



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Safeguarding assessment- judgment framework for designated centres for older people

Version 2.1 — May 2025

Safer Better Care

Contents

Introduction..... 3

Section 1. Capacity and capability of the provider to deliver a safe quality service..... 8

Section 2. Quality and safety of the service 11

Appendix 1. Revision history 18

Introduction

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

Safeguarding is one of the most important responsibilities of a designated centre. All service users have the right to be safe and to live a life free from harm. It is fundamental to high quality health and social care. Safeguarding relies on people and services working together to ensure that people using services are treated with dignity and respect and that they are empowered to make decisions about their own lives.

Safeguarding is more than just the prevention of abuse. It is also about promoting people's human rights, empowering them to exercise choice and control over their lives, and giving them the tools to protect themselves from harm.

This assessment-judgment framework draws on the [National Standards for Adult Safeguarding \(2019\)](#) which were developed jointly by HIQA and the Mental Health Commission. The standards are underpinned by the following key principles:

- **Empowerment** — people are empowered to protect themselves from the risk of harm and to direct how they live their lives on a day-to-day basis according to their will and preferences. This requires people having access to the right information in a way they can understand, making decisions about their lives and being supported to engage in shared decision-making about the care and support they receive.
- **A rights-based approach** — people's rights should be promoted and protected by health and social care services. These include the right to autonomy, to be treated with dignity and respect, to be treated in an equal and non-discriminatory manner, to make informed choices, the right to privacy and the right to safety. A rights-based approach is grounded in human rights and equality law.
- **Proportionality** — staff working in health and social care services should take proportionate action which is the least intrusive response appropriate to the risk presented and takes account of the person's will and preferences.
- **Prevention** — it is the responsibility of health and social care services to take action before harm occurs. Preventative action includes care, support and interventions designed to promote the safety, wellbeing and rights of adults.
- **Partnership** — effective safeguarding requires working in partnership, that is, health and social care services and the person using the service, their nominated

person and professionals and agencies working together to recognise the potential for, and to prevent, harm.

- **Accountability** — health and social care services are accountable for the care and support they deliver and for safeguarding people using their services. This requires transparency in the ways in which safeguarding concerns are responded to and managed.

Authority monitoring approach (AMA)

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

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

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

The application of AMA does not replace or take away from providers'¹ responsibility to ensure that they are in compliance with the regulations and standards, that they provide safe and high-quality services for people who use their services, and that they ensure residents' rights are respected and upheld.

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

Assessment-judgment framework

There are two purposes to this assessment-judgment framework:

- To support inspectors in gathering evidence when monitoring or assessing a service's performance with respect to safeguarding and to make judgments on

¹ Throughout this guidance, the term 'provider' refers to the registered provider or, where applicable, the intending provider of a designated centre.

¹ Throughout this guidance, the term 'centre' refers to designated centres in the case of centres that are registered or where an applicant is intending to register a designated centre.

compliance. The framework sets out examples of the lines of enquiry to be explored (questions to be asked) by inspectors.

- To support providers to self-assess their own service with respect to safeguarding.

Judgment descriptors

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

Table 1. Judgment descriptors

- **Compliant:** a judgment of compliant means the provider and or the person in charge are in full compliance with the relevant regulation.
- **Substantially compliant:** a judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant:** a judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service, it is risk-rated orange (moderate risk) and the provider must take action *within a reasonable time frame* to come into compliance.

The assessment-judgment framework should be applied in conjunction with the following:

- Health Act 2007 as amended
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended)
- *National Standards for Residential Care Settings for Older People in Ireland* (2016)
- *National Standards for infection prevention and control in community services* (2018)

- *National Standards for Adult Safeguarding* (2019)
- *Assessment Judgment Framework for Designated Centres for Older People* (Available from www.hiqa.ie)
- *Guidance for the assessment of designated centres for older people* (Available from www.hiqa.ie)
- *Guidance on a Human Rights-based approach in Health and Social Care Services* (Available from www.hiqa.ie)
- *Regulation Handbook*. (Available from www.hiqa.ie)

How this document is structured

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

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

The regulations and national standards² are linked to the relevant dimension — **capacity and capability** or **quality and safety** — for ease of reporting and do not appear in numerical order.

The dimension of **capacity and capability** focuses on the governance, leadership and management arrangements in place in the service with respect to safeguarding. It covers how effective these are in ensuring that people are kept free from harm. It outlines how people who work in the service are supported through education and training, and whether there are appropriate systems in place to underpin the safe delivery and oversight of the service.

The dimension of **quality and safety** evaluates whether the service is a good quality and caring service that ensures people are safe. It includes information about the environment where the service is provided.

The two dimensions are inter-dependent: good governance and oversight procedures, the right resources, active use of information and a competent and confident workforce are essential to the delivery of a sustainable quality and safe service. Essentially, person-centred care and support, safeguarding and protection, and better health, wellbeing and development for people using services all happen because the capacity and capability arrangements are there to make sure they happen.

Figure 1 shows the 'Themes' as described in the *National Standards for Adult Safeguarding* (2019).

² Where possible, the national standards are aligned to one regulation only, as a 'best fit' for the purpose of reporting. This does not negate the provider's responsibility in meeting the set of standards.

Figure 1: Themes in the National Standards



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

Dimension: Capacity and Capability	
Regulation 15: Staffing	
National Standards for Adult Safeguarding	Standard 6.1 The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of each person.
Line of enquiry	
<ol style="list-style-type: none">1. Has the provider ensured that the number and skill-mix of staff is appropriate to meet the safeguarding needs of the residents?2. Is staff recruitment in line with relevant legislation (for example, Garda vetting requirements and references and all other documents as required by Schedule 2 of the regulations) and any relevant registration, licensing, accreditation or other regulatory obligations?3. Are there appropriate arrangements in place to promote staff retention and ensure continuity of care?	

Dimension: Capacity and capability	
Regulation 16: Training and staff development	
National Standards for Adult Safeguarding	Standard 6.2 The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.
Line of enquiry	
<ol style="list-style-type: none"> 1. As part of induction, has the person in charge ensured that new staff members receive appropriate safeguarding training? 2. Has the person in charge ensured that there is a schedule of ongoing safeguarding training that ensures staff know how to: <ul style="list-style-type: none"> ▪ promote people's rights, health and wellbeing to reduce the risk of harm ▪ identify and assess potential risks and put measures in place to address these risks ▪ reduce the risk of safeguarding concerns arising ▪ report safeguarding concerns ▪ respond when a safeguarding concern arises? 3. Are staff appropriately supervised in a manner that supports the safeguarding of residents? 4. Has the person in charge ensured that copies of the following are available to staff: <ol style="list-style-type: none"> a. the Act and any regulations made under it b. any relevant standards, including the National Standards for Adult Safeguarding, set and published by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act c. relevant guidance published from time to time by government or statutory agencies in relation to designated centres for older people? 	

Dimension: Capacity and capability	
Regulation 23: Governance and Management	
National Standards for Adult Safeguarding	<p>Standard 2.2 Each person experiences integrated care and support which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.</p> <p>Standard 5.1 The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person.</p> <p>Standard 5.2 The service strives to continually improve the quality of the care and support it provides to reduce the risk of harm and to promote the rights, health and wellbeing of each person.</p> <p>Standard 8.1 Information is used to effectively reduce the risk of harm and promote the rights, health and wellbeing of each person.</p> <p>Standard 8.2 The service shares information appropriately to keep people safe.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Do the management systems in place ensure that the service's approach to safeguarding is appropriate, consistent and effectively monitored? 2. Is there a senior identified individual at the highest level of the service that has overall accountability, responsibility and authority for promoting and managing safeguarding within the service? 3. Is there a culture of openness and accountability that supports residents and staff to report safeguarding concerns without being negatively affected? 4. Are all safeguarding concerns properly documented, taken seriously, investigated thoroughly and reported to relevant authorities (e.g. An Garda Síochána, Tusla, HSE Safeguarding and Protection Teams, Department of Social Protection) in line with legislation? 5. Are the learnings from risk management and complaints used to ensure safeguarding measures are appropriate and effective? 	

Section 2. Quality and safety of the service

Dimension: Quality and safety	
Regulation 5: Individual assessment and care plan	
National Standards for Adult Safeguarding	<p>Standard 1.2 Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.</p> <p>Standard 2.1 The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health and wellbeing.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider, in so far as is reasonably practicable, arranged to meet the safeguarding needs of each resident? 2. Has the person in charge ensured that safeguarding needs are part of the comprehensive assessment and care plan on first accessing the service and at regular intervals after that? 3. Does the service identify and clearly document any potential safeguarding risks and how they will be managed as part of the ongoing assessment and care planning process? 4. Are residents supported to make their own decisions in relation to their care plan development and review? 	

Dimension: Quality and safety	
Regulation 7: Managing behaviour that is challenging	
National Standards for Adult Safeguarding	<p>Standard 3.1 The service strives to protect each person from the risk of harm and to promote their safety and welfare.</p> <p>Standard 3.2 Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.</p>
Line of enquiry	
<p>1. In the management and response to behaviours that challenge, are the safeguarding needs of the resident and other residents upheld?</p>	

Dimension: Quality and safety	
Regulation 8: Protection	
National Standards for Adult Safeguarding	Standard 3.2 Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider taken all reasonable measures to protect residents? 2. In the measures referred to in paragraph (1) above, has the registered provider included staff training in relation to the detection and prevention of and responses to abuse? 3. Where the person in charge is the subject of an allegation of abuse, has the provider: <ol style="list-style-type: none"> a. investigated the matter or b. nominated a person, who in the opinion of the registered provider, is a suitable person to investigate the matter? 4. Has the person in charge investigated any incident or allegation of abuse? 5. Do staff support and promote a culture of openness and accountability around safeguarding? 	

Dimension: Quality and safety	
Regulation 9: Residents' rights	
National Standards for Adult Safeguarding	<p>Standard 1.1 Each person's rights are recognised and promoted.</p> <p>Standard 1.2 Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Do safeguarding arrangements have due regard for the sex, religious persuasion, racial origin, cultural and linguistic background and communication needs of the resident? 2. Do staff and management ensure that residents are informed of, and can fully exercise, their rights? 3. Is each resident supported to assess the risks associated with the choices they make and to weigh up the benefits and the potential harms? 4. Has the provider ensured residents have knowledge of, and access to, independent advocacy services and decision-support services? 	

Dimension: Quality and safety	
Regulation 10: Communication difficulties	
National Standards for Adult Safeguarding	<p>Standard 1.2 Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.</p> <p>Standard 3.2 Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.</p> <p>Standard 4.1 Each person is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.</p>
Line of enquiry	
<ol style="list-style-type: none"> 1. Where there is a safeguarding concern, are the resident(s) kept fully informed of all matters, and of supports available to them, in a manner that accounts for their communication needs? 2. Has the person in charge ensured that, in so far as is practicable, residents know who to speak with in order to make a complaint or report a safeguarding concern? 	

Dimension: Quality and safety	
Regulation 17: Premises	
National Standards for Adult Safeguarding	Standard 7.1 Resources are used efficiently to reduce the risk of harm and promote the rights, health and wellbeing of each person.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider considered safeguarding in ensuring that the premises of the designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3? 2. Has the provider, having regard to the safeguarding needs of the residents of a particular designated centre, provided premises that conform to the matters set out in Schedule 6 of the regulations? 3. Has the provider ensured that any consideration of refurbishment of a service's facilities or buildings considers how the physical environment can contribute to promoting each person's rights, health and wellbeing, for example having the least restrictive environment? 	

Dimension: Quality and safety	
Regulation 26: Risk management	
National Standards for Adult Safeguarding	Standard 3.1 The service strives to protect each person from the risk of harm and to promote their safety and welfare.
Line of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that the risk management policy safeguards residents? 2. Has the provider ensured that the risk management policy has arrangements for the identification, recording, investigation and learning from safeguarding incidents? 3. Have safeguarding risks been identified, assessed, and necessary measures and actions put in place to control the risks? 4. Does the provider have a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property? 	

Appendix 1. Revision history

Revision Date	Summary of changes
June 2024	Version 1 — first published
March 2025	Version 2 — updated to reflect the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025
May 2025	<p>Version 2.1</p> <p>Reference to the care and welfare regulations amended on page 5. These regulations are now referred to as:</p> <ul style="list-style-type: none">— Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) <p>No other change to contents.</p>



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