



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Guidance on the assessment of fitness for designated centres

Version 3.1 — May 2025

Safer Better Care

1. Purpose of this guidance

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 Chief Inspector will assess their fitness based on section 50 of the Health Act 2007 (as amended) (referred to in this guidance as the Act).

2. Introduction

In line with the Act, the Chief Inspector of Social Services is responsible for registering and inspecting designated centres. The Act also gives the Chief Inspector authority to assess whether the intended or registered provider¹ persons participating in management (referred to in this guidance as PPIM) of the centre — and the person in charge² of designated centres — are 'fit persons' and if the designated centre complies 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 the provider and all persons participating in management and persons in charge.³

These sections of the Act are about ensuring that intended providers and registered providers⁴ PPIMs and persons in charge of designated centres are fit to carry out

¹ Referred to as provider through the guidance.

² Throughout this guidance, for designated centres for older persons, the term 'person in charge' includes the person deputising, where the registered provider has given notice of the absence of the person in charge for a continuous period of 42 days or more from the designated centre under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. The person notified to the chief inspector as deputising in the absence of the person in charge of a designated centre for older persons: (i) must be a registered nurse, (ii) they must be working in the designated centre; (iii) they must have 3 years' experience of nursing older people within the previous 6 years.

³ This section of the Act also requires the Chief Inspector to 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.

⁴ The Chief Inspector will assess the fitness of the intended provider or 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 or a body established under the Health Acts 1947 to 2016 or a body established under the Health (Corporate Bodies) Act 1961 or an unincorporated body).

such an important role. The Chief Inspector will assess the fitness of the provider, PPIMs and persons in charge of the designated centre for each distinct application to register or application to renew the registration of the designated centre.

There is a built-in obligation on the provider to satisfy itself that the people it recruits and employs are fit to carry out the roles they are employed for. The provider must also ensure that the service complies 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 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, PPIM's and persons in charge of the centre remain fit to be the registered provider or to participate in its management.

3. Who will be assessed?

3.1 The Provider

The registered provider is the controlling entity that carries on the business of the designated centre. In other words, the registered provider is the legal entity responsible for the designated centre under the Act. There can only be one registered provider; however, a registered provider can be very different in its make-up. Table 1 of the following page identifies the legal 'person' who can be a registered provider and provides a definition and brief description of each legal person.

Table 1. Legal entities which can be a registered provider

| 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 their 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 to 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 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 not fit.</p> <p>The company can also have its 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>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 part of the assessment process.</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> |

| Name | Definition | Description |
|----------------------------|---|--|
| 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 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 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 its 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> |

3.2 Persons participating in the management of the centre (PPIM, and the person in charge)

The Act also requires that persons participating in management (PPIM) of the designated centre⁵ 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 person 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 on the following page identifies the PPIM and provides a definition of and a brief description of this role.

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.

Table 2. The Person participating in management (PPIM)

| Name | Definition | Description |
|--|---|--|
| <p>Person participating in management (PPIM — excluding the person in charge)</p> | <p>Means a person or people 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 supporting a safe quality service on behalf of the registered entity.</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> |
| <p>Person in charge</p> | <p>This is the person appointed by the provider to perform the full-time post of person in charge of a designated centre. This person must</p> | <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 are different for designated</p> |

Table 2. The Person participating in management (PPIM)

| Name | Definition | Description |
|------|--|--|
| | meet the requirements of the relevant regulation. ⁶ 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 being delivered in the centre. | centres for older persons, people with disabilities and special care units. Therefore, the provider needs to ensure that the person in charge that they appoint complies with the minimum requirements of the relevant regulation and has the knowledge, skills and necessary leadership qualities to be the person in charge. The provider may only propose a person in charge to be in charge of more than one designated centre (DCD) or up to two designated centres (DCOP) once the Chief Inspector is satisfied that the person in charge is engaged in effective governance, operational management and administration of the designated centres. |

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*.⁷ Fitness is among other things, the ability of the registered provider, PPIM and person in charge to:

⁶ Regulation 14: Persons in charge: Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended); Regulation 14: Person in charge: Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013; Regulation 13: Person in charge: Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 (as amended). Also, the person notified as deputising in the absence of the person in charge of a designated centre for older persons under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended: (i) must be a registered nurse, (ii) they must be working in the designated centre; (iii) they must have 3 years' experience of nursing older people within the previous 6 years.

⁷ *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

- perform their 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
- have clearly defined and good governance arrangements in place, which include timely and responsive quality assurance processes to assure the provider about 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 nor is it a single assessment. It is a dynamic process which is continually informed by solicited and unsolicited information and ongoing regulatory monitoring and findings. In order to ensure a standardised and consistent approach, the Chief Inspector has identified criteria⁸ 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 PPIMs, 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.
 - responds to information requests in an honest and forthright manner.
 - takes responsibility for the business of the designated centre.
 - is fair in all dealings with people who use or come into contact with the service of the designated centre.
 - has not been subject to bankruptcy or restrictions in relation to carrying on the business of a designated centre.
 - has obtained satisfactory Garda (police) vetting reports.
2. The person is competent to perform the role they hold. This means that the person:

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."

⁸ Five criteria for a provider and four criteria for PPIM.

- understands the responsibilities placed on them by 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 good and reliable 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. This may be through training or through experience gained through employment, with support from the provider.
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.
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 good governance⁹ system which includes responsive quality assurance processes that reflects the complexity of the service provided.

⁹ Please refer to Appendix 3 at the end of this guidance for further information about how we define governance.

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

5. How is fitness assessed?

Fitness will be assessed by using all of the information available about the person¹⁰ subject to assessment.

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

A review of all information related to the application to register along with a structured interview will be conducted with all new applicants and applicants for a first-time registration where the applicant is already registered under the provisions of transitional registration (section 69 of the Act) and may be conducted as part of a renewal.

Interviews as part of the assessment can be held in person, by phone or through video conference. 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 afterwards. After the evidence that has been presented is reviewed, the final

¹⁰ Either the individual or legal person.

decision to grant, refuse or renew the application to register the designated centre is made.¹¹ Where concerns arise regarding fitness, the provider will be given 10 working days to respond to the reason for the concern as stated in the letter.

Revision history

| Publication date | Title or version | Summary of changes |
|------------------|---|--|
| May 2025 | Guidance on the assessment of fitness for designated centres: Version 3.1 — May 2025 | Edit to reference to the SCU care and welfare regulations, which are now referred to as: — Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 (as amended). No other change to contents. |
| March 2025 | Guidance on the assessment of fitness for designated centres: Version 3: March 2025 | Updated to reflect changes to regulations for designated centres for older persons, March 2025. |
| November 2023 | Guidance on the assessment of fitness for designated centres: Version 2.1: November 2023 | Update to wording in “5. How fitness is assessed?” regarding occasions on when structured interviews are required. |
| June 2022 | Guidance on the assessment of fitness for designated centres: Version 2: June 2022 | Revisions to include the use of video conferencing in our fitness assessments. Removal of reference to the Registered Provider Representative (RPR) as this is included in the Handbook. Edited for plain English and grammatical corrections and style. |
| 5 February 2018 | Guidance - assessment of fitness for designated centres | First major version |

¹¹ In line with the 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.

Appendix 1

Table 3: Features of what might demonstrate fitness for an intended or registered provider for new applicants or during renewal of registration

| Criteria | Features | What does this mean? |
|--|--|--|
| The intended or registered provider ¹² 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 that it has in place to assure the Chief Inspector that the business of the designated centre will be conducted in an honest manner. 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. | 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>A provider is not required to work either full-time or part-time in a centre.</i> However, the provider is required to clearly demonstrate that the arrangements it has in place ensures that the centre is or will be effectively governed. |
| | The provider has not been subject to bankruptcy or restrictions in relation to | There is no evidence to suggest that there is anything related to bankruptcy or restrictions that |

¹² 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), a body established under the Health (Corporate Bodies) Act 1961 or an unincorporated body). These will be referred to as the 'provider' throughout this table.

| Criteria | Features | What does this mean? |
|---|--|---|
| | <p>carrying on the business of a designated centre.</p> <p>Satisfactory Garda (police) vetting reports are acquired.</p> | could adversely impact on the provider's ability to effectively carry on the business of this proposed designated centre. |
| The provider is competent to perform the role they hold | The provider understands the <u>responsibilities</u> placed on them under the Health Act 2007 (as amended) and the regulations made under this legislation. | The provider must demonstrate an understanding of the 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 the 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 the service they are intending to provide; for example, older people; adult only, mixed adult and children or children's 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. |
| | Providers have the necessary processes and systems in place to ensure that they maintain their competency to carry on the business of the designated centre. | The provider has responsibility for the governance of the centre and in line with this they must demonstrate that they have ongoing supports that maintain their competency and |

| Criteria | Features | What does this mean? |
|---|---|--|
| | | systems in place to assist them to do so. |
| | The provider has strong <u>processes and systems</u> in place to ensure that they recruit and employ suitable people to the appropriate role. | The provider must demonstrate (irrespective of its size or entity type) how it is assured that staff recruitment and selection processes are efficient and effective. |
| | | |
| The provider is honest and transparent in all dealings 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. | The provider must demonstrate that arrangements have been put in place to ensure that where information is requested in the future, the response will be timely, accurate and honest. |
| | The provider acts in a 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 it has in place includes a responsive quality assurance framework. Arrangements should include seeking feedback from residents. |
| | | |
| 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 | The provider does not have a civil judgment, a decision from a professional regulator or a criminal conviction made against them that would impact on their ability or suitability to carry on the business of a designated centre. | This means that if any civil judgment, decision from a professional regulator or criminal conviction has been made then it must not impact on the provider's ability or suitability to carry on the business of the designated centre. |

| Criteria | Features | What does this mean? |
|--------------------------------|---|---|
| jurisdiction) | | |
| | | |
| Strong governance arrangements | <p>The provider has put in place resilient governance¹³ systems that reflects the complexity of the service provided. These systems include:</p> <ul style="list-style-type: none"> ▪ quality assurance processes ▪ defined management structures ▪ clear accountability arrangements ▪ adequate support structure to enable staff to fulfil their roles ▪ adequate resources (human, capital, financial) ▪ well-developed contingency plans to respond to emergencies and public health concerns. | <p>This means that the provider can demonstrate a clear governance framework that oversees and ensures the delivery of quality and safe services.</p> <p>This should include but is not limited to the following:</p> <ul style="list-style-type: none"> ▪ There is a defined line management structure. ▪ There is clear assignment of defined roles and responsibilities, with clear accountability arrangements. Where functions and 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. ▪ There are clear communications processes for staff, residents, families and external contractors; for example, general practitioners (GPs) and pharmacy services. ▪ A good business model is in place, ensuring the necessary resources are available to enable staff to carry out their defined roles and to ensure that residents' needs are being |

¹³ Refer to appendix 1 for guide to what we mean by governance

| Criteria | Features | What does this mean? |
|----------|----------|--|
| | | <p>met.</p> <ul style="list-style-type: none"> ▪ Quality assurance arrangements are embedded in the provider's governance arrangements and because of that there is timely ongoing assessment of the quality and safety of services. These must include processes to appropriately respond to areas of identified concern. ▪ Arrangements are in place to ensure that the centre is operating within and in compliance with regulations, nationally mandated standards and legislative requirements. |

Appendix 2

Table 4. Features of what might demonstrate fitness for persons participating in management and person in charge of the designated centre

| Criteria | Features | What does this mean? |
|---------------------------------|---|--|
| The person is of good character | The person ¹⁴ acts with <u>integrity</u> in all matters related to the management the designated centre. | There is evidence to confirm that the PPIM or person in charge manages the designated centre in an honest manner and completes and submits 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 that the PPIM or person in charge has appropriately delegated authority and in turn has 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 that the PPIM or person in charge manages staff and external contractors and manages care for residents and their families in a way that is fair, equitable, courteous, proportionate, professional and appropriate. |
| | Satisfactory <u>Garda (police) vetting</u> reports are acquired by the provider. | |

¹⁴ The person reference in this section for person in charge 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 person in charge 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 processes and systems in place to <u>maintain their competency</u> to manage the designated centre. | There is evidence to confirm the PPIM or person in charge 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. This may be through training or through experience gained through employment, with support from the provider. | There is evidence to confirm that the PPIM or person in charge has formal arrangements in place with the registered provider to supplement and enhance their competencies and qualifications when required. |

| Criteria | Features | What does this mean? |
|--|---|---|
| The person is honest and transparent in all dealing with the regulator | Responses to requests for information deemed reasonable by the regulator for monitoring and inspecting the designated centre are of a <u>suitable standard</u> and are made available or submitted in a <u>timely</u> manner. | There is evidence to confirm that whenever information is requested by the regulator, 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 that the PPIM or person in charge 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 course of their profession or in the management of a designated centre (or equivalent in another jurisdiction) | The person does not have a civil judgment, a decision from a professional regulator or criminal conviction made against them that would impact on their ability or suitability to fulfil their role in the designated centre. | This means that if a civil judgment, a decision from a professional regulator or a criminal conviction has been made against the PPIM or person in charge, then it must not impact negatively on the person's ability or suitability to fulfil their role in the designated centre. |
| | | |

Appendix 3

Governance — how we expect registered providers to demonstrate that they have effective governance arrangements in place

What is governance?

The sustainable delivery of safe, effective and reliable person-centred care and support depends on registered providers having strong and resilient governance arrangements in place. Governance is the organisational framework that a provider puts in place 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 ensure the sustainable provision of a quality and safe service for residents.

What are the provider's responsibilities?

The registered provider must lead, build and maintain a culture that places the resident, child and young person — 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 the scope of its services (as outlined in its statement of purpose) and how it provides and measures the efficiency of the service (its assurance and quality improvement programmes). The registered provider is accountable to its stakeholders and all interested parties (residents, children, relatives, and voluntary and public funders of the service) and must provide a service that complies with the required regulations, nationally mandated standards, legislative frameworks, national guidelines and best practice.

How do you achieve good governance?

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. The provider must be assured that the PPIM, the person in charge, all health and social care 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.

Obstacles to good governance

To achieve good governance, providers must be aware of and understand the obstacles to achieving it, such as the following:

- an unwillingness to accept challenge about the quality of the services from any stakeholder or interested parties
- a tolerance of poor performance
- a failure to listen to what others tell you
- ineffective leadership
- lack of sustained commitment and improvement
- lack of clarity of roles and roles and responsibilities
- poor information and communications with all interested parties.

Conclusion

Residents, children and young people and their families must be confident that their voice is heard and that the service they receive is good and safe. This can be achieved by the registered provider having effective governance arrangements in place that assures the organisational culture protects the rights of residents and children, and monitors this on an ongoing basis.

Through good and well-structured governance, registered providers ensure that PPIMs and persons in charge have the authority and support to effectively and quickly identify and manage risk, continually evaluate the quality, safety and outcomes of the services provided, and continually develop and enhance opportunities for staff learning and development.



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