

## Regulation of Residential Services for Children and Adults with Disabilities



# Frequently Asked Questions for Providers of Residential Services for Children and Adults with Disabilities

**29 January 2014**

Please note this is Version 2.0 of this document. The previous update was published on 4 October 2013.

## **Background**

This document was developed in response to questions received by the Health Information and Quality Authority (the Authority or HIQA) in relation to the commencement of the regulation of residential services for children and adults with disabilities. It is intended that the document will be updated on a regular basis.

The first version of this FAQ was published on [www.hiqa.ie](http://www.hiqa.ie) on 21 June and this is the fourth update. Where new questions and answers are listed in this version, readers are advised of this by the noting of the version update underneath the question.

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## Definitions

The Act	The Health Act 2007, as amended
The Standards	National Standards for Residential Services for Children and Adults with Disabilities
Regulations	Regulations made by the Minister for Health under sections 99 and/or 101 of the Act
Designated Centre	A residential centre for adults or children with disabilities defined under section 2 of the Act and which is subject to regulation by the Authority
The Authority	The Health Information and Quality Authority established under the Act
The Chief Inspector	An official of the Authority, appointed under section 40 of the Act, who is responsible for making decisions in relation to the regulation of designated centers. The Director of Regulation with the Authority carries out, and delegates to other officials of the Authority, the legal functions of the Chief Inspector.

## Disclaimer

The answers to the questions contained in this document are intended to be of assistance to service providers and other persons in preparing for the commencement of regulation.

The answers represent the position of the Authority at the time of publication or updating. This position may change as the preparations for regulation progress and in the light of the later making of regulations by the Minister for Health. Nothing in this document is intended to be a definitive interpretation of the law.

<p><b>Section 1: Commencement and registration</b></p>	<p>What does 'commencement' mean?  (Version 2.0 update.)</p>	<p>'Commencement' is the date on which residential services for people with disabilities in Ireland first came to be regulated. From 1 November 2013, all providers of residential services for adults and children with disabilities became subject to the provisions of Part 8 of the Health Act 2007.</p> <p>Providers are now required to comply with the two sets of regulations that came into force on 1 November 2013:</p> <ul style="list-style-type: none"> <li>• The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, also known as the 'care and support regulations';</li> <li>• The Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, also known as the 'registration regulations'.</li> </ul> <p>This legislation, together with the Health Act 2007, as amended, and the <i>National Standards for Residential Services for Children and Adults with Disabilities</i> form the 'regulatory framework' by which HIQA monitors, inspects and makes decisions about designated centres for children and adults with disabilities.</p>
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	<p>What does commencement mean for me as a service provider?</p> <p>(Version 2.0 update.)</p>	<p><b>Inspection</b>                  From 1 November 2013, all residential and respite centres are subject to inspection by HIQA, who check compliance with the regulations and standards. Designated centres may be inspected at any time. Inspectors carry identification and are required to adhere to the code of conduct which is available on our website at <a href="http://www.hiqa.ie">www.hiqa.ie</a>.</p> <p><b>Notifications</b>                  You must notify HIQA if certain 'notifiable events' happen in your centre. Guidance on the notifications is available from our website <a href="#">here</a>.</p> <p><b>Registering existing centres</b>                  From 1 November 2013, all existing designated centres can continue to operate for up to three years. Over the course of the three year transition period, HIQA will contact you to invite you to apply for registration. To apply for registration, you will need to complete a registration application form and send us in accompanying documentation. Your centre will also be inspected. All the information taken together will help to inform the registration decision.</p> <p><b>Registering before opening a new centre</b>                  If you wish to open a new centre, you <u>must</u> register it with HIQA before opening. The registration process can take a number of months and providers are asked to factor in the time for registration at the planning phase of opening a new centre.</p> <p><b>Notifying us about existing centres</b>                  As the provider you are required, under section 69 of the Health Act</p>
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		<p>2007, as amended, to tell HIQA which centres you are operating.</p> <p>This is done by completing a 'section 69' form which you should by now have received from the Authority. In it, you are asked to verify the information about your centres, letting us know if you believe that any of the services do not in fact constitute a designated centre, and whether you have any other centres that we have not listed on the form. In completing the section 69 form, you may find our <a href="#">guidance document on what constitutes a designated centre</a> useful.</p> <p>If you have not received a section 69 form yet please contact our registration office on (021) 240 9340.</p>
	<p>Can you explain what section 69 means?</p> <p>(Version 2.0 update.)</p>	<p>Section 69 of the Health Act 2007, as amended, is the provision that says you can continue to legally operate from the moment the law came into force on 1 November 2013, even though your centre has not yet gone through the registration process.</p> <p>Section 69 transitional arrangements ensure that your centre is operating legally until registration is granted for your centre. In the three years until 1 November 2016, HIQA will work with each centre in the country to bring them through the registration process. While HIQA works through the process of registering each centre over the transition period, all centres – whether you have been asked to register yet or not – are required by law to operate as if you were registered from the first day of commencement.</p>

		<p>This means that you need to comply with the care and support regulations from the start, making sure you submit notifications about certain events and that all matters relating to the welfare of the person using the service are in place, as set out in the regulations and standards.</p> <p>In addition to your requirement to operate as if registered – complying with the regulations and standards – you will be asked to complete a section 69 form. Completing the section 69 form is how you make yourself officially known to HIQA and is a binding requirement.</p> <p>Although it may be up to 30 months after commencement before you are asked to register, <b>you are required to operate within the regulatory framework as and from the first day of commencement.</b></p>
	<p>What will be the registration process for people living in their own home?  (Version 2.0 update.)</p>	<p>If a designated centre falls within the remit of the regulatory process it will need to be registered.</p> <p>If the person is living in his/her own private home or with family, this is not a designated centre and so registration and regulation will not apply.</p> <p>The Authority recognises that in some circumstances, it may not be totally clear as to whether the residential unit is a designated centre or</p>

		not. We are committed to engaging in discussions with providers to clarify whether such services fall within the regulatory remit.
	<p>Does every residential unit have to be registered as a designated centre? Some community-based residential services can be quite small, and some providers have a large number of such units.</p> <p>(Version 2.0 update.)</p>	<p>Depending on local circumstances, HIQA may consider recognising a number of community-based residential units as a single designated centre for the purposes of registration provided that the services can be described in a single statement of purpose, they are within close geographic proximity, provide a similar type of service and are under the direct management of a common person in charge.</p> <p>If a designated centre consists of more than one unit, then each unit will be inspected. The registration decision will be based on all units, and not just a sample of residential units.</p>
	<p>Will large, single site/congregated style residential services be registered as a single centre?</p> <p>(Version 2.0 update.)</p>	<p>Where there are different types of services being provided on a single site/congregated style setting, providers should consider whether such services can be described in a common statement of purpose.</p> <p>If a single statement of purpose proves difficult to develop due to, for example, the presence of diverse services on the site providing services to a wide range of service users/residents, then it is likely that there are two or more designated centres on the site, each requiring separate registration.</p>
	<p>If I want to open a new centre what do I need to be aware of?</p> <p>(Version 2.0 update.)</p>	<p>All residential services for people with a disability now have to be registered before they can operate.</p> <p>If providers plan to open a new centre, they must apply for registration for that centre in advance, and the centre cannot open until</p>



		<p>registration has been granted. The registration process can take a number of months and providers are asked to factor in the time for registration at the planning phase of opening a new centre.</p>
	<p>Is it possible to increase the number of people in a centre after commencement?</p> <p>(Version 2.0 update.)</p>	<p>Yes, as long as the requirements of the regulatory framework are complied with. In particular, the privacy, dignity, safety and welfare of each person who uses the residential service must be protected.</p> <p>Once an existing centre is registered with the Authority, it is the practice of the Chief Inspector to specify the occupancy of the centre as an operating condition of registration. Any increase to this occupancy will require the approval of the Chief Inspector.</p> <p>Therefore, from 1 November 2013, it is possible to accommodate extra people, subject to preserving the privacy and dignity of the residents and ensuring all relevant legislation is complied with. Once your centre goes through registration (on a date between November 2013 and October 2016), you will need to apply to the Chief Inspector if you intend to bring in more people than is specified on your registration certificate.</p>
<p><b>Section 2: Legislative requirements</b></p>	<p>What regulations do I need to know about?</p> <p>(Version 2.0 update.)</p>	<p>Two sets of regulations apply:</p> <ul style="list-style-type: none"> <li>• The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013</li> </ul>

		<ul style="list-style-type: none"> <li>• The Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</li> </ul>
	<p>What regulations are relevant to services that have residents who are children?</p>	<p>In addition to the regulations above, if a child is receiving a residential service on the basis of a voluntary care order or a court order, the provider will also be required to comply with Child Care (Placement of Children in Residential Care) Regulations 1995.</p>
	<p>Do I need to comply with all of the regulations?</p>	<p>Yes, the regulations are legally binding. Failure to comply with them is an offence and ongoing failure to comply reflects on the fitness of the provider and other key senior managers.</p> <p>If HIOA is not satisfied that the provider is addressing non-compliances, further action can be considered. These actions are set out in the Act and may include prosecution, placing of additional registration conditions and, in situations where there is significant risk to the life or welfare of residents, immediate cancellation of the centre's registration. Repeated non-compliance with the requirements may also impact on the continued registration and operation of the centre.</p>
	<p>What will the statement of purpose look like?</p> <p>(Version 2.0 update.)</p>	<p>The statement of purpose is governed by regulation 3 and schedule 1 of the care and support regulations.</p> <p>Essentially, the statement of purpose describes what each service does, who it serves, and how the service is delivered.</p> <p>Guidance on preparing your statement of purpose is available from our website <a href="#">here</a>.</p>

	<p>What notifiable events do providers need to submit to the Authority?</p> <p>(Version 2.0 update.)</p>	<p>Notifications are governed by regulations 31, 32 and 22 of the care and support regulations.</p> <p>Guidance on notifications is available from our website <a href="#">here</a>.</p>
	<p>Am I required to submit floor plans with my registration application?</p> <p>(Version 2.0 update.)</p>	<p>Yes. Floor plans are required as part of the registration process. Please note that architectural plans are <u>not</u> required. Rather, a diagram or plan showing the layout of the accommodation will suffice.</p> <p>Floor plans are used to confirm the extent of private and public space within the accommodation and confirm that it meets the requirements of the regulations and standards.</p>
	<p>Will there be fees involved for us? Who is determining this and is there any scope for discussion about what the fees will be?</p> <p>(Version 2.0 update.)</p>	<p>Yes. Fees are set out in the registration regulations. The regulations say that the registration fee is €500, and the annual fee is €183 per resident.</p> <p>For respite centres, the annual fee of €183 per resident is based on the occupancy level of the centre. Therefore, a three-bed house that has different residents staying over the course of the year would be subject to a fee of 3 x €183, which is €549 for the year.</p> <p>Annual fees are collected by HIQA in instalments, while the registration fee is payable with the registration application.</p>
	<p>In situations where there is an urgent requirement to provide new or different accommodation for people living in a residential service,</p>	<p>HIQA is committed to working with providers and in the interests of people using services. We recognise that crises can arise in residential services and expect that providers will have arrangements in place to respond appropriately.</p>

	<p>and a person needs to move quickly, can the lead-in time for registration be expedited?</p> <p>(Version 2.0 update.)</p>	<p>However, previous crisis responses may need to be re-examined. For example, there is currently no provision under the law for temporary, preliminary or partial registration of designated centres, so any crisis response which is based on temporary alternative accommodation may no longer be possible.</p>
	<p>What is the maximum number of people a home should accommodate?</p> <p>(Version 2.0 update.)</p>	<p>In your registration application, you as the provider should apply for what you believe to be the appropriate number of places for a given centre. Based on this, HIQA will assess the registration application including whether the actual or proposed occupancy is appropriate.</p> <p>Where registration is granted, the maximum number of places in the centre will be set as a condition of the registration.</p>
<p><b>Section 3: Standards</b></p>	<p>What standards does HIQA regulate against for designated centres for persons with a disability?</p>	<p>Together with the regulations mentioned above, HIQA regulates against the <i>National Standards for Residential Services for Children and Adults with Disabilities</i>, which were launched on 14 May 2013. They are available in various formats on our website, <a href="http://www.hiqa.ie">www.hiqa.ie</a></p>
	<p>What is the relationship between the regulations and the standards?</p> <p>(Version 2.0 update.)</p>	<p>Regulations are made under the Act and you are required to comply with them. Failure to comply may constitute an offence.</p> <p>The standards have been developed by HIQA in consultation with stakeholders.</p> <p>Each standard contains a ‘standard statement’ and providers are required to demonstrate that they are implementing the standards. Some of the standards will be reflected in the regulations, but providers are required to implement all of the standards.</p>

	<p>Can you explain what a standard statement is?</p>	<p>Each standard is outcome-based. This means each standard sets a specific outcome for the service to meet, which is described in the standard statement.</p> <p>The listed 'features' under each standard statement give some suggested ways of meeting the required outcome described in the standard statement. Each feature is not to be considered as a 'tick box item' – rather the list of features provided under each standard statement is a non-exhaustive list of ways that the outcome may be met.</p> <p>Ultimately, it is at the discretion of the provider to meet the outcome in a way that is appropriate to the centre and so other, alternative ways of meeting the outcome may be acceptable.</p>
	<p>How will HIQA ensure that compliance with the standards does not prevent residents taking reasonable risks that are associated with living a more independent lifestyle of their choosing?</p>	<p>The Authority takes a holistic view of safety and risk management. We do not wish to see residents being prevented from living a full life due to overly cautious risk management arrangements. At the same time, negligent behaviour by providers is not acceptable.</p> <p>Providers are required to provide each individual resident with appropriate life opportunities based on their wishes and interests in a responsible manner. This should include evidence that risks have been identified and are being managed, and that appropriate levels of support are provided to residents based on each individual resident's own circumstances.</p>
	<p>What hygiene standards apply to service users' equipment?</p>	<p>The <i>National Standards for Residential Services for Children and Adults with Disabilities</i> describe the standards which will be used to make registration decisions.</p>

		<p>However, providers may find it useful to refer to other standards produced by HIQA but these must be interpreted in the context of a person-centred, residential support service.</p>
	<p>Do the <i>National Standards for Safer Better Healthcare</i> apply in the social care sector or just the healthcare sector and hospitals?</p>	<p>The <i>National Standards for Safer Better Healthcare</i> describe a vision for high quality, safe healthcare, and apply to healthcare services including hospitals, ambulance services, community care, primary care and general practice.</p> <p>They may therefore be appropriate in certain settings where services are provided to a person who has a disability, for example, day care services.</p> <p>For providers of residential services for persons with a disability, HIQA will regulate against the <i>National Standards for Residential Services for Children and Adults with Disabilities</i>.</p> <p>These standards form one part of the regulatory framework for designated centres for children and adults with a disability.</p> <p>The Health Act 2007 and associated regulations form the remaining parts of that framework.</p> <p>Where regulations may refer to compliance with other relevant national standards, HIQA will clarify which standards this is referring to.</p>
	<p>What do we do about the absence of capacity legislation in Ireland which is unlikely to be in place by the commencement of regulation?</p>	<p>Pending the possible introduction of other pieces of legislation, providers should focus on the relevant HIQA standards and ensure that they can demonstrate that the rights of residents are vindicated and that dignity is protected on a day-to-day basis.</p>

	<p>The lack of capacity legislation prevents service users from having all of the rights which they should have, e.g. the right to have an intimate relationship.</p>	
	<p>Standard 4.4 of the children's standards is about maximising the child's individual strength and abilities through educational opportunities. Am I obliged to get a copy of each child's individual education plan from their school?</p>	<p>No. While the features within standard 4.4 encourage working closely with the child's education provider, maintaining comprehensive records of schools attended, certificates awarded etc., a copy of the child's individual education plan is within the remit of each school; the designated centre is neither required nor encouraged to obtain copies of individual education plans. Similarly, under Regulation 13(4) of the care and support regulations, the person in charge is required to support the child to access education, to support continuity of education, and to ensure appropriate educational targets are in place for the child. The centre's education policy would not be expected to provide that the child's individual education plan is held on record by the centre.</p>
<p><b>Section 4: Fitness</b></p>	<p>What is a fit person?</p>	<p>Section 50 of the Act requires that only 'fit persons' are involved in the governance and management of designated centres. The Act does not define the notion of fitness in detail but in practice, we regard the following as the kinds of attributes required of a properly fit person:</p> <ul style="list-style-type: none"> <li>▪ he/she is a suitable person to be entrusted with the care, support and protection of potentially vulnerable people.</li> <li>▪ he/she is aware of his/her legal responsibilities.</li> <li>▪ he/she understands what constitutes a quality service.</li> <li>▪ he/she has relevant knowledge and experience of the client group.</li> <li>▪ he/she understands and implements good governance structures</li> </ul>

		<p>within the organisation and at the level of the centre.</p> <ul style="list-style-type: none"> <li>▪ he/she builds and maintains a positive relationship with the regulator.</li> <li>▪ he/she is a person of probity and good character.</li> <li>▪ he/she can be trusted by the regulator to operate the service in compliance with standards and regulations.</li> <li>▪ he/she understands that operating a regulated service is a privilege to be earned and retained through taking the right action rather than a right or an obligation attaching to a particular job or role.</li> </ul>
	<p>Who should I as provider nominate as a person to represent the organisation in dealing with HIQA?</p>	<p>It is up to the provider organisation to nominate someone to represent the organisation in dealing with the regulator.</p> <p>Depending on the organisation involved, one person may be nominated on behalf of an entire organisation or a number of persons may be nominated across the country, such as where an organisation has four regional managers, each could be nominated on behalf of those centres in each of their regions.</p> <p>Apart from the requirement to be properly fit (see above), the nominee must be at such a level in the organisation and have sufficient authority to properly address matters arising as a result of inspections or registration decisions.</p>
	<p>Are there minimum training or other requirements for persons to be regarded as fit?</p>	<p>The Authority does not recommend, accredit or prescribe any particular training programmes or scheme of training.</p>



		<p>The provider must ensure that those involved in the management of the centre have sufficient training and experience to enable them to provide a high quality and consistent service.</p> <p>Fitness will be evidenced by the practices within the centre rather than by any particular certificate, accreditation or attendance at a course.</p>
	<p>How does HIQA decide on whether providers or persons in charge are fit? Is there a fit person entry programme?</p>	<p>The Authority makes findings on the fitness of the provider, the person nominated to represent the provider, the person in charge and key senior managers through a range of processes including the outcome from inspections and ongoing compliance with regulatory duties such as timely notification of specified events as may be set out in the regulations.</p> <p>The Authority may also conduct interviews with those involved in the management of the centre or at other organisation levels.</p> <p>The completion of a formal fit person entry programme is not required.</p>
<p><b>Section 5: Scope of regulation</b></p>	<p>Are respite services subject to regulation?</p>	<p>Yes. All designated centres for adults and children with a disability, including respite centres, will be included in the regulatory process.</p> <p>The centre’s statement of purpose should clearly set out the nature of the service being provided in the centre. This is particularly important where a range of services are provided as part of a residential service, e.g. residential respite, on-site day services, etc.</p>
	<p>Are day care centres to be regulated?</p>	<p>The Act does not provide HIQA with any remit to inspect day services outside of the residential centre. The Authority regulates only residential services at this time.</p>

		<p>However, where day services are provided to non-residents within a residential setting, we monitor to ensure that provision of the day service is not impacting negatively on the welfare of residents.</p>
	<p>Will HIQA be inspecting centres registered with the Mental Health Commission where people with disabilities may live?  (Version 1.3 update.)</p>	<p>The Authority is in ongoing liaison with the Mental Health Commission to ensure that there is clarity as to which centres are registered by which body.</p> <p>The Authority and the Mental Health Commission have signed a Memorandum of Understanding which sets out how we collaborate where regulatory overlap occurs.</p> <p>The Authority's aim is to cooperate with the Mental Health Commission and with other public bodies in the interests of people using services and in the broader public interest.</p>
	<p>How do I know if all of my services are required to register? How do I deal with the complexity of residential arrangements?</p>	<p>Guidance on what constitutes a designated centre is available from our website <a href="#">here</a>.</p> <p>If you are still unsure whether your accommodation or service constitutes a designated centre, please contact HIQA and we will work with you to clarify whether or not it is subject to regulation.</p>
	<p>Where a person is living in an apartment with support for their residential care funded by an agency through the HSE, but rent supplement is paid by the Department of Social Protection,</p>	<p>Some individual living arrangements need to be looked at on a case-by-case basis. The Authority has no wish to impact on people living in their own homes with support. At the same time, all designated centres, even if only a single person lives there, must be registered by law.</p>

	<p>does this qualify as a designated centre and is it subject to inspection?</p>	<p>The Authority is committed to resolving all questions on the scope of regulation by meeting and discussing these situations with relevant providers and people using services.</p> <p>Ultimately, if there is a serious dispute on whether a service is within the scope of regulation, this may be a matter for the courts to decide on. However, our intention, and expectation, is to resolve all such queries far in advance of any cases potentially requiring legal action.</p>
	<p>If a person is living in their own home, but is supported in terms of upkeep or maintenance, or providing oil for heating, are they within the scope of regulation?</p>	<p>As stated above, a person living in their own home is not subject to regulation. That being said, there are likely to be situations that are not clear-cut and we will work with all concerned to come to an appropriate and legally sound decision.</p>
	<p>Does emergency respite fall within the scope of regulation?</p>	<p>All designated centres must be registered, including all respite centres and respite beds in other centres.</p> <p>Providers must make proper contingency arrangements for emergency respite situations to ensure that an adult or child with a disability availing of respite of any kind is always accommodated in a suitable room in a properly registered designated centre.</p>
	<p>Does holiday respite fall within the scope of regulation?</p>	<p>In general, respite arrangements are within the scope of regulation. However, there is a possibility that some holiday centres may not be registrable.</p>

		The Authority will engage in discussion with the providers involved in relation to these specific services to determine whether they fall within the regulatory remit.
	If a person with a disability is renting privately, is that included as a designated centre?	No.
	Are home-sharing and family-sharing arrangements within the scope of regulation?	No.
	Does a residential school for children and young people with disabilities, operating five days a week, 30 weeks per year, fall within the definition of a designated centre?	Any 'institution primarily used for the provision of educational, cultural, recreational, leisure, social or physical activities' is excluded from the definition of a designated centre.  However, each individual case will be assessed in conjunction with the provider organisation prior to the commencement date.
	A good person-centred plan may follow the person to mainstream work placements or whatever activities the person may be involved in throughout the day. How will inspection marry with this scenario?	That the person's day does not all happen within a residential setting is viewed as positive and encouraging by the Authority.  The Authority will not be regulating services that are not provided directly by the designated centre.  However, it will be regulating the extent to which individual needs are assessed and the extent to which residents are supported by the centre to access relevant services and to sustain their involvement in such services.

<b>Section 6: Inspection</b>	When will inspections start?  (Version 2.0 update.)	The Authority undertook its first inspections of disability services in November 2013. All designated centres are subject to inspection at any time.
	In a residential campus setting, how will the inspection process work where, for example there are 10 or more different houses on site where people are living?  (Version 1.3 update.)	Such a service might be treated as a single designated centre for the purposes of registration.  Where there are different types of services being provided on a single site/congregated style setting, providers should consider whether such services can be described in a common statement of purpose.  If a single statement of purpose proves difficult to develop due to, for example, the presence of diverse services on the site providing services to a wide range of service users/residents, then it is likely that there are two or more designated centres on the site, each requiring separate registration.  In any event, all residential units on the site will be subject to inspection.
	Will reports of inspection be published? What is the process for publication?	It is the policy of HIQA to publish all inspection reports. Reports are published at the end of a process of engagement with the provider in relation to actions to be taken and appropriate timeframes for these.  We also send draft reports to providers for factual accuracy checks prior to publication. The reports will be published on the Authority's website.

	<p>When an inspection has been completed, what timelines will be given to complete actions to bring the centre into compliance with the regulations?</p>	<p>As part of the inspection process, inspectors will identify any areas of non-compliance. These will be included in the action plan at the end of the inspection report and the provider will be required to submit details of how he/she intends to bring the centre into compliance.</p> <p>Generally, the provider sets the timeframe for completion of this action. Inspectors would expect that a realistic and appropriate timeframe be set by the provider for completion of this work.</p> <p>In exceptional circumstances, if the inspector finds that the non-compliance has a significant impact on the safety or wellbeing of residents, the inspector may need to set the timeframe.</p>
	<p>What will be the situation with regard to older buildings and the requirements of the standards?</p>	<p>Inspectors will consider whether the premises meet the needs of the residents and the aims of the service as set out in the statement of purpose.</p> <p>The inspector will be examining whether the premises are safe and provide sufficient space to meet the needs of residents in keeping with the relevant standard statements and such matters as may be prescribed in the regulations. He or she will also consider whether the privacy and dignity of the residents are promoted by the physical environment.</p> <p>If there is non-compliance, the provider will be required to submit a plan setting out how compliance with the regulations and standards will be achieved and setting out the timeframe for compliance to be achieved.</p>

		<p>If the building is significantly not fit for purpose and there is not a sufficient plan in place to achieve compliance, the Chief Inspector will consider this in making a decision about the registration of the centre.</p> <p>If there are immediate risks to the safety or wellbeing of residents because of the physical environment, HIQA will consider whether more immediate action is required under the relevant provisions of the Act. This may include, in the most immediately risky situations, enforcement action up to and including application to court for immediate cancellation of registration.</p>
	<p>Are follow-up inspections carried out by the same inspector who conducted the original inspection?</p>	<p>The Authority operates a case-holding model where one inspector is assigned to a centre and will be the contact point in HIQA for that centre. However, it may be that other inspectors will conduct some inspections of the centre.</p> <p>From time to time, caseloads will move between inspectors and/or inspection teams and, as a result, the contact inspector will change.</p>
	<p>How will the inspection of children's services be done?</p>	<p>Designated centres which provide services for children will be inspected against the relevant regulations and standards. Inspectors with a particular background in regulating services for children will generally be involved in such inspections</p>
	<p>Does HIQA make its judgment framework for the inspection of residential services for people with disabilities available?</p>	<p>Yes. The judgment framework is currently being tested and reviewed. When this is complete we plan to publish it on our website <a href="http://www.hiqa.ie">www.hiqa.ie</a>.</p>

	<p>What qualifications do inspectors have?</p>	<p>Inspectors come from a broad range of health and social care/social work backgrounds. The Authority also provides training and ongoing skills development for its inspection staff. Where particular technical or other skills are required for a particular inspection, these are sourced either from within the broader Authority or externally under provisions in the Act.</p>
	<p>Is there a danger that providers will be subject to incremental proliferation of rules and procedures as a result of guidance sought by them or additional related standards for areas such as infection control?</p>	<p>The Authority aims to make clear what providers are responsible for and what standards and regulations apply in their services. We will maintain an ongoing engagement with the service provider community through their umbrella groups and this will provide opportunities to discuss how the regulatory framework is working in practice.</p>
	<p>Will HIQA take account of the reductions in resources (monetary and staffing) for our services which are beyond our control and which may mean that we cannot maintain the standards that we would aspire to achieving?</p>	<p>The Authority makes judgments on compliance with regulations and implementation of the standards, including whether the designated centre is adequately resourced to provide a safe and consistent service that meets the identified support needs of residents.</p> <p>If the designated centre is not sufficiently resourced, this will be discussed with the provider and if not resolved, further action will be required as an unsafe or poor quality service cannot be allowed to continue in operation.</p>
	<p>How does HIQA approach smaller community-based services which are very different to the nursing home sector? Does HIQA expect all staff</p>	<p>The regulations specify which documentation and records must be kept in the designated centre and how long such records must be retained. Inspectors will expect that any records required by the regulations will be made available to inspectors during the inspection if requested.</p>



	<p>qualifications and training documentation to be kept in each staff location? Staff may rotate between several residential locations.</p>	<p>The Authority recognises the varied and diverse nature of residential services for people with disabilities. The Authority will work with providers to respond to the various types of governance arrangements. The key point is that the provider is required to demonstrate sufficient oversight and governance arrangements to ensure the safe and consistent delivery of services to residents.</p>
	<p>How is the inspection process applied in dispersed services? How does the inspection process apply in a person’s own home as compared with campus-based services? Do inspectors use different norms and philosophy when inspecting services for children and adults with disabilities?</p>	<p>The Authority is conscious of the different types of residential settings that are in place and uses a range of inspection processes appropriate to the type of inspection and also the type of designated centre. While the inspection arrangements may differ for different services, they are based on a common approach to regulation.</p> <p>The underlying principles are consistent and are based on gathering evidence of compliance with the regulations and implementation of the standards.</p>
	<p>What policies will be required?  (Version 2.0 update.)</p>	<p>The written policies and procedures required are set out under regulation 4 of the care and support regulations.</p> <p>HIQA views policies and procedures as a mechanism to provide staff and management with guidelines on good practice, and to promote the delivery of a consistent and safe service. While the regulations prescribe a core set of required policies, the provider should not necessarily confine him/herself to this.</p>

	<p>Will HIQA publish inspection reports one-by-one on its website, from the first inspection after commencement of the Act?</p> <p>(Version 2.0 update.)</p>	<p>Findings and judgments of the initial inspections are currently being assessed by the Authority.</p> <p>Once satisfied that the findings are fair, reasonable, and evidence-based, the initial batch of inspection reports will be published on the website. Thereafter it will continue to be our policy to publish inspection reports on completion of the Authority's internal review and approval procedures.</p> <p>As with all our regulatory reports, the provider will be sent a copy of the report before publication, and will be given the opportunity to highlight any factual inaccuracies, which HIQA will consider before publication.</p>
<p><b>Section 7: Person in charge</b></p>	<p>Who should I nominate as the person in charge? What level should they be at in the organisation?</p> <p>How many centres would one person in charge be able to represent?</p>	<p>It is the responsibility of the provider to appoint a person in charge who is appropriately fit to carry out that role.</p> <p>The person in charge should have sufficient training and experience to ensure the delivery of a good quality and consistent service to the residents for whom he/she is responsible. He or she should also be knowledgeable about the regulations and standards.</p> <p>If a person in charge is responsible for more than one designated centre, the provider must demonstrate that the person in charge is sufficiently involved in the management and governance of each centre, and provides leadership in the delivery of the service.</p> <p>The provider must also demonstrate how the supervision and delivery of the service is maintained when the person in charge is not in the centre.</p>

		<p>The regulations do not set out the maximum number of centres that a person in charge can be responsible for. However, strong governance arrangements need to be in place to support persons who are in charge of more than one designated centre.</p> <p>If a person in charge is responsible for more than one designated centre, the provider must demonstrate that the person in charge is sufficiently involved in the management and governance of each centre, and provides leadership in the delivery of the service.</p> <p>The provider must also demonstrate how the supervision and delivery of the service is maintained when the person in charge is not in the centre.</p> <p>The regulations do not set out the maximum number of centres that a person in charge can be responsible for. However, strong governance arrangements need to be in place to support persons who are in charge of more than one designated centre.</p>
<p><b>Section 8: Staffing and human resources</b></p>	<p>What is the required staff:resident ratio?  (Version 2.0 update.)</p>	<p>The regulations do not prescribe a specific staff:resident ratio. Rather, it is the responsibility of each provider to determine the appropriate ratio according to the needs of residents and size and layout of the centre.</p> <p>The Authority does not suggest or recommend specific assessment tools for determining staff levels. Staffing levels and skills mix should be reviewed regularly and changed as and when necessary to meet the assessed and possibly changing needs of residents.</p>

		<p>Staffing levels and skills mix should be driven primarily by the need to achieve optimal health and quality of life outcomes for the residents.</p> <p>There are numerous tools for determining staffing levels and skills mix. There are no detailed specifications for staffing that will cover all situations.</p> <p>Inspectors look for evidence of a formal, informed process for deciding the staffing levels. Inspectors then make a judgment about staffing levels based on the information they have about a centre and whether it appears that the individual needs of residents are being met.</p>
	<p>How many references for current staff are required?</p>	<p>Regulation 15 and schedule 2 of the care and support regulations say that two references are required for each staff member.</p> <p>It may be difficult to obtain some of these for staff who have worked in the centre for a very long time, and in such situations, inspectors may consider other arrangements such as obtaining a character reference rather than a reference from a previous employer.</p>
	<p>Will Garda Síochána vetting be required for staff who are already employed in the centre?</p> <p>(Version 2.0 update.)</p> <p>Can you provide clarity on who the requirement for management training applies to, as stipulated in the <i>National Standards for</i></p>	<p>Regulations 14, 15, 30 and schedule 2 of the care and support regulations prescribe the requirements for Garda vetting.</p> <p>The outcome required of Standard 7.3 is that 'Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service.'</p>

	<p><i>Residential Services for Children and Adults with Disabilities?</i></p> <p>(Version 2.0 update.)</p> <p>If an institution, or congregated setting, is in the process of closing down, will the provider have to submit a plan for closure?</p> <p>(Version 2.0 update.)</p>	<p>Accredited training is stipulated as a feature (feature 7.3.9), which HIQA would view as strongly suggestive of good practice that would help to realise this outcome.</p> <p>In the context of the required outcome, this feature should apply to anyone who has a role in managing staff, regardless of what their title may be.</p> <p>Training and staff development requirements are also prescribed under regulation 16 of the care and support regulations.</p> <p>If an institution is in the process of scaling down, HIQA will be concerned with the ongoing care and welfare of the residents and ensuring that their needs are met.</p> <p>Sections 66 and 67 of the Act deal with closure of a designated centre. The provider is required to notify HIQA in advance of the proposed closure, and the provider will be required to explain to HIQA how the welfare of residents is being protected through the new arrangements.</p>
<p><b>Section 10: Practice issues</b></p>	<p>What guidelines are there in relation to medication management?</p> <p>(Version 2.0 update.)</p>	<p>Medicines and pharmaceutical services are governed by regulation 29 of the care and support regulations, and theme 4 of the <i>National Standards for Residential Services for Children and Adults with Disabilities</i>.</p> <p>The Pharmaceutical Society of Ireland has also issued some documents for pharmacists relating to responsibilities of pharmacists to persons in residential settings.</p>

	<p>Can you clarify the HIQA position with respect to restrictive practices?  (Version 2.0 update.)</p>	<p>The Authority views the use of restrictive practices or restraint, including both physical and medical restraint, as a very serious matter. Use of restrictive practices, including the use of PRN psychotropic medications, must be notified on a quarterly basis.</p> <p>While there is currently no official national policy on the use of restraint in designated centres for children and adults with disabilities, the provider will be required to have clear guidelines based on evidence-based research.</p> <p>These should include direction for staff on the decision making process and the management and monitoring of such measures to ensure that a restraint free environment is promoted.</p> <p>Where restrictive practices are deemed necessary, the provider must demonstrate that the least restrictive measures possible are in place for the least time possible and that all the rights of residents under law, standards and regulations are protected.</p> <p>In 2010, the Department of Health produced a national policy entitled <i>Towards a Restraint Free Environment in Nursing Homes</i>, which is a useful resource document.</p>
	<p>What is the Authority's position where a person uses a residential service for five nights per week, and their room is used by another person for the remaining two nights</p>	<p>HIQA monitors and assesses services against the <i>National Standards for Residential Services for Children and Adults with Disabilities</i>, together with regulations which are currently being drafted by the Department of Health.</p>

	<p>of the week? The consent of both individuals has been given.</p> <p>(Version 2.0 update.)</p>	<p>Standard 1.2 of the National Standards requires the following outcome for people who use services: 'The privacy and dignity of each person are respected.'</p> <p>A feature of this standard is that 'Each person has their own bedroom unless they wish to share. A person's room is not made available to other individuals in need of respite or short-term care.' (feature 1.2.2).</p> <p>Each provider must be able to demonstrate that the standard of privacy and dignity is being met. The feature on not making the room available demonstrates one important way in which this standard could be met.</p> <p>While HIQA would discourage the sharing of one person's accommodation by other people, we would expect that in exceptional circumstances, such as a crisis intervention, the provider would be able to demonstrate how the privacy and dignity of each individual person staying in the centre is protected.</p> <p>The Authority recognises that there are many different sharing arrangements currently in place. HIQA is committed to engaging with providers on an individual level and will consider reasonable proposals to enable each provider to fully comply with regulations and national standards.</p>
	<p>Standard 2.3 of the <i>National Standards for Children with Disabilities</i> requires the following outcome for children: 'Each child's access to services is determined on</p>	<p>The contract of care records the agreement of services rendered by the provider to the child.</p> <p>It should outline what the child can expect when staying at the centre: the list and level of services that the child will receive as part of their</p>

	<p>the basis of fair and transparent criteria.’ Feature 2.3.7 says that ‘A contract with the registered provider, in an accessible format, is signed by the child’s family or representative.’ Can you elaborate on what specific items HIQA expects in that contract?</p> <p>(Version 1.1 update.)</p>	<p>stay in the centre, and any services that may incur a charge: these might include items like day trips.</p> <p>The contract should be available in an accessible format and signed by the child’s parent or guardian.</p>
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