



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Health Information
and Standards

**Updated National Standards for
Residential Services for Disabled
People**

DRAFT FOR PUBLIC CONSULTATION

June 2026

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body 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.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, 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 of Social Services 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 permanent international protection accommodation service centres, health services and children’s social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children’s social 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 and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

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Members of the Health Information and Standards Directorate:

These standards were led by staff in HIQA's Health Information and Standards Directorate. The following individuals contributed to the development, management, writing or dissemination of these standards:

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Conflicts of Interest:

None reported.

1. Background

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland. One of HIQA's many functions is to set standards for health and social care services, including residential services for disabled people.

The Draft National Standards for Residential Services for Disabled People are a set of high-level outcomes that describe how residential services for disabled people can achieve safe, quality, person-centred care and support. A residential service is a designated service, as defined in the Health Act 2007 for the purposes of registration and inspection; it includes residential services and residential respite services for disabled children and adults. The national standards apply to such residential services for both children and adults.

HIQA recognises the importance of improving the quality and safety of residential services for disabled people. The aim of these national standards is to promote progressive improvements in residential services for disabled people and will give a shared voice to the expectations of people using services, the public, service providers and staff.

In 2013, HIQA published the *National Standards for Residential Services for Children and Adults with Disabilities*. Since 2013, there have been significant changes to the sector, with an increased focus on a human rights-based approach to care and support, including the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2018 and the commencement of the Assisted Decision-Making (Capacity) Act 2015.^(1, 2) The national standards have now been updated to reflect these changes.

In these national standards, the terms "disabled person" and "disabled people" are used, in line with a human rights-based approach to disability and *The National Human Rights Strategy for Disabled People 2025-2030*.⁽³⁾ It is acknowledged that some people may identify more with the terms "person with a disability" and "people with disabilities". It is acknowledged that some people may not identify with any of these terms, and it is important to recognise each person as an individual and to ask them what their preference would be.

2. A national approach to residential services for disabled people

In Ireland, the Department of Children, Disability and Equality (DCDE) is responsible for policy, strategy, and funding for disability services, focusing on enhancing the

lives of children and adults through equality and inclusion. Residential services for disabled people are operated by the HSE, private and voluntary bodies or organisations. HIQA is responsible for setting national standards and for the registration and inspection of residential services for disabled people. It is important that all parts of the system work together to ensure that those who live in or use residential services for disabled people are supported and safeguarded, and that a responsive, person-centred, quality-driven residential service is provided.

National standards provide a framework for the development and continuous improvement of person-centred, high-quality, safe and effective services. These Draft National Standards for Residential Services for Disabled People allow for a consistent approach to quality improvement, and they support services to implement person-centred care and support.

These national standards have an emphasis on the strong and effective governance arrangements that are required to ensure that people living in or using residential services for disabled people receive consistent, coordinated care and support. Effective governance and management by residential service providers are key to the health and wellbeing of those living in and using the service. They are also fundamental to delivering a human rights-based approach to care and support, as they ensure care and support is delivered in a way that respects, protects, and promotes the human rights of each person availing of services. A strong focus on good governance is a means of ensuring long-term quality and sustainability in the delivery of services. Multiple HIQA reports have set out a direct relationship between good governance and leadership, regulatory compliance and good outcomes for people.⁽⁴⁾

These national standards also highlight that within services, a human rights-based approach to care and support is required, with a focus on understanding and communicating the voice and experience of the person living in or using a residential service, to ensure their human rights are upheld and their needs and preferences are respected. This approach aligns with 'Nothing about without us' a key principle in Ireland, particularly championed by Disabled Persons Organisations (DPOs) to ensure people with disabilities directly shape policies affecting their lives.

In addition, effective systems and structures to support collaborative working and communication between residential services for disabled people and other health and social care services are needed, to ensure that people get the integrated care and support they need. Responsive services seek to achieve integrated, coordinated and effective care and support, by communicating and collaborating effectively with

a range of services including education and employment services, hospitals, primary care providers and other health and social care services.

3. Purpose of the Draft National Standards for Residential Services for Disabled People

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 provide health and social care services.

Outcomes-based national standards describe high-quality, safe and person-centred care and support by focusing on the results achieved for people from the services they receive. Looking at the outcomes of care and support means focusing on a person's needs, preferences and goals, rather than focusing on tasks to be completed or services to be delivered.

The Draft National Standards for Residential Services for Disabled People:

- provide a common language to describe what high-quality, safe, and reliable residential services for disabled people look like
- enable a person-centred approach by focusing on outcomes for people living in or using residential services, and placing them at the centre of all that the service does
- can be used by people living in or using residential services for disabled people to understand what high-quality, safe services should be and what they should expect from a well-run service
- create a basis for services to measure the quality and safety of their performance against the national standards, by identifying strengths and highlighting areas for improvement
- promote day-to-day practice that is up to date, effective, consistent, and based on the best available evidence
- provide a framework for service providers to be accountable to those using their services, the public and funding agencies, by setting out how they should organise, deliver, and improve the care and support they provide.

The national standards are underpinned by four key principles. These principles are; a human rights-based approach, safety and wellbeing, responsiveness, and

accountability, all working together to achieve person-centred care and support. What these principles mean for people using services is set out in Section 6 (Structure of Draft Standards).

The national standards outline the services and supports a person living in or using a residential service for disabled people should expect and examples of what the service provider can put in place to meet the national standards. The examples are not exhaustive, and providers may demonstrate compliance in other ways. HIQA may also develop a number of implementation support tools to assist providers to implement the national standards, in their setting. Additional guidance from government bodies, national organisations, and professional bodies, including, but not limited to, HIQA; the Department of Children, Disability and Equality; the Department of Health; the Health Service Executive (HSE); and Tusla assist services in implementing a high-quality, safe service. Such guidance may include evidence-based policy, procedures, protocols, or guidelines developed in line with the requirements set out in national legislation, policy, and guidance.

The national standards are not intended to comprehensively cover all legislative requirements, which residential services for disabled people are already required to adhere to by law. It is important to recognise that compliance with these national standards does not indicate compliance with the full range of legislation relevant to residential services for disabled people.

What do the national standards mean for people using services?

The national standards, which are based on best available evidence, build on and support national policy, legislation and regulations. They focus on outcomes for people using services, to ensure a person-centred approach to residential services for disabled people. The national standards can be used by people living in or using residential services for disabled people to understand what safe, high-quality care and support looks like and what they should expect from these services. By giving this shared voice to the expectations of people who use services, the public and service providers, the standards provide a roadmap for improving the quality, safety and reliability of residential services for disabled people.

These updated national standards have been drafted as one set of national standards to cover both disabled adults and children who live in or use residential services.

What do the national standards mean for service providers?

The national standards provide a framework for providers for the delivery of person-centred, safe and effective residential services for disabled people. The national standards aim to promote high-quality and safe care and support for people living in or using residential services for disabled people and progressive quality improvements in that care and support. Service providers should implement these national standards to achieve the highest possible quality of care and support for people using their service.

The terms 'regulations' and 'national standards' are often used interchangeably, but in the context of health and social care in Ireland, there are important differences. Regulations are devised and introduced by the Minister by means of a statutory instrument. Essentially, they are central instruments through which the Government seeks to deliver its policy priorities. Regulations are legally enforceable, and all service providers must be in compliance with these. Regulations set out the basic requirements for a service and can be regarded as a minimum level of quality and safety.

National standards, on the other hand, set the bar for quality and safety higher than regulations. HIQA develops national standards through a process of reviewing evidence and consultation with a wide range of stakeholders. National standards developed by HIQA are approved by the Minister for Health, in consultation with the Minister for Children, Disability and Equality where relevant, and set out a vision for continuous quality improvement, which services should strive to meet.

These national standards apply to both adults and children who live in or use residential services for disabled people. They provide a framework for service providers to deliver person-centred, safe, and effective care and support. The national standards encompass core elements of care and support that apply to both adults and children, while recognising that services must be designed and delivered in ways that are appropriate for the people using that service.

It is acknowledged that children have specific needs in relation to their care and support and these needs have been considered and included in the update to the national standards; specific considerations for children have been included, as appropriate. Service providers should consider the population they support, and tailor care and support based on each person's age, stage of development, strengths, needs, and preferences.

4. HIQA's relevant legislative remit and scope of the national standards

Legislative basis:

Under section 8(1)(b) of the Health Act 2007, HIQA has the statutory function to set national standards in relation to the quality and safety of health and social care services provided by the HSE, the Child and Family Agency (Tusla), or service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts, 1991 and 2001, the Children Act 2001 and nursing home services, as defined in section 2 of the Health (Nursing Homes) Act 1990. The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 sets out the requirement for providers to notify the Chief Inspector of particular incidents that occur in designated centres within specified timeframes and gives the Chief Inspector a new discretionary function to review a specified incident.⁽⁵⁻⁹⁾

Under Section 8(1)(c) of the Health Act 2007, HIQA has a statutory duty to monitor compliance with national standards set under section 8(1)(b) and advise the Minister accordingly.

Scope of the national standards:

These national standards apply to designated centres that provide residential services for disabled people. A residential service is a designated service, as defined in the Health Act 2007 for the purposes of registration and inspection; it includes residential services and residential respite services for disabled children and adults that are operated by public, private or voluntary bodies or organisations. The national standards apply to such residential services for both children and adults.

5. How the national standards will be used by the Chief Inspector of Social Services

Section 41 of the Health Act 2007, as amended, sets out that one of the functions of the Chief Inspector of Social Services within HIQA is to regulate the quality of service provided by residential services for disabled people as prescribed in the Health Act. The 2007 Act empowers the Chief Inspector of Social Services to carry out this regulatory function through the processes of registering and assessing compliance with the regulations and national standards associated with residential services for disabled people, and where necessary, the application of its powers of enforcement. Therefore, residential services for disabled people will be inspected

and monitored against the regulations and national standards. The regulations and national standards will also inform decisions surrounding new registrations and renewal of registrations.

Inspectors are supported in gathering evidence of compliance through an Assessment Judgment Framework. This sets out the lines of enquiry to be explored by inspectors in order to assess compliance with the regulations and national standards being monitored or assessed. Following this, inspection reports are published on the HIQA website.

In addition to monitoring compliance with regulations and national standards, the Chief Inspector of Social Services also uses national standards to promote quality improvement through thematic inspection programmes. The purpose of a thematic inspection programme is to promote progressive improvements in the quality of life of people using services, and the quality and safety of services in relation to a specific theme, as prioritised from research or regulatory findings. Thematic programmes incentivise providers to reflect on their current approach to ensuring quality and safety, share learning and drive individual and collective improvement in a particular area.

For more information on the regulation of designated centres, please see the HIQA Regulation Handbook, available on www.hiqa.ie.

6. Interaction with other national standards and the requirements of other regulatory bodies

HIQA has developed a number of evidence-based national standards for health and social care services in Ireland. Residential services for disabled people must also meet the requirements of other relevant national standards, for example the *National Standards for Information Management in Health and Social Care (2024)* and the *National Standards for Adult Safeguarding (2019)*.^(10, 11)

Health and social care regulatory bodies have a common purpose to protect people using services and to drive improvements in the quality and safety of services provided to them. In Ireland, there are a number of regulatory bodies that have a remit in regulating health and social care services, either directly or indirectly, and or health and social care professionals.* These Draft National Standards for Residential

* These include the Medical Council of Ireland, the Nursing and Midwifery Board of Ireland, the Pharmaceutical Society of Ireland, the Dental Council, CORU, the Health and Safety Authority, the

Services for Disabled People have been designed to complement the work of other health and social care regulatory bodies in Ireland. However, it is important to recognise that compliance with these national standards will not indicate compliance with other regulatory bodies' legislative and regulatory requirements. These national standards should be implemented in parallel with other statutory and regulatory frameworks that services and staff are required to follow.

Some children living in residential services for people with disabilities are in the care of the State under the Child Care Act 1991. In the circumstances where a child in care is also living in a designated centre the assessment and care planning should be created in partnership with Tusla and other relevant members of the multi-disciplinary team to ensure a coordinated and child focused assessment and care planning that supports the individual child.

7. Structure of the draft national standards

The draft national standards consist of:

- principles
- standards
- features.

The principles, standards and features are intended to work together, and collectively they describe how residential services for disabled people can provide safe, consistent and high-quality, person-centred care and support.

Principles

The Draft National Standards for Residential Services for Disabled People are set out under the principles of:

- a human rights-based approach
- safety and wellbeing
- responsiveness
- accountability.

Food Safety Authority of Ireland, the Health Products Regulatory Authority and the Mental Health Commission.

Figure 1 below sets out the four principles and illustrates that the person receiving care and support should be at the core of everything, with each of the principles working together to achieve person-centred care and support.

Each principle begins with a high-level definition written from the perspective of the person using the service, which provides detail on how the person should experience the care and support they receive. This is followed by a description of what the principle looks like in practice and how a service provider can achieve this.



Figure 1. Principles underpinning the Draft National Standards for Residential Services for Disabled People

Standards

The Draft National Standards for Residential Services for Disabled People describe how service providers can achieve safe, high-quality, person-centred care and support. Each standard is comprised of two elements:

- a statement written from the perspective of the person living in or using residential services, stating the outcomes they should expect.
- a statement setting out the arrangements that a service provider must have in place to achieve these outcomes.

Features

The features, taken together, demonstrate what a person living in or using residential services for disabled people should expect from a service that is meeting the national standards and how a service provider may meet this standard. The features detailed under each standard are not exhaustive and the service provider may meet the requirements in other ways.

8. Public consultation process

The Draft National Standards for Residential Services for Disabled People are available for public consultation for a six-week period. During this time, people living in or using residential services for disabled people, families, advocates, staff, service providers and the public will have the opportunity to provide feedback and become involved in the standards development process. We invite all interested parties to submit their views on the draft national standards. Further information is available on www.hiqa.ie.

HIQA will review and consider all submissions received during the consultation process. Following this process, HIQA will finalise the Draft National Standards for Residential Services for Disabled People and make changes to the national standards based on feedback received.

The closing date for receipt of feedback is 5pm on

DATE MONTH YEAR.

9. How to make a submission

A number of consultation questions have been prepared for your consideration when reviewing the draft national standards. These questions are not intended in any way

to limit your feedback, and any other comments relating to the draft national standards are welcome.

There are several ways to tell us what you think:

1. You can complete and submit the online consultation feedback form available on www.hiqa.ie
2. Your comments can be submitted by downloading and completing the consultation feedback form and emailing it to standards@hiqa.ie
3. You can print off a copy of your completed consultation feedback form, available on our website, or print it off and complete it by hand, then post it to:

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For further information, if you have any questions or if you would like to submit your feedback in a different format you can email standards@hiqa.ie or call 01 814 7400 and ask for a member of the Standards team to contact you.

10. Next steps

HIQA will review and consider all submissions received during the consultation process. Following this process, HIQA will finalise the Draft National Standards for Residential Services for Disabled People and make changes to the national standards based on feedback received. The main amendments will be published in a Stakeholder Involvement Report.

The final national standards will be presented to the Board of HIQA for approval. Following approval, the national standards will then be submitted for approval to the Minister for Health, in consultation with the Minister for Children, Disability and Equality.

11. Key terms used in the draft national standards

This section includes the key terms which are used in the national standards. A full glossary is provided in Appendix 1.

Family refers to a member of a person's family, a close friend, carer of a person or a person involved in promoting the health, welfare and wellbeing of a person living in or using a residential service. This does not include staff working in the residential service for disabled people.

Person living in or using the residential service refers to an individual adult or child who lives in or uses a residential service for disabled people.

Preferences refer to wishes, personal values, personal beliefs and ultimate goals and a greater liking for one alternative over another.

Residential service is a designated service as defined in the Health Act 2007 for the purposes of registration and inspection; it includes residential services and residential respite services for disabled children and adults.

Service provider means people or organisations that provide residential services for disabled people. This includes staff, management and Person(s) in Charge that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to disabled people.

Principle 1: A Human Rights-based Approach

How a person experiences a human rights-based approach:

My human rights are protected, promoted and upheld by the residential service 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 receive care and support. I am valued and recognised as an individual who can participate in and exercise control over my life. I have a right to make decisions about my care and support. If it is in line with my wishes, my family supports me with decision-making. Staff in the service work to support my participation in my own care and support.

In Ireland, Article 40 of the Irish Constitution (Bunreacht na hÉireann) sets out fundamental personal rights for all people, including equality before the law, protection of personal liberty, and the State's duty to respect, defend and vindicate the dignity, good name, and basic rights of the individual. The Assisted Decision-Making (Capacity) Act 2015 promotes a human rights-based approach that prioritises the person's will and preference.⁽²⁾ Ireland has also ratified international treaties and developed national legislation, guidance, policies and standards that seek to uphold the human rights of disabled people. Key international treaties ratified by Ireland are the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the United Nations Convention on the Rights of the Child (UNCRC).^(1, 12) The purpose of the UNCRPD is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all disabled persons, including children, and to promote respect for their inherent dignity.

In respect of children, the UNCRC has four general underlying principles. These are the child's right to non-discrimination, the consideration of the best interests of the child as the primary consideration in all actions concerning them, the child's right to life, survival and development and the child's right to express their views freely in all matters affecting them and to have due weight given to these views.

Principle 1: A Human Rights-based Approach covers areas such as human rights, autonomy, equality, equity, relationships and intimacy.

Human rights

The principle of a human rights-based approach means that residential services for disabled people respect, protect, promote and uphold the human rights of the person at all times.[†]

Human rights are the basic rights and freedoms that all people should enjoy, and everyone is entitled to have their human rights respected and protected. These human rights, in the context of residential services for disabled people, include the right to autonomy and to make informed choices, to be treated with dignity and respect and in an equal[‡] and non-discriminatory manner, the right to privacy and the right to safety. Service providers take a human rights-based approach to care and support by treating people living in or using the residential service fairly, with respect, equality and dignity, recognising and valuing people as individuals and supporting them to make decisions about their care and support and exercise control over their lives according to personal values, beliefs and preferences.⁽¹³⁾ The residential service recognises that children are rights-holders, and works to protect, promote and uphold these rights when they are providing care and support to them. Consideration is given to the best interests of the child and the child is enabled to express their views freely in all matters affecting them, and to have due weight given to these views.

Autonomy

Autonomy is a person's ability to direct how they live on a day-to-day basis according to personal values, beliefs and preferences. In a residential service, which is often considered the person's home, autonomy involves the person making informed decisions about their day-to-day life and their care and support. The person is respected as the expert on their own life and is involved in care and support as much as possible. People are provided with clear and accessible information about their care and support that is communicated with them in a way

[†] For further guidance on implementing a HRBA to care and support please see HIQA's [Guidance on a Human Rights-based Approach in Health and Social Care Services](#), which is available, alongside additional tools to support implementation including an online learning course, on the HIQA website (www.hiqa.ie).

[‡] Equality means people having equal opportunities and being treated no less favourably than other people on the grounds set out in legislation. In an Irish context, these grounds are gender, civil status, family status, age, disability, sexual orientation, race, religious belief and membership of the Traveller Community.

that they can understand. People may require different levels of support to assert their autonomy and make their own decisions, based on their capacity. To support autonomy, the service provider ensures that each person's view is sought, listened to and acted on during both the planning and the delivery of their care and support. This process begins before admission, where the person is supported to visit the residential service, meet staff, and decide if the service is right for them, and continues throughout the person's engagement with the service. The ability to be autonomous and make decisions, can and must be supported and developed. People are supported to access additional support from family, decision-supporters and or independent advocacy services, as required and in line with their wishes.

Staff support children to make decisions about their care and support, recognising that each child has their own unique needs and preferences. Each child's participation is facilitated in a way that respects their age, stage of development, ability, and communication needs, to achieve the best outcomes for them. When a decision is being made that will affect a specific child or a group of children in the service, the impact that the decision will have on the child or the children must be considered. Staff complete an assessment of a child's best interests that includes and respects the child's views, opinions, needs and preferences.

Equality and equity

The service provider recognises that people living in or using residential services have diverse needs and preferences. Staff provide culturally sensitive care and support to ensure people are respected and do not experience any discrimination, regardless of their gender, civil status, family status, age, disability, sexual orientation, race, religious belief and membership of the Traveller Community. The residential service works to identify people who may be more vulnerable to not having their human rights upheld or not getting the care and support they need. The service works to identify the barriers to a person's engagement and demonstrates their commitment to facilitating everyone to access services in a way that recognises their needs, preferences, and circumstances by providing them with the right tools and supports. Consideration is also given to how any disparities can be reduced, by developing systems and structures that promote accessible and equitable access to the service.

Relationships and intimacy

Disabled people have a right to marriage, family, parenthood, friendship and relationships, on an equal basis with others. Staff support people to develop and maintain intimate relationships in accordance with their preferences. This support is

provided in a safe, sensitive, judgment-free and age-appropriate way. People have access to appropriate, clear and accessible information on relationships, sexual and reproductive health and family planning, both in the residential service and in the local community, to support them to make decisions.

Standard 1.1 Promote, protect and uphold human rights

The outcome a person should expect	What a service provider must do to achieve this
<p>I understand my human rights, as they are explained to me in a way that I can understand. My human rights are respected and upheld. I am valued by the staff in the services I use, and I am treated with dignity and respect.</p>	<p>The service provider has arrangements in place to ensure a person’s human rights are explained to them in a way they can understand and are protected, promoted and upheld, in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and, where applicable, the United Nations Convention on the Rights of the Child (UNCRC).</p>

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 1.1.1 My rights are promoted and protected, and I can exercise them in a way that best suits me.
- 1.1.2 My rights are clearly communicated to me by staff in a way that meets my needs and preferences, and staff help me to understand them.
- 1.1.3 I am treated with dignity, compassion and respect and my freedom and privacy is protected.
- 1.1.4 If I need help with my personal and intimate care, support is provided in a way that protects my dignity, privacy and safety.
- 1.1.5 I am recognised as an individual and staff communicate with me in a respectful way. I experience care, kindness and compassion from staff.

Features of a service provider meeting this standard are likely to include:

- SP 1.1.1 The service provider ensures that human rights principles are considered and reflected in the development of all policies, procedures and practices, to protect, promote and uphold the human rights of the person, as set out in relevant conventions, legislation and national policy. These policies and procedures are implemented in practice and are regularly reviewed.

- SP 1.1.2** There are up-to-date policies and procedures that set out how the person is supported to understand and exercise their human rights in a way that is appropriate to their age, ability and stage of development.

- SP 1.1.3** The service provider ensures that the person's freedom, privacy and confidentiality is respected, for example, in relation to their personal space, personal communications, and when having consultations with health and social care professionals.

Standard 1.2 Autonomy	
The outcome a person should expect	What a service provider must do to achieve this
I am supported to make decisions relating to my life, and I am involved in planning my care and support.	The service provider has arrangements in place to support people to make decisions about their life, care and support, and to have their decisions respected and implemented, in line with relevant legislation, regulations, national standards and policy.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 1.2.1 I complete everyday tasks and activities independently, such as managing my own diet and money, in line with my preferences, and in ways that are appropriate for my age and stage of development. If I need support to do this, staff provide this in line with my needs and preferences.
- 1.2.2 I am given clear and accessible information about my care and support that is communicated with me in a way that I understand. I am encouraged to ask questions about my care and support, and staff check that I understand the information. I am confident that staff will recognise if I need additional support to make a decision.
- 1.2.3 I am at the centre of decision-making around my care and support and I am supported to advocate for myself. If it is in line with my wishes, my family support me with decision-making, while ensuring that I am kept at the centre of any decisions.
- 1.2.4 I am informed about decision support, legal services, independent advocacy services and other groups and organisations that can support me in my decision-making. I am supported to access these services, for example, the Decision Support Service, the Legal Aid Board and the National Advocacy Service for People with Disabilities.
- 1.2.5 I have the opportunity to visit the residential service before I make a decision about living there. I can meet with a member of staff in advance to discuss and plan my move into the residential service.

1.2.6 As a child, I am at the centre of decision-making about my care and support. My views and opinions are listened to and respected. I know that staff consider my age, the law, and my best interests when making decisions that affect me, and my family are enabled to support me with decision-making.[§]

Features of a service provider meeting this standard are likely to include:

SP 1.2.1 The service provider has policies, procedures and practices in place that support people to make and understand decisions about their life, finances, care and support; while taking the person's decision-making capacity into account. For children, it is also necessary to consider their age, stage of development and best interests. These policies, procedures and practices are developed and implemented in line with the requirements of the service being provided, and in line with relevant legislation such as the Assisted Decision-Making (Capacity) Act 2015, national policy, codes of practice and national standards.

SP 1.2.2 The service provider has policies and procedures in place on admission, transition and discharge from the residential service, ensuring the person is supported to make decisions about their life, where and with whom they live, and their care and support.

SP 1.2.3 The service provider has arrangements in place to ensure that staff are skilled and trained in supporting people to advocate for themselves and in supporting people to access legal, advocacy and decision support services, for example, the Decision Support Service, the Legal Aid Board and the National Advocacy Service for People with Disabilities.

[§] In general, children aged 16 or over may themselves give consent to surgical, medical or dental procedures, without requiring the consent of their parents or guardians. This is provided for in the Non-Fatal Offences Against the Person Act 1997. It is the practice to get parental consent to medical procedures for children under that age, even though it is not entirely clear that parents have the ultimate decision. A child's views should also be sought and, in the limited cases where a medical professional believes the child is sufficiently capable of making the decision, their consent should be sought.

Standard 1.3 Equality and equity

The outcome a person should expect

I can access the care and support I need without experiencing any form of discrimination. My identity, culture and diversity are valued and respected.

What a service provider must do to achieve this

The service provider ensures that each person's diversity is respected and that they can access care and support without discrimination.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 1.3.1 I know that staff will provide care and support that is based on my needs and preferences, and I do not experience discrimination of any kind** within the residential service.
- 1.3.2 I know that staff providing me with care and support respect my values, beliefs, language, expressed opinions and way of life, and I am not treated differently to others for any reason.

Features of a service provider meeting this standard are likely to include:

- SP 1.3.1 The service provider has inclusive policies and procedures that ensure that the person is treated equally and not discriminated against. These clearly set out the roles and responsibilities of the service provider and staff and are consistently implemented across the residential service in a timely way, as set out in relevant conventions, legislation and national policy. These policies and procedures are accessible to the person living in or using the service.
- SP 1.3.2 The service provider ensures that staff are trained in diversity, inclusion, cultural awareness, and anti-bias and anti-discrimination.

** The Equal Status Acts 2000-2015 (the Acts) prohibit discrimination in the provisions of goods and services, accommodation and education. They cover the grounds of gender, civil status, family status, age, disability, sexual orientation, race, religious belief and membership of the Traveller Community.

- SP 1.3.3** The service provider actively considers the diversity of needs of each person living in or using the residential service, including their physical, sensory, cultural, spiritual, communication and language needs and preferences, and puts reasonable arrangements in place to address these, in line with relevant legislation.

- SP 1.3.4** The service provider has arrangements in place to ensure that different levels of support are provided only in accordance with the needs and preferences of each person.

Standard 1.4 Relationships and intimacy

The outcome a person should expect	What a service provider must do to achieve this
I am confident that my right to relationships, family life, friendships and intimacy is supported and respected.	The service provider has arrangements in place to ensure each person's right to relationships, family life, friendships and intimacy is supported and respected.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 1.4.1 I know my right to marriage, family, parenthood, friendship and relationships is respected on an equal basis with others.
- 1.4.2 I am supported in a safe, sensitive and age-appropriate way, to develop and maintain intimate relationships with others.
- 1.4.3 I am supported to access appropriate, clear and accessible information on sexual and reproductive health and family planning, in a way I can understand.
- 1.4.4 I know that my privacy and dignity is always respected in relation to intimacy and sexual and gender expression.

Features of a service provider meeting this standard are likely to include:

- SP 1.4.1 The service provider informs each person about their human rights relating to marriage, family, parenthood, friendship and relationships, and their human rights regarding privacy and confidentiality.
- SP 1.4.2 The service provider ensures each person has access to clear and accessible information about sexual and reproductive health, family planning and intimate relationships and that this is provided in a safe, sensitive and age-appropriate way.
- SP 1.4.3 The service provider ensures that staff are trained to support each person on an individual basis in a safe, sensitive and age-appropriate way, to develop and maintain intimate relationships in accordance with their preferences.

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. The residential service recognises that my needs, preferences, strengths and goals are unique and treats me as a partner when planning for my care and support. Staff 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 and uphold my human rights.

The principle of safety and wellbeing is about how residential services for disabled people work to protect and enhance the safety and wellbeing of people in the short, medium and long-term. The person is placed at the centre of care and support, to ensure their needs and preferences can be identified and met, their human rights are respected, and that they receive the right care and support at the right time.

Principle 2: Safety and Wellbeing covers areas such as needs assessment and care and support planning, health and wellbeing, living environment, safeguarding, and infection prevention and control.

Needs assessment and care and support planning

Everybody's strengths, needs, preferences and goals are different. A residential service focused on a person's wellbeing identifies the supports each person needs to enhance their physical, mental, social and emotional health, wellbeing and development. Staff conduct an initial needs assessment, before the person attends the residential service and as they settle in, and the staff get to know them and understand their needs and preferences. For residential services, it is essential to consider the location of the service to ensure that each person can maintain their family, social and educational connections in a meaningful way.

Based on the needs assessment, the service provider develops a comprehensive person-centred care and support plan^{††} to support the autonomy, safety, health and wellbeing of the person living in or using the residential service. Person-centred care and support planning considers what is important *to* a person as well as what is important *for* the person. Staff recognise people as partners in their own care and support and experts in their own lives and ensure people are involved in their needs assessment and person-centred care and support planning, in line with their needs, preferences, age and stage of development. Person-centred care and support plans are developed based on the person's strengths, preferences and goals and are kept up to date. Person-centred care and support plans include clear and accessible information outlining how support will be provided to achieve the person's needs, preferences and goals. For example, in areas such as health and social care services, communication support, education support, and planning for transitions. Person-centred care and support plans are shared with staff and other health and social care professionals, as appropriate, to ensure that care and support is delivered to meet the identified needs, preferences and goals of the person.

People's needs, preferences, goals and circumstances are dynamic, and the service provider has mechanisms in place to review and appropriately respond to these, in line with regulations, policies and procedures, to ensure that each person is safe, their human rights are upheld, their wellbeing is enhanced and disruption to their life is minimised. Residential services ensure that people are given the time, information and support to understand and prepare for any changes to their care and support.

Health and wellbeing

Wellbeing is a broad concept which includes, for example, physical, emotional and mental health and development, safety, autonomy and control over day-to-day life, maintaining personal relationships, participation in education, recreation, work, or training, and inclusion in and contribution to society and local community. The service provider continually looks for ways and opportunities to enhance a person's physical, emotional and mental health and development. Staff use opportunities to inform and empower people on how to manage their own physical and emotional health and wellbeing. They support each person's needs and preferences

^{††} A person-centred care and support plan is a plan based on the assessed needs, preferences, goals and values of the individual person, it outlines the actions that need to be taken for the person to meet their personal outcomes and the care and support that will be provided. It ensures that both what matters to the person and what is important for them are reflected. The person is central to the development of this plan.

to enhance their wellbeing, and coordinate these supports to ensure that these are put in place in a timely way. The service provider ensures that people are supported to maintain and build relationships with their family. It is acknowledged that these natural supports can support better health and wellbeing, for example by helping to identify potential safeguarding issues.⁽¹¹⁾

People have access to other health and social care services they need to support and promote their health and wellbeing. This includes proactive support for health and wellbeing, such as prevention and early identification of health or wellbeing issues. Residential services deliver high-quality, safe and balanced care and support, while also supporting people to make their own choices and decisions, even if this involves an element of risk. If a person requires support with their behaviour, the support is tailored to meet their individual needs and preferences and considers the ability and capacity of the person. The service provider seeks to reduce or eliminate restrictive practices, and any use of restrictive practices is proportionate and the person is consulted, where possible. Any use of restrictive practice should be proportionate to the identified risk, subject to ongoing review, be applied for the shortest time possible and the person receiving care should be consulted, where possible.^{**}

Safe living environment

For many people, the residential service is their home, and they have a right to feel safe and respected within it. The residential service has its own special features and layout depending on the building and the needs and preferences of the people who live there. The design and layout of the physical environment help to make sure that people can enjoy living in inclusive, accessible, safe, comfortable and homely surroundings. Service providers work to ensure that the residential service is equipped with appropriate assistive technologies, aids and appliances that can promote the full capabilities of people and to allow staff to work in a person-centred way. When planning residential services, the service provider considers the location, design, and size of the service in the community, with individualised supports to meet the person's individual needs and preferences.

Safeguarding

^{**} For further guidance on restrictive practice please see HIQA's [Guidance on promoting a care environment that is free from restrictive practice](#) which is available, alongside additional tools on the HIQA website (www.hiqa.ie).

Service providers have a responsibility to be alert to concerns about children and adults' safety, wellbeing and human rights, and to respond to these in a person-centred way, in line with legislation, regulations, national policy, national standards and guidelines. Service providers put proactive measures in place to reduce the risk of all forms of harm, abuse, neglect to people. The residential service also collaborates with other services and professionals in this regard.

To help prevent abuse, it is essential that residential services have a culture of safety, openness and transparency and that they are designed to protect people living in or using the residential service and have systems in place to report safeguarding concerns. People are listened to and taken seriously if they have a concern about the protection and safety of themselves or others. Service providers ensure that they have systems and structures in place to record, report, manage and review any safeguarding concerns, in line with relevant legislation, regulations, national standards, policies and best practice guidelines, and these are reviewed and updated on a regular basis.

Infection prevention and control

A service providing person-centred care and support ensures that people are well informed, involved and supported in the prevention and control of healthcare-associated infections and antimicrobial resistance throughout their care and support. It is important that people feel that the residential service is clean and safe, while also feeling comfortable and homely. The service provider ensures that infection prevention and control is part of the routine delivery of care and support and that staff are sufficiently trained and skilled in the relevant practices. Sufficient resources are available for the service to manage infection prevention and control, including in the event of an infection outbreak. People living in or using the residential service are supported to understand any proposed treatment or interventions being offered to them. They have opportunities to discuss their preferences in relation to the prevention and control of healthcare-associated infections and antimicrobial resistance and be supported to understand their options to make fully informed decisions.

Standard 2.1 Needs assessment and care and support planning

The outcome a person should expect

I am confident that my individual needs, preferences and goals are assessed, identified and outlined in a person-centred care and support plan, so that I receive the care and support that I need and can live the life I choose. I am supported to be involved in my needs assessment and in planning my care and support.

What a service provider must do to achieve this

The service provider has arrangements in place to ensure that each person's individual needs, preferences and goals are assessed, identified and outlined in a person-centred care and support plan, in a timely way. The service provider involves each person in the assessment process and in developing their person-centred care and support plan.

Features that demonstrate what a person should expect from a residential service that is meeting this standard, are likely to include:

- 2.1.1 I am confident that my individual needs, preferences, goals and circumstances are considered in my needs assessment and in the development of my person-centred care and support plan.
- 2.1.2 I am supported to be involved in my needs assessment and in the development of my plan in a way that suits my needs and preferences. Staff ask me about my goals and my plan is developed to help me reach my potential, even if that includes an element of risk.
- 2.1.3 I know my plan is right for me because it sets out how my needs, preferences and goals will be met, and how I will be supported to achieve these. My plan is written down and communicated to staff caring for and supporting me.
- 2.1.4 My plan focuses on my quality of life, my independence, my strengths and interests, and reflects my preferences, goals and potential. I am asked about where I want to live and who I want to live with.
- 2.1.5 I know that, if it is in line with my wishes, my family is involved in my needs assessment and the development of my person-centred care

and support plan, to make sure that my care and support is designed with my needs, preferences and goals in mind.

- 2.1.6 I know that my plan is regularly reviewed and, if my needs, preferences, goals or circumstances change, staff will reassess my needs and keep me up to date on any changes to my care and support. I receive this information in a way that I can understand.
- 2.1.7 As a child, I know that my family and I are provided with additional support, as required, to make sure we can be involved in my needs assessment and development and review of my person-centred care and support plan.
- 2.1.8 As a child, I know that staff reassess my needs and preferences and support me during periods of transition, such as my transition to adolescence and my transition from adolescence to adulthood. My family and I will be kept up to date on any changes to my care and support.

Features of service provider meeting this standard are likely to include:

- SP 2.1.1 The service provider uses a standardised, and transparent evidence-based assessment tool to assess and identify the needs of the person, in an age-appropriate, timely manner. Needs assessments focus on the person's strengths, optimising their independence, their health, wellbeing and quality of life, in accordance with their identified needs, preferences, strengths, abilities and goals.
- SP 2.1.2 The service provider has arrangements in place to ensure that, when conducting an initial needs assessment, both the needs and preferences of the person joining the residential service and the needs and preferences of people living in and using the residential service are considered to minimise risk, ensure compatibility and minimise disruption.
- SP 2.1.3 The service provider has arrangements in place to ensure that person-centred care and support plans are regularly reviewed and needs and preferences are reassessed, as required. This is discussed with the person and planned accordingly.
- SP 2.1.4 The service provider undertakes the needs assessment and person-centred care and support planning processes in partnership with each person, ensuring that clear and accessible information is provided to

them in a way that they can understand. If a person requires additional support to be involved in needs assessment and person-centred care and support planning, this is provided by staff with appropriate skills.

SP 2.1.5 The service provider ensures that families and or decision supporters are involved in the person's needs assessment, person-centred care and support planning, and reviewing the appropriateness of interventions, in accordance with the preferences of the person, and their age and stage of development.

SP 2.1.6 The service provider has policies, systems and arrangements in place for the development and review of person-centred care and support plans, including responding to changes to the person's needs, preferences and goals. Person-centred care and support plans are accessible to staff, and other professionals involved in the person's care and support. The person-centred care and support plan outlines the services and supports to be provided including (as appropriate and in line with the person's preferences):

- wellbeing and development
- health and social services, including specialised support as required
- communication support
- educational, life-long learning and employment services
- planning for transitions (within the service, to a different service, or life transitions such as from childhood to adolescence and to adulthood)
- positive risk-taking^{§§}
- positive behaviour support
- support for maximising independence and decision-making
- the role of the person's family
- steps to be taken to maintain and enhance positive attachments, relationships and membership of the community
- transport services
- assistive technologies.

§§ Positive risk-taking means supporting a person to make choices that involve a considered element of risk to empower people to make their own choices, and to achieve their own personal positive outcomes.

Standard 2.2 Safe care and support and better health and wellbeing

The outcome a person should expect	What a service provider must do to achieve this
I receive safe, good quality care and support that enables me to live a meaningful life and reach my full potential.	The service provider has arrangements in place to provide safe and proportionate care and support that promotes each person’s physical, emotional and mental health, wellbeing and development and upholds their human rights, enabling each person to lead a meaningful life and reach their full potential.

Features that demonstrate what a person should expect from a residential service that is meeting this standard are likely to include:

- 2.2.1 I have access to safe care and support that promotes my physical, emotional and mental health, wellbeing and development. If my needs or preferences change, this is identified early and I get the right care and support.
- 2.2.2 I am supported by staff to make choices about my health and wellbeing in a way that is appropriate to my age and stage of development. If my choices involve a considered element of risk, this is discussed and agreed with me, to ensure there is a reasonable balance between my needs and preferences, and my own and others’ safety.
- 2.2.3 If I need help with important things in my life like managing my medication, I am confident that staff can support me to manage this safely.
- 2.2.4 I am supported to maintain and build meaningful relationships with my family and other important people in my life in a way that meets my needs, preferences and human rights. If it is in line with my wishes, my family are seen as partners by staff and staff work with them to make sure that my health, wellbeing and development is promoted and facilitated.

- 2.2.5 I get the support I need to access education, training, and preparation for employment, and to develop life skills like healthy eating and staying active, based on my age, individual strengths, abilities, needs and preferences.
- 2.2.6 I get the support I need to try new things and participate meaningfully with community, cultural and civil life, recreation, leisure and sport, in line with my preferences.
- 2.2.7 I know that if staff are worried that my behaviour is putting me or others at risk that they will talk to me about it, support me with my behaviour and help me to understand my emotions.
- 2.2.8 As a child, I know that safe care and support is delivered in a way that considers my best interests. I am provided with real opportunities to grow and develop life skills and to access education and other supports. Staff work in partnership with my family, as appropriate.

Features of a service provider meeting this standard are likely to include:

- SP 2.2.1 The service provider has arrangements in place to ensure that the safety, health, wellbeing and development of each person is promoted within the service, with consideration for different stages of life, including access to health promotion, disease prevention, and palliative services.
- SP 2.2.2 The service provider ensures that each person is supported to make positive choices about their health, wellbeing and development. Clear and accessible information is provided to the person in a way that can be understood and that helps them to make informed choices. If a choice involves some element of risk, this has been discussed and agreed with the person to ensure there is reasonable balance between the person's individual needs and preferences, their safety and others' safety.
- SP 2.2.3 The service provider ensures that, if it is in line with the person's wishes, staff work with family members, or those who have cared for them previously, to ensure that the person's health and wellbeing is promoted and facilitated, based on their needs and preferences.

- SP 2.2.4** The service provider has arrangements in place to support each person to maintain and develop relationships and links with family, friends, and the local community, in accordance with their preferences.
- SP 2.2.5** The service provider has arrangements in place to ensure that each person can avail of appropriate support in relation to education, training, employment, life skills and social skills to maximise their individual strengths and abilities.
- SP 2.2.6** The service provider has a policy on medication support and monitors adherence to the policy, taking appropriate action where safety risks are identified. The service provider ensures that staff who undertake medication support receive appropriate training and are competent to do so.
- SP 2.2.7** The service provider has policies, systems and arrangements in place to promote positive behaviour support^{***} that is tailored to meet the individual's needs and preferences, respects their human rights, and considers their ability and capacity.
- SP 2.2.8** The service provider seeks to reduce or eliminate the use of restrictive practices, in line with UNCRPD. The service provider has arrangements in place to ensure that restrictive practices are only implemented when there is a real and substantial risk to a person. Any use of restrictive practice should be proportionate to the identified risk, subject to ongoing review, apply for the shortest time possible and the person receiving care should be consulted, where possible. Any use of restrictive practice is in line with legislation, regulations, national policy and best practice.
- SP 2.2.9** The service provider ensures that staff are sufficiently skilled and trained in relation to positive behaviour support and restrictive practices. Staff have access to specialist advice and appropriate support for each person who requires it.

^{***} Positive behavioural support (PBS) is a multicomponent framework for developing an understanding of behaviour that challenges and for designing effective, person-centred support that enhances quality-of-life outcomes for people and those who support them.

Standard 2.3 Safe living environment

The outcome a person should expect

I am confident that the residential service I live in is safe, homely, and accessible and it meets my needs.

What a service provider must do to achieve this

The service provider has arrangements in place to ensure the physical environment is safe, homely and accessible and that necessary equipment is provided in a timely way to meet the needs and preferences of people living in or using the residential service.

Features that demonstrate what a person should expect from a residential service meeting this standard are likely to include:

- 2.3.1 I know that the service I get is designed, adapted, equipped and maintained to meet my needs and preferences, and to maximise my independence. This includes areas designed and adapted for play and recreational activities.
- 2.3.2 I know my home and my personal space is designed and maintained appropriately, my personal space is decorated in accordance with my preferences, and I have adequate space, storage, furniture and equipment to support me with day-to-day tasks and to maximise my independence.

Features of a service provider meeting this standard are likely to include:

- SP 2.3.1 The service provider considers the location, design, and size of the service, prioritising personal outcomes for each person living in or using the residential service. Where possible and appropriate, small residential services are provided in the community, with individualised supports designed to meet each person's needs, preferences and human rights.
- SP 2.3.2 The service provider ensures that the premises is structurally sound and maintained to a high standard. It complies with the requirements of fire safety legislation, relevant building regulations, and health and safety legislation.

- SP 2.3.3** The service provider ensures that the buildings, external spaces and any vehicles used by the service are accessible to everyone living in or using the residential service, by adhering to best practice in achieving and promoting universal design and accessibility. It regularly reviews its accessibility and the changing needs and interests of each person to ensure it is meeting their needs and preferences.
- SP 2.3.4** The service provider ensures that the living environment is designed to promote the independence of each person. The service has sufficient space and is equipped with assistive technologies, aids and appliances, to maximise independence, enable play and recreation, and allow staff to work in a person-centred way.
- SP 2.3.5** The service provider ensures that private spaces are comfortable, homely and decorated in line with the person's needs and preferences.

Standard 2.4 Safeguarding

The outcome a person should expect

I am supported to be safe and to live my life free from harm or abuse. Staff talk with me about my safety and support me to stay safe.

What a service provider must do to achieve this

The service provider works to ensure that people living in or using the residential service are safeguarded from harm and abuse through the consistent implementation of relevant legislation, regulation, national standards, policy and best practice guidelines, including 'Children First'. The service provider works with other services as appropriate to safeguard people.

Features that demonstrate what a person should expect from a residential service meeting this standard are likely to include:

- 2.4.1 I am confident that the residential service works to protect me from all forms of harm and abuse.
- 2.4.2 I have the information and support I need to help me make decisions and advocate for myself when I need help to keep myself safe. If I need help to stay safe, this is fully explained to me, and I get a say in how this happens.
- 2.4.3 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others. If I experience harm or abuse, I am supported to access the help I need.
- 2.4.4 If there are concerns about my safety, I know that staff will support me to stay safe. I am confident that staff are trained to recognise the signs of abuse or neglect and that they know the proper actions to take to protect me, and others, from harm, including reporting their concerns.

Features of a service provider meeting this standard are likely to include:

- SP 2.4.1 The service provider has an up-to-date, person-centred safeguarding policy and associated processes and procedures in place, which are in

line with relevant national standards, legislation, regulations, policies⁺⁺⁺ procedures, codes of conduct, and best practice guidance. These clearly set out the roles and responsibilities of the service provider and staff in identifying, reporting and managing safeguarding concerns and are consistently implemented across the residential service in a timely way.

- SP 2.4.2** The service provider ensures that there is an initial and ongoing assessment of safeguarding risks for each person as part of needs assessment and person-centred care and support planning.
- SP 2.4.3** The service provider has arrangements in place to assist and support the person to develop the knowledge, self-awareness, understanding and skills to assist in self-care and protection.
- SP 2.4.4** The service provider ensures that the system of supervision, training and development for staff includes safeguarding as a core component, to support staff to recognise abuse and report and respond appropriately.
- SP 2.4.5** The service provider works in partnership with the person and their family, as required, to promote the safety and wellbeing of each person.
- SP 2.4.6** The service provider has arrangements in place to ensure that, if a person experiences harm or abuse, they have access to appropriate care and support such as legal, medical, psychological supports or other relevant health and social care services.

⁺⁺⁺ In 2025, the National Policy Framework for Adult Safeguarding in the Health and Social Care Sector was published as a high-level statement of intent to update policy in this area.

Standard 2.5 Infection prevention and control

The outcome a person should expect	What a service provider must do to achieve this
I know that staff work to prevent infections where I live and have been trained to do this.	The service provider has arrangements in place to proactively identify, assess and minimise areas of care and support delivery where there may be an increased risk of infection, while also providing a homely environment.

Features that demonstrate what a person should expect from a residential service meeting this standard are likely to include:

- 2.5.1 My care and support is provided in a clean, safe and homely environment that minimises the risk of transmitting an infection.
- 2.5.2 I am confident that staff take all precautions they can to prevent and reduce the risk of infections being transmitted.
- 2.5.3 I am supported to make informed choices about my care and support and to be involved in preventing, controlling and managing infections.
- 2.5.4 I know that the residential service is always looking for ways to make my care and support safer, for example, by identifying areas of infection risk and putting measures in place to reduce these risks.

Features of service provider meeting this standard are likely to include:

- SP 2.5.1 The service provider ensures that infection prevention and control is part of policy, procedures and the routine delivery of care and support to protect each person from preventable infections and antimicrobial resistance, in line with legislation, national policy and national and international best practice, while also maintaining a homely environment.
- SP 2.5.2 The service provider allocates sufficient resources to support infection prevention and control and antimicrobial stewardship. In the event of an infection outbreak, appropriate equipment and personal protective equipment are available in order to protect each person and staff.

- SP 2.5.3** The service provider ensures that staff are trained in relevant infection prevention and control practices. This includes, for example, adhering to policies and procedures, practising good hand hygiene and respiratory and cough etiquette, transmission-based precautions, and the safe use of personal protective equipment.
- SP 2.5.4** The service provider ensures that each person, and if required, their family, are provided with clear information about infection prevention and control precautions and antimicrobial resistance, in a way that they can understand, to support them to make informed choices.

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 roles and responsibilities in my care and support, and committed to upholding my human rights. These staff respond to my individual needs, preferences 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 and preferences 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 the residential service and with other services where necessary, so that I receive the best possible care and support and 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.

The principle of responsiveness includes both how residential services are organised to deliver coordinated care and support that meets the needs and preferences of people living in or using the residential service, and how people working in these services identify, assess and respond to a person's needs and preferences in day-to-day practice, to ensure they receive the right care and support at the right time and in the right place.

Principle 3: Responsiveness covers areas such as effective care and support, workforce, integrated care and support, and communication.

Effective care and support

Responsive residential services ensure that people's human rights, needs and preferences are always put first, and that staff work together with people, and other services when necessary to identify, assess and respond to these needs and preferences and improve outcomes for the person. Staff understand that for many people the residential service is their home and they look at the whole person and their wider needs, and do not focus on meeting their presenting needs in isolation. To do this, staff effectively communicate with and listen to the person, and where appropriate their family, and proactively seek their needs, preferences and goals. Using this information, staff advocate for and provide care and support that is tailored to a person's individual needs, preferences and circumstances, and is delivered in the right way, at the right time and for the required duration.

Responsive residential services ensure that people have the opportunity to develop stable, continuous, warm and caring relationships with staff and to get to know them in a way that suits them. Staff respect and value people's views and follow through on actions that have been agreed with them. An open and respectful environment supports people to express their views, feelings and wishes to effect change.

Workforce

Responsive services ensure that they have safe and effective recruitment and supervision processes, appropriate staff workloads and dynamic systems to recruit, train, manage and retain staff, including systems to support new staff to gain experience and build their skills. There is a programme of continuous professional development to ensure that all staff maintain competence in all relevant areas. Responsive services organise and manage their workforce to ensure that they have sufficient staff with the required training, skills, and level of experience to deliver safe and effective care and support, in accordance with a person's identified needs and preferences. They implement work schedules and models of care and support that facilitate continuity of care and support.

In a responsive service, staff are clear about their roles and responsibilities in caring for and supporting people, working in line with legislation, regulations and national standards, as well as national and local policies and procedures to uphold a person's human rights and meet their needs and preferences. All staff have a role in delivering a safe, high-quality service and are supported to do this, both individually and in effective teams, for example, through regular meetings with managers, team meetings, and multidisciplinary team meetings. Staff receive ongoing supervision and space to reflect on their work. Responsive service providers recognise the impact on staff when caring for and supporting people and provide them with the relevant support to manage this. The performance of staff is assessed at regular specified intervals.

Integrated care and support

Responsive services seek to achieve integrated, coordinated and effective care and support, by communicating and collaborating effectively with a range of services including education services, hospitals, primary care providers and other health and social care services. This approach includes active communication and collaboration with the person living in or using the residential service and, where appropriate and in line with their preferences, their family. There is an obligation on staff working in these services to collaborate and openly communicate with each other, to achieve

the best outcomes for the person. Staff respect the values, opinions and contributions of other staff from different disciplines and settings and are supported to work and learn together to optimise coordinated, integrated care.

Responsive service providers recognise that there is an increased risk of discontinuity of care and support when people are transferring from one service to another, including transitions from child to adult services, and transitions to and from respite care. To reduce this risk, the residential service works to plan, coordinate and manage these discharges and transitions carefully with the person, their family, where appropriate, and with the relevant services. The residential service begins planning and preparing for transitions at an early stage and coordinates the communication and follow-up support needed to ensure the transition is effective. Staff provide support to people in preparation for these transitions and ensure that there is an agreed plan in place to meet the person's individual needs and preferences.

Communication

Communication is an essential means through which people can understand the role that the residential service has in keeping them safe, providing care and support to them and upholding their human rights. Responsive services create an environment where staff learn people's preferred communication methods to ensure their voice can be heard, and to understand the person's preferences, and their ambitions and hopes for the future. This ensures that the person has confidence in the care and support being provided, in the level and quality of information being shared about them, and in the coordination and continuity of their care and support.

Responsive services support people to express themselves and make decisions about their care and support. They identify any barriers to effective communication and collaboration and work to resolve these barriers. Responsive service providers ensure that staff have the experience, skills, training and technology to communicate and provide information in a way that is appropriate to the person's age, stage of development and communication needs. People are provided with clear and accessible information about their care and support, that is communicated with them in a way that they can understand. Staff actively address the communication needs of people, ensuring that suitable alternative methods, formats and languages are made available when required. Responsive residential services work to provide assistive technologies, software or applications to facilitate communication as needed.

Standard 3.1 Effective care and support

The outcome a person should expect	What a service provider must do to achieve this
I have a good relationship with staff, who get to know me as a person and understand and respond to my needs and preferences.	The service provider has arrangements in place to support staff to develop consistent and reliable relationships with people living in or using the residential service to ensure they get the care and support they need.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 3.1.1 I have time to build a trusting relationship with staff so that they get to know me and what is important to me. Staff caring for and supporting me speak and listen to me in a kind, respectful and meaningful way and focus on my care and support when they are with me.
- 3.1.2 I have a keyworker, or a staff member who knows me well, who understands my needs and preferences. They use this knowledge to plan and provide care and support that is tailored to me as an individual. They share this knowledge with other staff in the service I live in so that I get consistent care and support.
- 3.1.3 I know that staff advocate for me within and between services to get the best care and support possible to meet my needs and preferences.
- 3.1.4 I am confident that staff will keep me and, if it is in line with my wishes, my family up to date on significant changes to my care and support.
- 3.1.5 I am regularly asked for my views by staff, to make sure their understanding of my needs and preferences are up to date.

Features of a service provider meeting this standard are likely to include:

- SP 3.1.1** The service provider ensures that there are sufficient staff with the right knowledge, skills and levels of experience to provide consistent care and support to the person, in line with the requirements of the service being provided and the assessed needs and preferences of the person.

- SP 3.1.2** The service provider has systems in place to ensure that each person living in or using the residential service and, if it is in line with their wishes, the person's family, are kept informed about changes to their care and support, and are assisted to understand the reasons for the change.

Standard 3.2 Workforce

The outcome a person should expect

I receive care and support from skilled, experienced and trained staff who are clear about their roles and responsibility in my care and support and are supported to do their job well.

What a service provider must do to achieve this

The service provider has systems and structures in place to effectively recruit, manage and retain its workforce and to ensure staff have the skills, training and experience to deliver safe and effective care and support. Staff are supported and supervised to do this.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 3.2.1 I am supported and cared for by staff that have been recruited in line with relevant policies and procedures.
- 3.2.2 I trust that staff working with me have the qualifications they need to do their job and get the right supervision, support and training to meet my needs and preferences, and do their job well.
- 3.2.3 I am supported and cared for by staff who are clear about their role in my care and support, and who are open and honest with me about this.
- 3.2.4 I experience stability in my care and support from people who know my needs and preferences even if there are changes in the service.
- 3.2.5 As a child, I am confident that staff get the right training, supervision and support to meet my needs and preferences so that I can grow and develop.

Features of a service provider meeting this standard are likely to include:

- SP 3.2.1 The service provider has a workforce recruitment and retention plan that is regularly reviewed and updated. This plan sets out the staffing levels required to ensure adequate cover, skill-mix, competencies, qualifications, experience and capabilities required to

manage the service and meet the needs and preferences of people living in or using the residential service.

- SP 3.2.2** The service provider has safe and effective systems, strategies, policies and procedures to recruit and retain skilled and experienced staff.
- SP 3.2.3** The service provider ensures that staff maintain and develop the skills required to support people living in or using the residential service through regular staff training reviews and by addressing any identified knowledge gaps. New staff are supported to develop the knowledge and skills required to provide safe and effective care and support.
- SP 3.2.4** Staff are supported to understand their roles and responsibilities and provide care and support in line with relevant legislation, regulations and national standards, as well as national and local policies and procedures. The performance of staff is assessed at regular specified intervals, and all staff receive support and supervision to ensure that they perform their role to the best of their ability.

Standard 3.3 Integrated care and support

The outcome a person should expect	What a service provider must do to achieve this
I know that all staff involved in my care and support communicate clearly and work together so that I receive the best possible care and support.	The service provider has arrangements in place to ensure care and support is coordinated effectively in and between services and that there are clear lines of communication to support this. Services proactively work together to achieve this and provide continuity of care and support.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 3.3.1 I know that staff communicate and learn from each other so that I get the right care and support. Staff are supported to learn from each other so they can improve the continuity of care and support they provide to me and to others using the service.
- 3.3.2 I am confident that staff know what other services I need and that they have the skills to identify and coordinate these so that I get the right support, at the right time and in the right way. Staff are supported by the service to do this.
- 3.3.3 If the staff working with me are changing, I am supported to understand the reason for this change. Changes are communicated and planned with me in advance, and I am given time to get to know new staff.
- 3.3.4 If I am moving to another area or need care or support from another service, I am helped to understand the reason for the change. The staff providing care and support to me contact the staff in the new service to make sure that they have the information they need to support me straight away. I am involved in the planning process and my opinions and, if it is in line with my wishes, those of my family, are listened to and respected by staff.

3.3.5 As a child, I am supported in my transition from childhood to adolescence and from adolescence to adulthood. Staff support me to become developmentally ready for this process and ensure that there is an agreed plan in place to meet my needs and preferences and that everyone is clear on their responsibilities during this transition.

Features of a service provider meeting this standard are likely to include:

SP 3.3.1 The service provider has protocols, policies and procedures in place that set out the organisational and staff responsibilities within and between services, to ensure coordinated care and support for the person living in or using the residential service.

SP 3.3.2 The service provider advocates on behalf of the person to support them to receive coordinated care and support in a timely and integrated manner.

SP 3.3.3 The service provider has a system in place to ensure continuity of care and support. Where possible, the person is notified in advance of changes to staff and are supported to understand the reasons for these changes.

SP 3.3.4 The service provider has robust transition plans that outline the steps taken to ensure safety and continuity of care and support if the person moves between services. The person and, if it is in line with their wishes, their family, are involved in the decision, and their specific needs, preferences and care and support requirements are communicated to the new service provider.

SP 3.3.5 There are systems, policies and procedures in place to plan, manage and support children's transitions, including the transitions from childhood to adolescence and from adolescence to adulthood, transitions within the residential service, moving to another service or leaving the residential service. Transitions are implemented in a sensitive and timely way in collaboration with the child, their family and with other services, ensuring continuity and minimising disruption to the child's life, routine and education.

Standard 3.4 Communication

The outcome a person should expect

I am confident that staff communicate with me in a way that I understand, so that they can get to know me and my needs, preferences and values.

What a service provider must do to achieve this

The service provider has arrangements in place to support effective communication between staff and people living in or using the residential service. Staff actively address the communication needs of each person.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 3.4.1 I understand the staff who care for and support me when they communicate with me. I receive clear, accessible information in my preferred format and in a manner that is useful for me.
- 3.4.2 I know that staff spend time learning how best to communicate with me. Staff make sure there is enough time and privacy for individual conversations and or interactions to understand my needs and preferences.
- 3.4.3 I know that staff have the skills and ability to understand my behaviour and know me well enough to recognise when changes in my behaviour may indicate an issue of concern.
- 3.4.4 If I need support to communicate, communication and assistive technologies are provided, as required.
- 3.4.5 I am supported to communicate with my family and friends, using communication and assistive technologies if appropriate. I am supported to have privacy when communicating with family and friends.
- 3.4.6 I am supported to access advocacy or other support services if I need help with communication or understanding information.
- 3.4.7 As a child, I know that staff will communicate with me in a way that respects my age and stage of development. For example, I know that

staff will recognise if I need support from my family or advocacy supports to participate meaningfully.

Features of a service provider meeting this standard are likely to include:

- SP 3.4.1** The service provider has arrangements in place to ensure that the person is supported to express their needs and preferences and to communicate effectively using appropriate, accessible, and safe methods, including assistive technologies, in line with relevant legislation, regulations, national standards and policies.
- SP 3.4.2** The service provider has arrangements in place to ensure that each person receives clear, accessible information about their life, care and support in their preferred format and in a manner that they can understand.
- SP 3.4.3** The service provider ensures that staff receive training on effective communication and have the experience, skills and ability to communicate with people living in or using the residential service in a way that best suits their needs and preferences.
- SP 3.4.4** The service provider ensures that the person is aware of, and supported to access advocacy or other services if they require support with communication or understanding information.

Principle 4: Accountability

How a person experiences accountable services:

I receive safe, consistent and high-quality care and support that upholds my human rights. I know who is responsible for delivering my care and support and I have confidence and trust in the residential service. The residential service has clear governance structures that are well understood and there is a culture of open communication, learning, reflection, and improvement. I am confident that the residential service uses technology and information safely so that I get the right care and support. I have regular opportunities to give feedback about the residential service and staff encourage and support me to do this. My feedback, concerns, complaints or compliments about the residential service are listened to, recorded and responded to in a timely way. 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.

The principle of accountability is the foundation for how service providers ensure that people living in or using the residential service receive high-quality safe care and support that is consistent, coordinated and focused on achieving good outcomes for them.

Principle 4: Accountability covers areas such as governance, leadership and management, use of resources, use of information, use of assistive and digital technology, risks, incidents and open disclosure, quality improvement, and care and support experience and feedback.

Governance, leadership and management

Well-governed services have a clear vision for their work, as set out in their statement of purpose or similar documentation, and support their staff to deliver on this vision through a clear model of care and support. A well-governed service is clear about what it does, how it does it and is accountable to its stakeholders. These services work effectively with other relevant services and regularly assess the impact and outcomes of their work on those that they are caring for and supporting. Good governance is essential to ensuring that services are accountable for the care and support they provide. Accountable services develop and implement effective policies and procedures at the highest level in the organisation to ensure that overall governance for the delivery of services is clearly defined. These policies and

procedures set out how the service will work to uphold human rights and provide high-quality, safe, coordinated and integrated care and support to people living in or using the residential service.

Leadership and management are essential to ensuring that residential services are accountable for the care and support they provide. They have an important role to play in strengthening and encouraging the residential service's quality and culture, and in supporting collaborative working with other services where necessary. The service provider identifies a lead person at each level of the organisation with clear authority, responsibility and accountability for delivery of the service against performance expectations and targets. There are clear lines of accountability at individual, team and service levels, so that everyone working in the residential service is aware of their responsibilities and to whom they are accountable. A culture of human rights, care, support, creativity, hope and openness is evident in the behaviour and attitudes of leaders and managers in an accountable residential service. Leaders, managers and organisational arrangements support and empower staff to exercise their professional and personal responsibility to provide the right care and support, at the right time, to ensure that people living in or using the residential service have the best outcomes possible and are supported to reach their full potential.

Use of resources

An accountable residential service ensures that it fulfils its statement of purpose by planning, managing and organising the service to achieve its stated outcomes in the short, medium and long-term. To do this, it is essential that service providers organise and use resources well, to ensure the effective planning and delivery of high-quality, safe, consistent and effective care and support. An accountable residential service plans and organises its resources and workforce to ensure that people living in or using the residential service get safe, consistent and person-centred care and support. Resource decisions are transparent and take account of the needs and preferences of people and the levels of demand on the service. The service provider ensures effective planning, management and use of resources, including human, physical and ICT resources, to optimise sustainability. In addition, it plans and manages resources responsibly so that the residential service's impact on the environment is minimised as far as possible.

Use of information

Accessible, timely, accurate and relevant information is the foundation of high-quality and safe service provision, effective planning and management, and overall

better health and wellbeing. Appropriate information management can drive a culture of safety in an organisation by providing information in the right form, in the right place, and at the right time, while ensuring that information is shared safely and held securely. Formalised governance arrangements, including clear lines of accountability within the residential service are essential, so that everyone is aware of their roles and responsibilities with regard to information management. Access to high-quality, clear and accessible information can also empower a person living in or using a residential service to make informed choices about their care and support, to uphold their human rights, and to maintain and improve their overall health and wellbeing.

Use of assistive and digital technology

Accountable services ensure the effective delivery of high-quality, safe, and consistent care and support through the use of appropriate technologies and consideration of new technologies, including assistive technologies, communication technology and AI tools. There are formalised governance arrangements in place, including clear lines of accountability at the individual, team and service levels, to support the use of existing and new technologies. Everyone is aware of their roles and responsibilities about the use of existing and new technologies, including decisions regarding the integration of new technologies, their deployment in the residential service, data security, cybersecurity and continuous monitoring while in use. Staff are clear about the role of technology in the care and support of people living in or using the residential service, working in line with local and national policies and procedures, legislation including the EU AI Act, regulations, national standards and emerging best practice.

Risks, incidents and open disclosure

Accountable residential services are open, transparent and learn when things go wrong in the delivery of their service. These services have clear policies, procedures and guidelines for the identification, management and reporting of incidents, in line with national processes and legislation. Staff in the residential service receive

training to implement these practices, including in relation to Open Disclosure and reporting of notifiable incidents.^{***}

Quality improvement

An accountable residential service is actively and continuously looking for ways in which it can be more reliable and areas in which it can improve the quality of its service delivery. A focus on safety and quality improvement is part of a service-wide culture and is embedded in daily practices and processes, rather than being viewed or undertaken as a separate activity. Measurement of impact and effectiveness is focused on the outcomes and experiences that are important for the people living in or using the residential service, for example, quality of life and satisfaction. Residential services also learn from audits, incidents, reviews, evaluations and inspections by relevant regulatory bodies to improve the experience and outcomes of people. This includes identifying and sharing areas of good practice, as well as those areas that could be improved. Residential services use the information collected to improve the quality and safety of services for people.

Care and support experience and feedback

Accountable residential services identify short, medium and long-term outcomes and measure the achievement of these outcomes using a range of agreed indicators. This information is used to measure how they are enabling people to achieve personal outcomes that are important to them, and to evaluate the service's performance.

Feedback, concerns, complaints and compliments from people living in or using the residential service, family members, and staff are taken into account as part of this evaluation process to improve the quality, reliability and consistency of the care and support provided. Where people have difficulties in communicating their feedback, concerns, complaints and compliments, there is an obligation on the residential service to work in close collaboration with the person's representative,

^{***} The [National Open Disclosure Framework \(Department of Health 2023\)](#) defines Open Disclosure as an open, consistent, compassionate, and timely approach to communicating with patients and, where appropriate, their relevant person following patient safety incidents. It includes expressing regret for what has happened, keeping the patient informed, and providing reassurance in relation to on-going care and treatment, learning, and the steps being taken by the health services provider to try to prevent a recurrence of the incident.

whether that be a family member or an advocacy support, who will ascertain the person's wishes and facilitate them in achieving a desired outcome.

Standard 4.1 Governance, leadership and management

The outcome a person should expect

I am confident that the residential service caring for and supporting me is properly governed and managed and follows the right policies and procedures to make sure I receive the right care and support.

What a service provider must do to achieve this

The service provider has effective, governance, leadership and management arrangements in place that promote a culture of person-centred and human rights-based care and support. Appropriate governance structures are in place that set out clear lines of accountability at individual, team and service level. The service provider ensures compliance with relevant legislation, regulations, national standards and policies.

Features that demonstrate what a person should expect from a service that is meeting this standard are likely to include:

- 4.1.1 I know what the residential service does and how it does it, because it is written down in a statement of purpose about the service. This statement is explained to me in a way that I understand.
- 4.1.2 I know who is in charge of the residential service and I can talk to them if I have a concern or query. I know that they will take responsibility and respond appropriately.
- 4.1.3 I am confident that the service I use is well managed to make sure I get the best possible care and support. I know that managers have the right experience and training to oversee the residential service effectively and ensure my human rights are upheld and my needs and preferences are met.
- 4.1.4 I am confident that the residential service has a clear vision, plans and goals, for how it will continue to provide the best possible care and support now and into the future.
- 4.1.5 The residential service communicates clearly with me in a timely manner about changes to the residential service so I understand how

I will get the support I need, even if something unexpected happens. This includes when somebody new is moving into the residential service.

Features of a service provider meeting this standard are likely to include:

- SP 4.1.1 The service provider has clearly defined governance arrangements in place that are regularly reviewed to ensure that they are fit for their intended purpose and are effective. These arrangements define clear lines of authority, accountability, and reporting, as well as roles and responsibilities for ensuring the quality and safety of the service.
- SP 4.1.2 The service provider promotes a culture of person-centred care and support, by ensuring the principles of person-centred care and support are embedded in the values, vision, mission and statement of purpose of the service. This is reflected in the strategic and operational plans that set clear objectives for delivering person-centred, safe and effective services, which are implemented consistently and reviewed on a regular basis.
- SP 4.1.3 The service provider has a clear, accessible and up-to-date statement of purpose which is publicly available, for example on their website or in the service.
- SP 4.1.4 The service provider has arrangements in place to regularly review national and international legislation, national standards, guidance, alerts and recommendations formally issued by government and regulatory bodies, to determine what is relevant to the residential service provided and take action to address any identified gaps. The service provider acts on requirements made by regulatory bodies to comply with regulations.
- SP 4.1.5 The service provider has appropriate service level agreement contracts and or other similar arrangements in place with the funding body or bodies.
- SP 4.1.6 The service provider has a business continuity plan in place to maintain essential residential services in the event of a business disruption. This plan includes how the service provider will communicate with the person living in or using the residential service in a timely manner to keep them up to date on the service that can be provided.

- SP 4.1.7** The service provider establishes and maintains an internal management structure that is clearly defined, appropriately staffed, and aligned with the size, ethos, purpose, and function of the residential service to ensure effective leadership, transparent lines of accountability, and consistent oversight of day-to-day operations.
- SP 4.1.8** In line with regulations, the service provider has competent managers, defined as Person(s) in Charge, with sufficient skills and experience to manage the residential service and meet its stated purpose, aims and objectives, and the needs and preferences of each person living in or using the residential service.
- SP 4.1.9** The service provider promotes a culture of health, wellbeing and safety for all. This includes procedures to protect each person and staff, by minimising the risk of violence, bullying and harassment by other member of staff or people living in or using the residential service.
- SP 4.1.10** The service provider has a system in place for clinical oversight and governance to ensure each person living in or using the residential service receives appropriate care and support in line with their needs and preferences.

Standard 4.2 Use of resources

The outcome a person should expect

I receive consistent care and support that meets my needs and preferences.

What a service provider must do to achieve this

The service provider has arrangements in place to plan, manage, support and organise its resources to ensure people living in or using the residential service receive responsive, coordinated and consistent care and support.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 4.2.1 I get the care and support I need at the time I need it because the residential service has been planned to meet my needs and preferences and the needs and preferences of others in the residential service.
- 4.2.2 I get the right care and support because there are enough staff to meet my needs and preferences and the needs and preferences of others in the residential service; staff have the resources they need to do their job.

Features of a service provider meeting this standard are likely to include:

- SP 4.2.1 The service provider organises and uses resources effectively, including their workforce and financial resources, to ensure that services are delivered in a safe, consistent and person-centred way.
- SP 4.2.2 The service provider demonstrates transparent and effective decision-making when planning, procuring and managing the use of resources.
- SP 4.2.3 The service provider uses high-quality information to plan and allocate resources, to ensure the greatest impact for the health and wellbeing of each person living in or using the residential service.
- SP 4.2.4 The service provider ensures effective planning, management and use of resources, including human, physical and ICT resources, to optimise sustainability and minimise the service's impact on the environment, as far as possible.

Standard 4.3 Use of information

The outcome a person should expect

I am confident that the service collects and uses high-quality information to support my care and support and to inform good decision-making.

What a service provider must do to achieve this

The service provider has arrangements in place, with clear lines of accountability, to ensure that information is collected, used and shared appropriately to enable high-quality care and support, and to protect the privacy and confidentiality of people living in or using the residential service, in line with relevant Irish and European conventions, legislation and codes of practice.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 4.3.1 I am confident that the residential service makes decisions about my care and support based on relevant information about me, and other people living in or using the residential service to meet our needs and preferences.
- 4.3.2 I am confident that the residential service keeps me safe and protects my confidentiality when collecting and writing down information about me.
- 4.3.3 My information is stored safely and securely, so it cannot be seen by people who do not need to see it. If my personal information is shared, it is carried out in a way that respects my human rights.
- 4.3.4 I know that staff understand when and how to share information about me with other people who need it, so that I get the care and support I need.
- 4.3.5 I have access to and can request to see any information written about me, in line with legislation. This information is provided to me in a clear, accessible way that I can understand.

Features of a service provider meeting this standard are likely to include:

- SP 4.3.1** The service provider has systems, policies and procedures in place to ensure that information is collected, used and shared appropriately, in line with legislation and best practice. These are clearly communicated to staff, well understood, and consistently implemented in practice.
- SP 4.3.2** The service provider has arrangements in place to protect the privacy and confidentiality of each person living in or using the residential service. The service provider has a clear process in place for obtaining informed consent for the use of personal information for specific purposes and for facilitating the person to change their consent preferences.
- SP 4.3.3** The service provider uses information from monitoring performance and other sources to improve the quality, safety and reliability of the residential service.
- SP 4.3.4** The service provider takes part in and provides data to any relevant national quality and safety improvement programmes.

Standard 4.4 Use of assistive and digital technology

The outcome a person should expect

I am confident that appropriate technology is used in my care and support and new technologies are introduced in a responsible and safe way.

What a service provider must do to achieve this

The service provider uses appropriate technology and considers the use of new technologies to support and enhance service provision. Policies and procedures aligned to legislation, regulations and national policies are in place to support the adoption and implementation of technology and each person is protected and informed.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 4.4.1 I am confident that the residential service uses appropriate communication and assistive technologies, artificial intelligence (AI) tools and other technology and systems when providing care and support to me and that they continue to look for new technologies that may improve my care and support.
- 4.4.2 I am confident that when technology is used in my care and support, my needs and preferences and my safety and privacy always come first.
- 4.4.3 I know that if new technologies are introduced by the residential service, I will be provided with clear and accessible information so I can understand the risks and benefits associated. I am able to make informed decisions about the use of any new technology for my care and support based on these risks and benefits. Where appropriate, my family are also informed about these technologies.

Features of a service provider meeting this standard are likely to include:

- SP 4.4.1 The service provider uses, and maintains, appropriate technology and systems when providing care and support in line with relevant legislation, regulations and national standards, as well as emerging best practice guidance.

- SP 4.4.2** The service provider ensures that the safety and privacy of each person living in or using the residential service is central when introducing any new technologies. Policies and procedures are in place to inform how new technologies, including AI, telecare^{§§§} or other digital interventions, will be used in the residential service, which are clearly communicated to staff, well understood, and consistently implemented in practice, in line with relevant legislation including the EU AI Act, data privacy, consumer law, cybersecurity, medical device regulations, national policy and guidance, codes of practice and emerging best practice.
- SP 4.4.3** The service provider ensures that appropriate and proportionate consent procedures are followed and documented in relation to the use of technology and introduction of new technologies, in line with the services policies and procedures, national policy and national and international legislation.

^{§§§} Telecare means assistive and monitoring devices and telecommunication interventions that are used to support and enable a person to remain safe and independent in his or her home.

Standard 4.5 Risk and incident prevention, mitigation and management, and open disclosure

The outcome a person should expect

I am confident that if something goes wrong with my care and support, the residential service will respond quickly in a way that suits my needs and preferences.

What a service provider must do to achieve this

The service provider has arrangements in place to prevent, identify, manage and report risks and incidents in a timely manner, in line with relevant national legislation, policy and guidance, and will use learnings to inform future policies and practices. The service provider fully and openly informs and supports people who live in and use the residential service throughout this process, in line with National Open Disclosure Policy and Frameworks.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 4.5.1** I am confident that the residential service is always looking for ways to make my experience of the service safer. This includes creating a fair and open culture where staff and I can raise concerns, report incidents and help to identify areas for improvement.
- 4.5.2** I am confident that staff know how best to respond when something goes wrong in my care and support and the residential service has plans in place to support staff to recognise when I am at risk of possible harm.
- 4.5.3** I trust that if something goes wrong in my care and support, the residential service will be open and honest with me and involve me in the review of any incident, in a way that suits my needs and preferences, as soon as the issue has been identified.
- 4.5.4** I am confident that the residential service will be open and honest with my family, in line with my wishes, and will inform them about any risk or incident, as necessary and appropriate.

- 4.5.5 I know that the outcome of any review of an incident that takes place is available to me and any learning from the review is used to help improve the residential service.

Features of service provider meeting this standard are likely to include:

- SP 4.5.1 The service provider has arrangements in place to identify, manage and report on risks that may impact the safe and effective delivery of the service. Key areas to consider include transitions within and between services, medication safety, restrictive practices, infection prevention and control (IPC), fire safety and safeguarding.
- SP 4.5.2 The service provider has robust arrangements in place, including policies, procedures and staff training, so that staff can prevent, identify, respond to, report, review and learn from incidents, in line with National Open Disclosure policy and frameworks and other national standards, legislation, policy and guidelines.
- SP 4.5.3 The service provider has policies and procedures in place for the management of incidents, should they occur. These are implemented consistently by staff who respond in a person-centred manner and ensure that supports are provided to keep each person safe and promote their wellbeing.
- SP 4.5.4 The service provider has appropriate governance structures in place to support open disclosure.
- SP 4.5.5 The service provider and staff communicate openly and honestly with the person living in or using the residential service if something goes wrong in their support and involves them in the review of any incidents. The outcome of any review that may take place and any action arising from the review is made available to the person living in or using the residential service.
- SP 4.5.6 The service provider ensures that, if an incident has occurred, steps are taken to prevent similar issues occurring in the future and that learnings from the incident are used to improve the service.

Standard 4.6 Quality improvement

The outcome a person should expect	What a service provider must do to achieve this
I am confident that the residential service regularly looks at how it can improve the care and support given to me, and other people in the service, so that I get the best possible care and support.	The service provider fosters an open and fair culture of continuous quality improvement, responding to and learning from audits, incidents and feedback to achieve best outcomes for people living in or using the residential service.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 4.6.1 I know that the residential service plans what it is going to do to meet my needs and preferences, and the needs and preferences of others in the residential service.
- 4.6.2 Information about me and the care and support I receive is used by the residential service to improve my care and support and the care and support of others in the residential service.
- 4.6.3 I know that staff caring for and supporting me will look for ways to improve the care and support they give me and others in the residential service.
- 4.6.4 I know that the service provider is always trying to make the residential service safer and better for me and others. They look at what works well and learn from things that go wrong, so they can make improvements.
- 4.6.5 I have opportunities to participate in the planning, design and evaluation of the service and I am encouraged to do so.
- 4.6.6 I am confident that the residential service uses feedback from inspections, audits and reviews to improve the quality of my care and support.

Features of a service provider meeting this standard are likely to include:

- SP 4.6.1** The service provider formally plans and documents, in a quality improvement plan, what it is going to do to meet people’s needs and improve the quality of its service in the short, medium and long term. The service measures whether they have done this and reports this in an annual report.
- SP 4.6.2** The service provider has arrangements in place to ensure the collective interests of each person who lives in or uses the residential service are taken into consideration, when decisions are being made about the planning, design and delivery of services.
- SP 4.6.3** The service provider takes a proactive approach to learning from the findings and recommendations from relevant national and international reviews and investigations.
- SP 4.6.4** The service provider encourages and supports reporting throughout the residential service, especially when things go wrong, and reviews any concerns about the quality and safety of the service which are brought to their attention by people who live in or use the residential service or by members of the workforce.

Standard 4.7 Care and support experience and feedback

The outcome a person should expect	What a service provider must do to achieve this
I have regular opportunities to give feedback about the residential service and staff encourage and support me to do this. My feedback, concerns, complaints or compliments about the service are listened to, recorded, and managed in a timely way.	The service provider has arrangements in place to facilitate feedback, concerns and complaints about the service and to manage and respond to these in a timely way. These are clearly understood and accessible to people living in or using the residential service.

Features that demonstrate what a person should expect from a service meeting this standard are likely to include:

- 4.7.1 I understand that I have a right to express my opinion on the residential service and how staff care for and support me. My views are taken seriously, and I am told how they have been used.
- 4.7.2 I know that staff are trained to understand behaviour that indicates an issue of concern or complaint that I may not be able to communicate by other means. This receives the same positive response as issues of concern and complaints raised by other means.
- 4.7.3 The different ways that I can provide feedback are clearly signposted within the residential service and staff explain them to me in a way that meets my needs. The staff working with me use creative, flexible and fun ways to support me to express my feelings about the residential service and the care and support I receive.
- 4.7.4 I am provided with the residential services complaints policy in my preferred format, and where appropriate, my family is also provided with this information. This clearly outlines how to make a complaint and the appeals process.
- 4.7.5 I am provided with a safe place and space to express my views when giving feedback or making a complaint. For example, I can remain anonymous if I choose. I know that there will be no negative consequences to my care and support if I make a complaint.

- 4.7.6 I am informed about independent advocacy services and other groups and organisations that can support me when giving feedback or making a complaint and I am supported to access these services such as the Health Information and Quality Authority, National Advocacy Service for People with Disabilities, the HSE 'Your Service Your Say', the Office of the Ombudsman and the Ombudsman for Children's Office. Where appropriate, my family are also informed about these services.
- 4.7.7 I am informed in writing, and in a way that meets my needs, of the outcome of any complaint I make. If there is a delay, staff keep me up to date. If my complaint has been upheld, I am informed of how the residential service has learned from my complaint and the changes they have made as a result.

Features of a service provider meeting this standard are likely to include:

- SP 4.7.1 The service provider has arrangements in place to conduct regular evaluations of services to assess how well they are meeting the identified needs and preferences of each person living in or using the residential service. This includes having a process in place for consulting with the person, their families where appropriate, and staff, for example, through surveys, and using their feedback to continuously improve their experiences.
- SP 4.7.2 The service provider takes part in local and national reviews or surveys of service-user experience.
- SP 4.7.3 The service provider has a mechanism in place to receive feedback from people living in or using the residential service, their families where appropriate, and staff, including concerns and compliments.
- SP 4.7.4 The service provider has a complaints policy and clear, transparent, open and accessible arrangements in place to invite, receive, review, respond to and monitor any complaints or concerns about the residential service in a fair and timely way. These arrangements take account of relevant legislation, regulations and national guidelines.
- SP 4.7.5 The service provider addresses complaints and concerns promptly, effectively and fairly, while supporting the person living in or using the residential service throughout the process and if necessary,

facilitating access to support or independent advocacy services. Assurance is provided that there are no adverse consequences for raising a complaint or concern.

- SP 4.7.6** The service provider ensures that the person living in or using the residential service, and their families where appropriate, know how to make a complaint and how they can get support to make a complaint, for example from independent advocacy services or other groups and organisations, such as the Health Information and Quality Authority, National Advocacy Service for People with Disabilities and the HSE 'Your Service Your Say'.

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Appendix 1 - Glossary of Terms****

Abuse: mistreatment of any kind and includes the physical, financial or material, psychological, sexual or discriminatory mistreatment or neglect of a person (note, this is not an exhaustive list).

Access: in this document, access refers to a person's ability to avail of the support they require, based on their assessed needs and to engage with the services that provide it.

Accessible: refers to the design and delivery of a residential service (for example, information leaflets about the service, feedback mechanisms) so it can be accessed, understood and used to the greatest extent possible by all people living in or using the residential service.

Advocacy: supporting and empowering people to communicate their will and preference, secure their human rights, or represent their interests.

Arrangements: this term refers to a strategy or plan which the service provider has in place to aid their response to particular circumstances which can arise during the delivery of care and support in the residential service.

Assistive technologies: practical tools that can support functional needs of people who experience difficulties linked to disability or ageing. Assistive technologies encompass a broad spectrum of low-level technology and high-level technology, for example, walking frames, wheelchairs, hearing aids, vision aids and computer-based communication aids. These technologies play a crucial role in enabling the human rights of disabled people under UNCRPD such as access to independent living, education and employment.

Autonomy: the perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one's own preferences.

Capacity: capacity means the ability to understand the nature and consequences of a decision in the context of available choices at the time the decision is to be made. A person lacks the capacity to make a decision if he or she is unable–

- a. to understand the information relevant to the decision

**** Note: all definitions will be updated in line with existing legislation at time of publication.

- b. to retain that information long enough to make a voluntary choice
- c. to use or weigh that information as part of the process of making the decision, or
- d. to communicate his or her decision (whether by talking, writing, using sign language, assistive technology, or any other means) or, if the implementation of the decision requires the act of a third party, to communicate by any means with that third party.⁺⁺⁺

Child: in this national standards document, the terms 'child' and 'children' refer to people (children and young people) under the age of 18 years (up to their 18th birthday).

Consent: means the giving of permission or agreement for a specific intervention, receipt or use of a service or participation in research. Consent may only be given following a process of communication in which the person has received sufficient information in a manner and form appropriate to their needs to enable them to understand the nature, potential risks and benefits of the proposed intervention or service.

Complaint: means a complaint made about any action of a service provider that, it is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom or on whose behalf the complaint is made.

Decision supporter: means a person defined in accordance with the Assisted Decision-Making (Capacity) Act 2015 whose legal authority is based on the definition of their functions in the legislation and the terms of the arrangement or order appointing them.

Designated centre: a designated centre is defined in Part 1, Section 2 of the Health Act 2007 as an institution at which residential services are provided by the Health Service Executive (HSE) or other service providers including residential services run by public, private and voluntary organisations.

Dignity: means the right to be treated with respect, courtesy and consideration.

Disability: disability, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State

⁺⁺⁺ Capacity as defined in the Assisted Decision-Making (Capacity) Act 2015.

or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment. Substantial restriction means a restriction which–

- a. is permanent or likely to be permanent, results in significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and
- b. gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to improve the disability.^{****}

Equality: means that disabled people must enjoy the same human rights and fundamental freedoms as others, without discrimination, and with the support or adjustments needed to make those rights real.

Equity: means providing disabled people the supports, accommodations, and barrier-free environments they need to enjoy their rights and opportunities on an equal basis with others.

Family: refers to a member of a person’s family, a close friend, carer of a person or a person involved in promoting the health, welfare and wellbeing of the person living in or using the residential service. This does not include staff working in the residential service for disabled people.

Guardian: A guardian of a child in Ireland is a person who has the legal responsibility and authority to make major decisions about the child’s life, welfare, and upbringing.

Governance: refers to the organisational framework that incorporates systems, processes and behaviours that support an organisation to do the right thing or make the right decision at the right time.

Incident: means an event or circumstance which occurs during the delivery of care and support which could have, or did, lead to harm and includes, but is not limited to, near misses which could have led to harm but did not do so, whether by reason of chance or timely intervention and staff or person’s complaints which are associated with harm.

^{****} Disability as defined in Section 2 of the Disability Act 2005. ‘Substantial restriction’ shall be construed as meaning a restriction as described in paragraphs (a) and (b) of Section 7(2) of that Act.

Inspection: inspection is part of the monitoring process by which HIQA checks compliance with national standards and regulations. Inspectors speak to people living in or using the residential service and staff about the experiences of the service that they receive. The experiences of inspectors, triangulated with other evidence and information from a range of sources, are a key part of inspections and inform inspection judgments. Inspection is a tool of monitoring.

Keyworker: a member of staff in the residential service who carries particular responsibility for a person living in or using the residential service, liaises directly with the person, coordinates care and support, and works to meet their needs.

Medication support: means assistance provided by residential service staff that relates to the medication needs of the person living in or using the residential service and includes:

- a. collecting prescriptions and or prescribed medicines.
- b. assisting people to take their prescribed medication.
- c. prompting regarding the timing of medication.

Monitoring: systematic process of gathering, analysis of information and tracking change over time for the purpose of improving the quality and safety of health and social care. Under section 8(1)(c) of the Health Act 2007, one of the functions of the Health Information and Quality Authority is to monitor compliance with national standards.

Needs assessment: means a comprehensive assessment of the health, physical, sensory, emotional and social care needs of a person.

Person(s) in Charge: the person whose name is entered on the register as being in charge of or managing the residential centre.

Person living in or using the residential service: refers to an individual adult or child who lives in or uses a residential service for disabled people.

Person-centred: means an approach that recognises that each person has individual needs and personal goals to which his or her service should be tailored (where practicable) and involves them in decision-making and respects their will and preferences.

Person-centred care and support plan: means a plan based on the assessed needs, preferences, goals and values of the individual person. It outlines the actions

that need to be taken for the person to meet their personal outcomes and the care and support that will be provided. It ensures that both what matters to the person and what is important for them are reflected. The person is central to the development of this plan.

Policy: a written operational statement of intended outcomes to guide staff actions in particular circumstances.

Preferences: in this document, preferences refer to wishes, personal values, personal beliefs and ultimate goals and a greater liking for one alternative over another.

Procedure: a written set of instructions that describe the approved steps to be taken to fulfil a policy.

Protection: process of protecting individual adults identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. Child protection is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect and is outlined in Children First: National Guidance for the Protection and Welfare of Children (2011).

Regulation: a governmental order having the force of law.

Residential service: is a designated service as defined in the Health Act 2007 for the purposes of registration and inspection; it includes residential services and residential respite services for disabled children and adults.

Respite: temporary residential care based either in a service or community home that is intended to support the maintenance of disabled people in their own homes. It can cover a crisis period, take place on a periodic basis to enable a carer to have a break, or can provide adults and children with medication, therapy or support services.

Restrictive practice: the intentional restriction of a person's voluntary movement or behaviour. A restrictive practice limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values or requires an individual to engage in a behaviour/action that the individual would not engage in given freedom of choice.

Safeguarding: means putting measures in place that reduce the risk of harm and abuse, promote and protect people's human rights and their health and wellbeing, and empower people to protect themselves.

Service provider: means people or organisations that provide residential services for disabled people. This includes staff, management and Person(s) in Charge that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to disabled people.

Staff: the people who work in or for the residential service provider, and who are responsible or accountable to the organisation when providing care and support to people living in or using the residential service. This includes the Person in Charge.

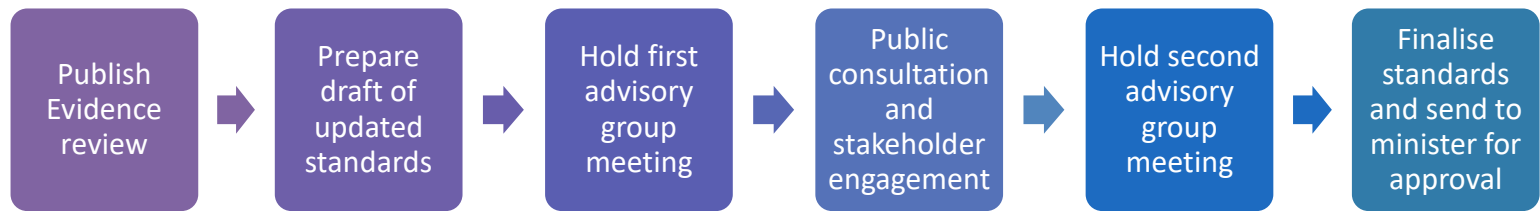
Statement of purpose: describes the aims and objectives of the service including how resources are aligned to deliver these objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

Telecare: means assistive and monitoring devices and telecommunication interventions that are used to support and enable a person to remain safe and independent in his or her home.


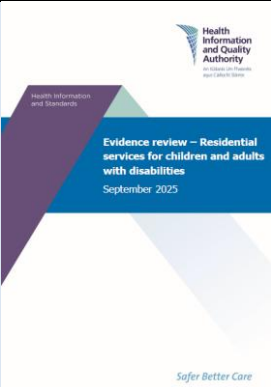
Welfare: welfare encompasses all aspects of a person's wellbeing to include physical, social, emotional, religious, moral and intellectual welfare.

Wellbeing: means the state of being comfortable, healthy, or happy.

Appendix 2 - HIQA's Process for update of National Standards



A stakeholder involvement report is published, once the process is complete, setting out the feedback from stakeholders at each stage of the project and how it is reflected in the final standards. At this stage, consideration is also given to guidance and tools to support the implementation of the national standards.

Frameworks and evidence underpinning the National Standards:	
	<p>Standards development framework: a principles-based approach</p>
	<p>These standards are based on a set of four principles which underpin all national standards for health and social care services.</p> <p>These four principles are:</p> <ul style="list-style-type: none"> • a human rights-based approach • safety and wellbeing • responsiveness • accountability. <p>These principles work together to describe how health and social care services provide person-centred, safe, consistent and integrated care and support.</p> <p>Available on the HIQA website: here.</p>
	<p>Evidence review</p>
	<p>The evidence review provides an overview of:</p> <ul style="list-style-type: none"> • regulation of residential services for disabled people in Ireland • relevant international standards and related documents • academic scoping review. <p>The aim of the evidence review was to identify the characteristics of person-centred care and support in residential services for disabled people; describing how people can experience safe, high-quality outcomes from the care and support they receive.</p> <p>Available on the HIQA website: here.</p>

Appendix 3 - Stakeholder involvement

Targeted stakeholder engagement is a key component of the process for updating national standards to ensure that the standards are appropriate, outcomes-focused and implementable in practice.

An Advisory Group has been convened to inform the update of the *National Standards for Residential Services for Children and Adults with Disabilities* (2013) and includes nominees from a range of key stakeholders from service users, decision-making bodies and advocates. The purpose of the Advisory Group is to:

- Provide support and collaboration on the update of the standards by promoting the concept and purpose of the standards at policy and service delivery level.
- Advise HIQA during each stage of the development process of the national standards.
- Inform HIQA of research, programmes, activities, legislation, policies or other developments that may be relevant to HIQA's work in the development of the National Standards for residential services for disabled people.
- Advise on the priority areas for residential services for disabled children and adults and the content of the updated standards.
- Advise on and assist with engaging stakeholders, for example through identifying frontline staff and people with experience of living in or using residential services for disabled people, to participate in focus groups, and raising awareness among colleagues of public consultations on the draft standards, all of which will inform the development of the final standards.
- Advise on further steps, including awareness and uptake of the updated standards within services.
- Provide vision and insight on how to support the implementation of the standards into practice.
- Provide ongoing promotion and championing of the updated standards at policy and service delivery level.

The first Advisory Group meeting was held on 25 March 2026, at which the team received feedback on the first draft of the updated standards. A second and final meeting will be held in November 2026 when the public consultation and focus groups have been completed and the draft national standards have been updated accordingly. Full membership of the Advisory Group is documented in Appendix 5.

Appendix 4 - Summary of the Draft National Standards for Residential Services for Disabled People

Principle 1: A Human Rights-based Approach

Standard 1.1 Promote, protect and uphold human rights	
The outcome a person should expect	What a service provider must do to achieve this
I understand my human rights, as they are explained to me in a way that I can understand. My human rights are respected and upheld. I am valued by the staff in the services I use, and I am treated with dignity and respect.	The service provider has arrangements in place to ensure a person’s human rights are explained to them in a way they can understand and are protected, promoted and upheld, in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and, where applicable, the United Nations Convention on the Rights of the Child (UNCRC).
Standard 1.2 Autonomy	
The outcome a person should expect	What a service provider must do to achieve this
I am supported to make decisions relating to my life, and I am involved in planning my care and support.	The service provider has arrangements in place to support people to make decisions about their life, care and support, and to have their decisions respected and implemented, in line with relevant legislation, regulations, national standards and policy.
Standard 1.3 Equality and equity	
The outcome a person should expect	What a service provider must do to achieve this

I can access the care and support I need without experiencing any form of discrimination. My identity, culture and diversity are valued and respected.	The service provider ensures that each person’s diversity is respected and that they can access care and support without discrimination.
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Standard 1.4 Relationships and intimacy

The outcome a person should expect	What a service provider must do to achieve this
I am confident that my right to relationships, family life, friendships and intimacy is supported and respected.	The service provider has arrangements in place to ensure each person’s right to relationships, family life, friendships and intimacy is supported and respected.

Principle 2: Safety and Wellbeing

Standard 2.1 Needs assessment and care and support planning

The outcome a person should expect	What a service provider must do to achieve this
I am confident that my individual needs, preferences and goals are assessed, identified and outlined in a person-centred care and support plan, so that I receive the care and support that I need and can live the life I choose. I am supported to be involved in my needs assessment and in planning my care and support.	The service provider has arrangements in place to ensure that each person’s individual needs, preferences and goals are assessed, identified and outlined in a person-centred care and support plan, in a timely way. The service provider involves each person in the assessment process and in developing their person-centred care and support plan.

Standard 2.2 Safe care and support and better health and wellbeing

The outcome a person should expect	What a service provider must do to achieve this
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<p>I receive safe, good quality care and support that enables me to live a meaningful life and reach my full potential.</p>	<p>The service provider has arrangements in place to provide safe and proportionate care and support that promotes each person’s physical, emotional and mental health, wellbeing and development and upholds their human rights, enabling each person to lead a meaningful life and reach their full potential.</p>
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Standard 2.3 Safe living environment

<p>The outcome a person should expect</p>	<p>What a service provider must do to achieve this</p>
<p>I am confident that the residential service I live in is safe, homely, and accessible and it meets my needs.</p>	<p>The service provider has arrangements in place to ensure the physical environment is safe, homely and accessible and that necessary equipment is provided in a timely way to meet the needs and preferences of people living in or using the residential service.</p>

Standard 2.4 Safeguarding

<p>The outcome a person should expect</p>	<p>What a service provider must do to achieve this</p>
<p>I am supported to be safe and to live my life free from harm or abuse. Staff talk with me about my safety and support me to stay safe.</p>	<p>The service provider works to ensure that people living in or using the residential service are safeguarded from harm and abuse through the consistent implementation of relevant legislation, regulation, national standards, policy and best practice guidelines, including ‘Children First’. The service provider works with other services as appropriate to safeguard people.</p>

Standard 2.5 Infection prevention and control

The outcome a person should expect	What a service provider must do to achieve this
I know that staff work to prevent infections where I live and have been trained to do this.	The service provider has arrangements in place to proactively identify, assess and minimise areas of care and support delivery where there may be an increased risk of infection, while also providing a homely environment.

Principle 3: Responsiveness

Standard 3.1 Effective care and support

The outcome a person should expect	What a service provider must do to achieve this
I have a good relationship with staff, who get to know me as a person and understand and respond to my needs and preferences.	The service provider has arrangements in place to support staff to develop consistent and reliable relationships with people living in or using the residential service to ensure they get the care and support they need.

Standard 3.2 Workforce

The outcome a person should expect	What a service provider must do to achieve this
I receive care and support from skilled, experienced and trained staff who are clear about their roles and responsibility in my care and support and are supported to do their job well.	The service provider has systems and structures in place to effectively recruit, manage and retain its workforce and to ensure staff have the skills, training and experience to deliver safe and effective

	care and support. Staff are supported and supervised to do this.
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Standard 3.3 Integrated care and support

The outcome a person should expect	What a service provider must do to achieve this
I know that all staff involved in my care and support communicate clearly and work together so that I receive the best possible care and support.	The service provider has arrangements in place to ensure care and support is coordinated effectively in and between services and that there are clear lines of communication to support this. Services proactively work together to achieve this and provide continuity of care and support.

Standard 3.4 Communication

The outcome a person should expect	What a service provider must do to achieve this
I am confident that staff communicate with me in a way that I understand, so that they can get to know me and my needs, preferences and values.	The service provider has arrangements in place to support effective communication between staff and people living in or using the residential service. Staff actively address the communication needs of each person.

Principle 4: Accountability

Standard 4.1 Governance, Leadership and Management

The outcome a person should expect	What a service provider must do to achieve this
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<p>I am confident that the residential service caring for and supporting me is properly governed and managed and follows the right policies and procedures to make sure I receive the right care and support.</p>	<p>The service provider has effective, governance, leadership and management arrangements in place that promote a culture of person-centred and human rights-based care and support. Appropriate governance structures are in place that set out clear lines of accountability at individual, team and service level. The service provider ensures compliance with relevant legislation, regulations, national standards and policies.</p>
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Standard 4.2 Use of resources

The outcome a person should expect	What a service provider must do to achieve this
<p>I receive consistent care and support that meets my needs and preferences.</p>	<p>The service provider has arrangements in place to plan, manage, support and organise its resources to ensure people living in or using the residential service receive responsive, coordinated and consistent care and support.</p>

Standard 4.3 Use of information

The outcome a person should expect	What a service provider must do to achieve this
<p>I am confident that the service collects and uses high-quality information to support my care and support and to inform good decision-making.</p>	<p>The service provider has arrangements in place, with clear lines of accountability, to ensure that information is collected, used and shared appropriately to enable high-quality care and support, and to protect the privacy and confidentiality of people living in or using the residential service, in line with relevant Irish and European</p>

	conventions, legislation and codes of practice.
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Standard 4.4 Use of assistive and digital technology

The outcome a person should expect	What a service provider must do to achieve this
I am confident that appropriate technology is used in my care and support and new technologies are introduced in a responsible and safe way.	The service provider uses appropriate technology and considers the use of new technologies to support and enhance service provision. Policies and procedures aligned to legislation, regulations and national policies are in place to support the adoption and implementation of technology and each person is protected and informed.

Standard 4.5 Risk and incident prevention, mitigation and management, and open disclosure

The outcome a person should expect	What a service provider must do to achieve this
I am confident that if something goes wrong with my care and support, the residential service will respond quickly in a way that suits my needs and preferences.	The service provider has arrangements in place to prevent, identify, manage and report risks and incidents in a timely manner, in line with relevant national legislation, policy and guidance, and will use learnings to inform future policies and practices. The service provider fully and openly informs and supports people who live in and use the residential service throughout this process, in line with National Open Disclosure Policy and Frameworks.

Standard 4.6 Quality improvement

The outcome a person should expect	What a service provider must do to achieve this
I am confident that the residential service regularly looks at how it can improve the care and support given to me, and other people in the service, so that I get the best possible care and support.	The service provider fosters an open and fair culture of continuous quality improvement, responding to and learning from audits, incidents and feedback to achieve best outcomes for people living in or using the residential service.

Standard 4.7 Care and support experience and feedback

The outcome a person should expect	What a service provider must do to achieve this
I have regular opportunities to give feedback about the residential service and staff encourage and support me to do this. My feedback, concerns, complaints or compliments about the service are listened to, recorded, and managed in a timely way.	The service provider has arrangements in place to facilitate feedback, concerns and complaints about the service and to manage and respond to these in a timely way. These are clearly understood and accessible to people living in or using the residential service.

Appendix 5 - Membership of the Advisory Group to inform the development of the Draft National Standards for Residential Services for Disabled People

Name and title	Organisation	Division
Rachel Flynn, Director (Chair)	Health Information and Quality Authority	Health Information and Standards
Judith Christie, Assistant Principal Officer	Department of Children, Disability and Equality (DCDE)	Disability Division
Gavin Ashe, Assistant Principal Officer	Department of Health (DoH)	National Patient Safety Office
Anne Barry-Reidy, Assistant Principal Officer	Department of Health (DoH)	Social Care Projects Unit
Ann-Marie O'Neill, Regional Manager	Health Information and Quality Authority (HIQA)	Disability Pillar
Aoife O'Donohue, Assistant National Director	Health Service Executive (HSE)	Disability Services
JP Nolan, Head of Compliance, Assurance and Regulatory Affairs	Health Service Executive (HSE)	Compliance, Assurance and Regulatory Affairs
Ruth O'Reilly, Senior Policy and Public Affairs Advisor	National Disability Authority	Policy, Research and Public Affairs
Alison Spillane, Policy Officer	Ombudsman for Children's Office	Representative for the Ombudsman for Children's Office
Karen Murphy, CRPD/IMM Manager	Irish Human Rights and Equality Commission (IHREC)	Representative for the Irish Human Rights and Equality Commission
Áine Flynn, Director	Decision Support Service	Representative for the Decision Support Service
Micheál Walsh, Regional Manager ^{§§§§}	National Advocacy Service	Southern Region (Carlow, Cork, Kerry, Kilkenny, Tipperary,

^{§§§§} Mary Carroll, Senior Advocate, attended the first Advisory Group meeting in place of Micheál Walsh.

		Waterford, Wexford)
Shelly Gaynor, Peer Mentor	DPO Network *	Independent Living Movement Ireland
Joe McGrath, Advocate	DPO Network *	National Platform of Self Advocates representative
Derval McDonagh, Chief Executive	Inclusion Ireland	Representative for Inclusion Ireland
Elaine O’Riordan, Clinical Nurse Manager III/Person in Charge with St. Gabriels Foundation	Disability Federation Ireland **	Representative for the Disability Federation Ireland
Renjith Joseph, Physiotherapy Manager with Ability West	Disability Federation Ireland **	Representative for the Disability Federation Ireland
Ian Craven, Social Care Manager	Tusla	Children’s Residential Services
Carol O’Donnell, CEO of Dara	National Federation of Voluntary Service Providers (FedVol) ***	Representative for the National Federation of Voluntary Service Providers

* The **DPO Network** is an alliance of five national Disabled Persons’ Organisations in Ireland working together to advance the full implementation of the United Nations on the Rights of Persons with Disabilities (UNCRPD) in Ireland. The five DPO member organisations are: As I Am – Ireland’s National Autism Advocacy Organisation, Disabled Women Ireland, Independent Living Movement Ireland (ILMI), Irish Deaf Society (IDS), National Platform of Self Advocates.

** **Disability Federation Ireland** is the national support organisation for voluntary disability organisations in Ireland who provide services to disabled people.

*** The **National Federation of Voluntary Service Providers (FedVol)** is a national umbrella organisation of voluntary/non-statutory agencies who provide direct services to people with intellectual disability and autism in Ireland on the basis of service arrangements with the HSE.

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