



**Health
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Assessment-judgment framework for infection prevention and control and antimicrobial stewardship in designated centres for people with disabilities

Version 1: January 2024

Safer Better Care

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Introduction to this assessment-judgment framework

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) is responsible for registering, inspecting and monitoring compliance by registered providers with regulations and standards. This assessment-judgment framework has been published by the Chief Inspector to support these functions, specifically with regard to assessing Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013. This regulation requires that:

The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

The current relevant standards are *The National Standards for infection prevention and control in community services* (2018). The Health Act 2007 (as amended) (referred to in this document as 'the Act') requires that registered providers comply with the standards set by HIQA under section 8(1)(b) of the Act.

This assessment-judgment framework should be used in conjunction with the updated [Assessment-judgment framework for designated centres for people with disabilities](#) which is available on www.hiqa.ie.

A standardised approach to inspection and monitoring is adapted by the Chief Inspector to consistently carry out its functions as required by the Act. This standardised approach is called the 'Authority Monitoring Approach' (AMA). All inspectors adhere to this approach and to any associated guidance, procedures and protocols.

This monitoring approach does not replace the professional judgment of inspectors. Rather, it gives inspectors a range of procedures, protocols and tools to assist them in carrying out their functions. This assessment-judgment framework is one of these tools. Applying AMA and using the assessment-judgment framework will ensure that each provider[±] is treated fairly and the assessment of compliance with regulations and standards is timely, consistent and responsive to risk identified within the designated centre. It also provides transparency for providers and the public on how the Chief Inspector assesses and makes judgments about compliance and non-compliance.

The application of AMA does not replace or take away from providers' responsibility to ensure that they are in compliance with the regulations and standards, that they

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

provide safe and high-quality services for people who use their services, and that they ensure residents' rights are respected and upheld.

The Chief Inspector has also produced an updated [Guidance for the assessment of designated centres for people with disabilities](#) to support this assessment-judgment framework which can be found at www.hiqa.ie.

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

Assessment-judgment framework

There are two purposes to an assessment-judgment framework:

- It supports inspectors in gathering evidence when monitoring or assessing a service and to make judgments on compliance. The framework sets out examples of the lines of enquiry to be explored (questions to be asked) by inspectors.
- It supports providers to self-assess their own service.

Judgment descriptors

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

Table 1. Judgment descriptors

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

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

- Health Act 2007 (as amended)
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) with Disabilities) Regulations 2013 (S.I. 367 of 2013)
- Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013
- Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) (Amendment) Regulations 2015
- *National Standards for Residential Services for Children and Adults with Disabilities* (2016)
- *National Standards for infection prevention and control in community services* (2018)
- *National Standards for Adult Safeguarding* (2019)
- Assessment-judgment framework and guidance for the assessment of designated centres for persons with disabilities
- *Guidance on a Human Rights-based approach in Health and Social Care Services*
- *Regulation Handbook*
- [NCEC National Clinical Guideline No. 30 Infection Prevention and Control \(IPC\); Department of Health \(2023\)](#).

How this document is structured

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

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

2. Quality and safety of the service

The regulations and national standards¹ are linked to the relevant dimension — **capacity and capability** or **quality and safety** — for ease of reporting and so do not appear in numerical order.

¹ Where possible, the national standards are aligned to one regulation only, as a 'best fit' simply for the purpose of reporting. This does not negate the provider's responsibility in meeting these standards.

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

The dimension of capacity and capability focuses on the governance, leadership and management arrangements in place in the service. It covers how effective these are in ensuring that a good-quality and safe service is being sustainably provided. It outlines how people who work in the service are recruited and supported through education and training, and whether there are appropriate systems in place to underpin the safe delivery and oversight of the service.

Quality and safety of the service

The dimension of quality and safety reviews the experiences and support people receive on a day-to-day basis. It evaluates whether this is a good quality and caring service which ensures people are safe. It includes information about the environment where the service is provided.

The dimensions are inter-dependent: good governance and oversight procedures, the right resources, active use of information and a competent and confident workforce are essential to the delivery of a sustainable quality and safe service.

Essentially, person-centred care and support, safeguarding and protection, and better health, wellbeing and development for people using services all happen because the capacity and capability arrangements are there to make sure they happen. Figure 1 below details the 'Themes' as described in the *National Standards for infection prevention and control in community services* (2018). The four themes on the upper half of the circle relate to **quality and safety** in a service, while the four on the lower portion relate to **capacity and capability**.

Figure 1: Themes in the National Standards



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

This section focuses on the overall delivery of the service and how the provider is assured that a good quality, safe and effective service is provided to residents.

It includes how the provider:

- implements effective governance structures with clear lines of accountability in place so that all members of the workforce are aware of their responsibilities and who they are accountable to
- ensures that the necessary resources are in place to support the effective delivery of good quality person-centred care and support to people using the service
- uses information to plan, deliver and manage services provided to residents to ensure the delivery of high-quality, safe and effective services
- designs and implements policies and procedures that embed a human rights-based approach and will make sure the centre runs effectively.

Dimensions: Capacity and Capability	
Regulation 15: Staffing	
Infection prevention and control standards	Standard 6.1 Service providers plan, organise and manage their workforce to meet the services' infection prevention and control needs.
Lines of enquiry	
1. Has the provider ensured that the qualifications and skill-mix of staff are appropriate for the infection prevention and control and antimicrobial stewardship needs of the residents, assessed in accordance with Regulation 5, the statement of purpose and the size and layout of the designated centre concerned?	

Dimension: Capacity and capability	
Regulation 16: Training and staff development	
Infection prevention and control standards	<p>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.</p> <p>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.</p>
Lines of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that staff have timely access to appropriate training including resources, information, education and advice to minimise the occupational exposure risk of acquiring a healthcare-associated infection, appropriate to their role? 2. Do all staff have knowledge of infection prevention and control and antimicrobial stewardship which is appropriate to their specific roles and responsibilities? 3. Are staff appropriately supervised to ensure infection prevention and control measures are consistently implemented? 4. Are copies of guidance documents — relevant to designated centres for persons (children and adults) with disabilities and related to infection prevention and control and antimicrobial stewardship, and published by the government or statutory agencies — available and accessible? 	

Dimensions: Capacity and capability	
Regulation 23: Governance and Management	
Infection prevention and control standards	<p>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.</p> <p>Standard 3.2 Antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.</p> <p>Standard 3.3 Arrangements are in place to protect staff from the occupational risk of acquiring an infection.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Standard 5.5 Service providers ensure that externally contracted agencies adhere to safe and effective infection prevention and control practices.</p> <p>Standard 7.1 Service providers plan and manage the use of available resources to meet the services' infection prevention and control needs.</p> <p>Standard 8.2 Service providers have effective arrangements in place for information governance for infection prevention and control-related information.</p>
Lines of enquiry	
<ol style="list-style-type: none"> 1. Are there governance and management systems in place that assure the provider that the infection prevention and control practices are safe, appropriate to residents' needs and effectively monitored? 	

2. Is there a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for infection prevention and control and antimicrobial stewardship?
3. Does the provider have systems in place that assures it that staff adhere to standard precautions at all times, whether infection is known to be present or not?
4. Does the provider ensure sufficient resources are available to ensure the effective delivery of safe quality care, including compliance with best practice in infection prevention and control?
5. Does the provider have management systems in place to ensure that the service provided in relation to infection prevention and control and antimicrobial stewardship is safe, appropriate to residents' needs, consistent and effectively monitored? For example:
 - a. there are well-prepared contingency arrangements in place to respond to an outbreak
 - b. staff have access to specialist infection prevention and control and antimicrobial stewardship advice and support, when required
 - c. there is a minimum of one on-site infection prevention and control link practitioner with protected time and appropriate training to manage key areas of infection prevention and control and antimicrobial stewardship identified within the service
 - d. in services where an on-site infection prevention and control link practitioner is not practical, such as small community housing units and care delivered in the home, is an external contact for infection prevention and control advice and support available to staff
 - e. staff are kept up to date with information such as new or revised infection prevention and control and antimicrobial stewardship guidelines, safety alerts and national updates as made available
 - f. where externally contracted agencies are used, they adhere to safe and effective infection prevention and control best practice and relevant legislation as required
 - g. effective arrangements are in place for information governance for infection prevention and control related information

- h. management systems ensure that clinical communication includes infection control risks and multi-drug-resistant organisms² when residents are transferring between services.
 - i. refurbishment projects or construction of a new facility is undertaken in line with relevant legislation and standards.
 - j. expert infection prevention and control advice is sought as required prior to the commencement of any refurbishment or new build project and forms part of the planning process?
 - k. regular reviews of the resources required to meet the provider's infection prevention and control and antimicrobial stewardship needs for the centre are undertaken — these may include:
 - maintenance and refurbishment of existing buildings
 - investment in necessary equipment and supplies
 - investment in single-use or single-patient-use equipment
 - replacement of equipment when effective cleaning can no longer be achieved
 - l. ensured that all residents and staff are offered vaccinations in accordance with current national policy.
6. Has the provider completed an annual review of the quality and safety of infection prevention and control and antimicrobial stewardship delivered to residents in the designated centre, to ensure that such care is in accordance with the *National Standards for infection prevention and control in community services* set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act?

² 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.

Dimensions: Capacity and Capability	
Regulation 31: Notification of incidents	
Infection prevention and control standards	Standard 3.4 Outbreaks of infections are identified, managed, controlled and documented in a timely and effective manner.
Line of enquiry	
1. Has the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable disease within 3 working days of its occurrence? ³	

³ 'Notifiable diseases' are those diseases identified and published by the Health Protection Surveillance Centre (www.hpsc.ie) and include COVID-19, Clostridium difficile infection, norovirus infection, Carbapenemase-producing *Enterobacterales* (CPE) colonisation or infection, influenza and hepatitis. A full list of notifiable diseases can be found on the HPSC website.

Section 2. Quality and safety

The focus of this section is about the lived experience of people using the service. This includes how people:

- are empowered to exercise their rights, achieve their personal goals, hopes and aspirations
- make choices and are actively involved in shaping the services they receive
- receive effective person-centred care and support, at all stages of their lives
- are able to live in a safe, comfortable and homely environment
- are protected from healthcare-associated infections.

Dimensions: Quality and safety	
Regulation 5: Individualised assessment and personal plan	
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.
Lines of enquiry	
<ol style="list-style-type: none"> 1. Has the provider, in so far as is reasonably practical, arranged to meet the infection prevention and control needs of each resident when these have been assessed? 2. Has the person in charge arranged a comprehensive assessment by an appropriate healthcare professional of the health, personal and social care needs of a resident or a person who intends to be a resident prior to the person's admission to the designated centre and subsequently as required to reflect changes in need and circumstances? 3. Did this assessment include the infection prevention and control needs of the individual, including information about the resident's colonisation or infection status? 4. Is the personal plan prepared under this regulation available to the resident concerned and, with the consent of the resident or where the person in charge considers it appropriate, made available to their family? 5. Has the person in charge ensured that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs, including any needs related to infection prevention and control or circumstances? 	

Dimension: Quality and safety	
Regulation 6: Health care	
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.
Lines of enquiry	
<ol style="list-style-type: none"> 1. Has the provider, having regard to the personal plan prepared under Regulation 5, provided appropriate medical and healthcare to residents? 2. Where the personal plan prepared requires additional professional expertise or access to other treatment for infection prevention and control, had the person in charge, in so far as reasonably practicable, made them available to the resident? 	

Dimensions: Quality and safety	
Regulation 9: Residents' rights	
Infection prevention and control standards	Standard 4.1: People are empowered to protect themselves and others from healthcare-associated infections and antimicrobial resistance.
Lines of enquiry	
<ol style="list-style-type: none"> 1. Does the provider, in so far as is reasonably practical, maintain and respect the rights of all residents irrespective of their infection status? This includes their right to access healthcare and support, and rights to privacy, dignity and autonomy in so far it does not interfere with the rights of other residents. 2. Are residents supported to exercise choice in relation to infection prevention and control in so far as such exercise does not interfere with the rights of other residents? 	

Dimensions: Quality and safety	
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.
Lines of enquiry	
<ol style="list-style-type: none">1. Has the provider facilitated each resident to receive visitors in accordance with the resident's wishes?2. Has the person in charge ensured that in so far as is reasonably practical, visits to a resident are not restricted, unless:<ol style="list-style-type: none">a. such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to other residents, orb. the resident concerned has requested the restriction of visitsc. in the case of a child, where the family/guardian or social worker has requested this restriction; ord. a Court order has required the restriction of visits?3. Having regard to the number of residents and needs of each resident, are there suitable communal facilities available for a resident to receive a visitor, and, in so far as is practicable, is there a suitable private area, which is not the resident's room, available to a resident to receive a visitor if required?	

Dimensions: Quality and safety	
Regulation 17: Premises	
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.
Lines of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of the residents? 2. Has the provider ensured the premises is of sound construction and kept in a good state of repair externally and internally? 3. Has the provider ensured that the centre is clean and well maintained? 4. Has the provider ensured that equipment and facilities that may be required by residents and staff, are provided and maintained in good working order? 5. Has the provider ensured that the equipment and facilities are serviced and maintained regularly, and any repairs or replacements carried out as quickly as possible in order to reduce the risk of or spread of any infection, and minimise disruption and inconvenience to residents? 6. Has the provider, made provision for the matters set out in Schedule 6 of the regulations? For example: <ol style="list-style-type: none"> a. is there adequate private and communal accommodation for residents b. are rooms of a suitable size and layout suitable for the needs of residents c. is there adequate space and suitable storage facilities for the personal use of residents d. is communal space for residents suitable for social, cultural and religious activities e. is there adequate storage space, ventilation, heating and lighting suitable for residents in all parts of the designated centre used by residents f. is there a separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware 	

- g. are baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents
 - h. are there suitable arrangements for the safe disposal of general and clinical waste where required
 - i. are there adequate facilities for residents to launder their own clothes if they so wish?
7. Can the centre and its furnishings be effectively cleaned in compliance with infection prevention and control best practice, appropriate to the service provided?
8. Has the provider ensured that arrangements are in place for the cleaning[§] and disinfection^{**} of the centre, in line with legislation and best practice guidance?

[§] Cleaning: the physical removal of foreign material such as blood and bodily substances, rust, dust, dirt, debris, spillages and so on. Cleaning physically removes rather than kills micro-organisms. It is achieved with water, detergents and mechanical action and should always precede any disinfection process.

^{**} Disinfection: a process used to reduce the numbers of viable micro-organisms, but which may not necessarily inactivate some infectious agents, such as spores.

Dimensions: Quality and safety	
Regulation 25. Temporary absence, transition and 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.
Lines of enquiry	
<ol style="list-style-type: none"> 1. When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, has the person in charge of the designated centre from which the resident is temporarily absent ensured that all the relevant information about the resident’s infection and colonisation status is provided to the receiving designated centre, hospital or other place? 2. When the resident returns to the designated centre, hospital or place, has the person in charge of the designated centre from which the resident was temporarily absent taken all reasonable steps to ensure that all relevant information regarding the resident’s infection and colonisation status is obtained from the other designated centre, hospital or other place? 3. When a resident transitions between residential services or leaves a service, has the person in charge ensured that the resident received support through the provision of relevant information on infection prevention and control measures for the new living arrangement? 	

Dimensions: Quality and safety	
Regulation 27: Infection control	
Infection prevention and control standards	<p>Standard 2.1: Infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections.</p> <p>Standard 2.3 Equipment is decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection.</p> <p>Standard 3.1: Arrangements are in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.</p> <p>Standard 3.3: Arrangements are in place to protect staff from the occupational risk of acquiring an infection.</p> <p>Standard 3.4: Outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner.</p>
Lines of enquiry	
<ol style="list-style-type: none"> 1. Has the provider ensured that residents who may be at risk of a healthcare-associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority? 2. Does the provider ensure that: <ul style="list-style-type: none"> — staff adhere to standard precautions^{††} all of the time for all residents using services, whether infection is known to be present or not 	

^{††} **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, management of laundry, decontamination of reusable medical equipment, decontamination of the environment, occupational safety and aseptic technique.

- when standard precautions alone may be insufficient to prevent cross-transmission of specific infectious agents, staff adhere to additional precautions, known as transmission-based precautions^{**}
- equipment for use by residents is in good working order and all reusable equipment is maintained, decontaminated, stored and managed in accordance with legislation, manufacturer's instructions, and best practice guidance
- staff adhere to the World Health Organization's (WHO's) 'five moments of hand hygiene' principles or emerging best practice and relevant national guidance?

3. Does the provider ensure that:

- hand hygiene facilities appropriate to the setting are provided in line with best practice and national guidelines
- antimicrobial medications are appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance
- outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner
- arrangements are in place to protect staff from the occupational risk of acquiring an infection
- that residents are informed about infection prevention and control precautions that need to be taken to protect them or others from healthcare-associated infection risks
- residents are consulted when changes that affect them may be required due to an outbreak of infection?

^{**}Transmission-based precautions are extra measures when caring for residents with, or colonised with, certain infectious agents. Transmission-based precautions 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.

Appendix 1 – Revision history

Revision Date	Summary of changes
January 2024	Version 1 — first published. This supersedes the <i>Assessment judgment framework for Regulation 27 – Protection against Infection Designated centres for persons (children and adults) with disabilities: V2: June 2022</i> , which is now obsolete and should no longer be consulted.



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