Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation and Monitoring of Social Care Services

Guidance for the assessment of designated centres for older people

Version 3: March 2025

Safer Better Care

Contents

1. About the Guidance

1.1. Introduction

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) advocates for and promotes a human rights-based approach to health and social care services that upholds the resident's core human rights principles of fairness, respect, equality, dignity and autonomy. Respecting diversity, promoting equality and treating people fairly and with dignity, as well as including people in decisions about their care, promotes and supports safe and effective care.

This updated guidance has been produced to support the related assessment-judgment frameworks, and has been updated to reflect this commitment to a more human rights-based approach together with updating evidence-based practice since it was first published. It includes the *National Standards for infection prevention and control in community services* (2018). This guidance should be read in conjunction with the associated assessment-judgment frameworks which are on www.hiqa.ie:

- Assessment-judgment framework for designated centres for older people
- Assessment-judgment framework for infection prevention and control and antimicrobial stewardship in designated centres for older people.

Additional information for providers about how the Chief Inspector carries out its work can be found in the *Regulation Handbook*. These documents are available on www.hiqa.ie.

Each provider[1] and person who participates in managing a centre[2] must ensure they are delivering a safe and effective service that complies with the regulations, *National Standards for Residential care settings for Older People in Ireland* and other relevant standards,[3] and any other relevant legislation to ensure that residents' rights are respected and upheld.

[1] Throughout this guidance, the term 'provider' refers to registered providers or where applicable intending providers of designated centres.

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

[3] Other relevant standards include the *National Standards for infection prevention and control in community services*, as well as the *National Standards for Adult Safeguarding*, which have been jointly developed by HIQA and the Mental Health Commission (MHC), and relevant standards issued by other organisations.

The regulations set the minimum standard of safe, quality care to be provided to residents by providers. Providers should continually seek to improve the service provided to residents and use the standards to achieve a high standard of care. Providers should use this guidance to self-assess and improve their own service, where required.

2. Purpose of the guidance

The purpose of this guidance is to provide additional supporting information on assessing compliance and to offer guidance on reviewing each regulation and applicable standards. It is also intended to be used by providers and their staff to assess their own services and continually improve the quality and safety of care and support delivered to residents. It outlines what an inspector might review during fieldwork planning (fieldwork is the term we use to describe all the activities associated with the pre-, on-site and post-inspection activities), gathering of relevant information and evidence on site, and the making of judgments about compliance.

Additionally, this guidance facilitates a consistent approach to assessing compliance by:

- supporting inspectors in developing an understanding of the regulations and standards
- providing direction to providers and persons in charge on the type of findings that may demonstrate evidence of compliance and non-compliance.

A section on what a quality rights-based service looks like is also included. This section is intended to support providers to constantly strive for ongoing improvements in the quality of their service and to promote positive outcomes for residents.

2.1 Structure of the guidance on each regulation

Guidance on Regulations 3 to 34 is detailed in the following section. Each regulation is described in five sections, namely:

- the standards associated with the regulation, where applicable
- what a service implementing a quality rights-based service looks like
- examples of the information and evidence reviewed to assess compliance
- examples of indicators which demonstrate the level of compliance with the regulations and standards, and
- risk-rating of compliance.

The section on '**What a rights-based quality service looks like**' is based on various national standards and national and international evidenced-based research. National standards describe how services can achieve safe, quality, person-centred care and support. These standards aim to promote quality improvements and enhance the experience of people using health and social care services.

Principles that underpin all national standards are: responsiveness, a human rights-based approach, safety and wellbeing, and accountability, which work together to ensure person-centred care and support and enhance the quality of life of residents. To support providers of services and to embed a human rights-based approach in their services, HIQA has published *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Additionally, to support the application of a human rights-based approach, an online learning course is available on HSEland | The Irish Health Service's portal for online learning.

Appendix 1 lists the primary regulation and any associated regulations that may be considered when assessing compliance of the primary regulation. The inspector's judgment on the primary regulation being assessed is made independently of the associated regulations.

Section 1: The standard associated with the regulation, where applicable

Where a standard is directly linked to a regulation, it is stated. A number of standards can be related to one or more regulations; however, for the purposes of inspection and reporting, a 'best fit' approach to the standards is taken, and the standard is linked to the most relevant regulation.

Section 2: What a rights-based quality service looks like

Where a regulation has been complied with, providers should seek out ways to continually improve the quality of their services and outcomes for residents. This part of the guidance outlines examples of what residents can expect of a service that is implementing a quality rights-based service. In our reports, we will acknowledge and report on residents' rights, service improvements and quality initiatives.

Section 3: Examples of the information and evidence that may be reviewed to assess compliance

This section outlines some examples of information and evidence that may be reviewed to assist with assessing compliance. Examples are listed under the headings of observation, communication and documentation. The examples detailed are not an exhaustive list but are there to assist with determining the levels of compliance.

These examples will support the planning of an inspection, gathering of information on site and the making of judgments on compliance.

The types of information reviewed will be determined by the history of compliance, specific areas of risk to residents and outcome of the inspection planning. As part of this planning, inspectors will review documentation about a centre.

Section 4: Indicators which demonstrate the level of compliance with the regulations and standards

Compliance with the regulations and standards is the responsibility of the provider. The inspections give the provider and person in charge an opportunity to demonstrate how they have complied with the regulations and standards.

Section 5: Risk-rating of compliance

The level to which centres have complied with the regulations have an impact on outcomes for residents. In order to improve outcomes for residents, compliance with regulations are risk-rated.

Each regulation can be assigned a maximum risk-rating based on the severity of the impact on residents and the likelihood of occurrence and reoccurrence. Continued non-compliance resulting from a failure of a provider to put appropriate measures in place to address the areas of risk or non-compliance may result in escalated regulatory action by the Chief Inspector.

3. Guidance

3.1 Guidance on regulations relating to capacity and capability of a provider to deliver a safe quality service.

This section of the guidance focuses on regulations and national standards related to the leadership, governance and management of a centre and how effective providers are in ensuring that a good quality and safe service is being sustainably provided. It considers how people who work in the centre are recruited and trained, and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

Regulation 3	Statement of purpose
National standards (designated centres for older people)[4]	**Standard 5.3** The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

What a rights-based quality service looks like

The statement of purpose is one of the most important documents that a provider is required to have in relation to its service. It is where the provider clearly sets out what the service does, who the service is for and information about how and where the service is delivered. When developing the statement of purpose, the provider should consider and outline the type and range of services and the supporting health, personal and social care arrangements that it provides. The statement of purpose should clearly describe the service, and promote transparency by accurately describing the provider's aims, objectives and ethos. The model of care and support available to current and future residents in the service should be detailed.

A good statement of purpose recognises the value of the residents. It recognises the rights of each resident and clearly sets out how the service is designed and delivered to meet individual needs. It details how residents' rights will be protected by supporting residents to express their will and preference — as a person's will

[4] *National Standards for Residential Care Settings for Older People in Ireland* (2016).

and preference is about the choices they make, their wants and their wishes. Respecting a person's will and preference helps to achieve a person-centred approach to care and respects a person's human rights. The service that is defined in the statement of purpose is evident in the day-to-day operation of the centre.

The statement of purpose is publicly available and communicated to people living in the centre and or their representatives in a format and medium appropriate to their communication needs and preferences. It should also be made available to any potential new residents.

The provider has systems and processes in place to ensure the statement of purpose is reviewed on an ongoing basis and in response to any changes in the service. This review is incorporated in the service's governance arrangements, and is part of the continual quality improvement cycle, which forms part of the annual review.

As part of good document management, the provider maintains a version history to support the oversight and tracking of changes to the statement of purpose.

To support providers, the Chief Inspector has developed a statement-of-purpose template that providers may wish to use. This template includes guidance on what should be included in a statement of purpose in order to comply with the regulations and when it should be reviewed. It also provides guidance to providers on when changes to the statement of purpose may impact on conditions of registration. The guidance on the statement of purpose can be found here or online at hiqa.ie.

Regulation 3: Statement of purpose

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if the statement of purpose reflects the facilities and services provided in the centre
- if the statement of purpose is available to residents and their representatives.

Through communication[5]

Inspectors will communicate with **residents** and or **their representatives** and **staff** to determine:

- if they are aware of the statement of purpose and whether a copy of the statement of purpose has been made available to them
- if the statement of purpose guides the day-to-day operation of the service.

Inspectors will communicate with the **provider** and **person in charge**:

- to determine if they are aware of the contents of the statement of purpose and their obligations under the legislation regarding the statement of purpose.

Through a review of documents

Inspectors will review documents such as:

- the statement of purpose
- staff rosters
- residents' records
- policies, procedures and guidance.

Compliance indicators for Regulation 3: Statement of purpose

Some examples of indicators of compliance:

- a written statement of purpose that contains the information as required by the regulation and reflects how the service operates is available to residents and their family and has been reviewed annually and revised if necessary.

Some examples of indicators of substantial compliance:

- a written statement of purpose is in place but minor improvements are required to meet the requirements of the regulations

[5] Communication with residents includes feedback we receive from residents; for example, returned resident questionnaires.

- the statement of purpose has not been reviewed annually.

Some examples of indicators of non-compliance:

- no written statement of purpose is in place
- considerable action is required to ensure the statement of purpose is in compliance with the regulation and reflects the service being provided.

Guide for risk-rating of Regulation 3: Statement of purpose

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 4 Written policies and procedures

What a rights-based quality service looks like

Policies and procedures are essential to guide staff to consistently provide for safe and effective person-centred care. A well-run service ensures that policies and procedures are developed in line with evidence-based practice and guidance which take into account the rights and abilities of residents and best practice. The policies and procedures in place promote and support positive outcomes for residents. Good policies, procedures and guidance are easily accessed, specific to the service, easy to read and understand so that they can be easily adopted and consistently implemented by staff.

The provider has a comprehensive governance and oversight system, with clear lines of accountability and responsibility to ensure appropriate policies and procedures are in place, implemented in practice and reviewed at regular intervals. The systems in place provide assurances that staff understand and use the provider's policies and procedures for the centre in order to consistently deliver a safe and quality service.

At a minimum, the provider ensures the policies and procedures required by the regulations are in place and are reviewed and updated where necessary and at a minimum every three years. A good provider ensures that additional policies, procedures and guidance relevant and specific to the service and needs of the residents are also in place. The provider ensures that they are also reviewed in response to any learning from incidents and audits or in response to changing national guidance or legislation, such as public health guidance from the Department of Health or the Health Protection Surveillance Centre (HPSC). The provider will support residents and staff to provide feedback, and input into the development and update of policies and procedures relevant to them.

Where changes to policy and procedure impact on the daily lives of residents, the reason for the changes are communicated to residents in a format and medium appropriate to their communication needs and preferences.

Evaluation of the effectiveness of written policies and procedures informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 4: Written policies and procedures

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if the policies and procedures are relevant to the individual service
- if the policies and procedures are consistently implemented in practice and if they have a positive impact on outcomes for residents and support residents' rights.
- if policies and procedures reflect practice, and have been amended as required
- practice to ensure residents are receiving safe quality care and support in line with the relevant policies, guidance and best practice
- to see how staff access the policies and procedures.

Through communication

Inspectors will communicate with the **provider** and **person in charge**:

- to determine how they are assured the policies are evidence-based and staff understand and consistently implement policies and procedures.

Inspectors will communicate with **staff** to determine:

- if they are aware of, can access and understand the policies and procedures in place
- how they are informed of any changes to the policies and procedures.

Inspectors will communicate with **residents** to check:

- have any staff informed them of the existence of the policies
- if processes set out in guidance is adapted in practice.

Through a review of documents

Inspectors will review documents such as:

- written policies and procedures under Regulation 4 and Schedule 5 of the regulations to determine if these are centre-specific and have been reviewed as required
- supplementary policies, procedures and guidelines to support specific care needs of residents.

Compliance indicators for Regulation 4: Written policies and procedures

Some examples of indicators of compliance:

- all Schedule 5 written policies and procedures are available and reviewed in line with the regulations
- all Schedule 5 policies and procedures are specific to the centre and are based on current best practice.
- other policies are in place to guide staff to provide care and support to residents based on their assessed needs and the service provided.

Some examples of indicators of substantial compliance:

- while written policies and procedures are adopted and implemented, some gaps are evident in the maintenance and updating of them
- Schedule 5 policies and procedures have been implemented into practice but some are not readily available to staff
- some aspects are not implemented but impact is low risk.

Some examples of indicators of non-compliance:

- Schedule 5 written policies and procedures have not been prepared in writing, adopted or implemented
- while Schedule 5 policies are available, staff are not knowledgeable of their existence
- Schedule 5 policies and procedures are available but are not reflected in practice
- Schedule 5 policies and procedures are not reviewed as often as the Chief Inspector may require or every three years.

Guide for risk-rating of Regulation 4: Written policies and procedures

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 14 Person in charge

What a rights-based quality service looks like

The post of person in charge is a key leadership role in the service. It is essential, therefore, that the provider ensures that they employ a competent and confident person in charge with the qualifications and experience required by the regulations. Providers must be cognisent that there are different qualification requirements for those employed to be the person in charge before and after the 31 March 2025. The provider ensures that the person in charge actively and effectively runs the service and is a fit person in line with the Chief Inspector's guidance on fitness (on www.hiqa.ie) and has the required skills, qualifications and knowledge to lead a quality service. Click here to view the Guidance on the assessment of fitness for designated centres.

The person in charge leads by example and is supported by the provider to ensure the quality of life and safety of residents are promoted and protected. They foster a culture that safeguards residents and promotes their individual and collective rights by having a strong focus on person-centred care. A rights-based approach to care is promoted where core human rights principles (fairness, respect, equality, dignity and autonomy) are upheld, minimising the risk of institutional practices.

The person in charge has a clear understanding and vision of the service as outlined in the statement of purpose and develops and supports a competent, motivated and committed team that are suitably skilled, kind, caring and knowledgeable. A culture of learning is promoted through training and professional development, which enables positive outcomes for residents in all aspects of their lives. The provider and person in charge support a culture of openness where the views of all people who use and deliver the service is respected. Advocacy services are promoted and enable residents to be active participants in their own care.

The person in charge promotes active living and supports residents to maintain their interests and hobbies and or develop new interests and hobbies. Staff are supported by the person in charge to exercise their professional and personal responsibility to reduce the risk of harm to people using their service. The person in charge is familiar with the needs of residents and can effectively manage the changing care environment in collaboration with the staff team.

The person in charge has the authority and is supported by the provider to affect change. Where the role of person in charge is shared, there is a clear structure of accountability for each person sharing the role. Where the person in charge, is person in charge for more than one centre, there are clear procedures in place to delegate day-to-day governance and oversight which ensures the delivery of safe

quality care to residents across services. The provider ensures the effectiveness of these arrangements and that they are in line with the regulations.

The person in charge is knowledgeable about the requirements of the Health Act 2007 (as amended), associated regulations and relevant national standards. They demonstrate appropriate knowledge of best practice and professional guidance relevant to the service they lead. The person in charge supports the provider to evaluate compliance with relevant regulations and standards and implementation of a structured quality improvement programme and sustainable initiatives to address any deficiencies identified.

Depending on the size and complexity of the service, the person in charge may not be involved in day-to-day care arrangements for each resident, but has systems in place to assure them self that person-centred care is delivered to a high standard. Such measures must ensure that residents' rights to fairness, respect, equality, dignity and autonomy are respected and that their wellbeing is at the core of the ethos of the service.

The person in charge has regular formal meetings with the provider, and provides assurance to the provider as to the quality and safety of the care and support given to residents. The person in charge promptly escalates issues of concern to the provider. The provider and person in charge discuss and implement quality improvement programmes aimed at enhancing the quality of life of residents and safeguarding the quality and safety of the care and support for residents.

The person in charge takes appropriate action following monitoring, inspection or investigation activities relating to the service. New and existing legislation and national policy is reviewed on a regular basis to determine what is relevant to their service and how it impacts on practice in order to address any gaps in practice and compliance.

Regular evaluation of how well the centre is being run is the building-block which underpins improvement. This is part of the provider's continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 14: Person in charge

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe if the person in charge:

- is the same person as notified to the Chief Inspector
- is known to residents and is available in the centre
- is knowledgeable of the provider's policies

- is knowledgeable of residents' needs and rights
- demonstrates support of human rights principles in practice in the manner in which they interact with residents, visitors and staff
- is familiar with the centre, known to staff and residents, ensuring policies and procedures are being followed if appointed to run more than one centre and whether there is effective governance, operational management and administration of the service being inspected to ensure the delivery of safe high-quality person-centred care.

Through communication (Regulation 14: Person in charge)

Inspectors will communicate:

- with the **residents** and, where appropriate, other relevant persons:
  - to determine if they know who the person in charge is and understand their role
  - to discuss if they see the person in charge regularly
  - to discuss whether in the event of them having any issues would they feel comfortable to speak with the person in charge
  - how often they see the person in charge and if they speak with them.
- with the **person in charge**:
  - to establish their level of oversight and engagement of the service
  - to establish that the post is full-time
  - to establish that they meet the requirements of the regulations
  - to determine if the person in charge has a clear vision for the centre with a strong focus on rights-based care and support.
- with the **provider and person in charge**:
  - to assess the effectiveness of the governance, operational management and administrative arrangements to ensure that residents' needs are met, that they are safe and that they experience a good quality of life
  - where the person in charge oversees up to two centres, to establish if the provider has ensured effective governance, operational management and administration of each centre
  - where there is more than one person fulfilling the post of person in charge, to determine if this arrangement ensures residents are protected and there is continuity in the service provided

  - to explore the contingency arrangements in the event of planned and unplanned absences
  - to determine that effective contingency arrangements for leadership and succession planning are in place.
  - to identify person/s working in the designated centre who have the qualifications and experience to deputise in the absence of the person in charge.
- with **staff** to:
  - discuss if the person in charge has a regular presence in the centre
  - discuss if they feel supported by the person in charge
  - determine their understanding of the role of person in charge and the governance and reporting structures within the centre, including arrangements when the person in charge is absent
  - understand when they have opportunities to see and speak with the person in charge
  - to establish their views on the effectiveness of the person in charge.

Through a review of documents

Inspectors will review documents such as:

- where required, the application for registration or renewal and relevant documents
- fitness assessment to include any documentation as a result of the fitness assessment; for example, the fitness notebook and the person in charge's personnel file
- statement of purpose
- notifications
- residents' questionnaires.

Compliance indicators for Regulation 14: Person in charge

Some examples of indicators of compliance:

- the post of the person in charge is full-time
- the person in charge has the knowledge, experience and qualifications as set out in the regulations

- the person in charge is engaged in the effective governance, operational management and administration of the centre on a regular and consistent basis
- where the provider has appointed the same person as person in charge of up to two centres, it has ensured that effective governance, operational management and administration of the services is in place, and has considered factors including:
    - — the number of residents and their assessed needs
    - — the sizes of the centres
    - — the statements of purpose
    - — geographical location of each centre.
- if required there is a registered nurse working in the designated centre with three years' experience of nursing older persons in the previous six years who can deputise in the absence of the person in charge.

Where the Chief Inspector is satisfied that **any residents** in the centre **have been assessed as requiring full-time nursing care**:

- the person in charge may be the provider, where the provider is a registered medical practitioner who is solely employed in carrying on the business of the centre and has not less than three years' experience of carrying on the business of a nursing home under the Health Act 2007 (as amended):

An example of an indicator of substantial compliance:

- minor gaps are identified in the documentation required by the regulations.

Some examples of indicators of non-compliance:

- there is no person in charge in post
- the person in charge does not meet the criteria as set out in the regulations
- the person in charge in not engaged the effective governance and or operational management and or administration of the centre
- where the person in charge performs this function for up to two centres, they are not engaged in the effective governance and or operational management and or administration of both centres
- there are no established deputising arrangements in the absence of the person in charge

- residents have been assessed as requiring full-time nursing care and the person in charge is not a registered nurse.

Guide for risk-rating of Regulation 14: Person in charge:

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 15	Staffing
Infection prevention and control standards[6]	**Standard 6.1** Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.

What a rights-based quality service looks like

Each staff member has a key role to play in delivering person-centred, effective, safe care and support to the residents in a kind and compassionate manner. A well-run service ensures that residents' core human rights of fairness, respect, equality, dignity and autonomy are upheld by staff. Staff are supported by the provider and person in charge to provide high-quality safe care and support.

The provider ensures that at all times there are suitably qualified, competent and experienced staff in such numbers as are appropriate for the health and support of residents and which reflects the size, layout and purpose of the service. This includes, where relevant, sufficient number of nursing and care staff on duty in line with the statement of purpose and residents' assessed needs. The provider should take into consideration the skill-mix of staff appropriate for the service to ensure infection prevention and control and antimicrobial stewardship needs are met. An infection prevention and control link practitioner is available to the provider to guide and support staff in the centre. The provider should ensure this person has access to specialist infection prevention and control advice.

The provider ensures that the care and support of residents is not affected by the employment of temporary or agency staff. The number and skill-mix of staff contribute to positive outcomes for residents using the service. The service uses the necessary validated tools to assess and ensure that appropriate staffing levels and skill-mix are in place so that each resident's needs are met. The approach to staffing is flexible and agile to appropriately respond to residents' changing needs and circumstances, as well as the way they wish to live their lives.

Through recruitment, supervision, training and performance appraisal systems, the provider considers the competencies and attitudes of staff towards a human rights-based approach to care and support. Staff recruitment ensures that staff are only employed when they have appropriate Garda (police) vetting, have the required skills and knowledge, and are committed to offering excellent care.

[6] *National Standards for infection prevention and control in community services* (2018).

The provider ensures that suitable contingency arrangements are in place to respond quickly and ensure continuity of care and support to residents in the event of a shortfall of staff; for example, should an outbreak of infection occur. These arrangements maintain good levels of individual support and reduce the risk of institutional practices that may arise as a result of insufficient staffing levels. Such arrangements might involve deploying staff who are suitably skilled and trained from other parts of the provider's organisation when required. On-call arrangements are clear and communicated to all staff, and these arrangements support access to managerial and clinical support and advice at all times as appropriate.

The culture and ethos of the organisation is embodied by staff who clearly recognise their role as advocates. Each staff member has a key role to play in delivering care and support in a fair, respectful, equal, dignified and autonomous way and empowers residents to maximise their independence and provides support where required. Residents will experience staff who are kind, compassionate and respectful where their core human rights are upheld by staff. Staff in their role as advocates support residents in their home environment to reduce the risk of safeguarding concerns arising. Staff develop and maintain therapeutic relationships with residents, and this enables residents to feel safe and secure in their environment and protected from all forms of abuse. Staff demonstrate that they have the necessary competencies and skills to support residents.

There is continuity of staffing which enables the building of relationships between staff and the residents they support. The continuity of support and the maintenance of relationships are promoted through strategies for the retention of staff and ensuring sufficient staffing levels to avoid excessive use of casual, short-term, temporary and agency workers. Duty rotas provide evidence that planned staffing levels are maintained.

Evaluation of the effectiveness of staffing arrangements informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 15: Staffing

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- care practices to see if they are person-centred and if an autonomous approach is supported

- if adequate staff are available at all times to provide individual care, support and activities according to the wishes of the resident
- call-bell response times
- if staff have the skills to meet residents' individual needs, including effective infection prevention and control practices
- the interaction of staff with residents and each other
- if the atmosphere is hurried or relaxed
- if there is a focus on promoting residents' autonomy
- if the staffing available is sufficient to offer residents choice to spend time alone, or take part in activities outside of a larger group
- the staff handover to:
    - determine the level of knowledge of staff and
    - how effectively they communicate
    - if care is task led or resident focused
- if residents' needs are being met and residents are safe
- where there are residents with nursing needs that require the support of a nurse, that a nurse is available.

Through communication (Regulation 15: Staffing)

Inspectors will communicate:

- **with residents** (and possibly with relatives, friends, advocates and visiting professionals) to establish their views and experiences of staffing in the centre; for example:
    - to enquire how staffing levels impact on daily lives of residents
    - to determine if they are satisfied with staffing levels at all times
    - to determine if staffing levels and supports ensure maximum participation in activities of personal choice, and in leading a life of the residents' choosing
    - to determine if staff support person-centred care

  - to find out if they are happy with staffing levels at all times including when there is an outbreak of infection
  - to ask them to complete a residents' questionnaire, where appropriate.

- **with staff:**
  - to explore their views regarding staff levels at all times
  - their knowledge and experience.
- **with the person in charge and staff:**
  - to determine if staffing levels are reviewed in response to the changing needs of residents
  - to discuss what arrangements are in place with regard to the use of agency, locum and or temporary staff to ensure safe quality care is provided
  - to find out about the induction programme, supervision, training, mentoring and support.
- **with the person in charge:**
  - to explore the assurance programme relating to staff numbers and skill-mix and the assessed needs of residents
  - to check systems for ensuring sufficient staffing is in place at all times.

Through a review of documents (Regulation 15: Staffing)

Inspectors will review documents such as:

- staff rotas planned and actual to check if they correspond and if not what procedure has been enacted
- dependency levels of residents
- quality assurance audits; for example, falls, incidents and call-bell response times in order to determine trends
- the annual review report
- the complaints log

- minutes for staff meetings and management meetings regarding staff levels and skill-mix
- residents' questionnaires
- UROIs (unsolicited receipt of information) by the Chief Inspector and notifications.

Compliance indicators for Regulation 15: Staffing

Some examples of indicators of compliance:

- there is enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the building
- the provider and person in charge have arrangements in place to respond quickly to staff shortages to ensure continuity and appropriate care, to include compliance with best infection prevention and control practice
- residents receive assistance, interventions and care in a respectful, timely and safe manner and there is continuity of care
- nursing care is provided in line with the statement of purpose and the assessed or changing needs of residents
- in services where nurses are employed to carry out nursing care, the nurses are appropriately registered
- there is an actual and planned staff rota in place
- there are effective recruitment procedures in place that include checking and recording required information
- there is an on-site infection prevention and control link practitioner with protected time for their role
- information and documents specified in Schedule 2 of the regulations are available.

Some examples of indicators of substantial compliance:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation, but they do not result in a medium or high risk to residents using the service

- there are enough staff on duty to meet the assessed needs of residents, but the planned rota does not fully match the actual staff members that are on duty.

Some examples of indicators of non-compliance:

- there are not enough staff on duty with the required skill-mix to meet the assessed needs of residents, including infection prevention and control requirements.
- there is evidence of negative outcomes for residents due to staffing shortages
- residents' needs could not be met as staff members lacked the required skills or qualifications to support and care for them
- where residents are assessed as requiring nursing care, none is provided
- residents are not adequately supervised to ensure their needs are being met
- residents are not adequately supervised during staff handovers
- there is no planned and or actual staff rota in place
- there are enough staff to meet the assessed needs of residents, but no contingencies are in place to cover staff on annual leave or sick leave
- there are enough staff to meet the assessed needs of residents, but staffing is not arranged around the needs of residents
- staff are slow to respond to residents at different times of the day or night
- gaps identified in the documentation resulted in significant risk to residents using the service; for example, absence of Garda vetting and issues of safety have been identified.

Guide for risk-rating of Regulation 15: Staffing:

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 16	Training and staff development
National standards (designated centres for older people)	**Standard 7.2** Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents. **Standard 7.3** Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents. **Standard 7.4** Training is provided to staff to improve outcomes for all residents.
Infection prevention and control standards	**Standard 5.4**: Staff are empowered to exercise their professional and personal responsibility for safe and effective infection prevention and control practices and antimicrobial stewardship practices. **Standard 6.2** Service providers ensure their workforce has the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices.

What a rights-based quality service look like

Providing high-quality safe services depends on high-quality training for all staff that is relevant to their specific role. The service embodies a learning culture that integrates learning into working practices which supports residents in receiving consistently good care and support that is person-centred. Staff are supported and encouraged to develop professionally and personally, and the provider recognises and values the importance of training and development for staff and the impact of this on the service provided to residents. The workforce is organised and managed by the provider and person in charge to ensure that staff have the required skills, experience, competencies and confidence to meet the assessed needs of residents and to respond in a timely way to residents' changing needs. Key workers[7] are supported to have the skills required to work collaboratively with residents and with their consent the resident's representative, to plan and coordinate care and support and liaise effectively with other organisations and professionals.

[7] Key workers is a staff member who is the point of contact for the resident with a specific role advocating for the resident and coordinating the resident's care and support on their behalf.

All staff are trained to take a person-centred approach to care. Each staff member is aware of their role in delivering person-centred, safe and effective care and support to residents. Staff are supported to receive training in a rights-based approach to providing safe services and supports to residents. This is also included in orientation, induction and ongoing training programmes to promote the embedding a human rights-based approach in the service provided to residents.

When considering the training and development programme providers should ensure the learning approach will support achieving the required objectives and competencies from the training programme. Considering a blended learning approach with elements of face-to-face training, eLearning scenario-based learning and opportunities for practical activities can benefit the quality of the learning objectives and overall programme.

Training and development programmes also support staff to understand their roles and responsibilities in reducing the risk of harm, including the risk of acquiring an infection, while promoting the health, wellbeing and quality of life of residents. The provider ensures that staff have the competencies, training and support to enable safe and effective infection prevention and control and antimicrobial stewardship practices. Infection prevention and control training is an integral part of induction training, while update training is also provided, which is documented and monitored. This training is appropriate to staff members' specific roles, the type of service and the assessed needs of residents so staff are clear of their individual and collective responsibilities.

Systems to record and regularly monitor staff training are in place and are effective. A training needs analysis is completed periodically for all grades of staff. Based on this analysis, relevant staff training and refresher training is planned and implemented as part of the continuing professional development programme. The training needs analysis includes consideration of agency and contract staff to ensure they receive appropriate orientation and training, such as safeguarding, fire safety and infection prevention and control, in order to ensure residents' safety. The training provided is reflective of the assessed needs of residents. As aspects of service provision change and develop over time, the provider and management team support staff to continually update and maintain their knowledge, competencies and skills. The person in charge ensures that residents are supported to participate in training development to better support residents. Arrangements are in place in the centre to assess the impact of training on practice.

All staff receive support and supervision relevant to their roles from appropriately qualified and experienced personnel. Each staff member's performance is formally appraised, at least annually, by appropriate personnel. Wellbeing and supportive services are also available to staff. Those who supervise staff are provided with clear

guidance on their role as a supervisor, as well as training in performance management and other training relevant to their role.

There is a written code of conduct for all staff, which is developed in consultation with residents and staff. Staff adhere to this code of conduct and those of their own professional body or association and or professional regulatory body.

Staff are aware of the legislation relevant to their roles and responsibilities. Copies of the Health Act 2007 (as amended), associated regulations, standards and other relevant guidance published by government, statutory agencies or professional bodies are available to staff. New and existing legislation, national policies and guidance documents are regularly reviewed by managers, and staff are made aware of how these relate to the service and how they impact on practice. Staff are supported to carry out their roles in compliance with the relevant legislation, standards, policies and guidance. Staff are facilitated to attend information sessions arranged and delivered by the relevant regulatory bodies.

Evaluation of the effectiveness of training and staff development informs an element of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 16: Training and staff development

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if staff interactions with residents and colleagues is caring, supportive and respectful.
- to determine if the needs of residents are met
- that appropriate supervision arrangements are in place and whether staff are appropriately supervised
- if staff are implementing appropriate procedures and principles specific to their role that reduces the risk of infection

- standard precautions[8] and transmission-based infection prevention and control precautions are being implemented
- that copies of the Act, associated regulations, standards made under the Act and any relevant guidance are made available to staff
- how staff implement training in practice.

Through communication (Regulation 16: Training and staff development)

Inspectors will communicate:

- **with residents** to explore their views on how well staff know and are able to support them in line with their needs and wishes, including if they are supported to implement necessary infection prevention and control measures to reduce the risk of infection and keep themselves safe
- **with the person in charge and staff** about supervision and training arrangements
- how the person in charge identifies training needs
- **with staff to**:
    - — determine if they are adequately supported and supervised in their roles
    - — discuss if their induction, training and development supports them to provide appropriate care and support to residents, including when an outbreak of infection occurs

[8] **Standard Precautions:** are a group of routine infection prevention and control practices and measures that should be used for all people at all times regardless of suspected, confirmed or presumed infectious status, in any setting in which care is delivered. Standard precautions include, appropriate to the setting, the following:

- hand hygiene
- use of personal protective equipment (PPE)
- management of spillages of blood and bodily fluids
- appropriate patient placement
- management of sharps
- safe injection practices
- respiratory hygiene and cough etiquette
- management of needle-stick injuries
- management of waste and management of laundry
- decontamination of reusable medical equipment
- decontamination of the environment
- occupational safety

- establish if their training is up to date and whether they have received training on a human rights-based approach and infection prevention and control
- discuss how they are communicated with when infection prevention and control measures require change
- determine how they are supported and facilitated to attend the induction programme and training updates
- determine if they can implement their training in practice
- explore if professional development is encouraged and included as part of supervision and performance management systems
- establish their knowledge of the Act, the regulations, standards and other relevant guidance.
- determine how staff identify and report training and knowledge gaps.

- **with the provider to discuss**
  - how training is facilitated and organised.

Through a review of documents

Inspectors will review documents such as:

- staff training and development policies
- staff files
- staff training plan and training matrix (an overview of staff members' completed training and remaining training requirements)
- staff training records, including attendance records
- continuing professional development programme documents
- staff appraisal and supervision records
- residents' questionnaires
- the annual review and related audits.

Compliance indicators for Regulation 16: Training and staff development

Some examples of indicators of compliance:

- staff have access to and have completed training that is up to date and appropriate to the service provided, their role and the needs of residents
- infection prevention and control and antimicrobial stewardship is part of the induction, orientation and refresher programme
- refresher training for infection prevention and control is provided and particularly when there are changes to policies, residents' needs or in special circumstances, such as in response to an outbreak or emergency
- staff receive ongoing training as part of their continuing professional development, which is relevant to the needs of residents
- staff are supervised appropriately and effectively
- staff practices are monitored and audited to ensure training is implemented in practice and is effective
- staff are informed of the Act, the regulations and the standards, as well as relevant guidance documents
- copies of the following are available to staff:
  - — the Act, regulations and standards relevant to the service
  - — relevant guidance published from time to time by government, statutory or professional bodies.

Some examples of indicators of substantial compliance:

- gaps are identified in the documentation, but they do not result in a medium or high risk to residents
- staff are informed of the Act, the regulations and standards made under the Act but copies are not available to them
- staff have received relevant training, have implemented this training in practice, and demonstrate knowledge and competence resulting in positive outcomes for residents; however, some staff members have not completed refresher training.

Some examples of indicators of non-compliance:

- staff have limited or no access to appropriate training
- staff are not supervised in a manner that is appropriate to their role and responsibilities

- the training and or supervision provided to staff is inadequate, as demonstrated by poor practice and potential negative outcomes for residents
- staff have not been provided with specific or appropriate training that ensures they can meet residents' individual or collective needs
- staff are not informed of or have poor knowledge and awareness of the Act and or the regulations and or the standards made under the Act
- staff do not have access to up-to-date copies of the Act, regulations, standards and other relevant guidance.

Guide for risk rating of Regulation 16: Training and staff development

Compliant	Substantial compliance	Non-compliance
Green	Yellow	Orange or Red

Regulation 19 Directory of residents

What a rights-based quality service looks like

The provider ensures that a directory of residents is available in the centre which meets the requirements of the regulations. It includes accurate up-to-date information in respect of each resident. There is system in place, with responsibility assigned, to ensure the directory of residents is maintained up to date.

A comprehensive information governance system is in place to ensure that the privacy and confidentiality of each resident's personal information is protected and respected. This information is held in line with relevant legislation, regulations and best practice, including the General Data Protection Regulation (GDPR).

A system of review is in place to ensure compliance with regulations and the quality of the data in the directory.

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if the directory of residents is maintained up to date.

Through communication

Inspectors will communicate:

- **with the provider and person in charge** regarding the arrangements for maintaining the directory of residents, including delegation of this responsibility.

Through a review of documents

Inspectors will review documents such as:

- the directory of residents
- documents that relate to the admission and discharge of residents.

Compliance indicators for Regulation 19: Directory of residents

Some examples of indicators of compliance:

- a directory of residents is established and maintained
- the directory of residents is made available to the Chief Inspector, when requested
- the directory of residents is up to date and contains the information required by the regulations.

An example of an indicator of substantial compliance:

- the directory of residents is generally up to date but some required information is absent.

Some examples of indicators of non-compliance:

- there is no directory of residents
- the directory of residents does not contain most of the required information.

Guide for risk-rating of Regulation 19: Directory of residents

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange

Regulation 21	Records
National standards (designated centres for older people)	**Standard 7.1** Safe and effective recruitment practices are in place to recruit staff. **Standard 8.2** Information governance arrangements ensure secure record-keeping and file management systems are in place to deliver a person-centred safe and effective service.

What a rights-based quality service looks like

Good record-keeping is an integral part of the delivery of safe and effective care and welfare of residents. A well-led service recognises that good record-keeping supports individualised, safe and effective assessment, planning and continuity of care and welfare. Records should demonstrate reasons for decisions and help to safeguard residents.

The provider has effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which are in line with all relevant legislation. The provider is aware of and complies with all relevant legislation relating to record management, including the General Data Protection Regulation (GDPR).

The systems in place ensure all records, as required by the regulations, are of good quality, accurate, appropriate, up to date, and stored securely. Confidential information is ethically used and securely maintained to protect the rights of individuals, and is readily accessible for those who need it. Information is shared in compliance with GDPR. Residents are informed and consent is sought, and where possible obtained, before sharing personal information. Where there are any data breaches, these are reported to the appropriate authorities in line with relevant legislation.

There are systems in place for the safe archiving, destruction and back-up of records, and these records are retained in line with the regulations and relevant legislation. Relevant staff are aware of their roles and responsibilities in relation to managing records. Training is provided to staff to assist them with their responsibilities.

Evaluation of the effectiveness of record management informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 21: Records

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if the required records are available
- how records are used and stored in the centre
- if required records are available and easily retrievable for inspection
- if records are appropriately maintained in line with relevant legislation

to determine if the confidentiality of residents and staff members' information is respected.

Through communication

Inspectors will communicate:

- **with residents** to determine their awareness of the information held about them and whether or not they can access this information as they wish
- **with the provider and person in charge** to determine what systems are in place to ensure records are held in line with the regulations
- **with staff** to explore their understanding of the systems that are in place to appropriately maintain records relevant to their role and responsibilities.

Through a review of documents

Inspectors will review documents such as:

- staff records for those currently and previously employed at the centre
- residents' records
- records detailed in Schedule 4, including the statement of purpose, the residents' guide, inspection reports, records relating to charges, food, complaints, notifications, the planned and actual duty roster, staff attendance at training, fire safety and directory of visitors
- records detailed in Schedule 3, including the directory of residents, records of incidents and adverse events, record of residents' finances and personal possessions
- other records held by the provider; for example, the annual review.

Compliance indicators for Regulation 21: Records

Some examples of indicators of compliance:

- records set out in the regulations are maintained and available for inspection
- records are retained for the required time frame.

Some examples of indicators of substantial compliance:

- incomplete information is identified in the documentation, but this does not result in a medium or high risk to residents
- records are maintained but are not easily retrievable.

Some examples of indicators of non-compliance:

- records set out in Schedules 2, 3 and 4 are not available for inspection
- records set out in Schedules 2, 3 and 4 have not been maintained
- records are not held securely
- records are not retained for the required time frames.

Guide for risk-rating of Regulation 21: Records

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange

Regulation 22 Insurance

What a rights-based quality service looks like

The provider ensures that a contract of insurance is in place which provides cover against injury to residents. The insurance also covers the building and all contents, including residents' property. Residents are informed of the insurance that is in place and its practical implications for them. The information is provided in a way that residents can understand, and residents are afforded opportunities to ask questions.

A valid insurance certificate or written confirmation of up-to-date insurance cover is available to confirm that such insurance is in place. The provider also has systems in place to ensure the renewal and updating of the insurance policy. The insurance policy is displayed in the centre in an accessible format. An up-to-date record of the residents' property is in place. Details of the insurance policy are included in the residents' guide.

Examples of information and evidence that may be reviewed

Inspectors will observe:

- where an insurance claim has been made against loss or damage to residents' belongings that where possible, and if at the request of the residents, these items have been replaced.

Through communication

Inspectors will communicate:

- **with residents** to determine if they have been advised of insurance being in place against their injury as well as possible insurance against other risks, including loss or damage to their property
- **with the provider and or person in charge** to determine if they have informed and explained to residents the insurance cover that is in place
- **with the person in charge** to determine their understanding of the insurance that is in place.

Through a review of documents

Inspectors will review documents such as:

- the current contract of insurance
- the residents' guide.

Compliance indicators for Regulation 22: Insurance

Some examples of indicators of compliance:

- a current contract of insurance against injury to residents is in place
- residents have been advised when insurance for risks such as loss or damage to their property is in effect.

Some examples of indicators of non-compliance:

- there is no current contract of insurance against injury to residents in place
- the contract of insurance is not up to date or is inaccurate
- where there is insurance against other risks, including loss or damage to residents' property, residents have not been advised accordingly.

Guide for risk-rating of Regulation 22: Insurance

Compliant	Non-compliant
Green	Orange or Red

Regulation 23	Governance and Management
National standards (designated centres for older people)	**Standard 5.1** The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare. **Standard 5.2** The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability. **Standard 5.4** The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis. **Standard 6.1** The use of resources is planned, and managed to provide person-centred, effective and safe services and supports to residents. **Standard 8.1** Information is used to plan and deliver person-centred, safe and effective residential services and supports.
Infection prevention and control standards	**Standard 2.4** Service providers measure, assess and report the effectiveness of infection prevention and control practices to support improvements in infection prevention and control and antimicrobial stewardship. **Standard 3.2:** Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. **Standard 3.3** Arrangements are in place to protect staff from the occupational risk of acquiring an infection. **Standard 5.1** The service has clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship **Standard 5.2** There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service **Standard 5.3** There are formalised support arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship.

Standard 5.5 Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.

Standard 7.1: Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs.

Standard 8.2: Service providers have effective arrangements in place for information governance for infection prevention and control-related information.

What a rights-based quality service looks like

Governance is the organisational framework that incorporates systems, processes and behaviours that supports an organisation to do the right thing or make the right decision at the right time. The provider is clear about what it does, how it does it, and is accountable to its stakeholders and is unambiguous about who has overall executive accountability for the provision of a safe service. This means a service which is well-governed does the right thing for the person receiving care and support. Good governance ensures positive outcomes for residents that are person-centred and promote an inclusive environment where every person matters. The provider recognises this by embedding a human rights-based approach in the service and having effective governance and management systems in place. This enables care and support that is person-centred and promotes an inclusive environment where each resident matters. This also involves providing a consistent service in line with the statement of purpose and the effective and efficient deployment of resources. The provider views good communication as the cornerstone on which safe and effective services are provided. Good leadership and management promote an open culture where safeguarding is embedded in a provider's practices and feedback is sought to improve service provision.

The provider has proven arrangements in place to assure itself that a safe, high-quality service is being provided to residents and that national standards and guidance are being implemented. Therefore, the service has effective leadership, governance and management in place with clear lines of accountability at individual, team and organisational level so that all people working in the service are aware of their responsibilities and their reporting structures. This, along with the efficient use of resources, reduces the risk of harm and promotes the rights, health and wellbeing of each resident. This includes having effective infection

prevention and control and antimicrobial stewardship leadership, governance and management systems in place.

The governance and management systems in place ultimately ensure that residents receive good care and that learning and innovative approaches are encouraged, while an open, fair and transparent culture is promoted to empower residents. Managers are actively involved in the management of the centre and are visible at all levels, and residents report that they know them. The provider ensures that the centre is managed by people who have been appropriately recruited and trained and have the competence to do so. As a result, the service is led by a capable person in charge who is supported by the provider and has the qualifications, knowledge and skills to support the assessed needs of residents. This is demonstrated through the delivery of high-quality safe care and support that meets residents' needs. The provider has deputising arrangements in place for key management positions to ensure continuity of governance and management arrangements due to vacancies or absence of key management personnel.

There are contingency plans in place in the centre for any public health emergency, including identifying the lead person and what arrangements would be in place for the continued oversight and management of the centre during absences of the person in charge or key management personnel. The governance and operational structures ensure that the provider can detect, manage and respond in a sustainable way to the risk of outbreaks. All people working in the centre, and residents where appropriate, are aware of who is in charge when the person in charge is not on duty or unavailable. The arrangements in place clearly identify how updated advice from the HPSC, HSE and Department of Health is accessed and communicated promptly and how risk assessments and procedures requiring review are appropriately and efficiently updated. Where there is rapidly changing advice, the provider has systems and processes in place to ensure effective communication and oversight of risks and practice.

A provider committed to providing a high-quality safe service invests in a staffing culture that promotes and protects the rights and dignity of residents through person-centred care and support. There is a clear understanding and support of autonomy within the organisation and what this means for each resident. To ensure residents are at the heart of decision-making regarding their own lives, the provider has established processes to assess a person's capacity in line with relevant legislation. The provider develops and implements policies and procedures to oversee, guide and inform these processes which reflect legislation and national standards in this regard and which are updated regularly.

There is a clear commitment from the provider, person in charge and staff to continual quality improvement. This commitment ensures that feedback from

residents is actively sought and used to improve services. The culture within the centre encourages regular feedback from all stakeholders — residents, relatives, staff and others, and this feedback informs practice. Residents report they are happy with the service, that their autonomy is promoted and they are facilitated to raise issues in a supportive environment. They report that there are sufficient staff to support their assessed needs and to ensure their rights are upheld with timely responses to their requests. Visitors report that staff are welcoming and treat people with respect, dignity, compassion and kindness. Staff are supported by effective arrangements to raise concerns they may have about the quality and safety of care provided to residents.

The governance systems ensure that service delivery is safe and effective through ongoing audit and monitoring of its performance, resulting in a thorough and effective quality assurance system in place. This system includes ongoing audit and monitoring of infection prevention and control and antimicrobial stewardship performance. There is evidence that the provider, management team and person in charge strive for excellence through consultation, research and reflective practice. The provider and person in charge also recognise that audits facilitate education programmes and motivate staff to strive for improvement and are key to informing a good quality improvement strategy. Therefore, management actively involves staff in quality improvement initiatives, which enables the service to better respond to identified risks. The results of improvements made are communicated to all personnel working in the centre and residents.

Staff and other personnel working in the centre are supported to effectively exercise their personal, professional and collective accountability for the provision of effective and safe care and supports. The provider has comprehensive arrangements in place when supporting, developing and performance managing staff to ensure a focus on a human rights-based approach to working with residents.

Staff are provided with access to support as well as professional development opportunities, and their performance is appraised at regular specified intervals by appropriately qualified and experienced staff. A written record is maintained of each supervision, support and performance appraisal, and a copy is given to the staff member. The record is signed by the supervisor and staff member at the end of each appraisal and is available for inspection. The provider encourages and supports staff to raise any concerns they may have.

There are systems in place which comply with the General Data Protection Regulation (GDPR) to enable and ensure information is confidentially maintained, ethically used, is of high quality, accurate, appropriate, and kept up to date and accessible to relevant staff. The provider ensures that arrangements are in place to respond to any advice from other agencies such as the HPSC, HSE and

Department of Health and where changes in advice affect the residents they are explained to them by staff.

The provider completes an annual review of the quality and safety of care delivered to residents in the centre to measure the service performance against the national standards, and to identify any areas for ongoing improvement. The level of engagement of independent advocacy services with residents, complaints received, to include complaints which were subject to review by the review officer, is also examined as part of the annual review. As part of this review, the effectiveness of the implementation of a rights-based approach across all relevant national standards is evaluated. A quality improvement plan is developed to address issues highlighted by the review with clear actions and timeframes included. The oversight on progress of the quality improvement plans is included in any oversight and governance arrangements.

Regulation 23: Governance and Management

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if there are sufficient resources available to ensure effective delivery of care and support in line with the statement of purpose and if they are deployed efficiently to ensure the impact on outcomes for residents is positive
- if the quality and safety of care and support as outlined in the annual review is put into practice
- if there is evidence of learning and if necessary improvements are brought about as a result of the findings of any reviews, including infection prevention and control and antimicrobial stewardship audits, unannounced visits and or consultation
- if there is evidence that feedback from residents, relatives, staff and others has been used to inform practices
- if the organisational structure as shown in the statement of purpose is reflected in practice
- staff interaction with residents to determine if a culture of openness and inclusiveness is promoted and if residents are safeguarded
- if routines are flexible
- if the impact on outcomes for residents is positive

- if care is delivered in a relaxed unrushed atmosphere
- if residents and staff are familiar with management in the centre.

Through communication (Regulation 23: Governance and Management)

Inspectors will communicate:

- with **residents to:**
  - find out their views and experiences on the culture within the centre, the management of the centre and whether they consider there are enough resources
  - establish if they and, with their consent, their representatives have given any feedback to the service through the annual report, audits, surveys or other mechanisms and if this feedback had resulted in a change to the delivery of the service
  - explore their views on routines, staff interaction, accessibility and visibility of management in the centre
  - explore if there are adequate staff available throughout the day, night and weekends
  - determine if they were consulted with as part of the annual review.
  - find out if copies of the provider's annual reviews have been made available to residents if requested by them.
- **with the provider and person in charge to**:
  - determine if they are knowledgeable of their responsibilities under the regulations
  - establish their understanding of the aims and objectives of the service and how they are implemented
  - identify if deputising arrangements for key management personnel are in place
  - determine if arrangements are in place to facilitate staff to raise concerns about quality and safety of care
  - explore how audits are tracked and trended to monitor progress and drive improvements in residents' care
  - explore actions and timeframes arising from the quality improvement plan developed to address issues highlighted by the annual review
  - determine how they implement and monitor HPSC, HSE and Department of Health advice and guideline implementation.

- **with the person in charge and staff**
  — to establish if there is a culture of openness and whether staff know how to raise concerns about the quality and safety of the care and if they feel supported to do so
  — to determine how they implement and monitor public health, national and international infection prevention and control and antimicrobial stewardship guidelines and best practice.
- **with staff to**:
  — to determine whether they are familiar with the management structure, including their understanding of roles and responsibilities and the reporting structure
  — determine their views on the management of the service
  — find out how they know who is in charge and how the centre is managed whenever the person in charge or other key management personnel are absent
  — explore their understanding of a quality service
  — determine if there is a culture of openness and transparency
  — establish if there is effective communication within the service
  — explore whether feedback is delivered and how this is done
  — determine if there is a quality improvement culture
  — to explore if there are adequate resources to support improvement and change
  — determine whether they can raise issues, concerns and make suggestions
  — determine if they are knowledgeable of their infection prevention and control and antimicrobial stewardship responsibilities
  — determine their views on the management of the service.

Through a review of documents (Regulation 23)

Inspectors will review documents such as:

- the statement of purpose
- the annual review and associated quality improvement plans
- staff duty rosters
- minutes of meetings

- audits and surveys of people who use the service and staff
- accident and incident logs and records of medication errors and adverse events
- notifications
- complaints
- staff files and training records.
- infection prevention and control and antimicrobial stewardship audits
- outbreak preparedness and contingency plans

Compliance indicators for Regulation 23: Governance and Management

Some examples of indicators of compliance:

- the designated centre has sufficient resources to ensure the effective delivery of care in line with the statement of purpose
- there is a clearly defined management structure that identifies the lines of authority and accountability, and specific roles; and that details responsibilities for all areas of care provision
- management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored
- there is evidence that the provider has implemented national infection prevention and control and antimicrobial stewardship guidance.
- outbreaks are identified, managed and investigated promptly and outbreak reports are prepared at the conclusion of the outbreak
- there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in line with the relevant standards set by HIQA under section 8 of the Act and approved by the Minister under section 10 of the Act
- residents and their families are consulted with as part of the annual review
- a quality improvement plan has been developed and implemented to address any issues highlighted by the annual review
- a copy of the annual review is made available to residents, and if requested, to the Chief Inspector.
- that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of care and support provided to residents.

Some examples of indicators of substantial compliance:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, they do not result in a medium or high risk to residents
- management systems do not cover all aspects of the service, resulting in some areas not achieving compliance with the regulations
- audits are carried out, but action plans are not put in place to address issues; however, this does not result in medium or high risk to residents
- an annual review of the quality and safety of care is used to develop the service, but there is no written evidence of consultation with residents or their families
- an annual review of the quality and safety of care was completed but a quality improvement plan was not fully developed or implemented to address issues highlighted by the review
- there is an annual review of quality and safety of care, but a copy is not made available to residents.

Some examples of indicators of non-compliance:

- operation of the centre is not effectively managed leading to risks to residents
- non-compliance with regulations were as a result of poor oversight and governance
- the designated centre does not have sufficient resources to ensure the effective delivery of care in line with the statement of purpose, for example:

— the number and skill-mix of staff has a negative impact of the care and welfare of residents

- residents' rights are not upheld
- the management structure is not clearly defined
- deputising arrangements for key management personnel are not clearly defined
- management systems are inadequate to ensure that the service provided is safe, appropriate, consistent and effectively monitored
- effective arrangements are not in place to facilitate staff to raise concerns about the quality and safety of care and support provided to residents.

- no annual review of the quality and safety of care delivered to residents is available
- a quality improvement plan was not developed and implemented to address issues highlighted by the review
- an annual review is available but this not been completed in line with the relevant standards set by HIQA under section 8 of the Act and approved by the Minister under section 10 of the Act
- residents and or their families were not consulted with as part of the annual review of the quality and safety of care delivered to residents
- a copy of the annual review is not made available to residents nor, if requested, to the Chief Inspector.

Guide for risk-rating of Regulation 23: Governance and Management

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 24	Contract for provision of services
National standards (designated centres for older people)	**Standard 2.8** Each resident's access to residential services is determined on the basis of fair and transparent criteria.

What a rights-based quality service looks like

The provider ensures that the contract for the provision of services (the contract) is available in an accessible format for all residents. Residents are provided with assistance to understand the terms and conditions of their contract prior to signing. Where residents requires the assistance of advocacy services to understand the terms and conditions of their contract, this is done in compliance with the Assisted Decision-Making (Capacity) Act 2015.

On admission, each resident signs a written contract with the provider that specifies the terms on which they will live in the centre, including the terms under which the contract may end. It is presumed that everyone has capacity to make their own decisions, recognising that capacity can change over time. The provider ensures adequate time and appropriate assistance is available where required for the resident to meaningfully engage in the processes involved in agreeing to and signing their contract. If a resident is unable to or chooses not to sign a contract, this decision is respected and recorded. Measures to support decision-making are consistent with the Assisted Decision-Making (Capacity) Act 2015.

Advocacy services should also be made available to the resident if the residents wishes. The contract details the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom. Fees and additional charges or contributions that residents make to the running of the designated centre are clearly detailed in the resident's contract. Any additional services that the resident requires and can avail of are also included and separately itemised and costed. The contract complies with all applicable legislation. The contract supports the residents' assessed needs and is consistent with their associated care plans and the provider's statement of purpose for the centre and ensures the residents' rights are protected.

Evaluation of the effectiveness of the contract for the provision of services — including the resident's experience — informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 24: Contract for provision of services

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- to determine if the services outlined in residents' contracts are delivered in practice.

Through communication

Inspectors will communicate **with residents:**

- to determine if they understand the terms of the contract
- if they have been given support and specialist input where required to assist their understanding of their contract of care
- to determine if the services outlined in residents' contracts are delivered in practice
- to discuss if they are aware of any additional charges or potential charges to them, and have these been agreed
- to examine if any changes to the contract are explained to them
- to discuss the type of bedroom provided to the resident and the number of other occupants (if any) of that bedroom, and if this is the same as when they were admitted to the centre.

Inspectors will communicate with the **provider** and the **person in charge**:

- to determine the process in place for signing the contracts of care
- to explore who signed the contract if it was not the resident
- to determine how additional charges are managed.

Through a review of documents

Inspectors will review documents such as:

- is there a signed contract of care in place for each resident that complies with the regulatory requirements
- a sample of residents' signed contracts for the provision of services to assess:
  - is the contract available in an accessible format

- a sample of records of refusal or inability to sign by the resident
- records of information and assistance given to residents to assist them in understanding the contract.

Compliance indicators for Regulation 24: Contract for provision of services

Some examples of indicators of compliance:

- on admission, the provider agrees in writing a contract of care with the resident that is in compliance with the regulations
- each resident has the type of bedroom set out in the contract of care, including the number of other occupants (if any) of that bedroom
- the contract includes details of the:
    - — services to be provided, whether under the Nursing Homes Support Scheme (the Fair Deal Scheme) or otherwise
    - — the fees, if any, to be charged for such services
    - — any other service of which the person may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the person is not entitled under any other health entitlement.

An example of an indicator of substantial compliance:

- residents have a written agreed contract but details of some charges for additional services are not covered in the contract, and these charges have no or minor impact on residents.

Some examples of indicators of non-compliance:

- written agreed contracts of care are not in place for all residents
- each contract does not have the type of bedroom set out in it, including the number of other occupants (if any) of that bedroom.
- the contract does not include details of the:
    - — services to be provided, whether under the Nursing Homes Support Scheme or otherwise
    - — the fees, if any, to be charged for such services

— any other service of which the person may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the person is not entitled under any other health entitlement.

Guide for risk-rating of Regulation 24: Contract for the provision of services

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange

Regulation 30 Volunteers

What a rights-based quality service looks like

In a well-run service, there is a clear understanding that the purpose of volunteers is to enhance the quality of life of residents and positively contribute to their lived experience. The provider and person in charge ensure that the roles of volunteers are considered and clearly defined in relation to how care and support is delivered. Residents' wishes and needs are taken into consideration when volunteers are recruited and, where appropriate, residents are included in the recruitment process.

The involvement of volunteers enhances service delivery and the quality of life of residents by providing additional opportunities for mental and physical stimulation, socialisation, and the development of friendships. Activities supported by volunteers are based on residents' preferences and interests, and they are informed by the individual receiving support. This is evaluated and reviewed in response to feedback from residents. Residents are consulted about the contribution that volunteers make to their lives.

The provider seeks out creative ways of empowering and enabling residents to participate in a meaningful way in their community, if they wish to do so. The provider has accomplished this by using different methods, including developing natural supports around each resident and through the ongoing development of volunteering activities and supports within member organisations. Volunteers may support residents to develop new skills and promote social inclusion and community participation, in line with residents' wishes.

Volunteers are given clear, comprehensive guidance about their role, their responsibilities and their supervision arrangements. Volunteers are supervised appropriately and have access to orientation and training programmes, including infection prevention and control, fire safety, the protection of people at risk, and the procedures in place to report suspected abuse. There is a written code of conduct for all staff, including volunteers, which promotes the rights and confidentiality of people using the service. Vetting of volunteers is provided in line with the rules for Garda vetting as set out in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016.

The provider has invested in measures to develop and sustain volunteering, such as supporting volunteers, clear recruitment and management structures and guidelines for best practice in volunteering. Residents, volunteers and staff benefit from having opportunities to build familiarity and trusting relationships over time.

Residents, are consulted about the contribution that volunteers make to their lives.

Evaluation of the effectiveness of volunteers informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 30: Volunteers

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if volunteers receive supervision and support
- the interaction of volunteers, residents and staff
- whether volunteers support residents to make choices regarding their day
- whether volunteers treat residents with dignity, respect and kindness
- whether volunteers adhere to confidentiality and are aware of residents' rights.

Through communication

Inspectors will communicate:

- **with residents** to explore their views on volunteers in the centre and determine if they have choice in whether a volunteer supports them
- **with staff** to explore their understanding of their role and responsibility in supporting and supervising volunteers
- **with volunteers** to examine their understanding of their role and responsibilities, and their access to appropriate training and supervision
- **with the person in charge:**
  - to establish if volunteering arrangements are in place
  - to determine if volunteers have a role description, if they are vetted and if they are appropriately trained and supervised.

Through a review of documents

Inspectors will review documents such as:

- a sample of human resources files to ensure appropriate vetting, training, contracts with details of roles and responsibilities, and reporting and supervision arrangements are in place
- supervision records.

Compliance indicators for Regulation 30: Volunteers

Some examples of indicators of compliance:

- roles and responsibilities of volunteers are set out in writing
- volunteers are supervised and supported appropriately in their role
- volunteers are vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016.

An example of an indicator of substantial compliance:

- gaps are identified in the documentation; however, these do not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

- the roles and or responsibilities of volunteers are not set out in writing
- volunteers are not supervised or supported appropriately in their role
- volunteers have not provided a vetting disclosure in accordance with the National Vetting Bureau Act.

Guide for risk-rating Regulation 30: Volunteers

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or red

Regulation 31 Notification of incidents

Infection prevention and control standards	**Standard 3.4** Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

What a rights-based quality service looks like

Effective governance arrangements are in place to ensure that the provider, person in charge and staff comply with statutory notification requirements. The provider confirms the person in charge is aware of their responsibilities to ensure notifications are submitted to the Chief Inspector. Guidance for staff on the management and reporting of adverse incidents is available and staff are aware of their responsibilities, including where an outbreak of any notifiable disease[9] occurs.

The person in charge ensures that all relevant adverse incidents are notified to the Chief Inspector in the recommended formats and within the specified time frames. Notifications are submitted via the online portal system as this is the safest and most effective method of submission. Good reporting practices are adopted and all necessary information is submitted in a comprehensive, accurate and concise way. Residents' right to privacy is respected and no unnecessary personal identifiable information is submitted in notifications. Notifications should include information on the nature of the incident, the impact on the resident, what actions were taken to safeguard the residents and what follow-up actions are being taken. The information should be included in a clear and concise manner.

The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 requires providers to submit notifications of more serious, specific incidents using the NIMS system to the Chief Inspector within 7 days of the incident. This notification requirement is in addition to the requirement under the regulations.

Having good arrangements in place for utilising information from notifications also supports compliance with Regulation 26: Risk management procedures (see entry on Regulation 26). The provider and person in charge should use notifiable events to reflect on what happened and to inform quality and safety improvements. The

[9] 'Notifiable diseases' are those diseases identified and published by the Health Protection Surveillance Centre (www.hpsc.ie)

provider recognises the types of factors that contribute to notifiable events and subsequently puts measures in place to prevent a notifiable adverse incident from happening in the first instance.

The provider and person in charge have developed and support a culture of openness, transparency and accountability. Where incidents occur, they are appropriately managed using a person-centred response and are reviewed as part of the provider's continual quality improvement measures. This is with the objective of enabling effective learning and preventing a possible reoccurrence. Learning from the evaluation of incidents is communicated promptly to appropriate people and used to improve quality and inform practice. Staff are actively involved in the quality assurance programme and take responsibility for areas such as assessments and personal planning updates in response to learning from notifications. Staff have access to evidence-based research to support them in quality improvement initiatives and interventions to mitigate reoccurrences.

Evaluation of the effectiveness of managing notifications informs the continual quality improvement cycle, which in turn forms part of the annual review.

To support providers and persons in charge in dealing with notifiable events in their centres, the Chief Inspector has developed the following guidance which can be accessed here: Guidance on managing notifiable events in designated centres | HIQA; Monitoring Notification Handbook DCOP Guidance.

Regulation 31: Notification of incidents

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- whether residents have notifiable injuries and where required have these being reported to the Chief Inspector
- if there is an outbreak of infection in the centre, has this been notified to the Chief Inspector
- how staff respond to any incidents that occur, and if this response is appropriate and in line with the provider's policies and procedures.

Through communication

Inspectors will speak:

- **with residents to** determine if they have been involved in any incident and their views on how incidents and accidents are managed
- **with staff to**:
  - — establish their understanding of incident management and whether it is in line with the regulations and the provider's policy for the centre
  - — explore if they receive feedback and or learning from any analysis of incidents and accidents carried out — and if there are there examples of where practice has improved as a result
- **with the person in charge and staff** regarding the process for reporting and managing adverse incidents
- **with the person in charge**

— to determine how they ensure that adverse incidents are recorded, how notifications are submitted to the Chief Inspector and how any identified learning is used to improve the quality and safety of the service

— to determine how they ensure that outbreaks are recorded, notifications are submitted and any identified learning is used to improve the quality and safety of the service.

Through a review of documents

Inspectors will review documents such as:

- relevant policies on incidents and reporting arrangements
- records of incidents and accidents
- records of notifications.

Compliance indicators for Regulation 31: Notification of incidents

Some examples of indicators of compliance:

- a record of all notifiable incidents occurring in the designated centre is maintained

- a notification is provided to the Chief Inspector within two working days of the occurrence of any incident set out in paragraphs 7(1)(a) to (i) of Schedule 4
- when the cause of an unexpected death has been established, the Chief Inspector is informed of the cause of death
- quarterly reports are provided to the Chief Inspector to notify of any incident set out in paragraphs 7(2)(a) to (e) of Schedule 4
- notifications are provided to the Chief Inspector at the end of each six-month period in the event of no 'two-working day' or 'quarterly' notifiable incidents occurring in the centre in accordance with guidance produced by Chief Inspector

Some examples of indicators of non-compliance:

- not all notifiable incidents are recorded in the centre
- notifications have not been submitted to the Chief Inspector, as required
- some details recorded on the incident record do not match the information submitted to the Chief Inspector
- while there is a record of all incidents, some were not notified to the Chief Inspector in accordance with the regulations
- when established, the person in charge has not informed the Chief Inspector of the cause of an unexpected death.

Guide for risk-rating of Regulation 31: Notification of incidents

Compliant	Non-compliant
Green	Orange

Regulation 32 Notification of absence

What a rights-based quality service looks like

The provider is aware of its responsibilities to notify the Chief Inspector of any period where the person in charge is absent for 42 days or more. When required, the provider has notified the Chief Inspector and provided the required information according to the specified time frames. Residents and staff are also informed of periods during which the person in charge is absent.

The provider is aware of the importance of having a person in charge and ensures appropriate arrangements are in place to ensure the management and oversight of the service to ensure the safety and wellbeing of residents. Where the person in charge will be absent for 42 days or more, the provider ensures an appropriate person with the necessary knowledge, experience and qualifications is appointed to deputise in the absence of the person in change. The provider recognises that clearly defined lines of authority and accountability are essential to ensure effective governance, quality care and support, and positive outcomes for residents. Comprehensive governance arrangements are in place to ensure compliance with legislation. The provider has in place a strategy for succession planning.

Evaluation of the effectiveness of governance arrangements relating to the management of notifications informs the continual quality improvement cycle, which in turn forms part of the annual review.

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- who is fulfilling the role of person in charge of the centre or if deputising arrangements are in place if required.

Through communication

Inspectors will communicate:

- **with the provider** to determine its understanding of the requirements to notify the Chief Inspector when the person in charge is absent for 42 days or more
- **with residents** to determine if they know who is in charge of the centre
- **with staff** to determine if they are informed when the person in charge is absent and when they are due back from leave
- **with staff** to determine if they are informed about who will be deputising during the absence of the person in charge.

Through a review of documents

Inspectors will review documents such as:

- records of notifications submitted
- staff rotas
- a sample of human resources files.
- minutes of residents' meetings and minutes of staff or management meetings.

Compliance indicators for Regulation 32: Notification of absence

Some examples of indicators of compliance:

- where the person in charge is expected to be absent for a continuous period of 42 days or more, the provider notifies the Chief Inspector at least one month prior to the expected absence, or within a shorter time frame if agreed with the Chief Inspector
- in the case of an emergency absence or unanticipated event, the provider notifies the Chief Inspector as soon as it becomes apparent that the absence will be for 42 days or more and includes information on the length or expected length of the absence
- any notification submitted specifies the length or expected length of the absence and the expected dates of departure and return of the person in charge
- where the absence is as a result of an emergency, the Chief Inspector is notified of the return to duty of the person in charge not later than three working days after the date of their return.

Some examples of indicators of non-compliance:

- the Chief Inspector has not been notified of the absence of the person in charge, as required by the regulations
- the Chief Inspector is notified of the absence of the person in charge but not all of the required information has been submitted.

Guide for risk-rating of Regulation 32: Notification of absence (of the person in charge)

Compliant	Non-compliant
Green	Orange

Regulation 33 Notification of procedures and arrangements for periods when the person in charge is absent from the designated centre

What a rights-based quality service looks like

The provider recognises that clearly defined lines of authority and accountability are essential to ensure effective governance, quality care and support, and positive outcomes for residents. The service is managed by appropriately trained staff, and there is effective leadership and management that ensure appropriate delegation when necessary.

There is an effective governance structure in place with clear lines of accountability for the delivery of the service. All staff are aware at all times of their responsibilities and who they are accountable to. There are good systems in place to ensure staff know who is in charge or deputising in the absence of the person in charge. Any changes in the management structure are explained to residents in a supportive and reassuring way. The provider considers and plans for absences of the person in charge and has a person who can deputise during any absence.

The provider is familiar with notification requirements and, when required, has notified the Chief Inspector of the arrangements for the running of the centre during periods when the person in charge is absent. This includes the deputising arrangements that have been, or are proposed to be made, to manage the centre during the absence. The provider has provided assurances that the service will continue to be properly managed during the absence and has notified the Chief Inspector of the name, contact details and the qualifications of the person who is deputising for the person in charge during their absence.

The person who is deputising in the absence of the person in charge has appropriate qualifications, skills and experience to oversee the service and to meet its stated purpose, aims and objectives.

Communication systems are in place to ensure staff know who is in charge and deputising in the absence of the person in charge. Any changes in the management structure are explained to residents in an accessible supportive and reassuring way. The provider considers and plans for absences of the person in charge.

Evaluation of the effectiveness of the governance arrangements relating to the management of notifications informs the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 33

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- reporting structures in the centre and check that these are in line with documented arrangements.

Through communication

Inspectors will communicate:

- **with the provider:**
  - to determine its understanding of its requirements to notify the Chief Inspector of deputising arrangements for periods when the person in charge is absent as required by the regulations
  - to verify that the provider is satisfied that there are appropriate arrangements in place when the person in charge is absent
  - to determine if they have a person who is able to deputise in the absence of the person in charge
- **with staff:**
  - to establish if they are informed of periods when the person in charge is absent and when they are due to return
  - to determine their understanding of the reporting structure and management arrangements in the centre when the person in charge is not present
- **with residents:**
  - to determine if they are kept informed of changes in management and absences and how this information is relayed to them.

Through a review of documents

Inspectors will review documents such as:

- records of notifications submitted
- staff rotas

- staff file and training records of the person appointed in the absence of the person in charge
- minutes of meetings of residents and staff and or management.

Compliance indicators for Regulation 33

Some examples of indicators of compliance:

- when the person in charge is absent for a continuous period of 42 days or more, the provider has ensured that suitable procedures and arrangements are in place for the management of the centre, and these arrangements have been notified in writing to the Chief Inspector
- all required information, including arrangements for the running of the centre, having a person who is able to deputise in the absence of a person in charge and the name, contact details and qualifications of the person who was or will be responsible for the centre during the absence, is notified to the Chief Inspector.

Some examples of indicators of non-compliance:

- the Chief Inspector is not given notice in writing of details of the procedures and arrangements that will be in place for the management of the designated centre during the absence of the person in charge when that absence is for a continuous 42 days or more
- a notice of absence of the person in charge to the Chief Inspector does not specify the arrangements which have been, or were made, for the running of the designated centre during this absence
- this notice does not specify the arrangements that have been, or are proposed to be, made for appointing a person in charge to manage the designated centre during the absence, including the proposed date by which the appointment is to be made
- this notice does not specify the name, contact details and qualifications of the person who will be or was responsible for the designated centre during the absence.

Guide for risk-rating of Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Compliant	Non-compliant
Green	Orange

Regulation 34	Complaints procedure
National standards (designated centres for older people)	**Standard 1.7** Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

What a rights-based quality service looks like

The culture of the service is one which welcomes feedback, including complaints, as opportunities for learning from the experiences of people who use and interact with the service. The provider views complaints as valuable information that can lead to improvement and strengthen confidence in the service provided. All residents are aware of the complaints procedure as soon as practicable after admission, and staff support residents through the complaints process, which includes access to an independent advocacy service. Each person who wishes to make a complaint is encouraged and supported to express any concerns safely and is reassured that there will be no adverse consequences for raising a concern.

The provider has established and implemented effective complaints management processes to attain the best possible outcome for residents, which takes fairness, respect, equality, dignity and autonomy into consideration. The complaints policy is clearly available through an easily accessed area of the centre or provider's website (where there is a website).

Complaints are investigated and concluded as soon as possible and in any case no later than 30 working days after the receipt of the complaint. A written response informing the complainant[10] whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process is communicated to the complainant. The complaints procedure includes the nomination of a complaints officer and a review officer, neither of which should be involved in the subject matter of the complaint and as far as is reasonably practicable not in the direct care of the resident. The provider offers the complainant assistance to request a review of their complaint when they are dissatisfied with the decision made in relation to their complaint and refer the

[10] A 'complainant' means – a resident, a spouse, a civil partner, a cohabitant, a close relative, or a carer of the resident, or any person who, by law or by appointment of a court, has the care of the affairs of the resident, any legal representative of the resident, or any other person with the consent of the resident.

matter to an external complaints process, such as the Ombudsman. The review is conducted and concluded as soon as possible and no later than 20 working days after the receipt of the request for review. Where it is not possible to adhere to time lines, a written response is communicated to the complainant detailing the reason for the delay.

There is front-line resolution of complaints, and this is supported by the establishment of clear guidelines as to what type of issues are suitable for early resolution. This empowers staff to deal with complaints as they arise with the aim of resolving issues as early as possible. All staff are provided with the appropriate skills and resources to deal with a complaint and have a good understanding of the complaints policy. Staff receive specialist training on how to recognise behaviour by residents that indicates an issue of concern or a complaint that the resident cannot communicate through other means. Such messages receive the same positive response as issues raised by other means. Where improvements are put in place arising from complaints, all staff are notified and a record of any changes is available to all staff. The procedure is consistent with relevant legislation, regulations, and protocols and takes account of best practice guidelines.

To improve the monitoring and quality of the service, the complaint handling processes enables the reporting of important information from complaints in a reliable and standardised matter to allow for aggregated analysis.

Evaluation of the effectiveness of the complaints procedure consists of an element of the continual quality improvement cycle, which in turn forms part of the annual review. The annual review includes the level of engagement of independent advocacy services with residents and complaints received, including reviews conducted.

Regulation 34: Complaints procedure

Examples of information and evidence that may be reviewed

Through observation
Inspectors will observe: ▪ if there is a culture of openness that welcomes feedback and the raising of concerns ▪ if staff communications with residents are good, and that residents are supported to speak freely ▪ if complaints have been used to inform and improve service delivery, where applicable

- whether the complaints procedure is displayed in a prominent place in the centre
- whether the complaints procedure is in an accessible format.

Through communication (Regulation 34: Complaints procedure)

Inspectors will communicate:

- **with residents to**:
  - explore if they know how to raise a complaint
  - if they feel comfortable raising a complaint
  - if they feel assured that there will not be adversely affected by reason of making a complaint
  - establish if residents have been offered access to independent advocacy services
  - explore, where relevant, residents' views and experiences on how complaints have been dealt with in the past and to establish if they were satisfied that the complaint was responded to appropriately and if anything changed as a result.
- **with the provider, person in charge and staff**, where necessary, to ascertain what they understand their role and responsibilities are regarding complaints, how they view and manage complaints and:
  - to establish if any complaints had led to service improvement
  - to find out who is the complaints officer
  - to find out who is the review officer
  - to determine if there is access to independent advocacy services.

Through a review of documents

Inspectors will review documents such as:

- the procedures on the handling, investigation and review of complaints about any aspect of the service, care and treatment provided in, or on behalf of, a designated centre
- complaints records
- information on independent advocacy services
- staff training records

- minutes of resident and staff meetings
- resident questionnaires
- audits relating to complaints
- the statement of purpose
- the residents' guide
- the annual review.

Compliance indicators for Regulation 34: Complaints procedure

Some examples of indicators of compliance:

- the complaints process is accessible to all residents and displayed prominently
- there is an appeals process that is fair and objective
- records are maintained of all complaints, including any reviews and outcomes of these reviews
- residents and their families or relevant persons are made aware of the complaints process as soon as practicable after admission
- where appropriate and with the agreement of the prospective complainant, the provider assists the person making or seeking to make a complaint to identify another person or independent advocacy service to assist with the making of the complaint
- residents are supported to understand the process and make complaints
- there is a nominated complaints officer and a review officer who have received suitable training to deal with complaints in accordance with the provider's complaints procedures for the centre
- all complaints are recorded, investigated and concluded as soon as possible and in any case no later than 30 working days after the receipt of the complaint
- a written response informing the complainant whether or not their complaint has been upheld, the reasons for the decision and any improvements recommended and details of the review process is provided to the complainant
- where a review of the decision of the outcome of the complaint is requested, this is completed as soon as possible and in any event within 20 working days

- the provider offers practical assistance to a complainant to request a review when the complainant is dissatisfied with the decision made in relation to their complaint or to refer the matter to an external complaints process, such as the Ombudsman
- residents can make a complaint and can do so without fear of adverse consequences
- as part of the annual review, a general report is provided on the level of engagement of independent advocacy services with residents and complaints received, including reviews conducted
- nominated complaints officers and review officers have received suitable training to deal with complaints
- all staff are aware of the provider's complaints procedures for the designated centre.

Some examples of indicators of substantial compliance:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to residents
- the provider responds appropriately to complaints but the procedure is not written in an accessible format
- while complaints are appropriately managed, they are not completed within the mandatory timescales.

Some examples of indicators of non-compliance:

- residents are not facilitated to exercise their right to make a complaint
- the complaints procedure is not available in an accessible format
- there is no appeals process
- a designated complaints officer is not identified in the centre
- a designated review officer is not identified in the centre
- residents have no access to independent advocacy services to assist in making a complaint
- a copy of the complaints procedure is not displayed prominently in the centre

- residents do not know who to complain to and have not been supported to understand the complaints procedure
- complaints are not investigated according to legislative timescales
- staff do not know what to do in the event of a complaint being made to them
- measures required for improvement in response to a complaint are not implemented
- practice around the management of complaints is inconsistent
- residents or those on their behalf have made complaints but have not received a response
- residents who have made a complaint are adversely affected as a result.

Guide for risk-rating of Regulation 34: Complaints procedure

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

3.2 Guidance on regulations related to quality and safety of the service.

This section of the guidance discusses regulations related to the day-to-day care and support residents receive and if this ensures they experience a good quality of life and are safe. It includes information about the care and supports that should be available for residents and in relation to the environment in which they live.

Regulation 5	Individual assessment and care plan
National standards (designated centres for older people)	**Standard 2.1** Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
Infection prevention and control standards	**Standard 1.1** People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

What a rights-based quality service looks like

Excellence in achieving individualised assessment and care planning is demonstrated when there is a strong and visible person-centred human rights culture in the centre and residents receive the care and support they require. This culture is developed and supported by staff and the management team delivering a service with an emphasis on fairness, respect, equality, dignity and autonomy. A quality care plan is one that recognises the intrinsic value of the person by respecting their uniqueness and incorporates individualised goals and risk enablement.

The provider and person in charge recognise the importance of assessing residents before admission to ensure that the service has the ability and facilities to support the resident to live a full and fulfilling life once admitted. This assessment is carried out by an appropriately skilled and qualified nurse or healthcare professional, and is reviewed on admission to ensure it is valid and to identify any changes that may have occurred. Any potential impact on residents currently living in the service is carefully considered and assessed before the admission of any new resident, and the views of existing residents are respected. Residents are provided with relevant information in an accessible format.

Care plans are developed in a way that includes a positive approach to risk assessment, acknowledging that risk-taking is part of a fulfilled life which considers possible harm and focuses on individual strengths and choices. The care plan cannot be created without a comprehensive and appropriate assessment whereby decisions are made by the resident about their own care and support. The assessment and care planning process assures the resident that they are listened to and understood in a way that builds trusting and effective relationships. In order to do this, staff are innovative in finding ways to support residents to express their views and live life as they choose in a way that balances risks and opportunities safely.

Staff adapt a collaborative and phased approach to individualised assessment and care planning, which enhances the quality of care and quality of life of residents and clearly documents what matters to them. The care plan reflects the individual assessed needs of residents and how these needs are met, ensuring person-centred safe quality care with positive outcomes for residents. Information collected is used to promote the rights, health, wellbeing and safety of each resident.

The provider and person in charge support staff to be creative and flexible in supporting residents to live as they choose. They explore options with residents as to how to support them to maintain relationships with their communities. This results in opportunities for residents to develop relationships within the community and to have meaningful experiences and varied activities of the residents' choice.

Prior to, or on, admission, the provider ensures that infection and multi-drug-resistant organism[11] (MDRO) colonisation assessments are completed by an appropriately qualified healthcare professional to ensure that the service can provide the required care and support required by the resident without impacting on other residents' rights. Person-centred infection prevention and control care plans which clearly outline the type of precautions required — for example, standard precautions or transmission-based precautions (contact, droplet or airborne) — are developed, and all relevant staff are made aware of these. To assist residents to make decisions about their care in order to prevent, control and manage healthcare-associated infections and antimicrobial resistance, relevant information in an accessible format is made available to residents. The service maintains and respects the rights of all people irrespective of their infection status.

[11] A multi-drug-resistant organism (MDRO) is a germ that is resistant to many antibiotics. If a germ is resistant to an antibiotic, it means that certain treatments will not work or may be less effective.

Where a resident acquires a healthcare-associated infection or MDRO colonisation, they are informed of this in a timely manner, and information is given to them in an accessible format to ensure they understand the purpose of their care plan. Any changes that restrict residents' choices are discussed with residents, and are in place for as short a duration as possible. Where there is a negative impact on residents, residents are kept informed of the reasons for this and this impact is minimised by ensuring alternative options are explored to ensure the needs of the residents are met, and to ensure their rights are respected and their quality of life is to the optimum level possible.

Balancing the residents' right to privacy and the engagement of family[12] and or other people of the residents' choice in the development of their care plans is a complex issue. A quality rights-based approach ensures each resident's voice is prioritised and respected. Where it has been identified that a resident requires support to make a decision, the provider has processes in place to support the resident with making decisions in line with legislation. If there is a concern about a resident's capacity to make a particular decision at a particular time, the provider has processes in place to assess capacity in accordance with the Assisted Decision-Making (Capacity) Act 2015.

Assistive measures, such as where somebody is appointed by a resident to assist them in the decision-making process, are consistent with capacity legislation. This enables residents to be consulted with and participate in the development of their care plans to advance a holistic approach to their care and support that is based on a model of inclusiveness. The provision of individualised holistic assessment and care planning involves all staff and informs day-to-day delivery of care. These plans are documented clearly and concisely to support continuity of care and are reviewed, evaluated and updated in line with residents' changing needs. This is done in collaboration with the resident and any medical or health and social care professional input.

Advice from other agencies such as the HPSC, HSE and Department of Health which may impact residents is discussed with residents and incorporated into the residents' care plans as appropriate. These are reviewed in line with any changing advice from these agencies. Where this advice negatively impacts on admission practices, residents are kept informed of any changes. Any changes that restrict

[12] The Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025 define "family" as meaning a member of a resident's family, a close friend, carer of a resident or a person involved in promoting the health, welfare and wellbeing of a resident.

residents' choices are discussed with residents, kept to a minimum and for as short a duration as possible.

Evaluation of the effectiveness of individualised assessments and care plans forms part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 5: Individual assessment and care plan

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- whether person-centred care is provided to residents in line with their care plans
- staff interaction with people and the availability of staff to support residents
- if privacy and dignity is respected
- if people are enabled to exercise choice in their daily routines
- whether staff maintain and respect the rights of all residents irrespective of their infection status.
- if people's rights are respected regarding the choices they make
- whether residents have appropriate aids to maximise their independence
- if documents are stored securely to ensure the privacy and dignity of residents
- if the facilities and layout of the centre is suitable for the purposes of meeting the assessed needs of each resident
- if rooms accommodating residents requiring transmission-based precautions have clear but discreet signage.

Through communication (Regulation 5)

Inspectors will communicate:

- **with residents to:**
  - find out what their health, personal and social care needs are and whether these needs are met
  - explore their understanding and knowledge of their care plan and determine if they are involved in its development and review
  - whether they are supported to have care plans that reflect how they would like to receive their care and support
  - see if they are aware of HPSC, HSE and Department of Health advice and how they are supported to adhere to this advice
  - if care plans are reviewed in response to residents' changing infection prevention and control needs
  - establish their views on and experience of the level of involvement and support in the development, implementation and review of their care plan.

Inspectors will communicate:

- **with residents, staff and the person in charge to:**
  - see if care plans are reviewed in response to residents' changing infection prevention and control needs
  - verify how residents' care plans are made available to the residents
  - explore whether agreed actions occur and if residents' care plans improve outcomes for the residents
  - how residents are supported to make informed decisions about their care and support.
  - determine if residents are happy with the care they receive
  - determine if they feel their independence is promoted
  - explore whether they feel staff have the appropriate skills to care for them
  - explore if the activities programme is relevant and meaningful to them
  - if they can access community events and the outdoors.

Inspectors will communicate **with staff** to:

- explore their understanding of a rights-based approach to care planning, including infection prevention and control care plans
- if care plans are reviewed in response to residents' changing needs
- explore if they have a good understanding of person-centred care specific to each resident, including what matters most to the resident and how to provide this care
- explore their understanding of respecting the autonomy of people using the service while, at the same time, managing risk to support people to stay safe while minimising restrictions on their freedom
- examine if staff are familiar with the regulations governing assessment and care planning.

Inspectors will communicate **with the person in charge** to:

- explore the governance and management arrangements that are in place to ensure that individual assessments and care plans, including infection prevention and control care plans, are accurate and up to date
- determine if all staff are aware of them, that they are reviewed in a timely manner and that they inform high-quality care.

Through a review of documents (Regulation 5)

Inspectors will review documents such as:

- the policy on admissions, including transfer discharge and temporary absence of residents
- policies, procedures or guidelines relating to assessment and care planning
- individual assessments, any validated tools, risk assessments, associated care plans and appropriate monitoring charts, including infection prevention and control care plans
- records from health and social care professionals to ensure care plans are updated following their review and advice
- infection and colonisation surveillance reports
- acute hospital discharge and transfer documentation

- audits of care planning documentation to determine if governance systems in place ensure that person-centred care is delivered to residents, their rights are protected and residents' individual needs are regularly assessed, recorded and reviewed
- records on the activities programme, including records of participation in activities
- statement of purpose
- incident and accident reports
- complaints logs
- medical records and reports
- staff training records
- the staff rota in order to see if staff numbers and skill-mix are adequate to meet the complexity of the service and the size and layout of the premises
- residents' questionnaires
- the quality improvement plan produced after the annual review report.

Compliance indicators for Regulation 5: Individual assessment and care plan

Note:

- Gathering of evidence under this regulation could be used to form part of a resident's pathway, whereby all aspects of the resident's care is reviewed to determine the quality of life of the resident and the safety of care provided by the provider to that resident from pre-admission to the present time.
- In inspection reports, the number of care plans reviewed and the number of residents spoken with are stated.

Some examples of indicators of compliance:

- a person-centred approach is taken to the development of residents' assessments and care plans, thereby ensuring residents' rights are protected
- immediately prior to admission, or on admission, a comprehensive assessment of the person's health and social care needs is

completed, which identifies the person-centred supports necessary to maximise the resident's quality of life and which include infection prevention and control care plans

- person-centred care plans are developed based on the views and wishes of the resident
- information is given to the person in an accessible format to ensure they understand care planning
- the individualised care plan is developed within 48 hours of admission
- on development of a care plan, the provider has arranged to meet the needs of the resident, in so far as is reasonably practicable
- if a resident acquires a healthcare-associated infection or colonisation by a multi-drug-resistant organism, they are informed about it in a timely manner, and information is given to the resident in an accessible format to ensure they understand their care planning
- care plans clearly outline the type of precautions required; for example, standard precautions or transmission-based precautions (contact, droplet or airborne)
- the care plan is formally reviewed at intervals not exceeding four months and when the needs of the resident changes, and revised following consultation with the resident concerned and, where appropriate, the resident's family
- where the resident's status changes, assessments and care plans are updated accordingly
- the care plan is available to the resident and may, with the resident's consent, be made available to their family.

Some examples of indicators of substantial compliance:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, they do not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

- a comprehensive assessment of the health, personal and social care needs of a resident or a person who intends to be a resident of the designated centre has not been completed
- care plans are not person-centred and the residents' views were not sought to develop the care plan
- there is no care plan based on the assessed needs of the individual

- the care plan does not reflect the specific health, personal or social care needs of the resident, including infection prevention and control
- care plans are not reviewed formally at intervals not exceeding four months
- there is little or no consultation with the resident or, where appropriate, their family
- assessments and or care plans are not updated in response to the changing needs of the resident.

Guide for risk-rating of Regulation 5: Individual assessment and care plan

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 6	Health care
National standards (designated centres for older people)	**Standard 4.1** The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.
Infection prevention and control standards	**Standard 3.2** Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. **Standard 4.1** People are empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance.

What a rights-based quality service looks like

Quality healthcare includes health promotion, prevention, independence and meaningful activity. Residents are supported to live a healthy lifestyle. The provider, person in charge and staff recognises that the delivery of high-quality healthcare requires collaboration with the resident, medical practitioner and other healthcare professionals as well as the provision of appropriate technology to support this delivery. In order to facilitate this, reasonable adjustments should be made to reduce the potential for diagnostic overshadowing.[13]

The provider has ensured that a rights-based approach has been adopted to person-centred care delivery so that decisions are made with the resident. In a practical sense, this involves the resident making and being supported to make informed decisions about the care, support or treatment that they wish to receive. The resident's ability to be autonomous and make decisions is supported and developed.

The service has implemented a proactive model of care delivery that is centred on the needs of individual residents and delivery of person-centred care and support. The health and wellbeing of each resident is promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical

[13] Diagnostic overshadowing is where a person's health needs or clinical presentation coming from their physical or mental health problems are mistakenly attributed to the individual's intellectual disability — the consequence of this can cause delayed diagnosis and treatment (Ali et al., 2013).

activities. A human rights-based approach has been embedded in the centre where person-centred care is delivered and decisions are made in consultation with the resident. In a practical sense, this involves the resident making informed decisions about their care, support and or treatment that they wish to receive, and their ability to be autonomous and make decisions is supported and developed. Residents have appropriate access to a medical practitioner of their choice to support their health and wellbeing. They are also supported to understand advice from other agencies such as the HPSC, HSE and Department of Health and any other relevant information so that they can make informed decisions.

Residents are supported to live healthily and take responsibility for their health and have their rights respected. Initiatives to promote residents' health and development are delivered in consultation with residents and in line with the provider's objectives. Management and staff are proactive in referring residents to healthcare professionals, have a good working relationship with them and implement their recommendations. Where recommendations are not implemented, the reason is established and documented.

Any service provided by a health professional should minimise disruption to the residents' lives and maximise opportunities for continuity of treatment, while taking into consideration their wishes. Therefore, access to a medical or other health professionals is supported in different ways; for example, face-to-face or online consultations where in-person consultation is not possible. Where necessary, communication passports are used to support healthcare professionals to understand the needs of the resident in order to achieve improved health outcomes.

Staff empower residents to understand and access the healthcare they need. Residents who are eligible, by means of their gender, age or condition, are made aware of and supported to access to preventative and national screening services if they so wish. These services include BreastCheck (for women aged 50–69 years), Cervical Check (for women aged 25–60 years), Bowel Screen (for both men and women aged 60–69 years) and Diabetic Retina Screen (for all persons with diabetes aged 12 years and older). The provider ensures that residents who have a medical card are aware that they are entitled to medical services from the HSE through the General Medical Services (GMS) Scheme. Every effort should be made to ensure residents can access these services, such as physiotherapy, occupational therapy, chiropody, speech and language therapy, pharmacist, dietitian and other specialist services.

Information in an accessible format is communicated to residents regarding their care and they have an opportunity to ask questions. Information includes the risks and benefits of alternative options, and the residents' understanding is checked throughout this process. Residents' right to give consent is understood by all staff

and where residents require support with decisions, assisted decision-making procedures are facilitated in line with the Assisted Decision-Making (Capacity) Act 2015. Where a resident refuses care and medical treatment, such refusal is recorded and the resident's medical practitioner is informed.

Evaluation of the effectiveness of healthcare for each resident informs the continual quality improvement cycle, which in turn forms part of the annual review, in compliance with the Regulations.

Regulation 6: Health care

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if residents have appropriate aids to maximise their independence
- whether residents are supported to maximise their independence in their daily lives
- if staff deliver a high standard of evidence-based nursing care in accordance with professional guidelines
- if information is available in an accessible format to residents informing them of access to medical and allied services through the GMS Scheme and what supports the provider has in place to assist them in accessing these services if wish to avail of them
- if information is available in an accessible format to residents about access to the National Screening Service that they may be eligible for, and what supports the provider has in place to assist them in accessing these if they wish to avail of these screening services
- if staff deliver person-centred care that respects the rights of residents, including the right to refuse care
- whether health and social care professional such as chiropodists, physiotherapists and speech and language therapists respect people's privacy and dignity
- if residents' right to refuse treatment is respected.

Through communication

Inspectors will communicate **with residents:**

- to determine if they chose their medical practitioner or if the medical practitioner is acceptable to them
- to determine if they have timely access to their medical practitioner, specialist services and routine check-ups
- to determine if they have access to information and education about their health needs
- to explore if they are involved in decision-making about their health and if their right to refuse treatments is respected.

Inspectors will communicate **with staff:**

- to explore their understanding of promoting and maximising independence for people who use the service
- to explore their understanding of healthcare supports and needs
- to see how residents are facilitated to access the National Screening Service
- to examine their observation process on how changes in people's behaviour may indicate changes in health and wellbeing
- to examine their use of preventative strategies in areas such as constipation, urinary tract infections, malnutrition, pressure ulcers, falls, and disorientation
- to explore whether they recognise the importance of supportive therapies
- to establish how information is passed on from one shift to another and to other healthcare professionals
- to explore how they promote and maintain a high standard of evidence-based nursing care
- to examine if they are aware of professional guidelines set out by the Nursing and Midwifery Board of Ireland (NMBI); for example, medicines management guidelines and the professional code of conduct
- to explore their understanding of a resident's right to refuse treatment.

Through a review of documents (Regulation 6: Health care)

Inspectors will review documents such as:

- individual care records, including risk assessments and associated care planning records, wound management charts, weight management records and food and fluid records and so on

- a sample of care plans to determine if residents have access to the National Screening Service and are assisted in the decision-making process
- medical care records, including documentation where treatment is refused
- referrals and reviews, including specialist reviews and reports
- hospital passports, if they are in place
- other records such as medicines management documentation, national transfer document and restrictive practices and any other interventions
- daily nursing records
- records on medication errors, accident and incident reports to determine whether there were appropriate interventions, timely responses and care plan updates
- audits of care planning documentation, residents' questionnaires, surveys of people's satisfaction with the quality of healthcare they receive
- the annual review report and the quality improvement plan following this review.

Compliance indicators for Regulation 6: Health care

Some examples of indicators of compliance:

- there is evidence that residents are active participants in their healthcare choices and these choices are respected
- appropriate medical care and healthcare, including a high standard of evidence-based nursing care in accordance with professional guidelines issued by the Nursing and Midwifery Board of Ireland (NMBI), is provided
- evidence to demonstrate that residents are supported to make decisions regarding the National Screening Service and are facilitated to attend if they so wish
- evidence to demonstrate residents have access to medical and allied health services
- in so far as is reasonably practicable, a medical practitioner chosen by the resident or a medical practitioner acceptable to the resident
- medical treatment recommended by the medical practitioner and access to other healthcare services and treatments required are made available
- medical treatment agreed to by the person is made available to the person

- information is given to residents in an accessible format so they can understand the proposed medical treatment
- consent for or refusal of medical treatment is in compliance with capacity legislation, and documentation is available to support this decision-making process
- there is evidence that the provider and or person in charge has facilitated referrals to additional healthcare services and treatments in accordance with residents' care plans
- residents are supported to access recommended vaccines, in line with the national immunisation guidelines.

Some examples of indicators of substantial compliance:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, they do not result in a medium or high risk to residents
- while efforts are made, not all residents have access to a medical practitioner of their choice.

Some examples of indicators of non-compliance:

- care practices observed do not reflect the individualised and assessed health, personal or social care needs of the resident
- appropriate healthcare is not provided for the person using the service
- residents have not been supported to make decisions and are not facilitated to avail of the National Screening Service if they so wish to do so
- the medical practitioner is not acceptable to the person using the service
- medical treatment recommended for the resident is not facilitated
- consent has not been obtained in line with capacity legislation, where necessary.
- a high standard of evidenced-based care is not evident.

Guide for risk-rating of Regulation 6: Health care

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 7	Managing behaviour that is challenging
National standards (designated centres for older people)	**Standard 4.3** Each resident experiences care that supports their physical, behavioural and psychological wellbeing. **Standard 3.5** Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

What a rights-based quality service looks like

Responsive behaviour is about how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment. People working in the service recognise that behaviour is a form of communication and aim to support residents to acquire new and or different strategies to communicate their needs. Residents are encouraged to express their feelings and supported to manage any situation that impacts on their emotional wellbeing. Embedding a human rights-based approach to the management of responsive behaviour will ensure that the provider, person in charge and staff have robust procedures in place to respond to responsive behaviour by supporting residents and focusing on personalised care and promotion of human rights. Positive behaviour support (PBS) plans assist with understanding the reason for an individual's behaviour of concern, including the context in which it occurs. This is so that the person's needs can be better met, their quality of life enhanced, and the likelihood of expression of the behaviour of concern reduced. PBS plans holistically consider the person and their life circumstances, including physical health and emotional needs such as the impact of any adverse life events.

PBS plans consider the physical health, emotional and psychological needs such as the impact of any adverse life events and are developed with the resident and promote proactive and preventive strategies, including teaching new skills to help make informed choices where necessary, and are consistently implemented by everyone involved in supporting the resident. The provider and person in charge promote a positive approach in responding to responsive behaviour and ensure evidence-based specialist and therapeutic interventions are effectively implemented. Proactive strategies are employed in line with the informed consent of the resident and their behaviour support plan, as well as national and provider policies and are reviewed as part of the care planning process. Where the residents lack the capacity to give consent, procedures in compliance with the Assisted Decision-Making (Capacity) Act 2015 should be enacted. Management

and staff recognise behaviour as a form of communication and are aware that responsive behaviours such as agitation or aggression may arise due to an unmet physical, psychological, social or emotional need that cannot be verbally expressed. The behaviour needs to be understood on the basis of the function it serves for the resident and the reasons behind the behaviour. Behavioural and psychological symptoms of dementia (BPSD) are linked to responsive behaviour as these symptoms may result in expression of responsive behaviour. The service has adopted proactive strategies including assessing responsive behaviour , training staff, ensuring continuity of staff, and supporting individuals to develop skills that will assist them in understanding and managing their behaviour.

Such strategies contribute to enhanced quality of life, addressing individual needs before behaviour escalates and avoiding or reducing the use of restrictive practices. Assessment of responsive behaviour is essential to manage the behaviour and should aim to identify any physical, psychological, emotional, social or environmental factors that may trigger behaviour of concern. The person in charge ensures that the service uses an evidence-based assessment tool to gain a good understanding of the behaviour. A commonly used assessment method is the 'ABC' approach, where there should be a clear description of the behaviour, the situation in which it occurred and the consequence of the behaviour.

It is important that residents are supported to live meaningful lives while living in residential care. Part of living a meaningful life involves an element of risk. , The provider and person in charge should weigh the potential risk (injury) against the benefits to the person (enjoyment, learning new skills, retaining existing skills, and socialisation). Providers should not be overly risk-averse in this regard. If a person chooses to partake in something that involves a level of risk, and they are aware of these risks, then the provider should be supportive of their choice. Providers should undertake a full risk assessment to identify where they can mitigate the risks while still supporting the person to undertake the activity

Residents are encouraged to express their feelings and supported to manage any situation that impacts on their emotional wellbeing. There is clear, consistent and positive communication that helps residents to understand their own behaviour and how to interact in a manner that respects the rights of others. The person in charge and staff demonstrate that they have received appropriate training and have the necessary knowledge, skills and competencies to effectively implement positive behaviour support plans in response to responsive behaviour. Staff are familiar with these plans and have access to specialist advice and support to assist in developing and reviewing these plans and responding to responsive behaviour. Staff respond positively to responsive behaviour and implement the evidence-based policy for the centre in order to support residents who present with these behaviours. Systems are in place to ensure regular monitoring of the approach to

behavioural support, and staff do not engage in practices that are institutional and impinge on residents' rights.

The service continually works towards promoting a restraint-free environment, promoting residents' rights to autonomy, dignity, respect, fairness, and equality. Residents should be aware of any risks associated with restrictive practices to make an informed decision prior to consenting to their use. This information should be communicated in a way that they can understand.

Restrictive practices are an infringement of a person's fundamental rights to personal liberty and bodily integrity. In recognising this providers must not only be concerned with ensuring the appropriate use of restrictive practices in their centres. They should adopt a leadership role in promoting a restraint-free environment and implement a strategy that seeks to continually reduce or eliminate the use of restrictive practice

Any restrictive practice used should only be enacted by trained staff as a last resort when all other non-restrictive means have been exhausted and there is a serious risk of harm to the resident or others. When applied, the restrictive practice is the least restrictive option, is continually reviewed and is utilised for the shortest period of time. It should be in line with the agreed behavioural support plan and be proportionate to the risk of harm in accordance with rights-based care. The restrictive practice is clearly documented and is subject to review by appropriate professionals. If a restrictive procedure is required on more than one occasion, this is incorporated into the resident's behavioural support plan, with goals and timelines identified to reduce and or discontinue its use. This ensures that 'institutional' restraint does not happen whereby restrictions put in place continue as they are not reviewed. Safeguards should be in place to ensure that any decisions to impose restrictive practices are transparent, open to independent scrutiny and are reviewable by an independent body.

Restrictive procedures must be based on the provider's and national policies. The provider's policy for the centre is evidence-based and contains clear definitions of restrictive practices and reduction goals. The provider should identify a senior member of staff or committee to oversee reduction or elimination strategies on the use of restrictive practices.

Behavioural support plans are reviewed and updated where necessary in consultation with the resident in light of advice from other agencies such as the HPSC, HSE and Department of Health.

The provider and person in charge ensure that records are in place which support a clear distinction between therapeutic medicines and those used to manage responsive behaviour. Where medications are used to manage responsive behaviour, this is as a last resort after all other less-restrictive options are

exhausted. Staff know why residents are prescribed specific medication and the effectiveness of their use is monitored and reviewed regularly.

This forms part of the provider's proactive approach to continual quality improvement. Oversight and monitoring is carried out routinely and includes a review and analysis of data on the use of any restrictive practices to monitor trends and inform reduction strategies.

Evaluation of the effectiveness of positive behavioural support for each resident informs the continual quality improvement cycle, which in turn forms part of the annual review.

Further guidance is available in *Guidance on promoting a care environment that is free from restrictive practice*.

Regulation 7: Managing behaviour that is challenging

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- how staff interact with residents
- if staff positively support residents with responsive behaviour, how they respond to the responsive behaviours and what techniques they use to support residents to manage this behaviour
- if the management of responsive behaviour by staff reflects the residents' positive behavioural support plans
- whether staff respect and ensure residents' dignity, privacy and autonomy during responsive behaviour episodes
- are all residents treated fairly
- whether responses are in line with the provider's and national policy
- inspectors will observe the use of restrictive practices are in line with assessed needs.

Through communication

Inspectors will communicate with residents:

- to explore if they feel safe and well cared for
- to explore if they feel safe to raise issues with staff

- to determine if they have access to independent advocacy services as requested or needed

Inspectors will communicate with staff:

- to explore their knowledge and understanding of responsive behaviours
- to explore their knowledge of restrictive practices, therapeutic interventions and PRN medicines (medicines only taken as the need arises)
- to explore their understanding of assistive safety equipment
- to determine if they have up-to-date training on responsive behaviours
- to explore their understanding and knowledge of safeguarding and protection, including national policies
- to explore how they use assessment tools for responsive behaviour.

Through a review of documents (Regulation 7)

Inspectors will review documents such as:

- residents' risk assessments, including positive behavioural support assessments
- individual care records, including daily narrative nursing records
- medicines documentation and management, including PRN medicines
- records related to access to specialist services; for example, psychiatry, psychology, older persons services, psychiatry or multidisciplinary support reports
- accidents and incident records
- notifications submitted to the Chief Inspector
- restrictive practice records
- staff training records
- residents' questionnaires
- audits of assessments, care plans and positive behavioural support plans.

Compliance indicators for Regulation 7: Managing behaviour that is challenging

Some examples of indicators of compliance:

- appropriate supports are in place for residents with responsive behaviour
- where a resident's behaviour necessitates intervention:
  - every effort is made to identify and alleviate the cause of the resident's responsive behaviour
  - all alternative measures are considered before a restrictive procedure is used and
  - the least restrictive procedure, for the shortest duration necessary, is put in place in accordance with the provider's and national policy
- where required, therapeutic interventions are implemented with the informed consent of each resident and are reviewed in response to changing needs and at four-monthly intervals in consultation with the residents
- residents' behavioural support plans are implemented in practice
- staff have up-to-date knowledge and skills, appropriate to their role, to respond to responsive behaviour to support residents to manage their behaviour
- staff can differentiate between physical restraint and the use of aids recommended by health and social care professionals
- assessments and care plans for the management of responsive behaviours demonstrate appropriate records in accordance with up-to-date evidence-based best practice
- consent is obtained in compliance with capacity legislation for the use of restrictive practices and there is documented evidence of their use, duration, review and rationale for use
- use of responsive behaviours are audited, and these form part of the annual review and associated quality improvement plan, which informs improvements.

Some examples of indicators of substantial compliance:

- staff implement safe and appropriate practices, but the provider's policy on behavioural support does not provide adequate guidance to inform staff practice

- restrictive practices are used as a last resort and the least restrictive option is implemented; however, the policy on restraint does not give enough guidance to inform staff practice
- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, these gaps do not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

- restrictive practices have not been applied in line with the national policy on restraint and evidence-based practice
- person-centred behavioural support plans are not in place to support residents with responsive behaviour to ensure person-centred safe care
- staff have not demonstrated up-to-date knowledge and skills, appropriate to their role
- staff have not been trained in managing responsive behaviour or are unable to articulate their knowledge of the management of responsive behaviours, appropriate to their role
- reasons for using restrictive procedures are not clearly assessed or recorded
- the use of restrictive practices are not monitored, supervised and reviewed to enable learning to improve outcomes for residents, and this has an impact on residents' wellbeing
- staff have a poor understanding of the differentiation between (a) assistive equipment recommended by health and social care professionals to ensure the safety of residents and (b) restrictive practices
- practices observed and documentation reviewed demonstrates that when restraint is used, it is not used in accordance with national policy.

Guide for risk-rating of Regulation 7: Managing behaviour that is challenging

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 8	Protection
National standards (designated centres for older people)	**Standard 3.1** Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted. **Standard 3.5** Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy.

What a rights-based quality service looks like

Safeguarding is more than protecting people from abuse. Safeguarding is a holistic person-centre approach that ensures all residents living in designated centres for older people can live their life to the full, in an environment that meets their care and support needs, are supported by staff who are well informed and competent and that they are free from harm. The provider has procedures in place to ensure that every resident has the right to feel protected and safe from all forms of abuse (physical, sexual, emotional, financial, institutional, neglect and discriminatory).

Safeguarding measures are in place to promote and protect residents' human rights and their health and wellbeing. There is a strong culture of openness, reflection on care practices, and staff feel safe in raising concerns about inappropriate care practices. All concerns are taken seriously, reviewed and as appropriate investigated. Any resident that is subject of an investigation is provided with appropriate support and an independent advocate where required and or requested.

There is a clear focus on prevention, and residents are empowered to protect themselves. Staff recognise the importance of empathy and compassion and actively listen to the fears and concerns of residents.

Information is available in an accessible format to residents with regard to the procedures that are in place to protect them and what to do if they wish to report any safeguarding issues. Care and support is delivered in an environment where every effort is made to prevent the risk of harm. Residents make decisions about their lives and are supported to engage in shared decision-making about the care and support they receive.

The provider, person in charge and staff display a good level of understanding of the need to ensure residents are safe from harm. Safeguarding is discussed at all management and team meetings. Feedback is actively sought from residents about their safety and how able they feel in raising concerns about care practices.

There is an appropriate level of scrutiny and oversight to guarantee that safeguarding arrangements ensure residents' safety and welfare. To avoid any

conflict of interest, the designated safeguarding officer is not the person in charge. Safeguarding is about proactively protecting people. Each resident is informed of good safeguarding practices and is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Staff listen to residents and ensure their voice in heard to inform safeguarding protection plans.

All information and advice given to help residents protect themselves from harm is sensitive towards gender, ability and assessed needs. Information is also provided to a resident at risk about harm that they may be experiencing. If areas of risk are identified, individual safeguards are put in place in consultation with the resident which ensure this care and support is balanced and proportionate to manage or militate against the risk in order for the person to live a safe and fulfilling life. Residents are given information and supported to maintain their safety.

Residents are involved in developing their own safeguarding plans and their will and preferences are taken into consideration in the development of their safeguarding plan so that their voice is heard.

Staff and the management team understand and recognise that practices such as rigid routines and inadequate responses to complex needs may be institutional in nature and respond appropriately. The provider has ensured that the person in charge and staff are vigilant in recognising and reporting the signs of possible abuse. Best practice in safeguarding is shared with staff, which includes learning from case studies. The philosophy of care is based on the recognition of the worth of all residents using the service and that they will be supported to live in a dignified way. There is an atmosphere of friendliness and compassion, and resident's dignity, modesty and privacy is respected.

Safeguarding concerns are effectively identified in a timely manner and managed, and outcomes inform future practice. The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development opportunities and supervision. A restraint-free environment is promoted. Restraint is used in line with national policy and evidence-based best practice guidelines, ensuring it is the least restrictive option for the shortest period. A comprehensive risk assessment is completed prior to implementing restraint, and records are maintained in accordance with the legislation regarding restraint. There are audits of the service's approach to the use of restraint and protection of liberty and autonomy.

Clear policies and supporting procedures are implemented that make sure residents are protected from all forms of abuse, including financial. Residents are protected by practices that promote their safety, including:

- recruitment, selection, training, assignment and supervision of staff and volunteers in line with the statement of purpose
- the provision of intimate and personal support to people who require it and which reflects their preferences
- the implementation of effective communication, information sharing and collaboration with other services, agencies and professionals to develop and review individual safeguarding plans and address any safeguarding concerns for residents
- the duty of each staff member to report any past or current concerns for the safety of the residents living in the residential service or in any other setting
- access to independent advocacy services
- private access to other relevant people, such as family, advocates and external professionals
- clear and efficient reporting systems.

The provider, person in charge and staff understand safeguarding and are able to ensure residents are safe and free from harm. There is an appropriate level of scrutiny and oversight of safeguarding arrangements to ensure residents' safety and welfare. All allegations of abuse are dealt with in an effective manner and there is evidence of a zero tolerance approach to abuse and unlawful discrimination. Any resident that is subject of an investigation is provided with an independent advocate. Where concern exists, service providers have processes in place to assess capacity in accordance with legislation to enable consent. Where decision-making with a resident is not possible, assistive measures are consistent with the Assisted Decision-Making (Capacity) Act 2015.

Residents report that staff are kind and respectful, and they know staff by name. People are assisted and supported to understand abusive and neglectful behaviour, and they report that they can raise issues without fear and that their concerns are addressed. All concerns and allegations are investigated in an effective manner in line with legislative requirements. The complaints log will demonstrate appropriate and timely responses to people's concerns. People have access to independent advocacy services should they so wish.

There is a secure system in place to manage residents' finances. There are secure arrangements for residents' valuables and valued possessions.

Evaluation of the effectiveness of the safeguarding measures that are in place to promote and protect residents' human rights and to protect residents from all

forms of abuse comprises an element of the continual quality improvement cycle, which in turn forms part of the annual review.

The provider is proactive in continually promoting quality improvement and ensures that its quality improvement programme builds on the standard statements of the *National Standards for Adult Safeguarding* (2019) developed by HIQA and the Mental Health Commission. Oversight and monitoring of safeguarding practice is carried out on a routine basis.

This guidance should be read in conjunction with the *National Standards for Adult Safeguarding*, which are available on www.hiqa.ie.

Regulation 8: Protection

Examples of information and evidence which may be reviewed

Through observation

Inspectors will observe:

- verbal and non-verbal interaction of staff with residents and between staff
- how residents and staff interact with each other
- how the provider's policy on the prevention, detection and response to abuse is implemented in practice
- if there is a culture of openness or if the practices are institutional in nature
- if people are enabled to make choices regarding the risks associated with their care
- if interactions are meaningful or task-led
- how the rights of residents are respected and promoted
- the staff handover to see if staff speak about residents while ensuring residents' rights are protected and while protecting and respecting the residents' privacy and dignity.

Through communication

Inspectors will communicate **with residents:**

- to explore if they feel safe and whether they feel enabled to raise any issue
- to explore whether they have received information and advice that helps support them to understand what 'keeping safe' means, including how to report a concern and information about the local Gardaí (as part of their civil rights)

- to check if they have raised safeguarding concerns and to establish their views on the management of their concern
- to determine if their freedom is unnecessarily restricted and whether they have the freedom to make choices.

Inspectors will communicate with **staff:**

- to explore their knowledge and understanding of safeguarding and responsibilities regarding reporting
- to determine if their training is up to date and they know how to put this training into practice in order to safeguard residents from abuse
- to explore how they protect people from abuse, discrimination and avoidable harm, including breaches of their dignity and privacy
- with staff to explore their knowledge, understanding and prevention of institutional abuse.

Through a review of documents (Regulation 8: Protection)

Inspectors will review documents such as:

- individual care records with risk assessments, including restraint risk assessments
- records related to behavioural support, medicine management and PRN medicines
- minutes of residents' meetings
- the policy on safeguarding
- policy on complaints
- how feedback is sought from residents
- communication policy
- the daily narrative, staff handover reports and the unit diary records of safeguarding investigations
- records of any communication with the Gardaí, and or communication and advice received from outside organisations regarding the protection of residents, including the HSE Safeguarding teams and advocacy organisations
- accident and incident reports
- the complaints log
- residents' finances

- residents' questionnaires
- audits and satisfaction surveys
- the annual review report.

Compliance indicators for Regulation 8: Protection

Some examples of indicators of compliance:

- practices observed demonstrate that people are protected and safe from all forms of abuse
- residents report that they feel safe and protected
- consent is obtained for interventions, and people are facilitated to make informed decisions about their care in compliance with capacity legislation
- where restraint is used, it is only used
  - in accordance with current national policy and the capacity legislation
  - it is as least restrictive as possible and
  - assessment, care plans and management of the use of restraint is undertaken in line with legislative requirements and up-to-date evidence-based best practice guidelines
- staff have up-to-date knowledge and skills appropriate to their roles regarding protection and safeguarding people who use the service
- any incident or allegation of abuse is investigated
- where the person in charge is the subject of an allegation, the provider has investigated the matter or has nominated a suitable person to investigate the matter.

An example of an indicator of substantial compliance:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, these gaps do not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

- observation of staff interaction demonstrate that residents' rights to privacy, fairness, respect, equality, dignity and autonomy are not upheld
- residents are not protected from all forms of abuse

- staff are not familiar with the safeguarding policy and this policy has not been implemented in the centre
- staff do not have up-to-date training in safeguarding and protection
- staff are unsure of or do not know what constitutes abuse; they do not recognise abuse; they do not know how to respond to allegations of abuse; and they are uncomfortable reporting anything untoward
- incidents or allegations are not investigated effectively or there is no investigation following a safeguarding concern
- abuse allegations were not reported to the Garda Síochána when required
- any incidents, allegations, suspicion of abuse at the centre are not recorded
- where the person in charge has been the subject of an allegation, this has not been effectively investigated.

Guide for risk-rating of Regulation 8: Protection

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 9	Residents' rights
National standards (designated centres for older people)	**Standard 1.1** The rights and diversity of each resident are respected and safeguarded. **Standard 1.2** The privacy and dignity of each resident are respected. **Standard 1.3** Each resident has the right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services. **Standard 1.4** Each resident develops and maintains personal relationships and links with the community in accordance with their wishes. **Standard 1.6** Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines. **Standard 4.2** Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.
Infection prevention and control standards	**Standard 4.1** People are empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance.

What a rights-based quality service looks like

The provider has embedded a human rights-based approach in the service provided, which places residents at the heart of service and provides a person-centred approach that promotes empowerment and participation of residents in their own care, support and treatment plans. The culture in the centre is key to embedding a human rights-based approach and should be based on a shared-value system that respects each resident's uniqueness and supports their individuality. Residents' individual opinions are sought and listened to, and their views help define the service. The organisation promotes openness, and the human rights principles of FREDA — fairness, respect, equality, dignity and autonomy — are embedded in all aspects of the service. Residents are consulted with as to how they wish to be addressed and their views on this are respected at all times.

The provider plans and delivers care and support to reduce the risk of harm and promote each person's rights to health and wellbeing. Residents are provided with information in an accessible format on rights and are supported to understand their rights to ensure they are fully aware of all options regarding their care and support. The provider, person in charge and staff recognise the importance of residents understanding any proposed treatment or interventions offered to them. The resident's right to give consent is an important aspect of providing care and treatment. Residents are informed of their right to advocacy services, and advocacy services are facilitated to attend the centre if this is the residents' choice.

The provider, person in charge and staff give information and advice in an accessible format from agencies such as the HPSC, HSE and Department of Health to assist residents in making informed decisions and how this advice impacts on their rights. Residents are given opportunities to discuss their preferences and are supported to understand their options to make fully informed decisions. The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights to good health and wellbeing. Residents are provided with information on their rights in an accessible format and are supported to understand these rights in order to ensure they are fully aware of all options regarding their care and support.

The provider ensures staff receive training on a human rights-based approach so that they know and understand the rights of residents and that they support residents in upholding their rights. Where necessary, residents' rights are explained to family members. Staff are supported to be creative and flexible in their approach to assisting residents to live as they choose, to ensure that risk is assessed and that positive risk-taking by residents is supported.

Residents are supported to make informed decisions about their lives in a way which maximises their autonomy. The provider, person in charge and staff are aware of the the Assisted Decision-Making (Capacity) Act 2015, and processes are in place to assess capacity in line with this legislation. Each resident is presumed to have capacity to make their own decisions and is supported to make them. Decision-making ability is not judged based on age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs, or ethnic and cultural background.

When a decision is made with a resident about their care and welfare, the resident is at the centre of the decision-making process. Information should be made available to residents in a way that they can understand whenever any proposed action is being considered in order to support them to make informed choices and decisions. Only when all other supports have been exhausted is a particular decision taken on the resident's behalf. Where somebody is appointed by a person to assist a resident in the decision-making process, this must comply with relevant

legislation and include the resident's views and the views of any person who the resident wishes to involve — whether a family member, a friend or independent advocate. Any document or other record which a resident wishes to be taken into consideration should be considered as part of the decision-making process

Residents are supported to understand advice from agencies such as the HPSC, HSE and Department of Health and how this advice impacts on their rights. Residents are also supported with adjusting their choices when required as a result of such advice. Therefore, the provider, person in charge and staff retain a holistic view of the wellbeing of residents during outbreaks of infection. They are cognisant of residents' rights, and give due consideration that in seeking to shield them from infection, these rights are not infringed on to an extent or in a manner which is disproportionate to the risk identified. Social activity between residents is only limited on infection prevention and control grounds for individual residents when they are infectious or when temporary limits are required to manage an outbreak of infection. Providers support residents experiencing potential social isolation as a result of adherence to public health advice. Individual activities, tailored in so far as possible to the residents' needs and interests, are provided in place of group activities where necessary.

Residents using the service have freedom to exercise choice, in so far as such choices do not interfere with the rights of other people using the service. Residents have an opportunity to be alone as they choose and their privacy and dignity is respected in all aspects of their lives and at all times. Each resident is listened to with care and respect by staff and their views are taken into account in all decisions. Residents are facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents are encouraged and supported about how they choose to live on a day-to-day basis in line with their personal values, beliefs and preferences. As part of this, each resident is encouraged to work out a structure to their daily lives that best reflects their goals, activities and needs, and they are assisted in doing so if required. Residents are facilitated to exercise their civil, political and legal rights in line with their wishes, in so far as is reasonably practical.

Residents and visitors are informed of what they can do to prevent the spread of infection and keep themselves safe from infection. Residents are informed and provided with educational materials about the appropriate use of antimicrobial medications and vaccinations, so that they can make an informed choice. Staff receive training on a human rights-based approach and know and understand the rights of people using the service and support people in upholding their rights. Staff are supported to be creative and flexible to assist residents to live as they choose, ensuring risk is assessed and positive risk taking is supported. Residents feel safe and have freedom to exercise choice, in so far as such choices do not

interfere with the rights of other people using the service. Residents have an opportunity to be alone as they choose and their privacy and dignity are respected at all times.

Residents have opportunities and facilities to participate in meaningful activities in accordance with their wishes, interests, abilities and capacities and can choose to avail of community events and resources. All activities promote physical health, mental health, wellbeing and socialisation. Residents have access to current affairs, technology such as radio, television and internet and a telephone for private use and are facilitated and supported to keep in touch with their families and friends according to their wishes and with due regard to their safety.

Residents' meetings are held regularly and they are consulted with and enabled to participate in these meetings. These meetings should be facilitated by the residents where possible. Where this is not possible, the residents' meeting should be supported by an independent advocate. Staff members advocate for residents in the day-to-day running of the centre. Residents and their representatives can make a complaint or bring a concern to staff or the person in charge without fear of them and or their family or representatives and or visitors being adversely effected by reason of the complaint having been made.

Access to independent advocacy services[14] is available to residents including access to in-person awareness campaigns by independent advocacy services. Residents are informed of these services and supported to access them when requested or required. These services are available to residents in the designated centre and in private as required. The provider has systems and processes in place to ensure a review of how human rights have been embedded in its service takes place on a regular basis. This review is incorporated in the service's governance arrangements and is part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 9: Residents' rights

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- how staff and residents interact to determine if care and support is person-centred, taking account the residents' capacity and their ability to consent
- if staff ask for permission before entering residents' bedrooms
- the decision-making process to see if residents are actively involved and given the freedom to exercise autonomy, choice and independence
- how residents are supported to make decisions and if information is made available in a way that residents can understand; for instance, through one-to-one communication using the most appropriate technique for each individual resident
- if staff practice promotes residents' rights by supporting positive risk-taking
- if residents have access to radio, television, newspapers, internet and other media
- how residents' privacy and dignity is promoted and supported; for example, whether the design, layout and facilities supports privacy and dignity; and if closed-circuit television (CCTV) is in use, where it is located and how it is used
- how privacy and dignity is respected in regard to storage, display and use of personal information.

Through communication

Inspectors will communicate **with residents** to:

- establish if they can enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences
- discuss if residents can make choices about the services and supports they use and how they use them
- determine whether they can exercise their civil, political and legal rights, including the right to vote, attain an education, gainful employment and attend religious or spiritual services if they wish

- establish if they can access advocacy services and information on their rights in a way they can understand
- discuss if they are informed about infection prevention and control precautions that need to be taken and why these need to be taken
- determine if they know who to contact if they are concerned about acquiring or managing a healthcare-associated infection or would like to give feedback about infection prevention and control in the centre
- determine if they are informed about infection prevention and discuss if they know what precautions need to be taken and why these need to be taken if there is an outbreak
- explore if they are consulted with and participate in how the centre is operated
- check if they are aware that CCTV is in use, where applicable
- check that radio, television, newspapers, internet and other media are easily accessible for residents use
- check if a telephone can be accessed privately
- check the involvement of voluntary groups, community resources and events in the designated centre
- determine whether residents are given explanations when they need them and in a way that they understand.

Inspectors will communicate **with residents and staff:**

- to establish how consent is sought and how residents are involved in decision-making; for example, how decisions which restrict the resident have been made and how the resident may choose to spend their day.

Inspectors will communicate **with the person in charge:**

- to determine whether any restrictive measures implemented to prevent and control infection or colonisation are justifiable, transparent, flexible and open to review and modification where necessary in individual circumstances and at the point at which circumstances change.

Inspectors will communicate **with staff** to:

- determine their understanding of residents' rights and how they respect and support residents in upholding their rights
- explore their understanding and knowledge of capacity legislation and how they assist residents to make decisions

- determine how they facilitate residents to exercise choice in line with their interests and capacities, taking into consideration risk and culture
- determine how they support residents' privacy, dignity and confidentiality
- determine if they know how and under what circumstances information about a person's infection status is shared
- explore if they are consulted with and participate in how the centre is operated
- check if they are aware that CCTV is in use, where applicable
- determine whether residents are communicated with in a way that they understand

Through a review of documents

Inspectors will review documents such as:

- residents' assessments and personal care plans, including safeguarding records, capacity assessments and or risk assessments including infection prevention and control risk assessments
- policies on the provision of personal intimate care, behavioural support, restrictive procedures and restraint, record management and CCTV if it is in use
- the policy on the prevention, detection and response to abuse or allegations of abuse, including reporting of allegations of abuse to statutory agencies
- records of advocacy arrangements and visits
- record of complaints
- minutes of staff meetings and minutes of management meetings
- residents' questionnaires
- audits satisfaction surveys and quality assurance feedback results
- the provider's annual review.

Compliance indicators for Regulation 9: Residents' rights

Some examples of indicators of compliance:

- the provider promotes a human rights-based approach to health and social care services that upholds the residents' core human rights principles of fairness, respect, equality, dignity and autonomy
- the provider addresses any breach of rights promptly
- service planning and delivery is responsive to diversity, including age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs, and ethnic and cultural background of each resident
- the centre is managed in a way that maximises residents' capacity to exercise personal independence and choice in their daily lives and routines, and practices and facilities promote residents' independence and preferences
- residents are provided with facilities for occupation and recreation
- residents are supported to access advocacy services and information about their rights
- information is provided to residents in an accessible format to enable them to make informed decisions about their care
- residents are consulted on and kept informed of any infection control measures being taken and the reason for these measures during an outbreak
- providers strike a balance between the need to manage the risk of introducing communicable infectious diseases by people accessing the centre and their responsibility for ensuring the rights of residents to meaningful contact is respected and promoted
- personal care practices respect residents' privacy and dignity
- residents can have private contact with friends and family if they wish
- personal information in respect of each resident is respected and kept confidential, with information given to staff and others on a need-to-know basis only
- residents are consulted and participate in how the centre is run, and are informed of the daily arrangements in the centre
- residents are facilitated to exercise their civil, political and legal rights
- residents have access to radio, television, newspapers, internet and other media
- residents are enabled to engage in positive risk-taking within their day-to-day lives.

Some examples of indicators of substantial compliance:

- some practices do not promote or protect residents' individual rights, but these practices do not result in a medium to high risk to residents
- residents' rights are promoted in practice but appropriate information is not made available to residents about their rights.

Some examples of indicators of non-compliance:

- residents do not participate in and or consent to decisions about their care and support
- residents do not receive assistance where necessary to make decisions about their care and support
- residents are not supported to exercise their civil, political, religious rights, including rights to autonomy, independence, choice and equality
- there is no consultation with residents
- residents do not have access to a telephone which may be accessed privately
- residents do not have access to radio, television, newspapers, internet and other media
- residents are not consulted or participate in the organisation of the centre
- residents' views are sought but there is no evidence that they are acted on
- care is not provided to residents in a way that respects their privacy and dignity
- information about residents is not communicated privately by staff
- residents have no access to independent advocacy services
- residents are not facilitated to meet or have contact with family or friends in private
- activities are task-led by the routine and resources of the service rather than the residents or the residents' support needs and wishes.

Guide for risk-rating of Regulation 9: Residents' rights

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 10	Communication difficulties
National standards (designated centres for older people)[15]	**Standard 1.5** Each resident has access to information, provided in a format appropriate to their communication needs and preferences.

What a rights-based quality service looks like

The provider and person in charge demonstrate respect for core human rights principles by ensuring that residents can communicate freely and are facilitated to do so with appropriate assistance, including provision of bespoke communication aids according to their assessed needs. In order to ensure that residents' rights are respected, residents should be assisted and supported at all times to communicate in accordance with their needs and abilities.

A well-led service recognises that the ability to communicate effectively is fundamental to respecting residents' rights and for each resident's wellbeing, social relationships and quality of life. The views of residents are listened to, and where decisions are being made, residents are actively assisted to make informed decisions and to participate in the daily life of the service and in the community in accordance with their wishes. The FREDA principles of fairness, respect, equality, dignity and autonomy are recognised by staff and management as key to ensuring effective communication for residents.

Each resident's ability to communicate their needs and wishes and to be understood is a core value of a human being. In respecting this principle, providers need to ensure that residents are supported to understand all information relating to them and be supported to communicate their choices and decisions about their care and the way they choose to live their lives. There is a culture of listening to and respecting residents' views and consulting with residents on the day-to-day running of the service. Staff also advocate for residents, and residents are facilitated and supported to access external advocates when requested or whenever required. Residents are supported to communicate and have regular contact with their family, friends and people of their choice in a way that suits them, and with due regard for their welfare and safety. Where guidance as a result of a public health emergency impacts on the daily lives of residents and

[15] *National Standards for Residential Care Settings for Older People in Ireland* (2016)

their social connections, staff support residents to seek alternative arrangements to maintain social connections.

Supporting a resident to express their needs and wishes in whatever communicative format that suits them, and ensuring that this can be understood by staff and the management team, promotes the resident's right to be an active participant in decisions about their care and support. It involves providing information in a manner that is understood by the resident while also ensuring that the resident's means of expressing their thoughts and opinions can be understood and respected by staff.

Residents are provided with an opportunity to express their views, feelings, and specific needs in relation to the service and their care. Residents should choose how they wish to do this and this should be respected and supported by staff.

Residents are included in all aspects of their care. The service delivered to them should be inclusive for all and residents should not be excluded or discriminated against because of their disability in relation to communication. Efforts should be made to ensure residents can communicate freely in accordance with their needs and abilities.

Staff know each resident's communication requirements and are flexible and adaptable with the communication strategies used. Where assessed as appropriate, assistive technology and supports are in place for people who need them. Both staff and residents using supports have been trained in their use.

Residents have access to media in a format that is accessible to them. Residents are given information in a timely manner using formats and methods that they can understand.

The residents' guide, relevant national standards and inspection reports are made available to residents, and residents are supported to understand these documents. Residents know the service maintains personal information about them, and there are procedures in place to assist residents to access this information in line with legislative requirements.

The provider is proactive in continual quality improvement, where oversight and monitoring is carried out on a routine basis. Evaluation of effective communication with each resident forms part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 10: Communication difficulties

Examples of information and evidence which may be reviewed

Through observation

Inspectors will review:

- interactions between staff and residents to determine if people are supported to communicate in a way that enables them to be actively involved in decision-making
- whether staff communicate respectfully and effectively with residents and where supports are used, they are used appropriately
- all residents are communicated with in an accessible format specific to their assessed needs
- if residents' independence is promoted
- how staff communicate with each other.

Through communication

Inspectors will communicate **with residents**:

- to obtain their views and experience of how they are supported to communicate effectively
- to determine if they have the appropriate supports available, including appropriate assistive technology.

Inspectors will communicate **with staff:**

- to explore their understanding of effective ways to support people to be actively involved in decision-making, especially those with communication needs.

Inspectors will communicate **with staff and the person in charge:**

- to discuss any training regarding effective communication
- to discuss how residents are facilitated to communicate in accordance with their needs and abilities
- to determine if residents have access to specialist speech and language services.

Through a review of documents

Inspectors will review:

- care plans and assessments
- medical records, including referrals to allied health professionals
- communication passports
- alternative communication systems
- staff training records
- residents' questionnaires
- audits
- the annual review.

Compliance indicators for Regulation 10: Communication difficulties

Some examples of indicators of compliance:

- appropriate assessments have been completed of the communication needs of all residents and this has informed the development of the residents' care plans
- staff are knowledgeable of each resident's individual communication style and can understand and respect the choices that they make
- residents have access to bespoke assistive technologies to assist them with their communication needs and they and staff have been trained in their use
- residents are supported to communicate their needs and wishes in relation to their care and support in any format that is best suited to their communication style
- each resident is facilitated to communicate freely in accordance with the residents' needs and ability
- staff know how to communicate effectively with each resident and all other people in the centre
- staff interaction shows staff awareness of non-verbal cues and appropriate interventions to support residents.

Some examples of indicators of substantial compliance:

- while staff are familiar with and support residents' communication needs to a high standard, incomplete information is identified in the documentation; however, this does not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

- the core human rights principles of fairness, respect, equality, dignity and autonomy are not fully valued and residents are not assisted to communicate freely
- people using the assistive devices and or staff have not been trained in their use, which impacts on the residents' ability to be understood
- observation of staff interaction shows that staff do not know how to communicate effectively with each resident
- staff are unaware of the specialist communication needs of residents
- staff interaction shows staff members' awareness of non-verbal cues, but they do not respond or do not respond appropriately to the resident
- communication assessments have not been completed and care plans are not person-centred regarding the specific communication needs of individuals.

Guide for risk-rating of Regulation 10: Communication difficulties

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 11	Visits
Infection prevention and control standards	**Standard 1.1** People are provided with appropriate information and are involved in decisions about their care to prevent, control and manage healthcare-associated infections and antimicrobial resistance.

What a rights-based quality service looks like

The provider recognises that visiting is very important for the health and wellbeing of residents and their families, and that social interaction and personal relationships are fundamental to a fulfilled life. Each resident is enabled to develop and maintain personal relationships with family, friends and any other person of their choice and links with the community in accordance with their wishes and with due regard for their safety. Residents have autonomy to decide when to have visitors. Visitors are welcome in the service and encouraged to participate in the resident's life, if the resident so wishes. Residents' right to privacy, dignity and autonomy is respected and they have access to suitable communal facilities or a private space, other than their bedroom, in which to receive visitors, if they wish. Visits should not impact negatively on the other residents living in the service. Residents should have autonomy as to when they wish to have visitors. Where visitors attend the service, staff should check with the resident if they wish to see the visitor or visitors.

Providers are responsible for ensuring residents' right to meaningful contact is respected in line with regulatory obligations. Providers must have a written visitor policy that outlines the process for normal visitor access, access during an outbreak of a communicable disease, epidemic or pandemic and arrangements for residents to receive nominated support persons during any period of visiting restrictions. Restrictions on visiting should be the minimum necessary and for the shortest period of time to manage the level of risk. Access may be very limited for a period of time in the early stages of dealing with an outbreak of infection. Where there are restrictions on visiting, this should be under continuous review to ensure they are in place for the shortest period of time and residents should be informed of the outcome of these reviews and when such reviews are occurring. Any restriction on visiting should be justified by an up-to-date risk assessment.

Where there are restrictions on visits, residents are supported to have unrestricted visits from a nominated support person[16] in line with public health guidance and facilitated to maintain personal relationships in other ways and assistive devices and innovative ways of achieving this are made available to residents.

Staff and the management team engage with residents, and communicate clearly with each resident and relevant others regarding their rights with respect to visiting, the reasons for any restrictions, the expected duration of restrictions and who they can contact for support if they are dissatisfied. Service providers should make every practical effort to progress towards normal safe visiting as quickly as possible. There are no restrictions on visits for the convenience of the service. Staff are aware of the potential for institutional practices around visiting and are proactive in addressing any issues that may arise.

The provider maintains a directory of visitors that records the names of all visitors to the service and routinely monitors visiting arrangements. Evaluation of the effectiveness of visiting arrangements forms part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 11: Visits

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- whether visitors are welcomed to the centre, how visits are facilitated, and if the visiting arrangements are flexible
- whether there are notices on display in relation to visiting arrangements
- whether visiting is free from institutional practices
- staff interaction with residents to see if practice reflects effective ways of supporting people to exercise choice and control whenever possible
- if there are suitable communal facilities and private areas available for residents to receive visitors.

[16] A nominated support person is described in the HSE Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities.

Through communication

Inspectors will communicate:

- with residents to gain their views and experiences of visiting arrangements
- with the person in charge and staff about visiting arrangements
- with residents and staff to determine if the visiting arrangements are free from restrictions, and if restrictions are in place, to explore the rationale for these
- with residents to examine if they are involved in decision-making regarding visiting arrangements
- with staff to explore their understanding and responsibilities in relation to ensuring residents can maintain personal relationships.

Through a review of documents

Inspectors will review documents such as:

- visitor policy
- visiting arrangements to see if they are in line with the assessed needs of residents
- minutes of residents' meetings to determine if visiting is discussed
- residents' questionnaires
- evidence of implementation of capacity legislation
- annual review report.

Compliance indicators for Regulation 11: Visits

Some examples of indicators of compliance:

- the provider has a written visitor policy that outlines the arrangements in place for residents to receive visitors and includes the process for normal visitor access, access during an outbreak of communicable disease and arrangements for residents to receive nominated support persons.
- visiting is unrestricted, unless the resident has requested this or if the person in charge has deemed the visitor poses a risk to the resident or others
- if visiting restrictions are in place residents are supported to receive visits from their nominated support person
- residents can receive visitors in suitable communal facilities

- if required, residents can receive visitors in a suitable private area which is not the resident's bedroom.

Some examples of indicators of substantial compliance:

- there are inadequate suitable communal spaces for residents to receive visitors
- residents are facilitated to receive visitors but there is not enough private space for residents to use.

Some examples of indicators of non-compliance:

- visiting is restricted with no apparent rationale
- there is little or no documentation to support restrictions on visitors
- restrictions on visitors are made by staff with little or no input from residents
- suitable communal facilities are not available for a resident to receive visitors.
- on occasions when visiting is restricted residents are not facilitated to maintain communication links with family
- during an outbreak of communicable disease, epidemic or pandemic residents are not supported to receive visits from nominated support persons.
-

Guide for risk-rating of Regulation 11: Visits

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 12	Personal possessions
National standards (designated centres for older people)	**Standard 3.6** Each resident's personal property and finances are managed and protected.

What a rights-based quality service looks like

A well-run service recognises that possessions can enable residents to understand and express their self-identity. It is acknowledged that when a resident moves into a centre, they may leave behind a home filled with memories. To enhance the feeling of homeliness and assist the resident with settling into the centre, the provider and person in charge create an environment which encourages residents, including those using respite services, to bring with them items that are meaningful to them. Where such items may present risks to the resident and or others in the service, these risks are appropriately managed, taking an individualised and proportionate approach.

Individuality is expressed in our clothing, and each resident has the right to wear the clothes of their choosing. Residents have easy access to and control over their clothing, and adequate space to store it. Systems are in place to ensure that residents' clothing and other items are laundered regularly, and are returned in a timely manner.

Residents are encouraged and supported to make decisions about how their room is decorated, if they wish. Residents' personal possessions are respected and protected. Residents have control over and can manage their own personal possessions in accordance with their rights, needs and wishes. Each resident's bedroom is equipped with ample and secure storage for personal belongings and furniture.

There is adequate space for personal storage that includes secure storage for valuables and money. Residents are able to access their possessions and property as required or requested. Records of residents' possessions handed over for safekeeping or withdrawn from safekeeping are accurately maintained and are up to date. Information, advice and support on money management is made available to residents in a way that they can understand. Where a resident needs support to manage their financial affairs, assistance is provided in accordance with the Assisted Decision-Making (Capacity) Act 2015. Where required, the provider arranges for a financial capacity assessment to determine the level of support a resident requires to manage their finances independently and safely. Records of all residents' monies spent are kept in line with best practice and the provider has a comprehensive policy on managing residents' finances. Where residents have an

account in a financial institution and money is paid in by the provider or staff, this is done with the resident's consent. This account is a resident's personal account and is in resident's name and not used by the provider in connection with the business of the centre.

The provider recognises the importance of residents' property and how the loss or damage of such property could cause distress to the resident. Therefore, a range of measures have been implemented, including appropriate risk management procedures, the secure storage of residents' property, and education and supports for residents on how to maintain and keep their belongings safely. The provider has also put in place suitable arrangements to inform and reassure residents that the insurance in place covers loss or damage to their property. This is explained to residents in a way that they can understand and an opportunity is afforded to residents to ask questions.

Evaluation of the effectiveness of arrangements regarding residents' access to and control over their personal possessions, including personal storage facilities and laundry services, forms part of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 12: Personal possessions

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- how residents' finances are managed; for example, if there are legal, transparent and safe practices in place
- how laundry is managed
- if there is adequate safe and secure storage for personal property and possessions
- whether residents are afforded the opportunity to lock their bedroom door to protect their property.

Through communication

Inspectors will communicate **with residents:**

- about how their personal property and possessions, including finances, are managed to determine if they feel they have enough space for their belongings

- if there are secure arrangements for storing residents' belongings, if requested, including clothes, personal property and possessions
- to review facilities with the resident preferably and or staff to establish how they keep control over their own clothes, how laundry is managed, if clothes ever go missing, and, if so, if the clothes are returned
- to establish if staff ask for permission before entering residents' bedrooms
- to determine whether residents are afforded the opportunity to lock their bedroom door.

Inspectors will communicate with **the person in charge and staff:**

- to establish what measures are in place to ensure residents have access to and control over their belongings, including finances, and any supports that are in place
- if they have a clear understanding of residents' rights to retain control over their personal possessions and finances and to access information, advice and support in line with capacity legislation.

Through a review of documents

Inspectors will review documents such as:

- residents' questionnaires
- policies and records on residents' personal property, personal finances and possessions
- any records of complaints relating to personal possessions
- records of any allegations of financial abuse and associated investigations
- minutes of residents' meetings
- residents' satisfaction surveys
- the annual review.

Compliance indicators for Regulation 12: Personal possessions

Some examples of indicators of compliance:

- residents retain access to and control over their own belongings, where possible
- residents are supported to bring their own belongings into the centre
- where necessary, residents are provided with support to manage their financial affairs

- when required, residents' linen and clothes are laundered regularly and returned to the correct resident
- there is enough space for each resident to store and maintain clothes and other possessions
- residents are supported to manage their own finances, and where this is not possible, the provider supports the resident to do this and this is done in a safe way.

Some examples of indicators of substantial compliance:

- while there are appropriate policies, procedures and appropriate practices in place, there are some gaps in documentation but these gaps do not result in a medium or high risk to residents using the service
- residents are supported to keep their own belongings but the facilities do not enable them to have full control over these belongings
- not enough storage space is provided for residents' clothing and belongings
- residents' clothes are sometimes returned to the wrong resident
- while residents have access to and control of their property and possessions, some residents have not been provided with adequate support to manage their financial affairs.

Some examples of indicators of non-compliance:

- residents have little or no access to and or control over their personal property, possessions or finances
- residents' clothes and or linen are not laundered regularly
- residents' belongings and or money regularly go missing in the centre and are not returned to the resident
- the resident's consent is not sought when money belonging to the resident is paid into their personal account
- money belonging to the resident is paid into an account that is not in their name
- the resident's account in a financial institution is used by the provider in connection with the business of the centre.

Guide for risk-rating of Regulation 12: Personal possessions

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 13	End of life care
National standards (designated centres for older people)	**Standard 2.4** Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity. **Standard 2.5** Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.

What a rights-based quality service looks like

Providing end of life care for a resident is a privilege and ensuring the right care for each resident at the end of their life is fundamentally important. The provider ensures that an end-of-life care policy is in place which addresses the human rights of residents and the cultural aspects of good end-of-life care. A well-led service will ensure that end-of-life care planning includes a holistic approach for residents at their end of life, when maintaining their dignity and privacy is of the utmost importance. A named lead person for end-of-life care should be part of good governance in the centre. The person at the end of their life should be involved in decisions about their care, and their personal preferences need to be carefully considered in relation to physical, psychological and spiritual needs and any other individual needs important to them. Cultural values may influence decision-making about end-of-life care and where this is the case due regard must be given to these values.

Challenges in communication and fluctuating capacity for consent in decision-making in designated centres for older people requires a multidisciplinary approach involving the resident, their family, friends, advocates, care staff, a range of healthcare professionals and spiritual guidance if requested. Therefore, residents should receive timely and ongoing assistance, if they want it, to discuss and plan in advance for their care at the end of their life in order to enable the provision of high-quality care and support in line with their wishes. Staff should take a proactive approach to finding out about residents' wishes and this is done in a sensitive manner. Care is person-centred and based on the express wishes of the individual.

Goals for the delivery of these wishes are set in consultation with the resident and should include if the residents' wishes to be transferred to an acute care setting when their end of life is imminent or if they wish to remain in the centre. Assessment and care planning is responsive to the changing needs of the resident. If information needs to be shared, it is with the consent of the residents and only

a need-to-know basis. Information in an accessible format is only shared with family in line with the resident's expressed wishes. Staff support residents to make informed decisions in line with the capacity legislation, and staff respect these wishes. Specialist advice, such as gerontology, palliative care and psychiatry, may be used to inform this decision-making process.

Advance care planning discussions are an important aspect of person-centred care and are particularly important when a person has a life-limiting illness. Advance care planning is not a once-off task; it is a series of conversations which consider a wide range of end-of-life matters, from place of care, to place of death, to making funeral arrangements. Some residents might want to have family be a part of the discussion. An advance healthcare directive (AHD) is offered to residents in collaboration with the residents themselves, medical staff, the multidisciplinary team and significant others. These detail the type and extent of medical treatment a person would want or not want in the future, on the assumption that they will not be able to make that decision at the relevant time. Advance healthcare directives also give residents the opportunity to express their wishes about refusing life-sustaining treatment at a time in the future when they may not be able to make that decision for themselves.

Development of an advance healthcare directive means there is no decision-making burden placed on family members if a person's healthcare wishes and preferences are known to them. Such a directive is only used if, at the time a decision needs to be made, the person does not have decision-making capacity. Residents should be supported and enabled to actively participate in decision-making by having in place ways to meet the person's communication needs and providing bespoke assistive communication devices and professional interpreters, if required.

Treatment and care preferences should be documented at the earliest opportunity by use of electronic information-sharing systems that are accessible between different services and organisations. Staff recognise respect and facilitate requests from residents for the residents' family, advocates or representatives to help them understand and be involved in their end-of-life care. Staff give information to residents, their families and other carers regarding external organisations and advocacy services that can provide independent support and advice to residents and their families.

Staff who are assisting residents who are approaching their end of their life have the training and skills to sensitively carry out holistic needs assessments to ensure residents' needs are met. Staff should ensure that the end-of-life care planning process explores what spiritualty means to the resident, so that person-centred spiritual care is provided to help the resident achieve a sense of peace.

Staff should also be aware of the challenges facing family members and offer them regular opportunities to discuss their concerns. In keeping with the wishes of the person, flexible visiting arrangements should be in place. Family members may wish to be present with their relative as much as possible, including staying overnight.

Staff are trained in end-of-life and palliative care appropriate to their role in order to enable them to deliver compassionate and competent care. They understand the feelings of sadness, loneliness and possible abandonment that may be experienced by the resident and, to this end, they recognise the value of being with a resident to allay some of these feelings. Often, family members will need support and information relating to practical matters after the death of their relative. It is important that staff know the pathway of care following a death so that they can provide the information required.

Evaluation of the effectiveness of assessments, care plans and care at the end of life comprises an element of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 13: End of life care

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- whether staff interaction with residents is mindful and respectful of their dignity and privacy
- whether residents are comfortable
- if staff respond to call-bells in a timely fashion
- whether staff actively interact with residents and if the emotional wellbeing of residents is acknowledged
- the interaction of staff with family and friends
- whether there is access to a single room, specialist facilities and or family facilities
- whether there is access to a quiet space for residents, and family
- whether equipment and supplies for the provision of pain management are maintained and stored appropriately.

Through communication (Regulation 13: End of life care)

Inspectors will communicate **with residents:**

- to explore how their views, wishes, decision-making, control and choice are supported and sought to determine whether they have timely access to a general practitioner (GP), specialist services, pain relief and management of symptoms
- to examine if they have access to information about their care to help them make informed decisions
- to determine if their right to refuse treatment is respected
- to determine if their cultural and spiritual needs are provided for.

Inspectors will communicate **with staff:**

- to explore their understating of capacity legislation
- to examine their understanding of their role and responsibility in relation to:
    - finding out residents' wishes and preferences for end-of-life care and recognition of the value and significance of advanced care planning
    - respecting individuals' decisions, including decisions to refuse intervention
    - pain and or symptom relief and how this is monitored and managed
- to explore how they respect the privacy and dignity of the person and how they are supported in this role
- to explore if staff levels and skill-mix are reviewed with the changing needs of residents
- to determine if they have completed training appropriate to their role in end-of-life care.

Inspectors will communicate **with staff and the person in charge:**

- to examine access to resources for residents; for example, specialist equipment, specialist reviews, access to advocacy and pastoral services
- to discuss how the provider supports residents' families, other residents in the centre and staff when someone dies
- to discuss if they understand the relevant consent and decision-making requirements of current legislation and guidance
- to discuss how the service makes sure that it quickly identifies residents in the last days of life whose condition may be unpredictable and may change

rapidly and, where required, that people have rapid access to support, equipment and medicines

- where a resident's health deteriorates, that their expressed wishes with regard to communicating with family or any other expressed wishes is actioned.

Through a review of documents

Inspectors will review documents such as:

- residents' care notes, which should include end-of-life care assessments and plans, assisted decision-making records and advanced care planning
- medical notes and possible specialist referrals such as palliative care specialist and or nurse specialist
- evidence of ongoing consultation regarding the care of residents
- medicine management records to explore symptom-relief management
- verbal and non-verbal pain monitoring tools
- records of people who have died to determine if their wishes were sought and adhered to
- staff training records; for example, end-of-life care, palliative care, training in specialist equipment such as a syringe driver (syringe drivers are used to manage symptoms, such as pain, nausea and vomiting, agitation and respiratory secretions, continuously delivering medicines under the skin to help manage symptoms in a comfortable way).
- residents' questionnaires.

Compliance indicators for Regulation 13: End of life care

Some examples of indicators of compliance:

- people's preferences and choices for their end-of-life care and where they wish to die are recorded, communicated to all concerned and kept under review
- the provider and or staff involve the residents and, with their consent, family members in the planning and decision-making about a person's end-of-life care

- the provider and or staff members ensure that people receive effective pain and symptom management with input of palliative care specialists
- where residents are unable to speak or communicate their needs, close observation and communication with all staff, families and specialist staff is undertaken to ensure effective pain and symptom management
- the provider and or staff quickly identify people with changing and unpredictable needs in the last days of life so that they have rapid access to appropriate care and treatment and any wishes the resident has expressed are actioned
- the provider and or staff support other people involved in a person's end-of-life care, including family members, friends and staff
- the provider and or staff provide dignified and culturally appropriate end-of-life care and care after death
- care is based on individuals' expressed wishes, which are documented
- information is given to the individual is an accessible format to enable them to make informed decisions
- residents have the right to refuse treatment, and this right is respected
- residents are assisted to make decisions in line with capacity legislation, where relevant.

An example of an indicator of substantial compliance:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, these gaps do not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

- appropriate care and comfort could not be implemented at end of life as no care plan had been developed to guide staff in the provision of appropriate care and comfort to residents
- residents did not receive pain medication in a timely way as care plans for pain management, to include medication prescribed by a doctor, were not in place
- care staff are aware of people's end-of-life care needs but do not always respond appropriately to meet the resident's needs; for example, support, equipment and medicines are not always provided in a timely way to protect residents' care and welfare

- residents' wishes and preferences have not been documented; consequently, end-of-life care was not person-centred
- end-of-life care assessments and care plans were not revised following consultation with the person concerned and, where appropriate, the resident's family
- information was not made available to residents to enable them to make informed choices regarding their care at the end of their life
- residents' right to refuse treatment was not respected
- residents are not assisted to make decisions in line with the Assisted Decision-Making (Capacity) Act 2015
- consent has not been sought from the resident regarding involvement of their family in their care
- there are poor or no facilities for families during end-of-life care delivery
- following the death of the person, arrangements are not in accordance with the person's wishes or the person's wishes are unknown as staff had not sought their wishes in a timely manner.

Guide for risk-rating of Regulation 13: End of life care

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 17	Premises
National standards (designated centres for older people)	**Standard 2.6** The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs. **Standard 2.7** The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.
Infection prevention and control standards	**Standard 2.2** Care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.

What a rights-based quality service looks like

The provider recognises that the premises have a significant impact on residents' quality of life, including their changing needs over time. Therefore, premises must be suitably built and furnished to support residents' existing mental health, physical health and overall wellbeing, as well as their long-term requirements. The provider ensures that the premises, both internally and externally, are of sound construction and kept in good repair, and will complement fire safety and infection prevention and control in the centre. The provider will ensure that all areas of the centre used by residents and staff — including ancillary facilities such as sluice rooms, staff changing facilities, clean utility rooms, laundry facilities and housekeeping rooms — are clean and well maintained.

A well-run service supports the quality of life of all residents at the various stages of their life, within an environment where they have the support and freedom to live full and meaningful lives.

Where possible, the provider has ensured that the premises are centrally located in a community with access to local amenities, services and public transport and that residents' autonomy to engage and connect with the community is supported. Furthermore, a high quality of life is experienced by residents as the premises have the capacity to facilitate internal and external activities.

The provider uses universal design to create an environment that provides all residents with equitable access to the services and facilities that it offers and is used to the greatest extent possible by all the residents, regardless of age, ability or disability.

The provider has also identified that air quality, noise, light and crowding are some of the environmental factors that are important for quality of life. As a result, the provider has created a healthy, calm and relaxing environment for residents to enjoy good air quality, acoustics, lighting, views and contact with nature. In order to accommodate future information and communications technology (ICT) developments, the provider has also ensured that the building is enabled for telehealth[17] equipment, both in terms of hardwiring and provision of Wi-Fi.

The provider ensures that the premises offer spaces for residents to spend time alone if they wish and that it promotes their privacy and dignity. For instance, appropriate fixtures and fittings are in use and private space is available to speak with visitors without disruption.

The service has its own special features and layout depending on the building and the needs of the residents who live there. The design and layout of the premises — including any modifications — ensure that each resident can enjoy living in an accessible, safe, comfortable and homely environment where their individual rights and privacy are respected. This enables the promotion of independence, recreation and leisure and supports a high quality of life for all who live there.

The residents' personal requirements are known and in so far as is possible the premises provide for flexibility in use, accessibility and adaptability. The provider recognises that a homely and accessible living environment helps to provide a 'home-like' environment that promotes activities of daily living and encourages residents to undertake everyday tasks. The provider explores opportunities to balance risk management with the homeliness of the centre and the residents' wishes for their own homely environment.

The living environment is stimulating and provides opportunities for rest and recreation. Each resident participates in choosing equipment and furniture in order to make it their home and can access appropriate professional advice in selecting equipment that facilitates functional activity and promotes independence. Assistive technology is accessible and residents are supported and encouraged to use their own technologies that they are familiar with. The provider understands the benefits of technology such as augmented reality (AR) and virtual reality (VR) for immersive connection with loved ones and for visiting spaces that are otherwise inaccessible, and where appropriate, has adopted these technologies.

[17] Telehealth is defined as "the use of communications technologies to provide health care at a distance". Examples include consultations with doctors, remote patient monitoring which sends health data to doctors, and the use of sensors to detect emergencies.(9)

There is appropriate signage and colour schemes to orientate people and minimise confusion or distress. Where there is a requirement for infection prevention and control signage, this is managed in a discreet manner. The centre is clean, appropriately heated and free from unpleasant smells. There are suitable and sufficient communal spaces, private spaces and safe freely accessible outdoor spaces for people. Where there are shared bedrooms, these are equipped and laid out to ensure the privacy and dignity of residents at all times. Each resident participates in making the centre a home, and they define what homely is for them. There are facilities for safekeeping of valuables and valued possessions. Consideration is given to signage and notices used in the centre to ensure the look and feel of the premises is not institutional.

There is suitable equipment available which promotes residents' independence. Equipment is in safe working order and maintained appropriately. Equipment is stored in a discreet and safe manner to reduce institutionalisation of the premises. Adaptations such as ramps, passenger lifts and grab rails are in place to promote people's independence. When redecoration or extensions are planned for the centre, they are done in consultation with residents.

There are adequate numbers of sanitary facilities, and residents have access to conveniently located bathrooms, toilets and showers. The temperature of the water is thermostatically controlled. Appropriate sluicing facilities and laundry facilities are available, and these facilities are in compliance with infection prevention and control guidelines. All vehicles used to transport people are roadworthy, regularly services, insured, equipped with safety equipment and driven by people who are properly licensed and trained.

Quality outdoor space is available that provides direct access to nature, space to exercise, fresh air and exposure to natural light. The outdoor space is readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. Residents have their say in the decoration of the garden. Residents can access and use available spaces both within the centre and garden without restrictions. There are also security arrangements in place which ensure residents are safe and secure without compromising their rights, privacy and dignity.

The provider has ensured that the level of security used is appropriate to the individual residents and to the service being provided. Where closed-circuit television (CCTV) is used, it does not intrude on people's privacy and its use is informed by current relevant legislation. Residents are informed of its use and its retention timescales.

The provider risk-assesses the centre in light of any advice from other agencies such as the HPSC, HSE and Department of Health and supports residents to make any changes to their environment which enables them to adhere to such advice.

The centre is maintained in a way that enables effective cleaning and compliance with infection prevention and control best practice, appropriate to the service provided. Furniture, surface finishes and other fixtures and fittings are clean and regularly disinfected, to minimise the risk of transmission of infection.

Before starting any extensions to the centre or in advance of building a new centre, the views of residents and staff are sought regarding what works well and what they would like to see improved. Noise levels are monitored to ensure there is no negative impact on residents, especially during any renovations or extensions. The provider also ensures that all relevant fire safety and building control regulations, infection prevention and control requirements, as well as applicable guidance and codes of practice have been considered in the design stage and are complied with in full. Once construction begins, the impact of the building on the safety and wellbeing of residents is continually assessed, such as infection prevention and control, dust and noise levels, impact on fire safety arrangements and impacts on residents' quality of life.

Environmental health officer (EHO) reports are available, and remedial actions are completed following advice and direction from the EHO.

The provider is proactive in continual quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of how the premises meet each resident's needs and wishes informs the continual quality improvement cycle, which in turn forms part of the annual review, in compliance with the regulations.

Regulation 17: Premises

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- the centre internally and externally to determine if the design, layout, accessibility and adaptations positively affect the quality of life of residents, taking into consideration the specific needs of residents accommodated
- are the premises promoting residents' right to privacy, dignity and autonomy
- whether all areas of the premises are clean and well maintained
- whether surfaces and finishes are easy to clean

- whether there is sufficient space for activities to take place and to avoid cross-contamination between adjacent bed spaces in multi-occupancy rooms
- whether there is adequate lighting and heating
- if residents can lock the bathroom and their bedroom doors if they wish
- if private space is available for residents to speak with visitors without disruption
- if signage is in place and if so does this promote the privacy, dignity and autonomy of residents
- if the location of sluicing facilities minimises travel distances for staff from resident rooms to reduce the risk of spillages and cross-contamination
- whether there is adequate ventilation in all areas consistent with comfort
- if residents can move unimpeded around the centre, taking into account factors such as accessibility and whether any alterations have been made and whether these enhance residents' quality of life and safety
- the placement of CCTV systems
- if CCTV is in use in the centre and if so does this impinge on the rights of residents.

Through communication (Regulation 17: Premises)

Inspectors will communicate **with residents:**

- to gather feedback about the design, layout and accessibility of the premises both internally and externally and if it enhances their lives and promotes their independence and enjoyment
- to determine if they happy with the decor and have their views been included in any redecoration
- to determine if the lighting and heating is appropriate throughout the centre
- to explore if there is adequate signage to orientate them and assist in them being able to remain independent
- to determine if they are aware of CCTV in the centre.

Inspectors will communicate **with residents and staff:**

- to explore if they were consulted about proposed changes to the structure or layout of the premises.

Inspectors will communicate with **staff and the person in charge:**

- to determine whether infection prevention and control expertise is sought at the outset of any changes to the structure or layout of the centre
- to determine if the size and layout of the premises are suitable for its stated purpose
- to explore if there are adequate storage facilities
- to examine if there are appropriate staff facilities
- to determine if there is adequate secure outdoor space for residents.

Through a review of documents

Inspectors will review documents such as:

- maintenance records, risk management records and minutes of meetings to establish if issues about the premises had been raised and addressed
- audits of environmental cleanliness
- cleaning records
- accident and incident records to establish if there are related to the premises
- minutes of residents' meetings to determine if residents were consulted about changes to their environment
- residents' questionnaires
- the annual review report.

Compliance indicators for Regulation 17: Premises

Some examples of indicators of compliance:

- the premises are appropriate to the number and needs of residents and in accordance with the statement of purpose
- the design and layout of the centre meets the needs of all residents and promotes their independence

- suitable adaptations and equipment are in place to support residents
- there is suitable, safe and secure outdoor space for people
- the centre is clean, safe, secure and well maintained with appropriate lighting, heating and ventilation
- there are adequate communal and private spaces other than bedrooms
- bedrooms are a suitable size to meet the needs of all residents
- privacy in multi-occupancy bedrooms is provided
- emergency call facilities are available in all bedrooms and all rooms used by residents using the service
- there is suitable storage space in the centre
- there is a separate kitchen with suitable and sufficient equipment for the service
- ancillary areas including sluice rooms, staff changing facilities, clean utility rooms, laundry facilities, catering, storage facilities and housekeeping rooms are of an acceptable standard to support effective infection prevention and control in line with best practice
- staff have access to appropriate equipment in sluice rooms, such as bedpan washer disinfectors or macerators, that is appropriately installed and maintained and which can be repaired promptly
- cleaning equipment is well maintained clean and in good repair
- cleaning schedules are in place that outline responsibilities of staff, roster of duties, the frequency of cleaning required and the products that should be used to clean specific areas
- residents are protected from the risk of scalding
- there is sufficient piped hot and cold water
- there are sufficient assisted toilets, showers, baths and commodes in relation to the number and needs of people
- there are appropriate sluicing facilities
- there are adequate laundry facilities.

Some examples of indicators of substantial compliance:

- shortfalls are identified in the design and layout of the centre; however, these do not result in a medium or high risk to people using the service
- the premises have not been maintained but this does not have a medium or high impact on the quality and safety of care for residents.

Some examples of indicators of non-compliance:

- the premises are not laid out to meet the needs of residents
- there is no suitable outdoor space for people or, where there is outdoor space, it is unsuitable, unsafe or insecure
- care is not provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection
- lighting is inadequate for the safety of residents
- heating is inadequate for the comfort of residents
- there are inadequate communal and private spaces other than bedrooms
- bedrooms are inadequate in size to meet the needs of residents and to enable them to retain control over their possessions and clothing
- privacy in multi-occupancy bedrooms is not assured
- emergency call facilities are not available in all bedrooms and all rooms used by residents
- the kitchen is unsuitable or there is insufficient equipment for the service to ensure that food is prepared in compliance with food safety legislation
- daily food safety records are not maintained in line with legislation and or remedial actions are not completed following advice and direction from the environmental health officer
- thermostatic control valves are not in place to protect people from the risk of scalding
- there is insufficient hot and cold water
- there are insufficient assisted toilets, showers, baths and commodes
- sluicing facilities and or laundry facilities are not appropriate for the service or to support effective infection prevention and control
- the floor space area provided for a resident on the day that the 2016 regulations came into operation has been reduced.

Guide for risk-rating of Regulation: 17 Premises

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 18	Food and nutrition
National standards (designated centres for older people)	**Standard 2.2** Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.

What a rights-based quality service looks like

A well-led service ensures that mealtimes are protected for residents and that meals and mealtimes are part of a sociable pleasurable day. There is an acknowledgement by the provider that good nutritional care, adequate hydration and enjoyable mealtimes are central to maintaining health, wellbeing and independence. Each resident is offered and has access to adequate quantities of food and drink at all times that is properly prepared, cooked and served; the food is wholesome and nutritious. Residents have access to fresh drinking water at all times, and this is within their reach when they are in bed and when sitting out. Residents are assisted with their meals in a respectful and dignified manner when necessary.

The dining environment is one where residents are supported to enjoy their meals in a relaxed atmosphere. Residents are enabled to choose where they dine and with whom, and this choice is respected. Choice is offered at mealtimes and takes account of special dietary requirements. Special meals are presented in an attractive and appealing manner. People have input into menu development, and menus are displayed daily in an accessible format and in appropriate locations so that people are reminded of their daily choice. Communication of menu choice to people with visual impairment or other communication needs is facilitated. Family and friends are facilitated to assist their relative at mealtimes with due regard for the privacy and dignity of other people. Opportunities are provided for residents to dine with their families on special occasions.

Food and nutrition are elements of a holistic approach to residents' health promotion, and residents are encouraged to be actively involved and engaged in healthy eating decisions. Residents' choices regarding food and nutrition are respected even if they appear to be unhealthy, but this is supported by referrals to specialist personnel so that residents are made aware of the consequences of their decisions and make informed decisions. Staff understand the nutritional needs of residents and are knowledgeable regarding the management of malnutrition. Malnutrition is addressed in a timely and appropriate manner. Weight and nutritional status of residents are assessed on admission and monitored as changes occur to protect their health, using a validated nutritional screening assessment tool with residents' consent. Food and nutritional assessments are not

considered in isolation; rather a holistic approach is adopted to the care and wellbeing of residents.

Residents are supported by a coordinated multidisciplinary team, such as speech and language, dietician and dental services as required. Staff adhere to advice and expert opinion of specialist services, including therapeutic and modified consistency dietary requirements. Accurate food and fluid balance records are maintained when necessary. Assessments and care plans are updated in response to the changing needs of the resident and in compliance with the regulations.

Oral and dental care needs are assessed and met, and access to dental services is available. There are systems in place for preventing dehydration and constipation. Staff have up-to-date training, knowledge and skills in assessing and supporting people with eating and swallowing difficulties, oral care, malnutrition and disease-specific diagnoses, such as renal function and diabetes. Staff are knowledgeable about co-existing medical conditions and medications that may negatively affect the nutritional status of the resident and respond appropriately to mitigate the effects of these. Specialist advice with regard to the specific nutritional care needs of residents with dementia forms part of the training for staff.

Evaluation of the effectiveness of meals, mealtimes, snacks and fluids on the health and wellbeing of residents comprise an element of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 18: Food and nutrition

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- the dining experience for residents and the availability and frequency of snacks and fluids throughout the day
- if there are adequate staff to meet the needs of residents at mealtimes
- if residents are offered a choice at snack and mealtimes
- food is available at all times to residents
- time gaps between meals are appropriate
- meals are served at appropriate times that reflect when the resident lived in the community
- if residents' choices are respected regarding:
  - where they dine
  - where to sit
  - who to sit with and

- their meal choice and the times that meals are served throughout the day
- whether timely support and assistance are given to residents at mealtimes
- residents' access to fresh drinking water
- if specialist dietary arrangements are facilitated
- if mealtimes are relaxed, enjoyable and social occasions
- if menus are appropriately displayed in an accessible format
- if dining rooms are pleasant places to eat.

Through communication (Regulation 18: Food and nutrition)

Inspectors will communicate with **residents:**

- to explore their experiences of meals and mealtimes and the quality, choice, temperature and accessibility of food
- to determine if they are supported effectively with their meals and snacks throughout the day and night
- to explore if they have to wait to be supported and or assisted with their meals
- to determine if they have access to fresh drinking water at all times and if it is within their reach when in bed and when sitting out
- to explore if they choose where to dine and with whom they dine.

Inspectors will communicate with **kitchen staff:**

- to explore how information about residents' preferences and choices is shared with the kitchen staff and if they are aware of specific diets and consistencies of food and fluids for residents
- to explore if they been trained in consistencies of food, presentation of food and special diets.

Inspectors will communicate with **staff:**

- to examine how they ensure meals and mealtime are a pleasant experience for people and if they undertake satisfaction surveys of residents on their meals and mealtime
- to explore the management and care of percutaneous endoscopic gastrostomy (PEG) tube feeding, if this is relevant in the centre.

Through a review of documentation

Inspectors will review documents such as:

- individual care plans, assessments (nutritional, oral and dental), weight management records
- healthcare records, including dietician referrals and reports, speech and language referrals and reports
- medicines management records to examine prescribed supplements and PEG tube fluids and flushes where relevant
- fluid balance charts to determine if they are maintained when necessary
- staff training records regarding food consistencies, food preparation, cooking and storage, and diabetic and tracheostomy care where relevant
- complaints logs and minutes of residents' meetings for food and nutrition, including issues raised and remedied
- residents' questionnaires
- resident satisfaction surveys
- the annual review report
- EHO reports
- comprehensive policy for monitoring and documentation of nutritional intake.

Compliance indicators for Regulation 18: Food and nutrition

Some examples of indicators of compliance:

- a nutritional assessment is in place in line with the resident's care plan
- care plans are formally reviewed at intervals not exceeding four months and in response to the residents' changing needs
- people have access to a safe supply of fresh drinking water at all times, and these fluids are within their reach
- choice is offered at mealtimes and adequate quantities of food and drink are provided which are properly and safely prepared, cooked and served, including specialist consistency meals
- meals are wholesome and nutritious and meet the dietary needs of residents
- meals, refreshments and snacks are provided at reasonable times

- there are adequate staff to support and assist people with their meals and refreshments.

Some examples of indicators of substantial compliance:

- while it is evident that nutritional care is delivered to a high standard, gaps are identified in the documentation, but these do not result in a medium or high risk to residents
- food is nutritious, varied and plentiful, but occasionally there is limited choice and sometimes residents' preferences are not taken into consideration.

Some examples of indicators of non-compliance:

- a nutritional assessment is not in place in line with the person's care plan and or the care plan is not formally reviewed at intervals not exceeding four months and in response to the person's changing needs
- changes are made to the resident's food and nutrition care plan — for example, modified consistency — without consulting the resident about this decision
- residents' weights are not monitored on a regular basis in accordance with residents needs
- staff do not respond to risk indicators such as sudden weight loss or prolonged malnutrition
- people have limited or no access to a safe supply of fresh drinking water at all times and or staff do not ensure that these are within their reach
- little or no choice is offered at mealtimes and or adequate quantities of food and drink are not provided
- food and fluids are not properly and safely prepared, cooked and served, including specialist consistency meals
- there are inadequate staff to support and assist residents with their meals and refreshments.

Guide for risk-rating of Regulation 18: Food and Nutrition

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 20 Information for residents

What a rights-based quality service looks like

The residents' guide aligns specifically with the provider's statement of purpose, residents' rights, communication, visits, and the contract for the provision of services. It also aligns with the complaints procedure and details regarding independent advocacy services. The provider involves residents in producing the residents' guide where possible.

The provider ensures that the residents' guide contains information which is up to date, accurate, complete, and relevant to residents. The information is presented in an appropriate format that is accessible, and where necessary, staff support residents to understand the information. Residents are happy with the information provided to them and how it is provided. Provision of information to residents is seen as a continual process and not one that is only relevant at the point of moving into a centre.

Evaluation of the effectiveness and value of the residents' guide informs the continual quality improvement cycle, which in turn forms part of the annual review.

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- whether or not the residents' guide is available to residents
- if the residents guide is available in an accessible format
- is the residents guide reflective of the current practices in the centre.

Through communication

Inspectors will communicate **with residents**:

- to explore their views and experiences of accessing information about the centre
- to establish if they were involved in developing the residents' guide
- to determine if they have a copy of the residents' guide and if it is accessible to them

Inspectors will communicate **with nominated persons, family, carers or advocates**:

- to examine their views on obtaining relevant information.

Inspectors will communicate **with staff**:

- to explore their views on giving information and if they respect the rights of people to have access to information.

Inspectors will communicate **with the person in charge and staff**:

- to determine if they are familiar with the content of the residents' guide.

Through a review of documentation

Inspectors will review documents such as:

- the residents' guide to ensure it complies with the relevant regulation to include information on visiting arrangements, the complaints procedure and advocacy arrangements in the centre
- that a copy of the current version is available in an accessible format
- care plan documentation regarding information given on admission and subsequently
- contracts for the provision of services
- the annual review report
- residents' questionnaires.

Compliance indicators for Regulation 20: Information for residents

Some examples of indicators of compliance:

- a centre-specific residents' guide is available
- the residents' guide is available to residents in an accessible format
- the residents' guide includes a summary of the service and facilities in the centre; the terms and conditions relating to living in the centre; the complaints procedure; and arrangements for visits.

Some examples of indicators of substantial compliance:

- a centre-specific residents' guide is available but there are gaps in the information; nonetheless, people have access to relevant information about living in the centre.
- while there is a residents' guide, it is not available to all residents or it is not in an accessible format.

Some examples of indicators of non-compliance:

- no residents' guide is available
- there are substantial gaps in the information in the residents' guide and, therefore, residents have limited information about the services and or facilities available to them.

Guide for risk-rating of Regulation 20: Information for residents

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange

Regulation 25	Temporary absence or discharge of residents
Infection prevention and control standards	**Standard 8.1** Information is used to plan, manage and deliver care that is in line with safe and effective infection prevention and control and antimicrobial stewardship practices.

What a rights-based quality service looks like

A rights-based approach is facilitated by involving residents in the decision-making process when a resident is temporarily absence from the centre or is being discharged from the centre. Temporary absence or discharge is planned and managed in partnership with the resident where possible. Residents are assisted to make decisions and each person experiences integrated care and support which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing. Temporary absences are planned, when possible, to ensure residents have the necessary supports and information to enable a successful and well-organised transition, and this includes medication reconciliation management.

A well-run service should consider the use of standardised evidence-based and person-centred transfer documentation, such as the national transfer document. This has been developed for use when a resident is being transferred from a residential care setting to an acute hospital. It contains the priority information required to give a clear picture on the transfer to the acute setting. This approach assists in the safe, effective and efficient transfer and enables healthcare professionals make prompt clinical decisions at the initial stage of treatment. This includes information about a person's colonisation or infection status on admission, discharge and transfer within and between services while respecting the privacy and confidentiality of the resident.

In the case of transferring a resident with complex needs between the hospital and the community setting, a documented handover occurs. Information about a person's infection status is shared with staff on admission while respecting the privacy, dignity and confidentiality of the resident. Admissions to the centre at times of a public health emergency are carried out in line with HPSC, HSE and Department of Health advice, where appropriate. Where HPSC, HSE and Department of Health advice negatively impacts on normal admission practices, residents are kept informed about any changes. Any changes that restrict residents' choices are kept to a minimum and for as short a duration as possible. The provider and person in charge ensure that admission policies and procedures maintain and uphold individual rights and choices as far as possible, in line with any risk assessment carried out.

This is supported by centre-specific guidance that defines temporary absence, transition planning and discharge, and this is reflected in residents' contracts for the provision of services, the provider's statement of purpose, the residents' guide and relevant policies.

Where a resident is being discharged from the centre, a phased discharge is accommodated where possible and takes into account the views of the resident, multidisciplinary team, advocate and family members, where applicable, to enable a smooth transition. Appropriate supports are available to the resident to deal with adjustment to their new environment, both emotionally and physically. Where a resident is returning to the centre, appropriate information is available and changes to the care and welfare of the resident are communicated to staff in the centre. Where changes have occurred, care plans and assessments are reviewed to make sure they reflect the current needs of the residents in order to ensure the care and welfare of residents are protected.

Arrangements are also in place to support interagency working; for example, where residents attend a day centre and communication and information-sharing procedures to minimise the risk of harm to residents are in place. The purpose of sharing the resident's information is explained to the resident and consent is sought.

Effective information systems are central to ensuring a smooth transition for temporary absence or discharge of a resident. Information which is accurate, complete, legible, relevant, timely and valid is essential in the management of temporary absence or discharge of a resident. All personal information is stored securely in line with data protection and other legislation, thus respecting residents' confidentiality. This supports the delivery of a person-centred, safe and effective transition and ensures that residents' needs are assessed prior to their temporary absence or discharge and protects their safety and wellbeing.

Evaluation of the effectiveness of the temporary absence, transition and discharge process comprises an element of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 25: Temporary absence or discharge of residents

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- a transfer or discharge if occurring during inspection.

Through communication

Inspectors will communicate with **residents:**

- to explore their admission and, where applicable, their temporary discharge and re-admission to the centre and to determine if this was well planned and managed in partnership with them.

Inspectors will communicate with **staff:**

- to explore how the transition into the centre is managed
- to determine if there is a protocol for temporary discharge to another facility
- to determine if there is a phased and or discharge planning protocol in place
- to explore if there is effective communication within and between services during a temporary discharge to minimise risk and to share information with the resident's consent
- to determine whether a return to the centre is safely managed
- to explore if there are clearly defined responsibilities assigned to staff members to assist residents who require support from more than one service, recognising that this is a key time when harm can occur.

Through a review of documentation

Inspectors will review documents such as:

- admissions, including re-admissions and or discharge care records to assess:
    - — if transfer letters are person-centred
    - — if they are using the national transfer document

  - if records are comprehensive and up to date to ensure a safe and effective transition
- discharge planning documentation
- the statement of purpose
- the directory of residents
- contract for the provision of services.

Compliance indicators for Regulation 25: Temporary absence or discharge of residents

Some examples of indicators of compliance:

When a person is temporarily absent from the designated centre:

- all relevant information about the resident is provided to the receiving hospital or centre or service
- there is effective communication within and between services during this time to minimise risk and to share necessary information
- clearly defined responsibilities are assigned to staff members during the process
- the information provided is accurate, complete, legible, relevant, timely and valid
- the rights of the person are respected regarding confidentiality and privacy
- whenever possible, the transition is planned in a timely manner
- when the person returns to the designated centre, all reasonable steps are taken to ensure that relevant information about the individual is obtained from the other centre, hospital or service

When a resident is discharged from the designated centre:

- this discharge is discussed, planned for and agreed in partnership with the person and, where appropriate, their nominated person
- the discharge is in accordance with the terms and conditions of the contract agreed in line with the relevant regulation
- the discharge is undertaken in a safe manner and, where appropriate, with the input of the multidisciplinary team to ensure a safe discharge.

Some examples of indicators of substantial compliance:

- it is evident that care is delivered to a high standard, but gaps are identified in the documentation which do not result in a medium or high risk to residents.

Some examples of indicators of non-compliance:

When a resident is temporarily absent from the designated centre:

- all relevant information about the resident is not provided to the receiving centre or service, and this may potentially negatively impact on outcomes for the resident
- the information is of poor quality, inaccurate, not comprehensive, illegible and not up to date
- the rights of the person are not respected regarding confidentiality and privacy
- there is ineffective communication within and between services during this time
- when the resident returns to the designated centre, all reasonable steps are not taken to ensure that relevant information about the individual is obtained from the other centre or service.

When a resident is discharged from the designated centre:

- this discharge is not discussed, planned for and or agreed with the person and, where appropriate, their nominated person
- the discharge is not in accordance with the terms and conditions of the contact for the provision of services
- the discharge is not undertaken in a safe and orderly manner and, where appropriate, the input of the multidisciplinary team had not been arranged to ensure a safe discharge.

Guide for risk-rating of Regulation 25: Temporary absence or discharge of residents

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 26	Risk management
National standards (designated centres for older people)	**Standard 3.2** The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
Infection prevention and control standards	**Standard 5.2** There are clear management arrangements in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service. **Standard 3.4** Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

What a rights-based quality service looks like

The provider and person in charge recognise that the safety and quality of life of residents are promoted through proactive risk assessment, learning from adverse events and serious incidents, as well as the implementation of policies and procedures designed to protect residents and support their right to positive risk-taking. A good provider recognises that positive risk management does not mean trying to eliminate risk; instead, it involves managing risks to maximise residents' choices and control over their own lives.

A centre-specific safety statement is in place that is signed by the responsible person and dated. Staff are aware of the safety statement, which is kept up to date and reviewed in response to any risks identified and at least annually. The provider ensures that a comprehensive risk management policy which meets the requirements of the regulations is implemented in practice as well as a centre-specific emergency plan. For example, ensuring risks related to accidental injuries to residents, visitors or staff and infectious diseases such as legionella and aspergillosis are assessed. Risk management procedures take into account any advice from other agencies such as the HPSC, HSE, Health and Safety Authority and Department of Health and are reviewed and updated in a timely manner in line with changing advice.

The provider's risk management procedures are specific to the service and clearly outlines the arrangements for the identification, recording, investigation, management and oversight of risks. Risk management procedures must also identify processes for the implementation of actions arising from the review of any adverse incidents and include processes for audit, review and learning.

The management and staff team understand that positive risk-taking is central to quality of life and good practice. Effective governance arrangements are in place to create a culture of safe care where residents' rights are respected and the voice of the resident is central to any decision made. There is a culture of respect and understanding between

promoting residents' right to autonomy and maintaining the provider's requirement to be responsive to risk in the centre. The provider and person in charge supports residents to understand specific risks involved with choices they may wish to make and takes a collaborative approach to ensure the autonomy, dignity and rights of the resident are respected and to militate against such risks. The rationale for any restriction and the controls in place to protect residents is explained to residents. Clear documentation underpins how the resident is supported to make informed decisions.

There are clear and consistent processes in place for managing and assessing risk. The provider has a good knowledge of the different levels of risk, the size and type of the service, and the individual needs of residents in the centre. Risk management and assessments are not carried out in isolation of the care planning process and are completed in consultation with the resident. Information is given to residents in line with the Assisted Decision-Making (Capacity) Act 2015 to strengthen participation in the risk-assessment process.

Risk-assessment practice within the service is dynamic, flexible and responds to change. The provider is proactive in addressing any issues of safety to ensure residents are protected. Staff and residents participate in health and safety education. There is prompt and effective sharing of the recommendations and learning from the management and review of adverse events and incidents. Quality improvement plans in collaboration with all staff and residents are enacted following these reviews to develop best practice and improve the service.

Evaluation of the effectiveness of the risk management procedures informs the continual quality improvement cycle, which in turn forms part of the annual review to promote positive outcomes for residents.

Regulation 26: Risk management

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- whether the centre looks safe and how hazards are managed
- whether the environment is clutter free and if there are appropriate storage facilities
- daily life within the centre
- how staff implement any individual risk management plans for residents

- staff practices to determine if there is an appropriate balance between promoting residents' autonomy and maintaining their safety, including whether staff support positive risk-taking and capacity
- when an investigation of serious incidents or adverse events has identified learning, whether or not this learning has informed practice.

Through communication

Inspectors will communicate **with residents**:

- to determine if it is a positive experience living in the centre
- whether the resident's will and preference to make decisions about the way they life their life in the centre are respected
- if they are involved in their own risk assessments
- if they can access the outdoors whenever they wish
- if they are involved in their own risk assessments.

Inspectors will communicate **with residents and staff**:

- to determine how risks associated with residents' care and support are managed.

Inspectors will communicate **with the provider, person in charge and staff** to establish:

- their understanding of risk management, how they identify hazards and deal with emergencies, including how they support residents to stay safe while minimising restrictions on their freedom and in turn maximising their independence
- to determine the specified risks as outlined in the regulations are assessed and measures and actions are in place as required
- their understanding of each resident's right to make decisions about their lives that may involve some degree of risk
- and explore how the service learns from accidents, incidents and near misses and how they monitor these on an ongoing basis and implement learning from review and audit of adverse incidents to inform and review practice.

Inspectors will communicate **with staff**:

- to confirm if they have the appropriate knowledge and skills to provide a safe service, and have received relevant training in risk management, including the use of any specialist equipment
- to determine whether they understand and support positive risk-taking.

Through a review of documents (Regulation 26 Risk management)

Inspectors will review documents such as:

- the policy on risk management and emergency planning
- documents on the health and safety of residents, staff and visitors
- the policy on unexplained absence of any resident
- systems for recording the assessment, management and ongoing review of risk including those specified within the regulations
- individual risk management plans for residents
- systems for responding to emergencies
- audits relating to risk management and the premises
- records relating to accidents and incidents
- complaints records that raised risk issues
- residents' questionnaires
- staff training records for health and safety, and risk
- audits relating to risk management
- the provider's annual review.

Compliance indicators for Regulation 26: Risk management

Some examples of indicators of compliance:

- arrangements are in place to ensure risk control measures are responsive to the risks identified and there is oversight of the required actions and progress
- any risk control measures that might have an adverse impact on residents' quality of life is considered, discussed with residents, and a rationale for any decision made is communicated to residents
- the risk management policy includes all required information in line with the regulations and it informs practice
- arrangements are in place for identifying, recording, investigating and learning from serious incidents and or adverse events involving residents
- there is a process for implementation of actions and recommendations arising from the identification, recording, investigation from serious incidents and or adverse events involving residents

- there is a system in place for responding to emergencies
- before any planned building works or upgrades to the premises start, the works are appropriately risk-assessed.

Some examples of indicators of substantial compliance:

- while there is a risk management policy and appropriate practices in place, some gaps are evident in documentation or practice but these gaps do not result in a medium or high risk to residents using the service
- there is an effective system in place for assessing and managing risk but reviews are not completed in response to changing circumstances
- there is a system to respond to emergencies but some staff are not familiar with the system.

Some examples of indicators of non-compliance:

- there is no risk management policy and or emergency plan in place
- a risk management policy is in place but there are hazards in the centre which have neither been identified nor risk-assessed, which could post a risk to residents, staff and visitors
- the risk management policy does not include all the required information
- there is no effective system for investigating and learning from serious incidents or adverse events
- there is no learning following serious incidents and or adverse incidents to help prevent their reoccurrence
- there is no effective system for investigating and learning from serious incidents or adverse events
- there is no system to ensure that control measures identified from risk assessments are implemented
- risk-averse practices inhibit residents exercising their right of autonomy, respect, privacy and dignity
- personal risk assessments are not reviewed regularly to ensure control measures in place remain appropriate to current risk
- building works and or upgrades to the premises had started before an appropriate risk assessment was conducted
- risks are not continually reviewed and actioned during building works.

Guide for risk-rating of Regulation 26: Risk management procedures

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 27	Infection control
Infection prevention and control standards	**Standard 2.1** Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections. **Standard 2.3:** Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. **Standard 3.1** Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. **Standard 3.3** Arrangements are in place to protect staff from the occupational risk of acquiring an infection. **Standard 3.4** Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.

What a rights-based quality service looks like

Strong leadership, governance and management that is in keeping with the size and type of service delivered are essential components in maintaining a safe and high-quality service. The provider supports good infection prevention and control practices and knows that these are critical in ensuring effective infection prevention and control to protect residents and staff. These include good governance and oversight, appropriate resources, clear communication, strong risk management procedures, regular staff training and ongoing monitoring of practice.

The provider must ensure that staff receive suitable training on infection prevention and control. When considering the training and development programme providers should ensure the learning approach will support the required objectives and competencies of the training programme. Considering a blended learning approach with elements of face-to-face training, eLearning, scenario based learning and opportunities for practical activities can benefit the quality of the learning objectives and overall programme. Providers may find the national Core Infection Prevention and Control Knowledge and Skills Framework Document useful in understanding the core competencies for infection prevention and control.

This training should be tailored specifically to the healthcare facility and where necessary, to a healthcare workers role in the work place.

Procedures consistent with the *National Standards for infection prevention and control in community services* (2018) are implemented by staff. These standards define infection prevention and control as the discipline and practice of preventing and controlling healthcare-associated infection and the spread of infectious diseases in a health or social care service.

The provider should have access to specialist infection prevention and control advice and support when required. An infection prevention and control link practitioner is available to the centre to guide and support staff in safe infection prevention and control practices and oversees performance. Staff know who holds this lead responsibility within their service. The provider and all staff working in the centre understand their infection prevention and control responsibilities, in line with national standards and guidance. Staff take a leading role in reducing the risk of infection through standard precaution practices (a set of protective measures that need to be used by all health and social care staff consistently in order to achieve a basic level of infection prevention and control). These include proper hand hygiene, appropriate use of personal protective equipment (PPE), respiratory etiquette, cough etiquette, waste and laundry management, management of spillages of blood and bodily fluids, appropriate patient placement, management of sharps, safe injection practices, management of sharps and needle stick injuries, safe injection practices, decontamination of reusable medical equipment, decontamination of the environment and occupational safety.

The provider has procedures in place for ongoing monitoring and reinforcing of good infection prevention and control measures and practice. These measures help protect residents and staff from the risk of infection, thereby enhancing the safety of residents in the centre. They also help ensure that good infection prevention and control principles are part of the routine delivery of safe care and supports in minimising the risk to residents from acquiring healthcare-associated infections. Transmission-based precautions (extra measures when caring for residents with, or colonised with, certain infectious agents) are also used where it has been identified that standard precautions alone may be insufficient to prevent transmission; for example, contact, droplet or airborne precautions.

Person-centred care and support is a fundamental component to ensuring residents' rights are protected and to ensure good infection prevention and control practices. Staff uphold and respect the rights of all residents and empower them to maintain their own safety with support as required and to ensure they continue to access care and support in a timely manner, during an outbreak and at all other times. Information on infection prevention and control is accessible and communicated in a supportive way, so that each resident can understand this information to make an informed decisions. Providers should also support

residents experiencing potential social isolation as a result of adherence to public health advice.

Antimicrobial[18] stewardship (AMS) promotes maximising the benefit of these medicines and causing the least harm for residents. A coordinated approach to antimicrobial stewardship is fundamental to preserving the effectiveness of such medications, including multidisciplinary team input using a suite of strategies and interventions which are supported by the governance structures in the centre.

The provider and staff adhere to the principles of good antimicrobial stewardship which ensures each resident receives the right antimicrobial therapy at the right dose, route and duration, and for the right infection type at the right time. Staff in the service recognises the importance of residents understanding any proposed treatment or interventions being offered to them. This includes informing and educating residents about the appropriate use of antimicrobial medications. Residents are given opportunities to discuss their preferences and supported to understand their options in order to make fully informed decisions.

Providers must ensure that guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required. Outbreaks of infection or colonisation with specific multi-drug-resistant organisms, especially those due to common seasonal infectious agents, are anticipated and planned for proactively. The provider recognises that preventing and preparing for an outbreak of infection is not only about good infection prevention and control practices but is also about identifying other factors that are equally important in responding to any public health emergency.

A centre-specific outbreak management plan should be in place. It includes contingency arrangements, based on the national standards, and has regard to relevant national guidance, best available evidence and the changing needs of residents. This plan has been developed in consultation with residents and other relevant parties, including the Department of Public Health as appropriate. Staff are supported to access, understand and implement the plan. Suspected or confirmed outbreaks of infection are promptly notified to the medical officer of health in the local Department of Public Health and the Chief Inspector, in line with the relevant legislation. Outbreaks are investigated promptly and thoroughly and a brief outbreak report should be prepared at the conclusion of the outbreak.

[18] Medicine used to prevent or treat infections.

Effective workforce planning processes are in place to identify any gaps between the current and future workforce requirements, and the provider implements solutions so that it can deliver safe infection prevention and control arrangements. Residents are empowered and supported to continue to receive safe quality care and support in a timely manner during any outbreak and at all other times. The premises is clean and well maintained, with systems in place to ensure that environmental and equipment cleaning standards are met in line with manufacturers' guidelines and best practice, and do not pose a risk to residents.

All equipment is well maintained and conforms to good infection and control practices, including reusable equipment which is safely and effectively decontaminated. Staff undertaking environmental and equipment decontamination processes understand their role and are supported with relevant training. Providers should develop, implement and review processes to address the insertion, use, maintenance, and removal of invasive medical devices. Aseptic technique is used to protect residents during invasive clinical procedures such as wound care or urinary catheter care by employing a variety of infection prevention and control measures that minimise, as far as practicably possible, the presence of pathogenic microorganisms. Any refurbishment project or building of a new facility is undertaken in line with relevant legislation and standards. Infection prevention and control expertise is sought with regard to refurbishment and new builds. Waste, including healthcare risk waste, is managed in line with national waste management guidelines and legislation. Arrangements are in place for linen and laundry management, appropriate to the setting and in line with national guidelines.

Residents and healthcare workers are offered, facilitated and supported to access appropriate vaccinations in line with current national recommendations. The provider has ensured that policies and procedures relating to the health and safety of staff include information on vaccination and strategies to prevent occupational exposure to infection hazards.

Every effort is made to improve quality by effectively managing, monitoring and evaluating the performance of the centre. Continual quality improvement involves creating a person-centred approach to the prevention and control of healthcare-associated infections. It promotes a multidisciplinary team-based approach and provides an impetus for reaching evidence-based practice in the prevention and control of infections, including healthcare-associated infections. As part of this, the provider has arrangements in place to ensure that after an outbreak, there is a comprehensive audit, and any corrective actions are implemented with learning shared between all staff and, if appropriate, residents and their families.

Evaluation of the effectiveness of infection prevention and control practices and procedures informs the continual quality improvement cycle, which in turn forms part of the provider's annual review.

Regulation 27: Infection control

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- if the centre is clean and tidy
- adherence to standard precautions and, where required, transmission-based precautions
- whether or not there are adequate resources available to ensure safe infection prevention and control practices are effectively implemented
- if the environment and facilities in the centre support effective infection prevention and control
- if sufficient numbers of suitably qualified staff with the appropriate skill-mix, are on duty to implement infection prevention and control precautions
- if staff are adhering to the *National Standards for infection prevention and control in community services*, national guidance, public health advice and the provider's policies on infection prevention and control
- if staff encourage and support residents where necessary to develop and maintain good infection prevention and control practice
- if staff are competent and confident in carrying out their specified roles in a safe manner that reduces the risk of infection.

Through communication (Regulation 27: Infection control)

Inspectors will communicate **with residents** to:

- explore their understanding of infection prevention and control and determine if they are supported to implement infection prevention and control measures
- establish if they are aware of and have access to infection prevention and control information and education in a way that they can understand
- determine if they are informed about infection prevention and control issues and outbreaks

- find out if residents' families and friends, with the consent of residents, are informed regarding infection prevention and control and outbreaks.

Inspectors will communicate **with the provider and person in charge** to:

- determine if they are aware of their responsibilities regarding infection prevention and control and how they maintain oversight of this area
- establish if they have the required access to specialist infection prevention and control and public health advice
- explore if they are assured that the workforce contingency and planning for staff shortages are effective and accessible in a timely manner
- determine whether there are adequate numbers of staff in place to adhere to the necessary infection prevention and control precautions.

Inspectors will communicate **with the person in charge and staff** responsible for infection prevention and control to:

- determine whether arrangements are in place for clinical specimen collection and transportation within the service and between external sites, in a timely manner in line with guidance
- determine how they monitor and review compliance with infection prevention and control standards and guidelines.

Inspectors will communicate **with staff** to:

- determine whether they are familiar with the *National Standards for infection prevention and control in community services* and whether they understand their roles and responsibilities regarding prevention and control of infection
- establish whether they have undertaken infection prevention and control training appropriate to their role and if they can implement it in practice
- verify if they can access specialist infection prevention and control advice
- explore if they are supported to raise concerns about infection prevention and control
- to confirm that infection prevention and control and antimicrobial stewardship guidelines are accessible to all staff
- determine if they are facilitated to access recommended vaccines in line with national immunisation guidelines.

Through a review of documents (Regulation 27)

Inspectors will review documents such as:

- notifications of outbreaks
- records of governance and management meetings
- in the event of an outbreak, the outbreak management plan, including contingency plan
- infection prevention and control policies
- the risk management policy and process for documenting and responding to risk specifically associated with infection prevention and control
- records relating to residents, including information about residents' colonisation or infection status and how staff share any necessary information about colonisation or infection status of residents on admission, discharge and transfer within and between services
- records of antimicrobial resistance surveillance, monitoring and, where identified as required, quality improvement activities
- audits relating to infection prevention and control
- staff rotas — planned and actual
- residents' questionnaires
- staff training records
- notifications to the Chief Inspector and HSE Department of Public Health
- the provider's annual review.

Compliance indicators for Regulation 27: Infection control

Some examples of indicators of compliance:

- structures that outline clear lines of accountability, responsibility and leadership for implementing infection prevention and control measures are in place
- the *National Standards for infection prevention and control in community services* are implemented
- written protocols on infection and prevention control to include hand hygiene and managing healthcare-associated infections are in place

- healthcare-associated infections and communicable or transmissible disease outbreaks are managed and controlled in a timely, efficient and effective manner in order to reduce and control the spread of such infections
- residents are monitored for signs or symptoms of infection to facilitate prevention, early detection and control of the spread of infection
- standard precautions and antimicrobial stewardship are applied as part of routine practice to minimise the cross-transmission risks of infection and colonisation
- appropriate transmission-based precautions are applied to residents suspected or confirmed to be infected with microorganisms transmitted by the contact, droplet or airborne routes
- aseptic technique is used to protect residents from infection during invasive clinical procedures such as urinary catheter care, enteral feeding and or wound care
- arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.
- there is effective management of clinical and hazardous waste, linen and laundry, equipment and medical devices, and environmental cleaning
- access to expert infection and prevention control advice is available, when required
- education and training programmes include mandatory hand hygiene training for all staff and refresher training annually
- an infection prevention and control monitoring programme is being implemented.

Some examples of indicators of substantial compliance:

- while it is evident that infection prevention and control practices and procedures are delivered to a high standard, some gaps are identified in the documentation but do not result in a medium or high risk to residents
- some new staff have not attended infection prevention and control training, but are working under supervision, have received instruction in infection prevention and control procedures and training is scheduled within a reasonable time frame.

Some examples of indicators of non-compliance:

- the *National Standards for infection prevention and control in community services* have not been implemented

- infection prevention and control systems, arrangements or staff practices are inadequate and carry an associated actual or potential risk of residents acquiring a healthcare-associated infection
- outbreaks of notifiable infectious diseases have not been reported to the Chief Inspector or the HSE's Department of Public Health
- care plans and or risk assessments are not in place, are inadequate or are not being implemented in relation to infection prevention and control or the prevention of healthcare-associated infections
- adequate arrangements are not in place to ensure that all staff receive hand hygiene training on induction and specific training to prevent healthcare-associated infections
- arrangements are inadequate to ensure the effective management of clinical and hazardous waste, linen and laundry, equipment and medical devices, or environmental cleaning
- appropriate hand hygiene facilities are not in place
- access to vaccinations, including seasonal influenza vaccination, have not been facilitated for all residents and or information is not given to residents in line with capacity legislation to enable them decide whether they wish to be vaccinated
- audits have not been completed or audits take place but their effectiveness is not demonstrated; for example, findings from audits are not shared with staff or remedial action is not undertaken to militate against risks identified.

Guide for risk-rating: Regulation 27: Infection control

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 28 Fire precautions

What a rights-based quality service looks like

Residents have a right to live in a home that is safe and has an effective and sustainable fire safety management system in place. The provider has comprehensive governance of fire safety and ensures that the diverse and changing needs of residents are reflected in the centre-specific fire safety programme.

The provider has militated against the risk of fire by implementing suitable fire prevention and oversight measures. The provider has sought proper advice from a competent person when required and has applied appropriate fire safety guidance documents. The risk posed by fire is subject to ongoing risk management and assessment in the centre and, as a result, fire precautions that are implemented reflect current evidenced-based best practice as far as possible.

Staff and the provider ensure that residents are aware of the procedures to be followed in the case of a fire. Where possible, residents are involved on a regular basis in fire drills. The provider has ensured that staff have comprehensive knowledge and understanding of fire safety procedures. All staff have received suitable training in fire prevention and emergency procedures, building layout and escape routes, and appropriate arrangements are in place for making residents aware of the procedure to follow.

There are a range of appropriate fire precautions in place that are specific to the centre, implemented consistently, documented and readily available for staff use. In so far as is possible, the provider has ensured that fire precautions do not unnecessarily reduce residents' quality of life. The provider has ensured that all fire equipment and building services are provided and maintained in accordance with the associated standard and by competent service personnel. Fire safety checks take place regularly and are recorded.

The provider has established a strong fire safety culture that promotes continual quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the fire precautions that are in place informs the continual quality improvement cycle, which in turn forms part of the annual review of the quality and safety of care, in compliance with the regulations.

The Chief Inspector has produced and published a *Fire Safety Handbook*, along with an online course, to assist providers to meet their regulatory obligations in relation to fire precautions in designated centres. This guidance on fire safety can be found by clicking here The Fire Safety Handbook – A guide for registered providers and staff which is available on www.hiqa.ie.

Regulation 28: Fire precautions

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- whether illuminated emergency exit signage is in place to guide escape
- if all areas that require to be included in the fire alarm system are included
- how combustible materials and medical gases are stored
- if plant rooms, boiler rooms, attics, electrical rooms and switch rooms are free of storage
- the location of fire compartment boundaries identified for phased evacuation
- if there is any damage to fire safety equipment; for example, the closing device to a fire door is disconnected
- if the fire alarm panel is free of faults
- if suitable evacuation aids are available in line with residents' assessed needs
- if the facility provided for residents who smoke is suitably equipped
- what fire-fighting equipment is available, including fire detection and fire extinguishers
- if residents can demonstrate that they know what to do in the event of a fire
- if escape routes are kept clear of obstructions
- whether the procedures to be followed in event of fire are displayed appropriately
- whether the building is adequately subdivided with fire-resistant construction, such as fire doors
- the way in which equipment is maintained; for example, laundry and kitchen equipment such as dryers and extractors
- how combustible materials are stored
- whether beddings and furnishings are made from fire retardant materials.

Through communication (Regulation 28: Fire precautions)

Inspectors will communicate with **residents:**

- to establish their awareness of the provider's evacuation procedures for the centre and level of involvement in fire drills, and any concerns they may have.

Inspectors will communicate **with the provider, the person in charge and staff** about:

- the fire safety management system and oversight of fire safety; for example, to determine if fire precautions are reviewed for adequacy and if any learning from training, drills or adverse events are integrated into fire precautions.

Inspectors will communicate **with the person in charge and staff**:

- to confirm when and how fire drills take place.

Inspectors will communicate **with staff**:

- to discuss if they have any concerns regarding fire arrangements in the centre and have they raised these issues
- to discuss training received and participation in drills to establish their level of understanding regarding the fire safety arrangements
- to determine if they are familiar with evacuation aids and their use
- to explore the frequency of reviews of residents' personal emergency evacuation plans.

Through a review of documents

Inspectors will review documents such as:

- fire safety management policy, to include procedures to be followed in the event of fire
- assessments and care plans, including assessments of the needs and capabilities of residents for evacuation and any personal emergency evacuation plans
- fire-fighting equipment records, including fire extinguishers, fire alarm, emergency lighting
- residents' involvement in fire evacuation drills

- records of fire drills, checking that drills are used to determine if the fire procedure is fit for purpose and is used to identify training, staff and equipment needs
- staff training records on fire safety, checking if training takes places annually
- risk assessments, where applicable
- staff rosters
- maintenance records, including electrical installations and or appliances, gas installations and or appliances, heating appliances, furniture and fittings
- audits relating to fire safety
- the annual review.

Compliance indicators for Regulation 28: Fire precautions

Some examples of indicators of compliance:

- suitable fire safety equipment is provided and serviced when required; for example, the fire alarm is serviced on a quarterly basis and fire-fighting equipment is serviced on an annual basis
- there is adequate means of escape, including emergency lighting, while escape routes are clear and sufficiently wide enough, taking account of residents' needs and evacuation methods likely to be employed
- there is a procedure for the safe evacuation of residents and staff
- the physical abilities and cognitive understanding of residents has been assessed and taken into consideration in the evacuation procedures and this is kept up to date
- residents are involved in fire drills whenever possible
- staff are trained annually or more frequently if required
- staff know what to do in the event of a fire
- there are fire drills at suitable intervals
- fire records are kept, which include details of fire drills, fire alarm tests, fire-fighting equipment, regular checks of escape routes, exits and fire doors
- appropriate procedures are in place for the maintenance of laundry equipment and proper ventilation of tumble dryers

- appropriate storage of equipment such as medical gases and combustible material is in place.

Some examples of indicators of substantial compliance:

- while there is evidence of adequate fire safety training and fire drills and although residents are aware of the procedure to follow in the event of fire, residents do not take part in fire drills where appropriate
- staff have received fire training and are knowledgeable of fire safety arrangements, but some require refresher training
- staff show knowledge and understanding of what to do in the event of fire; however, regular fire drills are not taking place or fire drills are not reflective of possible fire scenarios
- some new staff had not yet received fire safety training but there is adequate supervision in place for these staff members
- while there are adequate policies, procedures and appropriate practices in place, there are some gaps in how the documents are maintained; despite this, these gaps do not result in a medium or high risk to residents using the service.

Some examples of indicators of non-compliance:

- inner rooms (rooms located inside another room and without direct access to a hallway or corridor) are being used as bedrooms
- escape routes are obstructed and not available for use or not suitable for the residents, staff and visitors expected to use them
- fire doors are in a poor state of repair and not capable of restricting the spread of smoke and fire
- staff are not trained in fire safety and or, if required for evacuation, the safe use of evacuation aids
- the evacuation procedure for the centre does not protect residents from the risk of death or injury if a fire occurred
- the mobility and cognitive ability of residents has not been considered in the fire evacuation plan
- there are no records of regular fire drills, fire alarm tests or maintenance of equipment
- fire safety equipment has not been serviced in the previous 12 months

- the layout and size of compartments in the centre does not support safe fire safety management
- poor housekeeping and or inappropriate storage or use of medical gases and combustible materials represents a risk of fire in the centre
- a safe suitable fire alarm has not been installed
- an adequate emergency lighting system has not been provided
- staff do not know what to do in the event of a fire
- staff are not trained in fire safety and or evacuation, and the safe use of evacuation aids
- fire evacuation procedures are not prominently displayed throughout the centre.

Guide for risk-rating of Regulation 28: Fire precautions

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Regulation 29	Medicines and pharmaceutical services
National standards (designated centres for older people)	**Standard 3.4** Each resident is protected through the residential service's policies and procedures for medicines management.

What a rights-based quality service looks like

Residents have the right and expectation to safe medicines management which protects them from harm and provides appropriate and beneficial treatment, thereby minimising inappropriate prescribing and associated risks. Medication management is governed by professional guidance and the robust application of associated regulations that inform the policy on medicines management. The medication management policy includes information on the ordering, receipt, prescribing, storing and administration of medicines, handling and disposal of unused or out-of-date medicines, and managing controlled drugs.

A good provider takes a human rights-based approach to medicines management by focusing on residents' autonomy in managing their own medicines while ensuring effective risk management processes are in place to ensure the safety and wellbeing of residents and compliance with relevant legislation. Staff support each resident's understanding of their medicines and health needs through an individualised approach. To ensure residents' rights are upheld, each resident receives appropriate accessible information in relation to their medicines that includes an explanation of the benefits and risks. This should be done in collaboration with an independent advocate and pharmacist where required.

Residents retain control of their own medicines management unless there is evidence that this is unsafe. Assessments are completed of residents' ability to take responsibility to administer their own medication safely. Where safe, residents have appropriate control of their own medicines and staff assist when residents can no longer safely manage their medication. Risk assessments are regularly reviewed and are up to date to ensure safe management of medication administration. Safeguards to support safe procedures relating to medications are in place when residents are away from the centre; for example, on transfer between acute and continuing care services and accessing the community. When a resident is away from the centre accompanied by staff and medication administration is required, a delegated staff member will be responsible for safekeeping and administering medicines, and completing all relevant records. Medicine reconciliation is in place to militate against possible errors, and this is continually updated and forms part of medication management training.

Consideration of non-drug therapies is given where appropriate and acceptable to the resident. Safe and secure storage should be provided for residents' medicines and access should be limited to those residents and appropriate members of staff.

Residents' medicine is monitored and reviewed regularly to improve their quality of life.

Staff are trained in medicines management, including use of equipment in medicine administration when applicable. Staff are knowledgeable on the professional guidelines and professional code of practice that govern medication management, and they adhere to these guidelines.There is a current medicines reference manual available to staff in line with professional guidelines.

Medicines are prescribed by a registered prescriber. Any allergies that a resident may have are recorded clearly on all relevant records. Antimicrobial stewardship includes recording, monitoring and review of antimicrobial prescribing to reduce antimicrobial resistance. There is a multidisciplinary approach to this, with input from nursing staff, the pharmacist and the medical practitioner in consultation with residents. Each resident's medicines are administered and monitored according to best practice as individually and clinically indicated to increase the quality of the resident's life.

Where residents receive medicines as a form of restraint, this is in accordance with national policy and is clearly documented. There is a clear distinction between therapeutic medicines for a specific diagnosis and those used as a form of restraint. Where medicines are used as a form of restraint, staff are clear why such medicines are prescribed and administered, and their side effects and the effectiveness of their use is closely monitored and reviewed regularly by staff and a medical practitioner.

Residents receive a comprehensive individualised service from their pharmacist who facilitates the safe and timely supply of medicines. Each resident is afforded the opportunity to consult with their pharmacist and or medical practitioner about medicines prescribed in line with their wishes. The centre facilitates the pharmacist to meet their obligations to residents in line with their professional guidelines and legislation.

There is a culture of openness and transparency, which encourages reporting of medicine errors, near-misses and adverse drug events. This promotes a positive learning culture and best practice. Medicines management is audited regularly, and this includes auditing practices such as medication administration, storage and disposal. A medicines management competency assessment is part of staff induction and the ongoing audit programme.

Evaluation of the effectiveness of medicines management comprises an element of the continual quality improvement cycle, which in turn forms part of the annual review.

Regulation 29: Medicines and pharmaceutical services

Examples of information and evidence that may be reviewed

Through observation

Inspectors will observe:

- a medicines management round (where possible)
- whether medicines are securely stored and disposed of in accordance with professional guidelines and associated regulations
- whether there is a medicines fridge for the safe storage of relevant medication
- whether there is secure storage for self-medicating residents that is accessible to them and appropriate staff
- facilities and processes in place for the handling of medicines, including controlled drugs, and to determine if these are safe and in accordance with current guidelines and legislation
- storage facilities for unused or out-of-date medicines and arrangements for their appropriate and safe disposal.

Through communication

Inspectors will communicate with **residents** to:

- explore their understanding of the medicines they are prescribed and why
- explore if they are supported to manage their own medication if they wish
- determine if they have a secure and accessible storage space for their medicines if self-administered
- explore if they get their medicines on time
- explore whether staff engage with them to see if their medicines are effective
- determine if their medicines are reviewed
- explore if the general practitioner (GP) and or pharmacist discusses their medicines with them.

Inspectors will communicate with **staff** to:

- explore their understanding of safe secure medicines management practices
- determine if they have the knowledge and skills appropriate to their role and responsibilities
- determine if they assess the effectiveness of the medicines they are administering and if this information is recorded to enable better outcomes for residents
- determine if there are systems in place for antimicrobial stewardship
- determine if medicines information is available to them
- explore if medicines audits form part of ongoing medicines management review
- determine if self-medication is based on assessment and kept under review
- determine if residents have an opportunity to consult with a pharmacist about prescribed medication.

Through a review of documentation (Regulation 29)

Inspectors will review documents such as:

- medical notes, prescription charts, photographs of residents, medication administration charts, PRN medicines (medicines only taken as the need arises) documentation
- assessments and care plans for medicines
- evidence of reviews and monitoring of the effectiveness of medicines administered
- documentation on self-administration of medicines
- evidence of pharmacist reviews and associated documentation
- medicines management audits
- incidents of medicine errors, near-misses and adverse events log to determine if medicine errors and or near-misses are being appropriately reported and investigated and if learning from errors and near-misses is being implemented
- the annual review report
- staff training records on medicines management

- relevant policies; for example, the ordering, receipt, prescribing, storing and administration of medicines to residents, policy on the handling and disposal of unused or out-of-date medicines and so on.

Compliance indicators for Regulation 29: Medicines and pharmaceutical services

Some examples of indicators of compliance:

- processes are in place for the prescribing, administration and handling of medicines, including controlled drugs, which are safe and in accordance with current professional guidelines and legislation
- medication administration records comply with best practice, and medicines are administered as prescribed
- there are appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs
- residents' understanding of their medication and health needs is actively promoted
- safe medicines management practices are reviewed and monitored regularly
- pharmacists are facilitated to meet their obligations to residents
- residents have a choice of pharmacist, where possible
- there are written operational policies relating to the ordering, prescribing, storing and administering medicines to residents
- staff follow appropriate medicines management practices, and medications are administered as prescribed
- there are appropriate procedures for the handling and disposal of unused and out-of-date medicines
- residents are responsible for their own medication after they have been appropriately assessed and are found safe to do so
- records of medication-related interventions by the pharmacist are kept in a safe and accessible place in the centre
- residents have a choice of pharmacist, where possible
- advice provided by pharmacist is followed.

Some examples of indicators of substantial compliance:

- while it is evident that medicines management is well managed, gaps are identified in the documentation or practice; however, these gaps do not result in a medium or high risk to residents
- residents do not have access to a pharmacist of their choice or one that is acceptable to them.

Some examples of indicators of non-compliance:

- the centre does not have appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines, and there is evidence of actual or potential negative impacts to residents
- medicines are not reviewed regularly to ensure they continue to meet the needs of the residents
- medicines used as part of the therapeutic response to managing behaviour are not reviewed regularly
- storage arrangements, including medicinal refrigeration (where required) and or storage of controlled drugs are inappropriate
- controlled drugs are not maintained in line with professional guidelines
- gaps are identified in medicines administration records
- the rationale for non-administration of medicines is not recorded
- prescription times and administration of medicine times do not correlate
- pharmacists are not facilitated to meet their obligations to residents
- medicines are crushed without individual authorisation from the prescriber
- there are no written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents
- there is no system in place for reviewing and monitoring safe medicines management practices
- medication administration practices are unsafe
- there is no policy on unused and out-of-date medicines
- doses of medications are often missed.

Guide for risk-rating of Regulation 29: Medicines and pharmaceutical services

Compliant	Substantially compliant	Non-compliant
Green	Yellow	Orange or Red

Appendix 1 — Associated regulations

Capacity and capability dimension	
Primary regulation being reviewed	**Possible associated regulations**
Regulation 3: Statement of purpose	Regulation 5, 6, 7, 9, 10, 11, 14, 15, 17, 20, 21, 23, 24, 26, 28, 34
Regulation 4: Written policies and procedures	Regulation 3, 5, 7, 8, 10, 12, 13, 14, 15, 16, 18, 19, 20, 21, 23, 26, 27, 28, 29, 34
Regulation 14: Person in charge	Regulation 3, 4, 5, 20, 21, 23, 24, 32, 33
Regulation 15: Staffing	Regulation 5, 14, 16, 18, 21, 23
Regulation 16: Training and staff development	Regulation 4, 7, 8, 13, 14, 15, 18, 21, 23, 26, 29
Regulation 19: Directory of residents	Regulation 21, 23
Regulation 21: Records	Regulation 3, 4, 5, 6, 7, 8, 10, 11, 14, 15, 16, 18, 19, 20, 23, 24, 25, 26, 28, 30, 31, 32, 33, 34
Regulation 22: Insurance	Regulation 5, 7, 17, 23, 26, 31
Regulation 23: Governance and management	All Regulations
Regulation 24: Contract for provision of services	Regulation 20, 21, 23
Regulation 30: Volunteers	Regulation 4, 8, 9, 21, 23
Regulation 31: Notification of incidents	Regulation 21, 23
Regulation 32: Notification of absence	Regulation 14, 23, 33
Regulation 33: Notification of arrangements of absence of the person in charge	Regulation 14, 23, 32
Regulation 34: Complaints procedure	Regulation 3, 4, 20, 21, 23

Quality and safety dimension	
Primary regulation being reviewed	**Possible associated regulations**
Regulation 5: Individual assessment and care plan	Regulation 3, 4, 6, 7, 9, 10, 13, 18, 21, 23, 25, 29
Regulation 6: Healthcare	Regulation 5, 7, 8, 9, 10, 13, 18, 21, 29
Regulation 7: Managing behaviour that is challenging	Regulation 4, 5, 6, 8, 9, 10, 13, 16, 21, 23, 25, 29
Regulation 8: Protection	Regulation 4, 5, 6, 7, 9, 10, 16, 18, 21, 29, 34
Regulation 9: Residents' rights	Regulation 5, 7, 8, 10, 13, 18, 21, 23
Regulation 10: Communication difficulties	Regulation 4, 5, 6, 7, 8, 9, 13, 18, 21, 25, 29
Regulation 11: Visits	Regulation 5, 6, 8, 9, 10, 17, 21
Regulation 12: Personal possessions	Regulation 4, 8, 9, 17, 21, 28
Regulation 13: End-of-life care	Regulation 4, 5, 6, 9, 10, 18, 15, 16, 21, 29
Regulation 17: Premises	Regulation 3, 11, 12, 13, 21, 22, 26, 27, 28
Regulation 18: Food and Nutrition	Regulation 4, 5, 6, 13, 16, 21, 29
Regulation 20: Information for residents	Regulation 3, 4, 11, 21, 23, 24, 34
Regulation 25: Temporary absence or discharge	Regulation 3, 4, 5, 19, 21, 23, 24
Regulation 26: Risk management	Regulation 3, 4, 5, 6, 7, 8, 9, 10, 21, 27, 28
Regulation 27: Infection control	Regulation 4, 5, 6, 10, 11, 16, 17, 18, 23, 25, 26, 31
Regulation 28: Fire precautions	Regulation 3, 4, 5, 16, 17, 21, 23, 26
Regulation 29: Medicines and pharmaceutical services	Regulation 4, 5, 6, 7, 8, 10, 16, 21, 23, 25, 26

Appendix 2 — Bibliography

Please note that the accuracy, quality, relevance and currency of these works are not guaranteed or uniform. More recent information may have superseded these works. It does not include all the resources that may be relevant to providers. It is up to each provider to identify the best available evidence relevant to their service.

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Appendix 3 — Revision history

Revision Date	Summary of changes
March 2025	**Version 3** Updates in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025 (2025).
January 2024	**Version 2** Primary updates and amendments to enhance a human rights-based approach to regulation. Additional updates based on national and international evidence-based practice throughout. Updates in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022 (S.I. 628 of 2022). This guidance also supersedes the following document, which is now obsolete: ▪ *Guidance on the assessment of Regulation 27 – Infection Control: Designated Centres for Older People: September 2021.*
June 2022	Amendment to descriptors for substantial compliance and non-compliance.
September 2020	Amendments regarding visiting and public health restrictions.
July 2019	Updates to Regulation 6 to include information on access to preventative and national screening services.
September 2017	First published

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