



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Regulation of  
Health and Social  
Care Services

# **Guidance on the Statement of Purpose for designated centres for Older People**

Effective February 2018

*Safer Better Care*

## About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

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

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.



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## 1. Guidance Purpose

This guidance and supporting template is intended to assist intended or registered providers<sup>1</sup> in devising or updating their service's **Statement of Purpose**. It provides information on what is required to be referenced in the completed Statement of Purpose template and should be used in conjunction with the relevant regulations and standards.

The Statement of Purpose is required in order to register or renew the registration of a designated centre. The regulations under the Health Act 2007 (as amended) that require providers to compile a written Statement of Purpose for designated centres and submit as part of the registration process are as follows:

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

A registered provider must, at all times, operate strictly in accordance with the Statement of Purpose.

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<sup>1</sup> Hereafter referred to as providers

## **2. What is a Statement of Purpose?**

The Chief Inspector views the Statement of Purpose as one of the most important documents that a provider is required to have in relation to the range of service(s) they are running. The Statement of Purpose describes the purpose and function of a designated centre.

When developing the Statement of Purpose the provider should give careful consideration and provide precise detail when describing the type and range of services, and the arrangements in place to support the health and social care, wellbeing and safety of residents. . In doing so, the provider should ensure the skills, confidence and competencies of the staff employed to manage and deliver these services.

The document should:

- clearly describe care and support needs that the service intends to meet
- set out the range of services and supporting facilities to be provided at the designated centre in order to meet the residents care and support needs
- clearly define the admission criteria to the designated centre
- describe the management and staffing arrangements in place to meet the residents care and support needs
- ensure that people who use the service, prospective residents and other key stakeholders understand:
  - the range of services being provided and how these are delivered to meet the residents' requirements.

## **3. Availability of the Statement of Purpose**

A copy of the completed Statement of Purpose for each centre is to be:

- provided to the Chief Inspector at the time of registration or renewal of registration
- easily accessible for all residents and relatives
- readily available in an 'easy to read and understand' format.

A summary of the Statement of Purpose should also be included in the residents' guide.

## **4. Making changes to the Statement of Purpose**

The regulations require the provider to review and update the statement of purpose at least once a year. However, any changes to the statement of purpose must remain within any conditions attached to the certificate of registration.

If there is any uncertainty regarding the status of any potential change the provider should clarify the intended change with their assigned inspector.

You are not required to submit the Statement of Purpose to the Chief Inspector each time you make an update. For example, if the staffing or management changes you should update the statement of purpose and ensure the up-to-date version is available to residents and inspectors during an inspection. There is no need to send the updated version to the Chief Inspector. You are required to send the most up to date version:

- As part of an application to register
- As part of an application to renew
- As part of an application to vary or remove a condition of registration if the change in condition will change the statement of purpose.

## **5. Developing a Statement of Purpose in line with the regulations**

This section provides guidance on the information to be included in the Statement of purpose as outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017. To support providers in the development of the Statement of Purpose the Chief Inspector has made available a Statement of Purpose template<sup>2</sup> for providers to use.

### **5.1 Registration details**

The registration details are all of the particulars contained in the Certificate of Registration. This information can be included as an appendix to the main

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<sup>2</sup> The template is available to download from [www.higa.ie](http://www.higa.ie) and is designed to assist the provider in devising the statement of purpose but is not required to be used. Where providers choose to develop their own template it must include all the detail as outlined in this guidance and associated regulations.

document. Following registration or renewal of registration, the appendix to the Statement of Purpose should be updated to include the correct information.<sup>3</sup>

## 5.2 Services and facilities provided in the Designated Centre

### Aims and objectives of the designated centre

The provider must set out the **aims and objectives** of the centre.

- The **aim** should describe the specific care and support needs the designated centre is intended to meet. For example, the aim could be:
  - *To provide a residential setting wherein residents live, are cared for, supported and valued.*
- The **objectives** should set out how the registered provider will provide for the specific care and support needs of each resident. For example, the objectives could be:
  - *To assure a high standard of care and welfare in accordance with evidence based best practice; to guarantee a living environment that maintains residents independence and well being*

### Specific care needs that the designated centre is intended to meet

- The provider is required to set out the specific care needs that the designated centre is intended to meet. This should be aligned to the model of care and specific interventions and supports provided.
- For example, if the provider includes the provision of care for persons with dementia then they must include with their Statement of Purpose details of the aligned supports, infrastructure and staffing expertise available to assure an effective service.

A change to the specific care needs that the provider intends to meet may need prior approval by the Chief Inspector and may require an application to vary or remove a condition of registration. If a provider is unsure they should contact their assigned inspector prior to making any change.

### Facilities which are to be provided by the provider to meet those care needs as described above.

- A description of the **facilities** that the provider has in place

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<sup>3</sup> See appendix 1 of template



to support the social and physical wellbeing of residents based on the specific care needs that the designated centre intends to meet.

A change to the facilities that impact on the specific care needs outlined above that the provider has in place may need prior approval by the Chief Inspector and may require an application to vary or remove a condition of registration. If a provider is unsure they should contact their assigned inspector prior to making any change.

### **Services which are to be provided to meet the care needs as described above**

- A detailed description of the specific **services** the provider will provide to meet the social, physical and medical care needs of the residents they intend to provide service to as outlined above.
- These services should be sufficiently detailed to include any services that require the resident to pay an additional cost.

### **5.3 Admissions to the Designated Centre**

#### **Registered bed numbers**

- The provider should indicate the number of residents for whom it is intended that accommodation be provided.

#### **Age range of the residents to be accommodated**

- The provider should indicate the age range of the residents for whom it is intended that accommodation be provided.

#### **Gender of the residents living in the residential centre**

- The provider should indicate the gender of the residents for whom it is intended that accommodation be provided.

#### **Criteria used for admission to the designated centre**

- These should include summary details that describe:
  - the residents pre-assessment arrangements,
  - the arrangements to ensure that the resident and if appropriate their family, prior to agreeing admission, have an opportunity to visit and learn about the residential services,
  - the arrangements in place to explain, review and discuss the residents contract of care,
  - if relevant, the procedures for emergency admission to the designated centre.

## 5.4 Description of the designated centre

The description of the layout of the centre either in narrative form or as an accurate floor plan showing the size and primary function of every room in the designated centre should be included. This can be attached as an appendix to the main document.<sup>4</sup>

The description should include:

- The size of each bedroom, communal room and toilet/shower/bathroom in square metres
- The bedroom number
- The occupancy of each bedroom, e.g., single, twin
- The details of each toilet/shower/bathroom, e.g., ensuite or shared; what it contains – toilet, wash hand basin, shower, bath.
- Kitchen information, or if off-site the arrangements

Description must correspond to the floor plans and the physical centre, and the number of bedrooms listed must match the application and the floor plan.

A description of day facilities should only be included where day facilities are provided.

## 5.5 Management and staffing

### Total staffing complement

- The staffing compliant (all staff employed) in whole time equivalent (WTE)<sup>5</sup> and title should be accurately presented in table format.
- This table should be updated as required.

### Organisational structure of the designated centre

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<sup>4</sup> See appendix 2 of template

<sup>5</sup> Whole-time equivalent (WTE): allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5WTE refers to an employee that works half full-time hours.

- Detail of the governance arrangements in place to assure the safe and effective delivery of services. The organisational structure to clearly outline the line management arrangements in place.
- Reporting arrangements at each level
- Detail of the roles and responsibilities of staff employed in the delivery of services.
- Details of the Person in Charge
- Detail of the arrangements in place to ensure there is a Person in Charge who is engaged in the effective governance, operational management and administration of the designated centre at all times. This must include the arrangements in place to cover unexpected and planned absences of the Person in Charge.
- Details of the process in place to ensure effective governance, leadership and managerial oversight and consistency when the Person in Charge is responsible for more than one designated centre.
- 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.

In all cases except for a sole trader, the Registered Provider Representative<sup>6</sup> should be named. Ensure the Registered Provider Representative is not presented in place of the provider.

## **5.6 Resident wellbeing and safety**

This section should include a summary statement under each heading outlining the arrangements the provider has in place to assure the safety and well-being of each resident. Reference to the location of the detailed policy or procedure should be included.

### **Development and review of resident care plans**

- Describe the arrangements to develop and review a care plan for each resident in line with the requirements of Regulation 5 of the Health Act 2007

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<sup>6</sup> Registered Provider Representative is the person (s) put forward by the intended 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. This person(s) will be asked to explain how the provider assures itself that the service complies 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.

The registered provider's representative does not replace the responsibilities of the provider but is a person with whom the Chief Inspector can speak with whenever the provider is an entity made up of a group of people.

(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

### **Specific therapeutic techniques**

- Describe the specific therapeutic techniques available for residents and the arrangements in place for their supervision. This should include the detail of:
  - arrangements for access to therapeutic techniques through community services where a resident has a medical card (GMS)
  - the techniques covered by the Nursing Home Support Scheme
  - other therapeutic services available to residents
  - any actual or additional costs that will be personally incurred by residents for using these services.

### **Respecting residents' privacy and dignity**

- Describe the arrangements in place to ensure the privacy and dignity of each resident is respected and maintained.
- This should include the detail of:
  - arrangements made for residents to undertake personal activities in private,
  - details of how the centre provides for privacy and dignity where respite or shared services are provided.

### **Social activities, hobbies and leisure interests**

- Describe the arrangements in place for residents to engage in social activities, hobbies and leisure interests.
- Describe the specific activities available for residents.
- This should include the detail of:
  - access to facilities for occupation and recreation,
  - opportunities to participate in activities in accordance with resident interests, capacities and development needs,
  - supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes,
  - the activities covered by the Nursing Home Support Scheme,
  - any actual or additional charges the resident will incur for these services.

### **Consultation with and participation of, residents in the operation of the designated centre**

- Detail the arrangements in place to ensure:
  - input is actively sought from each resident
  - each resident has an opportunity to participate in the operational arrangements in place in the residential centre.

### **Access to religious services of residents' choice**

- Details should include:
  - the arrangements in place for residents to attend religious services of their choice
  - any actual or additional charges the resident will incur for using these services.

### **Contact between residents and their relatives, friends and carers**

- Details should include:
  - the arrangements in place to facilitate residents maintaining contact between residents and their relatives, friends or carers and their community,
  - the visiting arrangements in the centre
  - the arrangements in place for residents to access local and community social events
  - any actual or additional charges the resident will incur for attending these events.

### **Dealing with complaints**

- Details should include:
  - the name of the person who manages complaints,
  - details of how a resident or any other person can make a complaint or access the appeals process,
  - the location of the complaints and appeals procedure
  - how assistance or feedback is given to persons who make a complaint.

### **Fire precautions and associated emergency procedures**

- Details should include:
  - evacuation procedures to be followed in the event of a fire or other emergency,
  - emergency accommodation arrangements following an evacuation,
  - location of fire procedures on display,
  - reference to the location of the detailed procedure or policy.

## 6. Version history

A version history is an element of good document management. It tracks edits and changes and the history of decisions made on updates to important documents. As the Statement of Purpose document is of such importance it is recommended that a version history is maintained to support the oversight and ability to track important decisions which may change the document. See the example template for a suggested format.

### Document Version History

<b>Version Number</b>	<b>Version update comment</b>	<b>Effective date</b>
V1.0	New	01/03/18
V2.0	Updated to clarify when to submit an updated Statement of Purpose and version history	02/10/19



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