



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Monitoring of International  
Protection Accommodation  
Service Centres

# Guidance on the Assessment- Judgment Framework for the Monitoring of International Protection Accommodation Service Centres

Version 1.0: January 2024

*Safer Better Care*

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit [www.hiqa.ie](http://www.hiqa.ie) for more information.

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## Revision History

Revision Date	Summary of Changes
December 2023	Document approved for publication.
January 2024	Version 1 published

## 1. Introduction to the guidance

The Health Information and Quality Authority (HIQA) is responsible for assessing compliance with the *National Standards for accommodation offered to people in the protection process* (referred to in this guide as the national standards). HIQA has published this guidance to support this role.

HIQA uses a standardised approach to its inspection and monitoring. In order to consistently carry out its functions, HIQA has adopted what it terms a common 'Authority Monitoring Approach' (AMA). All HIQA inspection staff adhere to this approach and to any associated procedures and protocols.

The aim of HIQA's Authority's Monitoring Approach is to ensure:

- a consistent and timely assessment when monitoring compliance with national standards
- a responsive and consistent approach to the assessment of risk within international protection accommodation services
- a focus on improving the service being inspected by transparently applying the inspection process.

This monitoring approach gives HIQA inspectors a range of steps, approaches and tools to assist them in carrying out their functions and does not replace their professional judgment.

When HIQA inspectors conduct an inspection, they check that each service provider being inspected has put in place measures to comply with the national standards. In order to do this fairly and consistently, inspectors use what is known as an assessment-judgment framework, as a tool to aid each inspection. This framework ensures that the assessment of compliance against the national standards is timely, consistent and responsive to any risks identified within services.

This guide aims to explain how HIQA applies the framework when assessing compliance with the national standards. This document has been published to provide transparency for service providers and the public on how HIQA assesses and makes judgments about compliance and non-compliance against the standards. Given the broad scope and nature of the national standards, HIQA will use its assessment-judgement framework to assess compliance with a number of standards on each inspection, as explained in [Section 2](#) of this document.

A glossary of key terms used throughout this guidance document is available for use by the reader in [Appendix 1](#).

## 1.1 Scope of this guide

This guide relates to accommodation centres as defined within the European Communities (Reception Conditions) Regulations 2018 (as amended<sup>1</sup>) and monitored by HIQA against the *National Standards for accommodation offered to people in the protection process*.

Providers should use this guide to help them to prepare for an inspection, but more importantly, to self-assess against the national standards, to develop self-awareness and understanding of the strengths and weaknesses of their services, and to develop service quality improvement plans.

HIQA inspection staff will apply the assessment-judgment framework in conjunction with the national standards.

## 1.2 Purpose of the guide

This guide should be used in conjunction with the assessment-judgment framework, which is one of the tools HIQA uses to assess compliance with national standards. It also supports HIQA inspectors to gather information and evidence when they are monitoring accommodation centres, and when assessing and making judgments on compliance.

The guide aims to inform and assist inspectors on reviewing each standard, alongside the assessment-judgment framework. The guide gives greater detail on how inspectors may assess compliance and what they may review during HIQA fieldwork planning and inspection.

Furthermore, this guide facilitates a consistent approach to conducting inspections by:

- giving direction to providers on what evidence of compliance with the national standards looks like
- supporting inspectors to make consistent judgments on what compliance looks like against the national standards.

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<sup>1</sup> Amended by the European Communities (Reception Conditions) (Amendment) Regulations 2023.

## 2. Assessing compliance

### 2.1 Judgments on compliance with standards

Once inspectors have gathered information, they make a judgment about the level of compliance against each standard reviewed. Inspectors will judge whether the provider has been found to be compliant, substantially compliant, partially compliant or non-compliant with the standards.

The level to which service providers have complied with the standards has an impact on outcomes for people living in the centre. In order to improve outcomes for residents, compliance with the standards are risk-rated (see Appendix 2 for HIQA's Risk Rating Matrix).

Table 1 below shows what these levels of compliance mean. We term them 'judgment descriptors', and they are used to assess performance against each of the standards. The compliance descriptors are defined as follows:

**Table 1: Judgment descriptors**

<p><b>Compliant:</b> A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.</p>
<p><b>Substantially compliant:</b> A judgment of substantially compliant means that the service meets most of the requirements of the relevant national standard, but some action is required to be fully compliant.</p>
<p><b>Partially compliant:</b> A judgment of partially compliant means that the service meets some of the requirements of the relevant national standard while other requirements are not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.</p>
<p><b>Non-compliant:</b> A judgment of non-compliant means that one or more findings indicate that the relevant national standard is not being met, and that this deficiency is such that it represents a significant risk to people using the service.</p>

When a judgment of partial compliance or non-compliance is made, inspectors will assess the risk of the non-compliance to the people using the service. Risk-rating will include determination of the severity of impact on people using the service and the likelihood of occurrence or reoccurrence.

If an inspector identifies a specific issue that may present an immediate and or potential serious risk to the health or welfare of people using the service, then, in line with HIQA policy, these risks will be assessed using HIQA's Risk Rating Matrix by the lead inspector and their manager, or another senior manager. These risks will be escalated to the relevant centre manager during the inspection fieldwork and or to the service provider following completion of the inspection fieldwork.

In addition, continued non-compliance resulting from a failure by a service provider to put appropriate measures in place to address the areas of risk previously identified by HIQA inspectors may result in further escalation in line with HIQA guidance, which is available at [www.hiqa.ie](http://www.hiqa.ie)



### 3. Structure of the guidance on each standard

In this guide, the national standards are listed under each dimension, either **capacity and capability** or **quality and safety**, and associated theme.

Each standard is presented as follows:

- standard statement taken from the national standards
- statements illustrating what compliance with the standard looks like
- examples of the information and evidence HIQA may review to assess compliance with that individual standard.

#### **What compliance with this standard looks like**

This part of the guidance outlines examples of what is expected of a service that is striving for quality improvement, and is not intended to be an exhaustive list of how to comply with the national standards. Details on 'what compliance with this standard looks like' are described and are aligned with the lines of enquiry (questions to be asked to assist with checking compliance) as set out in the assessment-judgment framework.

HIQA recognises that service providers may be seeking out other ways to improve the quality of their services and outcomes for people using the service. However, compliance with the standards is the overall responsibility of the service provider. It is expected that providers continually review and self-assess their services against the national standards and put measures in place to comply with the standards.

#### **Examples of the information and evidence that may be reviewed and how this may be done**

This part of the guidance gives examples of information and evidence that inspectors may review to assist with assessing compliance. The examples are listed under the headings of:

- observation
- communication
- documentation.

These examples will support HIQA inspectors to plan an inspection, gather information before, during and after an inspection and make judgments about compliance. They also inform providers of what to expect during the inspection and help them to ensure they have all the required information to hand.

The types of information reviewed will be determined by the service's history of compliance, specific areas of risk identified and the outcome of inspection planning.

## **4. Guidance**

### **4.1 Guidance on the standards related to capacity and capability**

This section discusses the standards related to the overall delivery of the service and how the provider is assured that a quality, safe and effective service is sustainably provided to people using the service.

It includes how the service provider:

- makes sure there are effective governance structures with clear lines of accountability so that all members of the workforce are aware of their responsibilities and who they are accountable to
- plans, manages and organises its workforce to ensure enough staff are available at the right time with the right skills and expertise to meet the service's current and future needs
- ensures that the necessary resources are in place to support the effective delivery of quality 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.

## **Theme 1: Governance, Accountability and Leadership**

Dimension: Capacity and capability

### **Theme 1: Governance, Accountability and Leadership**

#### **Standard 1.1**

The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

### **What compliance with this standard looks like**

The service provider knows and understands their responsibilities in relation to providing accommodation to people in the protection process, while ensuring that their welfare is promoted and dignity is promoted and respected. They will have systems and processes in place to ensure they are meeting their legislative requirements and to ensure compliance with national standards and policies. This includes the notification of serious incidents to HIQA in line with the requirements of the European Communities (Reception Conditions) (Amendment) Regulations 2023.

Policies and procedures are not considered in isolation to the systems in place to ensure safe and effective service delivery. The operational policies and procedures are essential for the safe delivery of the service and to guide staff in delivering safe and appropriate supports to residents. They are about good governance from a provider's perspective. Moreover, policies and procedures are 'living' documents that are used by staff and reviewed and updated as required.

The provider has ensured that they have the relevant policies and procedures in place, which are specific to the needs of the residents and the service that is provided and promote and protect residents' human rights.

The provider has ensured that the service is delivered in line with current policies and procedures, and is consistent with relevant legislation, professional guidance and international best practice.

The policies and procedures are applied in a way that is specific to the service, and are clear, transparent and easily accessible. There is clear evidence that staff understand and use the policies and procedures to deliver a safe and quality service.

Evaluation of the effectiveness and relevance of written policies and procedures are an element of the continual quality improvement cycle, which in turn, forms part of a review of the service.

The service provider cooperates and assists in any monitoring and assessment undertaken by the relevant government department, the European Commission or one of its agencies, including the provision of information or documentation as requested.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- if the policies and procedures are relevant to the specific service or if they are generic (non-specific) in nature
- if practice reflects the policies and procedures, and whether the policies and procedures have been amended when required
- if the policies and procedures are consistently implemented in practice and if practices have a positive impact on the outcomes for residents and promote and protect their human rights
- how staff access the policies and procedures.

#### **Through communication**

Inspectors may communicate with residents:

- to explore their experience of living in the centre and whether their safety, welfare and rights are promoted
- to determine their understanding of the provider's practices, policies and procedures and how they have reached this understanding.

Inspectors may communicate with staff:

- to establish if there is a system in place to inform them of any changes to policies and procedures

- to determine if they can demonstrate sufficient knowledge of the policies, procedures and legislation relevant to their role.

Inspectors may communicate with the provider and or managers:

- to determine how they have ensured that staff understand and consistently implement the policies and procedures
- to check how they regularly review new and existing legislation and national policy to address any gaps in compliance.

### Through review of documents

Inspectors may review documents such as:

- resident questionnaires received before and during inspection (where applicable)
- written policies and procedures
- notifications of serious incidents to HIQA
- information for residents
- staff training records
- quality improvement action plans, implementation reports and reviews or evaluations of the service
- supplementary policies, procedures and guidelines to support specific practice
- the residents' charter (as required by the national standards).

Dimension: Capacity and capability

### Theme 1: Governance, Accountability and Leadership

#### Standard 1.2

The service provider has effective leadership, governance and management arrangements in place and staff are clearly accountable for areas within the service.

## **What compliance with this standard looks like**

Effective governance and strong leadership ensures positive outcomes for residents using the service through support that is safe, person centred and promotes an inclusive environment where the dignity, equality and diversity of residents are respected and each resident matters. This involves providing a service in line with its stated purpose, and the effective and efficient deployment of resources. Good communication is seen as the cornerstone on which safe and effective services are provided.

The governance and management systems in place ensure the delivery of a high-quality, safe and person-centred service which supports learning and promotes an open, fair and transparent culture that empowers the residents using the service. The management systems in place are appropriate to the size, ethos and the purpose and function of the centre. The senior management structure includes a reception officer who has the appropriate qualifications<sup>2</sup> and skills to respond to residents with special reception needs.

Overall accountability for the delivery of the service is clearly defined, and there are clear lines of accountability at individual, team and organisational level so that all staff working in the service are aware of their responsibilities and who they are accountable to. Residents are informed of and supported to understand the governance arrangements in place in the centre.

The governance systems ensure that service delivery is safe and effective through the use of thorough and effective quality assurance systems, such as ongoing audit and monitoring of performance. The provider and managers are continually looking for ways to meet the evolving needs of residents and to ensure their rights are respected. There is evidence that they strive for excellence through consultation, research and reflective practice.

Continual improvement in the service provided is achieved through a culture of learning which supports training and development of staff, which in turn supports the ongoing enhancement of quality and safety. Continual assessment and audits are part of the ongoing review of the service which evaluates outcomes for residents.

The provider and management organise and manage their workforce to ensure that the number, qualifications, skill-mix, experience, suitability and availability of staff members, including managers employed, is appropriate, having regard to the purpose of the centre and the number and identified needs of residents. There is a system in place to respond to staff absences.

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<sup>2</sup> QQI Level 7 Social Care background or equivalent.

The provider establishes strategic and operational plans for the service, which set clear objectives and plans for the delivery of person-centred, safe and effective services and supports for children and adults.

Risk is well managed in the centre, including risk to residents. There is a designated person or persons to contact in an emergency.

Record-keeping is a fundamental part of practice and is essential to the provision of safe and effective services. There is a clear understanding that good record-keeping has a number of important functions such as improving communications and demonstrating decision-making. There is a system in place that ensures records are up to date, of high quality and accurate at all times, and this supports the safe, effective and efficient running of the centre. Information governance policies are in place to ensure that the centre complies with legislation, uses information ethically and protects personal information held in the service. This includes the use of image recording equipment.

The provider has good systems to record, address and resolve issues of concern raised by residents. Residents are aware of their right to raise issues, know how to raise issues, know who to make a complaint to and are reassured that there will be no adverse consequences from making a complaint. Residents are supported throughout this process and, where necessary, they have access to advocacy services. The complaints procedure facilitates their right to raise issues and have those issues addressed in a timely and respectful manner.

There are arrangements in place to effectively plan and manage service change, including ceasing operation as a provider of accommodation to people in the protection process.

Residents have access to all relevant information about the centre and the services available to them in an accessible manner, and they are always informed of any planned changes to the service that may affect them.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- if the organisational and management structures are reflected in practice

- interactions between staff, managers and residents and the accessibility of staff and managers to residents
- if there are sufficient resources available
- if records are of good quality and appropriately maintained and secured
- if record archiving arrangements are satisfactory and archived files are easily retrievable
- if there are different levels of access to information systems for different staff grades
- if there is a system to protect against accidental loss of data
- whether the complaints procedure is made available to residents and they are supported to understand it
- if all relevant information is made available to residents
- if there are forums in place to consult with residents.

### **Through communication**

Inspectors may communicate with residents:

- on their views and experiences of the culture within the centre and how they are encouraged and facilitated to give their views
- on whether staff and managers are accessible to them
- on whether they consider there are enough resources in the centre and if they are supported to have their needs met.

Inspectors may communicate with staff:

- to determine if they are familiar with the management structure, including their understanding of their roles and responsibilities and the reporting structure.

Inspectors may communicate with staff and managers:

- to determine their understanding of the aims and objectives of the service and how they are implemented
- on the centre's resources



- on their understanding of quality assurance mechanisms and risk management in the centre, and their individual roles and responsibilities
- on their experience and skills relevant to working with protection applicants from different cultural backgrounds
- on their understanding of the arrangements in place in relation to data protection and records management
- on the systems in place to consult with residents
- on their awareness and understanding of the basic mental health, protection, social welfare and social care systems.

### **Through review of documents**

Inspectors may review documents such as:

- relevant policies and procedures
- service plans
- staff rotas
- centre administrative records
- staff files and records
- records of complaints and adverse events
- minutes of meetings, for example, meetings between residents and staff and or managers, and team meeting minutes
- training records
- the centre's risk register
- child safeguarding statements and associated risk assessments
- reports on audits and any related action plans
- a report on a review of the service
- external reports and or audits on the centre.

Dimension: Capacity and capability

**Theme 1: Governance, Accountability and Leadership**

**Standard 1.3**

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

**What compliance with this standard looks like**

The provider will have a residents' charter in place which promotes transparency and responsiveness by accurately describing the services available to residents living in the centre. This charter includes how and where services are provided, details how the individual dignity, equality and diversity of each resident is preserved, and clearly outlines the complaints process and resident-related policies.

A shared approach has been taken to develop the residents' charter and it has been provided to all residents on their arrival in an accessible format. Residents have been supported to understand the charter and how it relates to them.

Centre staff are welcoming to new arrivals, and they are provided with a welcome pack on admission, containing all relevant and accessible information on the services available to them and are given an orientation class.

There is a system in place to review and evaluate the residents' charter, which encourages and facilitates feedback from residents on how it could be improved. Feedback is acted upon. This is part of the continual quality improvement cycle, which, in turn, forms part of a review of the service.

**Examples of information and evidence that may be used to find out if a service is compliant with the standard**

**Through observation**

Inspectors may observe:

- if a residents' charter is in place
- if the residents' charter is provided to all residents
- if the residents' charter accurately reflects the facilities and services provided.

### **Through communication**

Inspectors may communicate:

- with residents to determine if they are aware of the purpose of the accommodation centre in which they are placed
- with residents to ask whether a copy of the residents' charter has been made available to them
- with the provider and centre manager to determine if they are familiar with the content of the residents' charter and if they are satisfied that it reflects practice.

### **Through review of documents**

Inspectors may review documents such as:

- a copy of the residents' charter
- a copy of the residents' welcome pack
- arrival records
- minutes of meetings with residents
- the complaints register
- the residents' guide
- a report on a review of the service.

Dimension: Capacity and capability

#### **Theme 1: Governance, Accountability and Leadership**

##### **Standard 1.4**

The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

## **What compliance with this standard looks like**

The governance systems ensure that the service is delivered safely and effectively, and in line with its written description, through the use of a thorough and effective quality assurance system, including the ongoing audit and monitoring of its performance and evaluation of outcomes for residents.

Where audits or evaluations identify opportunities for improvement, the provider has appropriate systems in place to develop improvement plans and monitor their implementation and effectiveness.

The provider and management team are continually looking for ways to meet the evolving needs of residents placed in the centre, and to ensure that their rights are respected. There is evidence that they strive for excellence through active inclusion and participation of residents, research and reflective practice.

Continual improvement of the service is achieved through a culture of learning that supports training and development of staff, which in turn supports the ongoing enhancement of the quality and safety of the service.

The service provider reviews the quality and safety of care and support delivered to residents on an annual basis and residents are facilitated and encouraged to contribute to this review. The service provider ensures that a copy of the annual review is accessible to residents and is provided to the relevant government department.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- if the quality and safety of care and support, as outlined in an evaluation of the service is put into practice
- if there is evidence of learning and, if necessary, improvement was brought about as a result of the findings of any reviews, monitoring visits and or consultation with residents
- if there is evidence that feedback from residents, staff and others has been used to inform practices

- if the organisational structure outlined in the residents' charter is reflected in practice
- if the provider has taken steps to:
  - eliminate discrimination
  - promote equality of opportunity and treatment of its staff and residents
  - protect the human rights of its members, staff and residents.

### **Through communication**

Inspectors may communicate with residents:

- to establish if they have given any feedback to the service through its annual report, audits, surveys or other mechanisms
- to determine if a copy of an annual report has been made available to them.

Inspectors may communicate with staff and managers:

- to determine their understanding of a quality service
- to determine if there is a culture of openness and transparency
- to determine whether staff know how to raise concerns about the quality and safety of the service and if they feel supported to do so
- to determine if there are adequate resources to promote and support improvement and change.

Inspectors may communicate with the manager and provider:

- to determine if they are knowledgeable of their responsibilities under the national standards, the aims and objectives of the service, and how they are implemented.

### **Through review of documents**

Inspectors may review documents such as:

- complaints, medication errors and adverse event records
- the annual review report
- relevant internal and external audits and reports.

Dimension: Capacity and capability

**Theme 1: Governance, Accountability and Leadership**

**Standard 1.5**

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

**What compliance with this standard looks like**

The service provider ensures that a residents' committee is established which is broadly reflective of the diversity of residents, and the manager encourages and facilitates the residents' committee to meet regularly. Residents are consulted with and make decisions regarding the services and supports they receive.

The service provider holds open consultations regularly to canvass the views of residents, and to provide them with relevant information. The provider supports and encourages residents to participate in this consultation and to understand any information provided. Supports are in place and reasonable accommodations are provided to ensure participation by all residents. The service provider helps residents who may feel uncomfortable sharing their views in a group setting with alternative routes to share their opinions. The views of residents are valued and acted upon.

Residents report that their views are considered by the provider and they are enabled to participate in the organisation of the centre. They are aware of independent advocacy services and have access to these services.

The assistance, support and representation available to residents focuses on their specific needs and rights. These supports provide an environment in which residents can assert their rights to challenge the decisions and actions which restrict their opportunities in their daily lives.

**Examples of information and evidence that may be used to find out if a service is compliant with the standard**

**Through observation**

Inspectors may observe:

- how staff and residents interact; for example, staff members' responses to queries from residents or concerns raised by residents who use the service

- the decision-making process to see if residents are supported and actively involved and given the freedom to exercise autonomy, choice and independence; for example, day-to-day decisions that form part of the resident's daily routine, including household tasks or activities
- whether residents are consulted with and participate in how the centre is run
- if residents have access to advocacy and information about their rights in a way they can understand
- if residents can participate in activities that suit their interests, capacities and developmental needs.

### **Through communication**

Inspectors may communicate with residents:

- to establish if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences; for example, can residents make choices about the services and supports they use and how they use them
- to explore their knowledge of their rights and the provider's policies and procedures
- to explore if their rights have been respected and implemented consistently, and how they exercise choice
- to establish how consent is sought and how residents are involved in decision-making

Inspectors may communicate with staff and managers:

- to explore their knowledge of residents' rights, the provider's policies and procedures, and if these have been promoted and implemented consistently
- to explore how they support residents to make decisions; for example, do they respect the choices that residents make, treat residents with kindness and listen to them?
- to establish how consent is sought and how residents are involved in decision-making.

## **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before or during inspection
- information for residents on their rights and advocacy services
- records of residents' committee meetings
- team meeting minutes
- management meeting minutes
- records of advocacy arrangements and visits.



## Theme 2: Responsive Workforce

Dimension: Capacity and capability

### Theme 2: Responsive Workforce

#### Standard 2.1

There are safe and effective recruitment practices in place for staff and management.

### What compliance with this standard looks like

Recruitment practices are in line with employment and equality legislation. Recruitment and selection processes are informed by evidence-based human resource practices. Management is satisfied that staff members are suitable to work in the centre and have obtained all records and documents as required by legislation.

There is a written job description for all staff members which includes their roles and responsibilities, and this should include the requirement to establish and maintain positive working relationships with residents which is based on respect for human dignity, diversity and equality.

There is a formal and recorded process in place to induct staff, managers and volunteers or interns into the service. Induction includes appropriate training in providing support and promoting the protection, welfare and rights of people living in the centre, the purpose of the centre and relevant practices and operational policies and procedures.

There is a performance appraisal system in place. A written record is maintained of appraisal meetings, 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. Each staff member's performance is formally appraised at least annually by appropriate personnel.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- staff interactions with residents.

### **Through communication**

Inspectors may communicate with residents:

- to establish their view on and experience of staffing in the centre; for example, how staffing levels impact on their daily lives. This may also include talking to their relatives and friends, advocates and any visiting professionals.

Inspectors will communicate with the centre manager:

- about the recruitment process
- to ensure that staff are registered with the relevant professional regulatory body, as appropriate
- to ensure that appropriate measures are in place to ensure that staff, interns, students and trainees are suitable and inducted appropriately
- to ensure that duties are delegated appropriately, where applicable and in line with job descriptions.

Inspectors may communicate with the provider:

- to confirm how they ensure that staffing is appropriate.

## Through review of documents

Inspectors may review documents such as:

- staff records, including vetting from An Garda Síochána (Ireland's national police service)
- induction programmes and records
- training records
- job descriptions.

Dimension: Capacity and capability

### Theme 2: Responsive Workforce

#### Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

### What compliance with this standard looks like

Each staff member plays a key role in delivering a person-centred, effective and supportive service to the residents. Staff have the necessary competencies and skills to support the residents. Management organises and manages its workforce to ensure that the number, qualifications, experience, suitability and availability of staff members employed is appropriate to the needs of residents.

At all times there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of children and adults living in the centre and which reflects the size, layout and purpose of the centre. Contingency plans are in place in the event of staffing emergencies, staff absences or a shortfall in staffing levels. The use of agency staff is only used to respond to short-term staffing gaps, and is not relied on as a long-term staffing solution.

Staff have the necessary skills, appropriate to their role, to provide services and support to the residents living in the centre, and to coordinate effectively with other organisations and professionals. These skills include experience working with people from different cultural backgrounds, understanding of basic mental health

issues, strong communication skills, and a compassionate and empathetic style which respects the dignity, equality and diversity of residents. Staff are registered with their relevant professional regulatory body if required.

There is a written code of conduct for all staff. Staff are aware of the code of conduct and adhere to it. Staff also adhere to the codes of conduct of their own professional body or association and or professional regulatory body.

The effectiveness of staffing arrangements are regularly evaluated and this is an element of the continual quality improvement cycle, which in turn, forms part of the service review.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- staff practices and interactions with residents to determine:
  - if there are enough suitable staff on duty
  - whether staff have the necessary skills to meet residents' needs
  - if resident's needs are being met and
  - if residents are safe.
- how staff adhere to codes of conduct.

#### **Through communication**

Inspectors may communicate:

- with the manager about the recruitment process
- with the manager to ensure that staff are registered with the relevant professional regulatory body as appropriate.

## Through review of documents

Inspectors may review documents such as:

- resident questionnaires received before and during the inspection
- the recruitment, selection and An Garda Síochána (police) vetting policies
- a sample of staff files, including agency staff
- the relevant current registration status with professional bodies for health and social care professionals who work in the centre
- job descriptions
- code of conduct for staff
- staff rotas
- workforce plan.

Dimension: Capacity and capability

### Theme 2: Responsive Workforce

#### Standard 2.3

Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

#### What compliance with this standard looks like

Staff and managers understand their roles and responsibilities, as well as accountability and reporting lines. Managers are aware of all policies and procedures, and support staff to understand and follow the policies and procedures. Staff are supported to effectively exercise their professional accountability for the provision of an effective and safe service.

All staff receive support and supervision by appropriately qualified and experienced personnel to ensure that they perform their duties to the best of their ability and in particular, to promote and protect the welfare of all children and adults living in the

centre. Those who supervise staff are provided with training in supervision theory and practice.

Each staff member receives a supervision meeting at least on a quarterly basis and also has their performance formally appraised at least annually. A written record is maintained of each supervision, support and performance appraisal, and a copy is given to the staff member. Staff members are supported by management to upskill and are offered training to address any skill or competency gaps. Up to date, accurate and secure personnel files are kept for all staff and management.

There is a policy and procedure on protected disclosures in line with legislation. Staff are given information around what a protected disclosure is and are aware of how to make a protected disclosure. Staff are facilitated to make protected disclosures without experiencing any adverse consequences.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- staff access to managers for supervision and support
- team meetings.

#### **Through communication**

Inspectors may communicate:

- with residents to explore how staff engage with them on a daily basis and their experience of being supported and guided by staff
- with staff to explore staff appraisals and determine if professional development forms part of the appraisal system
- with staff and managers to explore the quality of supervision, mentoring and support available to them.

## **Through review of documents**

Inspectors may review documents such as:

- staff supervision records
- staff appraisals and performance management documentation
- any records of disciplinary actions
- supervision and support policies
- the performance management procedure.

Dimension: Capacity and capability

**Theme 2: Responsive Workforce**

**Standard 2.4**

Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

**What compliance with this standard looks like**

A culture of learning is promoted through training and professional development, as well as through the quality improvement strategy to ensure positive outcomes for residents living in the accommodation centre in all aspects of their lives.

Staff have access to professional development courses and training to enable them to provide a service in line with the needs of residents, evidence-based practice, and to promote the safety, welfare and rights of residents. A record is maintained of any professional development courses or training undertaken.

A training needs analysis is periodically undertaken to identify any training gaps. Training is designed, developed and sourced based on the training needs analysis, taking into account the identified needs of all residents living in the centre. Training appropriate to their role is provided to all staff as part of a continual professional development programme. As aspects of service provision change and develop over time, the service supports staff to continuously update and maintain their knowledge and skills.

All staff receive ongoing training in the prevention, detection and reporting of abuse and their requirement to report abuse, as outlined in legislation and national policies. Staff facilitate a supportive environment at all times, and they are well equipped with the knowledge and skills to recognise signs of abuse and the actions required to protect the residents from harm.

All staff and residents are aware of policies, procedures, guidelines and practice documents relevant to the centre. There is evidence that all of these policies and procedures are applied in practice.

The service supports staff to continually update and maintain their knowledge and skills. Management and supervision training is provided to all new managers before or within a reasonable period from when they begin their position.



Ongoing training programmes encourage a rights-based approach to service provision where the core human rights principles of fairness, respect, equality, and dignity are promoted.

Evaluation of the effectiveness of training and staff development consists of an element of the continual quality improvement cycle, which, in turn, forms part of the annual review. The evaluation of training also feeds into the training needs analysis.

All training is up to date and is delivered by an appropriately qualified person.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- if staff interactions with residents demonstrate that appropriate training has been received; for example, resident's individual needs are being met and interactions between staff and residents are respectful and responsive to need
- staff handovers to determine how the needs of the residents are communicated and the activities and tasks that are to be progressed by the incoming staff shift
- if copies of national standards and any relevant guidance are made available to staff
- if practice is informed by training
- team meetings to consider the quality of communication among staff and the extent to which this forum is used to discuss and direct delivery of support to residents.

#### **Through communication**

Inspectors may communicate:

- with residents to explore how staff engage with them on a daily basis
- with staff about their training and whether they feel this has enabled them to support residents effectively when they started work and on an ongoing basis
- with staff to determine if they are informed and are knowledgeable about the

standards

- with the manager to learn about the quality of training and to determine how the centre's training policy is implemented in practice
- with staff and managers to establish if specific training is carried out on a continual basis with appropriate refresher training sessions provided regularly.

### **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before and during the inspection
- staff training and development policy
- staff training and development attendance records
- staff training records
- the continuing professional development programme, training matrix and professional development plans
- a report on an evaluation of the service.

### **Theme 3: Contingency Planning and Emergency Preparedness**

Dimension: Capacity and capability

#### **Theme 3: Contingency Planning and Emergency Preparedness**

##### **Standard 3.1**

The service provider will carry out a regular risk analysis of the service and develop a risk register.

#### **What compliance with this standard looks like**

The provider has a risk management framework and policy in place that is implemented in practice. The provider carries out a risk analysis of the service and identifies potential risks that would compromise the provision of the service.

All identified risks are recorded in a risk register. The actions identified to mitigate against the risks are assigned to a specific individual and monitored to ensure implementation. This risk register is reviewed and updated on a regular basis. The risk register is available for inspection purposes and to the Office of the Ombudsman.

The provider includes proposals in the risk register to ensure continuity of service in the event of emergency or unforeseen incidents.

The provider ensures that any emergency protocol meets the additional support needs of persons with disabilities.

The service provider has ensured that all residents are informed about fire drills and any emergency protocol at or close to the time of their admission to the centre. Fire evacuation routes and exits are clearly marked throughout the centre. There is an appropriate fire detection, alarm and emergency lighting system in the centre, which is known to residents.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- the premises
- meetings related to risk management.

### **Through communication**

Inspectors may communicate:

- with residents to determine their awareness of fire evacuation procedures, fire drills and emergency protocols
- with residents to determine if they have reported risks to the manager and if they have been addressed
- with staff and managers on their roles and responsibilities in relation to reporting and managing and responding to risk.

### **Through review of documents**

Inspectors may review documents such as:

- a centre's risk register
- a centre's evacuation protocol and procedures
- fire drill and evacuation records
- contingency plans
- risk assessments.

## **4.2 Guidance on the standards related to quality and safety**

This section discusses standards related to the care and support residents receive and if they are of a good quality and ensure residents are safe. It includes information about the care and supports that should be available for residents and on the environment in which they live.

## Theme 4: Accommodation

Dimension: Quality and safety

### Theme 4: Accommodation

#### Standard 4.1

The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

### What compliance with this standard looks like

There is a clear, planned, fair and transparent approach to allocating accommodation to residents. The process takes into account the initial and ongoing needs of people living in the centre. Therefore, the policy and procedures on the allocation of accommodation takes account of the rights of people living there and does not discriminate at the time of admission or afterwards. All admissions to the centre are considered and assessed against the centre's capacity and ability to meet the needs of each resident, as identified in the resident's up to date and comprehensive assessment of need. The centre works with the relevant government department to ensure people are suitably placed at the time of admission and on an ongoing basis.

Evaluation of effectiveness of the allocation process forms part of the continual quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

### Examples of information and evidence that may be used to find out if a service is compliant with the standard

#### Through observation

Inspectors may observe:

- the process of allocating rooms to ensure that it follows fair and transparent criteria
- the layout of allocated rooms to determine if the residents' needs, including accessibility, vulnerability, health, sexuality and gender identification have been taken into account

- if rooms have adaptations to support residents with specific needs, such as a physical or sensory disability, or health issues.

### **Through communication**

Inspectors may communicate:

- with residents to ask if their room was allocated based on their needs
- with residents to gather feedback about the layout and accessibility of the rooms, to determine if it enhances their lives and promotes their independence, enjoyment and quality of life
- with the manager to determine what measures are in place to ensure the allocation of rooms meet the needs of residents and if not, the arrangements in place to rectify this.

### **Through review of documents**

Inspectors may review documents such as:

- policies and procedures
- centre records related to transfers of residents
- assessments of need and vulnerability
- escalation protocol and procedures
- the provider's risk register for the centre
- resident questionnaires received before and during the inspection
- minutes of residents' meetings
- floor plans
- the residents' charter
- audits relating to the premises
- the annual report of the service.

Dimension: Quality and safety

**Theme 4: Accommodation**

**Standard 4.2**

The service provider makes available accommodation which is homely, accessible and sufficiently furnished.

**What compliance with this standard looks like**

The centre matches its written description and the description provided in the residents' charter. It is warm and well ventilated and meets residents' needs for private and communal living spaces.

There is written confirmation by a third party to demonstrate that the centre is fully in compliance with building legislation and regulations.<sup>3</sup> Where required, and based on the needs of residents, there is written confirmation by a third party that the centre is in compliance with regulations related to accommodating people with a disability and national guidelines.<sup>4</sup> This means that the centre has made reasonable provisions to enable people with a disability to have safe access to the centre and to those parts of the centre which it is appropriate to have access to. Reasonable provisions have also been made for people with a disability in terms of sanitary conveniences provided in the centre, such as toilets, urinals, sinks, showers and bathtubs.

The design and layout of the centre ensures that each resident can enjoy living in an accessible, stimulating, safe, comfortable and homely environment. This supports the promotion of independence, rest, recreation and leisure, and enables an excellent quality of life for all who live there.

The provider explores opportunities to improve the homeliness of the centre. The residents define what homely is to them, and the centre is tastefully decorated to meet their needs and wishes. This is considered in line with risk management in the centre.

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<sup>3</sup> Housing Act 1966 and building regulations.

<sup>4</sup> Part M of the Building Regulations; the National Disability Authority Guidelines, "Building for Everyone, A Universal Design Approach", and BS8300:2018.



Where residents have their own bedroom, they can decorate it and display personal items without restrictions. Where bedrooms are shared, this is informed by an assessment of need and vulnerability. Bunk beds are only provided to children under the age of 15 unless specifically requested.

Bedrooms facilitate the number of residents it caters for, a range of activities likely to be carried out, have adequate floor space, are well laid out, and are good-quality living environments. Bedrooms contain the appropriate furniture and equipment specific to the needs of residents and the safety of their personal items, and receive sufficient natural and artificial light.

Residents have access to wireless Internet throughout the centre and information on online safety is provided to all residents. Residents can access a phone in a private setting.

The service provider maintains the centre in good structural and decorative repair internally and externally, and any maintenance and repair works are carried out promptly and to a suitable standard. The manager has a clear mechanism in place for residents to report and follow up on any maintenance and or repair issues, and for those issues to be addressed in a timely way. The centre is clean and the requirement to keep a clean and well-maintained centre does not impact on a resident's right to privacy in their own bedrooms.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- by walking around the centre and its grounds and observing how the design and layout impacts on residents' quality of life, and how it protects residents from harm
- if the relevant regulatory requirements are met, including whether there are adequate services such as heating, lighting and ventilation
- if residents can move unimpeded around the centre, taking into account factors such as accessibility and whether any alterations have been made and if these enhance residents' quality of life and safety

- if the internal and external areas of the premises are safe
- whether there is evidence of an ongoing and responsive maintenance programme.

### **Through communication**

Inspectors may communicate with residents:

- to find out their views and experiences on how the premises meets their needs and how they impact on their day-to-day life, as well as the level of involvement they have in decision-making about any possible changes
- to determine if they have their own bedroom and adequate secure storage space for their belongings, if they have access to high-quality wireless Internet and to a telephone in a private setting.

Inspectors may communicate with staff and managers:

- to determine their views on whether the internal and external areas are suitable for the residents and whether there are any planned changes
- to establish the effectiveness of the maintenance programme in place
- to determine their understanding of residents' needs of the residents.

### **Through review of documents**

Inspectors may review documents such as:

- confirmation of compliance with relevant legislation and building regulations
- resident questionnaires received before and during the inspection
- maintenance and service records and contracts.
- accidents and incidents register

- health and safety statement and assessments and or audits
- minutes of residents' meetings
- minutes of team meetings
- floor plans
- residents' charter
- written documents describing the centre
- the annual report.

Dimension: Quality and safety

**Theme 4: Accommodation**

**Standard 4.3**

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

**What compliance with this standard looks like**

The provider ensures that each resident's right to privacy and safety is fully promoted throughout the centre and through the facilities it provides. For example, there are safe storage areas for residents' personal items, and locks for residents' personal use are placed on bathroom, bedroom and private living spaces. There are enough storage lockers provided to each resident. In addition, safe storage facilities outside of bedroom and living areas are provided to those who request it, and to ensure space available in residents' living and bedroom areas are maximised. There are effective procedures in place to ensure residents' belongings are not misplaced or mixed-up in the storage facility provided.

The facilities in the centre include enough toilets and bathrooms to meet the needs of residents and they are clean and of high quality. The provider has ensured that toilets and bathrooms are accessible to all, including those with a disability or with mobility difficulties.

There is a health and safety statement in place specific to the centre which is known to staff.

There is a clear, fair and transparent process in place for the timely allocation of bedrooms and own room accommodation, which promotes each resident's right to privacy, personal safety and the security of their personal belongings.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- bedrooms to determine if they are safe, secure and well equipped with adequate storage
- bathrooms to ensure they are safe, secure, clean and accessible
- additional storage facilities for residents' belongings.

#### **Through communication**

Inspectors may communicate with residents:

- on their experience of the quality of bathroom, bedroom and storage facilities provided to them
- on the safety of their personal belongings
- on their experience and understanding of the room allocation process within the centre.

Inspectors may communicate with staff and managers:

- on their knowledge of the centre health and safety statement
- on the effectiveness of the bedroom allocation process
- on the adequacy of bathroom and storage facilities.

#### **Through review of documents**

Inspectors may review documents such as:

- cleaning rotas (where applicable)

- records of complaints
- storage facility records
- centre health and safety statements
- policies and procedures on bedroom allocation.

Dimension: Quality and safety

#### **Theme 4: Accommodation**

##### **Standard 4.4**

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their caregivers are provided with child-friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

#### **What compliance with this standard looks like**

There is a clear, fair and transparent process in place to ensure family members, as well as children and their caregivers, are accommodated together, and takes into consideration the best interests of the child.

The provider complies with relevant legislation and takes into account the age, privacy, dignity and safety of all family members when allocating sleeping quarters. Each bedroom is suitably equipped with an adequate number and type of beds (single and or double beds).

Each family has access to their own private living space, which is in addition to sleeping quarters. This living space is designated only for use by one family and should not need to be shared with other residents. Each family has either an en-suite or access to a bathroom designated for their own use only.

The provider ensures that families are accommodated in own-door accommodation with a fully-equipped kitchen. Where this is not possible, the provider ensures that the family accommodation includes adequate facilities for basic food preparation, such as a kettle, fridge and toaster.

The service provider makes available a sufficient number of single or double beds in family sleeping quarters, as appropriate.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- if the provider has accommodated families with children together in own-door accommodation
- if all families have access to their own private living space, which is in addition to sleeping quarters
- if the family living and sleeping space is private and contains adequate bedrooms and beds
- if all families have access to their own private bathroom
- the cooking and food preparation facilities in place for families.

### **Through communication**

Inspectors may communicate:

- with residents on their experience of bedroom and living spaces, and cooking and food preparation facilities
- with staff and managers on the allocation of own-door accommodation for families.

### **Through review of documents**

Inspectors may review documents such as:

- policy and procedure on the allocation of accommodation to families
- needs and vulnerability assessments

- records in relation to reports of child protection and welfare concerns by the centre
- complaints records
- health and safety records
- the provider's risk register for the centre.

Dimension: Quality and safety

**Theme 4: Accommodation**

**Standard 4.5**

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

**What compliance with this standard looks like**

The centre matches its written description and meets the recreational, leisure and religious needs of children and adults who live there. The provider has ensured that every opportunity is provided on site for residents to meet and integrate with family members and members of their local community. For example, there are areas where they can meet and take part in activities. In addition, the provider has transport arrangements in place for access to offsite activities.

Each centre has its own special features and layout depending on the building and the needs of the residents who live there. The use of space within the premises is informed by the views of the residents, and ensures that residents can enjoy living in an accessible, safe, comfortable and homely environment where friends are welcome. This supports the promotion of independence, recreation and leisure and enables an excellent quality of life for all who live there.

The living environment is stimulating and provides opportunities for rest and recreation. Appropriate and accessible indoor and outdoor recreational areas and equipment are provided in the service.

There is active and meaningful engagement and consultation with residents, including children, about the provision of recreational and multipurpose spaces and facilities in the centre which takes account of the changing profile of residents.

Multipurpose spaces are adequately equipped and furnished, clean and accessible to all. There are clear, fair and transparent processes in place for their use by residents.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- if there are appropriate and adequate indoor and outdoor recreation and sports facilities for children and adults which are accessible, and which reflect their diverse needs
- meeting and multipurpose facilities in the centre
- if there is non-denominational space for religious practice and worship
- if there is a reception space to host friends and non-resident family members.

#### **Through communication**

Inspectors may communicate with residents:

- on their experience of recreational and other facilities in the centre and their accessibility
- on their experience of opportunities within the centre to integrate with the local community
- on their experience of a space for worship and religious practice.

Inspectors may communicate with staff and managers:

- on the systems in place to actively include adults and children in decisions on the provision and design of facilities in the centre, and meeting ongoing and changing needs of the centre's population
- on the management of multipurpose rooms.



## Through review of documents

Inspectors may review documents such as:

- resident questionnaires received before and during the inspection
- centre records on multipurpose room bookings
- policies and procedures on access to multipurpose rooms
- records of consultation with residents.

Dimension: Quality and safety

### Theme 4: Accommodation

#### Standard 4.6

The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

### What compliance with this standard looks like

Children and young people are encouraged to feel valued and are supported to reach their full educational potential. The service promotes and encourages the educational welfare of children and young people while living in the centre.

Children and young people's assessed needs inform the provision of suitable study and after-school facilities and areas which are clean, well maintained, adequately resourced and equipped. Where study and after-school services and facilities are not provided on site, there are appropriate arrangements in place for children and young people to access them off site, including appropriate transport arrangements.

Children and young people are supported and informed about safe use of and access to the Internet and electronic equipment.

The service promotes children and young people's access to mentoring and educational supports in the community and liaises with relevant educational institutions to ensure this happens.

The service provides appropriate crèche facilities within the centre where required.

Where these facilities are not available on site, there are suitable arrangements in place for residents to access them off site.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- study, aftercare and crèche facilities available on site
- after-school homework or study clubs attended by children and young people.

#### **Through communication**

Inspectors may communicate:

- with residents (children, young people and their parents) on access to educational facilities and supports
- with parents on access to crèche facilities
- with residents on access to adequate transport options
- with staff and managers on the provision of educational and crèche facilities
- with managers on links they have developed with educational support services.

#### **Through review of documents**

Inspectors may review documents such as:

- information for residents on crèches, after-school and other available educational supports
- documentation to confirm the registration of on-site crèche

- policy on the use of the provider's transport
- records of meetings and communication with educational and training institutions.

Dimension: Quality and safety

**Theme 4: Accommodation**

**Standard 4.7**

The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

**What compliance with this standard looks like**

All common areas within the centre are kept clean, and there are cleaning schedules in place to ensure this happens. There are good records kept of cleaning schedules.

The service provider acknowledges and supports residents to be as independent as possible in relation to their laundry. Residents have access to adequate amounts of appropriate cleaning materials, laundry powder and cleaning equipment. The provider is proactive in consulting with residents with regard to their needs in relation to the types and amounts of laundry provisions provided by the centre.

There are appropriate and accessible laundry facilities available to residents as required. Laundry appliances are kept in good repair and are replaced where necessary in a timely fashion. The laundry room or laundry area is well ventilated to the external air and has adequate drainage. Both indoor and outdoor clothes drying spaces are available, appropriate to the size of the population of the accommodation centre and the amount of laundry that is to be done in the space.

Evaluation of the effectiveness of how the laundry facilities and provisions meet the needs of residents and promote their independence forms part of the continual quality improvement cycle, which in turn forms part of a review of the centre.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- by walking around the centre to see if common areas are clutter free, clean and free from unpleasant or foul smells
- if there are sufficient laundry facilities in the centre
- if the laundry facilities have appropriate ventilation and drainage
- residents' access to laundry facilities, supplies and equipment.

### **Through communication**

Inspectors may communicate:

- with residents on laundry facilities, equipment and supplies
- with residents on their experience of their level of independence in relation to doing their laundry
- with staff on cleaning schedules and or other arrangements in place for common areas
- with managers on monitoring and oversight arrangements in place
- with managers on complaints related to laundry.

### **Through review of documents**

Inspectors may review documents such as:

- cleaning schedules
- reports on reviews of the service
- audits relating to the premises

- records of consultation with residents on laundry facilities, provisions and supplies
- records of complaints
- maintenance records.

Dimension: Quality and safety

**Theme 4: Accommodation**

**Standard 4.8**

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

**What compliance with this standard looks like**

Residents experience an environment within the centre which promotes their right to safety, privacy and dignity. Practices, operational policies and procedures relating to security within the centre prevent and ensure appropriate responses to the use of violence, including sexual and gender-based assault and harassment. Staff are alert to signs of violence among residents and promote the safety of all, in particular, those residents who may be more vulnerable than others.

There are systems in place to identify, assess and control risk related to the security of the centre. These risks are reviewed regularly. The service provider is proactive in engaging with and encouraging residents to give their views on security measures in the centre, such as wearing of uniforms, on-site presence of security staff and physical barriers and or gates.

The service provider ensures that all security staff working in the centre have undertaken cultural sensitivity, and equality and diversity training and that this training informs their day-to-day practice.

There are systems in place to assure the provider that all security staff working in the centre are licensed by the appropriate authority and are An Garda Síochána (police) vetted.

Policies and operational procedures clearly detail the use of restrictive procedures, examples of which include physical barriers limiting access to or exit from the

centre, restricting access to communal areas, room searches or the use of any physical interventions for the purpose of managing imminent risk to residents, staff or visitors. If a restrictive procedure is used on any resident (adult or child), it is the least restrictive procedure for the shortest duration of time, and this is managed in a dignified manner, in line with policy. All instances of the use of restrictive procedures, including the reasons for its use, the nature and duration or any actions taken and any sanctions imposed on residents, are recorded and are available to HIQA inspectors.

There are protocols in place for requesting the assistance of An Garda Síochána, which are known and understood by staff and residents.

Centre policies and operational procedures clearly detail the use of closed-circuit television (CCTV) only as a security measure. Where CCTV is used, it does not intrude on residents' privacy. CCTV is not used to monitor residents' movements or as a substitute for appropriate numbers of staff. The provider ensures that CCTV is only used in a way that is assessed as responsible, necessary and proportionate.

There is a policy on the use of CCTV which is informed by relevant legislation. Where CCTV records residents, this is included in the centre's policy and procedure, and there is a retention period in place for the storage of videos. This time period is outlined to the residents. Staff know why CCTV is used, the retention periods in place and are trained on data protection and General Data Protection Regulation (GDPR).

Residents are informed of the use and purpose of CCTV in the centre and of the locations of each camera. CCTV cameras are visible throughout the centre and are not hidden. They are only located in public areas in the centre and never in private areas, such as residents' bedrooms or bathrooms.

The service provider ensures that visiting rooms without CCTV are available to enable residents to receive visitors — including professionals — in private.

Policies and operational procedures are in place for sharing information about residents, which is informed by legislation. The service provider and staff demonstrate a clear understanding of when they are legally bound to share information; for example, where there is a risk to a resident or another person. This could include, for example, sharing information as part of an investigation by the Gardaí or Tusla.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- CCTV in use in the centre
- the locations of CCTV cameras and signage
- security personnel carrying out their duties
- security measures in place, such as gates and barriers
- residents free movement through the centre
- residents entering and leaving the centre
- private spaces for residents to receive visitors and professionals without CCTV in those spaces.

### **Through communication**

Inspectors may communicate with residents:

- on their experience of safety and security in the centre, including CCTV
- on the experience of restrictive procedures in the centre
- on how they are consulted in relation to security in the centre and if their views are acted on
- on their experience of their right to privacy
- on their understanding of information management within the centre.

Inspectors may communicate with staff and managers:

- on their understanding of what constitutes a restrictive procedure
- on policy and procedure related to security, information sharing, referral to the Gardaí, restrictive procedures and CCTV.

## Through review of documents

Inspectors may review documents such as:

- a centre's risk register
- risk assessments
- a centre's health and safety assessments
- security personnel records
- staff training records
- centre records on use of restrictive procedures
- records related to incidents and adverse events
- records of referrals to the Gardaí
- records of complaints.

Dimension: Quality and safety

### Theme 4: Accommodation

#### Standard 4.9

The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

### What compliance with this standard looks like

Residents are supported to achieve optimal health and wellbeing for themselves and their children. A rights-based approach is taken by the provider in relation to the provision and or access to non-food items. This approach ensures that residents' personal hygiene, comfort, dignity, health and wellbeing are promoted.

On arrival to the centre, each person receives two sets of appropriate bed linen, which are of good quality, are in good condition and are suited to the seasonal weather. On their arrival, residents also receive two sets of good quality towels. Linen and towels are replaced if they become worn, damaged or torn.



The service provider ensures that residents have access to and receive suitable and appropriate amounts of non-food items. These are discreetly provided as needed, taking into consideration the cultural sensitivities of residents. These items include personal hygiene products, feminine hygiene products and toiletries. Nappies, wipes and lotions are available for residents with babies and toddlers. The service provider facilitates age-appropriate access to free contraception. For example, this may be provided on site or through arrangements with local general practitioners (GPs) and pharmacies.

A resident's right to choice of non-food brands or products is promoted in the centre, and their needs are taken into account in relation to the provision of non-food items. Residents are encouraged and facilitated to provide feedback on the quality, quantities and varieties of non-food items available and or accessible to them. Their feedback is taken into consideration by the service provider and acted upon, when sourcing and ordering non-food items. For example, if a product type is not deemed suitable or if residents report it to be of poor quality, the service provider will make every effort to replace that product with an alternative in a timely way.

There are transparent and fair mechanisms in place, including transport arrangements, to ensure residents have access to other non-food items and products they may request or require based on an assessed need. Residents are aware of how they can request access to these specific items.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- non-food items available to residents on site, including at the time of admission
- residents being facilitated to access non-food items off site.

#### **Through communication**

Inspectors may communicate:

- with residents on their experience of the provision, access to, quality and suitability of non-food items

- with managers and staff on arrangements in place for the provision of and facilitated access to non-food items for residents.

### **Through review of documents**

Inspectors may review documents such as:

- records of complaints
- the centre's policy and procedure in relation to the provision of (on site or facilitated access to) contraception
- residents' assessments of need related to non-food items
- records of consultation with residents on non-food items
- resident committee meeting records
- staff meeting records
- the policy on the use of the provider's vehicles and other transport arrangements for residents.

## **Theme 5: Food, Catering and Cooking Facilities**

Dimension: Quality and Safety

### **Theme 5: Food, Catering and Cooking Facilities**

#### **Standard 5.1**

Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

### **What compliance with this standard looks like**

Eating well is viewed as having an important part to play in the health and wellbeing of people living in the accommodation centre. Residents' abilities to prepare food for themselves or their families and, in the case of families, to dine together, is viewed as an important aspect of everyday life. To support this, the service provider ensures that well equipped and maintained food preparation and dining facilities are in place to meet the residents' needs and to support family life. Religious and cultural requirements related to food and food preparation are accommodated. Residents are actively included and involved in decisions about access to food and preparation areas.

The service provider has ensured that residents have access to their own private kitchen, or to a communal kitchen. Where residents do not have their own kitchen, they are provided with facilities for basic food preparation. Transparent and fair arrangements are in place between the service provider and residents in relation to accessing space to prepare food, which prevents any conflict between residents over the use of shared spaces.

Procedures are in place to prevent cross-contamination of food; for example, for people with a nut allergy or people on a vegan or halal diet. There is a sufficient quantity of cooking utensils and equipment available to meet the needs of the number of residents using the facility. These are repaired or replaced as soon as they become faulty or damaged. There is an appropriate cleaning schedule in place for communal kitchen and dining areas.

Residents have access to sufficient food storage for both refrigerated and dry foods, and this is located in either the residents' own kitchen or in a communal kitchen.

The service provider ensures that where food is catered, residents also have the option to cook for themselves. If self-catering is not immediately available to

residents, the provider ensures that cooking facilities are in place within a reasonable time frame. Cooking facilities are accessible to people with disabilities.

The provider recognises that each resident has their own routine and possible workday pattern. To this end, the service provider ensures that there are facilities and provisions in place for residents to make lunches to take off site. For example, for school going children or adults on training courses.

Residents have access to dining areas in their own self-contained units or a communal dining area. Dining areas are appropriate for the number of residents in the centre and are accessible to people with a disability.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- dining in communal settings, if appropriate to do so, in order to experience the atmosphere and to determine if dining areas are proportionate to the number of residents
- if residents' choices are respected regarding where they dine, where they sit, who they sit with and the meal they eat
- if residents prepare their own meals and if they have access to drinks and snacks outside mealtimes
- if the dining area (private and communal) is appropriate and there are enough suitable storage arrangements for foodstuffs
- accessibility of food preparation, storage and dining areas
- if a policy on food safety is in practice.

## **Through communication**

Inspectors may communicate with residents:

- on their experience of dining, food preparation and storage arrangements
- on food preparation equipment provided to them or made available to them
- on accessibility to dining and food preparation areas and foodstuffs during and outside of mealtimes.

Inspectors may communicate with staff and managers:

- on providing dining areas, food preparation areas and equipment (communal and other).

Inspectors may communicate with staff:

- on food safety training.

## **Through review of documents**

Inspectors may review documents such as:

- the food safety policies and procedures
- resident questionnaires received before and during inspection
- records of complaints
- staff training records on areas of food safety
- written recommendations for residents in relation to specialist dietary requirements.

Dimension: Quality and safety

### **Theme 5: Food, Catering and Cooking Facilities**

#### **Standard 5.2**

The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

### **What compliance with this standard looks like**

Eating and drinking well is viewed as having an important part to play in the health and wellbeing of residents. Residents are supported and encouraged to eat a healthy varied diet, and they are communicated with about mealtimes, their meals and their food preferences. Religious, cultural and dietary requirements around food are known and accommodated. Residents can exercise choice in relation to the food they eat. Residents are actively included and involved in decisions relating to catering.

There is a 28-day menu cycle in place for residents who avail of catered food options. The provider ensures that this menu is informed by residents and is considered in conjunction with all relevant medical, health, cultural, religious and dietary requirements of the residents. The planned menu is reviewed and approved by a suitably qualified person as meeting minimum nutritional standards. At a minimum, residents are provided with a choice of two options for every meal. The two options should not limit residents with cultural, religious and dietary requirements to only one choice. All food is prepared by a suitably qualified person.

Where residents have access to kitchen facilities to prepare their own food, supplies sourced for cooking are plentiful, varied, nutritious and ethnically appropriate.

Suitable facilities and provisions are available for infants and nursing mothers.

There are a variety of nutritious snacks and beverages available outside of mealtimes, which have been sourced in consultation with residents, taking into account their choice and preference. Drinking water is freely available to residents outside of private quarters.

The provider promotes healthy eating and good food habits. Information on healthy eating is available to residents in the centre. All food is traceable and sourced in accordance with Food Safety Authority of Ireland guidelines.

To enhance the dining experience where food is catered, dining areas provide sufficient space to eat and facilitate both private and communal dining, as far as is practicable. The provider takes into consideration the needs of residents when planning opening and closing times for the dining area and shop (where applicable). For example, flexible arrangements are in place to meet the needs of residents due to work shift patterns, study and cultural dining requirements, such as Ramadan.

The service provider has various mechanisms, such as residents' meetings and comment boxes, to seek their feedback on food quality, cooking facilities and supplies provided. Feedback is acknowledged, recorded and is used to inform food and catering decisions.

Oversight and monitoring is proactively carried out on a routine basis and in collaboration with residents. Evaluation of the effectiveness of planning, providing and managing food and nutritional care for residents forms part of the continual improvement cycle.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- dining in communal settings, if appropriate to do so
- mealtimes, to observe the food provided
- if resident choices are respected regarding where they dine, where they sit, who they sit with and the meal they eat
- if residents are included in the preparation of their own meals and if they have access to drinks and snacks outside mealtimes
- the opening and closing times of dining areas and the centre shop (if applicable)
- meetings with residents.

## **Through communication**

Inspectors may communicate with residents:

- on their experience of a planned and varied menu and how they were consulted in its development
- on the availability of snacks outside of mealtimes
- on the availability of ethnically-appropriate food
- on accessibility of dining areas and the centre shop.

Inspectors may communicate with staff and managers:

- on catering food for a diverse population with different needs.

## **Through review of documents**

Inspectors may review documents such as:

- the policy on food safety
- staff training records
- records of complaints
- the centre's menu
- minutes of meetings with residents.



## Theme 6: Person-Centred Care and Support

Dimension: Quality and safety

### Theme 6: Person-centred care and support

#### Standard 6.1

The rights and diversity of each resident are respected, safeguarded and promoted.

### What compliance with this standard looks like

The culture of the centre is one that protects, respects and promotes the rights of residents. This culture is based on a shared value system that respects all aspects of residents uniqueness, recognises their individuality and treats residents as valued human beings. It recognises residents' rights, including their right to be listened to and to participate in decisions made about their lives, while taking into account the age, ability and maturity of residents.

Policies and procedures in the centre adhere to international human rights standards, relevant legislation, regulation, national policy, Irish and international professional guidance and evidence-based guidelines.

The provider ensures that residents are informed and supported to understand their rights. This information is provided in a variety of languages and in an accessible format.

Residents are treated with dignity, respect and kindness by all members of staff. The service provider, managers and staff members value diversity and equality and are inclusive of all groups of residents and respects their identity.

Different levels of support are provided to residents in line with their individual needs and preferences. The level of support provided takes into account the outcomes and recommendations of the vulnerability assessment. No resident is discriminated against in the centre, particularly in relation to their age, gender, sexual orientation, gender identity, disability, family status, civil status, race, religious beliefs and or membership of an ethnic group. The provider takes immediate steps to investigate and address any allegations of discrimination against a staff member or resident to ensure all residents' safety and wellbeing.

The provider ensures that residents are supported in accessing legal advice if they wish to, and are assisted to understand when they may wish to seek legal advice and how to access that advice. The provider informs residents of their right to exercise their legal capacity.

The service provider assists residents in accessing advocacy services. Information on various advocacy services are provided to residents in a variety of languages, and in an accessible format. The provider has been in contact with advocacy services to allow the provider to share information about their advocacy services with residents.

The service provider facilitates residents with their right to observe or abstain from religious practice in accordance with their wishes. The provider has contacted local religious organisations to seek information about religious services for the residents. A non-denominational room is available for residents to pray in if they wish to.

The provider facilitates residents to exercise their right to be informed and to vote, and also assists residents to register to vote in line with their wishes and national law.

Children and young people are assisted to understand their rights in an accessible and age-appropriate way. Their perspectives on the service are sought after and are considered in addition to their needs. Children and young people are supported in exercising their rights, and are supported in accessing suitable advocacy services if they wish. The culture of the centre protects, respects and promotes each child and young person's right to participate in the decisions which affect them on a daily basis.

The provider recognises that children or young people who identify as lesbian, gay, bisexual, transgender and intersex (LGBTQI+) may be especially vulnerable. The provider will ensure that children and young people have access to information relating to being part of the LGBTQI+ community and will facilitate links with LGBTQI+ advocacy groups. LGBTQI+ residents are facilitated and supported in exercising their rights.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- how staff and residents interact; for example, staff members' responses to queries or concerns from residents who use the service

- whether the language used is appropriate to the resident
- whether residents' rights are promoted by staff
- resident's meetings
- if staff speak in a respectful and caring way about residents
- interpretative services used by residents and their families
- whether residents can attend religious or spiritual services if they wish
- how residents' privacy and dignity is promoted and supported; for example:
  - whether the design, layout and facilities support privacy and dignity and
  - if CCTV is installed (if applicable), where it is located and how it is used.

### **Through communication**

Inspectors may communicate with residents to:

- find out if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences; for example, can residents make choices about the services and supports they use and how they use them?
- determine if different beliefs are provided for
- determine if they require any interpretative services
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently and how they exercise choice
- determine if they can access advocacy services and information on their rights
- check if residents are aware that CCTV is in use (where applicable)
- find out whether residents are given explanations when they need them and in a way that they understand
- establish how consent is sought where required, and how residents are

involved in decision-making

- determine if residents are supported to take part in activities that they enjoy and are meaningful to them, and includes new experiences and social participation
- establish if children living in the accommodation centres have opportunities for play and age-appropriate opportunities to be alone.

Inspectors may communicate with staff and managers to:

- explore how they promote and respect residents' rights and residents exercising choice
- determine what interpretative services are available if they are required and how are they accessed
- determine how residents are facilitated in their religious practices
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently.

Inspectors may communicate with the centre manager to:

- determine how appropriate care and support is provided in line with evidenced-based practice and how residents preferred interests are determined
- explore how they promote and respect residents' rights and residents exercising choice.

### **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before or during inspection
- information for residents on their rights and advocacy services
- records of residents' meetings
- records of advocacy arrangements and or visits
- records of the use of interpretive services

- daily records
- individual records relating to facilitation of social, cultural and religious practices
- records relating to diversity.

Dimension: Quality and safety

**Theme 6: Person-centred care and support**

**Standard 6.2**

The service provider respects and safeguards the privacy of each resident.

**What compliance with this standard looks like**

The privacy of residents is respected and safeguarded at all times. This is evident in the centre's policy and everyday practices. Residents can be alone whenever they wish. Private living or sleeping areas are not entered by staff without prior notification and rationale and on consent by the resident; except on balance of risk. For example, if it is in the case of an emergency, or if there is a genuine concern for the safety and welfare of a resident or another person. In addition, all bedrooms, toilets and bathrooms are lockable from the inside. All residents have unrestricted access to their own bedrooms and can access toilets and bathrooms at any time without restriction.

There is a culture of respect in the centre and the autonomy of residents is promoted. This is evident in the way in which staff communicate with and on behalf of residents. For example, staff address residents in the way they wish to be addressed. While residents are supported and facilitated to use various services in the community, staff do not act or speak for residents, where they are capable of doing so for themselves.

Visitors are welcome in the centre and residents can receive visits in private; for example, in a designated visiting area without CCTV. A sensible balance is made between facilitating visits and the impact this has on other residents.

The centre promotes residents' rights to privacy in relation to expressions of intimacy, sexuality and relationships.

Residents are free to seek personal consultations and receive a personal

examination from medical professionals without needing to inform any staff in the centre. The centre is adequately equipped to ensure residents can communicate freely with any other individuals without restriction. For example, the provider has equipment available for residents to send emails, use social media or make phone calls, and they can do so in private.

Where a resident is in need of additional support at times of acute distress, this is dealt with in a discreet way, and the wishes and needs of the resident are taken into account. This approach promotes the privacy and dignity of residents.

There is a respectful approach in the centre towards residents' personal belongings and possessions. Residents are facilitated to keep their possessions and belongings with them as much as is practicable by the service provider. Where this cannot be achieved because of limited space, alternative on-site storage arrangements are put in place by the service provider, which the resident can access when they wish. If a resident is no longer living in the centre, their belongings are stored appropriately for a reasonable period of time.

The service provider ensures that when a resident is absent from a centre, their personal space is respected. Their belongings are not moved and their bed is not made available to other individuals in need of short-term stay.

Information about residents or their private lives is not discussed or shared by staff, unless legally required. This is evident in the centre's policy and procedures.

The service provider is proactive in continual improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of practice supports a resident's right to privacy and is part of the continual quality improvement cycle.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- how the privacy of residents is respected in the centre
- centre storage areas
- how staff members speak about residents and the manner in which they interact with residents
- if bedrooms, family accommodation and toilets are fitted with locks suited to

each resident's capabilities

- if there are spaces available in the centre for private consultation with residents.

### **Through communication**

Inspectors may communicate with residents:

- to determine if their right to privacy is respected by staff members and the provider
- to determine if they can receive visitors in a private area of the centre
- to explore the availability of equipment to aid communication and the accessibility of this equipment
- to determine if they have unrestricted access to their bedroom, toilet and bathroom at all times
- to determine if the provider seeks their views on privacy, dignity and sense of home
- to determine if appropriate arrangements and facilities are in place for the safe storage of personal belongings.

Inspectors may communicate with staff and managers:

- on how they promote residents' rights to privacy.

### **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before or during inspection
- information for residents on their rights and advocacy services
- records of residents meetings
- records of advocacy arrangements and visits
- the centre's policy on visits
- the centre's policy and procedure on short-term room allocation.

Dimension: Quality and safety

**Theme 6: Person-centred care and support**

**Standard 6.3**

The service provider respects and safeguards the dignity of each resident.

**What compliance with this standard looks like**

Residents' dignity is respected at all times. Each resident is listened to with care and respect by staff. Residents are encouraged and supported to direct how they live on a day-to-day basis according to their personal values, beliefs and preferences.

The centre is a safe place for residents to live and is free from bullying and harassment. The service provider has an anti-bullying policy and an anti-harassment policy in place in the centre which are implemented in practice. There is a safety statement in place which is displayed in the centre which contains information on safety, dignity, anti-bullying and anti-harassment policies of the centre.

Residents are listened to and encouraged to provide feedback on services and to make suggestions for improvement in the services.

There is a clear and timely process in place for dealing with residents' feedback, suggestions.

Residents receive dignified care and support at the end of their life that meets their religious and cultural needs and respects their dignity and independence. The provider assists residents and their families to access religious services when a resident is nearing end of life, if they wish. The provider will ensure that the resident, their family and their friends have appropriate levels of privacy as they near end of life and after they pass away. The provider gives information to residents affected by bereavement, grief and loss regarding support services locally, especially those services offered free of charge or at low cost.

When accommodation is being withdrawn, residents are treated in a humane and dignified way, which is proportionate, non-discriminatory and ensures each resident's human rights are protected. The provider will respect the resident's wishes in relation to privacy or discretion when they are leaving the centre. Residents who are transferred or removed from accommodation are also provided



with sufficient information about how to contact relevant support services who may be able to assist them.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- interactions between staff and residents
- the layout of the centre to observe if the design, layout and facilities support privacy
- staff in their daily routine; for example, do staff knock and seek permission before entering residents' rooms?
- staff meetings and handovers to observe if information about residents is communicated discreetly.

#### **Through communication**

Inspectors may communicate with residents:

- on their experience of everyday life in the centre
- to explore their knowledge of rights and centre policies
- their experience of end-of-life care and support, including when a bereavement occurs.

Inspectors may communicate with staff and managers:

- to explore their knowledge of rights, policies and procedures and if these have been implemented consistently
- to determine how they promote and sustain a supportive environment which is free from bullying and harassment.

Inspectors may communicate with the manager:

- to determine how appropriate care and support is provided in line with evidenced-based practice and to determine how residents' rights are promoted and facilitated.

## Through review of documents

Inspectors may review documents such as:

- records of complaints and serious incidents or adverse events
- centre policies and procedures
- resident questionnaires received before or during inspection
- information for residents on their rights and support services
- records of residents' meetings
- work plans and end-of-life plans — where applicable
- vulnerability assessments — where applicable
- centre records.

Dimension: Quality and safety

### Theme 6: Person-centred care and support

#### Standard 6.4

The service provider makes information available, and communicates this, in an accessible format which is appropriate to any special requirements of residents' communication needs.

### What compliance with this standard looks like

The provider facilitates residents to access mediators for the purpose of interpretation, translation and advocacy, to assist them to understand information being provided to them. The safe and ethical use of these services is evident in centre policy. For example, children are never used as intermediaries, interpreters or translators between their parents and centre staff and or external services. Consent from residents for the use of interpretative services is regularly revisited. Residents can seek the use of alternative interpretative services if they are not satisfied with the service offered by the provider.

The service provider ensures that appropriately-trained interpreters and translators are used in the centre to assist residents. All translators and interpreters used by

the provider are members of the Irish Translators' and Interpreters Association and or the Council Of Irish Sign Language Interpreters.

As far as is practicable, communication with residents is made available in formats accessible for both adults and children. Communication is appropriate to any special requirements of the resident's communication needs, including residents who have language and literacy barriers, and residents with intellectual disabilities.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- how staff and residents interact, and staff responses to queries or concerns of residents who use the service
- if residents have access to advocacy and information about their rights in a way they can understand
- residents' meetings
- management and staff meetings.

#### **Through communication**

Inspectors may communicate with:

- residents to determine if they are supported to understand information provided to them
- residents to determine if they understand their right to consent to the use of interpreters
- with staff and managers on how they promote and respect residents' rights to appropriate information
- with staff and residents on how residents' communication needs are assessed.

## **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before or during inspection
- information for residents on their rights and advocacy services
- records of residents' meetings
- records on the use of interpreters, translators and advocates
- vulnerability assessments — where applicable
- the centre's policies and procedures on the use of interpreter, translation and advocacy services.

## Theme 7: Individual, Family and Community Life

Dimension: Quality and safety
<b>Theme 7: Individual, Family and Community Life</b>
<b>Standard 7.1</b> The service provider supports and facilitates residents to develop and maintain personal and family relationships.

### What compliance with this standard looks like

There is an open and welcoming atmosphere which is person-centred. Family and friends of residents are encouraged and welcomed by management and staff, and facilitated to participate in and be regularly involved in residents' lives as residents wish. Residents have access to a private space to receive visitors if they so wish.

Staff do not place restrictions on visits unless requested by the resident or for specific reasons, such as:

- in the interests of safety
- in keeping with a court order
- if a statutory social worker has requested the restriction, or
- if the visit is having a negative impact on the other residents living in the centre.

Residents are encouraged to build relationships with members of the local community through engagement in social activities and leisure interests. Members of the local community are encouraged to visit the centre and or residents that they have formed friendships with.

There are efforts made to support residents and their families to engage in activities and celebrations that promote their culture or religion. Residents have opportunities to hold events in the centre to celebrate days or events of cultural or religious importance, once this does not have a negative effect on other residents. This supports families to share intergenerational knowledge and preserve their culture.

Families are accommodated together whenever possible and in the best interest of the child. If this is not possible, the provider assists residents to maintain links with their family. For example, through facilitating reasonable access to transport for

residents to visit their family. The importance of family unity is understood and supported by staff.

The provider has contingency plans in place which avoids overcrowding and the ability of the centre to provide privacy to residents when receiving visitors.

Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the visiting arrangements for each resident is one element of the continual quality improvement cycle, which, in turn, forms part of a review of the service.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- visiting arrangements, including any restrictions; for example, the way in which visits are facilitated, whether visitors are welcomed to the centre and if the visiting arrangements are flexible
- if there is suitable communal facilities and private visiting areas
- that family visits are supervised if required
- if direct contact is not possible, arrangements for telephone or alternative forms of contact are encouraged and facilitated.

#### **Through communication**

Inspectors may communicate with residents:

- to hear their experience of visits in the centre
- to establish if visits are ever restricted and their understanding of why this is the case
- to establish if they have maintained links with the community.

Inspectors may communicate with staff and managers:

- to explore their role in promoting family contact and personal relationships

- to explore how visits are safely managed
- to establish how restrictions to visits are decided and communicated, particularly in relation to child safety.

### Through review of documents

Inspectors may review documents such as:

- resident questionnaires received before and during the inspection
- the policy on visitors
- the visitors' sign-in book
- residents' court orders, statutory safety plans for children, daily logs and any associated documentation in relation to restrictions in place
- residents' work plans related to visits and contact by family members.

Dimension: Quality and safety

### Theme 7: Individual, Family and Community Life

#### Standard 7.2

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport service.

### What compliance with this standard looks like

The service provider facilitates residents to have easy and safe access to local recreational, educational, medical, health and social care, religious, retail and other services. If required, the provider organises appropriate transport to these venues. The transport service and vehicles used meet the reasonable needs of residents, taking into account their age, those with disabilities or poor mobility and the use of strollers for infants or toddlers. This is reflected in the centre's policy and procedures.

The service provider ensures that transport is specifically provided that meets the needs

of children attending off-site crèches, pre-schools, extra-curricular and socialisation activities, including youth groups. Children may be accompanied by their parent or appropriate guardian.

The provider works with residents including children and young people to plan the most effective way to assist residents to access services, and the most effective way to provide transport to the residents. These plans are reviewed regularly in consultation with residents to ensure that they continue to provide the most effective way to support them.

The service provider ensures that all vehicles owned or contracted by the provider to transport residents are insured, roadworthy, fit for purpose, regularly serviced, and are driven by persons who are insured and who are Garda Síochána (police) vetted. This information is held in the vehicles and or centre records. Each centre-provided vehicle has appropriate safety equipment.

Information is provided to residents about all available public and centre transport services, including routes, timetables and fares. This information is updated when required.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- the centre-provided vehicle to determine if it contains safety equipment
- displays of information for residents on available public and centre transport services.

#### **Through communication**

Inspectors may communicate:

- with residents to determine the availability of and how accessible centre transport is
- with residents to determine if the transport services meet their reasonable needs
- with the centre manager and staff on planning transport arrangements.



## Through review of documents

Inspectors may review documents such as:

- documents related to centre-provided vehicles, such as insurance and road tax certificates
- staff records related to driving centre-provided vehicles, such as An Garda Síochána (police) vetting and driving licences
- information leaflets for residents using transport
- the provider's transport policies and procedures.

Dimension: Quality and safety

### Theme 7: Individual, family and community life

#### Standard 7.3

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

### What compliance with this standard looks like

Residents are facilitated and encouraged to integrate and engage with the local community. The service provider has a clear written communication strategy and integration plan in place. This is evident in the level of support residents have to build community links and contacts, and to encourage members of community organisations to visit the centre, share information with its residents and invite them to community-based events. The provider proactively engages with various agencies, community organisations and groups in the development and regular review of the integration plan.

The service provider facilitates the establishment and convening of a 'Friends of the Centre' group, to promote community involvement with residents in the centre. The scope and role of the group is agreed by the members, which include a broad representation of the diversity of residents (including children and young people), local statutory services, and community and or voluntary groups. Appropriate space

is provided in the centre (or elsewhere) for group meetings to meet and which do not compromise the privacy and or safety of residents (adults and children).

The provider has proactively engaged with local leisure groups, sporting organisations, recreational service bodies and voluntary groups to develop partnership agreements which ensure these outlets are accessible to residents. Residents are provided with information relating to all community-based services and facilities that are available to them.

There are fair and transparent procedures in place to manage centre facilities, such as public and private spaces provided within the centre, which have been developed in collaboration with residents.

Where applicable, residents are prepared for transition to other services or independent living. All transitions occur in a timely manner with planned supports in place before the resident moves out of the centre.

Evaluation of the effectiveness of the communication plans and community partnerships form part of the continual quality improvement cycle, and the provider's policies, procedures and practices are updated based on the findings of any review carried out.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- if there are public and private spaces provided within the centre which are well managed
- visits from community groups to the centre
- activities in the centre
- group meetings.

### **Through communication**

Inspectors may communicate with:

- residents about how they are being prepared for moving out of the centre
- residents on their experiences of integrating with local community groups, services and activities
- residents on their involvement in the development and or review of the centre's integration plan
- staff and managers on the development, review and implementation of the centre's integration plan and communication strategy
- staff and managers on managing public spaces within the centre.

### **Through review of documents**

Inspectors may review documents such as:

- the provider's community integration plan
- the provider's communication strategy
- training for residents, such as life skills
- records of visitors to the centre.

Dimension: Quality and safety

### **Theme 7: Individual, family and community life**

#### **Standard 7.4**

Staff and management support and encourage community initiatives and a sense of community within the centre.

## **What compliance with this standard looks like**

There is a sense of community within the centre. The service provider is proactive in engaging with local community groups to organise activities which promote this sense of community among residents.

The service provider encourages and facilitates activities and events within the centre which reflect and celebrate the diverse cultures, specific interests, identities and events of particular importance to the residents. Events are organised that are inclusive of all age groups.

There are strong arrangements in place to ensure children are safeguarded and proactively protected from abuse or harm when such events are hosted in the centre by external parties. The service provider has mechanisms in place to ensure members of external groups are appropriately vetted in line with provider's policy, and the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- events and activities held in the centre
- if plans for community-based activities are communicated with residents; for example, through noticeboards and in an accessible format.

### **Through communication**

Inspectors may communicate:

- with residents to determine the type, number and frequency of community activities organised and held in the centre
- with residents to determine the level of consultation and engagement with, and autonomy provided to, residents in the organising of community activities in the centre
- with the centre manager to determine how they are assured that external

groups are appropriate and genuine and that their members are appropriately vetted.

### **Through review of documents**

Inspectors may review documents such as:

- schedules of community activities planned for residents
- records of external groups involved in the centre
- records of meetings between residents and the provider
- correspondence between the provider and external groups
- the provider's policy on safeguarding and child protection
- the provider's risk register for the centre
- records related to child protection concerns.

## Theme 8: Safeguarding and Protection

Dimension: Quality and safety

### Theme 8: Safeguarding and protection

#### Standard 8.1

The service provider protects residents from abuse and neglect and promotes their safety and welfare.

### What compliance with this standard looks like

Each resident has the right to protection and safety from all forms of abuse (which can be physical, sexual, emotional, financial, institutional, neglect and discriminatory). Safeguarding is first and foremost about proactively protecting people from all forms of abuse. There is a culture in the centre which values and prioritises residents' safety and welfare and which empowers staff to respond quickly and appropriately to concerns.

Centre staff are aware of how to monitor for, prevent and report suspected abuse. Staff ensure that residents are safe, and explain to them how they can report allegations of abuse or if they witness or experience abuse. It is clear to residents that staff will help them and that they will not suffer any negative consequences for making an allegation of abuse.

There are written policies and procedures in place and implemented, that outline to staff how to protect residents from abuse, how to report suspected abuse or allegations of abuse, and how to respond to abuse, suspected abuse or allegations of abuse. These policies and procedures are in line with international human rights instruments, national policy and relevant legislation.<sup>5</sup> Staff are knowledgeable on the policies and procedures, and are aware of their reporting duties if an allegation is made to them. An Garda Síochána, Tusla and any other relevant body, as appropriate, are informed if an allegation of abuse is made in the centre.

The service provider communicates these procedures to residents in an accessible format that they can understand. Information on reporting abuse is displayed in the centre and residents are supported to understand it. Residents are assured that

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<sup>5</sup> For example, Safeguarding Vulnerable Persons at Risk of Abuse 2014; Children First: National Guidance for the Protection and Welfare of Children 2017; Domestic Violence Act 2018; and the Children First Act 2015.

staff will assist them if they wish to report in incident of abuse.

There are risk assessment and management policies and procedures in place for dealing with situations where the safety of a resident or residents may be compromised. Staff understand these policies and procedures and know how to implement them if a situation arises. Staff know how to respond and reduce the risk to a resident or residents. Staff also know who to report these incidents to.

There are policies and procedures in place to manage conflict, including when to engage with An Garda Síochána, and restrictive practices, which are known to staff and implemented.

Where an allegation or concern has been made by or about a resident within the centre, it is reported and managed in line with relevant legislation, national guidance and policies. The centre manager takes all reasonable and proportionate interim measures to protect residents, pending the outcome of any assessment or investigation. Necessary actions on foot of an allegation are communicated appropriately to the person or people involved.

A designated liaison person, knowledgeable about safeguarding and protection, is appointed to act as a liaison with outside agencies and a resource person for staff who have protection or safety concerns. The designated liaison person also ensures that reporting procedures in the centre are followed, so that concerns are reported and or referred promptly to the relevant authority.

The service provider ensures residents are informed of and upskilled in relation to keeping themselves safe. Information on available supports and services in the community and nationally are displayed in the centre in an assessable format.

There is safe and secure storage for residents' valuables, both in their room and in the centre.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- if there is a designated liaison person in the centre

- if there is safe and secure storage for residents' belongings
- if there is information for residents on display about relevant supports
- if there is a culture present in the centre which promotes and facilitates the making of complaints and the raising of concerns about safeguarding and protection
- the monitoring and supervision of vulnerable adults and children.

### **Through communication**

Inspectors may communicate with residents:

- to determine if the policies in place to protect them from abuse and neglect and promote their safety and welfare are effective in practice
- to determine if the designated liaison person has made themselves and their role known to them
- to determine what they would do if they had concerns for their own safety or the safety of another resident
- to determine whether they have raised any safeguarding concerns in the centre and how this has been responded to.

Inspectors may communicate with the centre manager and staff:

- to explore their knowledge of the role of the designated liaison person
- to determine how they communicate the relevant policies and procedures to residents in an accessible format
- to determine how they are assured that the staff team employed in the centre are knowledgeable on the relevant policies and procedures
- to determine how they implement the provider's risk management policy in practice in the context of scenarios where the safety of residents may be compromised.
- to determine their level of understanding of their roles and responsibilities related to safeguarding and protection
- to determine how they identify vulnerable people living in the centre and the safeguards they put in place to protect them.



## Through review of documents

Inspectors may review documents such as:

- policies and procedures related to safeguarding, protection and risk management
- the risk register
- risk escalations
- resident questionnaires received before and during the inspection
- staff training records
- records documenting any incident, allegation or suspicion of abuse or neglect
- records of the investigation of any incident, allegation or suspicion of abuse or neglect
- records of referral by the provider to relevant bodies regarding concerns of a safeguarding nature
- minutes of meetings relating to allegations or suspicions of abuse or neglect
- social work records
- records on engagement with An Garda Síochána in relation to conflict management
- records on the use of restrictive practices
- vulnerability assessments — where applicable.

Dimension: Quality and safety

**Theme 8: Safeguarding and protection**

**Standard 8.2**

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

**What compliance with this standard looks like**

Every child needs to be protected and safe from all forms of abuse. Safeguarding is first and foremost about proactively protecting people. The culture in the centre is one of openness and transparency, where residents can raise and discuss any issues without prejudice.

Risk management in the centre safeguards children and supports responsible risk taking appropriate to the child's age, capacity and the potential risks. The identified needs, best interests and views of children inform the development and delivery of services and supports.

The safeguarding policy and procedures are written in line with international human rights instruments, national policy, Children's First and relevant legislation. Staff are knowledgeable on the policy and procedures, and there is evidence that they are implemented in practice. Staff understand their role and reporting obligations as mandated persons, where applicable.

Staff have received the appropriate training and are knowledgeable about how to recognise and respond to the possibility of abuse or neglect. This helps to ensure effective steps are taken to protect a child and to contribute to their ongoing safety.

There is a designated liaison person who acts as a liaison with Tusla and as a resource person to staff who have safety concerns. The residents know who this person is and the designated liaison person's details are displayed in the centre. This person has introduced themselves to each of the residents and explained what their role is. Staff know who the designated person is and who their deputy is, and know how to report safety concerns to them. The designated liaison person also ensures that reporting procedures within the centre are followed, so that welfare and protection concerns about children are referred promptly to the relevant social work department within the Child and Family Agency (Tusla).

The provider ensures that parents of children in the centre are informed of their right to contact Tusla and that contact information for Tusla is readily available in the centre.

Where an allegation or concern has been made by or about a child within the centre, it is reported and managed in line with relevant legislation, national guidance and policies. The centre manager takes all reasonable and proportionate interim measures to protect children pending the outcome of any assessment or investigation. Where appropriate, parents and guardians are informed and updated in relation to any incident, allegation, suspicion or investigation of abuse or neglect. Necessary actions on foot of an allegation are communicated appropriately to the person or people involved.

Staff work in partnership with parents and children to promote the safety and wellbeing of children in the centre. Areas of vulnerability are identified and individual safeguards are put in place for children where needed. Parents are supported to provide age-appropriate supervision of their children by a responsible adult and know their whereabouts at all times. Parents are supported to arrange for the supervision of children in their absence, including having arrangements between residents.

There are systems in place to ensure each child in the centre is accounted for and that no child is unexpectedly absent or missing from the centre. There is a policy and procedure in place to report children missing from the centre to the appropriate authorities.

Information for children and young people is readily available in the centre regarding supports; for example ChildLine. This is available in various appropriate formats, including posters, leaflets and signposting to online supports.

Strong, comprehensive and accessible policies and supporting procedures are implemented that help ensure children are protected from all forms of abuse by practices that promote their safety in relation to:

- recruitment, selection, training, assigning and supervision of staff
- visitors, including community-based group members, to the centre
- the duty of each staff member to report any concerns for the safety of children
- the use of restrictive procedures
- safe Internet use

- children unexpectedly absent or missing from the centre, where their whereabouts is unknown
- access to an advocate or advocacy services
- children’s private access to their representatives, family, advocates and external professionals
- strong reporting systems.

Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the protection of children forms one element of the continual quality improvement cycle, which, in turn, forms part of a review of the service.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- how the provider’s policy on safeguarding and protection is implemented in practice
- supervision of children in the centre
- there is a designated liaison person on site
- staff member responses to queries or concerns of children who use the service
- meetings and conferences regarding children’s safety and care
- communication between social workers and the staff and management team.

#### **Through communication**

Inspectors may communicate with parents:

- to explore their understanding of their role in safeguarding their own children

- with parents to get their experience of reporting child protection concerns.

Inspectors may communicate with children:

- to explore whether they feel safe in the centre and how they have been supported to develop their knowledge, self-awareness, understanding and skills required for self-care and protection
- to determine what they would do if they had concerns for their safety
- to determine whether they have raised any safeguarding concerns in the centre and how has this been responded to.

Inspectors may communicate with staff and managers:

- to explore the key components of safeguarding in the centre
- to explore their knowledge of their statutory obligations as mandated persons, where applicable
- to determine if they have received appropriate training and know how to put this training into practice in order to safeguard children
- to determine if they are aware of the policy and procedures for reporting abuse
- to determine how safeguarding practices and procedures are monitored.

Inspectors may communicate with the designated liaison person:

- to gain an understanding of child protection concerns in the centre
- to determine their understanding of their role in the centre.

Inspectors may communicate, where applicable:

- with statutory social workers to determine if concerns about children are reported in an appropriate and timely way and to find out about their views about the providers engagement with Tusla services to promote the safety and welfare of children in the centre in line with Children First.

## Through review of documents

Inspectors may review documents such as:

- resident questionnaires received before and during the inspection
- the provider's policy and procedures on safeguarding and protection
- staff training records on safeguarding, protection and Children First
- records documenting any incident, allegation or suspicion of abuse or neglect
- records of the investigation of any incident, allegation or suspicion of abuse or neglect
- minutes of meetings relating to allegations or suspicions of abuse or neglect
- the provider's risk register for the centre
- the centre residents' register
- risk escalations
- staff personnel records, including supervision records.

Dimension: Quality and safety

### **Theme 8: Safeguarding and protection**

#### **Standard 8.3**

The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

### **What compliance with this standard looks like**

The service provider and centre manager have developed and sustained a culture of openness, transparency, confidentiality and accountability. Adverse events are treated sensitively and confidentially and are reviewed as part of continual quality improvement to enable effective learning and reduce the likelihood of

reoccurrences.

Effective information governance arrangements are in place to ensure that the provider complies with the requirement to report adverse events to the relevant government department and other relevant parties, in the required format, within the specified time frame, and that all necessary information is submitted.

The policies and procedures in place outline the need to report, review and evaluate adverse events. There is a list of emergency contacts on display appropriate rooms of the centre.

Residents are informed as soon as possible after an adverse event affecting them has occurred, or becomes known. The appropriate support is provided to residents and information is shared with them regarding the management of the adverse event. The resident is kept informed on details relating to the event and regularly provided with updated information around the event as soon as it is available.

Learning from the evaluation of incident reviews is communicated promptly and used to inform the development of best practice and ultimately improve services. Staff are actively involved in the quality assurance programme.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- if emergency contacts are displayed in each room
- where appropriate — whether residents have noticeable injuries following an incident or accident and if this has been recorded in the centre and reported to relevant parties where required.

#### **Through communication**

Inspectors may communicate:

- with residents to see if they have been involved in an incident and determine their views on how incidents and accidents are managed

- with the centre manager and staff regarding the process for reporting and managing adverse events
- with the centre manager to determine how they ensure that all adverse events are recorded, notifications are made and any identified learning is used to improve the quality and safety of the service
- with staff to establish their understanding of adverse event management and whether it is in line with the provider's policy
- with staff to determine if analysis of adverse events is routinely carried out and whether practice has been improving as a result of such analysis.

### **Through review of documents**

Inspectors may review documents such as:

- the policy on the review and evaluation of incidents and adverse events
- the procedure for reporting incidents and adverse events
- resident questionnaires received before or during the inspection
- the policy on incidents where a resident goes missing
- the incidents and accidents register
- the provider's risk register for the centre
- the provider's health and safety assessments
- records of notifications of significant events
- staff duty rotas
- audits relating to adverse events and near misses
- minutes of residents and staff and or management meetings
- a review of the service.



## **Theme 9: Health, Wellbeing and Development**

Dimension: Quality and safety

### **Theme 9: Health, Wellbeing and Development**

#### **Standard 9.1**

The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person-centred and needs-based support to meet any identified health or social care needs.

### **What compliance with this standard looks like**

The principles of quality healthcare are health promotion, illness prevention, independence and meaningful activity. Adults and children living in the centre are supported to achieve these principles and, therefore, their optimal health.

The service provider has ensured that a rights-based approach has been adopted in the centre. In a practical sense, this involves residents making informed decisions about their health and the supports they receive. The residents' ability to be autonomous and make decisions about their health and welfare is supported and developed.

Residents are supported to live healthily and take responsibility for their health. The service provider ensures that information on physical and mental health and welfare, including information on diet, nutrition, recreation, exercise and mental and physical activities is provided to residents in an accessible format. This includes readily available information and contact details for various services and organisations in relation to medical care, mental health, social protection, torture, female genital mutilation (FGM), domestic violence, disability, human trafficking, bullying, LGBTQI+, religion, online safety, older people's needs, and sex work and prostitution.

The service provider has links with healthcare professionals, social support services and family support services in the community. Open days are facilitated in the centre, where people from community support groups can come and talk with residents about the services they offer. There is a process in place for assisting residents to connect with or access these services and supports. In addition, the service provider facilitates residents to access health and welfare, sexual, reproductive, family planning and crisis pregnancy services. Where required, residents have access to a private space in the centre for confidential discussions with professionals such as their public health nurse or legal representative.

Staff ensure that residents, particularly newly arrived people, are aware of their welfare and social protection rights, and they support them to exercise these rights.

Parents and guardians are recognised as the primary caregivers and decision-makers for children's welfare and development, and staff have had training on cultural competence which recognises different cultural parenting styles. There are systems in place to inform residents about legislation and national policy on child protection and welfare, and how to contact Tusla if required.

There are appropriate infection control procedures in place in the centre to prevent the spread of infectious diseases.

There is a substance misuse statement in the centre which reflects centre policy. Staff and residents are advised on this statement, which outlines their rights and responsibilities in this regard. The service provider has ensured that staff are trained in positive risk-management strategies to manage risk associated with substance misuse and this is evident in practice.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- levels of cleanliness and hygiene practices in the centre
- practice to determine if the residents' healthcare supports meet their individual needs and if they have access to these supports
- if staff implement recommendations of health and social care professionals
- how staff support residents to access relevant information and education in areas such as nutrition, mental health, exercise and physical activity, sexual relationships and sexual health
- where catering is provided, if residents can choose from a range of wholesome and nutritious meals and snacks

- if there are signs of substance misuse in the centre.

### **Through communication**

Inspectors may communicate with residents:

- to determine if they have access to appropriate services and supports
- to establish if they are aware of their welfare rights
- on levels of cleanliness and hygiene practices in the centre
- to see if they are provided with nutritious meals and snacks.

Inspectors may communicate with staff and managers:

- to determine their understanding of the healthcare and support of residents, how they ensure residents receive the best possible healthcare, any training they may have received and how this is put into practice
- to check how they review residents' healthcare needs
- to determine their understanding of infection, prevention and control practices in the centre
- on how risks related to potential substance misuse among residents is being managed.

### **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before and during the inspection
- appropriate policies in relation to healthcare, including infection prevention and control
- staff training records
- protocols in place with community or specialist services and supports
- records of direct work by staff with residents on health promotion

initiatives and education programmes

- menu planning
- substance misuse statements
- records of medical and other healthcare appointments (where accessible)
- incidents records
- the provider's risk register for the centre
- risk escalations.

Dimension: Quality and safety

## **Theme 9: Health, Wellbeing and Development**

### **Standard 9.2**

The service provider makes services available in the accommodation centre which support residents' physical and psychological, health, wellbeing and development, and promote a self-care approach.

### **What compliance with this standard looks like**

The principles of quality healthcare are health promotion, illness prevention, independence and meaningful activity. Adults and children living in the centre are supported to achieve these principles and, therefore, their optimal health.

The service provider takes a rights-based approach to care and support delivery, with decisions being made with the residents rather than for the residents. A resident's right to give consent, and in the case of a child, those lawfully acting on their behalf, underpins the care, support and treatment that is provided.

The provider works to promote and facilitate effective communication between all professionals involved in the resident's care and treatment, with due regard for the resident's wishes about the sharing of their information.

Residents are supported to live healthily and take responsibility for their health and wellbeing, and have their rights respected. The health and wellbeing of each resident is promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical and social activities. Initiatives to promote residents' health and wellbeing are delivered in consultation with residents and health and social care professionals.

Information in an accessible and age-appropriate format is provided to residents to enable them to participate in health education and self-care programmes and to assist them in making informed decisions. Appropriate health information and education is provided to residents, including information on:

- diet and nutrition
- mental health
- the risks associated with smoking, alcohol and drug consumption
- exercise and physical activity

- sexual relationships
- sexual health.

Residents are facilitated to identify appropriate peer-led training that could be offered in the centre, and peer-led training on self-care is offered at the accommodation centre. Residents are involved in social and community activities which promote self-care, their lifestyle, interests and wellbeing. Residents are assisted in identifying suitable self-care programmes.

Residents are supported to access healthcare services based on their needs. Management and staff are proactive in referring residents to healthcare professionals where needed, and have an excellent working partnership with them. Residents have access to a medical practitioner of their choice, such as a general practitioner (GP), and know how to access them, particularly out of hours. In addition, residents are supported to access specialist services and assistive equipment according to their needs.

There are private spaces within the centre for residents to meet and communicate with health and social care professionals.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- if there is an appropriate private setting for visits and communications from health and social professionals
- how staff support residents to access relevant information and educational programmes in areas such as nutrition, mental health, exercise and physical activity, sexual relationships and sexual health.

## **Through communication**

Inspectors may communicate with:

- residents to determine if they were consulted on initiatives to promote their health, wellbeing and development
- residents to find out their views on and experiences of the healthcare received; for example, are residents satisfied with access times to see their doctor?
- with the centre manager and staff to determine their understanding of the healthcare and support needs of residents, how they ensure residents receive the best possible healthcare, any training they may have received and how this is put into practice.
- with the centre manager to check how residents' healthcare needs are reviewed.

## **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before and during the inspection
- records of a resident's refusal of medical treatment
- consent forms — where applicable
- records of referrals and follow-up appointments
- specialist reviews and reports
- policies, procedures or guidelines relating to healthcare
- the accidents and incidents register
- audits and surveys relating to healthcare
- a review of the service.

Dimension: Quality and safety

## **Theme 9: Health, Wellbeing and Development**

### **Standard 9.3**

Staff and management engage with other agencies to provide information and access to a range of services for residents to promote their health, wellbeing and development. The service provider supports residents to participate in education (both formal and non-formal), training, volunteering and employment opportunities.

### **What compliance with this standard looks like**

Residents are assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. They are encouraged to feel valued and supported to reach their potential.

Residents are encouraged and supported to access further education and training opportunities. The service provider gives residents information on how to access community-based training programmes, online courses and third-level education. Residents are also supported to access training programmes in the centre, organised by the service provider or by residents. The service provider consults with residents to identify areas of further education or training that may interest them, and assists residents to source suitable courses.

Residents have access to appropriate learning materials, study areas and IT facilities, Internet and all other supports and services appropriate to meet their assessed needs. The study facilities and areas are appropriate and sufficiently furnished and resourced. There is an appropriate amount of desks and chairs, and any other relevant study furnishings or equipment, taking into account the number of residents requiring access. Specific furniture is available to residents with a disability or mobility difficulties, appropriate to their assessed needs.

Residents are supported to seek meaningful employment opportunities, where eligible.<sup>6</sup> The service provider has formed relationships with charitable organisations in the community who are seeking volunteers, and supports residents to contact these organisations in order to volunteer with them, if they wish to do so.

There are arrangements in place to provide accessible transport to residents

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<sup>6</sup> (Regulation 11 of the European Communities (Reception Conditions) Regulations 2018).



attending education, training, support services and volunteering opportunities where required.

The service provider supports residents to develop the relevant skills as they prepare to move out of the centre.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- daily routines in the centre for homework and school attendance
- communication between schools and centre staff
- the availability of appropriate learning materials, study areas, IT facilities and Internet in the centre
- the availability of transport to support residents to avail of education, training, support services and volunteering opportunities
- the cultural approaches adapted by the provider to promote continual quality improvement in the centre.

#### **Through communication**

Inspectors may communicate with residents:

- to determine if they attend and are encouraged to attend employment, volunteering or an educational or vocational training programme
- to determine if their educational needs are being met.

Inspectors may communicate with the centre manager:

- to find out how residents can access opportunities for education, training, employment and volunteering
- to determine examples of where residents have attained educational goals.

## **Through review of documents**

Inspectors may review documents such as:

- resident questionnaires received before or during inspection
- staff and management meeting minutes
- records of engagement with educational institutions, local charities and training providers
- the policy on transport for residents.

## **Theme 10: Identification, Assessment and Response to Special Needs**

Dimension: Quality and safety

### **Theme 10: Identification, Assessment and Response to Special Needs**

#### **Standard 10.1**

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

### **What compliance with this standard looks like**

There is a clear planned approach to a resident's arrival to the centre. All proposed admissions to the accommodation centre are considered and assessed against the residents' charter for the centre to ensure the centre can meet their needs as identified in the resident's vulnerability assessment.

A written work plan is in place to support the requirements of residents with special reception needs. Residents' special reception needs, which have been notified to the provider, are communicated with the reception officer in the centre to assist them in the performance of their duties, while respecting the confidentiality of the resident. Residents with special reception needs receive appropriate and suitable services and supports, and referral to relevant external supports and services, as required.

The service provider documents and stores the notified special reception needs of residents in line with any relevant provisions of the General Data Protection Regulation 2016/17 and Data Protection Acts 1988–2018, as well as the provider's confidentiality policy.

Other residents' needs and the impact of new residents are considered when allocating a room or rooms, and delivering supports and services within the centre to meet the special reception needs of a resident.

There are systems in place to ensure the relevant government department is notified as soon as possible if the centre is unable to accommodate or cater for the special reception needs of a resident. For example, if there are insufficient supports and services in the locality to meet the needs of a resident, and or special arrangements or measures need to be taken to accommodate or cater for the needs of a resident.

## **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

### **Through observation**

Inspectors may observe:

- if there is a reception officer in place in the centre
- how admissions to the centre are facilitated and managed by the staff and managers
- how the resident or residents being admitted are supported and communicated with
- how other residents are informed about new admissions to the centre
- arrangements for the storage of information relating to residents with special reception needs.

### **Through communication**

Inspectors may communicate with residents:

- to find out their views and experiences on the arrival process. For example, were they satisfied with the process and did they have an opportunity to meet other residents?

Inspectors may communicate with the reception officer, centre manager and staff:

- about the arrival process and sharing of appropriate information before or at the time of admission
- on the availability of recommendations of vulnerability assessments related to special reception needs
- on systems in place to notify the relevant government department of inappropriate placements and responses to these notifications.

## Through review of documents

Inspectors may review documents such as:

- resident questionnaires received before and during inspection
- the provider's admission policy for the centre
- the provider's risk register for the centre
- risk escalations
- information about newly admitted residents
- documentation that relates to the arrival process to the centre, such as pre-arrival meeting notes and risk assessments
- the residents' charter
- the register of residents
- information for residents about the centre.

Dimension: Quality and safety

### **Theme 10: Identification, assessment and response to special needs**

#### **Standard 10.2**

All staff are enabled to identify and respond to emerging and identified needs for residents.

### **What compliance with this standard looks like**

Staff have access to professional development courses and training to enable them to provide person-centred care and support in line with evidence-based practice. These supports help staff to promote the health, safety, development and welfare of residents with special reception needs and vulnerable residents. A written record of training is maintained by the provider.

A culture of learning is promoted through staff training and development as well as through a quality improvement strategy to ensure positive outcomes for residents with special reception needs. The service provider supports staff to continually

update and maintain their knowledge and skills to ensure the delivery of person-centred, safe and effective services to residents. The transfer of formal learning to practice is reviewed by managers in staff supervision.

Learning is promoted throughout the centre and staff are encouraged and actively facilitated to share experiences, best practice and lessons learned from practice. Lessons can be shared, for example, at team meetings, supervision or in whatever forum management considers effective, while respecting the rights of staff. The lessons learned are documented and used to improve processes and delivery of supports and services within the accommodation centre.

The service provider has supports in place for staff who regularly support residents with special reception needs. There are also measures in place to support and promote the self-care of staff. For example, staff supervision, formal de-briefing sessions following a serious incident and access to an employee assistance programme. Self-care training should also be in place; for example, in relation to wellness or stress-management.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- staff and management meetings
- if staff members are equipped with the skills required to support residents with special reception needs through their interactions with these residents
- if the provision of services and supports is person-centred in nature and reflects a human rights-based approach.

## **Through communication**

Inspectors may communicate with residents:

- to determine their experiences of being supported by staff members in the centre
- to determine if they were supported to engage in an assessment of vulnerability and received a copy of this assessment.

Inspectors may communicate with staff and the centre manager:

- to determine what training has been provided to the staff team and how formal learning is implemented in practice in the centre
- to determine what measures and arrangements are in place to support and promote the self-care of staff
- to determine what measures and arrangements are in place to facilitate debriefing sessions for staff members after incidents have occurred
- to determine what measures and arrangements are in place to facilitate the sharing of learning
- to determine if services provided in the centre are person-centred and human-rights based.

## **Through review of documents**

Inspectors may review documents such as:

- staff training records
- quality improvement or enhancement plans for the centre
- records of team meetings
- staff supervision records
- debriefing meeting records
- complaints records

- vulnerability assessments and or recommendations provided to the centre
- the provider's risk register for the centre
- audits of practice
- risk escalations.

Dimension: Quality and safety

**Theme 10: Identification, Assessment and Response to Special Needs**

**Standard 10.3**

The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

**What compliance with this standard looks like**

A systemic, fair and transparent approach is taken to assessing all residents for emerging and or additional special reception needs, which is documented and which results in a plan for the centre to meet the resident's identified needs. This is evident in the provider's policy on the identification, communication and response to identified and emerging special reception needs.

The reception officer is proactive in identifying the special reception needs of residents. Residents' needs are regularly reviewed, and there are clear mechanisms in place for when a resident is identified as having special reception needs after being placed in the centre. Residents with special reception needs are monitored by centre staff in conjunction with the reception officer. Residents are encouraged and actively supported and encouraged to be involved in needs assessments and to attend follow-up vulnerability assessments. Residents are informed that assessments are carried out to ensure their needs are met.

There are systems in place and implemented to promptly notify the relevant government department if:

- the centre is unable to accommodate or cater for the special reception needs of a resident
- there are insufficient supports and services in the locality to meet the special reception needs of a resident, or



- special arrangements or measures need to be taken to accommodate or cater for the needs of such residents.

Once identified, residents' special reception needs are responded to promptly and adequately. All required referrals are made to relevant health and social care professionals or services, government agencies, statutory bodies or support organisations, as required. The reception officer cooperates and collaborates with service providers, support organisations and statutory and non-statutory agencies, to promote the health and development of residents with special reception needs and to ensure their needs are met.

Residents with special reception needs are supported and enabled to access appropriate supports and services, including childcare and transport supports. The service provider has relationships and links with various health and social care professionals or services in the community and assists residents to access these, as required.

The service provider documents the special reception needs of residents and stores such records in relation to these residents in line with any relevant provisions of the 2016 EU General Data Protection Regulation (GDPR) and the Data Protection Acts 1988–2018, as well as the provider's confidentiality policy.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- if there is a reception officer in place in the centre
- if residents with special reception needs are supported and enabled to access appropriate supports and services, including childcare and transport services
- if the service provider has developed relationships with health and social care professionals or services in the community and assists residents to access these as required
- arrangements for the storage of information relating to residents with special reception needs.

### **Through communication**

Inspectors may communicate with residents:

- to determine their experience of a vulnerability assessment and or any assessment of need
- to determine if their needs are regularly reviewed
- to determine if they are appropriately supported and enabled to access supports and services, including childcare and transport supports.

Inspectors may communicate with the reception officer, staff and the centre manager:

- to determine if residents are actively encouraged to be involved in their assessments and any follow up vulnerability assessments
- to determine if relevant notifications have been made to the relevant government department related to the special reception needs of any resident.

### **Through review of documents**

Inspectors may review documents such as:

- records of notifications on special reception needs of residents
- completed needs and or vulnerability assessments
- referrals made to relevant health and social care professionals or services, government agencies, statutory bodies or support organisations
- the provider's risk register for the centre
- risk escalations.

Dimension: Quality and safety

**Theme 10: Identification, Assessment and Response to Special Needs**

**Standard 10.4**

The service provider makes available a dedicated reception officer, who is suitably trained to support all residents especially those people with special reception needs both inside the accommodation centre and with outside agencies.

**What compliance with this standard looks like**

There is a reception officer in the centre who has appropriate qualifications (a Quality and Qualifications Ireland (QQI) level 7 social care background or equivalent) and the skills to identify and respond to residents with special reception needs.

The reception officer has received external specialised training to identify and respond to residents with special reception needs and has attended refresher training at appropriate intervals to ensure they maintain their competencies and skills. The service provider maintains a record of all training attended by the reception officer. The reception officer is a member of the senior management team.

Residents, staff and management are aware of who the reception officer is. They know how to contact the reception officer if they have any issues concerning special reception needs. The reception officer provides information and advice on issues about special reception needs within the accommodation centre to residents and staff. They support other staff to ensure that they adequately identify and respond to, as appropriate, the special reception needs of residents within the accommodation centre, and refer them to the reception officer when appropriate to do so.

The reception officer establishes relationships and is in regular contact with relevant state service providers, support organisations and statutory and non-statutory agencies in the locality. The reception officer has mechanisms in place to ensure links with local healthcare providers, schools, legal service providers, family and child support agencies, trauma counselling and other specialist services, non-government organisations (NGOs) and other civil society groups, including religious organisations, where appropriate. These interactions are in line with vulnerability assessments and the identified special needs of residents. The reception officer communicates effectively with the designated liaison person in the centre in this regard, where necessary.

The roles and responsibilities of the centre manager are clear in relation to notifying the relevant government department on the availability of support services in the locality and in the accommodation centre and any special reception needs of residents that become apparent after they are placed in an accommodation centre.

The centre manager has systems in place to liaise with and make recommendations to the relevant government department where they consider that a resident with special reception needs would be better accommodated or catered for in a centre designated for exceptionally vulnerable residents. Any changes to a resident's accommodation needs are communicated to and discussed with the resident in a timely and appropriate manner.

There is a reception officer policy and procedure manual in place which is available to residents, and they are supported to understand it.

There are systems in place to monitor adherence to the reception officer policy and procedure.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

<b>Through observation</b>
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Inspectors may observe:

- if a reception officer with the appropriate qualifications and skills has been appointed in the centre
- information available to residents on the role of the reception officer
- meetings between the reception officer and other agencies
- the availability to residents of the reception officer and interactions between the reception officer and residents.

## Through communication

Inspectors may communicate with residents:

- to determine if they are aware of who the reception officer is and if residents have access to the reception officer
- to determine if a copy of the reception officer policy and procedure manual has been provided to them and if they understand it
- to determine if the reception officer has provided them with information and advice on issues about special reception needs within the accommodation centre.

Inspectors may communicate with staff and the centre manager:

- to determine if the reception officer has supported them to adequately identify and respond to the special reception needs of residents, and, as appropriate, refer them to the reception officer
- to determine how adherence by the reception officer to the reception officer policy and procedure manual is monitored.

## Through review of documents

Inspectors may review documents such as:

- staff training records
- reception officer policy and procedure manual
- records of notifications related to special reception needs of residents
- the provider's risk register for the centre
- risk escalations
- staff and management meeting minutes
- minutes of meetings with external agencies and support services.

Dimension: Quality and safety

**Theme 10: Identification, Assessment and Response to Special Needs**

**Standard 10.5**

In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

**What compliance with this standard looks like**

Each staff member plays a key role in delivering person-centred, effective, safe care and support to the people living in the centre, and, in particular, those assessed as being exceptionally vulnerable. Recruitment practices ensure that the staff have the necessary competencies and skills to support vulnerable people placed in the centre.

Managers organise and manage the workforce to ensure that the number, qualifications, skill-mix, experience and availability of staff members employed is appropriate, having regard to the needs of the residents. Contingency plans are in place in the event of a shortfall in staffing levels to ensure consistency in the provision of care and support to exceptionally vulnerable residents.

Training needs of the workforce are regularly monitored to ensure the delivery of high-quality, safe and effective care and support to residents who are assessed as being exceptionally vulnerable. A written record of training is maintained.

The service provider ensures that staff responding to exceptionally vulnerable residents are provided with appropriate supervision, such as clinical supervision and other appropriate professional supports in line with their professional requirements.

Staff regularly complete comprehensive reviews of residents' needs to determine the supports that these residents require. Staff make appropriate referrals based on residents' assessed needs.

There is a framework and guidance in place for staff on assessments of need of residents and their regular review. Staff are trained in this regard. Systems are in place to ensure centre staff work in close cooperation with local services and supports, such as a primary care team and other health and social care providers, to ensure a resident's ongoing needs are well managed and met.

There are effective communication systems in place between the centre manager and the relevant government department so that residents are placed in an appropriate centre which has the capacity to meet their identified needs.

The service provider has ensured that staff are aware of the impact of the protection process on a vulnerable resident's health and wellbeing, and can support them at key phases of the protection process.

The service provider has appropriate and proportionate safety and security measures in place in centres where a significant percentage of residents have been deemed to be exceptionally vulnerable or in centres designated for exceptionally vulnerable residents. These measures are informed by the assessed needs of residents, promote their rights to safety and dignity, and are regularly reviewed.

### **Examples of information and evidence that may be used to find out if a service is compliant with the standard**

#### **Through observation**

Inspectors may observe:

- if staff interactions with vulnerable residents is respectful and dignified in nature
- care and support practices to determine if they are reflective of a person-centred and human rights-based approach
- safety and security measures in place to ensure they consistently promote the safety and rights of people living in the centre.

#### **Through communication**

Inspectors may communicate with residents:

- to find out their views and experiences of the supports provided to them
- to verify that their needs are being assessed on an ongoing basis.

Inspectors may communicate with staff and the centre manager:

- on all additional steps taken to meet the needs of vulnerable residents and to

ensure their safety and welfare

- to establish if there are sufficient numbers of staff with appropriate qualifications and skills employed
- on training provided to the staff team employed in the centre
- to determine if staff members are appropriately supervised
- on the appropriate placements of residents
- to determine their understanding of vulnerability and of the safeguarding of children and vulnerable adults.

### **Through review of documents**

Inspectors may review documents such as:

- records on the review of assessments of need
- staff duty rosters
- staffing needs analysis reviews completed
- staff training needs analysis
- staff training records
- staff supervision records
- schedules of staff supervision meetings
- records of staff and or team meetings
- referrals to local support and specialist services
- the provider's risk register for the centre
- risk escalations
- records of communication with the relevant government department
- personnel records.



## Appendix 1 — Glossary of terms

This glossary details key terms and a description of their meaning within the context of this document.

### **Abuse**

Abuse is defined in regulations as 'mistreatment of any kind and includes the physical, financial or material, psychological, sexual or discriminatory mistreatment or neglect of a resident<sup>7</sup>.

Abuse involves any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms:

- physical abuse, including corporal punishment, incarceration (including being locked in one's home or not allowed out) over or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients;
- sexual abuse and exploitation, including rape, sexual aggression, indecent assault, indecent exposure, forced involvement in pornography and prostitution;
- psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilizing people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport;
- interventions which violate the integrity of the person, including certain educational, therapeutic and behavioural programmes;
- financial abuse including fraud and theft of personal belongings, money or property;
- neglect, abandonment and deprivation, whether physical or emotional, in particular an often cumulative lack of healthcare or negligent risk taking, of food or other daily necessities, including in the context of educational or behavioural programmes;

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<sup>7</sup> European Communities (Reception Conditions) Regulations 2018 as amended by the European Communities (Reception Conditions) (Amendment) Regulations 2023

- institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays.<sup>8 9</sup>

### **Accommodation**

The room or rooms, and building where residents live.<sup>10</sup>

### **Accommodation Centre<sup>11</sup>**

A premises designated by the Minister at which the material reception conditions shall be made available to a recipient.

### **Adverse Event**

Something which occurs that is unexpected and has a negative outcome. This includes an incident which results in physical and or emotional harm to a resident or staff member and would necessitate the calling of emergency services, and or carry a public health risk, and or have a serious impact on service delivery.<sup>12</sup>

### **Advocacy**

Advocacy involves promoting the interests or cause of someone or a group of people. An advocate is a person who argues for, recommends, or supports a cause or policy. Advocacy is also about helping people find their voice.

### **After school facilities**

This is child care and support provided after the close of the regular school day during the academic year, summer and school holidays for children enrolled in schools.

### **Autonomy**

Autonomy is about a person's ability to act on his or her own values and interests.

### **Bullying**

This is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and or social behaviour that intends to cause physical, social and or

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<sup>8</sup> National Standards for Residential Services for Children and Adults with Disabilities (Health Information and Quality Authority, 2013)

<sup>9</sup> Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (Health Service Executive, 2014).

<sup>10</sup> National Standards for Accommodation offered to People in the Protection Process (Department of Justice and Equality, 2019).

<sup>11</sup> European Communities (Reception Conditions) Regulations 2018 (as amended)

<sup>12</sup> National Standards for Accommodation offered to People in the Protection Process (Department of Justice and Equality, 2019).

psychological harm. It can involve an individual or group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening.

### **CCTV**

This is a video recording system which is not openly transmitted (for example, on a television which broadcasts publically). The images are captured on a closed network of televisions and are usually used for safety and security purposes. The storing of images and personal data which is taken by CCTV must protect privacy and personal data rights in line with the Data Protection Acts 1988-2018.<sup>13</sup>

### **Child (minor)**

The terms 'child' or 'children' refer to individuals (children and young people) under the age of 18 and who have not been married.<sup>14</sup>

### **Child and Family Agency (Tusla)**

Tusla is the Child and Family Agency. This is the dedicated State agency responsible for improving the wellbeing and outcomes for children, and is responsible for protection children in the country.<sup>15</sup>

### **Child Safeguarding Statement**

This is a written statement setting out the service being provided. It contains the principles and procedures to be observed in order to ensure, as far as is practicable, that a child availing of the service is free from harm. The Child Safeguarding Statement provides an overview of the measures that an organization has in place to ensure that children are protected from harm.<sup>16</sup>

### **Designated Liaison Person**

The designated liaison person is responsible for ensuring that suspected cases of child neglect or abuse in an accommodation centre are referred to a social worker. The Designated Liaison Person can give information to and help a staff member, volunteer or resident who has child protection concerns.<sup>17</sup>

### **Designated Officer**

The designated officer is responsible for receiving concerns or allegations regarding vulnerable persons (adults), ensuring the appropriate manager is informed and

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<sup>13</sup> *ibid.*

<sup>14</sup> Child Care Act, 1991 and Children Act 2001

<sup>15</sup> National Standards for Accommodation offered to People in the Protection Process (Department of Justice and Equality, 2019).

<sup>16</sup> *ibid.*

<sup>17</sup> *ibid.*

collaboratively ensuring necessary actions are identified and implemented, ensuring reporting obligations are met, and other responsibilities such as conducting preliminary assessments and further investigations which may be assigned within a specific service. The designated officer will usually be a relevant professional or work in a supervisory and or management role.<sup>18</sup>

### **Dignity**

Dignity means treating people with compassion and in a way that values them as human beings and supports their self-respect, even if their wishes are not known at the time.<sup>19</sup>

### **Disability**

Disability, in relation to a person, means a substantial restriction in the capacity of the person to carry on a professional, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.<sup>20</sup>

### **Discrimination**

Generally, discrimination occurs where one person is treated less favourably than another person in a comparable situation, because they differ under any of the following grounds: age, civil status, disability, family status, gender, membership of the travelling community, race, religion, and sexual orientation.<sup>21</sup>

### **Domestic Violence**

Domestic Violence refers to the use of physical, emotional force or threat of physical force, including sexual violence in close adult relationships. Domestic Violence includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close relationship or lives with the victim. The term 'domestic violence' goes beyond physical violence and can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.<sup>22</sup>

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<sup>18</sup> Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (Health Service Executive, 2014).

<sup>19</sup> Guidance on a Human Rights-based Approach in Health and Social Care Services (Health Information and Quality Authority, 2019)

<sup>20</sup> Disability Act, 2005.

<sup>21</sup> Irish Human Rights and Equality Commission, 2022.

<sup>22</sup> [What is Domestic Violence? Tusla - Child and Family Agency](#)

## **Equality**

Equality means people having equal opportunities and being treated no less favourably than other people on the grounds set out in legislation. In an Irish context, these grounds are: age; civil status; disability; family status; gender; membership of the Traveller community; race, colour or nationality; religion or sexual orientation.

## **Gender**

Refers to the socially constructed roles for women and men, which are often central to the way in which people define themselves and are defined by others. Sex refers, in basic terms, to the biological differences between females and males. Gender roles are learned, changeable over time, and variable within and between cultures. Gender often defines the duties, responsibilities, constraints, opportunities and privileges of women and men in any context.<sup>23</sup>

## **Governance**

This is the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose. Effective governance arrangements recognise the interdependencies between corporate and clinical governance and integrate them to deliver safe and effective services to people.<sup>24</sup>

## **Health Service Executive (HSE)**

The HSE provides all of Ireland's public health services in hospitals and communities across the country.

## **Human trafficking**

Human Trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit.<sup>25</sup>

## **International Protection**

International protection refers to both refugee status (under the 1951 UN Geneva Convention) and subsidiary protection status (under EU law). A person who applies for international protection in Ireland is seeking protection from persecution (as defined under a number of specific grounds) or serious harm in their home country.<sup>26</sup>

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<sup>23</sup> *National Standards for Accommodation offered to People in the Protection Process* (Department of Justice and Equality, 2019).

<sup>24</sup> *ibid.*

<sup>25</sup> [UNODC Human Trafficking](#)

<sup>26</sup> *National Standards for Accommodation offered to People in the Protection Process* (Department of Justice and Equality, 2019).

## **LGBTQI+**

This stands for Lesbian, Gay, Bisexual, Transgender or Intersex and describes a diverse group of persons based on their sexual orientation and or gender identity.

## **National Standards**

National Standards for accommodation offered to people in the international protection process for the time being published on a website maintained by or on behalf of the Minister for Children, Equality, Disability, Integration and Youth<sup>27</sup>.

## **Resident**

An adult or child who lives in an accommodation centre.

## **Service Provider**

In relation to an accommodation centre, 'service provider', mean a person who, pursuant to an arrangement with the Minister for Children, Equality, Disability, Integration and Youth, is engaged in the provision to a recipient of a material benefit at that accommodation centre<sup>28</sup>.

The business, or part of it, that has the private contract with the Department of Justice and Equality to run the accommodation centre (also known as contractor). The service provider is responsible for meeting the terms of the contract which is agreed with the Department of Justice and Equality and for meeting the standards in this document. The service provider is accountable to the residents at the accommodation centre and the Department of Justice and Equality to ensure that the standards in this document are reached. In this document, the definition includes the workforce of the service provider (employees and contractors for services/sub-contractors).

In line with good management practices, the service provider may delegate authority to take steps to ensure that standards are met, to an appropriately senior employee, for example the manager.<sup>29</sup>

## **Sexual and gender-based violence (SGBV)**

Any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. Certain groups may be particularly at risk of SGBV: older persons,

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<sup>27</sup> European Communities (Reception Conditions) (Amendment) Regulations 2023

<sup>28</sup> European Communities (Reception Conditions) (Amendment) Regulations 2023

<sup>29</sup> *ibid.*

persons with disabilities, adolescent girls, LGBTQI+ persons, and female heads of household.

### **Special Reception Need**

A resident with a special reception need is a resident who has been assessed as vulnerable and in need of special guarantees to benefit from his or her entitlements and to comply with his or her obligations under European Communities (Reception Condition) Regulations 2018.

### **Vulnerability Assessment**

A vulnerability assessment is a process carried out by the IPAS to determine if, by virtue of a particular category of vulnerability, an applicant is deemed to have any special reception needs, what those needs are and what actions are required by IPAS to address those needs.

### **Vulnerable Resident**

A vulnerable resident is a resident who has been assessed as having a special reception need in accordance with Regulation 8 of the European Communities (Reception Conditions) Regulations 2018 and includes:

- a person who is a minor
- and unaccompanied minor
- a person with a disability
- an elderly person
- a pregnant woman
- a single parent of a minor
- a victim of human trafficking
- a person with a serious illness
- a person with a mental disorder
- a person who has been subjected to torture, rape or other form of serious psychological, physical or sexual violence

It may also include:

- An accompanied child
- An "aged out minor"<sup>30</sup> or age disputed minor
- A nursing mother
- The main carer of a dependent child, older person or person with a disability
- A person at risk of domestic violence, sexual or gender based violence

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<sup>30</sup> International Protection Accommodation Service Vulnerability Assessment Pilot Programme Policy (Department of Children, Equality, Disability, Integration and Youth, 2019).

- A person experiencing family violence due to their sexual orientation and or gender identity (LGBTQI+: lesbian, gay, bisexual, transgender or intersex person)
- A person at risk of suicide
- A person with substance addiction
- A victim of trafficking in persons.

This is not an exhaustive list and vulnerability is best assessed using a person-centred and holistic approach. A person's level of vulnerability and corresponding need for additional support is not fixed and may change in differing circumstances and over time. Some people will not be identified as falling within the above list but may still be assessed to have a special reception need.<sup>31</sup>

### **Vulnerable person**

"vulnerable person" means a person, other than a child, who—

(a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia

(b) has an intellectual disability

(c) is suffering from a physical impairment, whether as a result of injury, illness or age

(d) has a physical disability

which is of such a nature or degree—

(i) as to restrict the capacity of the person to guard himself or herself against harm by another person

(ii) that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing<sup>32</sup>.

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<sup>31</sup> *National Standards for Accommodation offered to People in the Protection Process* (Department of Justice and Equality, 2019).

<sup>32</sup> National Vetting Bureau (Children and Vulnerable Persons) ACT 2012.



## Appendix 2 – Risk matrix

**Risk assessment process:** the inspector or authorised persons from the Health Information and Quality Authority (HIQA) will assess the impact of the risk to children and or families and the likelihood of recurrence to determine the level of risk, using the tables below. The impact of the risk, and the likelihood of occurrence are both assessed and given a score from 1 to 5. The risk matrix is then used to give an overall risk score. This score then corresponds with the classification of risk table.

**Impact of the risk:** what is the actual impact of the risk?

**App Table 1. Impact (consequence) scoring**

Impact category	Impact on individual/future service users
1 Negligible	<ul style="list-style-type: none"> <li>▪ No obvious harm</li> <li>▪ No injury requiring treatment</li> </ul>
2 Minor	<ul style="list-style-type: none"> <li>▪ Minor injury</li> <li>▪ No permanent harm</li> </ul>
3 Moderate	<ul style="list-style-type: none"> <li>▪ Significant injury or ill health</li> <li>▪ Some temporary incapacity</li> </ul>
4 Major	<ul style="list-style-type: none"> <li>▪ Major injuries or long-term incapacity or disability</li> <li>▪ Major permanent harm as result of clinical or non-clinical incident injuries or long-term incapacity or disability</li> <li>▪ Major permanent harm</li> </ul>
5 Catastrophic	Death

Likelihood of reoccurrence: what is the chance of this event occurring or reoccurring?  
Identify the 'probability rating' for reoccurrence from the following table:

**App Table 2. Likelihood (probability) scoring**

Likelihood score	Descriptor	Frequency
1	Rare	This will probably never happen or reoccur
2	Unlikely	Do not expect it to happen or reoccur again, but it is possible
3	Possible	Might happen or reoccur occasionally
4	Likely	Will probably reoccur, but it is not a persistent issue
5	Almost certain	Will undoubtedly recur, possibly frequently

The lead inspector or authorised person classifies the risk using the risk matrix below and documents the findings that indicate the risk.

**App Table 3. Risk scoring**

	Likelihood (probability) of reoccurrence				
Impact	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
<b>5 Catastrophic</b>	5	10	15	20	25
<b>4 Major</b>	4	8	12	16	20
<b>3 Moderate</b>	3	6	9	12	15
<b>2 Minor</b>	2	4	6	8	10
<b>1 Negligible</b>	1	2	3	4	5

The risk is then classified as significant, moderate, low or very low in line with the risk matrix score. See classification of risk table below.

**App Table 4. Risk score**

Risk score	
Score	Grade
<b>15-25</b>	<b>Significant risk</b>
<b>8-12</b>	<b>Moderate risk</b>
<b>4-6</b>	<b>Low risk</b>
<b>1-3</b>	<b>Very low risk</b>

## Appendix 3 — Bibliography

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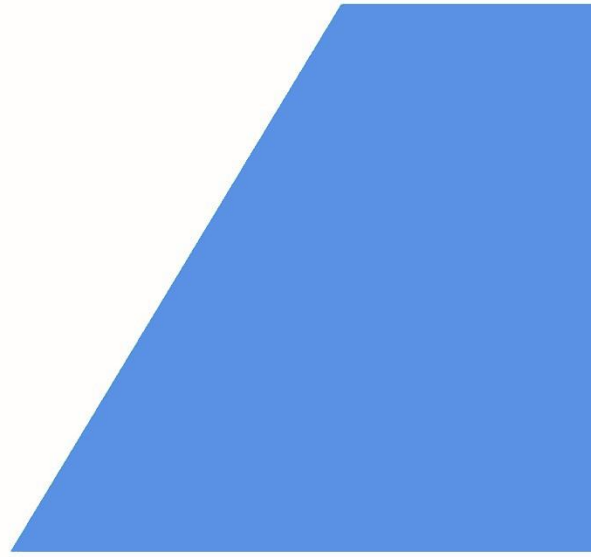
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