or to ensure that the statement of purpose is available, or that it has been reviewed annually and revised if necessary.

Some examples of indicators of non-compliance:

- a written statement of purpose is not in place
- considerable action is required to ensure the statement of purpose is in compliance with the regulation.

Guide for risk-rating of Regulation 3: Statement of purpose

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

[§] Communication with residents includes feedback we receive from residents; for example, returned residents' questionnaires.

Regulation 4 Written policies and procedures

What a rights-based quality service looks like

Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care. A well-run service makes sure that policies and procedures are developed in line with evidence-based guidance and take into account the rights and abilities of residents and best practice. The policies and procedures in place promote and support positive outcomes for people living in the centre.

Good policies, procedures and guidance are easily accessed, specific to the service, easy to read and understand so that they can be more easily adopted and consistently implemented by staff.

The provider will have a comprehensive governance and oversight system in place, with clear lines of accountability and responsibility to ensure appropriate policies and procedures are in place, implemented in practice and reviewed at regular intervals. The systems in place provide assurances that staff understand and use the provider's policies and procedures for the centre in order to consistently deliver a safe and quality service.

At a minimum, the provider ensures the policies and procedures required by the regulations are in place and reviewed and updated where necessary every three years. A good provider ensures that additional policies, procedures and guidance relevant and specific to the service and needs of the residents are also in place. A good provider will ensure that they are also reviewed in response to any learning from incidents and audits or in response to changing national guidance or legislation, such as public health guidance from the Department of Health or the Health Protection Surveillance Centre (HPSC). The provider will support residents and staff to provide feedback, and input into the development and update of policies and procedures relevant to them.

Where policy and procedure changes impact on the daily lives of residents, the reason for the changes are communicated to residents in a format and medium appropriate to their communication needs and preferences.

Evaluation of the effectiveness of written policies and procedures informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 4: Written policies and procedures

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if the policies and procedures are relevant to the individual service
- if policies and procedures reflect practice and have they been amended as required
- if the policies and procedures are consistently implemented in practice and if they have a positive impact on the outcomes for residents and support residents' rights
- practice to ensure residents are receiving safe quality care and support in line with the relevant policies, guidance and best practice
- to see how staff access the policies and procedures.

Through communication

Inspectors will communicate:

- **with the provider and person in charge** to determine how they are assured the policies are evidence-based and staff understand and consistently implement policies and procedures
- **with staff to determine**:
  - if they are aware of and understand the policies and procedures in place
  - how they are informed of any changes to policies and procedures
  - if there are opportunities to discuss the content of the policies and procedures and their effectiveness with the provider and or person in charge.

Through a review of documents

Inspectors will review documents such as:

- written policies and procedures under Schedule 5 of the regulations and determine if the Schedule 5 policies and procedures have been reviewed when necessary
- supplementary policies, procedures and guidelines to support specific care needs of residents.

Compliance indicators for Regulation 4: Written policies and procedures

Some examples of indicators of compliance:

- all Schedule 5 written policies and procedures are available, implemented, and reviewed in line with the regulations
- all Schedule 5 policies and procedures are specific to the centre and are based on best available evidence and guidance
- other policies are in place to guide staff to provide care and support to residents' based on their assessed needs and the service provided.

Some examples of indicators of substantial compliance:

- while written policies and procedures are adopted and implemented, some gaps are evident in the maintenance and updating of the documentation
- Schedule 5 policies and procedures have been implemented into practice but some are not readily available to staff
- Schedule 5 policies and procedures requires review in line with the regulations.

Some examples of indicators of non-compliance:

- Schedule 5 written policies and procedures have not been prepared in writing, adopted or implemented
- while there is a policy available, staff are not sufficiently knowledgeable about it or know where to access it
- Schedule 5 policies and procedures are available but staff are not aware of them or implement them into practice
- Schedule 5 policies and procedures are not reviewed as often as the Chief Inspector may require or every three years.

Guide for risk-rating of Regulation 4: Written policies and procedures

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 14 Person in charge

What a rights-based quality service looks like

The post of person in charge is a key leadership role in the service. It is essential, therefore, that the provider ensures that it employs a competent and confident person in charge, whose knowledge and experience complies with the regulations. The provider ensures that the person in charge actively and effectively runs the service and is a fit person in line with the Chief Inspector's guidance on fitness (on www.hiqa.ie) and has the required skills, qualifications and knowledge to lead a quality service. Click here to view the *Guidance on the assessment of fitness for designated centres.*

The person in charge leads by example and ensures the quality of life and safety of residents are promoted and protected. They have a strong focus on person-centred care and promote a rights-based approach to care where core human rights' principles (fairness, respect, equality, dignity and autonomy) are upheld, minimising the risk of institutional practices.

The person in charge has a clear understanding and vision of the service outlined in the statement of purpose. They understand what a quality service looks like and can lead the care team in achieving this. The person in charge, supported by the provider, fosters a culture that safeguards residents and promotes their individual and collective rights. The person in charge develops and supports a competent, motivated and committed team that are suitably skilled, kind, caring and knowledgeable. The provider and person in charge continually try to improve and enhance the service provided to residents. A culture of openness where the views of all people who use and deliver the service are welcome is in place and the person in charge encourages and advocates for residents to be active participants in their own care.

The person in charge promotes active living and supports residents to maintain their interests and hobbies or develop new interests and hobbies. The person in charge supports staff to exercise their professional and personal responsibility to reduce the risk of harm to people using their service, and to promote each person's rights, health and wellbeing. The person in charge is familiar with the needs of residents and can effectively manage the changing care environment in collaboration with the staff team.

The person in charge has the authority and is supported by the provider to affect change. Where the role of person in charge is shared, there is clear structure of accountability for each person sharing the role. Where the person in charge runs more than one centre, there are clear procedures in place to delegate day-to-day governance oversight which ensures the delivery of safe quality care to residents

across services. The provider ensures the effectiveness of these arrangements and these are in line with the regulations.

The person in charge is knowledgeable about the requirements of the Health Act 2007 (as amended), associated regulations and relevant national standards. They demonstrate appropriate knowledge of best practice and professional guidance. The person in charge evaluates compliance with relevant standards and regulations and implements a structured quality improvement programme and sustainable initiatives to address any deficiencies identified. A culture of learning is promoted through training and professional development, which enables positive outcomes for residents in all aspects of their lives.

To guarantee the sustained delivery of a continual high-quality person-centred service to residents, the provider and person in charge ensure there are contingency arrangements in place for leadership and succession planning. These arrangements include identifying and supporting staff members who have the appropriate knowledge and skills to cover during the absence of the person in charge so that effective and sustainable leadership and governance can continue during any absence. Where staff agree to provide cover for the person in charge for 28 days or more, they clearly understand that they are taking on the responsibilities of a person in charge.

Depending on the size and complexity of the service, the person in charge may not be involved in day-to-day care arrangements for each resident, but has systems in place to assure themselves that person-centred care is delivered to a high standard. Such measure ensure that residents' rights to fairness, respect, equality, dignity and autonomy are respected and that their wellbeing is always at the core of the ethos of the service.

The person in charge has regular formal meetings with the provider and provides assurance to the provider as to the quality and safety of the care and support given to residents. The person in charge promptly escalates issues of concern to the provider. The provider and person in charge discuss and implement quality improvement programmes aimed at enhancing the quality of life of residents and safeguarding the quality and safety of the care and support for residents.

The person in charge takes appropriate action following monitoring, inspection or investigation activities relating to the service. New and existing legislation and national policy is reviewed on a regular basis to determine what is relevant to their service and how it impacts on practice in order to address any gaps in practice and compliance.

Evaluation of how well the centre is being run is the building-block which underpins quality improvement. This is part of the provider's continual quality improvement cycle, which in turn forms part of the annual review.

To support providers of services, the Chief Inspector has developed separate guidance on Regulation 14 to give clarity to providers and the person in charge on the requirements of this regulation. This guidance is available on www.hiqa.ie or can be found by clicking here.

Regulation 14: Person in charge

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe if the person in charge:

- is the same person as notified to the Chief Inspector
- has the necessary qualifications, skills and experience to manage the service
- is appointed to run more than one centre and whether there is effective governance, operational management and administration of the service being inspected to ensure the delivery of safe high-quality person-centred care.

Through communication

Inspectors will communicate:

- **with the residents and, where appropriate, other appropriate persons**
  - — to determine if they know who the person in charge is and understand their role
  - — how often they see the person in charge and can they speak with them.
- **with the person in charge:**
  - — to establish their level of oversight of and engagement with the service
  - — to establish that the post is full-time, that they meet the requirements of the regulations and to determine if the person in charge has a clear vision for the centre with a strong focus on rights-based care and support.
- **with the provider and person in charge:**
  - — to assess the effectiveness of the governance, operational management and administrative arrangements to ensure that

residents' needs are met, that they are safe and that they experience a good quality of life

- — where the person in charge oversees more than one centre, to establish if the person in charge has ensured effective governance, operational management and administration of each centre
- — where there is more than one person fulfilling the post of person in charge, to determine if this arrangement ensures residents are protected and there is continuity in the service provided
- — to determine that effective contingency arrangements for leadership and succession planning are in place.

- **with staff to:**
  - — determine their understanding of the role of person in charge and the governance and reporting structures within the centre, including arrangements when the person in charge is absent
  - — understand when they have opportunities to see and speak with the person in charge
  - — establish their views on the effectiveness of the person in charge.

Through a review of documents

Inspectors will review documents such as:

- where required, the application for registration or renewal and relevant documents
- fitness assessment notebook
- statement of purpose
- staff rotas — planned and actual
- the person in charge's file
- notifications
- residents' questionnaires.

Compliance indicators for Regulation 14: Person in charge

Some examples of indicators of compliance:

- there is a full-time post of person in charge in the centre
- in circumstances where services operate on a part-time basis, the post of person in charge is considered full-time for the days of operation
- the service is managed by a person in charge that has the appropriate qualifications, skills and experience
- the person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis
- where the provider has appointed the same person as person in charge of more than one centre, it has ensured that effective governance, operational management and administration of the services are in place, and has considered factors including:
    - — the number of residents and their assessed needs
    - — the sizes of the centres
    - — their statements of purpose and
    - — geographical locations of the centres
- if the person in charge manages more than one centre, the person in charge has ensured the effective governance, operational management and administration of the centres concerned
- the person in charge (if appointed on or after 1 November 2016) has at least three years' experience in managing or supervising in health or social care and an appropriate qualification in health or social care management at an appropriate level (this qualification must be accredited and commensurate with the role that they are fulfilling)
- if the person in charge was in a specific person in charge role prior to 1 November 2016 but has taken on the same role in another designated centre, while still being in their original post, or if they have moved to another centre to carry out this role, then they must meet these additional experience and qualification requirements as outlined above.

An example of an indicator of substantial compliance:

- there are minor gaps identified in the documentation.

Some examples of indicators of non-compliance:

- there is no person in charge

- the person in charge does not have appropriate qualifications, skills or experience
- the post of person in charge is not full-time
- the person in charge (if appointed on or after 1 November 2016) does not have at least three years' experience in a management or supervisory role in the area of health or social care
- the person in charge (if appointed on or after 1 November 2016) has not attained an appropriate qualification in health or social care management at an appropriate level
- the person in charge manages more than one centre and cannot ensure the effective governance, operational management and administration of the centres concerned
- all documents required to be held in respect of the person in charge are not in place.

Guide for risk-rating of Regulation 14: Person in charge:

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 15	Staffing
National standards (designated centres for people with disabilities)	**Standard 7.1** Safe and effective recruitment practices are in place to recruit staff.
Infection prevention and control standards	**Standard 6.1** Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

What a rights-based quality service looks like

Each staff member has a key role to play in delivering person-centred, effective, safe care and support to the residents in a kind and compassionate manner. A well-run service ensures that residents' core human rights of fairness, respect, equality, dignity and autonomy are upheld by staff. Staff are supported by the provider and person in charge to provide high-quality safe care and support.

The provider ensures that at all times there are suitably qualified, competent and experienced staff in such numbers as are appropriate for the health and support of residents and which reflects the size, layout and purpose of the service. This includes, where relevant, a sufficient number of nursing and care staff on duty in line with the statement of purpose and residents' assessed needs. The provider should take into consideration the skill-mix of staff appropriate for the service to ensure the infection prevention and control and antimicrobial stewardship needs of the residents are met. An infection prevention and control link practitioner is available to the provider to guide and support staff in the centre. The provider should ensure this person has access to specialist infection prevention and control advice. Where it is not practical to have a practitioner within the staffing complement, an external contact for infection prevention and control advice and support should be sourced to provide additional support to staff.

The provider will ensure that the care and support for residents is not affected by the employment of temporary or agency staff. The number and skill-mix of staff contribute to positive outcomes for residents using the service.

The service uses the necessary validated tools to assess and ensure that appropriate staffing levels and skill-mix are in place so that each resident's needs are met. The approach to staffing is flexible and agile to appropriately respond to residents' changing needs and circumstances, as well as the way they wish to live their lives.

Through recruitment, supervision, training and performance appraisal systems, the provider considers the competencies and attitudes of staff towards a human rights-

based approach to care and support. Staff recruitment ensures that only those who are committed to offering excellent care are employed.

The provider ensures that suitable contingency arrangements are in place to respond quickly and ensure continuity of care and support to residents in the event of a shortfall of staff; for example, should an outbreak of infection occur. These arrangements maintain good levels of individual support and reduce the risk of institutional practices that may arise as a result of insufficient staffing levels. Such arrangements might involve deploying staff who are suitably skilled and trained from other parts of the provider's organisation when required. On-call arrangements are clear and communicated to all staff, and these arrangements support access to managerial and clinical support and advice at all times as appropriate.

The culture and ethos of the organisation is embodied by staff who clearly recognise their role as advocates. Each staff member has a key role to play in delivering care and support in a fair, respectful, equal, dignified and autonomous way, and empowers residents to maximise their independence and provides support where required. Residents will experience staff who are kind, compassionate and respectful where their core human rights are upheld by staff. Staff in their role as advocates support residents in their home environment to reduce the risk of safeguarding concerns arising. Staff develop and maintain therapeutic relationships with residents, and this enables residents to feel safe and secure in their environment and protected from all forms of abuse. Staff demonstrate that they have the necessary competencies and skills to support residents.

There is continuity of staffing which enables the building of relationships between staff and the residents they support. The continuity of support and the maintenance of relationships are promoted through strategies for the retention of staff and ensuring sufficient staffing levels to avoid excessive use of casual, short-term, temporary and agency workers. Duty rotas provide evidence that planned staffing levels are maintained.

Evaluation of effectiveness of staffing arrangements informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 15: Staffing

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- staff practices and interactions with residents to determine if there are enough suitably skilled and experienced staff on duty
- if the staffing available is sufficient to offer residents choice to spend time alone, or take part in activities outside of a larger group
- whether staff have the necessary skills to meet residents' needs, that these needs are being met, including effective infection prevention and control practices and that residents are safe
- if care and support is task led or resident focused
- whether the atmosphere in the centre is rushed or relaxed
- if requests for support are answered promptly
- if there is a focus on skills teaching and promoting residents' abilities
- where applicable, if cover arrangements are in place for staff absences
- staff handovers to see how staff are deployed and how the shifts are covered to meet residents' needs
- where there are residents with nursing needs that require the support of a nurse, that a nurse is available
- if the planned and actual staff rotas correspond.

Through communication

Inspectors will communicate:

- **with residents (and possibly with relatives, friends, advocates and visiting professionals)** to establish their views and experiences of staffing in the centre; for example:
  - to enquire how staffing levels impact on daily lives of residents
  - if they are satisfied with staffing levels during the day, night-time, weekdays and at the weekend.

- **with residents and staff**:
  - to determine if staffing levels and supports ensure maximum participation in activities of personal choice, and enable the resident to lead a life of their choosing
  - to find out if they are satisfied with staffing levels at all times, including when there is an outbreak of infection
  - to check if there have been any incidents that have occurred due to a lack of staffing.
- **with the provider** to confirm how it ensures that staffing is appropriate.
- **with the person in charge and staff** to hear their views on staffing arrangements; for instance:
  - to ask how shifts are managed, especially at weekends and night-time
  - to assess how staffing levels are maintained or increased at busy times, and
  - to see how staff are employed to meet the different and changing needs of residents.
- **with the person in charge**:
  - about the recruitment process and contingency plans should unexpected staffing shortfalls occur
  - to determine, in situations when staff are employed on a part-time basis, how the provider and or person in charge or other persons participating in management ensure that this does not cause a negative impact on residents and that residents' continuity of care is maintained.

Through a review of documents

Inspectors will review documents such as:

- staff rosters (planned and actual)
- locum cover arrangements or guidance in relation to staff replacement
- residents' personal plans, including risk assessments
- the policy on staff recruitment, selection and Garda (police) vetting
- a sample of staff files

- minutes of residents and staff meetings
- records relating to accidents and incidents
- records of complaints
- residents' questionnaires
- audits and surveys relating to staffing
- the annual review.

Compliance indicators for Regulation 15: Staffing

Some examples of indicators of compliance:

- there is enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building
- the provider and person in charge have arrangements in place to respond quickly to staff shortages to ensure continuity and appropriate care, to include compliance with best infection prevention and control practice
- residents receive assistance, interventions and care in a respectful, timely and safe manner and there is continuity of care
- nursing care is provided in line with the statement of purpose and the assessed or changing needs of residents
- in services where nurses are employed to carry out nursing care, the nurses are appropriately registered
- there is an actual and planned staff rota in place
- there are effective recruitment procedures in place that includes checking and recording required information
- information and documents specified in Schedule 2 of the regulations are available.

Some examples of indicators of substantial compliance:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation but they do not result in a medium or high risk to residents using the service
- there are enough staff on duty to meet the assessed needs of residents, but the planned rota does not fully match the actual staff members that are on duty.

Some examples of indicators of non-compliance:

- the staffing levels and skill-mix are not enough to meet the assessed needs of residents, including infection prevention and control requirements
- there is evidence of negative outcomes for residents due to staff shortages
- residents' needs could not be met as staff members lacked the required skills or qualifications to support and care for them
- where residents are assessed as requiring nursing care, none is provided
- residents are not adequately supervised to ensure their needs are being met
- residents are not adequately supervised during staff handovers
- there is no planned and or actual staff rota in place
- there are enough staff to meet the assessed needs of residents, but no contingencies are in place to cover staff on annual leave or sick leave
- there are enough staff to meet the assessed needs of residents, but staffing is not arranged around the needs of residents
- staff are slow to respond to residents at different times of the day or night
- gaps identified in the documentation resulted in significant risk to residents using the service; for example, absence of Garda vetting and issues of safety have been identified.

Guide for risk-rating of Regulation 15: Staffing

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 16	Training and staff development
National standards (designated centres for people with disabilities)	Children **Standard 7.2** Staff have the required competencies to manage and deliver child-centred, effective and safe services to children. **Standard 7.3** Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children. **Standard 7.4** Training is provided to staff to improve outcomes for children. Adults **Standard 7.2** Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service. **Standard 7.3** Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service. **Standard 7.4** Training is provided to staff to improve outcomes for people living in the residential service.
Infection prevention and control standards	**Standard 5.4** Staff are empowered to exercise their professional and personal responsibility for safe and effective infection prevention and control practices and antimicrobial stewardship practices. **Standard 6.2** Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.

What a rights-based quality service looks like

Providing high-quality safe services depends on high-quality training for all staff that is relevant to the role they hold. A well-run service embodies learning culture that integrates learning into working practices which support residents in receiving consistently good care and support that is person-centred. The provider recognises

and values the importance of training and development for staff and its impact on the service provided to residents.

Staff are supported and encouraged to develop professionally and personally. All staff are trained to take a person-centred approach to care. All staff are supported to receive training in human rights and a rights-based approach to providing safe services and supports to residents. Orientation, induction and ongoing training programmes includes a rights-based approach to care and support, which promotes the human rights principles. Training and development programmes also support staff to understand their roles and responsibilities in reducing the risk of harm, including the risk of acquiring an infection while promoting the rights, health, wellbeing and quality of life of residents.

The provider ensures that staff have the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices. Infection prevention and control training is an integral part of the induction training and update programme which is documented and monitored. This training is appropriate to the staff member's specific roles, the type of service and care and support needs of residents so that staff are clear about their individual and collective responsibilities.

Each staff member is aware of their role in delivering person-centred, safe and effective supports to and for residents. The workforce is organised and managed by the provider and person in charge to ensure that staff have the required skills, experience, competencies and confidence to meet the assessed needs of residents and to respond in a timely way to residents' changing needs. Key workers[**] are supported to have the skills required to work collaboratively with residents, and with their consent the resident's representative, to plan and coordinate care and support, and to liaise effectively with other organisations and professionals.

Systems to record and regularly monitor staff training are in place and are effective. A training needs analysis is completed periodically for all grades of staff. Based on this analysis, relevant staff training and refresher training are planned and implemented as part of a continuing professional development programme. The training needs analysis includes consideration of agency and contract staff to ensure appropriate orientation and training is provided, such as fire safety and infection prevention and control, to ensure residents' safety. The training provided is reflective of the assessed needs of residents. As aspects of service provision change and develop over time, the provider supports staff to continually update and maintain their knowledge, competencies and skills. The person in charge

[**] A key worker is a staff member who is the point of contact for the resident with a specific role to advocate for the resident and to coordinate the resident's care and support on their behalf.

ensures that staff are supported to participate in training development to better support residents. Arrangements are in place in the centre to assess the impact of training on practice.

All staff receive support and supervision relevant to their roles from appropriately qualified and experienced personnel. Those who supervise staff are provided with clear guidance on their role as a supervisor, as well as training in performance management and other training relevant to their role. Each staff member's performance is formally appraised, at least annually, by appropriate personnel. Wellbeing and supportive services are also available to staff.

There is a written code of conduct for all staff, developed in consultation with residents and staff. Staff also adhere to the codes of conduct of their own professional body or association and or professional regulatory body.

Staff are aware of the legislation relevant to their roles and responsibilities. Copies of the Health Act 2007 (as amended), associated regulations, standards and other relevant guidance published by government, statutory agencies or professional bodies are available to staff. New and existing legislation, national policies and guidance documents are regularly reviewed by managers, and staff are made aware of how they relate to the service and how they impact on practice. Staff are supported to carry out their roles in compliance with the relevant legislation, standards, policies and guidance. Staff are facilitated to attend information sessions arranged and delivered by the relevant regulatory bodies.

Evaluation of the effectiveness of training and staff development informs an element of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 16: Training and staff development

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if staff interactions with residents and colleagues is caring, supportive and respectful
- to establish if the residents' needs are met
- that appropriate supervision arrangements are in place and whether staff are appropriately supervised

- if staff are implementing appropriate procedures and principles, specific to their role, that reduces the risk of infection
- if standard and transmission-based infection prevention and control precautions are being implemented
- that copies of the Act, associated regulations, standards made under the Act and any relevant guidance are made available to staff
- how staff implement training in practice.

Through communication (Regulation 16)

Inspectors will communicate:

- **with residents** to explore their views on how well staff know and are able to support them in line with their needs and wishes, including if they are supported to implement necessary infection prevention and control measures to reduce the risk of infection and keep themselves safe
- **with the provider** on how training is organised and facilitated
- **with the person in charge and staff** about supervision and training arrangements
- how the person in charge identifies training needs
- **with staff to**:
    - — determine if they are adequately supported and supervised in their roles
    - — find out if their induction, training and development supports them to provide appropriate care and support to residents, including if an outbreak of infection occurred
    - — establish if their training is up to date and whether they have received training on a human rights-based approach and infection prevention and control
    - — find out how they are communicated with when infection prevention and control measures require change
    - — determine if they can implement their training in practice
    - — explore if professional development is encouraged and included as part of supervision and performance management systems

— establish their knowledge of the Act, the regulations, standards and other relevant guidance.

— determine how staff identify and report training and knowledge gaps

Through a review of documents

Inspectors will review documents such as:

- staff training and development policies
- staff files
- staff training plan and training matrix (an overview of staff members' completed training and remaining training requirements)
- staff training records, including attendance records
- continuing professional development programme documents
- staff appraisal and supervision records
- residents' questionnaires
- the annual review and related audits.

Compliance indicators for Regulation 16: Training and staff development

Some examples of indicators of compliance:

- staff have access to and have completed training that is up to date and appropriate to the service provided, their role and the needs of residents
- staff receive ongoing training as part of their continuing professional development, which is relevant to the needs of residents
- infection prevention and control and antimicrobial stewardship is part of the induction, orientation and refresher programme. Refresher training for infection prevention and control is provided and particularly when there are changes to policies, residents' needs or in special circumstances such as in response to an outbreak or emergency
- staff are supervised appropriately and effectively
- staff practices are monitored and audited to ensure training is implemented in practice and is effective.
- staff are informed of the Act, the regulations and the standards, as well as relevant guidance documents

- copies of the following are available to staff:
  - — the Act, regulations and standards relevant to the service
  - — relevant guidance published from time to time by government, statutory or professional bodies.

Some examples of indicators of substantial compliance:

- gaps are identified in the documentation, but they do not result in a medium or high risk to residents
- staff are informed of the Act, the regulations and standards made under the Act but copies are not available to them
- staff have received relevant training, have implemented this training in practice, and demonstrate knowledge and competence resulting in positive outcomes for residents; however, some staff members have not completed refresher training.

Some examples of indicators of non-compliance:

- staff have limited or no access to appropriate training
- staff are not supervised in a manner that is appropriate to their role and responsibilities
- the training and or supervision provided to staff is inadequate, as demonstrated by poor practice and potential negative outcomes for residents
- staff have not been provided with specific or appropriate training that ensures they can meet residents' individual or collective needs
- staff are not informed of or have poor knowledge and awareness of the Act and or the regulations and or the standards made under the Act
- staff do not have access to up-to-date copies of the Act, regulations, standards and other relevant guidance.

Guide for risk-rating of Regulation 16: Training and staff development

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 19 Directory of residents

What a rights-based quality service looks like

The provider ensures that a directory of residents is available in the centre which meets the requirements of the regulations. It includes accurate up-to-date information in respect of each resident. There is system in place, with responsibility assigned, to ensure the directory of residents is maintained up to date.

A comprehensive information governance system is in place to ensure the privacy and confidentiality of each resident's personal information is protected and respected. This information is held in line with relevant legislation, regulations and best practice including the General Data Protection Regulation (GDPR).

A system of review to ensure compliance with regulations and quality of directory data is in place.

To assist providers, the Chief Inspector has published specific guidance that can be found by clicking here or online at hiqa.ie. This provides clarification on the information to be recorded in respect of Regulation 19(1) and 19(3) as well as Regulation 21(1)(c). However, the Chief Inspector recognises the challenge for providers to record in the directory all the information detailed in paragraph 3 of Schedule 3 of the regulations. Therefore, in the interests of practicality, it is advised that instead, the matters in paragraph 3(a) to (e) should be maintained, together with the matters in paragraphs 7–9 of Schedule 4.

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if the directory of residents is maintained up to date; for instance, check that residents living in the centre are recorded on the register.

Through communication

Inspectors will communicate:

- **with residents** to establish information such as when they were admitted to the centre and any dates during which the resident was not living at the centre

- **with the provider and person in charge** regarding the arrangements for maintaining the directory of residents, including delegation of this responsibility whenever required
- **with staff** to check details that relate to the directory of residents, such as any residents who had been recently admitted to or discharged from hospital.

Through a review of documents

Inspectors will review documents such as:

- the directory of residents
- residents' contracts for the provision of services
- documents that relate to the admission and discharge processes for the centre, such as pre-admission assessment and discharge notes
- the annual review.

Compliance indicators for Regulation 19: Directory of residents

Some examples of indicators of compliance:

- a directory of residents is established and maintained
- the directory of residents is made available to the Chief Inspector, when requested
- the directory of residents is up to date with the following information:
  - the name, address, date of birth, sex, and marital status of the resident (child or adult)
  - the name, address and telephone number of each resident's next of kin or representative
  - the name, address and telephone number of each resident's general practitioner (GP) and of any officer of the Health Service Executive (HSE) whose duty it is to supervise the welfare of the resident
  - the date on which the resident first came to live in the centre
  - the name and address of any authority, organisation or other body which arranged the resident's admission to the centre
  - if the resident was discharged from the centre, the date on which they were discharged

- if the resident was transferred to another centre or to a hospital, the name of the centre or hospital and the date on which the resident was transferred
- any dates during which the resident was not living in the centre, excluding regular overnight visits or arrangements relating to part-time placements.

An example of an indicator of substantial compliance:

- the directory of residents is generally up to date but some required information is absent.

Some examples of indicators of non-compliance:

- there is no directory of residents
- the directory of residents is not up to date
- the directory of residents does not contain most of the required information.

Guide for risk-rating of Regulation 19: Directory of residents

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange

Regulation 21	Records
National standards (designated centres for people with disabilities)	**Standard 8.2** Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a child-centred and person-centred safe and effective service.

What a rights-based quality service looks like

Good record-keeping is a fundamental part of good practice and an integral part of safe and effective care and support. A well-led service recognises that good record-keeping supports individualised, safe and effective assessment, planning and continuity of care and support. Good records demonstrate reasons for decisions and helps to safeguard residents.

The provider has effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which are in line with all relevant legislation. The provider is aware of and complies with all relevant legislation relating to record management, including the General Data Protection Regulation (GDPR).

The systems in place ensure all records, as required by the regulations, are of good quality and are accurate, appropriate, up to date and stored securely. Confidential information is ethically used and securely maintained to protect the rights of individuals, and is readily accessible for those who need it. Information is shared on a need-to-know basis. Residents are informed and consent is sought, and where possible obtained, before sharing personal information. Where there are any data breaches, these are reported to the appropriate authorities in line with relevant legislation.

There are systems in place for the safe archiving, destruction and back-up of records, and these records are retained in line with the regulations and relevant legislation.

Relevant staff are aware of their roles and responsibilities in relation to managing records, while training is provided to staff to assist them with their responsibilities.

Evaluation of the effectiveness of record management informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 21: Records

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if required records are available for inspection
- if records are appropriately maintained in line with relevant legislation
- to determine if the confidentiality of residents and staff members' information is respected.

Through communication

Inspectors will communicate:

- **with residents** to determine their awareness of the information held about them and whether or not they can access this information as they wish
- **with the provider and person in charge** to determine what systems are in place to ensure records are held in line with the regulations
- **with staff** to explore their understanding of the systems that are in place to appropriately maintain records relevant to their role and responsibilities.

Through a review of documents

Inspectors will review documents such as:

- staff records for those currently and previously employed at the centre
- residents' records
- records detailed in Schedule 4 of the regulations, including the statement of purpose, the residents' guide and inspection reports, records relating to charges, food, complaints, notifications, the planned and actual duty roster, staff attendance at training and fire safety
- the annual review.

Compliance indicators for Regulation 21: Records

Some examples of indicators of compliance:

- records set out in the regulations are maintained and available for inspection
- staff records, residents' records and other records are kept for the required time frame
- records that relate to children are kept in perpetuity (forever) and transferred to the Health Service Executive (HSE) within the required time frame from the date when the child stops living in the centre.

Some examples of indicators of substantial compliance:

- gaps are identified in the documentation, but these gaps do not result in a medium or high risk to residents
- records are maintained but are not easily retrievable.

Some examples of indicators of non-compliance:

- records set out in Schedules 2, 3 and 4 have not been maintained
- records set out in Schedules 2, 3 and 4 are not available for inspection
- some residents' records are not maintained
- records are not kept for the required time frames.

Guide for risk-rating of Regulation 21: Records

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange

Regulation 22 Insurance

What a rights-based quality service looks like

The provider ensures that the building and all contents, including residents' property, are appropriately insured. The insurance in place also covers against risks in the centre, including injury to residents. The provider informs residents about the insurance that is in place and its practical implications for residents. The information is provided in a way that residents can understand and residents are afforded opportunities to ask questions.

A valid insurance certificate or written confirmation of insurance cover is available to confirm that insurance is in place.

The provider has systems in place to ensure the renewal and updating of the insurance policy.

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- where an insurance claim has been made against loss or damage to residents' belongings that where possible, and at the request of the residents, these items have been replaced.

Through communication

Inspectors will communicate:

- **with residents** to determine if they have been advised of insurance in place against their injury as well as possible insurance against other risks, including loss or damage to their property
- **with the provider and or person in charge** to determine if they have informed and explained to residents the insurance cover that is in place
- **with the person in charge** to determine their understanding of the insurance that is in place.

Through a review of documents

Inspectors will review documents such as:

- the current contract of insurance
- where a resident has acquired an injury, their personal plan
- residents' questionnaires.

Compliance indicators for Regulation 22: Insurance

Some examples of indicators of compliance:

- a current contract of insurance against injury to residents is in place
- residents have been advised when insurance for risks such as loss or damage to their property is in effect.

Some examples of indicators of non-compliance:

- there is no current contract of insurance against injury to residents in place
- the contract of insurance is not up to date or is inaccurate
- where there is insurance against other risks, including loss or damage to residents' property, residents have not been advised accordingly.

Guide for risk-rating of Regulation 22: Insurance

Compliant	Non-compliance
Green	Orange

Regulation 23	Governance and management
National standards (designated centres for people with disabilities)	**Standard 5.1** The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and person, and promote their welfare. **Standard 5.2** The residential service has effective leadership, governance and management arrangements in place with clear lines of accountability. **Standard 6.1 — children** The use of available resources is planned and managed to provide child-centred effective residential services and supports to children. **Standard 6.1 — adults** The use of available resources is planned and managed to provide person-centred effective and safe residential services and supports to people living in the residential service.
Infection prevention and control standards	**Standard 2.4** Service providers measure, assess and report the effectiveness of infection prevention and control practices to support improvements in infection prevention and control and antimicrobial stewardship. **Standard 3.2:** Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. **Standard 3.3** Arrangements are in place to protect staff from the occupational risk of acquiring an infection. **Standard 5.1** The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Standard 5.2 There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.

Standard 5.3 There are formalised support arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Standard 5.5 Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.

Standard 7.1: Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs.

Standard 8.2: Service providers have effective arrangements in place for information governance for infection prevention and control-related information.

What a rights-based quality service looks like

Governance is the organisational framework that incorporates systems, processes and behaviours that supports an organisation to do the right thing or make the right decision at the right time. This means a service which is well-governed does the right thing by the person receiving care and support. Good governance is the essence of person-centred care. A service that is well-led sets the tone for the whole organisation.

The provider recognises that effective governance and management ensures positive outcomes for residents by embedding a human rights-based approach in the service. This enables care and support that is person-centred and promotes an inclusive environment where each resident matters. This also involves providing a consistent service in line with the statement of purpose and the effective and efficient deployment of resources. A well-run service views good communication as the cornerstone on which safe and effective services are provided. Good leadership and management promote an open culture where safeguarding is embedded in a provider's practices, and feedback is sought to improve service provision.

The provider has proven arrangements in place to assure itself that a safe, high-quality service is being provided to residents and that national standards and

guidance are being implemented. Therefore, the service has effective leadership, governance and management in place with clear lines of accountability at individual, team and organisational level so that all people working in the service are aware of their responsibilities and their reporting structures. This along with the efficient use of resources, reduces the risk of harm and promotes the rights, health and wellbeing of each resident. This includes having in place effective infection prevention and control and antimicrobial stewardship leadership, governance and management systems.

The governance and management systems in place ultimately ensure that residents receive good care, that learning and innovative approaches are encouraged, and that an open, fair and transparent culture is promoted to empower residents. Managers are actively involved in the management of the centre and are visible at all levels, and residents report that they know them. The provider ensures that the centre is managed by people who have been appropriately recruited and trained and have the competence to do so. As a result, the service is led by a capable person in charge who is supported by the provider and has the qualifications, knowledge and skills to support the assessed needs of residents. This is demonstrated through the delivery of high-quality safe care and support that meets residents' needs.

The provider has a clear understanding of the importance that workforce planning plays in outbreak management and contingency planning. There are contingency plans in place in the centre for any public health emergency, including identifying the lead person and what arrangements would be in place for the continued oversight and management of the centre during absences of the person in charge or key management personnel. The governance and operational structures ensure that the provider can detect, manage and respond in a sustainable way to the risk of outbreaks. All people working in the centre, and residents where appropriate, are aware of who is in charge when the person in charge is not on duty or unavailable. The arrangements in place clearly identify how updated advice from the HPSC, HSE and Department of Health is accessed and communicated promptly and how risk assessments and procedures requiring review are appropriately and efficiently updated. Where there is rapidly changing advice, the provider has systems and processes in place to ensure effective communication and oversight of risks and practice.

A provider committed to providing a high-quality safe service invests in a staffing culture that promotes and protects the rights and dignity of residents through person-centred care and support. There is a clear understanding and support of autonomy within the organisation and what this means for each resident. To ensure residents are at the heart of decision-making regarding their own lives, the provider has established processes to assess a person's capacity in line with

relevant legislation. The provider develops and implements policies and procedures to oversee, guide and inform these processes which reflect legislation and national standards in this regard and are updated regularly.

There is a clear commitment from the provider, person in charge and staff to continual quality improvement. This commitment ensures that feedback from residents is actively sought and used to improve services. The culture within the centre encourages regular feedback from all stakeholders — residents, relatives, staff and others, and this feedback informs practice. Residents report they are happy with the service that their autonomy is promoted and they are facilitated to raise issues in a supportive environment. They report that there are sufficient staff to support their assessed needs and to ensure their rights are upheld with timely responses to their requests. Visitors report that staff are welcoming and treat people with respect, dignity, compassion and kindness.

The governance systems ensure that service delivery is safe and effective through the ongoing audit (checking) and monitoring of its performance, resulting in a thorough and effective quality assurance system in place. There is evidence that the provider, management team and person in charge strive for excellence through consultation, research and reflective practice. The provider and person in charge also recognise that audits facilitate education programmes and motivate staff to strive for improvement and are key to informing a good quality improvement strategy. Therefore, management actively involves staff in quality improvement initiatives, which enable the service to better respond to identified risks. The results of improvements made are communicated to all personnel working in the centre and to residents.

The provider completes an annual review of the quality and safety of care and support in the centre to measure the service performance against the national standards, and to identify any areas for ongoing improvement. A good provider uses all of the evidence identified through the assurance methods being used, including unannounced visits to the centre. As part of this review, the effectiveness of the implementation of a rights-based approach across all relevant national standards is evaluated and also informs the continual quality improvement cycle.

Staff and other personnel working in the centre are supported to effectively exercise their personal, professional and collective accountability for the provision of effective and safe care and supports. The provider has comprehensive arrangements in place when supporting, developing and performance managing staff to ensure a focus on a human rights-based approach to working with residents.

Staff are provided with access to support, as well as professional development opportunities, and their performance is appraised at regular specified intervals by

appropriately qualified and experienced staff. A written record is maintained of each supervision, support and performance appraisal, and a copy is given to the staff member. The record is signed by the supervisor and staff member at the end of each appraisal and is available for inspection. The provider encourages and supports staff to raise any concerns they may have.

Regulation 23: Governance and management

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if there are sufficient resources available to ensure effective delivery of care and support in line with the statement of purpose and if staff are deployed efficiently; for example, observing if there are:
  - enough staff members
  - necessary equipment and assistive technology, and
  - an appropriate and safe environment
- that the centre is effectively managed
- staff and residents know who is in charge
- if the quality and safety of care and support as outlined in the annual review is put into practice
- if there is evidence of learning and, if necessary, improvement brought about as a result of the findings of any reviews, including infection prevention and control and antimicrobial stewardship audits, unannounced visits by the provider every six months and or consultation
- is there evidence that feedback from residents, relatives, staff and others has been used to inform practices
- staff interaction with residents to determine if a culture of openness and inclusiveness is promoted and if residents are safeguarded and empowered in their daily lives
- if the organisational structure outlined in the statement of purpose is reflected in practice.

Through communication

Inspectors will communicate:

- **with residents to**:
  - — find out their views and experiences on the culture within the centre, the management of the centre and whether they consider there are enough resources
  - — establish if they and, with their consent, their representatives have given any feedback to the service through the annual report, audits, surveys or other mechanisms and if this feedback had resulted in a change to the delivery of the service
  - — find out if copies of the provider's annual reviews have been made available to residents and if unannounced visit reports have been made available to residents, if requested by them.

- **with the provider and person in charge to**:
  - — determine if they are knowledgeable of their responsibilities under the regulations
  - — establish their understanding of the aims and objectives of the service and how they are implemented
  - — determine how they implement and monitor HPSC, HSE and Department of Health advice
  - — find out if they have made any improvements to the quality and safety of care for residents.
- **with the person in charge and staff:**
  - — to establish if there is a culture of openness and whether staff know how to raise concerns about the quality and safety of the care and if they feel supported to do so
  - — to determine how they implement and monitor public health, national and international infection prevention and control and antimicrobial stewardship guidelines and best practice
- **with staff to**:
  - — find out whether they are familiar with the management structure, including their understanding of roles and responsibilities and the reporting structure

— determine their views on the management of the service

— find out how they know who is in charge and how the centre is managed whenever the person in charge or other key management personnel are absent

— determine if they are knowledgeable of their infection prevention and control and antimicrobial stewardship responsibilities.

Through a review of documents

Inspectors will review documents such as:

- the provider's annual review (if requested, has a copy been made available to the Chief Inspector)
- written report of the provider's unannounced visits (required under the regulations at least once every six months or more frequently as determined by the Chief Inspector)
- infection prevention and control and antimicrobial stewardship audits
- outbreak preparedness and contingency plans
- relevant external audits and reports
- the statement of purpose
- staff performance management and supervision records
- registration and renewal applications and associated documentation
- staff rotas
- minutes of residents, staff and management meetings
- staff files and training records
- records relating to accidents and incidents, medication errors and adverse events
- records relating to complaints
- statutory notifications to the Chief Inspector
- residents' questionnaires.

Compliance indicators for Regulation 23: Governance and management

Some examples of indicators of compliance:

- there is effective governance in place to appropriately oversee all aspects of the service, and decisions are communicated, implemented and evaluated
- the management structure is:
  - clearly defined
  - identifies the lines of authority and accountability, and specifies roles
  - details responsibilities for all services and
  - includes how the centre would be managed whenever the person in charge may be absent
- management systems are in place to ensure that the service provided is safe, appropriate to residents' needs, and is consistently and effectively monitored
- there is evidence that the provider has implemented national infection prevention and control and antimicrobial stewardship guidance
- outbreaks are identified, managed and investigated promptly and outbreak reports are prepared at the conclusion of the outbreak
- there are adequate resources to support residents achieving individual personal plans
- the provider and person in charge demonstrate sufficient knowledge of their statutory responsibilities and have complied with the relevant regulations and or standards
- there is an annual provider review of the quality and safety of care and support in the centre
- a copy of the annual review is made available to residents
- residents and, with their consent, their representatives, are consulted with in the completion of the annual review
- the provider (or nominated person) visits the centre at least once every six months — or more frequently if determined necessary by the Chief Inspector — and produces a report on the safety and quality of care and support provided in the centre

- arrangements are in place to ensure staff exercise their personal and professional responsibility for the quality and safety of the services that they are delivering
- the facilities and services in the centre reflect the statement of purpose.

Some examples of indicators of substantial compliance:

- gaps are identified in the documentation but they do not result in a medium or high risk to residents
- an annual review of the quality and safety of care takes place and is used to develop the service; however, there is no written evidence of consultation with residents or their representatives
- staff are aware of the management systems and contingency plans but this has not been clearly documented
- there is an annual review of the quality and safety of care, but a copy is not made readily available to residents
- staff know the management structure and the reporting mechanisms but the structure is not correctly documented.

Some examples of indicators of non-compliance:

- there are insufficient resources in the centre, and the needs of residents are not met
- there are sufficient resources but they are not appropriately managed to meet residents' needs
- due to a lack of resources, the delivery of care and support is not in line with the statement of purpose
- there is no defined management structure
- governance and management systems are neither known nor clearly defined
- there are no clear lines of accountability for decision-making and responsibility for the delivery of services to residents
- staff are unaware of the relevant reporting mechanisms
- there are no appropriate arrangements in place for periods when the person in charge is absent from the centre
- the person in charge is inaccessible to residents and their families, and residents do not know who is in charge of the centre

- an annual review of the quality and safety of care in the centre does not take place, or takes place but without evidence of learning from the review
- a copy of the annual review is not made available to residents and or when requested by the Chief Inspector
- the provider (or nominated person) does not make an unannounced visit to the centre at least once every six months or does not produce a report on the safety and quality of care and support provided in the centre or implement a plan to address any issues
- effective arrangements are not in place to support, develop or manage all staff to exercise their responsibilities appropriately.

Guide for risk-rating of Regulation 23: Governance and management

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 24	Admissions and contract for the provision of services
National standards (designated centres for people with disabilities)	**Standard 2.3** Each child's and person's access to services is determined on the basis of fair and transparent criteria.

What a rights-based quality service looks like

Residents' right to choose where and with whom they want to live is fully respected. The residents define what is homely to them and staff recognise that this is their home. A well-run service recognises that admissions can be stressful for new and existing residents, and provides additional support to residents as required.

Admission to the centre is timely and determined on the basis of fair, equitable and transparent criteria. Admission criteria take into account the services outlined in the statement of purpose and the residents living in the centre. As a result, admission processes uphold the rights of residents. Residents living in the centre are consulted with and informed of new admissions, with due regard to the rights of the prospective resident.

The provider and person in charge understand that inappropriate admissions can negatively impact on all residents involved, and are aware of how residents may communicate their dissatisfaction or distress in such circumstances. To ensure admissions are appropriate, there is a clear planned approach to admissions, including appropriate consultation and assessments, and opportunities by the prospective resident to visit the centre before moving in. When visiting the centre, the applicant or applicants can meet with a staff member to discuss the process and the service before they or their representative make a decision to stay there. In the case of emergency admissions, this is done as soon as possible after admission.

On admission, each resident and or their representative agrees and signs a written contract with the provider that clearly specifies the terms on which they will live in the centre, including the terms under which the contract may end. This contract for the provision of services supports the residents' assessed needs and is consistent with their associated personal plan and the provider's statement of purpose for the centre. It also ensures that the resident's rights are protected. The contract is written in plain language, and its terms and conditions are clear and transparent. The provider recognises that legal documents can be difficult to understand and ensures that information about the contract is

available to residents in an appropriate format to support informed decision-making. The contract clearly describes provider liability and the residents' rights. The residents' rights with respect to visitors are clearly set out in the contract. If there are grounds for restricting visits, these are clearly outlined and residents are consulted in advance of implementation. Fees and additional charges or contributions that residents make to the running of the designated centre are clearly detailed in the residents' contracts, and agreed with the residents before signing. This includes circumstances under which a resident's fees may change along with the method of calculating the change. Any additional services that the resident requires and can avail of are also included and separately itemised and costed. The contract complies with all applicable legislation.

It is presumed that everyone has capacity to make their own decisions while recognising that capacity can change over time. The provider ensures adequate time and appropriate assistance is available when needed for the resident to meaningfully engage with the processes involved in agreeing to and signing a contract. Measures to support decision-making are consistent with the Assisted Decision-Making (Capacity) Act 2015. If a resident or their representatives are unable to or choose not to sign a contract, this is recorded and their relevant decision supporter is consulted with. If there is no such decision supporter, the person's independent advocate is consulted and any written documentation or any other record (for example, an advance healthcare directive) is considered to discover the person's past and present wishes and preferences.

Admissions to the centre at times of a public health emergency are carried out in line with HPSC, HSE and Department of Health advice, where appropriate. Where HPSC, HSE and Department of Health advice negatively impacts on normal admission practices, residents are kept informed about any changes. Any changes that restrict residents' choices are kept to a minimum and for as short a duration as possible. The provider and person in charge ensure that admission policies and procedures maintain and uphold individual rights and choices as far as possible, in line with any risk assessment carried out.

Evaluation of the effectiveness of the admission process and contract for the provision of services — including the residents' experiences — informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 24: Admissions and contract for the provision of services

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- to determine if the services outlined in residents' contracts are delivered in practice
- to check if HPSC, HSE and Department of Health advice is being implemented in practice.

Through communication

Inspectors will communicate:

- **with residents to**:
  - find out their views on and experiences of the admission process
  - determine if prospective residents and their families or representatives have opportunities to visit the centre before moving in
  - explore if the contract of care is appropriate to their assessed needs
  - determine if they are provided with information in an appropriate format which assists their understanding of their contract of care, if the contract is explained to them and if they have been given the opportunity to ask questions
- **with the person in charge and staff** about the admission process, including emergency admissions, if relevant.

Through a review of documents

Inspectors will review documents such as:

- the provider's policy and procedures regarding admissions, including details of how the admission procedures may be impacted by and adapted to adhere to HPSC, HSE and Department of Health advice
- a sample of residents' signed contracts for the provision of services or records of refusal or inability to sign

- documentation that relates to the admission process to the centre such as the pre-admission assessment
- discharge notes
- the statement of purpose
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 24: Admissions and contract for the provision of services

Some examples of indicators of compliance:

- residents' admissions are in line with the statement of purpose
- the centre's admission process considers the assessed needs and safety of the resident and the safety of other residents currently living in the centre
- where possible, a prospective resident and their family or representative have the opportunity to visit the centre before admission
- where the usual admission procedures are affected by HPSC, HSE and Department of Health advice, this is clearly documented and communicated as appropriate
- a written contract for the provision of services is agreed on admission and includes the required information.

Some examples of indicators of substantial compliance:

- while there are policies, procedures and appropriate practices in place, some gaps are evident in the maintenance of documentation that do not impact on the care or welfare of the resident
- residents have a written agreed contract but it is not signed
- residents have a written agreed contract but details of some charges for additional services are not covered in the contract.

Some examples of indicators of non-compliance:

- residents cannot visit the centre in advance of admission, except where this is in line with appropriate restrictions based on HPSC, HSE or Department of Health advice
- residents are living in the centre even though it is unsuitable and the service cannot meet their needs
- the combination of residents in the centre is unsafe
- residents' admissions are not in line with the statement of purpose
- residents' admissions are not in line with HPSC, HSE and Department of Health advice and this poses a risk to other residents and staff
- not all residents have a written agreed contract in place
- residents' contracts do not include sufficient details of their terms of residence, their support, care and welfare in the centre, the services to be provided, or the fees to be charged.

Guide for risk-rating of Regulation 24: Admissions and contract for the provision of services

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 30 Volunteers

What a rights-based quality service looks like

In a well-run service, it is clearly understood that the role of volunteers is to enhance the wellbeing and quality of life of residents and positively contribute to their lived experience. The roles of volunteers are well considered and clearly defined in relation to how care and support is delivered.

Residents' wishes and needs are taken into consideration when volunteers are recruited and, where appropriate, residents are included in the recruitment process.

The involvement of volunteers enhances the service and the quality of life of residents by providing additional opportunities for mental and physical stimulation, for developing friendships and for maximising personal growth. Volunteers demonstrate awareness of and respect for residents' rights, individual needs and wishes.

The provider seeks out creative ways of empowering and enabling residents to participate in a meaningful way in their community, if they wish to do so. The provider has accomplished this by using different methods, including developing natural supports around each resident and through the ongoing development of volunteering activities and supports within member organisations. Volunteers may support residents to develop new skills and promote social inclusion and community participation, in line with residents' wishes.

Volunteers receive clear, comprehensive information about their role, their responsibilities and their supervision arrangements. Volunteers have access to orientation and relevant training programmes, including the protection of children and people at risk of harm as well as the requirement to report suspected abuse. There is a written code of conduct for all staff, including volunteers, which respects the rights and confidentiality of residents using the service. Vetting of volunteers is provided in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Volunteers are supervised appropriately.

The provider has invested in measures to start and sustain volunteering, such as clear recruitment and management structures, guidelines for best practice and or recognition and rewards. Residents, volunteers and staff benefit from having opportunities to build familiarity and trusting relationships over time. Residents are consulted about the contribution that volunteers make to their lives.

Evaluation of the effectiveness of volunteers informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 30: Volunteers

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if volunteers receive supervision and support
- interactions between volunteers, residents and staff
- whether volunteers treat people with dignity, respect and kindness
- whether volunteers adhere to confidentiality and are aware of residents' rights.

Through communication

Inspectors will communicate:

- **with residents** to establish if they have opportunities to engage with a volunteer and what their experience has been
- **with the person in charge** to establish what volunteering arrangements are in place
- **with applicable staff** to explore their understanding of their role and responsibility in supporting and supervising volunteers
- **with available volunteers** to establish their understanding of their role and responsibilities and to determine what supervision and support arrangements are in place.

Through a review of documents

Inspectors will review documents such as:

- written descriptions of volunteer roles and responsibilities
- vetting disclosures, to determine if they are in line with vetting legislation

- supervision records
- residents' personal plans
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 30: Volunteers

Some examples of indicators of compliance:

- volunteers have their roles and responsibilities set out in writing
- volunteers receive supervision appropriate to their role and level of involvement in the centre
- volunteers provide a vetting disclosure in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

An example of an indicator of substantial compliance:

- gaps are identified in the documentation, but they do not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

- volunteers' roles and responsibilities are not set out in writing
- volunteers are not supervised or supported appropriately in their role
- volunteers have not provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Guide for risk-rating of Regulation 30: Volunteers

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 31	Notification of incidents
Infection prevention and control standards	**Standard 3.4:** Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

What a rights-based quality service looks like

Effective governance arrangements are in place to ensure that the provider, person in charge and staff comply with statutory notification requirements. The provider confirms the person in charge is aware of their responsibilities to ensure notifications are submitted to the Chief Inspector. Guidance for staff on the management and reporting of adverse incidents is available and staff are aware of their responsibilities, including where an outbreak of any notifiable disease occurs.[††]

The person in charge ensures that all relevant adverse incidents are notified to the Chief Inspector in the recommended formats and within the specified time frames. Notifications are submitted via the online portal system as this is the safest and most effective method of submission. Good reporting practices are adopted and all necessary information is submitted in a comprehensive, accurate and concise way. Residents' right to privacy is respected and no personal identifiable information is submitted in notifications.

Notifications should include information on the nature of the incident, the impact on the resident, what actions were taken to safeguard the residents and what follow-up actions are being taken. The information should be included in a clear and concise manner. Unnecessary personal data should not be included in notification forms.

Having good arrangements in place for this and using information from notifications also supports compliance with Regulation 26: Risk management procedures (see entry on Regulation 26). The provider and person in charge should use notifiable events to reflect on what happened and to inform quality and safety improvements. The provider recognises the types of factors that contribute to notifiable events and subsequently has put measures in place to prevent a notifiable adverse incident from happening in the first instance.

[††] Notifiable diseases' are those diseases identified and published by the Health Protection Surveillance Centre (www.hpsc.ie)

The provider and person in charge have developed and support a culture of openness, transparency and accountability. Where incidents occur, they are appropriately managed using a person-centred response and are reviewed as part of the provider's continual quality improvement measures. This is with the objective of enabling effective learning and preventing a possible reoccurrence. Learning from the evaluation of incidents is communicated promptly to appropriate people and used to improve quality and inform practice. Staff are actively involved in the quality assurance programme and take responsibility for areas such as assessments and personal planning updates in response to learning from notifications. Staff have access to evidence-based research to support them in quality improvement initiatives and interventions to mitigate reoccurrences.

Evaluation of the effectiveness of managing notifications of incidents informs the continual quality improvement cycle, which in turn forms part of the annual review.

To support providers in dealing with notifiable events in their centre, the Chief Inspector has developed guidance on managing notifiable events in designated centres which can be found by clicking here or which is available on hiqa.ie.

Regulation 31: Notification of incidents

Examples of information and evidence that will be reviewed

Through observation
Inspectors will observe: ▪ whether residents have noticeable injuries and check have these injuries been recorded and reported to the Chief Inspector, where required ▪ if there is an outbreak of infection in the centre, has this been notified to the Chief Inspector ▪ discreetly any incidents that occur while in the centre, if appropriate to do so ▪ how staff respond to any incidents that occur, and if this response is appropriate and in line with the provider's policies and procedures.

Through communication

Inspectors will communicate:

- **with residents** to determine if they have been involved in an incident and their views on how incidents and accidents are managed
- **with staff to:**
  - establish their understanding of incident management and whether it is in line with the regulations and the provider's policy for the centre
  - explore if they receive feedback or learning from any analysis of incidents and accidents carried out, including if there are examples of where practice has improved as a result
- **with the person in charge:**
  - to determine how they ensure that adverse incidents are recorded, notifications are made and any identified learning is used to improve the quality and safety of the service
  - to determine how they ensure that outbreaks are recorded, notifications are submitted and any identified learning is used to improve the quality and safety of the service
- **with the person in charge and staff** regarding the process for reporting and managing adverse incidents.

Through a review of documents

Inspectors will review documents such as:

- relevant policies on incidents and reporting arrangements, including incidents where a resident goes missing
- records of incidents and accidents
- records of notifications
- a sample of relevant residents' personal plans to determine if they have been updated when required following incidents and accidents
- medicines records
- audits including those related to incidents, accidents, near misses and medicines management
- residents' questionnaires.

Compliance indicators for Regulation 31: Notification of incidents

Some examples of indicators of compliance:

- a record of all notifiable incidents occurring in the centre is maintained
- a notification is provided to the Chief Inspector within three working days of the occurrence of any incident set out in Regulation 31(1)(a) to (h)
- when the cause of an unexpected death has been established, the Chief Inspector is informed of the cause of death
- quarterly reports are provided to the Chief Inspector of any incident set out in Regulation 31(3)(a) to (f)
- a notification is provided to the Chief Inspector at the end of each six-month period in the event of no 'three-working day' or 'quarterly' notifiable incidents occurring in the centre.

Some examples of indicators of non-compliance:

- not all notifiable incidents are recorded in the centre
- notifications have not been submitted to the Chief Inspector, as required
- some details recorded on the incident record do not match the information submitted in the notification to the Chief Inspector
- while there is a record of all incidents, some were not notified to the Chief Inspector in line with the regulations
- when established, the person in charge has not informed the Chief Inspector of the cause of an unexpected death.

Guide for risk-rating of Regulation 31: Notification of incidents

Compliant	Non-compliance
Green	Orange

Regulation 32 Notification of periods when person in charge is absent

What a rights-based quality service looks like

The provider is aware of its responsibilities to notify the Chief Inspector of any period where the person in charge is absent for 28 days or more. When required, the provider has notified the Chief Inspector appropriately and provided the required information according to the specified time frames. Residents and staff are also informed of periods during which the person in charge is absent.

The provider recognises that clearly defined lines of authority and accountability are essential to ensure effective governance, quality care and support, and positive outcomes for residents. Comprehensive governance arrangements are in place to ensure compliance with legislation. The provider has in place a strategy for succession planning.

Evaluation of the effectiveness of the governance arrangements relating to the management of notifications of periods when the person in charge is absent informs the continual quality improvement cycle, which in turn forms part of the annual review.

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- who is fulfilling the role of person in charge of the centre.

Through communication

Inspectors will communicate:

- **with residents** to determine if they know who is in charge of the centre
- **with the provider** to determine their understanding of the requirements to notify the Chief Inspector when the person in charge is absent for 28 days or more
- **with staff to**:
  - determine if they are informed when the person in charge is absent and when they are due back from leave
  - establish and cross-check dates on which the person in charge was absent.

Through a review of documents

Inspectors will review documents such as:

- records of notifications
- staff rotas
- minutes of residents' meetings and minutes of staff or management meetings
- staff files.

Compliance indicators for Regulation 32: Notification of periods when person in charge is absent

Some examples of indicators of compliance:

- where the person in charge is expected to be absent for a continuous period of 28 days or more, the provider notifies the Chief Inspector at least one month before the expected absence, or within a shorter time frame if agreed with the Chief Inspector
- in the case of an emergency absence or unanticipated event, the provider notifies the Chief Inspector as soon as it becomes apparent that the absence will be for 28 days or more and includes all required information with the notification
- where the person in charge is absent due to an emergency or unanticipated event, the Chief Inspector is notified within three working days of their return.

Some examples of indicators of non-compliance:

- the Chief Inspector has not been notified of the absence of the person in charge, as required by the regulations
- the Chief Inspector is notified of the absence and or return of the person in charge but not within the required time frames
- the Chief Inspector is notified of the absence of the person in charge but not all of the required information has been submitted.

Guide for risk-rating of Regulation 32: Notification of periods when person in charge is absent

Compliant	Non-compliance
Green	Orange

Regulation 33 Notification of procedures and arrangements for periods when person in charge is absent

What a rights-based quality service looks like

The provider recognises that clearly defined lines of authority and accountability are essential to ensure effective governance, quality care and support, and positive outcomes for residents. The service is managed by appropriately trained staff, and there is effective leadership and management that ensure appropriate delegation when necessary.

There is an effective governance structure in place with clear lines of accountability for the delivery of the service. All staff are aware at all times of their responsibilities and who they are accountable to. There are good systems in place to ensure staff know who is in charge in the absence of the person in charge. Any changes in the management structure are explained to residents in a supportive and reassuring way. The provider considers and plans for absences of the person in charge.

The provider is familiar with notification requirements and, when required, has notified the Chief Inspector of the procedures and arrangements for periods when the person in charge is absent. This includes information on appointing another person in charge during the absence. The provider has provided assurances that the service will continue to be properly managed during the absence and has notified the Chief Inspector of the name, contact details and the qualifications of the person who is responsible for the centre in the interim. The person who is responsible in the absence of the person in charge has appropriate qualifications, skills and experience to oversee the service and to meet its stated purpose, aims and objectives.

Evaluation of effectiveness of the governance arrangements relating to the notification of procedures and arrangements for periods when person in charge is absent informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- reporting structures in the centre and check that these are in line with documented arrangements.

Through communication

Inspectors will communicate:

- **with residents** to determine if they are kept informed of changes or absences in management.
- **with the provider:**
  - to determine its understanding of its requirements to notify the Chief Inspector of arrangements for periods when the person in charge is absent
  - to verify that the provider is satisfied that there are appropriate arrangements in place when the person in charge is absent.
- **with staff to:**
  - establish if they are informed of periods when the person in charge is going to be absent and when they are due to return
  - determine their understanding of the reporting structure and management arrangements in the centre when the person in charge is not present.

Through a review of documents

Inspectors will review documents such as:

- records of notifications submitted
- staff rotas
- staff file and training records of the person appointed in the absence of the person in charge
- minutes of residents' meetings and minutes of staff or management meetings.

Compliance indicators for Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent

Some examples of indicators of compliance:

- when the person in charge is absent for a continuous period of 28 days or more, the provider has ensured that suitable procedures and arrangements are in place for the management of the centre, and these arrangements have been notified in writing to the Chief Inspector
- all required information, including arrangements for the running of the centre, appointment of another person in charge and the name, contact details and qualifications of the person who was or will be responsible for the centre during the absence, is notified to the Chief Inspector.

Some examples of indicators of non-compliance:

- the Chief Inspector is not given notice in writing of details of the procedures and arrangements that will be in place for the management of the centre during the absence of the person in charge when that absence is for a continuous 28 days or more
- a notice does not specify the arrangements which have been, or were made, for the running of the centre during that absence
- a notice does not specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the centre during the absence, including the proposed date by which the appointment is to be made
- this notice does not specify the name, contact details and qualifications of the person who will be or was responsible for the centre during the absence.

Guide for risk-rating of Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent

Compliant	Non-compliance
Green	Orange

Regulation 34	Complaints procedure
National standards (designated centres for people with disabilities)	**Standard 1.7** Each child's and person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

What a rights-based quality service looks like

The culture of the service is one which welcomes feedback, including complaints, as opportunities for learning from the experiences of people that use and interact with the service. The provider views complaints as valuable information that can lead to improvement and which can strengthen confidence in the service provided.

The provider has established and implemented effective complaint handling processes to attain the most appropriate outcome for residents. All staff are provided with the appropriate skills and resources to deal with a complaint and have a full understanding of the complaints policy. As part of this training, staff receive specialist training on how to recognise behaviour by residents that indicates an issue of concern or a complaint that the resident cannot communicate through other means. Such messages receive the same positive response as issues raised by other means.

A good provider seeks front-line resolution of complaints, and this is supported by the establishment of clear guidelines as to what type of issues are suitable for early resolution. Therefore, the provider has empowered staff to deal with complaints as they arise with the aim of resolving issues as early as possible.

There is an effective complaints procedure in place that is accessible and in a format that the resident can understand. Residents are supported through the complaints process, and this includes having access to an advocate when making a complaint or raising a concern. Staff also explain the purpose of the complaints process to residents to reduce any fear of negative consequences from making a complaint. The procedure is consistent with relevant legislation, regulations and protocols, and takes account of best practice guidelines. The procedure is used by residents and others to exercise their right to raise issues and have those issues addressed in a timely, respectful, confidential and effective manner. The complaints policy is also clearly available through an easily accessed area of the centre or provider's website (where there is such a website).

Each resident or those acting on their behalf and with their consent is encouraged and supported to express any concerns safely and is reassured that there will be no adverse consequences for raising an issue of concern — either informally or through the formal complaints procedure. There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of

suggestions and complaints. These are seen as an important source of information for providers and where necessary is used to improve the service provided. Where systemic improvements are put in place arising from complaints, all staff are notified and a record of any changes is available to all staff.

The provider demonstrates that the complaints procedure is monitored for effectiveness, including outcomes for residents. Management ensures that the complaints procedure is in line with best practice guidelines where confidentiality and anonymity (when required) are maintained. Information regarding complaints forms part of and informs the quality improvement strategy of the service. Actions taken in response to complaints are reported on as part of the governance arrangements for the service.

To improve the monitoring and quality of the service, the complaint handling processes enables the reporting of important information from complaints in a reliable and standardised matter to allow for effective analysis. Evaluating how effective the complaints procedure is forms part of the annual review.

Regulation 34: Complaints procedure

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- that there is a culture of openness that welcomes feedback and raising of concerns
- staff interaction with residents and the support they give to residents and whether this respects their privacy and dignity, and provides them with an opportunity to speak freely
- if complaints have been used to inform and improve service delivery, where applicable
- whether the complaints procedure is displayed in a prominent place in the centre
- whether the complaints procedure is in an accessible and age-appropriate format.

Through communication (Regulation 34)

Inspectors will communicate:

- **with residents to**:
  - — explore if they know how to raise a complaint and if they feel comfortable raising a complaint
  - — establish if residents are aware that advocacy support and advice is available when providing feedback or making a complaint and know how to access this support
  - — explore, where relevant, residents' views and experiences on how complaints have been dealt with in the past and to establish if they were satisfied that the complaint had been responded to appropriately and if anything had changed as a result
- **with the provider, person in charge and staff**, where necessary, to check their understanding of:
  - — their role and responsibilities regarding complaints
  - — how they view and manage complaints, and
  - — to establish if any complaints had led to service improvement.

Through a review of documents

Inspectors will review documents such as:

- the policy on the handling and investigation of complaints from any person about any aspects of the service, care, support and treatment provided in a centre or on behalf of the provider
- the complaint procedure
- complaints records
- information on advocacy services
- minutes of residents and staff meetings
- residents' questionnaires
- audits relating to complaints
- the statement of purpose
- the residents' guide
- the provider's annual review.

Compliance indicators for Regulation 34: Complaints procedure

Some examples of indicators of compliance:

- the complaints process is accessible to all residents and is displayed prominently
- there is an appeals process that is fair and objective
- residents and their families or relevant persons are made aware of the complaints process following admission and are also supported to understand the process and to make complaints
- there is a suitably nominated person to deal with all complaints and ensure that all complaints are recorded and fully and promptly investigated
- a different nominated person is available to residents to ensure all complaints are responded to appropriately and that the records are maintained, as required
- complaints are resolved in a proactive and timely manner
- residents are made aware promptly of the outcome of any complaint
- complaints are well managed and bring about changes when required
- any resident who has made a complaint can do so without fear of adverse consequences.

Some examples of indicators of substantial compliance:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documents, although they do not result in a medium or high risk to residents
- the provider responds appropriately to complaints, but the procedure is not written in an accessible and age-appropriate format for children
- each resident and their family are not made aware of the complaints process as soon as is reasonably practicable following admission.

Some examples of indicators of non-compliance:

- residents are not facilitated to exercise their right to make a complaint
- the complaints procedure is not accessible and or is not in an age-appropriate format for children
- there is no appeals process
- residents have no access to advocacy services to assist in making a complaint

- a copy of the complaints procedure is not displayed prominently in the centre
- residents do not know who to complain to as they have not been supported to understand the complaints procedure
- complaints are not investigated in a prompt manner
- staff do not know what to do in the event of a complaint being made to them
- measures to improve services in response to a complaint are not implemented
- practice around the management of complaints is inconsistent
- residents, or those on their behalf, have made complaints but have not received a response
- residents who have made a complaint are adversely affected as a result.

Guide for risk-rating of Regulation 34: Complaints procedure

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

4.2 Guidance on regulations related to quality and safety of the service

This section of the guidance discusses regulations related to the day-to-day care and support people receive and if it is of a good quality and ensures people are safe. It includes information about the care and supports that should be available for people and in relation to the environment in which they live.

Regulation 5	Individualised assessment and personal plan
National standards (designated centres for people with disabilities)	**Standard 2.1— adults** Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes. **Standard 2.1 — children** Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.
Infection prevention and control standards	**Standard 1.1** People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

What a rights-based quality service looks like

Excellence in achieving individualised assessment and personal planning is demonstrated when there is a strong and visible person-centred, human rights culture within the service and residents receive the care and support they require. This culture is developed and supported by the provider and person in charge delivering a service with an emphasis on fairness, respect, equality, dignity and autonomy. They understand that a collaborative and phased approach to individualised assessment and personal planning enhances the quality of care and support provided. The approach taken emphasises choice, control and empowerment of each resident. The personal plan captures who the person truly

is and results in their individual needs and preferences being met and their personal goals being achieved.

A good provider and person in charge recognise the importance of assessing residents before admission to ensure that they have the ability and facilities to support the resident to live a full and fulfilling life. This assessment is carried out by an appropriately skilled and qualified person who is assured that the needs and expectations of the resident can be met. The assessment is reviewed on admission to ensure it is still valid and to quickly identify any changes required. Any potential impact on residents currently living in the service are carefully considered and assessed before the admission of any new resident.

Prior to or on admission, the provider ensures that information about the resident's colonisation or infection status is included in the comprehensive assessment to ensure that the service can provide the required care and support, and additionally, this is incorporated into the resident's personal plan. Where necessary, person-centred infection prevention and control plans which clearly outline the type of precautions required — for example, standard precautions or transmission-based precautions (contact, droplet or airborne) — are developed and all relevant staff are made aware of these. To enable residents to make decisions about their care in order to prevent, control and manage healthcare-associated infections and antimicrobial resistance, relevant information in an accessible format is made available to residents. The service maintains and respects the rights of all people irrespective of their infection status.

Individual assessment and personal planning is a person-centred, evidence-based process undertaken to find out about the person, identify their abilities, needs and what matters most to them in order to ensure their views are respected and the support they require is planned for in an individualised way. This is a dynamic process that is constantly reviewed, evaluated and updated in line with each resident's changing needs and circumstances. Assessment and planning information is documented clearly and concisely and in a way that can inform continuity of care. A resident's personal plan is seen as being owned by the resident themselves as a record of the care and support they have communicated that they need.

A quality personal plan is one that recognises the intrinsic value of the person by respecting their uniqueness, and ensures the resident's autonomy. Personal plans are developed in a way that includes a positive approach to risk assessment, acknowledging that risk-taking is part of a fulfilled life which considers possible harms and focuses on individual strengths. A quality personal plan that incorporates individualised goals and risk enablement cannot be created without a comprehensive and appropriate assessment. To ensure quality personal planning,

the provider has adopted a rights-based approach whereby decisions are made by the resident about their own care and support.

The assessment and planning process assures the resident that they are listened to and understood in a way that builds trusting and effective relationships. In order to do this, staff are innovative in finding ways to support residents to express their views and live life as they choose in a way that balances risks and opportunities safely. The provider and person in charge support staff to be creative and flexible in supporting residents to live as they choose. They explore options with residents about how to support them to maintain relationships with their communities. This results in opportunities for residents' relationships within the community to flourish and for residents to have meaningful experiences that include the benefits of holding valued social roles.

Balancing the resident's right to privacy and the engagement of family and or other representatives in the development of a personal plan is a complex issue. A quality rights-based approach to assessment and personal planning manages this issue effectively and ensures the resident's voice is prioritised and respected. Where it has been identified that a resident requires support to make a decision, the provider support them to do so in line with legislation. Assistive measures, such as where somebody is appointed by a resident to assist them in the decision-making process, are consistent with capacity legislation. This enables residents to be consulted with and participate in the development of their personal plans in order to advance a holistic approach to their care and support that is based on a model of inclusiveness.

The provision of individualised holistic assessment and personal planning is not a separate activity carried out by one individual, but is part of everyday life with all staff involved. This results in a truly person-centred service for residents.

Personal plans and the practices of assessment and planning are regularly and formally reviewed, evaluated and continually improved on. Relevant professionals are involved in reviews and evaluations, including decision supporters, where necessary. Methods are in place to evaluate relevant outcomes such as positive changes in the resident's life as a result of person-centred planning, including the quality of relationships. It is clear from the approach adopted by the service that the most important person in this review process is the resident experiencing care and support.

Where a resident acquires a healthcare-associated infection or a multi-drug resistant organism[‡‡] (MDRO) colonisation, they and their decision supports, where necessary, are informed of this in a timely manner and information is given to them in an accessible format to ensure they understand the purpose of their plan. Any changes that restrict residents' choices are discussed with residents, and are in place for as short a duration as possible. Where there is a negative impact on residents, residents are kept informed of the reasons for this and this impact is minimised by ensuring alternative options are explored to ensure the needs of the residents are met, their rights are respected and their quality of life is to the optimum level possible.

HPSC, HSE and Department of Health advice is discussed with residents and incorporated into the individual's personal plan as appropriate. These are reviewed in line with any changing advice from these agencies.

Information collected is used to effectively promote the rights, health, wellbeing and safety of each resident. Evaluation of the effectiveness of individualised assessments and personal plans forms part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 5: Individualised assessment and personal plan

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- whether residents are provided with person-centred care and support
- if staff practice is in line with residents' personal plans
- residents' daily routines to determine if their needs have been appropriately assessed, if staff are meeting these needs and if residents' daily routines are person-centred or task led (this will be done in a discreet manner)
- whether staff maintain and respect the rights of all residents irrespective of their infection status.

[‡‡] A multi-drug resistant organism (MDRO) is a germ that is resistant to many antibiotics. If a germ is resistant to an antibiotic, it means that certain treatments will not work or may be less effective.

- if the arrangements, facilities and layout of the centre are suitable for the purposes of meeting the assessed needs of each resident and if rooms accommodating residents requiring transmission-based precautions, have clear but discreet signage.

Through communication (Regulation 5)

Inspectors will communicate:

- **with residents to:**
  - find out what their health, personal and social care needs are and whether they are supported to have personal plans that reflect how they would like to receive their care and support
  - see if they are aware of HPSC, HSE and Department of Health advice and how they are supported to adhere to this advice
  - establish if they feel they own their personal plan and understand it by sitting with the resident and, where possible and appropriate to do so, going through their copy of the plan with them
  - ask their views on and experience of the level of involvement and support in the development, implementation and review of their personal plan.
- **with residents, staff and the person in charge to:**
  - verify how residents' personal plans are made available to the resident
  - check if personal plans are reviewed in response to residents' changing infection prevention and control needs
  - explore whether agreed actions occur and if residents' personal plans improve outcomes for the residents
  - establish how residents are supported to make informed decisions about the care and support.
- **with the person in charge:**
  - to establish what governance and management arrangements are in place to ensure assessments and personal plans, including infection prevention and control plans, are completed correctly, reviewed in a timely manner and inform high-quality care
  - to find out how they are supporting residents to exercise their rights and incorporating this in the resident's personal plan.

- **with staff:**
  - — that are directly involved in the development or implementation of the resident's personal plan to establish what their understanding of person-centred care is, how they put it into practice and how knowledgeable they are of the residents' needs, wishes and supports
  - — to explore their understanding of a rights-based approach to care planning, including infection prevention and control care plans
  - — to confirm when assessments and personal plans are completed, reviewed and how they are used to inform daily practice.

Through a review of documents (Regulation 5)

Inspectors will review documents such as:

- the assessment and personal plan template (if a new service)
- a sample of residents' comprehensive assessments and personal plans, taking into consideration observational findings and the introductory meeting[≠]
- the policy on admissions, including transfers, discharge and the temporary absence of residents
- any internal policies, procedures or guidelines relating to assessment and personal planning
- sample of daily and social care records, where applicable
- infection and colonisation surveillance reports
- acute hospital discharge and transfer documentation
- records of incidents and accidents
- minutes of residents' meetings
- the complaints log
- residents' questionnaires
- statement of purpose

[≠] For example, inspectors may cross-check if what they observe throughout the inspection matches with what is documented in the personal plan. They may also check that personal plans are adapted to reflect any changes in care and support required.

- audits of personal planning documentation, including infection prevention and control plans and similar documents, to determine if governance systems in place ensure that the resident's individual needs are regularly assessed, recorded and reviewed
- the provider's annual review.

Compliance indicators for Regulation 5: Individualised assessment and personal plan

Some examples of indicators of compliance:

- there is a comprehensive assessment that meets the needs of the resident, is completed before the resident is admitted to the centre, and is reviewed at least annually or as required
- personal plans have been prepared for residents in line with the requirements of the regulations
- personal plans have been reviewed and updated in line with HPSC, HSE and Department of Health advice and there is evidence of support for each resident to adhere to the appropriate advice
- the centre is suitable for the purposes of meeting the assessed needs of each resident and, where reasonably practicable, arrangements are in place to meet these needs
- each resident has a personal plan, prepared no later than 28 days after admission, which reflects the resident's assessed needs and outlines the supports required to maximise the resident's personal development in line with their wishes, individual needs and choices
- when developing and reviewing a resident's personal plan, the service works together with the resident and, with their consent, their representative to identify the resident's strengths, needs and life goals
- the personal plan is made available to the resident and, with their consent, their representative, in an accessible format; the resident is supported to understand the plan
- if a resident acquires a healthcare-associated infection or a multi-drug resistant organism colonisation, they are informed about it in a timely manner and information is given to the resident in an accessible format to ensure they understand their personal planning

- personal plans clearly outline the type of precautions required; for example, standard precautions or transmission-based precautions (contact, droplet or airborne)
- a multidisciplinary review of the personal plan which involves assessing its effectiveness and which takes into account changes in needs, circumstances and new developments is completed annually or more frequently if required
- recommendations from the personal plan review, including any proposed changes to the plan, the reason for these changes and the names of those responsible for pursuing objectives in the plan within agreed timescales, are recorded
- the personal plan is amended in line with any changes recommended following review of the personal plan.

Some examples of indicators of substantial compliance:

- each resident has a personal plan that is kept under review and reflected in practice, but there are some document gaps that do not result in a medium to high risk to residents
- safe care is being delivered by staff who are very familiar with residents' care needs, but aspects of the personal planning documentation do not fully reflect such appropriate care
- the personal plan is made available to the resident and, with their consent, their representative, but not in an accessible format that can be easily understood by the resident.

Some examples of indicators of non-compliance:

- a comprehensive assessment of the health, personal and social care and support needs of each resident has not been completed
- there are no personal plans developed for some residents
- residents' personal plans are not implemented in practice
- the personal plan does not reflect the specific health, personal, social care needs of the resident including infection prevention and control
- there are significant gaps in the resident's personal plan, and this has resulted in a negative impact on the quality of life, and quality of care and safety of the resident

- personal plans conflict with HPSC, HSE and Department of Health advice and pose a risk to the safety of these residents
- information recorded in the personal plans has led to conflicting care for residents
- personal plans are not developed with the participation of each resident and or, with their consent, their representative
- residents' personal plans reflect their current needs, but there is no evidence that they have been involved in the review of their plans nor, with their consent, evidence of their representative being involved
- personal plans are not reviewed annually or more frequently when required
- generally, residents' health, personal and social care needs are met but there are significant deficiencies in documentation.

Guide for risk-rating of Regulation 5: Individualised assessment and personal plan

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 6	Health care
National standards (designated centres for people with disabilities)	**Standard 4.1** The health and development of each child and person is promoted. **Standard 4.2** Each child and person receives a health assessment and is given appropriate support to meet any identified need.
Infection prevention and control standards	**Standard 3.2** Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

What a rights-based quality service looks like

Quality healthcare includes health promotion, prevention, independence and meaningful activity. Residents are supported to live a healthy lifestyle. The provider, person in charge and staff recognises that the delivery of high-quality healthcare requires collaboration with the resident, medical practitioner and other healthcare professionals as well as the provision of appropriate technology to support this delivery. In order to facilitate this, reasonable adjustments should be made to reduce the potential for diagnostic overshadowing.[§§]

The provider has ensured that a rights-based approach has been adopted to person-centred care delivery so that decisions are made with the resident. In a practical sense, this involves the resident making and being supported to make informed decisions about the care, support or treatment that they wish to receive. The resident's ability to be autonomous and make decisions is supported and developed. This includes being supported to understand HPSC, HSE and Department of Health advice so that they can make informed decisions.

The service has implemented a proactive model of care delivery that is centred on the needs of individual residents and delivery of personalised care and support. The health and wellbeing of each resident is promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities. Residents receive appropriate person-centred care and have appropriate

[§§] Diagnostic overshadowing is where a person's health needs or clinical presentation coming from their physical or mental health problems are mistakenly attributed to the individual's intellectual disability — the consequence of this can cause delayed diagnosis and treatment (Ali et al., 2013).

access to a medical practitioner of their choice to support their health and wellbeing.

Residents are supported to live healthily and take responsibility for their health and have their rights respected. Initiatives to promote residents' health and development are produced and delivered in line with the provider's objectives and in consultation with residents. Management and staff are proactive in referring residents to healthcare professionals, have a good working partnership with them and implement their recommendations. Where recommendations are not implemented, the reason is established and documented.

Any service provided by a health professional should minimise disruption to the resident's life and maximise the opportunities for continuity of treatment, while taking into consideration their wishes. Therefore, access to a medical or other health professional is supported in different ways; for example, face-to-face or online consultations where in-person consultation is not possible. Where necessary, health passports are used to support healthcare professionals to understand the needs of the resident in order to achieve improved health outcomes.

Staff empower residents to understand and access the healthcare they need. Residents who are eligible, by means of their gender, age or condition, are made aware of and supported to access if they so wish preventative and national screening services. These services include BreastCheck (for women aged 50–69 years), CervicalCheck (for women aged 25–60 years), BowelScreen (for both men and women aged 60–69 years) and Diabetic RetinaScreen (for all persons with diabetes aged 12 years and older).

The provider understands that the resident's right to give consent is an important aspect of providing care and treatment. Information in an accessible format is communicated to residents regarding their care, and they have the opportunity to ask questions. Information includes the risks and benefits of alternative options, and the residents understanding is checked throughout this process. The resident's right to give consent is understood by all staff and where the resident requires support with decisions, assisted decision-making procedures are facilitated in line with the Assisted Decision-Making (Capacity) Act 2015. Where a resident refuses care and medical treatment, such refusal is recorded and the resident's medical practitioner is informed.

Providing end-of-life care for a resident is a privilege. Staff ensure that the resident has equal access to services they require and are acutely aware that 'knowing the person' is essential in maintaining their personhood and dignity at their end of life. There is a high standard of coordinated end-of-life care for residents, where they experience psychological and emotional support, comfort, dignity and respect at this stage of life. This is supported by early referral to

specialist palliative care to facilitate timely diagnosis and treatment of symptoms. The palliative care approach recognises and respects the unique individuality of the resident being cared for and their rights, thus providing person-centred care to the resident and those that matter most to them. Therefore, systems in place to provide appropriate end-of-life care are informed by a palliative care philosophy which acknowledges and addresses the quality of life of residents and their families facing the challenges associated with the end–of-life stage. The provider recognises that the prevention and relief of suffering by means of early identification, impeccable assessment and intervention are intrinsic to good care.

The provider promotes the resident's right to be involved in decisions regarding their end-of-life care by helping them to prepare for end-of-life conversations and planning, using information and communication methods tailored to their needs. It is assumed that the resident has capacity to understand unless assessed otherwise, and, therefore, capacity is assessed for each decision. Staff also check with the resident to see if they want someone else to assist in decision-making. If the resident chooses not be informed or involved, this is recorded and the resident is still supported to understand changes to their situation even if end of life is not discussed.

Resident's individual wishes regarding their faith or culture, where they would prefer to be cared for and who they would like to have with them at the end of their life are respected. This is all captured in the resident's end-of-life care plan. Where available, preferences should also be recorded in electronic palliative care coordination systems. Families are also prepared for this stage of their loved one's life. The provider recognises that bereavement support for those left behind is also an important part of end-of-life care and has put in place arrangements for this support.

Residents are cared for by trained staff members that remain up to date with continuing professional development, are compassionate, understanding, enabling and who have specialised skills in this aspect of care. They are prepared and skilfully adapt to the changing needs of the resident at end of life. When necessary, HPSC, HSE or Department of Health advice is considered and assessed when implementing an end-of-life care plan to ensure the resident's physical and emotional needs and dignity are maintained and that any risk to staff, residents and visitors are assessed and militated against. Residents and their relatives should be supported to understand any restrictions imposed due to HPSC, HSE and Department of Health advice.

The provider is proactive in continual quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of healthcare for each resident informs the continual quality improvement cycle, which in turn forms part of the annual review in compliance with the regulations.

Regulation 6: Health care

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- practice to see if residents' healthcare meets their individual needs and has regard to their personal plan
- if staff implement recommendations of health and social care professionals, and where this does not happen establish why
- how staff support residents throughout the day and how they deliver care while being aware of residents' privacy and dignity
- if the provider has supported access to health and social care professionals when required by observing how effectively residents use the required service
- how staff support residents to access relevant information and education on areas such as nutrition, mental health, exercise and physical activity, sexual relationships, sexual health, HPSC, HSE and Department of Health advice
- if there is information in an accessible format for residents informing them of the national screening services that they may be eligible to avail of and what supports the provider has in place to assist them in the decision-making process
- if staff deliver person-centred care that respects the rights of residents, including the right to refuse care
- where appropriate to do so, that end-of-life care processes are implemented by staff.

Through communication

Inspectors will communicate:

- **with residents to:**
  - find out their views and experiences on the healthcare received and planning for the future, including end–of-life care

  - determine if they access to information and education about their health needs.

- **with residents, staff and the person in charge to:**
  - establish the level of residents' involvement and support in making decisions about their care and treatment
  - determine if any residents have exercised their right to refuse medical treatment and determine how this matter was managed
  - explore how residents' access health and social care professionals, specialist support and equipment
  - establish how they keep up to date with HPSC, HSE and Department of Health advice and how it is implemented
  - explore how residents are facilitated with access to the national screening services.
- **with the person in charge** to verify how the healthcare needs of residents are reviewed

- **with the person in charge and staff:**
  - to find out what they understand about the healthcare and support that residents need, how they ensure residents receive the best possible healthcare, and the approach adopted to end-of-life care, including any training they may have received and how this is put into practice
  - on how HSPC, HSE and Department of Health advice may impact on end-of-life care and what arrangements they have in place.

Through a review of documents

Inspectors will review documents such as:

- a sample of residents' personal plans regarding healthcare needs and cross-checking with observations in relation to the implementation in practice of such plans

- a sample of residents' personal plans to determine if residents have access to national screening services and are assisted in the decision-making process, if required
- a sample of residents' admission records detailing medical, nursing and psychiatric condition, where appropriate
- medical care records, including documentation where medical treatment is refused
- records of referrals and follow-up appointments
- any internal policies, procedures or guidelines relating to healthcare, such as clinical policies
- medicines management records
- audits and surveys relating to healthcare
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 6: Health care

Some examples of indicators of compliance:

- each resident receives appropriate healthcare that takes into account their personal plan
- residents are active participants in their healthcare choices and these choices are respected
- medical treatment that is recommended and agreed by the resident is facilitated
- the resident's right to refuse medical treatment is respected and documented; the resident's medical practitioner is informed about this refusal
- visits to a medical practitioner or health and social care professionals are supported in an appropriate way (for example, face-to-face or online communications where face-to-face is not possible)
- evidence to demonstrate that residents are informed of and supported to make decisions regarding the national screening services and are facilitated to attend if they so wish

- residents are supported to access appropriate health information both within the service and available within the wider community including up-to-date HPSC, HSE and Department of Health advice
- Residents are supported to access recommended vaccines, in line with the national immunisation guidelines
- residents receive support at times of illness and at the end of their lives which meets their assessed needs and respects their dignity, autonomy, rights and wishes
- the person in charge provides access to health and social care professionals for residents.

In assessing compliance with this regulation, the service-level agreement, statement of purpose and residents' contracts of care should be taken into account, where applicable. Where every effort has been made to arrange access to such services, then the provider is in compliance with the regulations.

Some examples of indicators of substantial compliance:

- while there were some gaps evident in the maintenance of documentation, care was delivered to a high standard and did not result in a medium to high risk to residents
- while concerted efforts have been made, not all residents have access to a medical practitioner of their choice or one that is acceptable to them or in an appropriate way
- most residents have access to appropriate health information but occasionally some health information relevant to specific residents is not made available to them.

Some examples of indicators of non-compliance:

- the part of the personal plan that relates to health does not reflect the actual and or assessed needs of residents
- residents are not supported to access their medical practitioner in an appropriate way
- consent is not obtained in decision-making where necessary
- medical treatment is recommended and agreed by the resident but not facilitated

- some or all of residents' health needs were not met
- HPSC, HSE and Department of Health advice was inappropriately implemented which has a negative impact on residents' healthcare needs and the quality of residents' end of life care
- residents have not been supported to make decisions and are not facilitated to avail of the national screening services, if they so wish
- there is insufficient or no evidence that the person in charge explored opportunities to facilitate residents' access to allied health services
- there is no record of residents being referred to health and social care professionals, where required
- residents' right to refuse medical treatment is not respected
- where residents have refused medical treatment, there is not enough evidence that this has been documented and brought to the attention of their medical practitioner
- end-of-life care does not meet the residents' assessed needs and does not take into account their expressed needs and wishes
- end-of-life care processes are in place but they are not always followed by staff
- generally, residents' healthcare needs are met; however, there are significant deficiencies in documentation.

Guide for risk-rating of Regulation 6: Healthcare

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 7	Positive behavioural support
National standards (designated centres for people with disabilities)	**Standard 3.2** Each child and person experiences care that supports positive behaviour and emotional wellbeing. **Standard 3.3** Children and people living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.

What a rights-based quality service looks like

The provider of the service recognises that positive behavioural support assists with understanding the reason for an individual's behaviour of concern to better support residents. This includes the context in which it occurs so that the person's needs can be better met, and to enhance their quality of life and reduce the likelihood that the behaviour of concern will happen. Proactive strategies are employed such as designing more supportive environments and supporting residents in developing skills that will improve their quality of life, thus addressing their individual needs before behaviour escalates and in order to avoid restrictive practices. In doing so, the provider has eliminated or reduced restrictive practices in a service and has adopted approaches that focus on personalised care and promotion of human rights.

Positive behavioural support holistically considers the person and their life circumstances, including physical health, emotional and psychological needs, such as the impact of any adverse life events. The service has used positive behavioural support, including functional behavioural analysis, to reduce the risk of behaviours of concern from occurring by creating physical and social environments that are supportive and capable of meeting residents' needs.

People working in the service recognise that behaviour is a form of communication and aim to support residents to acquire new or different strategies to communicate their needs. Residents are encouraged to express their feelings and supported to manage any situation that impacts on their emotional wellbeing. There are clear, correct and positive communications that help residents to understand their own behaviour and how to interact in a manner that respects the rights of others and supports their own development.

Positive behavioural support plans are developed with the resident and promote proactive and preventive strategies, including supporting them to develop new

skills to help make informed choices where necessary, and are implemented by everyone involved in supporting the resident. Behavioural support needs are also assessed with the resident in relation to how they may be impacted by HPSC, HSE and Department of Health advice. The resident's behavioural support plan is updated appropriately.

The provider, person in charge and staff in the centre promote a positive approach in responding to behaviours of concern and ensure evidence-based specialist and therapeutic interventions are effectively implemented. Such interventions are implemented in line with the informed consent of the resident, their behavioural support plan as well as national and centre policies. These interventions are reviewed as part of the personal planning process.

It is important that people are supported to live meaningful lives while living in residential care. Part of living a meaningful life involves an element of risk. Again, the provider should weigh the potential risk (injury) against the benefits to the person (enjoyment, learning new skills and socialisation). Providers should not be overly risk-averse in this regard. If a person chooses to partake in something that involves a level of risk, and they are aware of these risks, then the provider should be supportive of their choice. Providers should undertake a full risk assessment to identify where they can mitigate the risks while still supporting the person to undertake the activity.

Proper governance arrangements are essential in ensuring that restrictive practices are implemented according to relevant legislation and that they adhere to human rights principles.

Providers must not only be concerned with ensuring the appropriate use of restrictive practices in their centres. They should adopt a leadership role in promoting a restraint-free environment and implement a strategy that seeks to continually reduce or eliminate the use of restrictive practice.

Restrictive practices are an infringement of a person's fundamental rights to personal liberty and bodily integrity. In recognising this, services should explore all measures to reduce or eliminate their use.

The person in charge and staff demonstrate that they have received appropriate training. They have the necessary knowledge, skills and competencies to effectively implement positive behavioural support, respond to behaviours of concern and eliminate inappropriate use of restraint. Staff are very familiar with all relevant information and have access to specialist advice and suitable support. Staff respond positively to behaviours of concern and implement the provider's evidence-based policy for the centre in order to support residents who present with these behaviours.

Systems are in place to ensure regular monitoring of the approach taken to behavioural support, and staff do not engage in practices that may constitute institutional abuse. Where there is any indication that restrictive practices are being used inappropriately, the provider has systems in place to support staff to report this.

Alternative approaches should be attempted by staff who are trained in positive behavioural support to assist the resident before implementing any restraint. For instance, assessments should aim to identify any physical, psychological, emotional, social or environmental factors that may trigger behaviours of concern in order to prevent or limit the use of restrictive practices. Any restrictive practice used should only be used by trained staff as a last resort when all other non-restrictive means have been exhausted and there is a serious risk of harm to the resident or others.

If restraint is used, it should be in line with the agreed behavioural support plan, and should impose the minimum restriction on the resident over the shortest duration and be proportionate to the risk of harm in line with rights-based care. If used, restrictive procedures are based on provider and national policies. The policy for the centre is evidence-based and contains clear definitions of restrictive practice and reduction goals. The provider should identify a senior member of staff or committee to oversee reduction or elimination strategies on the use of restrictive practices.

The provider and person in charge ensure that the service continually promotes residents' rights to independence and a restraint-free environment. When applied, the restrictive practice is clearly documented and is subject to review by appropriate professionals involved in the assessment and development of the evidence-based interventions with the individual.

If a restrictive procedure is required on more than one occasion, this is incorporated into the resident's behavioural support plan, with goals and timelines identified to reduce and or discontinue its use. This ensures that 'institutional' restraint does not happen whereby restrictions may have been put in place as a result of an incident or event and are then left in place with no subsequent review. Safeguards are in place to ensure that any decisions to impose restrictive practices are transparent, open to independent scrutiny and can be reviewed by an independent body.

There is a clear distinction between therapeutic medicines and those used as a form of restraint. Where medication is used as a form of restraint solely to suppress behaviours of concern, staff know why residents are being prescribed specific medicines, and they are able to differentiate between therapeutic treatments for a specific diagnosis and chemical restraint. Staff also have an

understanding of the potential adverse effects arising from the use of chemical restraint in order to maintain the resident's safety.

Oversight and monitoring is carried out routinely and includes a review and analysis of data on the use of any restrictive practices to monitor trends and inform reduction strategies. Evaluation of the effectiveness of positive behavioural support for each resident informs the continual quality improvement cycle, which in turn forms part of the annual review in compliance with the regulations.

Further guidance is available in *Guidance on promoting a care environment that is free from restrictive practice: Disability Services*, which is available on www.hiqa.ie.

Regulation 7: Positive behavioural support

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if staff actions demonstrate up-to-date knowledge and skills, appropriate to their role, in the area of behaviours of concern — for instance, observe how staff interact with residents and, in particular, if this follows residents' positive behavioural support plans, including how they respond to any behaviours of concern and what techniques they use to support residents to manage this behaviour
- if restrictive procedures are being applied in line with the resident's positive behavioural support plan, national policy and evidence-based practice
- whenever a resident's behaviour requires intervention that every effort has been made to identify and alleviate the cause of this behaviour
- where restrictive practices are being used that this is within a framework that supports human rights.

Through communication

Inspectors will communicate:

- **with residents to:**
  - — determine if they are supported to achieve realistic goals, improve their quality of life, and recognise and manage their individual behaviours

  - explore if they have been consulted and involved in a decision to restrain them
  - establish if on any occasion where they have experienced restraint that they been supported to express their views about restrictive practices and provided with access to counselling services, particularly if trauma associated with the restrictive practice has been experienced
  - determine if a debriefing happens following the use of a restrictive procedure
  - find out if the implementation of any HPSC, HSE and Department of Health advice negatively impacted on them.
- **with the person in charge** on how behaviours of concern are managed and monitored in the centre.
- **with the person in charge and staff** to establish if they can demonstrate up–to-date knowledge and skills, appropriate to their role to:
  - implement interventions that improve residents' wellbeing and prevent escalation of specific behaviours
  - promote positive behavioural support strategies and eliminate inappropriate use of restraint
  - respond to behaviours of concern and support residents to manage their behaviour
  - ensure that when a decision is being made on whether and how to restrain a child, that the child's best interests is a primary consideration.
- **with the person in charge and staff to:**
  - determine if a specific use of restraint automatically begins a referral to a behavioural specialist or relevant healthcare professional
  - establish if HPSC, HSE and Department of Health advice has negatively impacted on supporting residents and their behaviour.
- **with staff to:**
  - check their understanding of policies on the provision of behavioural support and on restraint, including positive behavioural support strategies

- explore their understanding of therapeutic medication, PRN medicines (medicines only taken as the need arises) and chemical restraint
- establish how residents' rights are supported if restrictive practices are used.

Through a review of documents (Regulation 7)

Inspectors will review documents such as:

- the policy on the provision of behavioural support
- the policy on the use of restrictive procedures and physical, chemical and environmental restraint
- a sample of residents' files relevant to the management of specific behaviours, including positive behavioural support plans and risk assessments
- records of any occasion in which restraint has been used
- medicines records relating to areas such as the use of psychotropic drugs, PRN medicine and chemical restraint
- staff training records
- residents' questionnaires
- audits relating to positive behavioural support
- the provider's annual review.

Compliance indicators for Regulation 7: Positive behavioural support

Some examples of indicators of compliance:

- appropriate supports are in place for residents with behaviours of concern or residents who are at risk from their own behaviour or that of others
- where required, therapeutic interventions are implemented with the informed consent of each resident or their representative and are reviewed as part of the personal planning process
- residents' behavioural support plans are appropriately implemented in practice by staff

- appropriate communication and supports are in place for residents to understand any changes made which may impact on them based on HPSC, HSE and Department of Health advice
- where restrictive procedures are used, such procedures follow national policy and evidence-based practice
- staff have up-to-date knowledge and skills, appropriate to their role, to respond to behaviour of concern and to support residents to manage their behaviour
- staff receive training in the management of behaviour of concern, including de-escalation and intervention techniques
- staff know the medicines that residents are prescribed and can differentiate between therapeutic drugs prescribed for a specific diagnosis, PRN drugs (only taken as the need arises) and medicine used as chemical restraint
- where a resident's behaviour necessitates intervention, every effort is made to identify and alleviate the cause of the resident's behaviour of concern; all alternative measures are considered before a restrictive procedure is used; and the least restrictive procedure, for the shortest duration necessary, is used
- practices observed and documentation reviewed demonstrate that when restraint is used, it follows current national policy as published by the Department of Health and evidence-based practice.

Some examples of indicators of substantial compliance:

- there were some gaps in documentation but care was delivered to a high standard and did not result in a medium to high risk to residents
- evidence-based specialist and therapeutic interventions have been developed for the use of restrictive procedures for residents, but some do not provide adequate instruction to guide staff practice
- staff implement safe and appropriate practices but the centre policy on behavioural support does not provide adequate guidance to inform staff practice
- restraint is used as a last resort and the least restrictive measure applied, but the policy on restraint does not give enough guidance to inform staff practice.

Some examples of indicators of non-compliance:

- restrictive procedures have neither been applied in line with the national policy on restraint nor evidence-based practice
- behavioural support plans are not in place to support residents with behaviours of concern
- there is insufficient review of interventions through the personal planning process
- practices have been implemented based on HSPC, HSE and Department of Health advice without due consideration being given to their impact on the residents' wellbeing
- staff have not demonstrated up-to-date knowledge and skills, appropriate to their role
- staff have not been trained in managing behaviour of concern
- staff carry out restrictive procedures without being trained to do so
- all alternative measures are not considered before a restrictive procedure is used
- the least restrictive procedure, for the shortest duration necessary, is not used
- restrictive procedures are used in a way that causes distress and upset to residents
- reasons for using restrictive procedures are not clearly assessed or recorded
- the use of restrictive procedures are not monitored, supervised and reviewed
- medication is used routinely or intermittently to manage behaviours of concern without prior consideration of all alternatives.

Guide for risk-rating of Regulation 7: Positive behavioural support

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 8	Protection
National standards (designated centres for people with disabilities)	**Standard 3.1** Each child and person is protected from abuse and neglect and their safety and welfare is promoted.

What a rights-based quality service looks like

Safeguarding is more than protecting people from abuse. Safeguarding is a holistic person-centre approach that ensures all people living in designated centres for people with a disability can live their life to the full, in an environment that meets their support needs, are supported by staff who are well informed and competent, and are free from harm.

A good provider has systems and processes in place to ensure every resident has the right to feel protected and safe from harm.*** The service has put in place safeguarding measures to promote and protect residents' human rights and their health and wellbeing, as well as empowering residents to protect themselves. Each resident's welfare is promoted, and care and support is received in an environment where every effort is made to prevent the risk of harm. There is a clear focus on prevention that supports and empowers people to take action and protect themselves from harm. Residents make decisions about their lives and are supported to engage in shared decision-making about the care and support they receive.

Residents are central in their own safeguarding planning and decision-making. Each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. All information and advice given to support residents to care for and protect themselves from harm is sensitive towards gender, ability and type of disability. Information is also provided to residents at risk about harm that they may be experiencing. If areas of risk are identified, individual safeguards are put in place which ensure care and support is balanced and proportionate to manage or militate against the risk in order for the resident to live a safe and fulfilling life.

The culture is one of openness, compassion, transparency and accountability where residents can raise and discuss any issues without being negatively impacted or their concerns dismissed. Staff recognise the importance for empathy and compassion and actively listen to the fears and concerns of residents. They understand and recognise that practices such as rigid routines and inadequate

*** Harm encompasses the impact of abuse, neglect and exploitation.

responses to complex needs may be institutional in nature, and they respond appropriately. The provider has ensured that the person in charge and staff are vigilant in knowing and reporting the signs of possible abuse and that residents are empowered to do the same. Best practice in safeguarding is shared with staff, which includes learning from case studies. The philosophy of care is based on the recognition of the worth of all residents using the service and that they will be supported to live in a dignified way. There is an atmosphere of friendliness, and resident's dignity, modesty and privacy are respected.

There is a strong culture of openness and reflection on care practices, and staff feel safe in raising concerns about inappropriate care practices. All concerns are taken seriously, reviewed and as appropriate investigated.

Clear policies and supporting procedures are implemented that make sure residents are protected from all forms of abuse, including financial. Residents are protected by practices that promote their safety, including:

- recruitment, selection, training, assignment and supervision of staff and volunteers in line with the statement of purpose
- the provision of intimate and personal support to people who require it and which reflects their preferences
- the implementation of effective communication, information sharing and collaboration with other services, agencies and professionals to develop and review individual safeguarding plans and address any safeguarding concerns for residents
- the service having a clear understanding that children with disabilities have an increased risk of harm and additional safeguards are in place to protect them
- the duty of each staff member to report any past or current concerns for the safety of the residents living in the residential service or in any other setting
- access to independent advocacy services
- private access to other relevant people, such as family, advocates and external professionals
- clear and efficient reporting systems.

The provider, person in charge and staff understand safeguarding and are able to ensure residents are safe and free from harm. There is an appropriate level of scrutiny and oversight of safeguarding arrangements to ensure residents' safety and welfare. To avoid any conflict of interest, the designated safeguarding officer is not the person in charge. All allegations of abuse are dealt with in an effective

manner and there is evidence of a zero tolerance approach to abuse and unlawful discrimination. Any resident that is subject of an investigation is provided with an independent advocate. Due to the higher risk of organisational abuse in, for example, larger congregated settings compared to community-based housing, issues such as overcrowding have been addressed.

There is a culture of openness, where safeguarding is discussed at all management and team meetings. Feedback is actively sought from residents about their safety and how enabled they feel to raise concerns about care practices.

The provider is proactive in continually promoting quality improvement and ensures that its quality improvement programme builds on the standard statements of the *National Standards for Adult Safeguarding* (2019) developed by HIQA and the Mental Health Commission. Oversight and monitoring of safeguarding practice is carried out on a routine basis. Evaluation of the effectiveness of the provider's systems and processes for protecting residents informs the continual quality improvement cycle, which in turn forms part of the annual review in compliance with the regulations.

This guidance should be read in conjunction with the *National Standards for Adult Safeguarding*, which are available on www.hiqa.ie.

Regulation 8: Protection

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- how the provider's policy on the prevention, detection and response to abuse is implemented in practice
- how staff interact with residents, including the use of non-verbal feedback and terminology
- how residents and staff interact with each other and if these interactions are meaningful or task-led
- whether staff are getting the balance right between protecting residents and enabling them to make informed choices about the risks associated with their care
- staff to determine if they indicate an open positive culture or if the practices are institutional in nature

- if providers have a process in place to ensure the safe use of the Internet and whether residents are supported to access the Internet
- how the rights of residents are respected and promoted.

Through communication (Regulation 8)

Inspectors will communicate:

- **with residents** to determine if:
  - they have received information and advice that helps support them to care for and protect themselves
  - if information about self-care and protection is given to them in a way that they can understand
  - they feel safe, whether they know what 'keeping safe' means and whether they are encouraged to raise any issues
  - if they have raised safeguarding concerns and to establish their views on the management of their concern.
- **with the person in charge** about how safeguarding practices and procedures are monitored.
- **with the person in charge and staff to find out:**
  - how they protect residents from abuse, discrimination and avoidable harm, including breaches of their dignity and respect
  - if they are aware of the policy and procedures for reporting allegations of abuse.
- **with staff to determine:**
  - if they have received appropriate training and know how to put this training into practice in order to safeguard residents from abuse.

Through a review of documents

Inspectors will review documents such as:

- the policy on the prevention, detection and response to abuse or allegations of abuse, including reporting of concerns and or allegations of abuse to statutory agencies
- the policy on safeguarding

- policy on complaints
- how feedback is sought from residents
- communication policy
- the policy on providing personal intimate care
- staff training records on protection
- a sample of residents' personal plans in relation to providing personal intimate care and any relevant risk assessments
- records relating to behavioural support, restraint and medicines management
- residents' finances
- records of complaints, accidents and incidents that relate to protection
- minutes of staff meetings and minutes of management meetings that relate to protection
- residents' questionnaires
- audits and satisfaction surveys
- the provider's annual review.

Compliance indicators for Regulation 8: Protection

Some examples of indicators of compliance:

- each resident is assisted and supported to care for and protect themselves, and residents report they feel safe and protected
- safeguarding measures are in place to ensure that staff provide personal intimate care to residents who require such assistance in line with the resident's personal plan and in a dignified manner
- the person in charge has ensured that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse or allegations of abuse
- residents are safeguarded because staff understand their role in protecting residents and are able to put appropriate procedures into practice when necessary
- any incident, allegation or suspicion of abuse is appropriately investigated.

Where children live in the centre:

- where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child, the requirements of national standards and guidance for the protection and welfare of children and any relevant statutory requirements are complied with
- staff receive training in relevant government guidance for the protection and welfare of children.

An example of an indicator of substantial compliance:

- the provider's policy for the centre appropriately informs staff practice, and care is provided to a high standard; however, some gaps are evident in maintaining documents but do not result in a medium or high risk to residents using the service.

Some examples of indicators of non-compliance:

- residents have not been enabled to develop the knowledge, self-awareness, understanding and skills required for self-care and protection
- residents are not protected from all forms of abuse
- safeguarding practices are poor
- staff have very little knowledge in relation to safeguarding residents
- staff do not know what to do in the event of an incident, allegation or suspicion of abuse
- residents do not know what to do in the event that they experience abuse
- incidents, allegations or suspicions of abuse were not appropriately investigated in line with the provider's policy
- allegations of abuse were not reported to the Garda Síochána when required
- incidents, allegations or suspicions of abuse were investigated but safeguards have not been put in place
- the provider and or person in charge do not know how to respond to incidents, allegations or suspicions of abuse.

Where children live in the centre:

- where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child, the requirements of *Children First: National Guidance for the Protection and Welfare of Children* (2017) and any relevant statutory requirements were not complied with
- child abuse allegations were not referred to the statutory child protection and welfare service
- staff have no knowledge of Children First (2017) or their responsibilities under this guidance
- staff have not received training in relevant statutory government guidance for the protection and welfare of children
- there is no designated person as required under the Children First Act (2015).

Guide for risk-rating of Regulation 8: Protection

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 9	Residents' rights
National standards (designated centres for people with disabilities)	**Standard 1.1** The rights and diversity of each child and person are respected and promoted. **Standard 1.2** The privacy and dignity of each child and person are respected. **Standard 1.3 — Children** Each child exercises choice and experiences care and support in everyday life. **Standard 1.3 — Adults** Each person exercises choice and control in their daily life in accordance with their preferences. **Standard 1.6 — Children** Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines. **Standard 1.6 — Adults** Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.
Infection prevention and control standards	**Standard 4.1** People are empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance.

What a rights-based quality service looks like

The culture of the service is one that ensures the rights of people with disabilities as enshrined in the UN Convention on the Rights of People with Disabilities and in Irish law are promoted and protected.

A well-led service has embedded a human rights-based approach and culture. Central to such an approach is ensuring that residents are placed at the heart of service development and provision and that a person-centred approach is in place. A person-centred approach promotes empowerment and participation of residents in their own care, support and treatment plans. The culture should be based on a shared value system that respects each resident's uniqueness, and supports their individuality. Residents' individual opinions are sought, listened to and their views help define the service. The provider promotes openness and the human rights

principles of fairness, respect, equality, dignity and autonomy in all aspects of the service.

Residents are consulted with about how they wish to be addressed and their views on this are respected at all times. The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights to good health and wellbeing. Residents are provided with information on their rights in an accessible format and are supported to understand these rights in order to ensure they are fully aware of all options regarding their care and support.

The provider ensures staff receive training on a human rights-based approach so that they know and understand the rights of residents and that they support residents in upholding their rights. Where necessary, residents' rights are explained to family members. Staff are supported to be creative and flexible in their approach to assisting residents to live as they choose, to ensure that risk is assessed and that positive risk-taking by residents is supported.

Residents are supported to make informed decisions about their lives in a way which maximises their autonomy. The provider, person in charge and staff are aware of the the Assisted Decision-Making (Capacity) Act 2015, and processes are in place to assess capacity in line with this legislation. Each resident is presumed to have capacity to make their own decisions and is supported to make them. Decision-making ability is not judged based on age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs, or ethnic and cultural background.

When a decision is made with a resident about their care and support, the resident is at the centre of the decision-making process. Information should be made available to residents in a way that they can understand whenever any proposed action is being considered in order to support them to make informed choices and decisions. Only when all other supports have been exhausted is a particular decision taken on the resident's behalf. Where somebody is appointed by a person to assist a resident in the decision-making process, this must comply with relevant legislation and include the resident's views and the views of any person who the resident wishes to involve — whether a family member, a friend or independent advocate. Any document or other record which a resident wishes to be taken into consideration should be considered as part of the decision-making process.

Residents are supported to understand advice from agencies such as the HPSC, HSE and Department of Health and how this advice impacts on their rights. Residents are also supported with adjusting their choices when required as a result of such advice. Therefore, the provider, person in charge and staff retain a holistic view of the wellbeing of residents during outbreaks of infection. They are cognisant of residents' rights, and give due consideration that in seeking to shield them from infection, these rights are not infringed upon to an extent, or in a

manner which is disproportionate to the risk identified. Social activity between residents is only limited on infection prevention and control grounds for individual residents when they are infectious or when temporary limits are required to manage an outbreak of infection. Providers support residents experiencing potential social isolation as a result of adherence to public health advice. Individual activities, tailored in so far as possible to the residents' needs and interests, are provided in place of group activities where necessary.

Residents using the service have freedom to exercise choice, in so far as such choice does not interfere with the rights of other people using the service. Residents have an opportunity to be alone as they choose and their privacy and dignity is respected in all aspects of their lives and at all times. Each resident is listened to with care and respect by staff and their views are taken into account in all decisions. Residents are facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents are encouraged and supported about how they choose to live on a day-to-day basis in line with their personal values, beliefs and preferences. As part of this, each resident is encouraged to work out a structure to their daily lives that best reflects their goals, activities and needs, and they are assisted in doing so if required. Residents are facilitated to exercise their civil, political, legal rights in line with their wishes, in so far as is reasonably practical.

Residents and visitors are informed of what they can do to prevent the spread of infection and keep themselves safe from infection. Residents are informed and educated about the appropriate use of antimicrobial medications and vaccinations.

Access to Citizens Information and independent advocacy services are available. Residents are informed about these services and supported to access them when requested or required. This ensures that consultation, with the option of support from an advocate, is the foundation for all decisions about services and service development. The assistance, support and representation available to residents focuses on their rights and specific needs. Such supports provide an environment in which residents can assert their rights to challenge any decisions and actions which restrict their opportunities, and such supports also help them to obtain justice and equality in their daily lives.

The provider, person in charge and staff are fully aware that the centre is the residents' home and, therefore, support residents to define their service and make requests as part of the normal running of the service. Residents are also consulted about and make decisions regarding the ongoing services and supports they receive, and their views are actively and regularly sought.

It is important that the provider has systems and processes in place to regularly review how human rights have been embedded in its service. This review is

incorporated in the service's governance arrangements and is part of the continual quality improvement cycle, which forms part of the annual review.

To support providers of services, HIQA has published *Guidance on a Human Rights-based Approach in Health and Social Care Services*, which is available on www.hiqa.ie. To support the application of a human rights-based approach, an online learning course is available on HSeLanD | The Irish Health Service's portal for online learning.

Regulation 9: Residents' rights

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- how staff and residents interact to determine if care and support is person-centred or task led, taking account the residents' capacity and their ability to consent
- the decision-making process to see if residents are actively involved and given the freedom to exercise autonomy, choice and independence
- how residents are supported to make decisions and if information is made available in a way that residents can understand; for instance, through one-to-one communication using the most appropriate technique for that individual resident, such as pictorials, manual sign systems or easy-to-read information
- if staff practice promotes residents' rights by supporting positive risk-taking
- how residents' privacy and dignity is promoted and supported; for example, whether the design, layout and facilities supports privacy and dignity and if closed-circuit television (CCTV) is installed, where it is located and how it is used
- how privacy and dignity is respected in relation to support provided, communications and personal information.

Through communication

Inspectors will communicate:

- **with residents** to:
  - find out if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences that includes making choices about the services and supports they use and how they use them
  - determine whether they can exercise their civil, political and legal rights including the right to vote, attain an education, gainful employment and attend religious or spiritual services, if they wish
  - establish if they can access advocacy services and information on their rights in a way they can understand:
  - determine if they know who to contact if they are concerned about acquiring or managing a healthcare-associated infection or would like to give feedback about infection prevention and control in the centre
  - determine if they are informed about infection prevention and control precautions that need to be taken and why these need to be taken
  - explore if they are consulted with and participate in how the centre is operated
  - check if they are aware that CCTV is in use, where applicable
  - determine whether residents are given explanations when they need them and in a way that they understand.
- **with residents and staff** to establish how consent is sought and how residents are involved in decision-making; for example, how decisions which restrict the resident have been made
- **with the person in charge** to determine whether any restrictive measures implemented to prevent and control infection or colonisation are justifiable, transparent, flexible and open to review and modification where necessary in individual circumstances and at the point at which circumstances change
- **with staff to:**
  - determine their understanding of residents' rights and how they respect and support residents in upholding their rights

- explore their understanding and knowledge of capacity legislation and how they assist residents to make decisions
- determine how they facilitate residents to exercise choice in line with their interests and capacities, taking into consideration risk and culture
- determine how they support residents' privacy, dignity and confidentiality
- determine if they know how and under what circumstances information about a person's infection status is shared.

Through a review of documents

Inspectors will review documents such as:

- residents' assessments and personal plans, including safeguarding records and capacity and or risk assessments such as infection prevention and control risk assessments
- policies on the provision of personal intimate care, behavioural support, restrictive procedures and restraint, record management and CCTV if it is in use
- the policy on the prevention, detection and response to abuse or allegations of abuse, including reporting of concerns and or allegations of abuse to statutory agencies
- records of advocacy arrangements and visits
- record of complaints
- minutes of staff meetings and minutes of management meetings
- residents' questionnaires
- audits and satisfaction surveys and quality assurance feedback results
- the provider's annual review.

Compliance indicators for Regulation 9: Residents' rights

Some examples of indicators of compliance:

- a human rights-based approach is embedded in the service provided to residents, and providers are aware of the core human rights principles of fairness, respect, equality dignity and autonomy
- the provider addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured
- service planning and delivery is responsive to diversity, including age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs, and ethnic and cultural background of each resident
- the centre is managed in a way that maximises residents' capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting residents' independence and preferences
- residents make informed decisions about the management of their care, and they are supported and provided with appropriate information to do so
- residents are supported to access advocacy services and information about their rights
- residents are consulted on and kept informed of any infection control measures being taken and the reason for these measures during an outbreak
- providers strike a balance between the need to manage the risk of the introduction of communicable infectious diseases by people accessing the centre and their responsibility for ensuring the rights of residents to meaningful contact is respected and promoted
- staff treat residents with dignity and respect
- personal care practices respect residents' privacy and dignity
- residents can have private contact with friends, family and significant others
- the privacy of personal meetings and personal information in respect of each resident is respected and, therefore, kept confidential, with information given to staff and others on a need-to-know basis only
- residents are consulted and participate in how the centre is planned and run, are informed of the daily arrangements in the centre and how their personal information is managed

- residents are facilitated to exercise their civil, political and legal rights
- residents are enabled to engage in positive risk-taking within their day–to-day lives.

Some examples of indicators of substantial compliance:

- there are some gaps in documentation but care has been delivered to a high standard and these gaps did not result in a medium to high risk to residents
- residents' rights are promoted in practice but appropriate information is not made available to residents about their rights.

Some examples of indicators of non-compliance:

- residents do not participate in and or consent to decisions about their care and support
- residents do not receive assistance where necessary to make decisions about their care and support
- residents are not supported to exercise their rights
- residents' individual choices are not always promoted
- there no consultation with residents
- residents have no opportunity to participate in the running of the centre
- residents' views are sought but there is no evidence that they are acted upon
- care is not provided to residents in a way that respects their privacy and dignity
- care is sometimes provided in a way that respects residents' privacy but is not consistent
- some practices are not sensitive to residents' needs and do not promote their privacy and dignity
- residents are not encouraged to maintain their own privacy and dignity
- residents' personal communications are not respected
- information about residents is not communicated privately by staff
- residents are not enabled to make informed decisions about their lives
- routines, practices and facilities do not promote residents' autonomy, independence or choice
- staff do not know each resident's individual preferences
- residents have no access to independent advocacy services
- residents are not facilitated to meet or have contact with family or friends in private

- the centre's information governance procedures do not protect residents' privacy
- residents do not have opportunities to be alone
- activities are task-led by the routine and resources of the service rather than the resident, and their support needs and wishes
- the service provided is inequitable as some residents have opportunities similar to their peers within services but some do not, and there is no clear reason for this difference.

Guide for risk-rating of Regulation 9: Residents' rights

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 10	Communication
National standards (designated centres for people with disabilities)	**Standard 1.5 — Children** Each child has access to information, provided in an accessible format that takes account of their communication needs. **Standard 1.5 — Adults** Each person has access to information, provided in a format appropriate to their communication needs.

What a rights-based quality service looks like

A well-led service recognises that the ability to communicate effectively is fundamental to each resident's wellbeing, social relationships and quality of life. The provider demonstrates respect for core human rights principles by ensuring that residents can communicate freely and are appropriately assisted and supported to do so in line with their needs and wishes. This results in residents being listened to and supported to express their thoughts, feelings, needs and wants in relation to the service and their personal care. Effective communication enables residents to actively make informed decisions and direct how they live, to develop relationships with staff, and to participate in daily life in the service and in the community, in line with their wishes.

The provider clearly understands that the ability to communicate needs and wishes and to be understood is a core value as a human being. In respecting this principle, the provider ensures that residents are supported to understand the information in the world around them and to be supported to communicate their choices and decisions about their care and their lives. Residents are, therefore, assisted and supported at all times to communicate in line with their needs and wishes to ensure they are at the centre of the decision-making process. This is achieved by supporting the resident to express themselves in a communicative format that they prefer and ensuring that this can be understood and respected by staff. Residents are not excluded or discriminated against because of their communication support needs.

There is an individualised approach to supporting residents that recognises the uniqueness of each resident. As part of this approach, management and staff recognise behaviour as a form of communication, and are aware that behaviours of concern such as agitation or aggression may arise due to an unmet physical, psychological or emotional need that cannot be verbally expressed. Staff know each resident's communicative format and are flexible and adaptable with the communication strategies used. These strategies are based on the changing needs

of the resident. Where assessed as appropriate, assistive technology and supports are in place for residents who need them. Residents have access to and are supported to use these communication aids, in line with their assessed needs, including low-tech and high-tech alternative and augmentative communication devices.

Staff are aware of and support residents to use such devices. In addition to providing individualised supports when necessary, there are positive, appropriate relationships formed between residents and staff that add real value to residents' lives. Staff communicate with residents in an effective, respectful and person-centred manner.

The provider ensures that residents have access to the news media in a format that is accessible to them, and tailored and inclusive methods of communication that empower their decision-making and prevent social isolation. Residents are given information in a timely manner using formats and methods that they can understand. This includes inspection reports which the provider and staff have facilitated residents to understand. The provider ensures that published guidance on communicating in plain English supports the implementation of this regulation. As a result of staff and management communicating in plain English, residents know what to expect of the service, and this promotes good outcomes for residents and positive experiences of care.

There is a culture of listening to and respecting residents' views in the service. Staff also advocate for residents, and residents are facilitated and supported to access external advocates when requested or when required. Residents are facilitated and supported to communicate with their families and friends in a way that suits them, if they desire. Where guidance as a result of a public health emergency negatively impacts on the daily lives of residents and their social connections, staff support residents to seek alternate arrangements to maintain those social connections.

Residents are given information in a timely manner using formats and methods that they can understand. The residents' guide and relevant national standards are made available to residents, and residents are supported to understand them. Residents know the service maintains personal information about them, and there are procedures in place to assist residents to access this information in line with legislative requirements.

The provider is proactive in continual quality improvement, where oversight and monitoring is carried out on a routine basis. Evaluation of effective communication with each resident forms part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 10: Communication

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- whether staff are communicating using residents' preferred methods of communication
- how staff interact with residents throughout the day to establish if residents' communication needs have been properly assessed
- if staff spend sufficient time communicating with the resident in a way that meets their needs and wishes, and enables them to be at the centre of decision-making
- if explanations are given to residents when they need them and in a way they understand
- if residents have access to and use of assistive technology, aids and appliances, where required and whether they are provided with appropriate support to use these.

Through communication

Inspectors will communicate:

- **with residents** to:
  - confirm their individual communication needs and preferences, and their views and experiences of the level of support they receive
  - determine their experience in accessing and using assistive technology, aids and appliances
  - find out if they feel staff spend enough time interacting with them.
- **with the person in charge and staff** about the systems of communication that are in place, training they have received and specialist support available; for example, speech and language therapy.

Through a review of documents

Inspectors will review documents such as:

- a sample of residents' assessments and personal plans
- referrals to and or reports from health and social care professionals
- communication systems and aids
- communication passports
- staff training records
- education and training records for residents; for example, on assistive devices or the safe use of the Internet
- policies on communication and provision of information to residents
- the residents' guide
- residents' questionnaires
- audits and surveys relating to communication
- the provider's annual review.

Compliance indicators for Regulation 10: Communication

Some examples of indicators of compliance:

- each resident is assisted and supported at all times to communicate in line with their needs and wishes
- residents are supported to communicate their needs and wishes in relation to their care and support in any format that is best suited to their unique communication style
- staff are knowledgeable of each resident's individual communication style and can understand and respect the choices that they make
- staff interactions with each resident reflects the resident's individual communicative format
- resident's individual communication style is documented in residents' personal plans and reflected in practice
- residents have access to appropriate forms of news media

- residents are facilitated to access and supported to use assistive technology and aids and appliances, where required, to promote the residents' full capabilities.

Some examples of indicators of substantial compliance:

- while staff are familiar with and support residents' communication needs and wishes to a high standard, some gaps are identified in the documentation but do not result in a medium or high risk to residents using the service
- some residents' personal plans do not reflect all of the required assistive technology, aids or appliances that are effectively used by these residents.

Some examples of indicators of non-compliance:

- each resident is not assisted and or supported at all times to communicate in line with their needs and wishes
- interventions to support and improve communication for residents are not implemented
- staff are unaware of the individual communication supports and needs of residents
- residents do not have access or have limited access to assistive technology, aids and appliances that would promote their full capabilities and enable them to communicate freely
- residents are not supported to use assistive technology, aids or appliances
- residents are unable to access appropriate news media of their choice such as the Internet.

Guide for risk-rating of Regulation 10: Communication

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 11	Visits
Infection prevention and control standards	**Standard 1.1** People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

What a rights-based quality service looks like

A good provider recognises that visiting is hugely important for the health and wellbeing of residents and their families, and that social interaction and personal relationships are fundamental to a fulfilled life. Each resident is enabled to develop and maintain personal relationships with family and friends and links with the community in line with their wishes and with due regard for their safety.

Visitors are welcome in the service and encouraged to participate in the resident's life, if the resident so wishes. Residents have access to suitable communal facilities or a private space, other than their bedroom, in which to receive visitors, if they wish. Visits are facilitated and do not impact negatively on the other residents living in the service.

A good provider ensures that residents' right to meaningful contact is respected. There are no restrictions on visits unless requested by the resident or for specific reasons, such as in the interests of the resident or the safety of other residents, including:

- adherence to public health advice
- in adherence with a court order
- or, in the case of a child, where the family and or guardian or social worker has requested the restriction.

Where broad restrictions on visits are in place (for example, in accordance with public health advice) residents are facilitated to maintain personal relationships in other ways. There are no restrictions on visits for the convenience of the service. Staff are aware of the potential for institutional practices around visiting and are proactive in addressing any issues that may arise. Any specific visiting restrictions in place and the rationale for them are recorded as part of the resident's personal plan.

It is essential that staff and the management team engage with residents, involve them in decision-making and communicate clearly with each resident and relevant others regarding their rights in relation to visits. This includes the reasons for any restrictions on visiting, the expected duration of such restrictions and who they can contact for support if they are dissatisfied. Providers should make every

practical effort to progress towards normalised routine safe visiting, as quickly as possible. The provider has ensured that residents have control and autonomy in deciding for themselves when to have visitors.

The provider routinely monitors visiting arrangements. Evaluation of the effectiveness of the visiting arrangements for each resident informs part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 11: Visits

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- whether visitors are welcome to the centre, how visits are facilitated, and if the visiting arrangements are flexible
- whether there are notices on display in relation to restrictions on visiting
- whether there are institutional practices around visiting
- staff interaction with residents to see if practice reflects effective ways of supporting people to exercise choice and control whenever possible
- if there are suitable communal facilities and private areas available for residents to receive visitors.

Through communication

Inspectors will communicate:

- **with residents to**:
    - — gain their views and experiences of visiting arrangements, including whether there are restrictions on visitors, or difficulties accessing visiting information and raising concerns about visiting
    - — establish their wishes regarding receiving visits and if these wishes are being met
    - — examine if they are involved in decision-making regarding restrictions on visiting

- **with the person in charge and staff** about visiting arrangements
- **with staff to:**
  - — determine if there are restrictions to visitors and to explore the rationale for this
  - — establish their understanding and responsibilities in relation to ensuring residents can maintain personal relationships.

Through a review of documents

Inspectors will review documents such as:

- residents' assessments, personal plans and any other associated documentation to determine if visiting restrictions and the rationale for them are recorded
- the policy on visitors
- records of residents' meetings to determine if visiting restrictions are discussed
- residents' questionnaires
- visitor sign-in book, if available
- the provider's annual review.

Compliance indicators for Regulation 11: Visits

Some examples of indicators of compliance:

- the provider has arrangements in place for residents to receive visitors, in line with residents' wishes
- visiting is unrestricted, unless the person in charge deems that:
  - — a visitor poses a risk
  - — the resident has requested the restriction
  - — a court order requires it, or
  - — in the case of a child, where the family and or guardian or social worker has requested the restriction
- residents can receive visitors in suitable communal facilities
- if required, residents can receive visitors in a suitable private area which is not the resident's bedroom.

Some examples of indicators of substantial compliance:

- there is inadequate suitable communal space for residents to receive visitors
- residents are facilitated to receive visitors but there is not enough private space for residents to use.

Some examples of indicators of non-compliance:

- visiting is restricted with no apparent rationale
- there is little or no documentation to support any restrictions on visitors
- restriction on visitors is made by staff with little or no input from residents
- there is a lack of communal or private space for residents to receive visitors.

Guide for risk-rating of Regulation 11: Visits

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 12 Personal possessions

What a rights-based quality service looks like

A well-run service recognises that possessions can enable residents to understand and to express their self-identity. It is understood that when a resident moves into a centre, they may leave behind a home filled with memories. To enhance the feeling of homeliness and to assist the resident with settling into the centre, the provider and person in charge create an environment which encourages residents, including those using respite services, to bring with them items that are meaningful to them. Where such items may present risks to the resident and or others in the service, these risks are appropriately managed, taking an individualised and proportionate approach.

The provider recognises the importance of residents' property and how the loss or damage of such property could cause distress to the resident. Therefore, a range of militating measures have been implemented, including appropriate risk management, secure storage, and education and supports for residents on how to maintain and keep their belongings safely. The provider has also put in place suitable arrangements to inform and reassure residents that the insurance in place covers loss or damage to their property. This is explained to the residents in a way that they can understand, and every opportunity is afforded to residents or prospective residents to ask questions.

Individuality is expressed in people's clothing and each resident has the right to wear clothes of their own choosing. Residents have easy access to and control over their clothing, and adequate space to store it. Residents are supported to manage their laundry in line with their rights, needs and wishes. Where residents choose not to manage their own laundry, systems are in place to ensure that residents' clothing and other items are laundered regularly, and are returned to them safely and in a timely manner.

Residents are encouraged and supported to make decisions about how their room is decorated, if they wish. Residents' personal possessions are respected and protected. Residents have control over and can manage their own personal possessions in keeping with their rights, needs and wishes. Each resident's bedroom is equipped with sufficient and secure storage for personal belongings.

There is adequate space for personal storage that includes secure storage for valuables and money. Residents are able to access their possessions and property as required or requested. Records of residents' possessions deposited or withdrawn from safekeeping are accurately maintained and are up to date.

Residents have easy access to and control over their personal finances, in line with their wishes. Information, advice and support on money management is made available to residents in a way that they can understand. Where a resident needs support to manage their financial affairs, assistance is provided in accordance with the Assisted Decision-Making (Capacity) Act 2015. For example, where required, the service should carry out a financial capacity assessment so as to determine the level of support a resident needs to manage their finances independently and safely. Records of all residents' monies spent are transparently kept in line with best practice and the provider's policy on managing residents' finances.

Evaluation of the effectiveness of arrangements regarding residents' access to and control over their personal possessions, including personal storage facilities, laundry services and personal finances, informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 12: Personal possessions

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if there is adequate storage for personal property and possessions
- how residents' finances are managed; for example, if there is transparent and safe practice
- how laundry is managed; for example, if there are arrangements in place to support residents to look after their laundry
- if there are secure arrangements for storage of residents' belongings, if requested, including clothes, personal property and possessions
- if staff ask for permission before entering residents' bedrooms
- whether residents are afforded the opportunity to lock their bedroom door.

Through communication

Inspectors will communicate:

- **with residents:**
    - about how their personal property and possessions, including finances, are managed

  - — to determine if they feel they have enough space for their belongings
  - — to establish if residents are involved in choosing how their room is decorated
  - — to establish if there are secure arrangements for storage of their belongings, if requested, including clothes, personal property and possessions
  - — to determine how they keep control over their own clothes, how laundry is managed, if clothes ever go missing, and, if so, if the clothes are returned
  - — to establish if staff ask for permission before entering residents' bedrooms
  - — to determine whether residents are afforded the opportunity to lock their bedroom door.
- **with the person in charge and staff:**
  - — to establish what measures are in place to ensure residents have access to and control over their belongings, including finances, and any supports that are in place
  - — if they have a clear understanding of residents' rights to retain control over their personal possessions and finances and to access information, advice and support in line with capacity legislation.

Through a review of documents

Inspectors will review documents such as:

- records of residents' finances and personal property
- records of any allegations of financial abuse and associated investigations
- policies on residents' personal property, personal finances and possessions
- any records of complaints relating to personal possessions
- minutes of residents' meetings
- residents' satisfaction surveys
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 12: Personal possessions

Some examples of indicators of compliance:

- residents retain access to and control over their own belongings, where possible
- residents are supported to bring in their own belongings into their rooms
- residents do their own laundry, if they wish
- resident's clothes and linen are laundered regularly and returned to the correct resident
- there is enough space for each resident to store and maintain clothes and other possessions securely
- where necessary, residents are provided with support to manage their financial affairs
- where residents have an account in a financial institution and money is paid in by the provider or staff, this is done with the resident's consent; the account is in the resident's name and not used by the provider for the business of the centre.

Some examples of indicators of substantial compliance:

- while there are appropriate policies, procedures and practices in place, there are some gaps in documentation but they do not result in a medium or high risk to residents using the service
- residents are supported to keep their own belongings but the facilities do not enable them to have full control over these belongings
- not enough storage space is provided for residents' clothing and belongings
- residents' clothes are sometimes returned to the wrong resident
- while residents have access to and control of their property and possessions, some residents have not been provided with adequate support to manage their financial affairs.

Some examples of indicators of non-compliance:

- residents have little or no access to and or control of their personal property, possessions or finances

- laundry facilities do not support residents to do their own laundry
- residents' clothes and or linen are not laundered regularly
- residents' belongings and or money regularly go missing in the centre and are not returned to the resident
- the resident's consent is not sought when money belonging to the resident is paid into an account held in a financial institution
- money belonging to the resident is paid into an account that is not in their name
- the resident's account in a financial institution is used by the provider in connection with the business of the centre.

Guide for risk-rating of Regulation 12: Personal possessions

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 13	General welfare and development
National standards (designated centres for people with disabilities)	**Standard 1.4 — Children** Each child develops and maintains relationships and links with family and the community. **Standard 1.4 — Adults** Each person develops and maintains personal relationships and links with the community in accordance with their wishes. **Standard 4.4 — Children** Educational opportunities are provided to each child to maximise their individual strengths and abilities. **Standard 4.4 — Adults** Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual preferences. **Standard 8.1** Information is used to plan and deliver child-centred and person-centred safe and effective residential services and support.

What a rights-based quality service looks like

Residents are recognised as experts on their own experiences, needs and wishes. A well-run service adopts a rights-based approach to general welfare and development by supporting each resident to make decisions about how they wish to live their life. To make these choices, residents are enabled and empowered with all the information they need, and are supported by staff with the relevant skills. This means that the service implements care based on the residents' strengths, and encourage their integration and participation in the community in which they live.

Residents are actively supported and encouraged to connect with family and friends and to feel included in their chosen communities, if they wish to do so. This is based on the residents' interests, identity, heritage and aspirations. Residents are facilitated to make the best possible use of their inherent and potential capacities in order to allow them to achieve the fullest possible social integration and individual development. Residents can develop their capabilities and skills to the maximum and the process of social integration or reintegration is prioritised.

The inclusion of the resident in promoting their welfare and wellbeing is of the residents' choosing, and the provider has proactively engaged with the wider community to promote residents' participation and inclusion to support residents become active members in their community.

The service assists residents to exercise their right to experience a full range of relationships in keeping with their wishes, including friendships and community links, as well as personal relationships. Residents are provided with opportunities to develop self-advocacy or receive appropriate independent advocacy and to have control over their daily lives. The provider is proactive in identifying and facilitating initiatives for residents to participate in the wider community, develop friendships and to get involved in local social, educational and professional networks. Residents are encouraged to develop relationships with due regard to their age, capacity and protection. Assistive technology and communication supports are provided and used to facilitate contact.

The need for intimate, emotional, physical and sexual closeness and relationships are basic human needs. Every human being benefits from the sense of closeness and mutual support that comes from having a network of various types of relationships developed through education, work, hobbies and community activities. Experience of a variety of relationships helps residents to develop the social skills, confidence and self-esteem that underpins their ability to make, sustain and break personal relationships and to express their sexuality. Each resident is supported on an individual basis and in sensitive and appropriate ways to develop and maintain safe intimate relationships with others in line with their wishes and preferences, safeguarding measures and current legislation.

The organisational culture supports residents to effectively exercise their right to independence, social integration and participation in the life of the community. They have opportunities to take part in a variety of activities that promote their physical and mental health, enhance their wellbeing and encourage socialisation. The provider ensures that residents lead inclusive and empowered lives where they are treated with dignity while also promoting their independence and choice.

Prioritising the health and development of residents is seen as essential for growth, positive social relationships and community integration. Health, educational, physical, cognitive, social and emotional development and relationships with family and community, as well as material wellbeing, are all important factors for reaching this goal. To help achieve this, personal skills or development opportunities and the needs and wishes of residents are identified and assessed, either in terms of social, educational or employment supports.

A quality service recognises that part of living a meaningful life involves an element of positive risk-taking. Residents are enabled and supported to develop an understanding of risk and have the opportunity to take informed risks, while staff

try to reduce the potential of harm occurring to residents. The provider weighs the potential risk against the benefits for the resident. Where residents choose to take part in something that involves a level of risk and are aware of such risk, then the provider is supportive of their choice. The service undertakes a full risk assessment to identify where they can prevent or reduce such risks from happening in the centre or elsewhere, while still supporting the resident to undertake the activity. Staff proactively promote residents' independence which in turn slowly reduces the level of support they may require. This approach promotes greater independence and more opportunity for positive risk-taking.

Residents are encouraged to access appropriate health promotion and education both within the centre and in the local community. This includes information on diet and nutrition, mental health, the risks associated with smoking, alcohol and drug consumption, exercise and physical activity, sexual relationships and sexual health, as well as any advice from the HPSC, HSE and Department of Health. Residents are supported to understand what information has relevance to them and how they can use it to improve their wellbeing.

The provider has created a culture within the service of promoting lifelong education and supporting residents to fulfil their potential through education and play. Residents are assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. Residents receive vocational guidance with a view to assisting them in choosing an occupational opportunity suited to personal aptitude and interests.

Residents are provided with additional support and appropriate assistance when managing transitions, such as changing school or entering a higher level of education or training. Residents approaching school-leaving age are actively encouraged and supported by the service to participate in third-level education or vocational training programmes as appropriate to their abilities, interests and aspirations. Residents are also supported to actively seek meaningful employment, where appropriate. In the context of providing holistic quality-of-life support, the service supports residents at an appropriate time to consider their retirement plans.

The provider actively monitors and adapts resources to respond to changing care and support needs of residents, and in this regard the service has the necessary expertise to support residents. Staff received suitable training that focuses on developing their skills and competencies to support residents in attaining the best possible general welfare and development. Residents' contributions and achievements are recognised and celebrated, which has a positive impact on their confidence and self-esteem.

The provider is proactive in continual quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the

arrangements in place for residents' general welfare and development informs the continual quality improvement cycle, which in turn forms part of the annual review in compliance with the regulations.

Regulation 13: General welfare and development

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- if residents' assessed needs and personal plans are implemented in practice relating to areas such as activities and educational requirements and wishes
- if there is access to facilities for occupation and recreation both within the centre and externally
- if residents can participate in activities that suit their interests, capacities and developmental needs.

Through communication

Inspectors will communicate:

- **with residents to determine if:**
  - they are supported to take part in activities that they enjoy and are meaningful to them
  - they feel supported to develop and keep personal relationships
  - whether their training, educational and employment needs and wishes are met.
- **with children living in the centre:**
  - to establish if they have opportunities for play, age-appropriate opportunities to be on their own, to develop life skills and prepare for the future
  - to determine if those children who are approaching school-leaving age, are supported to attend suitable third-level education or relevant training.

- **with the provider and person in charge** to determine how appropriate care and support is provided in line with evidenced-based practice.

- **with the person in charge** to find out if a resident ever disengages from a programme, such as a training programme, educational initiative or skills development programme, what strategies are in place to support the resident and manage this situation.
- **with the person in charge and staff** to:
  - — determine how residents can access opportunities for education, training and employment as well ensuring this is maintained when necessary
  - — explore how they support residents to develop and maintain personal relationships and links with the wider community.
- **with staff** to see how they support residents to engage in relevant activities.

Through a review of documents

Inspectors will review documents such as:

- the education policy (in centres where children live)
- access to education, training and development policy
- records of education and training programmes
- residents' assessments and personal plans
- social care records
- the complaints register relating to general welfare and development
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 13: General welfare and development

Some examples of indicators of compliance:

- each resident receives suitable care and support in line with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and wishes
- residents are provided with access to facilities for occupation and recreation
- residents are provided with opportunities to take part in activities which match their interests, capacities and developmental needs
- residents receive supports to develop and keep personal relationships and links with the wider community in line with their preferences
- residents are supported to access opportunities for education, training and employment
- when transitioning between services, continuity of education, training and employment is maintained for residents.

In centres where children live:

- residents' assessments include appropriate educational attainment targets
- residents approaching school-leaving age are supported to participate in appropriate third-level education or relevant training programmes
- each resident has opportunities for play, age-appropriate opportunities to be on their own, to develop life skills and be supported to prepare for adulthood.

Some examples of indicators of substantial compliance:

- while there are appropriate policies, procedures and appropriate practices in place, there are some gaps in the documents, although these gaps do not result in a medium or high risk to residents
- residents have opportunities to participate in activities that align with their interests, capacities and developmental needs but not as often as they would like.

Some examples of indicators of non-compliance:

- each resident is not provided with appropriate care and support in line with evidence-based practice, having regard to the nature and extent of each resident's disability, assessed needs and their wishes
- residents have no opportunities to participate in activities
- residents have opportunities to participate in activities but not in keeping with their interests, capacities and developmental needs
- residents do not have appropriate opportunities to make friends outside of the centre
- residents live in isolation in the centre with minimal involvement with the community
- individual residents are involved in the community but only as part of a group activity with other residents from the centre
- some residents have friends in the wider community but are not actively encouraged to develop and maintain friendships
- continuity of education, training and employment is not maintained for residents that transition between services.

In centres where children live:

- there are little or no opportunities for play, age-appropriate time to be alone and to develop life skills that will support them to prepare for adulthood
- there is no assessment of residents' educational needs on entering the service
- residents approaching school-leaving age are not supported to participate in third-level education or relevant training programmes.

Guide for risk-rating of Regulation 13: General welfare and development

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 17	Premises
National standards (designated centres for people with disabilities)	**Standard 2.2 — Children** The residential service is homely and accessible and promotes the privacy, dignity and safety of each child. **Standard 2.2 — Adults** The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person.
Infection prevention and control standards	**Standard 2.2** Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.

What a rights-based quality service looks like

A good provider recognises that the premises have a significant impact on residents' quality of life, including their changing needs over time. Therefore, premises must be suitably built and furnished to support residents' existing mental health, physical health and overall wellbeing, as well as their long-term requirements. The provider ensures that the premises, both internally and externally, are of sound construction and kept in good repair, and will complement fire safety and infection prevention and control. The provider will ensure that all areas of the centre used by residents and staff, including ancillary facilities such as the utility and laundry facilities, are clean and well maintained. A well-run service supports the quality of life of all residents at the various stages of their life, within an environment where they have the support and freedom to live full and meaningful lives. In that regard, the provider has also carefully considered ways of providing a permanent home for residents and as a result there is security of tenure for residents living in rented accommodation.

The provider has ensured that the premises is centrally located in a community with access to local amenities, services and public transport and that resident's autonomy to engage and connect with the community is supported. Furthermore, a high quality of life is experienced by residents as the premises have the capacity to facilitate internal and external activities.

The provider uses universal design to create an environment that provides all residents with equitable access to the services and facilities it offers and is used to the greatest extent possible by all the residents, regardless of age, ability or disability. The provider has also identified that air quality, noise, light and crowding are some of the environmental factors that are important for quality of

life. As a result, the provider has created a healthy, calm and relaxing environment for residents to enjoy with good air quality, acoustics, lighting, views and contact with nature. In order to accommodate future information and communications technology (ICT) developments, the provider has also ensured that the building is enabled for telehealth[†††] equipment, both in terms of hardwiring and provision of Wi-Fi.

The provider ensures that the premises offer spaces for residents to spend time alone if they wish and that it promotes their privacy and dignity. For instance, appropriate fixtures and fittings are in use and private space is available to speak with visitors without disruption.

The service has its own special features and layout depending on the building and the needs of the residents who live there. The design and layout of the premises — including any modifications — ensure that each resident can enjoy living in an accessible, safe, comfortable and homely environment where their individual rights and privacy is respected. This enables the promotion of independence, recreation and leisure and supports a high quality of life for all who live there. Where there is a requirement for infection prevention and control signage, this is managed in a discreet manner.

The residents' personal requirements are known and in so far as is possible the premises provides for flexibility in use, accessibility and adaptability. The provider recognises that a homely and accessible living environment helps to provide a 'home-like' environment that promotes activities of daily living and encourages residents to undertake everyday tasks. The residents define what homely is to them, and their home is decorated to meet their needs and wishes. The service has to be clean, but if the residents do not wish to do certain tasks such as keeping their bedroom tidy this is respected as long as it does not pose a risk to residents. The provider explores opportunities to balance risk management with the homeliness of the centre and the residents' wishes for their own homely environment.

The living environment is stimulating and provides opportunities for rest and recreation. Each resident participates in choosing equipment and furniture in order to make it their home and can access appropriate professional advice in selecting equipment that facilitates functional activity and promotes independence. Assistive technology is accessible, and residents are supported and encouraged to use their own technologies that they are familiar with. The provider understands the

[†††] Telehealth is defined as "the use of communications technologies to provide health care at a distance". Examples include consultations with doctors, remote patient monitoring which sends health data to doctors, and the use of sensors to detect emergencies.[(9)]

benefits of technology such as augmented reality (AR) and virtual reality (VR) for immersive connection with loved ones to visiting spaces that are otherwise inaccessible, and where appropriate, has adopted these technologies.

Quality outdoor space is available that provides direct access to nature, space to exercise, fresh air and exposure to sunlight. The outdoor space is readily accessible and safe, making it easier for residents to go outdoors independently or with support, if required. Residents have their say in the decoration of the garden. Residents can access and use available spaces both within the centre and garden without restrictions. There are also security arrangements in place which ensure residents are safe and secure without compromising their rights, privacy and dignity. The provider has ensured that the level of security used is appropriate to the individual residents and to the service being provided.

The provider risk assesses the centre in light of any HPSC, HSE and Department of Health advice and supports residents to make any changes to their environment which enables them to adhere to such advice. The centre is maintained in a way that enables effective cleaning and compliance with infection prevention and control best practice, appropriate to the service provided. Furniture, surface finishes and other fixtures and fittings are clean and regularly disinfected to minimise the risk of transmission of infection. There are a range of systems implemented to ensure that environmental and equipment cleaning standards are met.

Before starting any extensions to the centre or in advance of building a new centre, the views of residents and staff are sought regarding what works well and what they would like to see improved. Noise levels are monitored to ensure there is no negative impact on residents, especially during any renovations or extensions. The provider also ensures that all relevant fire safety and building control regulations, infection prevention and control requirements, as well as applicable guidance and codes of practice have been considered in the design stage and are complied with in full.

The provider is proactive in continual quality improvement. Oversight and monitoring is carried out routinely. Evaluation of the effectiveness of how the premises meet each resident's needs and wishes informs the continual quality improvement cycle, which in turn forms part of the annual review in compliance with the regulations.

Regulation 17: Premises

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- the centre internally and externally to determine if the design, layout, accessibility and any alterations positively affect the privacy, dignity, quality of life and safety of residents
- the design and layout to determine if the premises meet the aims and objectives of the service as well as the number and needs of residents
- if it the centre is of sound construction, well-maintained, clean and suitably decorated
- whether surfaces and finishes are easy to clean
- whether Schedule 6 requirements (of the care and support regulations) are met
- whether there is evidence of an ongoing maintenance programme
- if equipment and facilities are available that residents need
- if residents' independence is supported and promoted through the provision of appropriate assistive technology, aids and appliances, where required
- in larger settings where there may be multi-occupancy rooms, whether there is sufficient space to avoid cross-contamination between adjacent bed spaces
- in larger settings with sluicing facilities, if the location of these facilities minimise travel distances for staff from residents' rooms to reduce the risk of spillages and cross-contamination
- if the internal and external areas of the premises are secure and safe.

Where children live:

- separate and appropriate sleeping accommodation is provided in centres where both children and adults live
- suitable outdoor recreational spaces are provided that have age-appropriate play and recreational facilities.

Through communication

Inspectors will communicate:

- **with residents to**:
  - — find out their views and experiences on how the premises both internally and externally meet their needs and impact on their day-to-day life, as well as the level of involvement they have in decision-making about any possible changes
  - — to determine if they are happy with the decor and whether they were included in any redecoration
  - — to determine if the heating and lighting is appropriate throughout the centre.
- **with the provider and or person in charge** to determine what measures are in place to ensure the premises meet residents' needs.
- **with the person in charge and staff to:**
  - — determine their views on the internal and external areas of the premises as to whether they are suitable for the care, treatment and support of residents and whether there are any planned changes
  - — establish if they were consulted about proposed changes to the structure or layout of the premises including whether infection prevention and control expertise is sought.

Through a review of documents

Inspectors will review documents such as:

- the statement of purpose and floor plans
- maintenance and service records as well as relevant contracts
- accidents and incidents' register relating to the premises
- risk management documentation
- minutes of residents' meetings relating to the premises
- residents' satisfaction surveys relating to the premises
- residents' questionnaires

- audits relating to the premises, including audits of equipment and environmental cleanliness
- cleaning records and guidelines, including cleaning specification, as appropriate
- the provider's annual report.

Compliance indicators for Regulation 17: Premises

Some examples of indicators of compliance:

- the design and layout of the centre are in line with the statement of purpose and meet the needs of all residents
- there is adequate private and communal accommodation
- best practice is used to achieve and promote accessibility
- if needed, alterations are made to the centre to ensure it is accessible to all residents
- the physical environment is clean and kept in a good state of repair
- ancillary areas such as utility and laundry facilities are of an acceptable standard to support effective infection prevention and control in line with best practice
- cleaning equipment is well maintained, clean and in good repair
- where sluice rooms are in use, staff have access to appropriate equipment such as macerators that are appropriately installed, maintained and can be repaired promptly
- cleaning schedules are in place that outline clear responsibilities of staff, roster of duties and the frequency of cleaning
- the design and layout promotes residents' safety, dignity, independence and wellbeing
- clear records of repairs, capital works and maintenance works are kept
- residents have access to appropriate equipment which promotes their independence and comfort
- the equipment is fit for its intended purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced where necessary
- facilities are serviced and maintained regularly

- there is suitable heating, lighting and ventilation in the premises
- there is communal space for residents suitable for social, cultural and religious activities
- adequate space and suitable storage facilities are available for the personal use of residents
- there is a separate kitchen area with appropriate cooking facilities for residents to use
- there are enough toilets, bathrooms and showers to meet the needs of residents
- rooms are of a suitable size and layout suitable for the needs of residents
- general and clinical waste is disposed of safely
- where the centre accommodates both adults and children, sleeping accommodation is provided separately and decorated in an age-appropriate manner
- there is a suitable external area for children to have age-appropriate play and recreational facilities.

Some examples of indicators of substantial compliance:

- shortfalls are identified in the design and or layout of the centre but they do not result in a medium or high risk to people using the service
- an adequate number of baths, showers and toilets are available and do not pose a risk to residents; however, some of these facilities are in need of renovation but there is a plan in place for the necessary work
- where adults and children are accommodated, separate sleeping accommodation is provided but not decorated in an age-appropriate way.

Some examples of indicators of non-compliance:

- the design and layout of the centre is not in line with the statement of purpose and does not meet residents' needs
- the centre was unclean and or not kept in a good state of repair
- care is not provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.

- Schedule 6 requirements are not met
- private and or communal accommodation does not meet residents' needs
- space in the bedrooms is restrictive and does not allow free movement of the resident and staff around all furniture and equipment
- there is not enough suitable storage
- there are not enough toilet and washing facilities
- general and clinical waste cannot be disposed of safely, which does not support effective infection prevention and control
- facilities used for laundry and or sluicing are not appropriate for the service and result in unsafe infection prevention and control practices
- assistive equipment is not available to residents that require it and this negatively impacts on their quality of life
- equipment, including cleaning equipment, is not maintained in good working order resulting in unsafe infection prevention and control practices
- residents are restricted in accessing areas due to the poor design of the building
- alterations to make the centre accessible to all residents have not been carried out
- there is no suitable recreation area for children to play outside
- where the centre accommodates both adults and children, separate sleeping accommodation is not provided.

Guide for risk-rating of Regulation 17: Premises

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 18 Food and nutrition

What a rights-based quality service looks like

It is a fundamental human right that everyone has access to food and drinks that are both nutritionally adequate and culturally acceptable. A well-run service views eating and drinking as an important part of the health and wellbeing of residents of all ages, and views the dining experience and the enjoyment of food as a significant contributor to quality of life.

The provider understands that good nutritional care, adequate hydration and enjoyable mealtimes are central to maintaining health, wellbeing and independence. The service also recognises the importance of supporting residents in finding enjoyable ways to be physically active every day and, therefore, balances their food intake with active living.

There is a clear focus on skills teaching and sharing of up-to-date information among residents and people working in the centre in order to promote residents' own management of their food and nutritional needs. Resident are provided with this information in a format that suits them in order to learn about how to maintain their own best health. Residents are encouraged to eat a varied diet, and equally their choices regarding food and nutrition are respected. Residents are supported to understand healthy food choices and the impact of unhealthy choices on their health and wellbeing. Where appropriate, visual aids are used to support residents in making healthy food choices.

There are processes in place to rigorously monitor and evaluate residents' nutritional care to help ensure high-quality care is being provided. Residents' food and nutritional needs are assessed on admission and used to develop personal plans that are implemented into practice. Any monitoring of residents' weight, body size or nutritional status is done in a respectful way, with the consent of residents, only if there is a requirement for this and using a validated nutritional screening assessment tool. This assessment tool includes accurate screening for the risk of malnutrition.

Residents are supported by a coordinated multidisciplinary team, such as medical, speech and language therapy, dietitian, occupational therapy and dental services as required. Staff adhere to advice and expert opinion of specialist services, including advice on therapeutic and modified consistency dietary requirements. Accurate food and fluid intake records, weight and bowel movement records are maintained when necessary. Assessments and personal plans are updated in response to the changing needs of the resident and in compliance with the regulations. Food and nutrition are elements of a holistic approach to residents'

health promotion, and residents are encouraged to be actively involved and engaged in healthy eating decisions.

Residents are consulted with and encouraged to lead on menu planning and can choose to participate in the preparation, cooking and serving of their meals as they wish. Food is appetising and served in an appropriate way to ensure that residents enjoy their food. The timing of meals and snacks throughout the day are planned to fit around the needs and preferences of the resident being supported. Each resident has plenty of time to eat and drink, therefore, meals are unrushed and are a time of pleasant social sharing. To enhance the dining experiences of residents, the environment is conducive to eating. Staff normally sit with residents they support during meals and snacks and where appropriate share the same foods and drinks. Staff support residents that require assistance with eating and drinking in a respectful and dignified manner. They provide the minimum amount of support required so as to encourage as much independence as possible during meals. Opportunities are also provided for residents to dine with their families on special occasions.

Cultural and religious requirements around food are accommodated. A well-run service recognises that ethnic groups possess their own cultural identity, language, customs and practices, some of which impact on food choices. The provider and person in charge ensure that the distinct health and care needs of residents from diverse cultures and ethnic backgrounds are considered when planning food services.

There are clearly defined responsibilities in planning and managing food and nutritional care for residents. There is an evidence-based policy on monitoring and documenting nutritional intake that informs practice. Planned programmes of training and education take place to underpin policy, protocols and practice. All relevant staff are equipped with the appropriate level of knowledge, skills and competence to ensure the food and nutritional needs of each resident are met. This includes ongoing training about healthy eating guidelines and training to recognise underlying reasons for poor nutritional intake so these can be addressed holistically.

Evaluation of the effectiveness of planning and managing food and nutritional care for residents forms part of the continual quality improvement cycle, which in turn forms part of the provider's annual review in compliance with the regulations.

Regulation 18: Food and nutrition

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- during meals, if appropriate to do so, in order to:
  - — experience the atmosphere
  - — determine if residents are offered choice, receive adequate food and drink and get sufficient staff support; and
  - — establish if there are delays in staff support and assistance, and how this is managed
- if residents' choices are respected, such as where they dine, where they sit, who they sit with and the meal they eat
- if residents are included in the preparation of their own meals and if residents are offered regular drinks and a choice of snacks outside of mealtimes
- if there are sufficient quantities of food, refreshments and beverages available
- if the dining area is appropriate and that there are enough suitable storage arrangements for foodstuffs
- if the policy on monitoring and documentation of nutritional intake is evident in practice
- if specialist dietary arrangements are facilitated
- the way in which menu choices are communicated to residents.

Through communication

Inspectors will communicate:

- **with residents to**:
  - — find out their views and experiences of the food and mealtime experience, including quality of the food and drink, staff support, meeting resident's dietary needs and preferences, and how staff ensure that mealtimes are an enjoyable and sociable experience
  - — determine if they can access regular drinks and a choice of snacks outside of mealtimes
  - — to explore if they choose where to dine and with whom they dine

- **with staff**, including those involved in catering, to determine their understanding of nutritional care, their knowledge of specialist diets and any residents at nutritional risk, and to establish how they are meeting residents' preferences.

Through a review of documents

Inspectors will review documents such as:

- the policy on monitoring and documentation of nutritional intake
- the policy on health and safety, including food safety, of residents, staff and visitors
- residents' assessments and personal plans
- healthcare records, including input from health and social care professionals
- weight and body mass index monitoring records, food and fluid records
- medical notes and reviews
- staff training records on areas relating to food and nutrition
- audits and surveys relating to food and nutrition
- minutes of residents' meetings
- records of complaints relating to food and nutrition
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 18: Food and nutrition

Some examples of indicators of compliance:

- interventions that relate to food and nutrition are recorded in residents' personal plans and implemented by staff
- there are adequate amounts of food, refreshments and beverages which are wholesome, nutritious and offers choice at mealtimes
- meals, refreshments and snacks are available at reasonable times
- sufficient numbers of trained staff are present to offer residents assistance, when necessary, in a sensitive and appropriate way
- residents are supported to buy and prepare their own meals if this is their preference and if they can do so

- food and fluids are consistent with residents' dietary needs and preferences
- the advice of dieticians and other specialists is implemented.

Some examples of indicators of substantial compliance:

- there were some gaps in documentation but food and nutritional care was being delivered to a high standard and did not result in a medium to high risk to residents
- food is nutritious, varied and plentiful, but occasionally there was limited choice or sometimes residents' preferences were not taken into consideration.

Some examples of indicators of non-compliance:

- nutritional assessments are not in place in line with the residents' personal plans
- staff are not responding to risk indicators, such as a sudden weight loss or prolonged malnutrition
- there are inadequate amounts of food, refreshments and beverages available to residents
- food, refreshments and beverages are neither wholesome nor nutritious
- little or no choice is offered to residents at mealtimes
- advice of dieticians and other specialists has not been considered, resulting in serious incidents of choking and or allergic reactions
- there are not enough trained staff to offer assistance during meals
- residents do not receive appropriate assistance with their meals
- residents are given assistance at mealtimes but it is often hurried or undignified
- residents have no access to meals, refreshments or snacks at reasonable times
- residents are prevented from buying, preparing or choosing meals as appropriate to their ability and preference.

Guide for risk-rating of Regulation 18: Food and nutrition

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 20 Information for residents

What a rights-based quality service looks like

The provider involves residents in co-producing the residents' guide. Where this is not possible, the provider seeks to incorporate the views of residents in the residents' guide.

The residents' guide contains all required information and the provider ensures that each resident receives a copy of the guide. The information in the residents' guide aligns with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The provider ensures that the residents' guide contains information which is up to date, accurate, complete, and relevant to residents. The information is presented in an appropriate format that is accessible to residents, and, where necessary, staff support residents to understand the information. Residents are happy with the information given to them and how it is provided. Sharing information with residents using the service is seen as a continual process and not one that is only relevant at the point of moving into a centre.

Evaluation of effectiveness, value and relevance of the residents' guide informs the continual quality improvement cycle, which in turn forms part of the provider's annual review.

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- whether or not a copy of the residents' guide is provided to each resident.

Through communication

Inspectors will communicate:

- **with residents:**
  - — to explore their views and experiences of accessing information about the centre
  - — to establish if they were involved in developing the residents' guide

  - to establish if they have received a copy of the residents' guide
  - to explore if the information included in the guide is up to date and accurate
- **with staff** to explore their views on giving information and if they respect the rights of residents to have access to information
- **with the person in charge and staff** to determine if they are familiar with the content of the residents' guide.

Through a review of documents

Inspectors will review documents such as:

- the residents' guide to check that it contains all required information and that a copy of the current version is available to each resident
- policy on provision of information to residents
- complaints policy
- statement of purpose
- residents' contracts for the provision of care
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 20: Information for residents

Some examples of indicators of compliance:

- there is a residents' guide in respect of the centre
- a copy of the residents' guide is provided to each resident in an appropriate and accessible format
- the residents' guide contains all the required information.

An example of an indicator of substantial compliance:

- there is a residents' guide but there are some gaps in the information set out in the guide; nevertheless, residents are aware of relevant information about living in the centre.

Some examples of indicators of non-compliance:

- there is no residents' guide available
- the residents' guide has not been made available to residents
- there are substantial gaps in the information in the residents' guide, and, therefore, residents have limited information about:
  - — the service and or facilities provided
  - — the terms and conditions for residency
  - — arrangements for residents' involvement in the running of the centre
  - — how to access any inspection reports and or the complaints procedure
  - — arrangements for visits,

  which cumulatively may have a negative impact on residents' outcomes.

Guide for risk-rating of Regulation 20: Information for residents

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange

Regulation 25	Temporary absence, transition and discharge of residents
National standards (designated centres for people with disabilities)	**Standard 2.4 — Children** Children are actively supported in the transition from childhood to adulthood and are sufficiently prepared for and involved in the transfer to adult services or independent living. **Standard 2.4 — Adults** Young adults are supported throughout the transition from children's services to adults' services.
Infection prevention and control standards	**Standard 8.1** Information is used to plan, manage and deliver care that is in line with safe and effective infection prevention and control and antimicrobial stewardship practices.

What a rights-based quality service looks like

Temporary absences of residents, transitions between or within services and discharges of residents are planned and managed in partnership with the resident using a rights-based approach. Residents are supported to understand their rights and give consent so that they can make their own decisions about their lives to the fullest extent possible. The provider has ensured that there is effective leadership in place that identifies responsibilities for temporary absences of residents, the transition process and discharge of residents.

The service has defined temporary absences and implemented systems to ensure appropriate planning, supports and safe transfers are in place for residents to and from services, when they are going on holidays, family stays or attending other events. This information informs the resident's contract of care.

Moves between services are person-centred, provide continuity in the resident's life and meet their assessed needs. These include continuity of education, training and employment, as well as maintaining social relationships and a sense of connection with appropriate support networks for the resident. Staff and team members within and between services have clearly defined responsibilities to assist residents who require support from more than one service. For example, one staff member is identified as the lead coordinator across services. Arrangements are also in place to support interagency working, communication and information sharing to minimise the risk of harm to the resident.

The purpose of sharing the resident's information is explained to them and consent is sought, as appropriate. Follow-up care and communication also takes place between settings.

The provider has developed and implemented strategies to support decision-making about relocation. Residents living in the residential service on a long-stay basis enjoy the security of a permanent home and are not required to leave against their wishes unless there are compelling reasons for the move. Residents are only transferred to services or independent living arrangements which can meet their specific needs and does not disrupt key events in the resident's life, as reflected in their personal plan. The voice of those most impacted by a move — the resident — is captured by the service using communication that is tailored to the individual resident. Each resident is consulted with before any move and has access to an independent advocate if requested or needed. The arrangements for moving any resident within a service or to a new service are carried out in consultation with each resident and all transitions occur in a timely manner with planned supports in place.

Where applicable, residents are supported to prepare for adulthood and have opportunities to learn life skills, to take developmentally appropriate risks and assume increasing levels of responsibility as they grow older, in line with their age, ability and stage of development. These residents are gradually prepared for a smooth transition to adult services or independent living, and any transition to adult services is carried out in consultation with the resident and any other relevant person. The transition plan is, therefore, developed and agreed well in advance with the aim to make it as seamless as possible for the young person and their family. Transitions to adult services or independent living ensure continuity in education and take account of training and employment needs, where appropriate.

In the event of an older resident transferring to long-term care, the service adheres to evidence-based best practice and policies based on principles of inclusion, self-determination, and shared and supported decision-making in line with the Assisted Decision-Making Act (Capacity) Act 2015. The provider has established standardised and evidence-based pathways which are appropriately resourced to enable person-centred transitions to improve experiences and quality of life of the resident.

The service has adopted an integrated and coordinated approach which enables effective planning for discharge. The person in charge ensures that the discharge of a resident is based on a transparent criteria and happens in a planned and safe way and in line with the terms and conditions of the resident's contract for provision of services. Appropriate supports are available for the resident to deal with adjustment to their new environment, both emotionally and physically.

During times of a public health emergency, the HPSC, HSE and Department of Health advice is considered, and admissions, transfers to and from the centre, and discharges are adjusted to ensure the safety of residents and staff.

Comprehensive information systems are in place to ensure a smooth transition for temporary absence, transition or discharge of a resident. Information which is accurate, complete, legible, relevant and timely is used in the management of a temporary absence, transition or discharge of a resident. This includes necessary information about a person's colonisation or infection status while respecting the privacy and confidentiality of the resident. Where a resident with complex needs is transferred between the hospital and the community setting, a documented handover occurs.

Evaluation of the effectiveness of process for temporary absences, transitions and discharges informs the continual quality improvement cycle, which in turn forms part of the provider's annual review.

Regulation 25: Temporary absence, transition and discharge of residents

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- a discharge or transition if it occurs during an inspection.

Through communication

Inspectors will communicate:

- **with residents** to determine how well their care and support is overseen when they access other services or move from children to adult services and to determine if this is well planned and managed in partnership with them
- **with the person in charge and staff:**
  - to explore how the transition programme either into or out of the service is planned and managed
  - to explore if residents have access to a multidisciplinary team to enable a smooth transition

— to explore if there is effective communication within and between services during a temporary discharge to minimise risk and to share necessary information with the resident's consent

— to explore if there were clearly defined responsibilities assigned to staff members to assist residents who require support from more than one service, recognising that this is a key time when harm can occur.

Through a review of documents

Inspectors will review documents such as:

- the policy on admissions, including transfers, discharge and the temporary absence of residents
- documentation that accompanies a resident to another service
- relevant records for residents returning from another centre, hospital or other place
- records on services and supports available for residents moving between or within services or leaving services
- where appropriate, records of residents' training in life skills for new living arrangements
- the statement of purpose
- the directory of residents
- contract for the provision of services
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 25: Temporary absence, transition and discharge of residents

Some examples of indicators of compliance:

- planned supports are in place when residents transfer between or move to a new service
- residents are consulted when moving between services or to a new service

- where appropriate, training in the life skills required for the new living arrangement is provided to residents to enable them to live as independently as possible
- discharge is discussed, planned for and agreed with the resident and their representative if necessary
- discharges take place in a planned and safe manner
- relevant and appropriate information about the resident is transferred between services when the resident leaves or returns to the service.

Some examples of indicators of substantial compliance:

- while there are policies, procedures and appropriate practices in place, some gaps are evident in the maintenance of documentation that do not impact on the care or welfare of the resident
- training in life skills that are required for the new living arrangement is provided but some residents require additional supports.

Some examples of indicators of non-compliance:

- on transfer of residents to and from the centre, relevant information is not provided and or received
- residents are repeatedly moved in response to a crisis
- residents do not receive adequate support as they are moved between services or leave a service
- residents do not receive sufficient information on the services and support available as they move between or leave the service
- training in life skills that are required for the new living arrangement is not provided when it is required
- life skills for the new living arrangement are taught in an infrequent and unstructured way
- residents' discharges are not based on transparent criteria and are not in line with the statement of purpose
- residents are discharged from services without consultation, planning or agreement
- discharges take place in an unplanned and or unsafe manner
- discharges are not in keeping with the residents' assessed needs

- discharges are not in line with the terms and conditions of the written agreed contract for the provision of services.

Guide for risk-rating of Regulation 25: Temporary absence, transition and discharge of residents

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 26	Risk management procedures
National standards (designated centres for people with disabilities)	**Standard 3.4** Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

What a rights-based quality service looks like

A well-run service recognises that the safety and quality of life of residents are promoted through proactive risk assessment, learning from adverse events and serious incidents as well as the implementation of policies and procedures designed to protect residents and support their right to positive risk-taking. The provider ensures the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfilling the provider's requirement to be responsive to risk. A good provider recognises that positive risk management does not mean trying to eliminate risk; instead, it involves managing risks to maximise residents' choices, and control over their own lives.

The provider understands that positive risk-taking is central to good practice and that it is a necessary part of a resident's growth — and if limited can stifle their development. The service supports residents to understand specific risks involved with actions, activities or decisions that they may wish to take and holds collaborative discussions with them to ensure the autonomy, dignity and rights of the resident are respected and to militate against such risks. Clear documentation, including appropriate risk assessment, underpins how the resident is supported to make any such informed decision.

The provider has effective governance arrangements in place to create a culture of safe appropriate care and support in a safe environment where residents' rights are respected and the voice of the resident is central to any decision made. This has resulted in creating an appropriate balance between promoting each resident's right to autonomy and maintaining their safety.

There are clear and consistent processes in place for managing and assessing risk. The provider has a good understanding of the different levels of risk, the size and type of the service, and the individual needs of the residents in the service. Risk management and assessment is not carried out in isolation of the assessment and personal planning process and is carried out in consultation with the resident. Information is given to residents in line with the Assisted Decision-Making (Capacity) Act 2015 to enable full participation in this risk assessment process. As a result, there is clear evidence that residents are involved and make informed decisions in relation to their own risk assessments.

Residents have the opportunity to live a full life without undue restriction because of the way risk is managed. Risk management procedures include arrangements for dealing with situations whereby the safety of residents may be compromised and support responsible risk-taking and capacity as a means of enhancing the quality of life, competence and social skills of residents. It is evident that residents' right to dignity and personal development associated with positive risk-taking is respected. The provider has ensured that positive risk assessments take place in conjunction with person-centred planning and implementation of necessary safeguards.

Risk assessment practice within the service is dynamic, flexible and responds to change. The provider is proactive in addressing any issues of safety so that residents are supported to live fulfilling lives. Staff and residents actively participate in health and safety education and training programmes. There is prompt and effective sharing of the recommendations and learning from the management and review of adverse events and incidents. The provider uses the lessons learned to develop best practice and improve the service.

A centre-specific safety statement is in place that is signed by the responsible person and dated. Staff are aware of the safety statement, which is kept up to date and reviewed at least annually. The provider ensures that a comprehensive risk management policy which meets the requirements of the regulations is implemented in practice as well as a centre-specific emergency plan. Risk management procedures take into account any HPSC, HSE and Department of Health advice and are reviewed and updated in a timely manner in line with changing advice.

There is prompt and effective sharing of the recommendations and learning from the management and review of adverse event and incidents. The lessons learned are used to improve the service. Evaluation of the effectiveness of the risk management procedures informs the continual quality improvement cycle, which in turn forms part of the annual review to promote positive outcomes for residents.

Regulation 26: Risk management procedures

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- whether the centre looks safe and how hazards are managed

- whether the environment is clutter free and if there are appropriate storage facilities
- daily life within the centre
- how staff implement any individual risk management plans for residents
- if HSPC, HSE and Department of Health advice is implemented in an appropriate manner throughout the centre
- staff practices to determine if there is an appropriate balance between promoting residents' autonomy and maintaining their safety, including whether staff practice supports positive risk-taking and capacity
- when an investigation of serious incidents or adverse events identified learning, whether or not this learning has informed practice.

Through communication (Regulation 26: Risk management procedures)

Inspectors will communicate:

- **with residents** to determine:
  - if it is a positive experience living in the centre
  - whether the resident can make choices and feel in control
  - if there any sense that the resident's freedom is unnecessarily restricted
  - if they can they safely access the outdoors
  - if they were involved in their own risk assessments
- **with residents and staff** to determine how risks associated with residents' care and support are managed
- **with the provider, person in charge and staff** to establish:
  - their understanding of risk management, how they identify hazards and deal with emergencies, including how they support residents to stay safe while minimising restrictions on their freedom and in turn maximising their independence
  - their understanding of each resident's right to make decisions about their lives that may involve some degree of risk

— and explore how the provider learns from accidents, incidents and near misses and how it monitors these on an ongoing basis and uses the learning to inform and change practice.

- **with staff** to confirm if they have the appropriate knowledge and skills to provide a safe service, have received relevant training in the area of risk management, including the use of any specialist equipment.

Through a review of documents (Regulation 26)

Inspectors will review documents such as:

- the policy on risk management and emergency planning
- documents on the health and safety of residents, staff and visiting policy
- the policy on incidents where a resident goes missing
- system for recording the assessment, management and ongoing review of risk
- any individual risk management plans for residents
- system for responding to emergencies
- documentation and training records relating to the use of transport vehicles
- audits relating to risk management and the premises
- records relating to accidents and incidents
- complaints records that raised risk issues
- residents' questionnaires
- staff training records for health and safety and risk
- audits relating to risk management
- the provider's annual review.

Compliance indicators for Regulation 26: Risk management procedures

Some examples of indicators of compliance:

- arrangements are in place to ensure risk control measures are relative to the risks identified
- any risk control measures that might have an adverse impact on residents' quality of life are considered
- the risk management policy includes all required information and informs practice
- arrangements are in place for identifying, recording, investigating and learning from serious incidents and or adverse events involving residents
- there is a system in place for responding to emergencies
- vehicles used to transport residents are regularly serviced, insured, roadworthy and suitably equipped
- residents' transportation is driven by people who are suitably licensed and trained
- before any planned building works or upgrades to the premises start, the works are appropriately risk assessed.

Some examples of indicators of substantial compliance:

- while there is a risk management policy and appropriate practices in place, some gaps are evident in documentation but these gaps do not result in a medium or high risk to residents using the service
- there is an effective system in place for assessing and managing risk but reviews are not ongoing.

Some examples of indicators of non-compliance:

- there is no risk management policy and or emergency planning arrangements
- a risk management policy is in place but there are hazards in the centre which have neither been identified nor risk assessed, which could cause injury
- the risk management policy does not include all the required information
- there is no learning following serious incidents and or adverse incidents to help prevent their reoccurrence
- there is no effective system for investigating and learning from serious incidents or adverse events

- vehicles used to transport residents are neither roadworthy nor suitably equipped
- there is a system for responding to emergencies but staff are not familiar with how to respond
- there is no system to ensure that control measures identified from risk assessments are implemented
- risk-adverse practices inhibit residents exercising their rights and autonomy
- personal risk assessments are not reviewed regularly to ensure control measures in place remain appropriate and relevant to earlier identified risks
- building works and or upgrades to the premises had started before an appropriate risk assessment was conducted.

Guide for risk-rating of Regulation 26: Risk management procedures

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 27	Protection against infection
Infection prevention and control standards	**Standard 2.1:** Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections. **Standard 2.3:** Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. **Standard 3.1:** Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. **Standard 3.3:** Arrangements are in place to protect staff from the occupational risk of acquiring an infection. **Standard 3.4:** Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

What a rights-based quality service looks like

Strong leadership, governance and management that is in keeping with the size and type of service delivered are essential components in maintaining a safe and high-quality service. Such arrangements are critical in ensuring effective infection prevention and control and antimicrobial stewardship to protect residents and staff. The provider must ensure as part of its governance procedures that it adheres to the *National Standards for Infection prevention and control in community services* (2018). These standards define infection prevention and control as the discipline and practice of preventing and controlling healthcare-associated infection and the spread of infectious diseases in a health or social care service.

A nominated person is available in the service who is accountable, endorses safe infection control practices and oversees performance. Staff know who holds this lead responsibility for infection and control within their service. In services where this is not feasible, an external contact for infection prevention and control advice and support is available for staff.

A well-led service will ensure that residents are consulted with, educated and well informed about infection prevention and control systems and processes in a service. Staff also support residents to build skills in this area. This empowers residents to understand and protect themselves from the risk of infection, with support as required.

Person-centred care and support is a fundamental component to ensuring resident's rights are protected and to ensure good infection prevention and control practices. Staff always uphold and respect the rights of all residents and empower them to maintain their own safety with support as required and to ensure they continue to access care and support in a timely manner, during an outbreak and at all other times. Information on infection prevention and control is accessible and communicated in a supportive way so that each resident can understand.

Everyone governing and working in the centre understand their infection prevention and control responsibilities, in line with National Standards and guidance. Staff take a leading role in reducing the risk of infection through standard precaution practices (a set of protective measures that need to be used by all health and social care staff consistently in order to achieve a basic level of infection prevention and control). These include proper hand hygiene, appropriate use of personal protective equipment (PPE), respiratory etiquette and waste and laundry management, appropriate resident placement and decontamination of reusable medical equipment.

The provider has procedures in place for ongoing monitoring and reinforcing of good infection prevention and control measures and practice. These measures help protect residents and staff from the risk of infection, thereby enhancing the safety of residents in the centre. They also help ensure that good infection prevention and control principles are part of the routine delivery of safe care and supports in minimising the risk to residents from acquiring healthcare-associated infections. A well-run service ensures that transmission-based precautions (extra measures when caring for residents with, or colonised with, certain infectious agents) are also used where it has been identified that standard precautions alone may be insufficient to prevent transmission; for example, contact, droplet or airborne precautions.

All staff receive appropriate training and updates aligned to best practice guidance and know and understand how to reduce the risk of infection and what to do should an outbreak occur.

A well-run service has in place effective governance, staff training, engagement and communication with residents, and ongoing monitoring and reinforcing of good infection prevention and control measures and practice. These measures help protect residents and staff from the risk of infection, thereby enhancing the safety of residents in the centre. They also help ensure that good infection prevention and control principles are part of the routine delivery of safe care and supports in minimising the risk to residents from acquiring healthcare-associated infections.

Antimicrobial[‡‡‡] stewardship (AMS) promotes maximising the benefit of antimicrobials and causing the least harm for residents. The provider has adopted a coordinated approach to antimicrobial stewardship to help ensure the effectiveness of antimicrobial medications is well maintained. This incorporates multidisciplinary team input using a suite of strategies and interventions which are supported by the governance structures in the centre. The provider and staff adhere to the principles of good antimicrobial stewardship which ensures each resident receives the right antimicrobial therapy at the right dose, route and duration, and for the right infection type at the right time. The service recognises the importance of residents understanding any proposed treatment or interventions being offered to them. This includes informing and educating residents about the appropriate use of antimicrobial medications. Residents are given opportunities to discuss their preferences and supported to understand their options to make fully informed decisions.

Outbreaks of infection or colonisation with specific multi-drug resistant organisms, especially those due to common seasonal infectious agents, are anticipated and planned for proactively. The provider recognises that preventing and preparing for an outbreak of infection is not only about good infection prevention and control practices but is also about identifying other factors that are equally important in responding to any public health emergency. These include effective governance and oversight, appropriate resources, clear communication, strong risk management, regular staff training and ongoing monitoring of practice. Providers should also support residents experiencing potential social isolation as a result of adherence to public health advice. Therefore, effective leadership, governance and management is central to good preparedness planning.

A centre-specific outbreak management plan should be in place. It includes contingency arrangements, based on the National Standards, and has regard to relevant national guidance, best available evidence and the changing needs of residents. This plan was developed in consultation with residents and other relevant parties, including the Department of Public Health as appropriate. Staff are supported to access, understand and implement the plan. Suspected or confirmed outbreaks of infection are promptly notified to the medical officer of health in the local Department of Public Health and the Chief Inspector, in line with the relevant legislation. Outbreaks are investigated promptly and thoroughly and a brief outbreak report should be prepared at the conclusion of

[‡‡‡] Medicine used to prevent or treat infections.

the outbreak. Any corrective actions are implemented, and learning is shared amongst staff, and, if appropriate, to residents and their families.

Effective workforce planning processes are in place to identify any gaps between the current and future workforce requirements, and the provider implements solutions so that it can deliver safe infection prevention and control arrangements. Residents are empowered and supported to continue to receive safe quality care and support in a timely manner during an outbreak and at all other times. Residents are protected by infection prevention and control being prioritised by the provider.

The premises is clean and well maintained with systems in place to ensure that environmental and equipment cleaning standards are met in line with manufactures' guidelines and best practice, and do not pose a risk to residents. All equipment is well maintained and conforms to good infection and control practices, including reusable equipment which is safely and effectively decontaminated. Staff undertaking environmental and equipment decontamination processes understand their role and are supported with relevant training. Providers should develop, implement and review processes to address the insertion, use, maintenance, and removal of invasive medical devices.

Aseptic technique is used to protect residents during invasive clinical procedures such as wound care or urinary catheter care by employing a variety of infection prevention and control measures that minimise, as far as practicably possible, the presence of pathogenic microorganisms. Any refurbishment project or building of a new facility is undertaken in line with relevant legislation and standards. Infection prevention and control expertise is sought with regard to refurbishment and new builds. Waste, including healthcare risk waste, is managed in line with national waste management guidelines and legislation. Arrangements are in place for linen and laundry management, appropriate to the setting and in line with national guidelines.

Residents and healthcare workers are facilitated or offered appropriate vaccinations in line with current national recommendations. The provider has ensured that policies and procedures relating to the health and safety of staff include information on vaccination and strategies to prevent occupational exposure to infection hazards.

Every effort is made to improve quality by effectively managing, monitoring and evaluating the performance of the centre. Continual quality improvement involves creating a person-centred approach to the prevention and control of healthcare-associated infections. It promotes a multidisciplinary team-based approach and provides an impetus for reaching evidence-based practice in the prevention and control of infections, including healthcare-associated infections.

As part of this, the provider has arrangements in place to ensure that after an outbreak, there is a comprehensive audit, and any corrective actions are implemented with learning shared between all staff and, if appropriate, residents and their families.

Evaluation of the effectiveness of infection prevention and control practices and procedures informs the continual quality improvement cycle, which in turn forms part of the provider's annual review.

Regulation 27: Protection against infection

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- whether or not there are adequate resources available to ensure safe infection prevention and control practices are effectively implemented
- if the environment and facilities in the centre support effective infection prevention and control
- daily life within the centre
- if sufficient numbers of suitably qualified staff with the appropriate skill-mix, are on duty to implement infection prevention and control precautions
- if staff are adhering to the National Standards for infection prevention and control in community services, national guidance, public health advice and the provider's policies on infection prevention and control
- if staff encourage and support residents where necessary to develop and maintain good infection prevention and control practice
- if staff are competent and confident in carrying out their specified roles in a safe manner that reduces the risk of infection.

Through communication

Inspectors will communicate:

- **With residents to:**
  - explore their understanding of infection prevention and control and determine if they are supported to implement infection prevention and control measures

  - establish if they are aware of and have access to infection prevention and control information and education, in a way that they can understand
  - determine if they are informed about infection prevention and control issues and outbreaks
  - find out if residents' families and friends, with the consent of residents, are informed regarding infection prevention and control and outbreaks.
- **With the provider and persons in charge to:**
  - determine if they are aware of their responsibilities regarding infection prevention and control and how they maintain oversight of this area
  - establish if they have the required access to specialist infection prevention and control and public health advice
  - check what out-of-hours medical cover arrangements are in place
  - explore if they are assured that the workforce contingency and planning for staff shortages are effective and accessible in a timely manner
  - determine whether there are adequate numbers of staff in place to adhere to the necessary infection prevention and control precautions.
- **With the person in charge and staff** responsible for infection prevention and control to:
  - determine whether arrangements are in place for clinical specimen collection and transportation within the service and between external sites, in a timely manner in line with guidance
  - determine how they monitor and review compliance with infection prevention and control standards and guidelines.
- **With staff to:**
  - determine whether they are familiar with the *National Standards for infection prevention and control in community services* and whether they understand their roles and responsibilities regarding prevention and control of infection

- establish whether they have undertaken infection prevention and control training appropriate to their role and if they can implement it in practice
- find out if those involved in cleaning and disinfection of the premises and equipment know what cleaning agents are in use and know when, where and how to use them
- verify if they can access specialist infection prevention and control advice
- explore if they are supported to raise concerns about infection prevention and control
- to confirm that infection prevention and control and antimicrobial stewardship guidelines are accessible to all staff
- determine if they can access recommended vaccines in line with national immunisation guidelines.

Through a review of documents (Regulation 27)

Inspectors will review documents such as:

- notifications of outbreaks
- the provider's organisational chart for infection prevention and control governance and reporting structures in the centre
- records of governance and management meetings
- in the event of an outbreak, the outbreak management plan, including a contingency plan that includes an escalation pathway for infection prevention and control concerns and cohorting arrangements
- infection prevention and control policies
- the process for accessing and implementing the most up-to-date national guidance
- the risk management policy and process for documenting and responding to risk
- records relating to residents including information about a resident's colonisation or infection status and how staff share any necessary information about a resident's colonisation or infection status on admission, discharge and transfer within and between services

- records of antimicrobial resistance surveillance, monitoring and, where identified as required, quality improvement activities
- audits relating to infection prevention and control
- staff rotas — planned and actual
- residents' questionnaires
- staff training records
- written report of unannounced visits
- notifications to the Chief Inspector and HSE's Department of Public Health
- the provider's annual review.

Compliance indicators for Regulation 27: Protection against infection

Some examples of indicators of compliance:

- structures that outline clear lines of accountability, responsibility and leadership for implementing infection prevention and control measures are in place
- the *National Standards for infection prevention and control in community services* are implemented
- written protocols on infection and prevention control to include hand hygiene and managing healthcare-associated infections are in place
- healthcare-associated infections and communicable or transmissible disease outbreaks are managed and controlled in a timely, efficient and effective manner in order to reduce and control the spread of such infections
- residents are monitored for signs or symptoms of infection to facilitate prevention, early detection and control the spread of infection
- standard precautions and antimicrobial stewardship are applied as part of routine practice to minimise the cross-transmission risks of infection and colonisation
- appropriate transmission-based precautions are applied to residents suspected or confirmed to be infected with microorganisms transmitted by the contact, droplet or airborne routes

- aseptic technique is used to protect residents from infection during invasive clinical procedures such as urinary catheter care, enteral feeding and/ or wound care
- arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection
- there is effective management of clinical and hazardous waste; linen and laundry; equipment and medical devices; and environmental cleaning
- access to expert infection and prevention control advice is available, when required
- education and training programmes include mandatory hand hygiene training for all staff and refresher training annually
- an infection prevention and control monitoring programme is being implemented.

Some examples of indicators of substantial compliance:

- while it is evident that infection prevention and control practices and procedures are delivered to a high standard, some gaps are identified in the documentation but do not result in a medium or high risk to residents
- some new staff have not attended hand hygiene training but are working under supervision, have received instruction in hand hygiene and training is scheduled within a reasonable time frame.

Some examples of indicators of non-compliance:

- the *National Standards for infection prevention and control in community services* have not been implemented
- infection prevention and control systems, arrangements or staff practices are inadequate and carry an associated actual or potential risk of residents acquiring a healthcare-associated infection
- outbreaks of notifiable infectious diseases have not been reported to the Chief Inspector or the HSE's Department of Public Health
- personal plans or risk assessments are not in place, inadequate or not being implemented in relation to infection prevention and control or the prevention of healthcare-associated infections

- adequate arrangements are not in place to ensure that all staff receive mandatory hand hygiene training on induction and specific training to prevent healthcare-associated infections
- arrangements are inadequate to ensure the effective management of clinical and hazardous waste; linen and laundry; equipment and medical devices; or environmental cleaning
- appropriate hand hygiene facilities and or products are not in place
- vaccinations, including seasonal influenza vaccination, are not facilitated and residents are not encouraged and supported to make informed decisions and or information is not given to residents in line with capacity legislation to enable them decide whether they wish to be vaccinated
- audits have not been completed or audits take place but their effectiveness is not demonstrated; for example, findings from audits are not shared with staff or remedial action is not undertaken to militate against risks identified.

Guide for risk-rating of Regulation 27: Protection against infection

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 28 Fire precautions

What a rights-based quality service looks like

Residents have a right to live in a home that has an effective and sustainable fire safety management system in place. The provider has comprehensive governance of fire safety and ensures that the diverse and changing needs of residents are reflected in the centre-specific fire safety programme.

The provider has militated against the risk of fire by implementing suitable fire prevention and oversight measures. The provider has sought proper advice from a competent person when required and is guided by and uses appropriate fire safety guidance documents. The risk posed by fire is subject to ongoing risk management and assessment in the centre and, is adjusted based on changing needs of residents.

The provider has ensured that staff have comprehensive knowledge and understanding of fire safety procedures. All staff have received suitable training in fire prevention and emergency procedures, building layout and escape routes, and appropriate arrangements are in place for making residents aware of the procedure to follow. The provider has also put in place appropriate arrangements to support each resident's awareness of the fire safety procedures.

There are a range of appropriate fire precautions in place that are specific to the centre, implemented consistently, documented and readily available for staff use. In so far as is possible, the provider has ensured that fire precautions do not unnecessarily reduce residents' quality of life. The provider has ensured that all fire equipment and building services are provided and maintained in line with the associated standard and by competent service personnel. Fire safety checks take place regularly and are recorded.

The provider has established a strong fire safety culture that promotes continual quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the fire precautions that are in place informs the continual quality improvement cycle, which in turn forms part of the provider's annual review.

The Chief Inspector has produced and published a *Fire Safety Handbook*, along with an online course to assist providers to meet their regulatory obligations in relation to fire precautions in designated centres. This guidance on fire safety can be found by clicking here The Fire Safety Handbook – A guide for registered providers and staff which is available on www.hiqa.ie.

Regulation 28: Fire precautions

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- what fire safety precautions are in place; for example, firefighting equipment, including fire detection and alarm system, emergency lighting and fire extinguishers
- if escape routes are kept clear of obstructions
- whether the procedures to be followed in the event of fire are displayed appropriately
- whether arrangements for calling the fire service and evacuation of the centre are included in the procedures to be followed in the event of a fire and are correct
- whether signage is displayed where required; for example, illuminated emergency exit signage in larger centres
- if signage is displayed in smaller centres (community dwelling houses); for example, illuminated emergency exit signage where the exit is not readily apparent
- whether the building is adequately subdivided with fire-resistant construction such as fire doors, as appropriate
- the way in which equipment is maintained; for example, laundry and kitchen equipment such as dryers and extractors
- if there are safe smoking arrangements
- how medical gases and combustible materials are stored
- whether beddings and furnishings are made from flammable or non-flammable materials.

Through communication

Inspectors will communicate:

- **with residents** to establish their awareness of the centre's evacuation procedures and level of involvement in fire drills

- **with the provider, the person in charge and staff** about the fire safety management system; for example, to determine if fire precautions are reviewed for adequacy and if any learning from training, drills or adverse events are integrated into fire precautions
- **with the person in charge and staff** to confirm when and how fire drills take place
- **with staff:**
    - about training received and participation in drills to establish their level of understanding regarding the fire safety arrangements in place
    - with staff to determine if they are familiar with evacuation aids and their use
    - with staff to explore the frequency of review of residents' personal emergency evacuation plans (PEEPs).

Through a review of documents (Regulation 28)

Inspectors will review documents such as:

- procedures to be followed in the event of a fire
- assessments and personal plans, including assessments of the needs and capabilities of residents for evacuation and any personal emergency evacuation plans (PEEPs)
- firefighting equipment records, including fire extinguishers, fire alarm, emergency lighting and house fire safety and housekeeping checks carried out by staff
- records of fire drills, checking that drills are used to determine if the fire safety procedure is fit for its intended purpose and are used to identify training, staff and equipment needs
- staff training records on fire safety, checking if training takes places annually or more often depending on changes in working practices and processes or staff responsibilities, risk assessment and staff turnover
- risk assessments, where applicable
- staff rosters

- building service installation and maintenance records, including electrical installations and appliances, gas installation and appliances, heating appliances, furniture and fittings
- fire safety reports and risk assessments carried out by an external competent person
- correspondence from the local fire authority
- audits relating to fire safety
- the provider's annual review.

Compliance indicators for Regulation 28: Fire precautions

Some examples of indicators of compliance:

- suitable fire equipment is provided and serviced when required; for example, the fire alarm is serviced on a quarterly basis and firefighting equipment is serviced on an annual basis
- there are adequate means of escape, including emergency lighting; for example, escape routes are clear from obstruction and sufficiently wide to enable evacuation, taking account of residents' needs and evacuation methods likely to be employed
- a procedure for the safe evacuation of residents and staff in the event of fire is prominently displayed and or readily available, as appropriate
- the physical abilities and cognitive understanding of residents has been adequately accounted for in the evacuation procedure
- residents are involved in fire drills whenever possible
- staff are trained annually or more frequently, if required
- staff know what to do in the event of a fire
- there are fire drills at suitable intervals, usually twice a year or more often if required
- fire safety records are kept which include details of fire drills, fire alarm tests, firefighting equipment, regular checks of escape routes, exits and fire doors
- appropriate maintenance of laundry equipment and proper ventilation of dryers
- appropriate storage of equipment, medical gases and combustible material

- the diverse and changing needs of residents are reflected in the centre-specific fire safety programme.

Some examples of indicators of substantial compliance:

- while there is evidence of adequate training and fire drills and residents are aware of the procedure to follow in the event of fire, residents are not part of fire drills where appropriate
- staff have received fire training and are knowledgeable of fire safety arrangements but some require refresher training
- staff show enough knowledge and understanding of what to do in the event of fire; however, regular fire drills are not taking place or fire drills are not reflective of possible fire scenarios
- some new staff had not yet received fire safety training but there is adequate guidance and supervision in place for these staff members
- while there are adequate policies, procedures and appropriate practices in place, there are some gaps in how the documents are maintained, but these do not result in a medium or high risk to residents using the service

Some examples of indicators of non-compliance:

- the evacuation procedure for the centre is not fit for its intended purpose as it does not protect residents from the risk of death or injury if a fire occurred
- the mobility and cognitive understanding of residents has not been considered in the fire and evacuation procedure
- taking into account their abilities, residents do not know what to do in the event of a fire
- escape routes are obstructed or not suitable for the residents, staff and visitors expected to use them
- there are no records of regular fire drills, fire alarm tests or maintenance of equipment
- fire safety equipment has not been serviced in the previous 12 months
- some fire doors are wedged open and, therefore, cannot automatically close in the event of the fire alarm being activated
- the building is not adequately subdivided with fire-resistant construction, such as fire doors as appropriate

- poor housekeeping and or inappropriate storage or use of medical gases and combustible materials represents an unnecessary risk of fire in the centre
- an inadequate fire alarm is being used
- an adequate emergency lighting system has not been provided
- staff do not know what to do in the event of a fire
- staff are not trained in fire safety and or, if required for evacuation, the moving of residents
- fire evacuation procedures are not prominently displayed throughout the building, as appropriate.

Guide for risk-rating of Regulation 28: Fire precautions

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 29	Medicines and pharmaceutical services
National standards (designated centres for people with disabilities)	**Standard 4.3** Each child's and person's health and wellbeing is supported by the residential service's policies and procedures for medication management.

What a rights-based quality service looks like

A good provider takes a human rights-based approach to medicines management by placing a greater focus on residents' autonomy in managing their own medicines. In parallel, it takes effective risk management steps to facilitate a culture that promotes medicine safety as well as ensuring compliance with all relevant legislation. Residents are empowered to exercise their rights regarding the management of their medicines through a partnership approach with those in involved in their care and support.

In practice, residents have appropriate control of their own medicines and staff only step in when the resident no longer has the capability to do so. The assessment on self-administration is about whether the staff need to administer residents' medicines and or provide support. The provider and person in charge ensure that residents receive effective and safe support to manage their medicines when such assistance is required. They also ensure that staff are competent to administer medicines by receiving ongoing education and training in medicines management. Policies and procedures outlining the parameters of the assistance that can be provided are in place to support this. Outcomes from the assessment on self-administration will inform the resident's individual plan on medicines management.

Residents have the right and expectation to safe medicines management which provides appropriate and beneficial treatment while minimising inappropriate prescribing and the associated risks. Medicines are used in centres for their therapeutic benefits and to support and improve residents' health and wellbeing. With a focus on the best use of medicines, medicines management, monitoring and review aims to reduce medicine related incidents, adverse events and prevent inappropriate prescribing to residents who are at risk due to numerous factors. These factors include polypharmacy, the nature of their illness, co-existing medical conditions, the characteristics of the medicines they are prescribed and the complexity of their medicines regime.

Medicines are prescribed by a registered prescriber, and, where complementary and alternative medicines are given, this is done so in a safe and effective manner. Each resident's medicines are administered and monitored in line with best practice as individually and clinically indicated to increase the quality of the

resident's life. Any allergies that a resident may have are also documented on all relevant records. Staff support each resident's understanding of their medicines and health needs through an individualised approach. Each resident regardless of their capacity or cognitive ability receives appropriate accessible information in relation to their medicines, which includes an explanation of the benefits and risks. Consideration is given to non-drug therapies where appropriate and acceptable to the person.

Where residents receive medicines as a form of restraint, they are used in accordance with national policy, are clearly documented and their effectiveness closely monitored. There is a clear distinction between therapeutic medicines for a specific diagnosis and those used as a form of restraint. Where chemicals are used as a form of restraint, staff are very clear why such medicines are prescribed and administered. Any side effects and the effectiveness of their use are closely monitored and reviewed regularly by a medical practitioner.

Residents receive a comprehensive individualised service from their pharmacist who facilitates the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the centre. Each resident is afforded the opportunity to consult with their pharmacist and or medical practitioner about medicines prescribed in line with their wishes. There are also systems in place to support out-of-hours access to a medical practitioner and pharmacist. The centre facilitates pharmacists to meet their obligations to residents in line with their professional guidelines and legislation.

There are safeguards to ensure well-thought-out procedures are in place relating to taking medications whenever residents are away from the centre; for example, on transfer between acute and continuing care services. When a resident is away from the centre accompanied by staff and staff administration of medicines is required, a delegated staff member will be responsible for safekeeping and administering medicines, and completing all relevant records.

Medicines management is governed by professional guidance and the thorough application of associated regulations. This approach, along with input from pharmacists, informs the provider's policy on medicines management. The policy includes information on the ordering, receipt, prescribing, storing and administration of medicines; handling and disposal of unused or out-of-date medicines; and the management of controlled drugs. Staff are trained in medicines management, including use of equipment when applicable. Staff are also knowledgeable on the professional guidelines and professional code of practice that govern medicines management and adhere to these requirements.

Medicine reconciliation is in place to militate against errors, and this process is continually updated and forms part of staff medication training. Antimicrobial

stewardship includes recording, monitoring and review of antibiotic prescribing to reduce antimicrobial resistance. There is a multidisciplinary approach to this, with input from nursing staff, the pharmacist and the medical practitioner in consultation with residents.

All medicines errors, suspected adverse reactions and incidents are recorded, reported and analysed within an open culture of reporting. Learning is fed back to improve each resident's safety and to prevent reoccurrence. Medicines management is audited regularly, and this includes practices in areas such as medication administration, storage and disposal. Evaluation of the effectiveness of medicines management informs the continual quality improvement cycle, which in turn forms part of the annual review.

This guidance should be read in conjunction with the HSE's National framework for medicines management in disability services which can be found on the HSE's website. The framework provides comprehensive guidance on medicines management for staff and supports providers when developing or reviewing their own local medication management policies and procedures.

Regulation 29: Medicines and pharmaceutical services

Examples of information and evidence that will be reviewed

Through observation

Inspectors will observe:

- a medicines round where possible and in a discreet manner
- that policies and procedures on medicines management are reflected in practice
- that residents are offered choice in relation to their pharmacist and how their medicines are managed; for example, following assessment, residents can choose to self-administer with or without support from staff
- that medicines are appropriately stored, including whether there is secure storage for residents that self-medicate, which is accessible to them and the appropriate staff
- to determine whether medicines are disposed of in line with legislation and guidelines.

Through communication (Regulation 29)

Inspectors will communicate:

- **with residents to:**
  - — determine if they have a secure and accessible storage space for their medicines if self-administered
  - — find out if they are satisfied that their medicines are managed appropriately and, for example, where residents do not self-administer, are they administered on time
  - — to check if they are supported to understand information about their medicines and whether there are any side effects of prescribed medicines, as appropriate
  - — to determine if their medicines are reviewed
  - — to explore if the medical practitioner and or pharmacist discuss their medicines with them.
- **with residents, staff and the person in charge** to determine if residents are supported to self-medicate and how this is managed.
- **with the person in charge and relevant staff:**
  - — involved in the management and administration of medicines to determine what they understand to be safe medicines management and to establish their training, skills and experience and their knowledge of resident's individual needs
  - — to determine if they understand the rationale for residents who have been prescribed chemical restraint and whether such restraint is used in line with best practice guidelines, and is reviewed and monitored to enable positive outcomes for residents in their care
  - — to determine if there are there systems in place for antimicrobial stewardship
  - — that administer medicines and or provide medicine support to residents to determine their understanding of medicines that are used, including possible side effects.

Through a review of documents

Inspectors will review documents such as:

- policies and procedures on medicines management, including on controlled drugs if appropriate
- risk assessments and arrangements on self-administration
- residents' personal plans, checking, for example, whenever a resident self-administers if the level of support and resulting responsibility of staff members is documented
- evidence of pharmacist reviews and associated documentation
- medical and medicines related records, prescriptions and medication administration records
- ordering, delivery and receipt process records as well as records for the disposal of medicines
- medicines reconciliation records, including medicine errors and near-misses
- staff training records and competency assessments
- medicine audits and reviews
- residents' questionnaires
- the provider's annual review.

Compliance indicators for Regulation 29: Medicines and pharmaceutical services

Some examples of indicators of compliance:

- each resident has a choice of pharmacist or one who is acceptable to them, wherever possible, and residents are provided support in their dealings with the pharmacist
- pharmacists are facilitated to meet their obligations to residents
- records of medicine-related interventions by the pharmacist are kept in a safe and accessible place

- practice relating to the ordering, receipt, prescribing, storing (including refrigeration of medicines), disposal and administration of medicines is appropriate
- there are appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs
- residents have responsibility for their own medicines following appropriate assessments and in keeping with their wishes, preferences and nature of their disability; their medication is stored securely, and is only assessable to them and appropriate staff
- safe medicines management practices are reviewed and monitored regularly
- all alternative measures are considered before the use of chemical restraint
- where chemical restraint is assessed as being required, the least restrictive procedure for the shortest duration is used.

Some examples of indicators of substantial compliance:

- while it is evident that medication management is managed to a high standard, gaps are identified in the documentation; however, they do not result in a medium or high risk to residents
- where possible a pharmacist of the resident's choice or one acceptable to them had not been made available
- residents are not provided with sufficient support in their dealings with the pharmacist, if required.

Some examples of indicators of non-compliance:

- pharmacists are not facilitated to meet their obligations to residents
- records of medicines related interventions provided by a pharmacist were not kept in a safe and accessible place
- practice relating to the ordering, receipt, prescribing, storing (including refrigeration of medicines), disposal and administration of medicines is not appropriate
- storage arrangements, including refrigeration of medicines (where required) and or storage of controlled drugs are inappropriate

- medicines are not reviewed regularly to ensure they continue to meet the needs of the residents, including medicines being used as part of the therapeutic response to behaviour of concern
- medicines are crushed without individual authorisation from the prescriber
- gaps are identified in medicines administration records
- restrictive procedures are the sole means of managing behaviour of concern
- residents are not supported to manage their own medicines in line with their wishes and or preferences and or nature of their disability
- where residents self-medicate, there is no evidence that appropriate assessments have been carried out in relation to their capacity
- residents who self-medicate are not provided with secure storage for their medicines.

Guide for risk-rating of Regulation 29: Medicines and pharmaceutical services

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Appendix 1 — Related regulations

Capacity and capability dimension	
Primary regulation being reviewed	**Associated regulations**
Regulation 3: Statement of purpose	Regulations 5, 6, 7, 8, 9, 10, 11, 14, 15, 17, 20, 21, 23, 24, 28, 34
Regulation 4: Written policies and procedures	Regulations 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 20, 21, 23, 24, 25, 26, 27, 29, 34
Regulation 14: Person in charge	Regulations 3, 5, 15, 16, 21, 23, 31, 32, 33
Regulation 15: Staffing	Regulations 5, 7, 8, 10, 14, 16, 18, 21, 23
Regulation 16: Training and staff development	Regulations 5, 7, 8, 10, 15, 18, 21, 23, 26, 29
Regulation 19: Directory of residents	Regulations 21, 23, 24, 25
Regulation 21: Records	Regulations 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 23, 24, 25, 26, 28, 29, 30, 31, 34
Regulation 22: Insurance	Regulations 5, 7, 12, 23, 26, 31
Regulation 23: Governance and management	All regulations
Regulation 24: Admissions and contract for the provision of services	Regulations 3, 4, 5, 19, 21, 23, 25
Regulation 30: Volunteers	Regulations 4, 8, 9, 21, 23,
Regulation 31: Notification of incidents	Regulations 5, 6, 7, 8, 21, 23, 26
Regulation 32: Notification of periods when person in charge is absent	Regulations 14, 23, 33
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent	Regulations 14, 23, 32
Regulation 34: Complaints procedure	Regulations 3, 4, 9, 20, 21, 23

Quality and safety dimension	
Primary regulation being reviewed	**Associated regulations**
Regulation 5: Individualised assessment and personal plan	Regulations 3, 4, 6, 7, 8, 9, 10, 12, 13, 15, 18, 21, 23, 24, 25, 26, 29
Regulation 6: Health care	Regulations 5, 7, 8, 9, 10, 13, 18, 21, 29
Regulation 7: Positive behavioural support	Regulations 4, 5, 6, 8, 9, 10, 16, 21, 23, 25, 29
Regulation 8: Protection	Regulations 4, 5, 6, 7, 8, 9, 10, 15, 16, 18, 21, 25, 29, 34
Regulation 9: Residents' rights	Regulations 5, 6, 8, 10, 18, 21, 23, 25, 29, 34
Regulation 10: Communication	Regulations 4, 5, 6, 7, 8, 9, 18, 21, 25, 29
Regulation 11: Visits	Regulations 4, 5, 6, 8, 9, 10, 17, 21, 25
Regulation 12 Personal possessions	Regulations 4, 8, 9, 17, 21, 28
Regulation 13: General welfare and development	Regulations 4, 5, 6, 9, 10, 17, 25
Regulation 17: Premises	Regulations 3, 4, 9, 10, 11, 12, 21, 22, 26, 27, 28
Regulation 18: Food and nutrition	Regulations 4, 6, 8, 9, 10, 21, 29
Regulation 20: Information for residents	Regulations 3, 4, 6, 21, 23, 34
Regulation 25: Temporary absence, transition and discharge of residents	Regulations 3, 4, 5, 19, 21, 23, 24
Regulation 26: Risk management procedures	Regulations 3, 4, 5, 8, 9, 10, 17, 21, 22, 27, 28
Regulation 27: Protection against infection	Regulations 4, 5, 6, 10, 11, 12, 13, 16, 17, 18, 23, 25, 26, 31
Regulation 28: Fire precautions	Regulations 3, 4, 5, 9, 17, 21, 23, 26, 27
Regulation 29: Medicines and pharmaceutical services	Regulations 4, 5, 6, 7, 8, 10, 16, 21, 23, 25, 26

Appendix 2 — Bibliography*

Please note that the accuracy, quality, relevance and currency of these works are not guaranteed or uniform. More recent information may have superseded these works. It does not include all the resources that may be relevant to providers. It is up to each provider to identify the best available evidence relevant to their service.

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Appendix 3 — Revision history

Revision Date	Summary of changes
May 2025	Version 2.1 In **Appendix 2 — Bibliography**, updates to: ▪ references to revised acts ▪ guidance on www.higa.ie. ▪ references to the registration regulations — these regulations are now referred to as: — Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013 (as amended). No other change to contents.
January 2024	Version 2 ▪ primary updates and amendments to enhance our human rights-based approach to regulation ▪ additional updates based on national and international evidence-based practice throughout ▪ updates to include: — publication of guidance such as fire safety guidance, assurance programme on infection prevention and control and safeguarding standards — inclusion of additional resource material ▪ various style and grammatical amendments throughout. This guidance also supersedes the following document, which is now obsolete: ▪ *Guidance on the assessment of Regulation 27 – Protection against Infection: Designated centres for persons (children and adults) with disabilities: September 2021*.
June 2022	▪ amendment to descriptors for substantial compliance and not compliance.
September 2020	▪ amendments regarding visiting and public health restrictions.
July 2019	▪ updates to Regulation 6 to include information on access to preventative and national screening services.
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