



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Monitoring of International  
Protection Accommodation  
Service Centres

# A Guide to the Monitoring of International Protection Accommodation Service Centres

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.

## **About the monitoring of international protection accommodation services**

The Health Information and Quality Authority (HIQA) has legislative remit under the European Communities (Reception Conditions) Regulations 2018 as amended by the European Communities (Reception Conditions) (Amendment) Regulations 2023, to monitor accommodation offered to people in the protection process. HIQA delegates responsibility for the monitoring of this function to authorised persons (commonly referred to as 'inspector' in HIQA).

The role of an authorised person working within the monitoring of IPAS includes inspecting and monitoring providers of accommodation centres through assessing compliance with the *National Standards for accommodation offered to people in the protection process* (national standards). This is achieved through on-site inspections of services, review of information received about accommodation centres, and ongoing assessment of compliance with the national standards.

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## Revision History

<b>Revision Date</b>	<b>Summary of Changes</b>
December 2023	Document approved for publication.

## Purpose of this guide

The purpose of this guide is to give service users and providers, and members of the public an overview of the approach by HIQA when monitoring accommodation centres against the *National Standards for accommodation offered to people in the protection process* (national standards).

This guide may be revised periodically as the monitoring programme progresses and or changes.

This guide is structured as follows:

**Section 1** provides an overview of the statutory framework for monitoring accommodation offered to people in the protection process.

**Section 2** explains requirements to notify HIQA of the provision, or intention to provide, accommodation to people in the protection process.

**Section 3** provides an introduction to governance and a risk-based approach to regulation.

**Section 4** provides an overview of how information about your service is managed and used by HIQA.

**Section 5** describes HIQA's processes for inspection and for reporting the findings of inspections.

**Section 6** explains HIQA's process for escalating risk and responding to risk.

## Background

Direct provision is Ireland's accommodation service for housing people seeking international protection since 1999. It has been criticised at a national and international level,<sup>\*</sup> which prompted the Irish Government to take certain steps to remedy this situation.

In 2014, the Government commissioned a working group to review the international protection process, including direct provision, and make recommendations for improvements. The report of the working group<sup>†</sup> ("McMahon report"), published in 2015, recommended developing a set of standards for accommodation services and for an independent inspectorate to carry out inspections against these standards.

A standards advisory group was established by the Department of Justice and Equality in 2017. It included representatives from national non-governmental organisations (NGOs), the United Nations High Commissioner for Refugees (UNHCR), and relevant government bodies. It developed the national standards. These national standards were published in August 2019 by the Department of Justice and Equality and came into operation in January 2021.

The implementation of national standards helps to set service user, public, service provider and professional expectations and enables service providers to consistently provide safe, high-quality accommodation, care and support to people in the protection process.

The Irish Government has committed to ending direct provision<sup>‡</sup> and, in the interim, has appointed HIQA to monitor and inspect permanent accommodation centres<sup>§</sup> against the national standards.

This monitoring programme is designed to assess compliance with the national standards and regulations. An accommodation centre is defined by the European Communities (Reception Conditions) Regulations 2018 (as amended) as a premises at which the material reception conditions shall be made available to a recipient.

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<sup>\*</sup> For example the Irish Human Rights and Equality Commission (IHREC) and the Ombudsman for Children, and internationally by the UN Human Rights Committee and the United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD).

<sup>†</sup> Report of the Working Group to report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers.

<sup>‡</sup> A White Paper to End Direct Provision and to Establish a New International Protection Support Service, Department of Children, Equality, Disability, Integration and Youth.

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



## **Stakeholder engagement**

HIQA commenced the design and development of this monitoring programme in April 2022. An expert advisory group was formed to provide advice to HIQA in relation to the development of this monitoring programme. This group included former service users, service providers, state bodies and non-governmental organisations. Responsibility for the content of this guide and for the monitoring programme design rests with HIQA.

In 2022, HIQA held a number of focus groups with service users, service providers and organisations involved in supporting people living in accommodation centres. Their views and perspectives of what works well and what needs improvement has informed the development of our monitoring programme.

HIQA would like to acknowledge and thank the members of the Expert Advisory Group for their input and advice. HIQA extends this thanks to all the other people and organisations who have supported our preparatory work.

## Section 1. The statutory framework in which international protection accommodation services operate

This section provides an overview of the legislative framework in which international protection accommodation centres operate and the framework that gives the authority to HIQA to monitor these centres. It explains what this framework means to service providers.

### 1.1 Legal basis for monitoring

The Health Information and Quality Authority (HIQA) was established in 2007 to promote safety and quality in health and personal social care services for the benefit of the health and welfare of the public.

Under the European Communities (Reception Conditions) (Amendment) Regulations 2023, HIQA monitors compliance with the national standards and advises the Minister for Children, Disability, Equality, Integration and Youth as to the level of compliance with the standards.

**Table 1. Legal framework within which international protection accommodation centres operate**

Statutory basis for inspection and monitoring of accommodation offered to people in the protection process by HIQA Function	Authority to inspect	Regulations	Standards
<b>International Protection Accommodation Service Centres</b>	European Communities (Reception Conditions) (Amendment) Regulations 2023	European Communities (Reception Conditions) Regulations 2018 (as amended) <i>Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 (Article 28)</i>	<i>National Standards for accommodation offered to people in the protection process</i>

## 1.2 Authorised persons and inspectors

- HIQA appoints authorised persons in accordance with Regulation 27C of the European Communities (Reception Conditions) (Amendment) Regulations 2023, for the purpose of monitoring compliance with the national standards as per this regulation.
- Within HIQA, authorised persons are generally referred to as inspectors. We will use this term throughout this document.
- All inspectors carry a certificate of authorisation together with a form of personal identification, which must be shown if requested.
- All inspectors must comply with HIQA's Code of Conduct, which is available on HIQA's website at [www.hiqa.ie](http://www.hiqa.ie).

## 1.3 The purpose of monitoring

The role of HIQA is to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public. HIQA, through this monitoring programme, aims to provide assurances to the public that service providers are implementing and complying with the national standards and that service providers are making quality and safety improvements, if required.

There are two aspects to this monitoring programme:

1. Assessing compliance
2. Escalation.

**Assessing compliance:** The purpose of monitoring is to assess compliance with the national standards by gathering information and evidence and reviewing and risk rating this information to inform judgments. Where this guide refers to 'monitoring', it includes inspection, a review of information submitted by the service provider, information held by HIQA about the accommodation centre and ongoing review of information, which is all taken into account when assessing compliance.

**Escalation:** When a service provider fails to comply with the national standards and does not demonstrate sustained improvements, HIQA will take action based on the seriousness of the non-compliance and the risk posed to the residents.

A risk-based approach is taken when service providers do not comply with the national standards.

## **1.4 What does the statutory framework mean to service providers?**

We undertake all our work, including regulatory activities, in a fair, efficient, transparent, proportionate and consistent manner. We aim to achieve this by ensuring all monitoring and assessment activities are developed and implemented in a clear and consistent way.

HIQA's monitoring approach (which may from time to time be referred to by HIQA as the Authority's Monitoring Approach [AMA]) is a framework that applies to all regulatory activities carried out by HIQA.

This approach includes:

### **(1) Receipt of information**

As part of our regulatory activities, we continually receive information. We classify the information we receive in two ways:

- a) solicited information, which is information we formally request such as:
  - notifications
  - self-assessment questionnaires
  - data sets.
- b) unsolicited information, which is information we receive but have not asked for, such as information that may be of concern from people who use services or members of the public.

### **(2) Information review**

We review all information we receive and consider its impact on people who live in the centre.

### **(3) Take regulatory action**

Decisions are made based on all information received as to what regulatory action (if any) is required in response to that information. There are a range of regulatory actions we can take to assure ourselves that people are receiving a service that meets regulatory requirements and is safe. Regulatory actions can include:

- a request for further information from the service provider to provide assurance
- inspection
- increased monitoring activities up to and including escalation.

## **(4) Reporting**

All regulatory activities are reported on. This can include internal or external reports which may or may not be published.

### **1.5 Ongoing quality improvement – service provider responsibility**

Routinely checking the provision of accommodation centres against the national standards helps to assure the public and HIQA that people living in these centres are receiving a safe service. However, providers should constantly strive for ongoing improvements in the quality of their services by using the national standards to promote these improvements, which enhances the quality of life for people living in their centres.

While the national standards include indicators of how each standard may be met, service providers are free to achieve the national standards in other ways.

Providers of accommodation to people in the protection process should thoroughly familiarise themselves with — and continually self-assess themselves against — the national standards. HIQA has developed a 'Self Assessment Questionnaire and Quality Improvement Tool' to help service providers to do this. This is available on the HIQA website at [www.hiqa.ie](http://www.hiqa.ie).

## Section 2. Notifying HIQA of the provision of, or intention to provide, accommodation to people in the protection process

Under the European Communities (Reception Conditions) 2018 as amended by the European Communities (Reception Conditions) (Amendment) Regulations 2023, it is the responsibility of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to notify HIQA about the commencement and cessation of centres accommodating people in the protection process. Following notification from the DCEDIY, service providers must submit a form to HIQA with specified information relating to the centre and provider.

### 2.1. Submitting IPAS commencement or cessation notification forms

It is the statutory responsibility of the Department of Children, Equality, Disability, Integration and Youth to notify HIQA about the commencement and cessation of centres accommodating people in the protection process. In the case of commencement of a centre, the DCEDIY will complete a Form A notification and in the case of a cessation of centre, the DCEDIY will complete a Form B notification. These forms are available to download from [www.hiqa.ie](http://www.hiqa.ie). In both cases, the completed forms will be submitted to HIQA by emailing [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie).

**Table 2: Types of notifications to submit to HIQA, which are the responsibility of the Department of Children, Equality, Disability, Integration and Youth.**

Centre notifications		
Form	Event	Timeframe
Form A	IPAS commencement of services by provider	Seven days of a premises being designated as an accommodation centre
Form B	Cessation of services by provider	As soon as is practicable. (ideally at least three months before the planned closure of the accommodation centre)

### 2.2. Service provider declaration forms

It is the responsibility of service providers to submit a completed and accurate 'NF300' Service Provider Declaration form to HIQA.

The information contained in the completed 'NF300' will help HIQA to identify:

- the appropriate legal entity responsible for the centre, referred to as the 'service provider'
- the appropriate person authorised to communicate with HIQA on behalf of the provider, termed the 'provider representative'
- the appropriate person responsible for operational management of the centre, referred to as the 'centre manager'.

The 'NF300' declaration form is in editable PDF format and is available on [www.hiqa.ie](http://www.hiqa.ie). The completed form should be emailed to [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie). Please note the following information before completing this form:

- Only soft-copy versions of the completed 'NF300' declaration will be accepted.
- Adobe Acrobat Reader or similar software is required to view and complete the form.
- It is advisable that each service provider locally saves a soft-copy version of their submitted 'NF300' declarations forms.

**Table 3: Types of declarations to submit to HIQA, which are the responsibility of each service provider of international protection accommodation centres.**

Declarations	
Event	Timeframe
NF300: IPAS Service Provider Declaration	10 working days from issue of request

### 2.3.1 Nomination of the provider representative

Many providers are organisations made up of multiple persons, such as companies, voluntary bodies or statutory bodies. To ensure that HIQA can effectively communicate with the provider with overall responsibility for the delivery of the service, HIQA requests that all providers (with the exception of sole traders who can communicate directly with HIQA) put forward the name of their representative. This person is known as the **provider representative**.

The provider representative will have the knowledge, ability, autonomy and authority to answer for and act on behalf of the provider. The provider representative must hold a senior position within the provider organisation and have appropriate involvement in the executive governance and management of the centre. They should be able to provide clarity in relation to the governance of the centre in line

with the regulations and national standards. The provider representative will also have a role in engaging with HIQA in response to escalated or significant concerns or risks. The provider should identify the provider representative by providing the name and contact details when completing the provider representative section of the 'NF300' Service Provider Declaration Form.

The role of the provider representative is to represent the provider when engaging with HIQA, but does not replace or remove the legal responsibility of the provider. Table 5 provides examples of who will be accepted by HIQA as an appropriate provider representative.

**Table 5. Examples of who will be accepted by HIQA as an appropriate provider representative.**

Provider type	Appropriate provider representative
<b>Sole trader</b>	The sole trader
<b>Partnership</b>	A partner of the partnership
<b>Company</b>	A director of the company
<b>Unincorporated body</b>	A member of the committee of management or other controlling authority of the unincorporated body
<b>Statutory body</b>	A person with delegated authority as per a scheme of delegation provided for or by the relevant act for the statutory body, or a member of the board, directorate or other governance structure of the body
<b>Body Corporate</b>	A person with delegated authority as per a scheme of delegation provided for or by the relevant Act for the statutory body, or a member of the board, directorate or other governance structure of the body

### **2.3.3. Nomination of a centre manager**

For day-to-day management issues, HIQA requires providers to identify a centre manager of each accommodation centre. This is to facilitate communications



between HIQA and the provider for operational matters, such as the scheduling of an inspection.

The centre manager must be engaged in and responsible for the day-to-day management of the centre and must have the full support of the service provider to ensure a safe and quality service is being delivered in centre.

The provider should identify the centre manager by providing the name and contact details when completing the centre manager section of the 'NF300' Service Provider Declaration Form.

#### **2.4. Who can submit centre notification forms on behalf of the provider**

The 'NF300' Service Provider Declaration Form should be submitted by the provider or an individual who is an inherent part of the provider organisation, such as:

- the sole trader
- a director of the company
- a partner of the partnership
- a member of the committee of management or other controlling authority of an unincorporated body
- the person with delegated responsibility on behalf of a statutory body.

#### **2.5. Amending or updating service provider details**

When there are changes in the details of service provider, provider representative or centre manager, HIQA must be informed by completing and submitting a 'NF301' form. The 'NF301' form is available on [www.hiqa.ie](http://www.hiqa.ie) and can be submitted to [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie). This form can be used to inform HIQA of a variety of changes including updating a phone number, email address, postal address, name of provider representative etc.

Please note, if a change of provider details results in a change to the provider legal entity, the provider is considered a new legal entity, and therefore this form will not be accepted. Please contact [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie) if you required additional support.

## **Section 3. Governance and a risk-based approach to regulation**

This section provides an introduction to governance and why it is central to the risk-based approach to monitoring taken by HIQA. It explains what HIQA means by regulatory risk, and how risk in this context is responded to by HIQA.

### **3.1. Introduction to governance**

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

The standards that we assess against place people using services at the centre of the delivery of support. That means a service which is well governed does right by the person receiving support. This is the essence of person-centred support.

Governance is not just about having the correct policies in place to measure progress against targets, it is also about leadership. A service that is well led sets the tone for the organisation. Our compliance data from monitoring and regulating a wide range of health and social care services shows that services which are well run tend to deliver better outcomes for service users.

### **3.2. The importance of good governance**

The quality and safety of accommodation offered to people in the protection process is assured by complying with and exceeding national standards. In this context, the service provider plays a critical role in leading, building and maintaining a culture that places residents and the quality and safety of services at the centre of what they do. To achieve this, the service provider must understand the services it provides and how it measures the efficiency of the service.

The service provider must deliver a service which is compliant with the required national standards, legislative frameworks, national guidelines and best practice. To succeed, the service provider will communicate a clearly defined and formalised governance arrangement that identifies clear lines of accountability to all relevant and interested parties. The service provider will have arrangements in place to ensure responsibilities are appropriately delegated.

For that reason, the centre manager and all staff members working in the centre must be acutely aware of their individual operational and professional responsibilities and accountabilities. Decisions from the centre manager should be clearly communicated, implemented and evaluated.

### **3.3. Voice of residents**

Residents living in a well-governed accommodation centre, and their families, will be confident that the service provider has effective governance arrangements in place to ensure their voice is heard and listened to.

The service provider makes certain that the organisational culture protects the rights of residents and it has arrangements in place to monitor this on an ongoing basis. These arrangements include:

- the timely and effective identification and management of risk
- the continual evaluation of the quality, safety and outcomes of service provision
- enhancing a culture of continual improvement through staff learning and development.

To accomplish the goals and objectives of the service, the service provider must be assured that the operational management processes are effectively carried out by the centre manager. Governance is, therefore, central in our risk-based approach to monitoring international protection accommodation service centres. To this end, services must focus on governance in order to be able to deliver consistently safe and sustainable services.

It is impossible for HIQA to be 100 per cent assured that residents of accommodation centres are always safe and are being provided with a good-quality service regardless of how many inspections we carry out. That is why the governance and management practice of the services we monitor are critical in ensuring that people are safe and have a good quality of life.

People providing accommodation centres have to be empowered to do the right thing or make the right decision at the right time. Trust and confidence in service providers, along with proportionate public interest safeguards, are often the best assurance of compliance across services. We measure this trust and confidence through our risk framework.

### **3.4. Introduction to risk-based approach to regulation**

#### **What is regulatory risk?**

Regulatory risk is about identifying and evaluating risk caused by non-compliance with relevant legislation and national standards by the service provider, and the impact that this risk has on residents.

We carry out risk assessments in order to direct our regulatory response where it can have the maximum impact. A risk-based approach to monitoring means that we will make robust decisions about a centre, based on information we have about that

centre. We will prioritise our regulatory resources related to monitoring and inspection, based on an assessment of the risk that the regulated service poses.

### **What is risk assessment?**

Risk assessment identifies a potential risk and estimates the level of that risk in a situation, thereby focusing our response where it is needed most. The level of risk will be compared to the accepted standards to determine an acceptable level of risk.

### **Risk-approach principles**

Our approach to risk is based on the following principles:

- we will be proactive to promote and encourage compliance and thereby reduce risk
- we will focus on those services posing the most serious risk
- our responses will be proportionate to the risks identified
- we will be consistent in our response
- the evidence we gather will inform our response to regulatory risk.

### **Risk assessment and response**

The assessment of risk is made up of three processes:

- risk identification
- risk analysis
- review.

The process of assessing risk can be triggered by any of the following circumstances:

- receipt of information
  - notification of the provision of international accommodation protection accommodation service centres
  - solicited receipt of information
  - unsolicited receipt of information.
- fieldwork events
- escalatory action
- evaluation of information.

**Chart 1. Risk assessment and response**



### **Risk identification**

This is the process that involves identifying, recognising and describing the regulatory risk arising from a non-compliance with relevant legislation and national standards. All information that informs our monitoring approach and regulatory decisions will be risk rated.

### **Risk analysis**

Risk analysis is about considering the likelihood and impact to inform an overall risk rating of a service. This will give a risk score ranging from a very low risk to a high risk. The action taken will be proportionate to the risk.

## **Review**

We will continually monitor and review the actions taken against the risk and review the risk assessment and score.

### **3.5. Responding to regulatory risk**

An assessed risk rating of an accommodation centre gives us an indicator for regulatory actions. Accommodation centres can be rated as a very low risk, a low risk, a moderate risk, or a high risk. We will review the risk rating at regular intervals and certain times, such as when we receive information of concern about the centre.

All regulatory responses will be proportionate to the risk identified. In response to regulatory risk, we can:

- consider what type of monitoring or information gathering is required
- plan and schedule fieldwork activity, such as an inspection
- determine if the risk is acceptable or tolerable or if escalation is required
- where escalation is required, how this will be managed.

### **Review of regulatory risk**

We will review all regulatory actions taken to see if they have had the desired impact on non-compliances. Where there has been no improvement, or where a service provider's non-compliance is deteriorating further, we will decide on the most appropriate escalation action to take.

### **Use of business intelligence to inform our decisions**

We will review all information we have about a service provider and the accommodation centre to inform our judgments and decisions. We use business intelligence, such as reports, history of non-compliance, and history of our regulatory interventions and their outcomes, to assist the decision-making process.

## Section 4. Information about your service

This section describes information held by HIQA about your service and information pathways. It explains how this information is used and managed, in particular, to inform assessments of compliance with national standards and relevant legislation, and regulatory activity.

### 4.1 Solicited and unsolicited information about your centre

Each year, HIQA receives a significant amount of information about services which it monitors and or regulates, from services themselves and from other sources. We categorise this information as receipt of:

- solicited information
- unsolicited information.

**4.1.1 Solicited information** is information that the service provider is required to submit as part of their statutory responsibilities, such as specified information, a serious incident, or information that inspectors request from a service provider. It also means information requested by HIQA from providers that must be submitted as part of monitoring.

The most frequent type of solicited information we receive is notifications, which providers must submit to us. These are mandatory and keep us informed about certain incidents and events in the centre. These serious incident notifications relate to certain events that the service provider must tell HIQA about (see table 6), for example, the unexpected death of a recipient.

**4.1.2 Unsolicited information** is information which is not requested but which is received by HIQA from people who live in accommodation centres, or any member of the public. This could include information that an accommodation centre is not complying with the national standards. It can also be a compliment or general comments about a centre or the service provider. Unsolicited information can be received through a number of routes including, for example, email, letter, phone call, in person, or media reports.

Sometimes, HIQA is not the correct entity to respond to the information submitted by the public, or the issue is outside its legal remit. In such cases, HIQA will try to direct the person, if it is appropriate to do so, to the most appropriate organisation which may be able to assist them. HIQA is unable to investigate or resolve individual disagreements between people and their providers. However, we welcome information and concerns.

## 4.2 Five-step approach to analysing and using information we receive

After HIQA receives solicited or unsolicited information, we take a five-step approach to analysing the information as follows:

- a review of the information
- assess the risk to residents
- apply a risk rating
- decide the regulatory action, taking into account all we know about the service
- review the risk rating.

Inspectors will critically appraise the information received and try to determine what it is really telling them. Each piece of information helps inspectors to form an overall understanding of how the service is being run.

## 4.3 Statutory notifications

Providers must notify HIQA of the occurrence of certain events related to the centre. HIQA refers to these as monitoring notifications. Monitoring notifications must be submitted by a provider in order to comply with the European Communities (Reception Conditions) (Amendment) Regulations 2023.

Providers must notify HIQA of certain events in the centre **within specific timeframes** of them happening (see Table 6 below).

Notifications should clearly set out the nature of the incident or event and the provider's response to it. It should assure HIQA that the provider has reviewed the circumstances and implemented any changes necessary to ensure the safety and welfare of residents.

Some notification forms request additional information and we encourage providers to submit this information where requested. However, HIQA may need to request providers to submit further information where:

- key pieces of information are missing
- it is unclear what has happened
- it is not clear what steps the provider has taken to ensure the safety of residents and or to comply with the standards
- the provider has failed to clarify that set procedures are being followed.



Before submitting follow-up information, check that you have included the following information:

- your centre ID (also called OSV ID)
- your centre name
- the notification type of the original notification (for example, NF01, NF03)
- the date you first submitted your notification of the event.

Notifications to HIQA have no impact on any obligation the service provider or centre manager may have (under statute or otherwise) to report an incident to other bodies such as government departments, An Garda Síochána or the Child and Family Agency (Tusla).

Failure to submit notifications may constitute an offence under the European Communities (Reception Conditions) (Amendment) Regulations 2023.

#### 4.3.1 Types of monitoring notifications

In an effort to help providers to meet their obligations and submit notifications within the correct time frames, we have developed various notification forms, with a number assigned to each form. Table 6 lists all of the types of serious incident notifications that must be notified to HIQA.

**Table 6: Types of serious incident notifications**

Serious incident notifications		
Form	Event	Timeframe
NF01	The unexpected death of a recipient, including the death of a recipient following transfer to hospital from the centre**.	Within three days of the occurrence of the event

\*\* When the provider notifies HIQA of an unexpected death of a recipient they must provide the cause of death in writing as soon as it has been established. This may not always be possible, however, every effort should be made to seek confirmation of the cause of death.

NF03	Any serious injury to a recipient that requires immediate medical or hospital treatment.	Within three days of the occurrence of the event
NF05	Any unexpected absence of a minor <sup>††</sup> from the centre.	Within 24 hours of becoming aware of the absence
NF06	Any allegation of abuse of a recipient.	Within three days of the occurrence of the event

All notification forms are in editable PDF format and are available on [www.hiqa.ie](http://www.hiqa.ie). The completed form should be emailed to [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie).

Please note the following information before completing these forms:

- Only soft-copy versions of the completed notification forms will be accepted.
- Adobe Acrobat Reader or similar software is required to view and complete the forms.
- It is advisable that each provider locally save a soft-copy version of their completed notification forms.

#### **4.3.2 Data protection (unique identifier for notifications and follow-up information)**

HIQA will not request the name of any resident in notification forms. Therefore, when submitting information or follow-up documents, make sure the name of the person or persons involved in the event are removed. This is to protect their privacy. This is particularly important when sending outcomes of investigations, or sensitive or confidential information requested by the inspector.

#### **4.3.3 What is a unique identifier?**

A unique identifier is a number you should assign to a person about whom a notification is made. This number will be quoted by HIQA inspectors where an update is required. This unique identifier should be used in any subsequent notifications related to the same resident. This allows HIQA inspectors to identify

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<sup>††</sup> As defined by the Child Care Act 1991 and the Children Act 2001 (minor/child): Anybody under the age of 18years

trends in events related to individuals and to determine what further action, if any, is required. Service providers should only ever use a unique identifier code to identify residents in their correspondence with us.

#### **4.3.4 What is an OSV ID number (also referred to as Centre ID)?**

An **OSV ID** is a number assigned to each accommodation centre monitored and inspected by HIQA. This number will be provided to you by HIQA once your accommodation centre commences operations.

#### **4.3.5 Maintaining a record of notifications submitted**

The provider should maintain a copy of notifications submitted to HIQA, as inspectors may ask to see these as part of an inspection.

### **4.4 How we use solicited and unsolicited information**

All information received is reviewed in the context of the accommodation centre and or service provider that it applies to. We use the information to:

- check whether the service provider is meeting the requirements of the standards
- assess if people living in the centre are receiving safe, high-quality supports.

#### **4.4.1 Trending information to inform monitoring**

Inspectors may carry out a trending analysis of all sources of information received about an accommodation centre. Trending or trend analysis is an additional way to analyse the information that HIQA receives to help identify a pattern of:

- any safeguarding risks in the centre
- areas where the national standards are not being complied with.

Trending is one way to use the information received by HIQA to support ongoing monitoring and to inform our risk-based approach to monitoring.

### **4.5 Freedom of information**

HIQA is subject to the Freedom of Information (FOI) Act 2014. HIQA may receive a request under the FOI Act for access to records that concern you. If HIQA receives an FOI request which relates to you, HIQA will consider the request in accordance with the provisions of the FOI Act and may consult with you to seek your views on the release of this information.

Please note, while your views on the release of the information will be taken into account, the FOI Act mandates that information that is commercially sensitive, information given in confidence, or personal information, should be released if the

public interest is better served by granting the request than by refusing it. Accordingly, we cannot give you an assurance that confidentiality of information can be maintained in all circumstances.

#### **4.6 Data protection and information governance**

Providers should not submit any personal identifiable information about residents unless they are expressly asked to do so. People's personal data<sup>‡</sup> will only be sought from providers where it is necessary to assess compliance with regulations or standards or to allow inspectors to carry out their legal duties. In such cases, providers should only ever use a unique identifier code to identify people in their correspondence with us.

For more detailed information on how HIQA uses personal data and information about the rights of data subjects, please [see our privacy notice](#).

#### **Reporting a concern to HIQA**

If you have a concern in relation to an accommodation centre, you can contact our Concerns Team. All information it receives is acknowledged, recorded, risk assessed and used to inform further monitoring activity, including inspection, as required. Write to:

Concerns  
Health Information and Quality Authority  
George's Court, George's Lane  
Dublin 7, D07 E98Y.

You can also email your concern to [concerns@hiqa.ie](mailto:concerns@hiqa.ie) or telephone 021 240 9646.

Additional information on how to report a concern to HIQA is available in a booklet format on our website at [www.hiqa.ie](http://www.hiqa.ie).

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<sup>‡</sup> Personal data is defined in section 1 of the Data Protection Act 1988 as 'data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or is likely to come into, the possession of the data controller'.

## Section 5. Inspection process and reporting on findings

This section describes the types of inspection HIQA may carry out and provides an overview of the inspection process up to and including the publication of an inspection report.

### 5.1 Inspection of international protection accommodation service centres

HIQA inspects accommodation offered to people in the protection process to check whether or not the service provider is complying with the national standards. We describe the activities which inspectors carry out and which are related to an inspection as 'fieldwork events'. A fieldwork event has a series of stages, of which the on-site inspection forms one part.

#### On-site inspections are categorised as follows:

- **Monitoring inspections:** these are routine inspections that monitor the quality of the service provided at a centre and the level of compliance with national standards.
- **Targeted (focused risk) inspections:** these are in addition to routine inspections and are carried out when information has been received that indicates that there may be a risk posed to residents.
- **Thematic inspections:** these inspections are part of a programme which focuses on improving the quality of a specific area of a service; for example, a safeguarding thematic programme.

#### On-site inspections help HIQA to:

- assess compliance with standards at a point in time
- give a voice to residents or children living in a centre about what it is like to live in the centre
- inform the public of the quality of services being provided
- make ongoing regulatory decisions.

### 5.2 An international protection accommodation service centre is a person's home

We are conscious that accommodation centres are a person's home and that, while inspecting, we are visitors in that home and will only enter a person's dwelling<sup>##</sup> with their consent. Although an inspection can be disruptive, we will apply the following principles during every inspection. Every inspector will:

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<sup>##</sup> 'dwelling' as defined in the European Communities (Reception Conditions) 9Amendment) Regulations 2023

- adhere to HIQA's code of conduct
- be fair and proportionate in the dealings with service providers and their staff
- make time to meet and speak with residents and their representatives
- apply the regulations and standards in a balanced and even-handed manner
- not impede the ability of staff to support residents
- be courteous and non-discriminatory
- minimise disruption to the normal routines of residents and staff members.

### **5.3 What is fieldwork?**

Fieldwork is the term we use to describe all the activities associated with the pre-, on-site and post-inspection activities. We describe activities which inspectors carry out that are related to an inspection as 'fieldwork events'.

### **5.4 The 10 fieldwork-event steps**

A fieldwork event is comprised of the following 10 steps:

1. Scheduling the inspection.
2. Planning the inspection.
3. On-site inspection in the service.
4. Writing up of the findings.
5. Generating an inspection report.
6. Quality assuring the report.
7. Issuing a stage 1 report to the provider.
8. Managing feedback from the provider.
9. Approving the inspection report.
10. Publication of the report.

An inspection includes a review of all information about the service – both generated on site and all information received from and about the service.

We conduct two types of inspection: announced and unannounced.

## **Step 1. Scheduling the inspection**

### **Planned announced inspections**

Inspection findings are informed by people using the services. One of the main purposes of announcing our inspections is to let residents know the time and date of our inspection so that they can meet us if they wish to do so.

We give providers two weeks' (10 working days) advance notice of a planned announced inspection, so that they can let the residents, visitors and external professionals to the centre know when we will be arriving for the inspection. As part of the notification of an announced inspection which a provider will receive, we will send posters announcing the inspection in multiple languages. Providers are asked to display the posters in prominent places in the centre in order to tell residents, visitors and staff members about the inspection and to invite them to meet with us during the inspection if they wish to do so.

### **Short-notice announced inspections**

We also carry out what are called 'short-notice announced inspections'. These will only be used in exceptional circumstances. We will give between 24 and 48 hours' notice of these inspections in order to facilitate meeting with the provider or people managing the centre.

### **Unannounced inspections**

All other inspections we carry out are unannounced. This means that neither the provider, centre manager, nor any other person in the centre has been informed by us in advance either formally or informally of our inspection. The inspectors simply turn up at the centre to carry out the inspection.

## **Step 2. Planning the inspection**

We plan for all inspections in advance in order to ensure that when our inspectors are on site, they gather relevant information in sufficient detail to make professional judgments on compliance with national standards. The purpose of the planning stage is to plan the standards to be inspected.

### **Lines of enquiry for inspections**

The inspectors will select lines of enquiry (the questions to be asked) for the inspection and will consider a number of factors including:

- what is already known about this service
- trending of unsolicited information received

- trending of notifications from the provider
- previous inspection reports
- open non-compliances with the national standards
- risk rating of those non-compliances
- what information is not answered during this lines-of-enquiry review.

### **Step 3. On-site inspection in the centre**

Ordinarily, inspections will be completed in a centre over a two-to-three day period and will be carried out by between two and three inspectors. An inspection has four distinct phases and in some cases has a fifth phase:

1. Arrival at the centre.
2. Gathering of evidence.
3. Review of evidence and preliminary judgments on compliance with the national standards.
4. Provider feedback meeting.
5. Responding to risk.

#### **Arrival at the centre**

On arrival, our inspectors introduce themselves and present their official 'certificate of appointment and authorisation and personal identification' to the person they meet, the provider (if on site), the centre manager or their delegates, or to staff. Staff should always ask to see this identification document (which is in the style of a passport and is passport sized) before letting them enter the premises. Inspectors will always carry this identification document with them while on inspection.

At the start of the inspection, we will explain the purpose of the inspection. We ask that the centre manager and or staff team inform residents that we are on site conducting an inspection, and to introduce the inspectors to residents, where appropriate to do so. While inspectors have powers of entry and inspection, these will be exercised respectfully towards residents.

The inspectors will walk around the centre with the centre manager to allow them to outline how the service is being delivered. We will always respect residents' personal space, privacy and dignity during this initial walk around the centre. During the inspection, you can tell the inspector about improvements or changes you have made.



## **Gathering of Evidence**

During an inspection, you should ensure you respond to requests for information in a timely manner and deal with all matters as outlined in these requests. You should ensure all the required records are available for inspection.

In order to triangulate our evidence (verify from a number of sources) and make professional judgments, during the course of the inspection we may for example:

- talk with residents, visitors, external professionals and staff members
- observe practices
- take photographs
- review documentation.

Inspectors will use the assessment judgment framework and guidance on the assessment of international protection accommodation centres documents to assist in this process.

## **Assessment judgment framework**

Under the Authority's Monitoring Approach (AMA), we have produced an assessment judgment framework for international protection accommodation service centres. Providers and staff members should ensure they are consulting the current version of this document. The assessment judgment framework is available from our website at [www.hiqa.ie](http://www.hiqa.ie).

The assessment judgment framework is a guidance document that was produced to assist HIQA with checking compliance and does not replace the professional judgment of inspectors or the requirements of the regulations and national standards. The assessment judgment framework should be used by providers to self-assess their own service. A self-assessment questionnaire and quality improvement tool for international protection accommodation service centres is available for providers (not for return to HIQA unless requested) on our website at [www.hiqa.ie](http://www.hiqa.ie).

## **Guidance on the assessment judgment framework**

We have also published guidance on the assessment of international protection accommodation service centres which can be found at the following location on our website at [www.hiqa.ie](http://www.hiqa.ie).

This guidance should be used in conjunction with the assessment judgment framework. The guidance aims to provide additional supporting information to inspectors and providers on assessing compliance and offers guidance on reviewing each individual national standard.

The guidance document provides overall compliance judgment descriptors and describes each of the national standards in the context of what compliance with the standard may look like and examples of the information and or evidence reviewed to assess compliance.

### **Review of evidence and preliminary judgments on compliance with the regulations or national standards**

Once inspectors have gathered information and believe they have sufficient evidence to make a judgment about the level of compliance against each standard reviewed, they will make a preliminary judgment on compliance. They will also provide preliminary feedback to the provider and or centre manager and or other staff members throughout the inspection.

While some standards are the responsibility of the centre management and staff members, overall responsibility rests with the service provider. We make judgments on whether the service provider is: compliant, substantially compliant, partially compliant or not compliant with the national standards associated with the findings.

If for any reason there is insufficient information to make a judgment, the inspectors will revert to the second phase of the on-site inspection; that is to say, they will return to the 'gathering evidence' phase.

### **Assigning a risk rating**

Once we have made a judgment on compliance, we will review the risk to residents arising from the non-compliance. Inspectors will report on this risk as being:

- High risk: there is a high risk associated with the non-compliance
- Moderate risk: there is a moderate risk associated with the non-compliance
- Lower risk: there is a low or very low risk associated with the non-compliance.

Each standard can be assigned a maximum risk-rating based on the severity of the impact on residents and the likelihood of occurrence or reoccurrence of the risk.

Continued non-compliance resulting from a failure by a service provider to put in place appropriate measures to address the areas of risk may result in escalation action.

### **What the judgment levels mean**

#### **Compliant:**

A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.

#### **Substantially compliant:**

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.

**Partially compliant:**

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.

**Not compliant:**

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.

Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents will be given a high-risk rating. In such cases, we will set a deadline for the provider to comply with the standard.

**Provider feedback meeting at the close of each inspection**

The provider feedback meeting is the final phase of the on-site inspection. At the close of the inspection, we will give the provider and or centre manager or their delegate preliminary feedback on the findings of the inspection, and provide them with an opportunity to present additional information to inspectors if needed.

At a minimum, the service provider (or delegate) and centre manager (or delegate) should attend this meeting<sup>§§</sup>. This phase is still part of the inspection process and, therefore, any additional information that a service provider, centre manager or their delegates give to an inspector will be reviewed and taken into account.

Usually, these meetings should take between 30 minutes and an hour. Good practice and areas which require improvement are highlighted. Final judgments will not be given at this meeting as inspectors will need to review all information gathered before final judgments can be made.

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<sup>§§</sup> This may not be practical in an unannounced inspection and these circumstances, alternative arrangements will be made by the inspector

## Responding to risk

Where we identify an **immediate risk**, we will outline this to the service provider and centre manager immediately. The centre manager and or other staff members will be requested to address this risk before the end of the inspection.

Where **urgent risk** is identified, the service provider (or delegate) or centre manager will be informed, both at the time of the identification of the risk and again during the feedback meeting. We will issue an urgent compliance plan to the service provider for the urgent risk within 24 hours of the completion of the inspection with a requirement for the service provider to respond providing detailed assurances on how they plan to address the identified risks.

## Step 4. Writing up the findings

### Inspection reports

We report on our inspection findings and judgments in an inspection report. The inspection report template features the following elements:

- about the accommodation centre
- what the inspectors observed and what residents told us
- capacity and capability of the service provider to deliver a safe quality service
- quality and safety of the service
- compliance plan, if required, with the risk rating of all non-compliances against the national standards, in order to improve outcomes for residents.

The inspection report aims to tell the story of what it is like to live in the centre and whether this is a good service or if it needs to improve. It also aims to tell the story of compliance with the national standards and how this impacts on residents.

Judgments are described in the inspection report as:

- compliant
- substantially compliant
- partially compliant
- not compliant.

The inspection report summarises the impact that our findings about the service's leadership, governance and management has on the quality of life and safety of residents. It also outlines how the centre empowers and enriches residents' lives. The national standards have been categorised under two aspects which we call 'dimensions'. These dimensions are: 1. **Capacity and capability** and 2. **Quality and safety** of the service. In writing the sections on capacity and capability and quality and safety, inspectors will consider them in the context of the national

standards. More detail on the various sections of the inspection report is provided here.

## **Inspection report content overview**

### **About the service**

This section outlines what services are provided in the centre and will describe the physical environment in which those services are delivered.

### **What residents told us and what inspectors observed**

This section will be a fair, balanced and proportionate summary of responses to the resident questionnaires received before or during the inspection, our interaction with residents and our observations during the inspection.

It describes in general terms how residents describe and talk about their daily lives, what it is like to live in the accommodation centre and how the registered provider and staff support them.

In this section, we are informing residents or potential residents and their families about what life is like in the centre, through the lens of residents.

### **Capacity and capability**

This section focuses on the overall delivery of the service and describes how effectively it is assuring a good quality and safe service. There are **six** critical elements that determine the capacity and capability of a provider to sustainably deliver a good service. These are:

1. **Effective leadership, governance and management**, with clear lines of accountability so that all members of the workforce are aware of their responsibilities and who they are accountable to.
2. **Adequate resources** are in place to support the effective delivery of quality care and support to people living in the centre.
3. **A competent workforce**, including recruitment practices in the centre and how staff are supported through education and training.
4. **How a provider uses, collects, evaluates and responds to information**, which in turn is used to positively inform, improve and sustain a quality service.
5. **How services respond to adverse incidents** and whether there are appropriate systems in place to underpin safe care and oversight of the service.

**6. Compliance with the national standards.** In all cases, if a service lacks any of the above components or there are deficiencies in any of them, providers will be challenged to sustainably deliver a good-quality service.

At the end of this section, the reader will know if this is a well-run centre, is well resourced, has competent staff, uses information to improve the quality of the service and is compliant with the national standards, or whether there are areas that require immediate or longer-term improvements.

An associated standards section — located underneath the findings — lists:

- the national standards numbers and the areas they relate to
- the findings against the national standards, with examples of the evidence
- the judgments made.

### **Quality and safety**

The section on quality and safety of the service is about life in the centre for residents. In this section of the report, the inspector is telling the reader how residents are supported and encouraged to live a rewarding life — and how their wishes and choices are respected. This section describes the services and support people receive and whether it was of a good quality and ensured people were safe. It includes information about the environment in which they live and what residents say about the service.

This section makes a judgment on the critical elements that determine the quality and safety of services for residents and includes how residents are:

- placed at the centre of decision-making, can make choices and are actively involved in shaping the services they receive
- empowered to exercise their rights, achieve their personal goals, hopes and aspirations
- receiving evidenced and human rights-based outcomes and effective person-centred care and support
- able to live in a safe, comfortable and homely environment
- receiving food and drink that is nutritious
- supported to be in good health
- protected from any harm or abuse
- supported to develop and maintain personal relationships and links with the community
- able to access educational, training and employment opportunities
- in a centre that promotes their welfare, including how it recognises and effectively manages its service when things go wrong.

The national standards are reviewed, with the findings, and examples of the evidence and the judgments made are again set out underneath this section.

### **Compliance plan**

This section of the report details how you will reach compliance. The service provider outlines how they plan on coming into compliance with the national standards in the compliance plan section.

### **Risk rating**

All non-compliances with the national standards are risk-rated and listed in this section of the inspection report. This section identifies the requirement of the national standards, the judgment made, the risk rating of the judgment, and the deadline for reaching compliance given to the service provider for those given high-risk rated non-compliances.

### **Rights-based approach informing judgments**

When we inspect and make judgments on compliance, we will check how the level of compliance protects the basic human rights of the people living in the centre. These rights include dignity, fairness, equality, respect, autonomy, freedom to control one's own life and to effectively take part in decision-making which impacts on one's life. When we make judgments, we ensure the evidence used to inform our judgment has come from all our accumulated evidence and reflects the overall judgment. We triangulate (verify) evidence from a number of sources, including feedback from people who live there, their relatives and professionals.

## **Step 5. Generating an inspection report**

Inspection reports are a summary of our findings. Inspection reports do not need to reference all of the information reviewed by inspectors during the course of the inspection. They are used to inform the service provider of their level of compliance and are also used to inform the public about what it is like to live in that accommodation centre. They also tell the public about the service's level of compliance.

We include our judgments in our inspection reports. We may also, where appropriate, write a summary overview report of our findings resulting from a monitoring programme that we have completed.

### **Compliance Plan**

Where we identify levels of non-compliance with the national standards, we will issue a compliance plan template to the provider after the on-site inspection. We will

ask the service provider at that point to tell us in the returned compliance plan how and when they will comply with the relevant standard or standards.

Service providers are asked to focus their compliance plan actions on the overarching systems they have in place to ensure compliance with a particular standard, under which a non-compliance has been identified. They should change these systems as necessary to bring them into compliance – rather than focusing on the specific failing identified.

The service provider's compliance plan should be **SMART** in nature:

- **S**pecific to that standard
- **M**easurable so that it can monitor progress
- **A**chievable
- **R**ealistic
- **T**ime bound.

Service providers should ensure that they return a satisfactory compliance plan by emailing [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie) within **21 calendar days** from the time it was issued to them. On occasion, we may ask providers to update us about how they are implementing their compliance plans submitted to us.

Please note that feedback on the draft inspection report and compliance plans are separate issues. Even if you submit feedback on the draft report, you must submit a fully completed compliance plan and continue to take any necessary remedial actions required.

It is the service provider's responsibility to ensure that it implements the actions in the compliance plan within the set time frames. We will determine if the provider's response adequately assures us that the provider understands the non-compliances and can address them within the time frame provided. Inspectors will move international protection accommodation service centre into escalation if they are not assured by compliance plans received.

The inspectors will also check that the returned compliance plan does not contain personal data or information relating to residents, staff or others in the centre. If it does, it is immediately rejected and deleted, and the provider is informed that it must submit a new plan without such personal data or information contained in it.

If the returned compliance plan contains commentary which is unrelated to addressing the non-compliance but does not contain personal data or information as outlined above, such commentary will be removed prior to publishing the compliance plan in the published inspection report.



Whenever inspectors are not assured about the provider's understanding of the non-compliance and the provider's ability to address the failing within the time frames outlined by us, we can decide what, if any, actions need to be taken. This can include, but is not limited to, increased monitoring or escalation activity.

Where we have made a judgment of not compliant, the provider or centre manager must take considerable action to comply with the relevant standard. Where the non-compliance does not pose a high risk to residents using the service, we will risk-rate it as a moderate risk, and the provider must take action within a reasonable time frame to come into compliance. This will be reflected in the compliance plan.

Where the non-compliance is persistent or poses a high risk to residents, providers will be given a compliance deadline in the compliance plan template we issue to them.

## Step 6. Quality assuring the inspection report

Our aim is to ensure that every report written is:

- fit for purpose
- right first time
- adheres to the principles of plain English.

Our **fit for purpose** model aims to tell the reader: what it is like to live in the accommodation centre; whether or not it is a good centre or if it needs to improve; if it complies with the national standards; and if the care and support is of a high quality and is safe, amongst other elements.

Inspection reports are fair, balanced and reflect good practice in the centre and where improvements are required. They show how residents are supported and encouraged to live a rewarding life, and how their wishes and choices are respected.

Under our fit for purpose model, different sources of evidence are cross-referenced, although not all evidence that informs judgments and which has been gathered by inspectors will be mentioned in the inspection report. Our inspection reports will also reflect the following elements:

1. Judgments have been made, and these are in line with how we describe compliance levels.
2. Judgments are supported by findings and the judgments are proportionate to the findings.
3. The findings cited are supported by sufficient evidence, which is relevant to the findings.
4. The evidence to support the finding is recorded clearly by inspectors.
5. We have the legal remit to make such a judgment.

**Right first time** means that the report is fair and accurate and is accurately backed by evidence. It is also vitally important that providers, staff, people living in the centre and the public are able to understand the reports. Therefore, **adhering to plain English principles** means that the language in every report is to a high standard and is written in a way that the intended audience of the report can readily understand.

### Step 7. Issuing inspection reports to service providers

Providers will receive a draft inspection report following the completion of an on-site inspection. We aim to issue the draft report within 20 working days of an inspection. This is done to inform providers of our findings and for them to consider these findings. Preliminary findings will have been given by inspectors during the close-out meeting at the end of the inspection.

When the draft report is issued to the provider, it will also include a feedback form and compliance plan template, if such a plan has been issued to it. The draft report will outline areas of good practice and those areas requiring improvement or areas of risk, if identified.

Providers have the right to provide feedback on the report, perceived factual inaccuracies, and on inspectors' regulatory judgments made in the report. They have **21 calendar days** from the draft report being issued in which to submit feedback and the completed compliance plan, if such a plan has been issued to them.

### Step 8. Managing feedback from centres

#### Feedback from a service provider

If you believe our judgments are incorrect or not proportionate to the evidence reviewed by the inspectors or there are factual inaccuracies in the body of the draft inspection report, you may choose to submit feedback to us. We welcome such feedback.

In the first instance, you should engage with the lead inspector by phone or by email to discuss your specific concerns or queries about the regulatory judgments and or perceived factual inaccuracies in the draft report. A single opportunity is provided to reply to the author of the report using a feedback form.

Please note that you must submit a fully completed compliance plan even if you submit feedback on the draft report. Feedback does not place the compliance plan process on hold and you must address any required actions while feedback is being considered. The feedback form and the compliance plan should be sent together in the same email to [ipasmonitoring@hiqa.ie](mailto:ipasmonitoring@hiqa.ie).

Feedback forms can be downloaded from our website at [www.hiqa.ie](http://www.hiqa.ie).

Following consideration of your formal feedback provided on the feedback form, we may amend the report if deemed appropriate.

### **Step 9. Approving the inspection report**

Once we have considered the feedback from service providers on the draft inspection report, we will finalise the report and the head of programme or delegate will make a decision on publication.

### **Step 10. Publishing the inspection report**

We publish inspection reports on our website. An inspection report will not become publically available until after it has undergone internal checks to ensure that the information contained in it is accurate, balanced and proportionate.

The length of time between the inspection and the report being published will be determined by a number of factors, making it difficult to give an exact date for any given service. Providers should make reports available to residents on request.

In certain circumstances, HIQA may decide not to publish a report. For example, if the number of people living in the centre is very low and therefore, their anonymity cannot be maintained.

You will be notified by email when the report will be published. A copy of each final inspection report will be provided to the Department of Children, Equality, Disability, Integration and Youth, whether the report is published or not.

## Section 6. Guide to escalation procedures

We recognise things can go wrong in the delivery of social care, even in well-run services. Therefore, our approach is focused on how providers respond to incidents, risk and non-compliances with the national standards and how they manage these issues.

This section of the guidance document outlines how HIQA responds to circumstances which may reflect a regulatory risk to the safety and quality of life of people living in accommodation centres, arising from poor compliance with:

- *National Standards for Accommodation Offered to People in the Protective Process.*

### 6.1 What is escalation?

HIQA defines escalation as an increased regulatory activity up to and including the decision to escalate externally due to:

- concerns about the quality and safety of care and support being delivered to residents
- poor compliance by service providers with their obligations under the national standards.

### 6.2 Principles of good escalation

We closely consider the impact on people using services from our escalation measures. Fundamental to any decision we make on regulatory activity is proportionality. Therefore, the principles underpinning our escalation processes are that:

- we deal swiftly with non-compliance
- our regulatory activity is proportionate to the risk profile<sup>\*\*\*</sup>
- we recommend the most appropriate action
- we ground our decisions in evidence
- our decisions are based on sound, reasoned judgments of all evidence related to an accommodation centre where there is a concern
- our response is the most appropriate activity to undertake in order to 'answer' questions our inspectors have about a centre.

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\*\*\* An overall risk rating of the centre held by the Director of Healthcare Regulation.

## 6.3 Internal and external escalation

Escalation is twofold:

- internal
- external.

**Internal escalation** is how a service provider of concern is discussed with HIQA's Director of Healthcare Regulation in order to determine the best course of regulatory action to bring the service provider back into compliance.

It includes deciding on the appropriate regulatory activities needed in order to prevent accommodation centres drifting away from complying with the regulations and national standards.

**External escalation** is HIQA's interaction with service providers when there is concern about poor compliance. It covers potential or actual actions HIQA intends to take. It is also about how inspectors may inform other interested parties of risk within an accommodation centre.

### 6.3.1 What actions can be taken if an accommodation centre is not safe?

If our inspectors find that the accommodation centre is not safe or the national standards are not being met, we can take a number of steps including:

- requiring changes be made and checking that these are carried out
- external escalation.

### 6.3.2 Internal escalation

There are six steps which HIQA will take in deciding on an internal escalation response. These are:

- reviewing the risk profile of the accommodation centre
- internal case review meetings to analyse concerns about the accommodation centre
- increased regulatory activity
- monitoring, reviewing and making judgments on responses from a service provider
- making recommendations to take external escalatory action if it is not resolved
- reconvening a case review to close the escalation or move to external escalation.

**Centre's risk profile:** This is an up-to-date regulatory risk profile of all accommodation centres – in effect, the overall risk rating of an accommodation centre – which is fundamental to our decision-making on regulatory interventions, including risk escalation of a centre at risk.

Based on the risk profile, and in line with HIQA's risk-based approach to regulation, we target our resources where they are needed most. (See Section 2 on Governance and a risk-based approach to regulation).

**Regulatory Plan:** Every accommodation centre has a regulatory plan which includes how often we will inspect the centre and how often we will seek information from it, such as compliance plan updates. The regulatory plan is determined by the level of regulatory risk the accommodation centre poses. In other words, how well the accommodation centre is governed and how compliant the service provider is with the national standards.

### 6.4 Case review

Accommodation centres that are deemed to be moderate to high risk are reviewed and discussed at an internal case review meeting. At these meetings, inspectors discuss concerns about a centre in order to:

- Draft a time-bound **regulatory plan** (such as seeking a compliance plan update) or
- Make a **regulatory decision**, such as:
  - deciding to escalate externally
  - taking no further action and closing the case review process.

We take into account all information about the accommodation centre when deciding on a regulatory plan, which will contain actions that the service provider must take within set time frames. In due course, the inspector will review progress made by the service provider against these actions and will convene the case review.

The actions we take aim to ensure the accommodation centre complies with the standards and will improve the safety and quality of life for people using its services. When issues are resolved, the centre will return to routine oversight and monitoring.

### **6.5 Increased regulatory activity**

In deciding whether to start increased regulatory activities, such as escalation, our main focus is to bring about compliance and ensure the safety of residents. Our escalated regulatory activity options include:

- carrying out a risk-based inspection
- seeking further information, such as a compliance plan update or assurance report
- inviting the service provider to attend:
  - a cautionary provider meeting
  - a warning provider meeting
  - issuing a warning letter.

### **6.6 External escalation**

External escalation refers to how HIQA tells providers that their level of compliance with the standards is poor and that their accommodation centre has been placed on an escalation pathway. This can be done in a number of ways, including:

- verbally during the preliminary feedback process at the end of an inspection
- during a cautionary provider meeting
- in writing through a warning letter.

Depending on the circumstances and the assessment of risk, the regulatory actions available as escalation options<sup>#</sup> are set out in Table 7.

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<sup>#</sup> This is not a hierarchy of options nor is each activity mutually exclusive.

**Table 7. Escalation options available to HIQA for centres of risk**

<b>Escalatory activity or action</b>	<b>What does this mean for you?</b>
<b>Focused risk-based inspection</b>	<p>A risk-based inspection will focus on non-compliances and will include follow up on all high or moderate risk-rated non-compliances. This activity is chosen where:</p> <ul style="list-style-type: none"> <li>▪ there are concerns as to the level of compliance with the regulations or national standards.</li> <li>▪ a provider’s compliance plan indicates that improvements have been made and a focused risk-based inspection is required to verify this.</li> </ul> <p>Providers will be verbally advised of poor compliance at the end of an inspection.</p>
<b>Cautionary provider meeting</b>	<p>This is a meeting between a case-holding inspector and his or her regional manager and a provider. Its purpose includes communicating the risk and the required actions to be taken.</p>
<b>Warning provider meeting</b>	<p>This is a meeting between the relevant head of programme and or regional manager; the case-holding inspector; and the provider. This meeting has a number of purposes, including to communicate the risk and the required actions to be taken and to issue a formal warning letter to the provider.</p>
<b>Warning letter</b>	<p>The warning letter reiterates the actions required and explicitly outlines the measures that will be taken if the provider does not implement the required changes within the stated time frame. All warning letters have a specified time frame.</p>
<b>Provider-assurance report</b>	<p>A provider assurance report may be sought from the provider.</p> <p>This is done where the provider has made some progress but where HIQA requires further assurances.</p>



<b>Escalatory activity or action</b>	<b>What does this mean for you?</b>
	It can be used where the provider has demonstrated compliance previously, but the degree of risk requires an assurance response. (See below for further details).
<b>Refer to other agencies</b>	Sometimes, we may notify our concerns to other relevant agencies that have a statutory responsibility for a particular area, for example, The Child and Family Agency (Tusla) the Health and Safety Authority and so on.
<b>Escalation to the Department of Children, Equality, Disability, Integration and Youth</b>	Should it be necessary, we will notify our concerns, including where required, significant risk to the Department of Children, Equality, Disability, Integration and Youth.

### 6.6.1 Provider assurance report

A centre does not have to be in escalation for us to request a provider assurance report.

However, in escalation, we may request such a report where the provider has made some progress and has demonstrated compliance previously, but the information is of such a serious risk that further assurances are required.

The provider assurance report is to be written under two dimensions (or sections), which are:

- quality and safety
- capacity and capability.

The provider is asked to complete each section and explain how it will comply with the standards listed by the inspector.

#### Unsatisfactory provider-assurance report

If we believe the provider assurance report fails to quickly address non-compliances and areas which need to improve, we will convene a further case

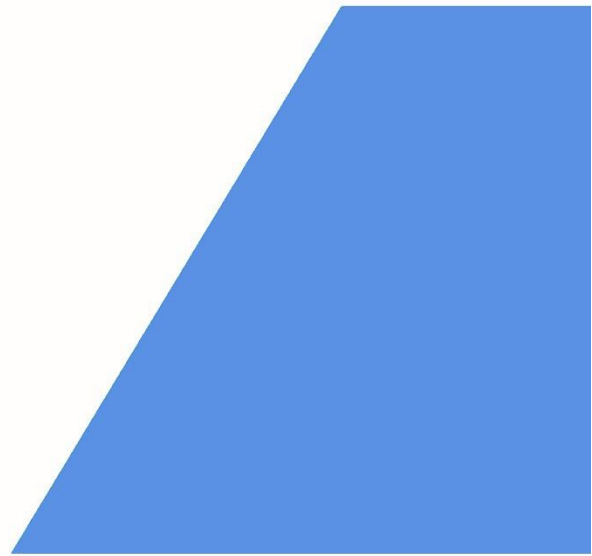
review meeting. The centre will remain on an escalation pathway and further actions may be taken.

### **6.6.2 Escalation conclusion**

HIQA deploys a range of proportionate escalation measures to ensure the safety and quality of services being provided in international protection accommodation service centres, which give service providers ample opportunity to comply with the national standards.

At all times, we will clearly communicate with providers about our escalatory response. Providers must meet the requirements of the national standards and it is important to stress that compliance with these standards is a minimum requirement. In order to improve the quality and safety of services, providers are encouraged to look beyond the national standards and to continually try to improve their services for residents.





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