



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation of
Health and Social
Care Services

Guidance on the assessment of fitness for designated centres

Effective January 2018

Safer Better Care

About the Health Information and Quality Authority

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

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

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

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

1. Guidance Purpose

The purpose of this guidance document is to outline to providers (intended and registered) and persons participating in the management of designated centres how the Office of the Chief Inspector will assess their fitness.

2. Introduction

In accordance with the Health Act 2007 (as amended) (referred to as the Act) the Office of the Chief Inspector of Social Services is responsible for the registration and inspection of designated centres. The Act also gives the Office of the Chief Inspector authority to assess whether the intended or registered provider¹ and persons participating in the management ('PPIM') to include the person in charge of designated centres are 'fit persons', and if the designated centre is in compliance with the regulations and standards.

The 'fit person' requirement is based on section 50 of the Act, which states, "(1) Where an application is made under section 48 for the registration or renewal of the registration of a designated centre, the chief inspector, if satisfied that the person who is the registered provider, or intended registered provider, and each other person who will participate in the management of the designated centre—

- (a) is a fit person to be the **registered provider** of the designated centre and to **participate in its management...**

...shall grant the application and if not so satisfied shall refuse it."

The requirement to be a fit person therefore extends to both the provider and all persons participating in management including persons in charge..²

These sections of the Act are about ensuring that intended, registered providers³ and persons participating in the management of designated centres are fit to carry out such an important role. The Chief Inspector will assess the fitness of the provider and persons participating in the management of the designated centre for each distinct application to register or application to renew the registration of the designated centre.

There is an inherent obligation on the provider to satisfy themselves that the people they recruit and employ are fit to carry out the roles they are employed for. The provider must also ensure that the service is compliant with the regulations by having specific arrangements in place , for example, regular reporting, quality audits, meetings and so on.

In addition, the Act also requires that person remains fit throughout the registration cycles. Section 51 (2) (b) of the Act, states that at any time, the Chief Inspector can vary conditions or impose new conditions to the registration or cancel the registration of a designated centre if "in the opinion of the Chief Inspector... ", "the registered provider or any other person who participates in the

¹ Referred to as provider through the guidance

² This section of the Act also requires the Chief Inspector assess the fitness of the registered provider and PPIMs for each distinct application to register or application to renew the registration of a designated centre.

³ The Authority will assess the fitness of the intended/ registered provider. In the case of a sole trader or partnership these individuals will be asked to demonstrate their fitness. In each of the other cases the organisation, being a "legal person" (company / body established under the Health Acts 1947 to 2016 or a body established under the (Health) Corporate Bodies) Act 1961 / an unincorporated body)

management of the centre is not a fit person to be the registered provider of the centre or to participate in its management”.

Therefore, fitness is not a once off assessment but is considered on an ongoing basis throughout the registration cycle including during the monitoring and inspection of a designated centre. This ensures that the registered provider and all persons participating in the management of the centre remain fit to be the registered provider or to participate in its management.

3. Who will be assessed?

1. The Provider

The Registered provider is the controlling entity that carries on the business of the designated centre. There can only be one registered provider however, a registered provider can be very different in its makeup.

Table 1 below identifies the legal ‘person’, provides a definition of and a brief description

Name	Definition	Description
Sole Trader	This means where only one single person is running the designated centre and that person is registered (or is applying to be registered) in his own name	The person who is the sole trader will be assessed as to their fitness to be the registered provider to run the business.
Partnership	<p>A partnership exists where two or more people carry on a business with a view of making a profit.</p> <p>A partnership is not a separate legal entity from those who run it. It is a collection of people acting together to run a business. In the case of a partnership, the registered provider will be the people who form the partnership, with each partner being legally responsible for the designated centre. The registration of the partnership will look like this:</p> <p>“John Murphy, Michael Murphy and Mary Murphy trading as the Murphy Partnership”</p>	<p>The Office of the Chief Inspector will ask the partnership to put forward someone to answer questions on behalf of and for the partnership. The partnership may decide to put forward one, some or all of its partners for the purposes of the interview part of the assessment process.</p> <p>However, only one interview is required and all of the people put forward by the partnership will be assessed collectively to establish whether the partnership as a whole is a fit provider.</p>
Company	<p>A company is a distinct legal entity which is separate from those who run it (the directors) and those who own it (the shareholders).</p> <p>Because companies are separate legal entities in their own right, they can be fit or</p>	<p>The Office of the Chief Inspector will ask the company to put forward someone to answer questions on behalf of and for the company.</p> <p>The company may decide to put forward one, some or all of its directors for the purposes of our interview and assessment process.</p>

Name	Definition	Description
	<p>not fit.</p> <p>The company can also have their own criminal records, separate from the directors who run the company.</p> <p>The company, such as 'Care House Limited' is the registered provider. Therefore, the company itself being legally responsible for the designated centre.</p>	<p>However, only one interview is required and all of the people put forward by the company will be assessed collectively.</p> <p>The fitness of the company will be assessed by 1) examining how it has acted in the past and 2) assessing the fitness of its directors collectively, because they are the people who collectively make the company's decisions.</p>
Unincorporated Body	<p>An unincorporated body is formed when two or more people come together for a non-business common purpose such as a religious non-profit-making organisation carrying on managing the business of a designated centre.</p> <p>An unincorporated body is not a legal entity and is not separate from those who run the unincorporated body. Therefore, both the unincorporated body and its members are the registered provider.</p> <p>Usually, there is a management committee or trustees or a board of directors who act for the unincorporated body.</p>	<p>The Office of the Chief Inspector will ask the unincorporated body to put forward one or more people to answer questions on behalf of and for the body.</p> <p>Only one interview is required and all of the people put forward by the unincorporated body will be assessed collectively.</p>
Statutory Body	<p>For registration as a designated centre, a statutory body is a State-sponsored body established under the Health Acts 1947 or a body established under the Health (Corporate Bodies) Act 1961, beneficially owned by the Government.</p> <p>The statutory body is the registered provider and will be legally responsible for carrying on the business of a designated centre.</p>	<p>The Office of the Chief Inspector will ask the statutory body (registered provider) to put forward one or more people to represent the registered provider and answer questions on their behalf.</p> <p>Only one interview is required and all of the people put forward by the statutory body will be collectively assessed as to the fitness of the registered provider.</p>

Registered Provider Representative (RPR)

At times during the course of a registration, renewal and ongoing monitoring of a designated centre, Inspectors of Social Services may need to speak to a representative of the registered provider entity. This person(s) will be referred to as the "Registered Provider Representative". All providers (excluding sole traders) will be required to nominate a registered provider representative to the Office of the Chief Inspector.

The Registered Provider Representative(s) is the person (s) put forward by the intended and or Registered Provider (partnership, company, unincorporated body or statutory body) to present, answer questions and provide clarification regarding the executive governance arrangements in

place to assure compliance with the Health Act 2007 as amended, the regulations and nationally mandated standards in relation to safely carrying on the business of the designated centre. It is the responsibility of the provider to put forward, when requested, a person who has the knowledge and ability to answer for and on behalf of them in relation to the matter in question⁴.

2. Persons Participating in the Management of the Centre (PPIM which includes the Person in Charge)

The Act also requires that persons participating in the management of the Designated Centre⁵ must be fit. The Act refers to the 'person', this is the legal person. In the case of a person participating in the management of the centre, this means the individual who the provider has identified. At a minimum, the fitness of the person in charge must be determined at the time of registration or renewal.

Table 2 below identifies the PPIM, provides a definition of and a brief description

Name	Definition	Description
Person participating in management (PPIM) (excluding the person in charge)	<p>Means a person or persons who are actively engaged in and responsible for the operational management of the overall designated centre.</p> <p>A PPIM is not always required and will depend on the type and size of the provider entity. When one is required a PPIM is the person appointed by the intended and/or registered provider with delegated authority from the provider to make senior decisions about the overall operational management of the entire centre.</p> <p>The PPIM must be actively engaged in and responsible for the operational management of the overall designated centre. The PPIM must support the person in charge in ensuring the centre is operationally effective in</p>	<p>The person named as the person participating in the management of the centre is the person holding senior operational management decision making responsibilities. The PPIM must ensure that the centre delivers a safe quality service on behalf of the registered entity.</p> <p>A PPIM could be a senior manager or a director of the provider company. The key test is whether the person has the authority to make senior operational decisions about the management of the centre as a whole.</p> <p>It could be necessary for a designated centre to have either one senior manager or a number of senior managers who sit together on a management committee.</p>

⁴ There is no requirement that this role be fulfilled by the same person at all times. However, the legal entity must ensure that the person they put forward has sufficient seniority and authority to act on their behalf. The Office of the Chief Inspector must be notified of any change to this proposed person by e-mail.

⁵ "Each person who shall participate in the management" will vary from centre to centre, and will be determined by the governance structures and management arrangements within each designated centre. It is the provider's responsibility to determine who is participating in the management of the centre. The fitness of those participating in the management of the centre will be restricted to the areas of responsibility they hold.

Name	Definition	Description
	supporting a safe quality service on behalf of the registered entity.	
Person in Charge (PIC)	This is the person(s) appointed by the provider to perform the full-time post of person in charge of a designated centre. This person(s) must meet the requirements of Regulation 14. The person in charge must be engaged in the day to day management of the centre and have the full support of the provider to ensure a safe quality service is delivered in the centre.	<p>In line with the Regulations, the person in charge has both clinical or social and operational responsibilities. The requirements for a person in charge differ for both older persons and disabilities centres. Therefore, the provider needs to ensure that the person(s) they appoint complies with the minimum requirements of the Regulation 14 and has the knowledge, skills and necessary leadership qualities to be the person(s) in charge.</p> <p>The provider may only propose a person(s) in charge to be in charge of more than one designated centre once the Chief Inspector is satisfied that the person in charge is engaged in effective governance, operational management and administration of the designated centres.</p>

4. What is fitness?

The Act does not define what a 'fit person' is. For the purpose of assessing fitness, therefore, the Office of the Chief Inspector refers to the Supreme Court's explanation in *Carroll v Law Society*⁶. Fitness is among other things, the ability of the registered provider, PPIM and person in charge to:

- Perform his/her role,
- Ensure the delivery of a service provides suitable and sufficient care that protects the persons' rights and promotes residents' wellbeing and welfare,
- Comprehensively understand and comply with regulations and nationally mandated standards,

⁶ *Carroll & anor -v-Ryan & ors; Carroll-v-Law Society of Ireland*: the Supreme Court considered the meaning of the term "fit and proper person" and stated "In broad terms, 'fitness', which covers the necessary academic qualifications and practical experience, also relates to matters such as knowledge, skill, understanding, expertise, competence and the like, all of which impact on one's capacity to appropriately discharge the obligations which the practice of his profession imposes. The second aspect of the term 'being a proper person' is much more directly related to character and suitability. Critical in this respect are matters such as honesty, integrity and trustworthiness: a person of principled standards, of honest nature and of ethical disposition; a person who understands, appreciates and takes seriously his responsibilities to the public, to the administration of justice, to individual colleagues and to the profession as a whole."

- Have robust governance arrangements in place which include timely and responsive quality assurance processes to assure the quality and safety of the service they are registered to provide.

The assessment of fitness is not based on a single source of evidence. It is a dynamic process which is continuously informed by solicited and unsolicited information and ongoing regulatory findings. In order to ensure a standardised and consistent approach the Chief Inspector has identified criteria⁷ which, if met, will support the provider and persons participating in the management of the designated centres to demonstrate that they are 'fit persons'.

When carrying out any assessment of fitness of the provider and or PPIM(s), the Chief Inspector will apply criteria, which include but are not limited to the following:

1. The person is of good character. This means that:
 - The person acts with integrity in all matters related to the business of running the designated centre.
 - The person responds to information requests in an honest and forthright manner.
 - The person takes responsibility for the business of the designated centre.
 - The person is fair in all dealings with people who use or come into contact with the service of the designated centre.
 - The person has not been subject to bankruptcy or restrictions in relation to carrying on the business of a designated centre.
 - Satisfactory Garda vetting reports.

2. The person is competent to perform the role they hold. This means that the person:
 - understands the responsibilities placed on them of the Health Act 2007 as amended and regulations made under that legislation
 - has a sound knowledge of the regulated service and the specific responsibilities for which they are accountable
 - has the qualifications, skills and experience necessary for the role they hold
 - has the necessary process and systems in place to maintain their competency to carry on the business of the designated centre
 - has robust processes and systems in place to ensure that they recruit and employ suitable people to the appropriate role
 - where the person recognises a shortcoming in their competence they obtain the competence and skills appropriate to the relevant role, whether through training or experience gained through employment and prescribed information.

3. The person is honest and transparent in all dealings with the regulator. This means that:
 - requests for information (deemed reasonable by the regulator) for the purpose of monitoring and inspection are of a suitable standard and are available or submitted in a timely manner.
 - The person acts in a manner that is honest and transparent in relation to the services provided in carrying on the business of the designated centre.

⁷ Five criteria for a provider and four criteria for PIPIM

4. The person does not have a judgment against them that would impact on their ability to carry on the business of a designated centre.

In addition when considering the fitness of an intended or registered provider the Chief Inspector will also consider whether:

The provider has put in place a robust governance⁸ system which includes responsive quality assurance processes that reflects the complexity of the service provided.

- The provider has put in place a management structure that supports the delivery of safe care in line with the legislation.
- The provider (where required) has delegated responsibility and accountability appropriately and supports those employed to manage the service to do so effectively.
- The provider ensures adequate resources (including financial and human resources) are available to ensure sustainability in the safe and effective running of the centre.

See:

- **Table 3** (Appendix 1) for the features on what might demonstrate fitness for an intended or registered provider representative
- **Table 4** (Appendix 2) for the features of what might demonstrate fitness for PPIM (to include person in charge)

5. How is fitness assessed?

Fitness will be assessed by using all of the information available about the person⁹ subject to assessment.

The inspector reviewing the information about the designated centre will make the a recommendation about registration of the designated centre of which fitness assessment is an element.


A review of all information related to the application to register or renew along with and a structured interview will be conducted with all new applicants and applicants for the first time registration where the applicant is already registered under Section 69 provisions.

⁸ Refer to appendix 3 for guide to what we mean by governance

⁹ Either the individual or legal person

Interviews are held face-to-face. The interview will be based on the criteria as outlined in previous sections and Tables 1 and 2 (where appropriate). The inspector will inform the applicant, provider, PPIM or person in charge that notes will be taken during the interview. The information gathered at the interview will be assessed along with all other relevant evidence in order to make a judgment on fitness. The person will be informed of any concerns regarding fitness at the time of inspection or interview or shortly thereafter. After the evidence presented is reviewed the final decision to grant, refuse or renew the application to register the designated centre is made.¹⁰ Where concerns arise regarding fitness the provider will be given 10 days to respond to the reasons as stated in the letter.

¹⁰ In accordance with principles of administrative law a record of the recommendation and decision to grant, refuse or renew registration and the reasons for the recommendation and decision must be accurately recorded and maintained.

Doc Control Reference 01-004-00-GLS19 Controlled Doc Type Guidance Version No 1.0 Owner Carol Grogan	Approval Status Approved Effective date 01/02/18 Review date 01/02/21	 An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
---	--	--

Appendix 1

Table 3: Assessing Fitness – Intended/Registered Provider - New Applicant or Renewal of Registration

Criteria	Features	What does this mean?
The intended or registered provider ¹¹ is of good character	The provider acts with <u>integrity</u> in all matters related to the business of running a designated centre.	Integrity in the context of assessing fitness means that the provider can demonstrate the arrangements they have to assure and ensure the business of the designated centre will be conducted in an honest manner and all relevant documentation has been fully submitted, is complete and accurate.
	The provider responds to information requests in an <u>honest and forthright</u> manner.	That all requests for information or submission of information is completed honestly and in frank manner.
	The provider takes <u>responsibility</u> for the business of the designated centre.	<i>It is not a requirement that a provider works either full time or part time in a centre.</i> However, the provider is required to clearly demonstrate that the arrangements in place ensures that the centre is or will be effectively governed.
	The provider has not been subject to <u>bankruptcy or restrictions</u> in relation to carrying on the business of a designated centre. Satisfactory <u>Garda vetting</u> reports are acquired.	There is no evidence to suggest that there is anything related to bankruptcy or restrictions that could adversely impact on the provider's ability to effectively carry on the business of this proposed designated centre.
The provider is	The provider understands the <u>responsibilities</u> placed on them under	The provider must demonstrate an understanding of the

¹¹ The person references here under provider mean the legal person. This includes a sole trader (individual person) a partnership (each person who makes up that partnership, a company (the entity and its Directors) a body established under the Health Acts 1947 to 2010 (a State sponsored body beneficially owned by the Government) or a body established under the (Health) Corporate Bodies) Act 1961 / unincorporated body) and will be referred to as the 'provider' throughout this table

Criteria	Features	What does this mean?
competent to perform the role they hold	the Health Act 2007 as amended and the regulations made thereunder.	Health Act 2007 as amended. In doing so the provider should be aware of the significance of the Act, the regulations and nationally mandated standards in relation to carrying on the business of designated centre.
	The provider has a sound <u>knowledge</u> of the regulated service and the specific responsibilities for which they are accountable for.	The provider must demonstrate a comprehensive understanding of service they are intending to provide for example older person, adult only, mixed or children disabilities services.
	The provider has the <u>qualifications, skills and experience</u> necessary for the role they hold.	It is not necessary for a provider to work in or be an employee of the particular service. However, the provider or any person directly involved in the running of the service must have the appropriate qualifications, skills and experience for that role.
	The provider has the necessary processes and systems in place to ensure that they <u>maintain their competency</u> to carry on the business of the designated centre.	It is not necessary for a provider to work in or be an employee of the particular service. The provider has responsibility for the governance of the centre and accordingly they must demonstrate that they have ongoing supports that maintain their and systems in place to assist them
	The provider has robust <u>processes and systems</u> in place to ensure that they recruit and employ suitable people to the appropriate role.	The provider must demonstrate how (irrespective of their size or entity type) they are assured that staff recruitment and selection processes are efficient and effective.
The provider is honest	Requests for information deemed reasonable by the regulator for the	The provider must demonstrate that arrangements have

Criteria	Features	What does this mean?
and transparent in all dealing with the regulator	purpose of monitoring and inspection of the designated centre is of a <u>suitable standard</u> and is made available or submitted in a <u>timely</u> manner.	been put in place to ensure, going forward, where information is requested, and the response will be timely, accurate and honest.
	The provider acts in manner that is <u>honest and transparent</u> in relation to the services provided in carrying on the business of the designated centre.	The provider must demonstrate the governance arrangements they have in place to include a responsive quality assurance framework. Arrangements should also confirm resident and family forums, complaints and incident management processes.
The provider has not been subject to, or facilitated or contributed to any serious misconduct in the course of their profession or in the management of a designated centre (or equivalent in another jurisdiction)	The provider does not have a judgment against them that would impact on their ability to carry on the business of a designated centre.	This means that whatever judgment has been made does not impact on the provider's ability to carry on the business of the designated centre.
Robust governance arrangements	<p>The provider has put in place a robust governance¹² system that reflects the complexity of the service provided. These include:</p> <ul style="list-style-type: none"> • Quality assurance processes • Defined management structures 	<p>This means that the provider can demonstrate a clear governance framework(s) that oversees and assures the delivery of quality and safe services.</p> <p>This should include but not limited to:</p> <ul style="list-style-type: none"> • Defined line management structure.

¹² Refer to appendix 1 for guide to what we mean by governance

Criteria	Features	What does this mean?
	<ul style="list-style-type: none"> • Clear accountability arrangements • Adequate resources (Human, capital, financial) 	<ul style="list-style-type: none"> • Clear assignment of defined roles and responsibilities with clear accountability arrangements. Where functions/responsibilities have been delegated the person has systems in place to ensure that those persons are competent and capable to carry out the functions delegated to them. • Clear communications processes for staff, residents, families and external contractors for example general practitioners and pharmacy services). • A robust business model ensuring the necessary resources are available to enable staff to carry out their defined roles and resident's needs are met. • Quality assurance arrangements which are embedded in the centres governance arrangements thereby ensuring the timely ongoing assessment of the quality and safety of services. These must include processes to appropriately respond to areas of identified concern. • Arrangements to ensure that the centre is operating within and in compliance with regulations, nationally mandated standards and legislative requirements.

Appendix 2

Table 4: Assessing Fitness - Persons Participating in Management of the Designated Centre

Criteria	Features	What does this mean?
The person is of good character	The person ¹³ acts with <u>integrity</u> in all matters related to the management the designated centre.	There is evidence to confirm the PPIM or PIC person in charge manage the designated centre in an honest manner and complete and submit all relevant documentation accurately and in a timely manner.
	The person responds to information requests in an <u>honest and forthright</u> manner.	There is evidence to confirm any requests for information or submission of information is honestly completed - to the best of their knowledge.
	The person takes <u>responsibility</u> for the management of the designated centre taking into account their role in the management structure.	There is evidence to confirm the PPIM or PIC have appropriately delegated authority and in turn have demonstrated that they can exercise that authority and make the necessary changes to ensure that the centre is operationally effective.
	The person is <u>fair</u> in all dealings with people who use or come into contact with the service of the designated centre.	There is evidence to confirm the PPIM or PIC manage staff and care for residents, their families and external contractors in a way that is fair, equitable, courteous, proportionate, professional and appropriate.
	Satisfactory <u>Garda vetting</u> reports are acquired by the provider.	

¹³ The person reference in this section for person in charge (PIC) and person participating in management (PPIM) means the individual

Criteria	Features	What does this mean?
The person is competent to perform the role they hold	The person has a sound <u>knowledge</u> of the regulated service and the specific responsibilities for which they are accountable.	There is evidence to confirm that the PPIM or PIC understand the nature and requirements of the service they are managing and have operational responsibility for.
	The person has the necessary <u>qualifications, skills and experience</u> necessary for the role they hold.	There is evidence to confirm that the job description to include competencies and qualifications of the post holder accurately reflects their role. The post holder demonstrates these competencies and has the appropriate recent experience to fulfil their current role.
	The person has the necessary process and systems in place to <u>maintain their competency</u> to manage the designated centre.	There is evidence to confirm the PPIM or PIC has access to the necessary supports to maintain their competencies and has put systems in place to assist them in this regard.
	Where the person <u>recognises a shortcoming</u> in their competence, they obtain the competence and skills appropriate to the relevant role, whether through training or experience gained through employment with support from the provider.	There is evidence to confirm the PPIM or PIC has formal arrangements in place with the registered provider to supplement and enhance their competencies and qualification when required.
The person is honest and transparent in all dealing with the regulator	Requests for information deemed reasonable by the regulator for the purpose of monitoring and inspection of the designated centre is of a <u>suitable standard</u> and is made available or submitted in a <u>timely</u> manner.	There is evidence to confirm when information is requested, the response is timely, and the quality of the response confirms an open and transparent approach – all regulatory notifications and correspondence are in keeping with regulations.
	The person acts in manner that is <u>honest and transparent</u> in relation to the services provided in managing the designated centre.	There is evidence to confirm the PPIM/PIC is open and transparent with all their stakeholders including residents, staff, the regulator and external contractors.
The person has not been subject to, facilitated or contributed to any serious misconduct in	The person does not have a judgment against them that would impact on their ability to run the designated centre.	There is evidence to confirm that if a judgment has been made against the PPIM or PIC it does not impact the person's ability fulfil their role.

Criteria	Features	What does this mean?
the course of their profession or in the management of a designated centre (or equivalent in another jurisdiction)		

Appendix 3

Governance - How we expect registered providers (which can include the registered provider representative) to demonstrate that they have effective governance arrangements in place.

The sustainable delivery of a safe, effective and reliable person-centred care and support depends on registered providers having robust governance arrangements in place.

Governance is the organisational framework that incorporates systems, processes and behaviours that supports the workforce to do the right thing or make the right decision at the right time. The registered provider is accountable for the overall quality and safety of services delivered to people using the service. Effective governance arrangements assure the sustainable provision of a quality and safe service for residents.

In this context, the registered provider plays a critical role in leading, building and maintaining a culture that places the resident, and the quality and safety of services, at the centre of the delivery of care. To achieve this, the registered provider must be clear about what the scope of their service (as outlined in their Statement of Purpose) and how they provide and measure the efficiency of the service. The registered provider is accountable to their stakeholders (residents, relatives, and voluntary and public funders of the service) and must provide a service compliant with the required regulation, nationally mandated standards, legislative frameworks, national guidelines and best practice.

To succeed, the registered provider will have communicated a clearly defined and formalised governance arrangement that identifies clear lines of accountability at individual, team and service levels. The registered provider will have arrangements in place to ensure responsibilities are appropriately delegated. For that reason, the PPIM, the person in charge, all healthcare professionals, care staff, managerial staff and everyone working in the service are acutely aware of their individual operational and professional responsibilities and accountabilities. Where there is more than one identified person participating in the management of the centre, the operational governance arrangements are clearly defined. Decisions are communicated, implemented and evaluated.

Residents living in the services and their families will be confident that the registered provider has effective arrangements in place to ensure their voice is heard and listened to. The registered provider assures the organisational culture protects the rights of residents and has arrangements in place to monitor this on an ongoing basis. These arrangements include the timely and effective identification and management of risk, the continuous evaluation of the quality, safety and outcomes of service provision and the enhancement of a culture of continuous improvement through staff learning and development.

To accomplish the goals and objectives of the service the registered provider must be assured that the operational management processes are effectively carried out by the PPIM and or person in charge.



Issued by the Office of the Chief Inspector
Regulation Directorate
Health Information and Quality Authority (HIQA)
Unit 1301, City Gate,
Mahon,
Cork,
T12 Y2XT