

A learning event focusing on governance and management in the disability sector

October 2025



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Agenda



9:15	REGISTRATION & REFRESHMENTS
10:00	WELCOME ADDRESS By Ciara McShane, Interim Deputy Chief Inspector, Disability Services
10:10	WHAT IS GOOD GOVERNANCE & HOW DOES IT IMPACT
10:45	THE ROLE OF GOVERNANCE AND ACCOUNTABILITY IN THE NATIONAL STANDARDS FOR HEALTH & SOCIAL CARE SERVICES
11:10	TEA/COFFEE BREAK
11:35	A FOCUS ON RISK MANAGEMENT
12:05	REGULATION - THE IMPACT
12:45	CLOSE

Welcome



Ciara McShane, Interim Deputy Chief Inspector,
Disability Services



What is good governance and how does it impact

Ciara McShane, Interim Deputy Chief
Inspector, Disability Services

Ann-Marie O'Neill, Regional Manager,
Disability Services



Fit providers have good governance arrangements

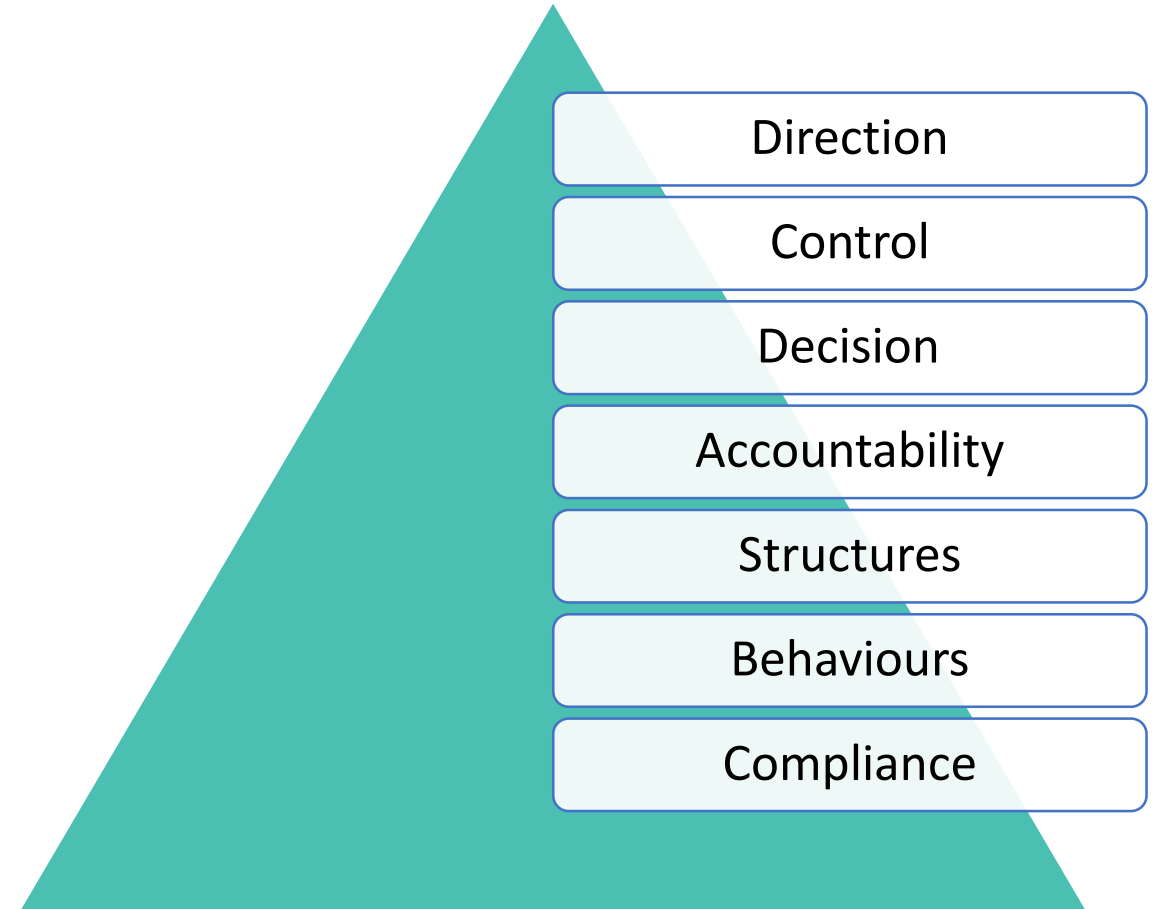


Fitness is among other things, the ability of the registered provider, PPIM and person in charge to:

- ☐ 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.

Definition of Governance

Governance is concerned with structures, processes for decision making, accountability, control, and behaviour at the top of organisations.



Back to Fitness!

- ☐ Are there clear lines of accountability and responsibility
- ☐ Are individuals informed of their roles and their responsibility
- ☐ Do employees know who they report to – escalate concerns and so forth
- ☐ Do the processes and procedures give clarity to staff on how to complete their job, protect them and protect the residents they support
- ☐ Is there a positive attitude from the top down – importance of culture



Brainstorm – No. One



At your table speak about how you have overcome a challenge that arose, in a designated centre, with the use of effective management systems and oversight.

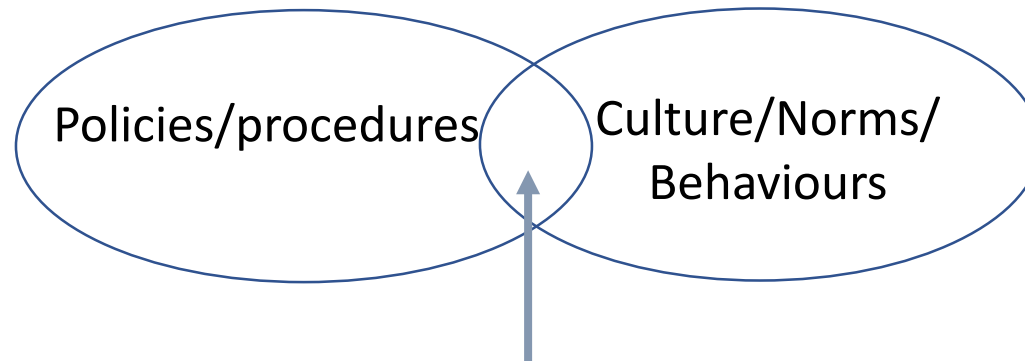
Good Governance – Paper & Practice

Good governance on **paper**

Policies/procedures

Good governance in **practice**

*Environment/Culture/Norms/
Behaviours*



Good Governance



The Role of the Board

The role of the board

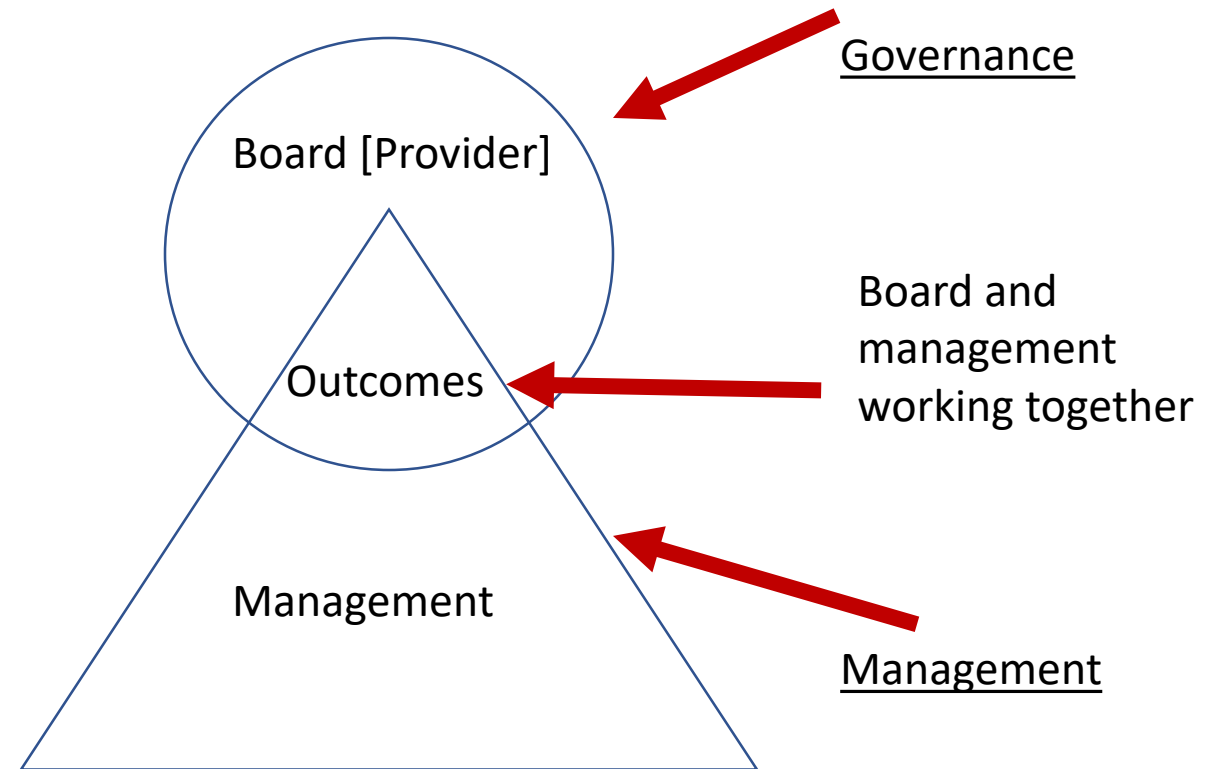


- ☐ Governance
- ☐ Setting strategic direction
- ☐ Financial oversight
- ☐ Risk management
- ☐ Fiduciary duties
- ☐ Stakeholder relations
- ☐ Hiring and supervising leadership
- ☐ Legal and ethical oversight

While the Board [provider] may delegate particular functions to management the exercise of the power of delegation does not absolve the Board [provider] from the duty to supervise the discharge the delegated functions.

What about Management?

- ❑ Management involves implementing the policies and plans established by governance.
- ❑ Management teams are accountable for implementing governance directives *effectively and efficiently*.
- ❑ Authority over *day-to-day* operations and *resource management*.
- ❑ Management tends to have a *shorter-term perspective*, concentrating on achieving *specific objectives*, meeting targets, and *addressing immediate challenges or opportunities*.



Your views - what **three words** come to mind when you think of '**Governance**'?

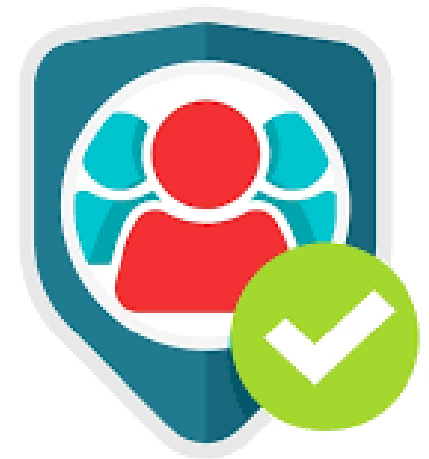


Why does Good Governance matter?

The background features a series of overlapping, semi-transparent geometric shapes in various shades of teal and light blue. These shapes include long horizontal bars, diagonal bands, and triangular forms that create a sense of depth and movement. The overall aesthetic is modern and clean, typical of corporate or institutional branding.

Governance and Person-Centred Care

- ☐ Ensures residents' rights, dignity, and choice
- ☐ Supports autonomy and inclusion
- ☐ Prevents institutional practices
- ☐ Arrangements in place to assess and support residents' needs



Governance: Safeguarding & Risk

- ☐ Risk management systems in place
- ☐ Arrangements to safeguard vulnerable residents
- ☐ Learning from incidents and near misses



Governance and workforce management

- ☐ Safe recruitment & vetting
- ☐ Ongoing training and supervision
- ☐ Appropriate number of staff to meet the assessed needs
- ☐ The correct skill-mix of staff
- ☐ Staff supported to deliver high-quality care and oversight arrangements in place to facilitate this



Impact of Poor Governance

- ❑ Lack of oversight → unsafe practices, needs not met
- ❑ Institutional routines (e.g. rigid schedules, central kitchens, group based)
- ❑ Residents' rights not upheld and protected
- ❑ Inadequate safeguarding & risk management → risk of harm
- ❑ Regulatory action → escalation



Positive Impacts of Good Governance

- ❑ Safe effective care
- ❑ Residents feel safe, protected and assured
- ❑ Care at the right time in the right place
- ❑ Rights upheld and respected – Human rights-based approach, Consistent quality of care
- ❑ The right staff doing the right thing



Positive Impacts of Good Governance

- ❑ A positive culture with good staff morale & staff retention
- ❑ Public confidence in services
- ❑ Opportunities to learn, develop and improve
- ❑ Capacity to respond and deliver
- ❑ Clear channels to escalate concerns



Brainstorm – No. Two



At your table speak about how management systems in your centres have supported:

- ☐ Upholding residents' rights
- ☐ Safeguarding and protecting residents from undue risk
- ☐ Having an effective workforce

Why does good governance matter?



- ☐ Ensures safe effective care and service provision
- ☐ Upholds residents' rights
- ☐ Ensures protective measures are in place – safeguarding and risk management
- ☐ Underpins how services are overseen and monitored
- ☐ Identifies areas for improvement and areas of concern
- ☐ Provides layers of scrutiny and assurance
- ☐ Defines how a service is managed and supported on a day-to-day basis
- ☐ Sets out clear lines of accountability, roles and responsibilities
- ☐ Ensures processes and procedures are in place
- ☐ Ensures shared learning and reflection = service improvement

Thank you



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Communication & Accessibility



Resident Forums Report 2024
available at:

<https://www.hiqa.ie/reports-and-publications/key-reports-investigations/resident-forums-report-2024>



The role of governance and accountability in the National Standards for Health and Social Care Services



Deirdre Connolly, Programme Manager
Chloe Walsh, Standards Development Lead



Contents

Section 1: About National Standards for Health and Social Care Services

Section 2: Guidance & tools to support implementation of standards

Section 3: Stakeholder engagement

Section 1.

About the National Standards for
Health and Social Care Services

What are National Standards?

National standards are a set of **high-level outcomes** that describe how services can achieve safe, quality, person-centred care and support. They are **evidence-based** and informed by engaging with those who use and those who provide our health and social care services.

National Standards:

- provide a **common language** to describe what high-quality, safe, person-centred care looks like.
- create a basis for services to improve the **quality and safety** of the care they deliver, by identifying strengths and highlighting areas for improvement.
- assist people using services to **understand** what they should expect from a service.
- **promote** practice that is up to date, effective and consistent.



Standards Development Framework: A Principles-based Approach



Set out in the document:
[Standards-Development-Framework-a-principles-based-approach.pdf](#)

Principle 4:

Governance and Accountability



How a person experiences well-governed and accountable services:

I receive safe, consistent and high-quality care and support. I know who is responsible for delivering my care and support and I have confidence and trust in the health and social care services I access. The services I use are well managed and everyone knows and understands their roles and responsibilities and there is a culture of open communication, learning and reflection, and improvement. I have access to the care and support that I need and services work together to provide me with high-quality, coordinated and safe care and support and to make sure that I do not experience any gaps in my care and support.

Principle 1:

A human rights-based approach



How a person experiences a human rights-based approach:

My rights are protected and promoted by health and social care services and are explained to me in a way that I can understand. I am treated with dignity and respect and I do not experience discrimination for any reason when I am accessing or using services. I am valued and recognised as an individual who is able to participate in and exercise control over my life. I have a right to participate in decisions about my care and support, and when appropriate my family and the people caring for me are included in this process. Services work to support my participation. This ensures that I, and the important people in my life, can express our views, feelings and wishes in order to effect change in the care and support that I receive.

Principle 2:

Safety and wellbeing



How a person experiences safety and wellbeing:

I am supported to be safe and live a whole and fulfilling life, free from harm or abuse. Services recognise that my needs and aspirations are unique and treat me as a partner when planning for my care and support. The services I use see my whole needs, not just the needs I am presenting with, and the care and support I receive helps to maintain and improve my overall health, wellbeing and development. Services work together with other services to make sure that I receive the right supports at the right time. I am supported to live a full life, to pursue my goals and to reach my potential.

Principle 3:

Responsiveness



How a person experiences responsive services:

I receive care and support from skilled, experienced and trained staff who are clear about their role and responsibility in my care and support. These staff respond to my individual needs and circumstances in a timely and sensitive way and are informed by the best available evidence and information. Staff take the time to get to know me and see my needs, preferences and goals in a wider context, and do not focus on only meeting my most urgent needs. All staff involved in my care and support work together within and between services so that I receive the best possible care and support and they are supported to do this by the services they work in.

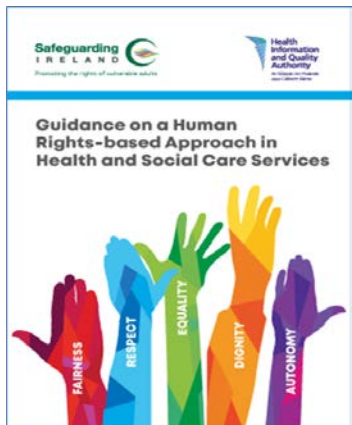
Section 2.

Supporting implementation of
National Standards into practice

Implementation Support Tools (guidance)

When developing standards, HIQA works to identify **barriers** and **facilitators** to the implementation of National Standards into practice. These are addressed in the standards or through additional support tools, such as:

- Online learning courses
- Academic slide-decks
- Videos and animations
- Easy-to-read guides
- Guidance
- Posters and leaflets



Guidance for staff



Educational video



Online learning course

How to put national standards into practice – implementation guide

Importantly for those responsible for overseeing governance and accountability is our [practical guide](#) to support senior staff to understand what national standards are, what they mean for their service and how to put them into practice.

The guide outlines a self-appraisal process to support services to put national standards into practice and improve quality and safety.

It includes topics for reflection, tools, templates and resources throughout.

Action plan template

Health Information and Quality Authority
An tÚdairís Um Fianáin agus Caliaocht Sábháil

mhc
comhairleas neamhspleách - údairís
mental health commission

Selected national standards:

	Selected standard statement Input the specific standard statement that the action relates to	Action Outline the identified action to align the service to the standard statement	Person(s) responsible and their role Identify the named person(s) responsible for delivering the action and their professional role(s)	Date to be completed Input the deadline for action	How will progress be monitored? Outline how progress towards monitoring the action will be measured	Evidence of progress Review the action plan regularly, noting progress towards delivering the actions in practice	Status Note the current status of the action (not started / in progress / complete)
1.							
2.							

Self-appraisal tool template

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mhc
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mental health commission

Selected national standards:

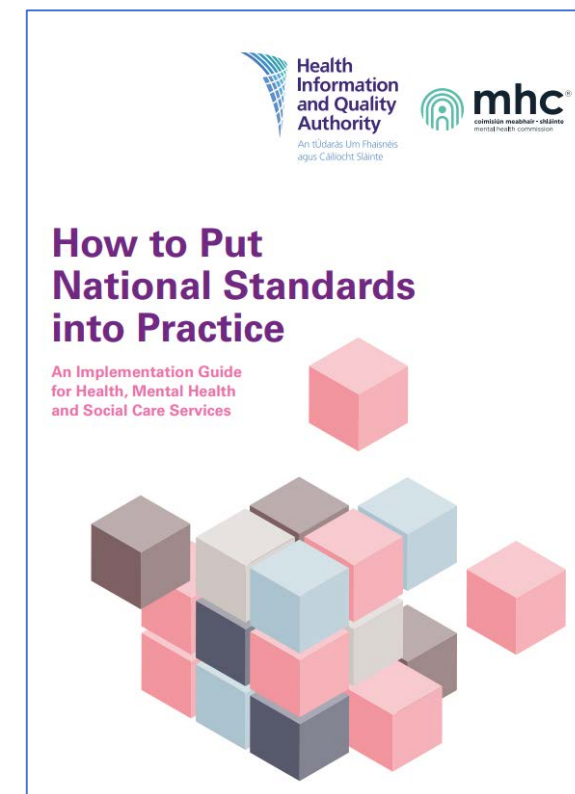
Theme/Principle:

Selected standard statement:

Part 1: Self-appraisal

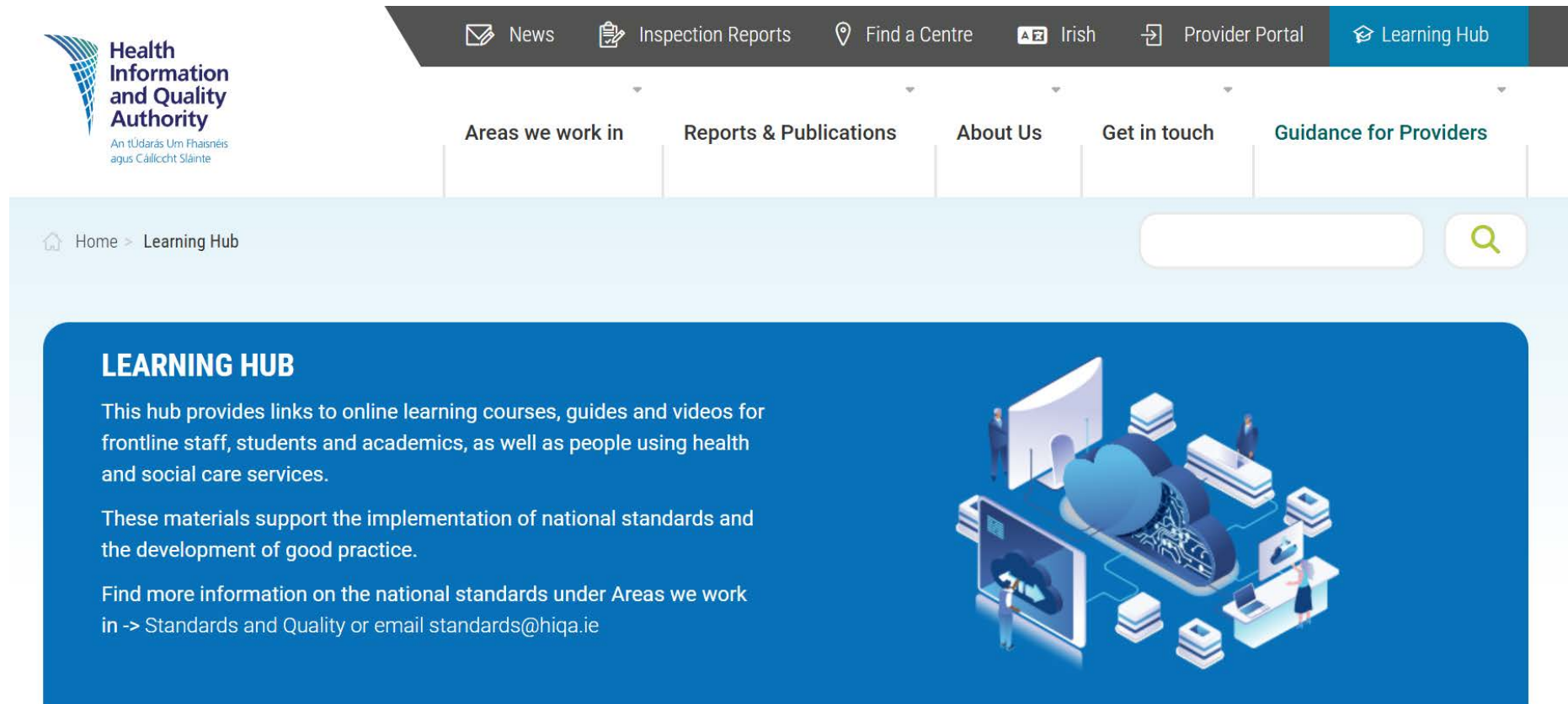
Q1 What are we doing now to meet this standard statement?

Q2 What are our service's strengths in relation to this standard statement?



[Read our guide on how to put national standards into practice](#)

HIQA Learning Hub



All implementation support tools are available on our [Learning Hub](#) on the HIQA website.

Section 3.

Stakeholder engagement

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How we engage with stakeholders

Engagement with key stakeholders includes:

- formation of advisory groups and working groups
- public consultations
- focus groups with people working in and using health and social care services, professional organisations and public bodies
- surveys
- online learning course evaluation surveys
- collaboration with external organisations to share our learning and expertise
- formation of a children's reference group.



International
collaboration



Focus groups



Online learning course
evaluations

"This module helped me refresh my skills. It made me aware of the importance of delivering information in an effective way to people who may have various communication difficulties." –
Healthcare worker in an older person's residential service.

Find out more

You will find more information by visiting the Standards section on the HIQA website <https://www.hiqa.ie>. All resources are also available to view and download from the HIQA [Learning Hub](#).



CICER Clinical Guideline Support

We are responsible for producing the evidence to support the development of National Clinical Guidelines. The guidelines aim to promote healthcare that is current, effective and consistent, ensuring best outcomes for patients and people using services.

[FIND OUT MORE](#)



National Standards

We aim to improve the quality and safety of health and social care services by setting national standards and publishing guidance.

[FIND OUT MORE](#)



Find a Centre

If you are looking for a nursing home, hospital or disability centre, please click here for further information.

[FIND OUT MORE](#)

**Health and Social
Care Standards**

standards@hiqa.ie

Follow us on:



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Thank you

Contact us:

Email: **standards@hiqa.ie**

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A focus on the role of risk management in Designated Centres

A presentation for PICs & PPIMs on the implementation of effective risk management systems in designated centres for adults and children with disabilities.



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Conor Brady, Regional Manager
Tanya Brady, Regional Manager

A Focus on Risk...

A key challenge for any PIC and management structure is to balance risk with acceptable reward.

The risk appetite of the centre is the level of risk the provider is willing to accept to achieve its objectives. This is easier said than done in human services.....as we work with people not products. Person-centred services promote choice and consultation and people often chose to take risks.

Awareness that risk is the effect of uncertainty on objectives and that the effects can be both positive and negative

- Predominant focus is on threats, vulnerabilities or exposures
- Balanced with a need to welcome and accept opportunities

**RISK COMES
FROM NOT
KNOWING WHAT
YOU'RE DOING.**

WARREN BUFFETT

Risk Management Concepts & Ideology



A large mass of cross-sectoral Risk Management Theory & Concepts available. Much of this is transferable – Health, Aviation, Financial/Banking, Health & Safety, Regulatory, etc.

Risk Management



First step – Understanding Risk



Next Step -

Organizations have a responsibility to develop a Culture of Risk Awareness at ALL levels in the team.....starting at the top! You as PICs/PPIMs are tasked to ensure this happens in your centres?

Fundamentals of Risk Management

What is Risk?

- ▶ Risk can be defined as an **uncertainty of outcome**, whether a positive opportunity or a negative threat.
- ▶ A risk may prevent or delay the achievement of an organisation or unit's goals or objectives.
- ▶ **A risk is not certain** – its likelihood and impact can only be estimated.

What is Risk Management?

- ▶ The primary purpose of risk management is to **identify potential hazards** that may be experienced through our work, while **assessing** and **reducing** their risk of occurring to an **acceptable level**. It is a key activity which should take place on an ongoing basis within your organisation.
- ▶ A risk management strategy helps an organisation achieve its **strategic and operational objectives** by **managing and mitigating** the risks which have the **potential to affect the achievement** of those objectives.

The Importance of Risk Management

- ▶ Effective Risk Management helps to create a **culture of accountability** and promote **responsible decision-making** throughout the Organisation.
- ▶ By linking business goals to risks, it **supports strategic thinking** and **alignment to business goals** across all levels.
- ▶ Effective risk management establishes **clear roles and responsibilities**.
- ▶ It supports **continuous improvement** as mitigation actions and control measure are identified to bring the risk within a tolerable level.

Risk Management Guidelines for Government Departments and Offices (DPER, 2016):

Organisations face **internal and external factors and influences** that make it **uncertain** whether and when the **extent to which they will achieve or exceed their objectives**. The effect that this uncertainty has on the organisation objectives is “risk”.

Fundamentals of Risk Management

The risk management cycle includes the following steps:

1. Objectives:

- Here consideration is given to the potential risks associated with everyday activities in the centre.

2. Risk Assessment:

- We identify the risks and uncertainties associated with our objectives and analyse the risk's impact and likelihood and mitigate them as appropriate.

3. Challenge and Evaluate Controls:

- We ask questions like are the controls effective? Do they help contain the risk? Do we need additional controls? and/or what other actions should be considered to improve those controls? Are the controls regularly reviewed?



Risk Management Cycle

Fundamentals of Risk Management

4. Take Action:

- We take action for risks where controls are weak or absent or where the risk exceeds its assigned appetite. We are mindful of limitations that may exist to effectively implement control measures to manage the risk. The action taken may include tolerating, treating or eliminating the risk.

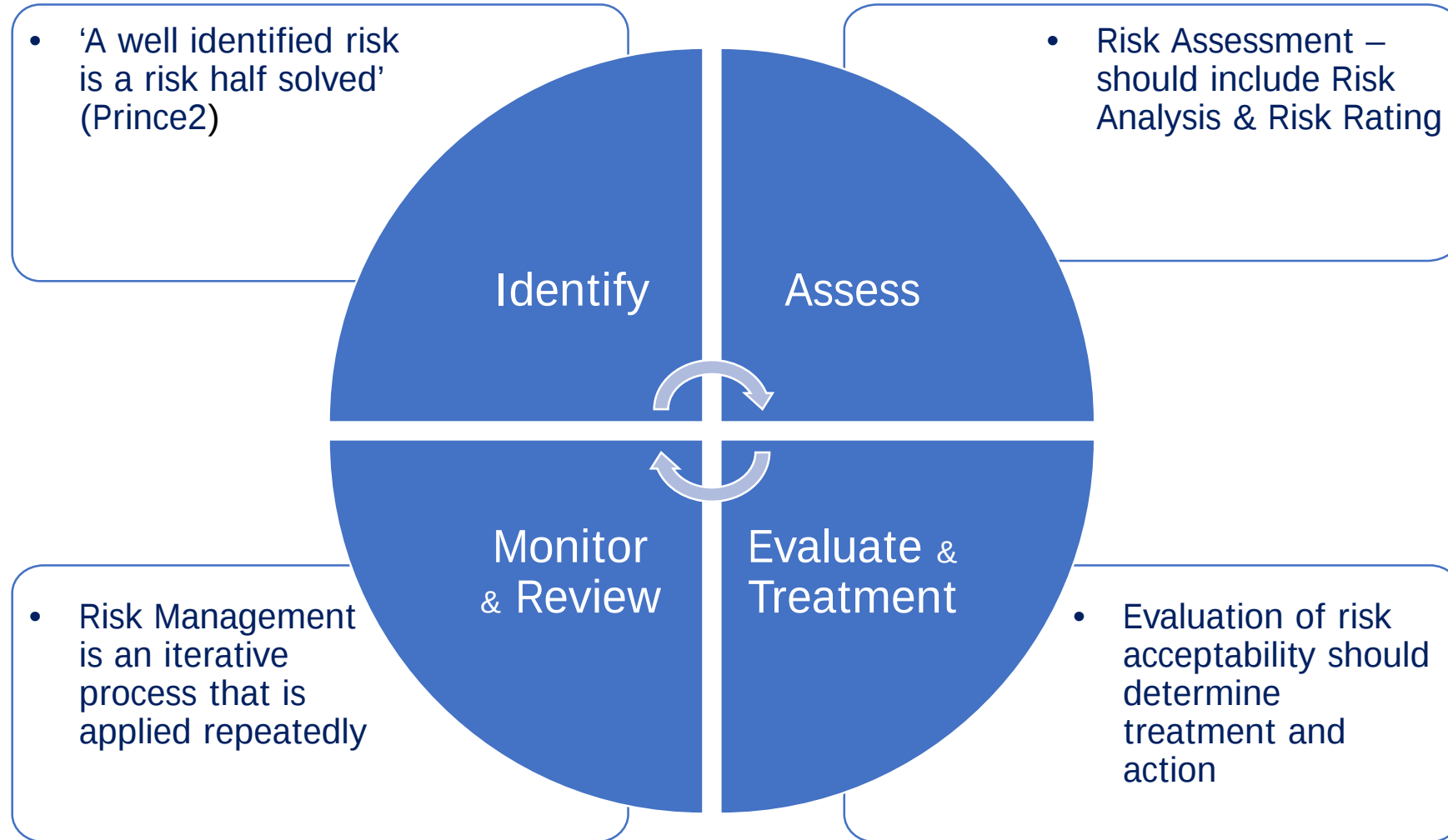
5. Monitor and report:

- All risks should be monitored, reviewed, actioned, recorded and reported as appropriate on a regular basis. Reviewing all risks and monitoring of internal control weaknesses, gaps and failures regularly should be a standing agenda item at team and management meetings.



Risk Management Cycle

Risk Management Cycle



Risk Management Cycle

Objectives

Risk assessment

Risk Control

Take actions

Monitor and Report

What are your objectives?

Identify, analyse, evaluate & rate risks

Challenge and evaluate controls

Take actions to address control weaknesses or gaps

Use 'Risk Register' to monitor and review and report

Scenario 1

Case Study: James

Background

- James is a 27-year-old man with a moderate intellectual disability and autism.
- He lives in a designated centre with two other residents and receives 24-hour care.
- James has limited verbal communication and uses short phrases, gestures, and a communication board.
- He has a history of childhood trauma, placement breakdowns, and difficulties with change.

Presenting Challenges

James displays several high-risk behaviours, particularly when he feels anxious or overwhelmed:

- **Aggression toward others:** hitting, biting, pushing staff or peers.
- **Self-injurious behaviour:** head-banging against walls, punching himself.
- **Property damage:** breaking furniture, throwing objects.
- **Absconding risk:** regularly attempts to run into roads or leave the service unsupervised.



Scenario 1

Risk Factors and Triggers

- Sudden changes in routine (e.g. cancelled activities).
- Loud or crowded environments.
- Perceived loss of control (e.g. being told “no”).
- Difficulties with communication and not being understood.
- Past trauma leading to distrust of staff.



Protective Factors & Support Strategies (Link to Control Measures)

- Strong attachment to one keyworker with whom he feels safe.
- Enjoys music and sensory activities, which help reduce distress.
- Responds positively to predictable routines and visual timetables.
- Shows motivation to engage in community activities when supported appropriately.
- Positive Behavioural Support - Functional assessment of behaviours to understand the purpose (e.g. escape from demands, gaining attention). Assessment-led care & support

Scenario 1

- Use of proactive strategies (predictable routines, clear communication, low-arousal environments).
- Staff trained in de-escalation and safe physical intervention as a last resort.
- Clear Communication - Use of visual schedules, and consistent short phrases.
- Opportunities for choice-making to give James a sense of control.
- Environmental modifications (removal of breakable objects, padding in areas where head-banging occurs).
- Regular safety planning with staff team.
- Supervision levels increased during high-risk times (e.g. transitions).
- Psychology support for staff in trauma-informed care approaches.
- Occupational therapy for sensory regulation strategies (weighted blanket, safe space).
- Regular reviews of medication with psychiatrist to support mood and reduce impulsivity



Scenario 2

Case Study: Mary

Background

- **Age:** 21 years
- **Gender:** Female
- **Diagnosis:** Mild intellectual disability, ADHD and lifelong mental health difficulties.
- **Living situation:** Resides in designated centre with three other adults, with support 24/7.
- **Family:** Limited involvement—estranged from abusive father, mother visits occasionally/infrequently.



Presenting Challenges

Support staff reported that Mary has been displaying **highly sexualised risk behaviours**, including:

- Approaching strangers in public and making sexual comments.
- Sending explicit photos to people she meets on social media.
- Touching herself in communal spaces/public.
- Consenting to unsafe sexual encounters when on unsupervised free time (no protection, multiple partners).

Scenario 2

Risk Factors:

- **Limited understanding of sexual consent and boundaries** due to intellectual disability.
- **Impulsivity and poor judgment** linked to ADHD and mental health difficulties.
- **Childhood Trauma/Abuse** poor/inappropriate attachment/foundation relationships
- **Physical Vulnerability** sexual health risks, STDs, pregnancy.
- **High levels of Emotional Vulnerability**, making her a high risk of exploitation or abuse.
- **Loneliness and desire for intimacy**, with few meaningful relationships.
- **Exposure to pornography** without guidance or context – lack of understanding.
- **Limited sex education**, particularly tailored to her specific cognitive/emotional ability.



Scenario 2

Comprehensive Sexuality Assessment/Education

- Delivered in accessible formats (visuals, role play, simplified language).
- Topics: consent, safe sex, private vs. public behaviours, online safety.

Behaviour Support Plan

- Clear rules and reminders about private vs. public behaviour.
- Positive reinforcement when she uses appropriate strategies (e.g. asking staff for support rather than acting out).

Therapeutic Support

- Referral to psychologist with experience in intellectual disability and sexual behaviours.
- Focus on impulse control, social skills and safe relationship-building.

Health and Safety

- Regular sexual health checks.
- Education and support around safe sex/positive sexual health.

Social Inclusion

- Encouragement to join supervised social groups where she can build safe friendships.
- Peer mentoring with others who have disabilities but demonstrate healthy relationship skills.



Regulation 26 – Risk Management Procedures

26 (2) - The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.



Risk Categories

Risk Category	Description
Strategic	Risks arising from identifying and pursuing a strategy, which is not clearly defined, or is based on outdated or inaccurate data due to a changing macro-environment (e.g. political, economic, social, technological, environment and legislative change) that fails to support the delivery of strategic commitments, plans or objectives.
Financial	Risk arising from not managing resources in accordance with requirements and/or constraints (e.g. lack of funding) resulting in failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.
Operational	Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes and / or ICT systems resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance with statutory functions and/or poor value for money.
Reputational	Risks arising from adverse events, ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.
Compliance / Legal / Governance	Risks arising from i. Non-compliance with laws and regulations, internal policies or prescribed best practices. ii. Risks arising from a contract and / or a claim being threatened or made (including proceedings issued, a defence to a claim or a counterclaim) or some other legal event occurring iii. Risks arising from ineffective or disproportionate governance structures impacting decision-making and / or performance
People	Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, the unavailability of sufficient capacity and capability, industrial action and / or non-compliance with relevant employment legislation / HR policies resulting in negative impact on performance.
Project Delivery	Risks that programmes and projects are not aligned with objectives and do not successfully and safely deliver requirements and Intended benefits (innovation, time, budget and quality).



What are the Risk Categories that are most apparent in your designated centres?



Risk Matrix & Risk Registers

The purpose of risk registers is to capture and maintain information on all the risks relating to the designated centre.

Where the level of residual risk is within the risk appetite for that category, the risk is managed by the appropriate management level.

		Negligible	Minor	Moderate	Significant	Substantial	
	Rating	1	2	3	4	5	
Almost certain	5	5	10	15	20	25	High
Likely	4	4	8	12	16	20	
Possible	3	3	6	9	12	15	
Unlikely	2	2	4	6	8	10	Med
Rare	1	1	2	3	4	5	
							Low

The Language of Risk Management...



- *Worry*... is a form of self-torment, best described as 'what-if' thinking. Anticipates problems and things not going to plan/going awry (loss of control).
- *Concern* ...on the other hand, is a calculated consideration and assessment of actual danger and is more fact-based and geared toward problem-solving.
- *Issue* ...is an event, condition or situation that has already happened and has impacted or is currently impacting.
- *Hazard* ...A hazard is a potential source of harm or adverse effect- e.g. something that can cause harm.
- *Risk* ...a risk as an uncertain event or condition that, if it occurs (based on probability – high/low), can have a positive or a negative effect. Can pose opportunities and threats to the organizations objectives.

Risk Tolerance & Risk Appetite



Risk tolerance is the level of risk within a centre that is acceptable per individual, whereas risk appetite is the total risk that the centre can bear in a given risk profile.

Risk appetite can be defined as 'the amount and type of risk that the centre is willing to take in order to meet individuals objectives and ensure good quality of care and support.

Centres will have different risk appetites depending on the resident profile. A range of appetites exist for different risks and these may change over time.

Risk appetite and tolerance need to be high on management agendas and is a core consideration of an effective risk management approach.

Risk Culture eats Strategy for Breakfast...

An organisation's risk culture determines the way risks are identified, understood, discussed, and acted upon in the organisation. How this filters down to centre level depends on PICs/PPIMs.

Culture is about behaviour – what you do, not just what you say.

There is no single accepted definition of what culture or risk culture is and similarly no regulator will attempt to impose cultural standards/norms on any provider – there is no one size fits all.

However, it is essential that organisations and their employees have a solid understanding as to the behaviours that are expected of them in their employment.

HIQA as regulator is looking for providers to implement positive risk management culture within the centres they regulate.



Risk Culture eats Strategy for Breakfast...

A *sound* risk culture consistently supports appropriate risk awareness, behaviours and judgements about risk-taking within a strong risk governance framework.

A sound risk culture bolsters effective risk management, promotes sound risk-taking, and ensures that emerging risks or risk-taking activities beyond the centres risk appetite are recognised, assessed, escalated and addressed in a timely manner.

A culture of **Risk Ownership & Accountability** must be understood and promoted.

The best approach is likely to be one where the ownership of risk is in the frontline, supplemented by strong oversight and control from the second line and assurance from the third line.

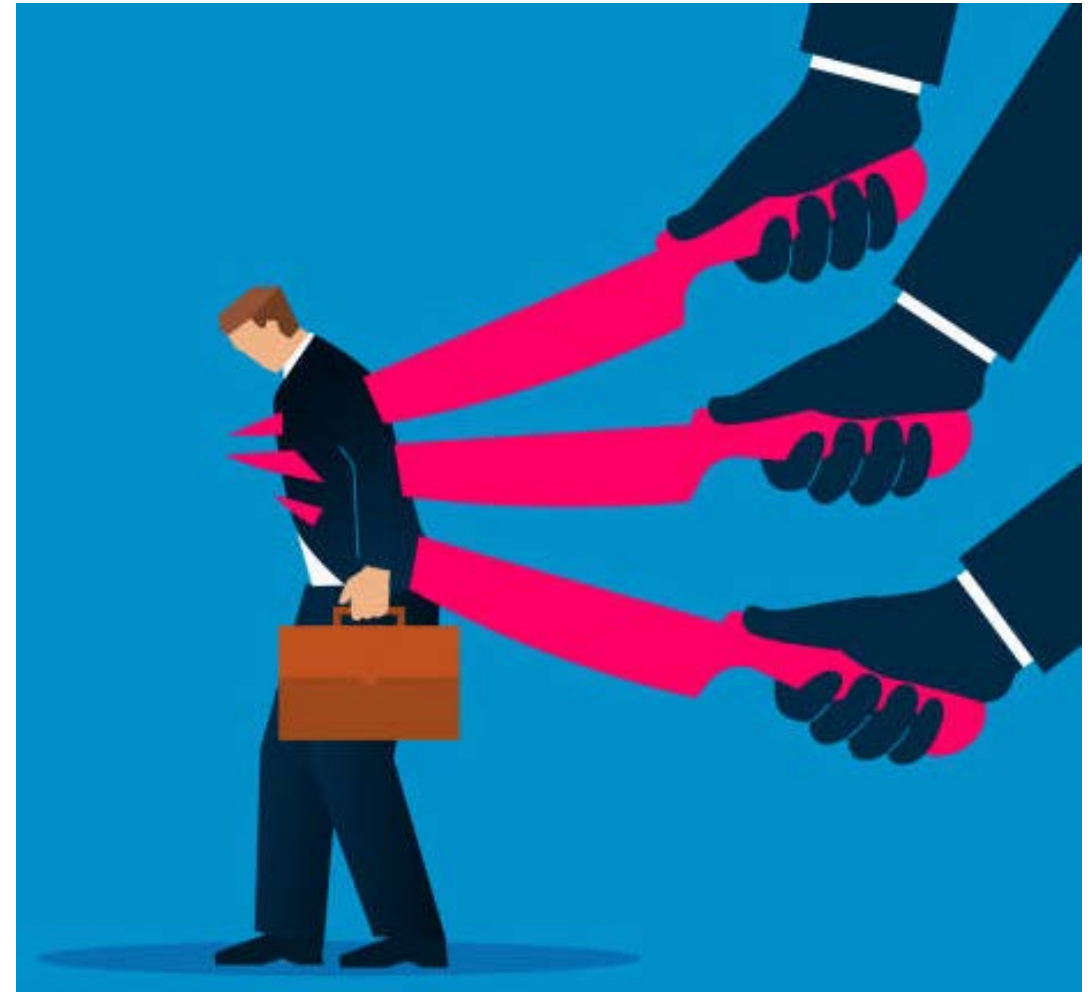
Embedding risk culture involves ingraining the belief that “risk is everyone’s responsibility.”



Risk and Blame

“High blame” approaches to risk management operate on a win/lose approach to governance and risk.

Positive Risk Management only functions effectively if all incentives to hide information about our errors and mistakes are removed, so that near misses and failures can be fully analysed and discussed in order to prevent major accidents and failures.



Risk...Anxiety

For You, as Persons in Charge/Persons Participating in Management, What gives you the most anxiety when managing risk in your designated centres?

Trust and Risk

A trustworthy centre is one that operates effectively, acts with due concern for the interests of its residents and conducts itself according to the principles of honesty, integrity and fairness: that is, with high ethical standards.

Trust, honesty and fairness: The key people involved in the application of good governance and risk management must be trustworthy and honest and treat others fairly at all times.

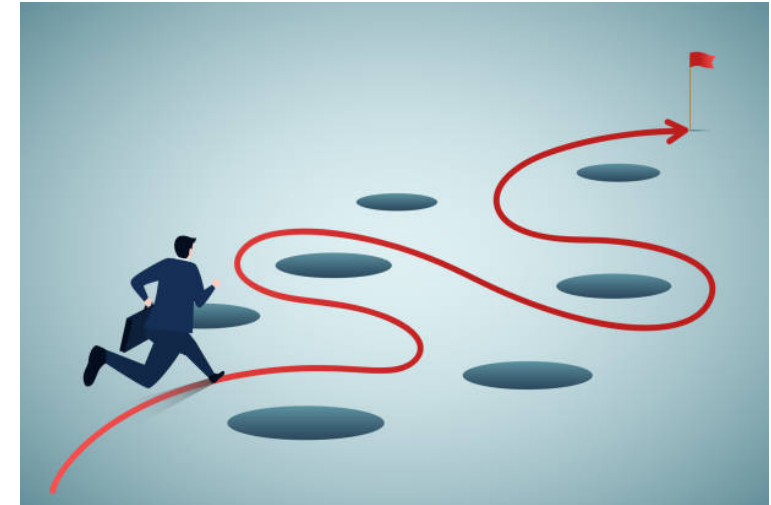
Trust is a cornerstone of successful risk management.

Trust in those who manage and provide services is paramount. It is the factor that often leads to the greatest successes ; but in contrast, breaches of trust almost always lead to the most spectacular failures.



Main Challenges to Effective Risk Management

- We sometimes can think we know it all when it comes to risk.....we don't.
- Risk Management is rhetoric heavy and can be seen as overtly conceptual/technical.....then we need to simplify it.
- Risk is subjective
- Risk can be emotive
- **Risk is a tool.....not a rule**
- Inconsistent application of risk management
- Governance is a balance between performance and conformance BUT effective risk management has to be both
- Risk (and its brother Quality) can often be viewed as sitting in a disconnected space away from the busy operational space – this prevents understanding and is a barrier to 'buy in' and a strong risk culture.



Questions or Comments?



The biggest risk a person
can take is to do nothing.

Robert T. Kiyosaki

Thank you



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Communication & Accessibility

We have launched an 'About HIQA inspections' guide' available at:

<https://www.hiqa.ie/reports-and-publications/guide/your-guide-hiqa-inspections-disability-services>



Regulation – The Impact

Mick Keating, Interim National Operations Manager,
Disability Services



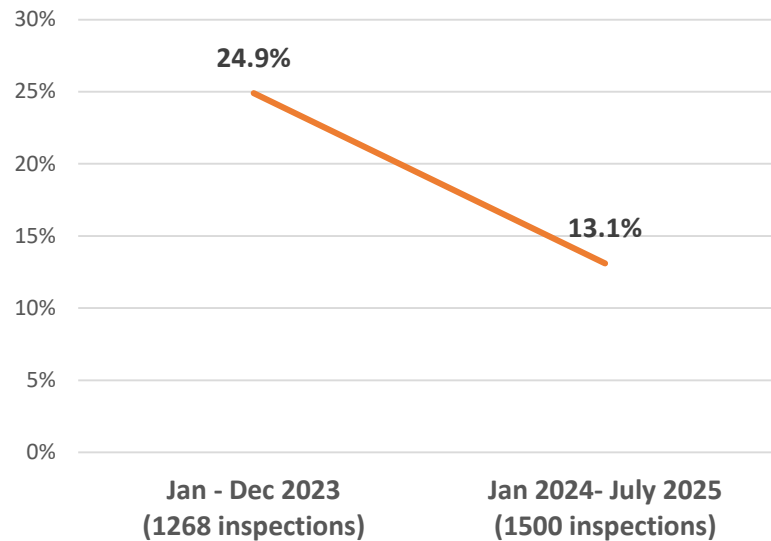
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Governance and Management

Non-compliance to Regulation 23: Governance & Management



Co-occurring Non-Compliance with Regulations 23

Of the 197 inspections where Reg 23 was not compliant, 185 inspections (94%) also had at least one other regulation judged as not compliant.

No. of other not compliant regulations	No. inspections
1	34
2	35
3	39
4	23
5	23
6	11
7	11
8	4
9	1
10	3
11	1
Grand Total	185

Most Common Regulations also found Not Compliant:

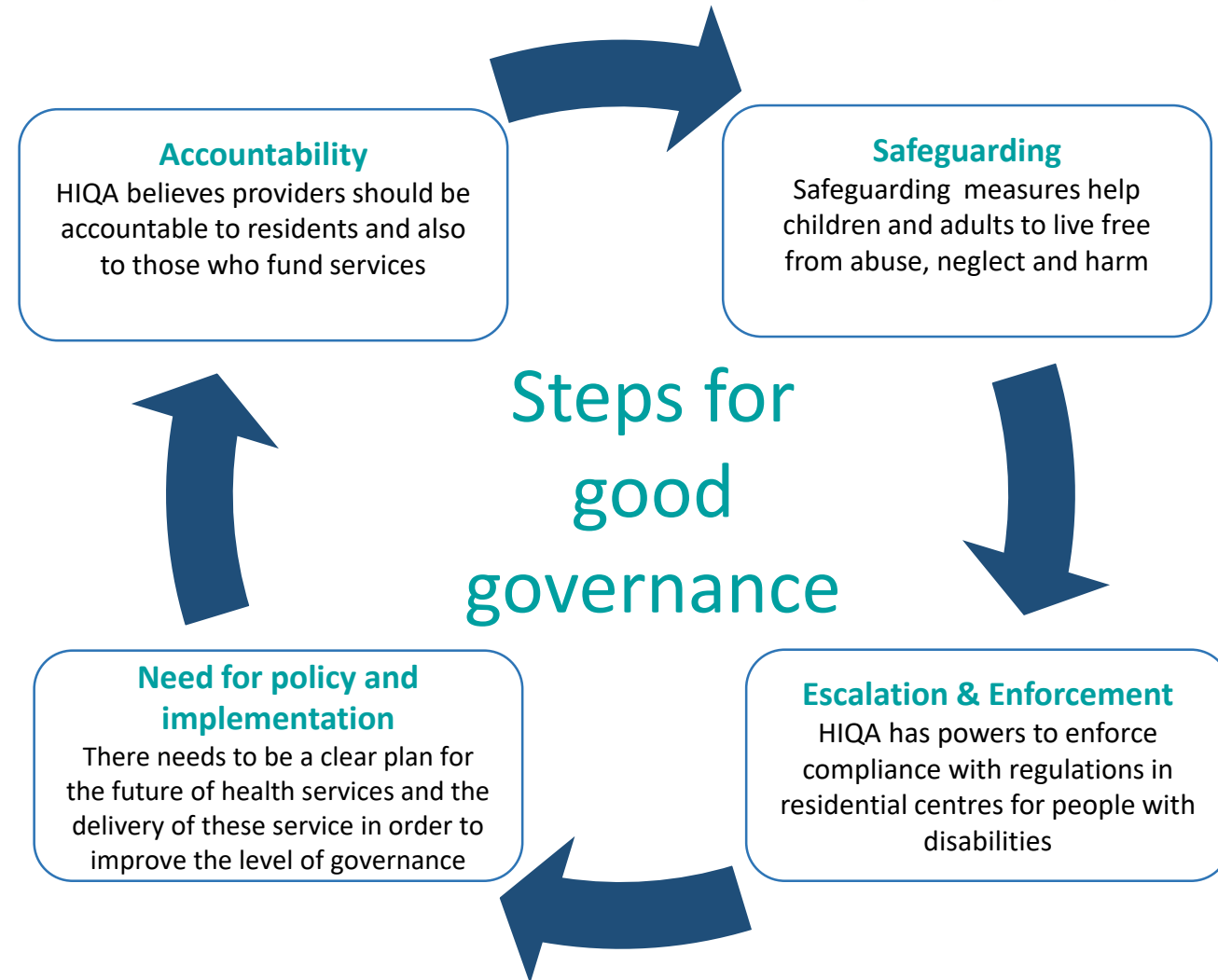
- ☐ Risk Management – 39.1%
- ☐ Protection – 32.5%
- ☐ Staffing – 27.9%
- ☐ Residents Rights – 26.4%

Escalation – Impact

In the inspections where there have been high levels of noncompliance, this has led to escalated actions up to and including cancelation of registration under Section 51 of the Health Act 2007.

The level of noncompliance has also had a significant impact on residents.

All examples that will be referred to have been subject to escalated actions – the centres will not be identified.



Common Themes

- ❑ Absent Person in Charge (PIC) or frequent changes to PIC
- ❑ Compatibility issues leading to assaults and residents living in fear
- ❑ Poor risk management practices leading to injury
- ❑ Inadequate numbers of staff to meet the needs of residents, with direct impact of the rights of these residents
- ❑ Inexperienced staff unable to respond appropriately to the needs of residents – inadequate training.



Real examples – Centre 1

The designated centre had poor inspection findings in April 2024 which resulted in a notice of decision to cancel the registration of the centre under Section 51 of the Health Act 2007, as amended.

Poor governance and management impacted negatively on residents' safety

The provider failed to provide consistent management, adequate recourses and sufficient staff training. There was frequent changes in person in charge (3 over one year) high turnover of staff, high use of agency staff and lack of staff training to meet the residents support needs.

This saw lack of consistency and continuity in care and support provided to the residents and resulted in lack of follow up on matters that related to the residents health and wellbeing.

Centre 1

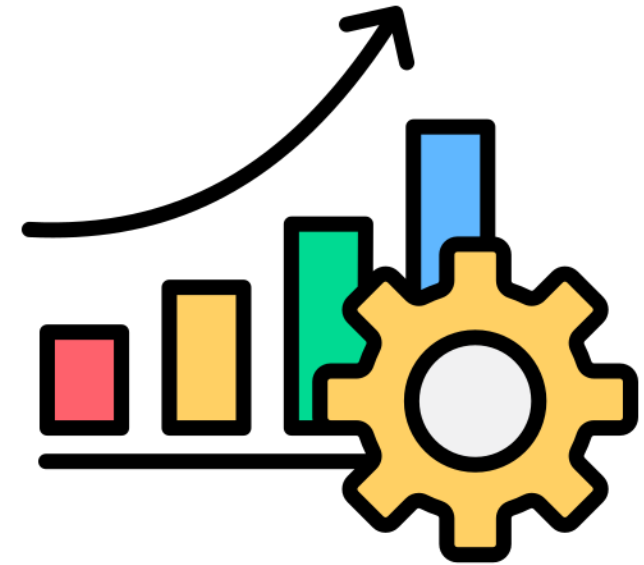
Inspection January 2025 - Since taking over the centre, the new provider and person in charge had made significant improvement to residents safety and wellbeing.

The person in charge had been effective in responding to risks previously identified and had put in place a number of systems, structures and actions in an effort to reduce the risks in place. The management team, supported by the provider, implemented significant improvements in the care and support provided to the residents.

Key improvements included:

- ✓ A structured schedule of PPIM and PIC visits to the centre (including night-time and weekends).
- ✓ The person in charge, as much as possible employed the same regular agency staff members. Effective on-call arrangements and improved oversight mechanisms ensured consistent and high-quality care and quickly addressed potential incidents or emergencies.
- ✓ Regular team meetings facilitated shared learning and updates regarding the residents care and support.

Impact: The residents were provided with care and support from staff they were familiar with and positive relationships were forming due to the consistency of the team supporting the residents.



Centre 2

The designated centre had poor inspection findings in September 2023 which resulted in escalated action.

Poor governance and management impacted negatively on residents' safety

Inspection raised compliance concerns particularly relating to compatibility of residents, suitability of the premises and staff concerns not being escalated through the provider's organisational structure. There were peer-to-peer incidents of aggression with one resident particularly frightened and was engaging in self-injurious behaviour. Staff reported they were kept busy keeping residents apart. Residents were being woken by others at night time. All residents right to freely and autonomously navigate their own home was significantly impacted.

Local management had not been analysing or escalating incidents in centre to ensure they were addressed.

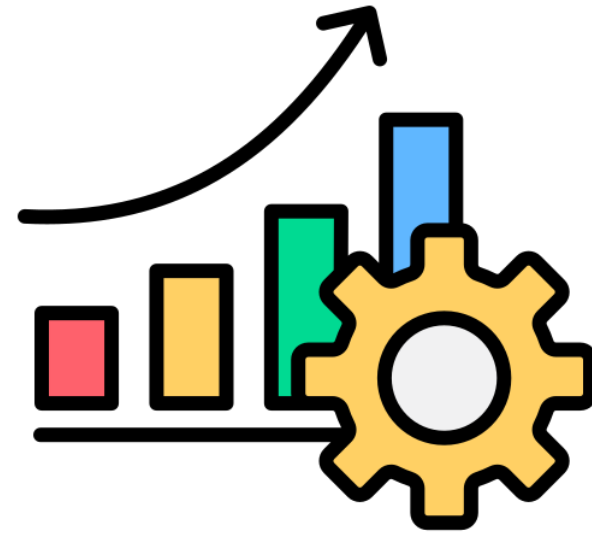
Centre 2

Improved compliances subsequently found on two further inspection in November 2024 and July 2025.

Following escalation meeting provider responded promptly to this making premises changes, reducing resident capacity and making management changes.

Key improvements included:

- ✓ The capacity of the centre was reduced with one resident moving to another designated centre (the centre where the resident moved to was later inspected by the same inspector).
- ✓ Premises changes were made providing the remaining residents with more space. This had a positive impact as it gave residents greater freedom in their home while also reducing the potential for negative interactions between residents to occur.
- ✓ A change was made to the centre's organisational structure which involved a new PPIM being appointed. The new manager regularly attended the centre unannounced and at differing times. Staff and residents spoke very highly of the support they received from management.
- ✓ Effective escalating of concerns through the organisational structure (an issue raised on the inspection was that staff were raising concerns at the staff meeting but these weren't being reported upwards).



Centre 3

The designated centre had poor inspection findings in February 2024 which resulted in a notice of proposed decision to cancel the registration of the centre under Section 51 of the Health Act 2007, as amended.

Poor governance and management impacted negatively on residents' safety

Inspection identified very poor systems of oversight in place with audits/checks not occurring or if they occurred they were not identifying relevant risks and issues which were directly impacting a resident. For example no care planning or information in place around a resident's significant recent health diagnosis and poor risk management which was leading to significant incidents.

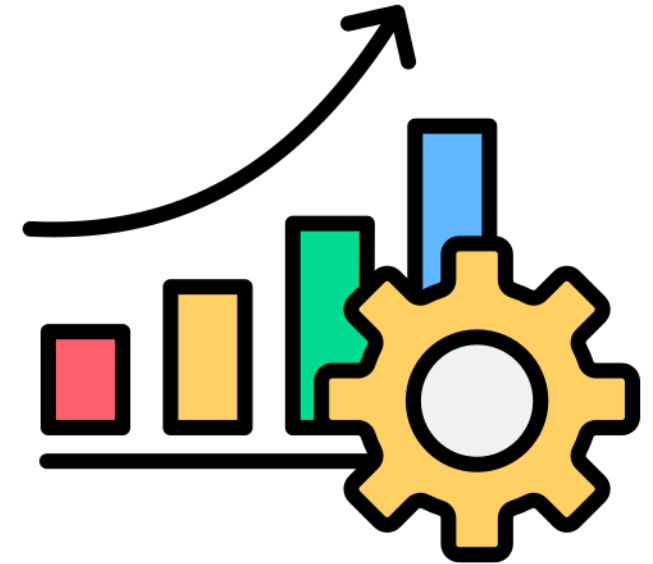
Significant failures were found relating to, healthcare management, risk management, staffing, safeguarding of resident finances, fire safety, restrictive practices and medicines management.

Centre 3

Inspection September 2024 (Post representation) identified that all actions as set out in the representation and compliance plan were completed and more robust systems of oversight were now in place. The report was largely compliant with positive outcomes noted for the resident that lived there. Regulation 23 (Gov & Mgmt) was found compliant. Incidents were reducing and when they did occur they were well managed. The resident had been an active participant in their treatment for the health related matter above and there was robust guidance and follow-up from staff.

Key improvements included:

- ✓ Core staff team recruited – providing consistency and ensuring resident knew who was coming on shift
- ✓ Formal staff supervision introduced
- ✓ Lone working policy introduced with effective on call and emergency cover
- ✓ Risk management approaches in the centre reviewed
- ✓ Formal reporting structures enhanced – PIC/PPIM/SMT/Board
- ✓ Training schedule put in place for staff
- ✓ Effective auditing and oversight – PPIM 'drop in' visits.



Further inspection in July 2025 identified that overall the improvements has sustained. The systems of oversight were consistently applied and identifying areas of improvement when required. There was now two residents living in the centre and both were having a very positive lived experience with busy active lives. Incidents had significantly reduced. There was a stable consistent staff team

Centre 4

The designated centre had poor inspection findings in February 2024 which resulted in escalated action.

Poor governance and management impacted negatively on residents' safety

The governance and management was found to be not compliant as it was not demonstrable that the staffing arrangements were appropriate to meet the assessed needs of residents and poor practices were developed in order to work within the staffing complement.

For example, there was clear allocation of staffing in one of the houses due to the high support needs of residents - one resident was assessed as requiring 2:1 since 2019 and this was not in place. In the other house the residents were supported by a lone worker. As there were safeguarding issues, when the staff member had to attend to something the residents were asked to go to their bedrooms to manage the risk.

The person in charge was trying to manage support needs with inadequate resources.

Centre 4

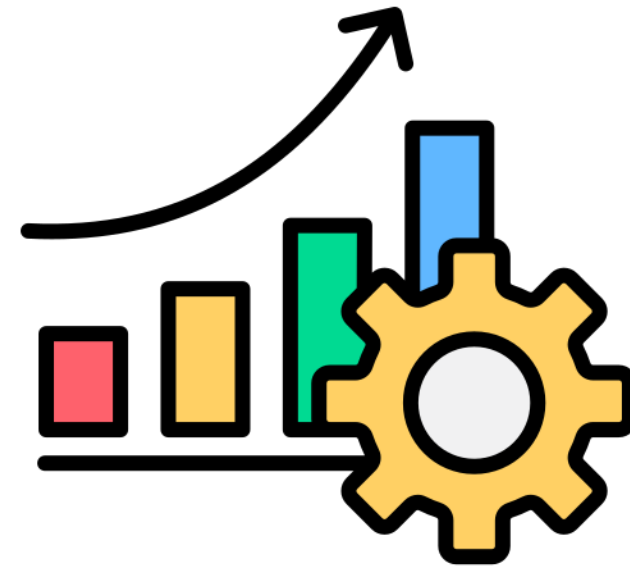
Improved compliances subsequently found on further inspection in July 2024 and March 2025.

Following escalation meeting provider responded promptly - overhauled the governance team – new PIC, new Service Manager and a quality team leader was allocated to the centre on a temporary basis.

Key improvements included:

- ✓ The new governance team completed a full review of staffing and residents' assessed needs.
- ✓ The provider then implemented increased staffing in the two houses.
- ✓ They reviewed all practices in place including an external review of restrictive practices and ceased many of them.

The **real benefit** came from increased support and action from the providers senior managers and support functions i.e. increased staffing resources, external review of restrictive practices and decisions made regarding removing/reducing or continuing same, training was made available for the staff team.

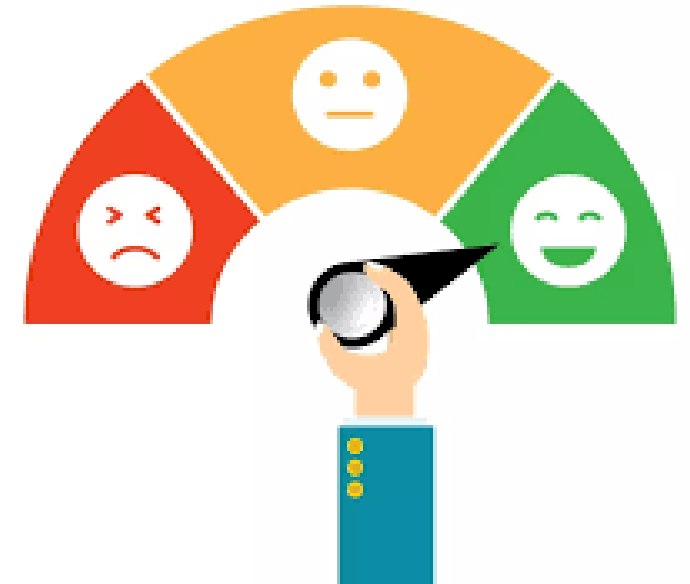


Takeaways!

At your tables – from what you have heard today – What are the ‘takeaways’ ?

Consider:

- Is there anything you may implement to further improve governance and oversight in your centre?
- Are there any weaknesses within the current arrangements?



Closing Remarks

Ciara McShane, Interim Deputy Chief Inspector,
Disability Services



Thank you



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