



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte



For consultation  
July 2014

# Draft National Standards for Residential Care Settings for Older People in Ireland

*Safer Better Care*



# About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement** – Supporting health and social care services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

# Contents

About the Health Information and Quality Authority .....	1
1. Introduction .....	3
2. Principles informing the Draft National Standards for Residential Care Settings for Older People in Ireland.....	4
3. Scope of the Draft National Standards .....	5
4. Themes in the Draft National Standards .....	5
5. How the Draft National Standards for Residential Care Settings for Older People in Ireland relate to other Standards .....	8
6. Regulation of Residential Services .....	8
7. Terminology used in the Draft National Standards .....	10
8. How the Draft Standards were developed .....	11
9. Consultation .....	11
10. Next Steps.....	13
11. Summary of the Draft National Standards for Residential Care Settings for Older People in Ireland.....	14
The Draft National Standards.....	19
<b>Theme 1:</b> Person-Centred Care and Support.....	20
<b>Theme 2:</b> Effective Services .....	30
<b>Theme 3:</b> Safe Services .....	42
<b>Theme 4:</b> Health and Wellbeing.....	56
<b>Theme 5:</b> Leadership, Governance and Management.....	59
<b>Theme 6:</b> Use of Resources .....	66
<b>Theme 7:</b> Responsive Workforce .....	68
<b>Theme 8:</b> Use of Information.....	73
Glossary of Terms.....	76
Resources.....	82

# 1. Introduction

*The National Positive Ageing Strategy (2013)* promotes ageing which enables and supports older people to enjoy optimum physical and mental health and wellbeing and to participate in economic, social, cultural, community and family life. It also highlights equality, independence, participation, care, self-fulfilment and dignity as key principles for older people in Ireland.

Older people should be supported to stay as independent as possible for as long as possible in their own homes. However, there are some older people who will require placement in residential care, including nursing homes, when their needs cannot be met at home or in the community.

The population of older people in Ireland is increasing, as are the numbers who require residential care. Approximately 6% of older people in Ireland are in residential care and this figure is likely to increase in the future. The majority of older people are placed in residential care due to a long-term physical or cognitive impairment, social circumstances or for short-term respite.

National policy promotes and supports a move away from the traditional institutional model of residential care to residential services that promote and support independent living. The vast majority of people in receipt of residential care are cared for in high quality, safe and supportive settings. People who live in residential services should enjoy a good quality of life and live in a place that feels like home and they should have the same access to all necessary healthcare as older people living in other settings.

High quality, safe and effective services for people living in residential care should promote person-centred care, uphold the rights of people, respect privacy and dignity and protect people living in residential care from abuse and neglect. Services for people living in residential care require good leadership, skilled and experienced staff and effective management of resources.

The Health Information and Quality Authority (the Authority) aims to promote continuous improvement in the quality and safety of the residential services provided to people living in residential care.

The Authority is the statutory body established under the Health Act 2007 (as amended) with responsibility for setting standards for health and social care services and monitoring compliance with these standards. The Authority is also responsible for the registration and inspection of 'designated centres' for older people and people with disabilities, as defined in the Health Act 2007 (as amended).

These outcome-based Standards represent a revision of the previously published *National Quality Standards for Residential Care Settings for Older People in Ireland (2009)* and they incorporate the learning from the Authority's first three-year cycle of inspection and registration of designated centres for older people (2009-2012).

These revised Standards place a stronger focus on quality of life and a person-centred approach to care for all residents - including residents with dementia. The Standards provide a framework for providers for the continuous development of person centred, safe and effective residential services.

The Standards also provide people living in residential care and their families and/or representatives with a guide as to what they should expect from residential services. At the same time, they provide the framework for the Authority to assess whether residential services are providing high quality, safe and effective services and supports for the people who live there, in line with the requirements of the Health Act 2007 (as amended).

These draft Standards are presented in a different format to the 2009 standards. The 2009 standards had seven 'domains of care' and 32 standards. These revised Standards are in the new format which has been adopted by the Authority for all standards. This includes eight themes: Person-centred Care and Support, Effective Services, Safe Services, Health and Wellbeing, Leadership, Governance and Management, Use of Resources, Responsive Workforce and Use of Information. These themes are described further in section 4. Under these themes are 35 standards in total.

The 35 standards focus on outcomes which enhance the ability of people to participate in, and contribute to, daily life. These include:

- promoting the rights of people and respecting their autonomy, privacy and dignity
- facilitating people to be as independent as possible and to exercise personal choice in their daily lives
- safeguarding and protecting people from abuse
- providing people with accessible information and assessment to ensure that the appropriate supports are made available to meet their needs.

## **2. Principles informing the Draft National Standards for Residential Care Settings for Older People in Ireland**

*The Draft National Standards for Residential Care Settings for Older People in Ireland are based on the key principles outlined below which guide residential services on how best to provide a safe and effective service to people.*

The principles are to:

1. Provide care and support to promote autonomy and an excellent quality of life for people living in the service.
2. Promote a person-centred approach to service provision that meets the needs of each person.

3. Safeguard and protect each person.
4. Uphold and promote the rights of each person.
5. Promote and improve the health and wellbeing of each person.
6. Promote integration within the community and the development of social networks.
7. Provide effective governance arrangements with clear leadership, management and lines of accountability.
8. Plan and use resources effectively.
9. Deliver responsive and consistent services based on evidence and good practice.

### 3. Scope of the Draft National Standards

The Health Act 2007 (as amended) provides the legislative basis for the monitoring, inspection and registration of residential services ('designated centres') where older people live against the associated regulations and these Standards.

These Standards apply to residential and residential respite services for older people in Ireland, whether they are operated by public, private or voluntary bodies or organisations.

For the purposes of these Standards, a residential service will be regarded as a service providing accommodation with care and support to the resident population of older people.

Where these Standards refer to the Health Service Executive (HSE), this is taken to refer to the current HSE structures and the subsequent agency that takes on the HSE's statutory functions under the Health Act 2004 in the future.

### 4. Themes in the Draft National Standards

Since the publication of the *National Quality Standards for Residential Care Settings for Older People in Ireland in 2009*, the Authority has devised a framework for developing standards which was developed following a review of international and national evidence, engagement with international and national experts and applying the Authority's knowledge and experience of the Irish health and social care context.

Based on this framework, the draft National Standards are presented under eight themes. These themes relate to the dimensions of quality and safety and to the dimensions of capacity and capability (see Figure 1 on page 7).

The quality and safety themes described in these Standards are:

- **Person Centred Care and Support** – how residential services place people at the centre of what they do.
- **Effective Services** – how residential services deliver best outcomes and a good quality of life for people, using best available evidence and information.
- **Safe Services** – how residential services protect people and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** – how residential services identify and promote optimum health and wellbeing for people.

Delivering improvements within these quality themes depends on services having capability and capacity in four key areas, as outlined in the following themes:

- **Leadership, Governance and Management** – the arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** – using resources effectively and efficiently to deliver best achievable outcomes for people for the money and resources used.
- **Responsive Workforce** – planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of people in residential services.
- **Use of Information** – actively using information as a resource for planning, delivering, monitoring, managing and improving care.





Figure 1: **Themes in the National Standards**

The Standards are outcome based. This means each Standard provides a specific outcome for the service to meet, which is described in the 'standard statement'. The **standard statement** describes the high-level outcome required to deliver quality residential services and residential respite services for people.

The **features** under each standard statement give some examples of what the residential service may consider in order to meet the standard and achieve the required outcome. The list of features provided under each standard statement heading is not an exhaustive list and the residential service may meet the requirements of the standards in different ways.

Regulations differ from Standards. Regulations are based on primary legislation and detail that is required by law. In some instances, the standards and features repeat the requirements of the regulations. This should not be taken to mean that the particular regulatory requirement is altered in nature – the provisions of the regulations must still all be met by the residential service. The Standards provide a measurable tool for judging the quality of life of those living in residential care.

All residential services must be registered to operate within the law. In order to be registered, the residential service must comply with the regulations. If the service does not comply with the regulations and meet the Standards it may fail to achieve registration status or it may lose its registration status.

## **5. How the *Draft National Standards for Residential Care Settings for Older People in Ireland* relate to other standards**

The Authority has developed a number of sets of person-centred standards, based on evidence and best international practice, for health and social care services in Ireland that, by law, are required to be regulated by the Authority.

Services for people which will be monitored against the National Standards for Residential Care Settings for Older People in Ireland where relevant, must also meet the requirements of other relevant Authority standards in respect of the:

- *National Standards for the Prevention and Control of Healthcare Associated Infections* (2009)
- *National Standards for Residential Services for Children and Adults with Disabilities* (2013)

The Authority will monitor the compliance of each residential service with the Health Act 2007 (as amended), the regulations and all relevant standards. Each residential service for older people will be expected to provide evidence of compliance with the relevant standards.

## **6. Regulation of residential services**

Residential and residential respite centres are prescribed as ‘designated centres’ in the Health Act 2007 (as amended). The Authority has, among its functions under law, responsibility to regulate the quality of services provided in designated centres for older people. The Health Act 2007 (as amended) empowers the Chief Inspector, a statutory

officer within the Authority, to carry out this function through the processes of registration, continuous monitoring and inspection and, where necessary, the application of its powers of enforcement.

The purpose of regulation in relation to designated centres is to safeguard people who are receiving residential services. Regulation provides assurance to the public that people living in designated centres are receiving services and supports that meet the requirements of National Standards which are underpinned by regulations. Regulation has an important role in driving continuous improvement so that people have better, safer lives. When a designated centre does not meet the required standards and/or the provider fails to address the specific areas of non-compliance, appropriate enforcement action is taken to either control or limit the nature of the service provided, or, to cancel a centre's registration and prevent it from operating.

Under the Health Act 2007 (as amended) any person carrying on the business of a residential service and or a residential respite service within a designated centre can only do so if the centre is registered under this Act and the person is its registered provider. As part of the registration and onward process of regulation, the provider must satisfy the Chief Inspector that she or he is fit to provide the service and that the service is in compliance with the Act, the Regulations and these or other specified standards.

By regulating the entry and exit of services within the market, the Authority is fulfilling an important duty under Section 41 of the Health Act 2007 (as amended). However, registration relates to a judgment of fitness at a specific point in time. It is the monitoring process that underpins continuing fitness and compliance and ultimately promotes continuous improvement.

The monitoring of compliance is a continuous process which checks that providers continue to be fit persons and continue to deliver an appropriate standard of service as prescribed by the registration authority. At all times the Chief Inspector must continue to be satisfied that the provider and all persons involved in the management of the centre are fit and that the centre is operating within the conditions which have been attached at registration.

The monitoring of compliance is a continuous process, which contains a number of different activities to inform an inspector's judgment in relation to a provider's continuing fitness and compliance with the conditions of registration. These activities inform ongoing decision-making and the subsequent actions of the regulator.

Monitoring activities have set business rules, operating procedures and tools, all of which make up the assessment framework and includes: inspections, the review of action plans, the review of notifications, the management of unsolicited information and secondary information received (media, other professional bodies), and the assessment of risk. These procedures and tools ensure that the functions of the Chief Inspector are carried out in a consistent manner and are guided by agreed principles rather than subjective judgment.

## 7. Terminology used in the Draft National Standards

### Residential Service

A residential service (for the purpose of this document) is a place where older people live and a designated centre. A designated centre is defined in Part 1, Section 2 of the Health Act 2007 (as amended) as:

- (a) an institution at which the Health Service Executive (HSE), or a service provider on behalf of the HSE, or a person receiving assistance from the HSE, provides residential services. These residential services are provided
  - (i) in accordance with the Child Care Act 1991;
  - (ii) to persons with disabilities in relation to their disabilities; or
  - (iii) to other dependent persons in relation to their dependencies.

A designated centre may also be:

- (b) a nursing home as defined in Section 2 of the Health (Nursing Homes) Act 1990.

### Resident

The term resident is used throughout the standards to describe both people living in residential care on a long term basis and also people staying on a short term basis for respite care.

### Representative

The term representative is used throughout the standards to describe a person nominated by the resident to represent the resident's views in discussions about issues relating to them.

### Note

There may be some people under the age of 65 years placed in designated centres for older people due to physical and cognitive impairments and these people are covered by these Standards. Where there are people under the age of 65 years with physical or cognitive impairments living in a residential service for older people, the service providers should also be aware of the requirements of the *National Standards for Residential Services for Children and Adults with Disabilities 2013*.

## 8. How the Draft Standards were developed

Under provisions made in section 8(1)(b) of the Health Act 2007, the Authority has statutory responsibility to develop standards for health and social care services. The Authority published the *National Quality Standards for Residential Care Settings for Older People in Ireland in 2009* which clearly outline what is expected of a provider of services and what a resident, their family, a carer, or the public can expect to receive in residential care settings.

As these standards are now five years old and the Authority has completed the first cycle of registration for all public and private nursing homes in Ireland, it is an appropriate time to revise and update the current standards.

The Draft Standards have been developed taking into account the following:

- a review of the *2009 National Quality Standards for Residential Care Settings for Older People in Ireland*
- a review of national and international reports, standards, literature and policy documents
- findings from focus groups with residents, relatives or friends and staff in eight residential care services
- feedback from the Standards Advisory Group
- feedback from key stakeholders during a five week targeted consultation.

## 9. Consultation

This document presents for public consultation the proposed *Draft National Standards for Residential Care Settings for Older People in Ireland* for a period of eight weeks. The Authority will consider and review all submissions received during the consultation process.

Following this process the Authority will finalise the *National Standards for Residential Care Settings for Older People in Ireland*.

Different versions of the Standards will also be produced when the *Draft National Standards for Residential Care Settings for Older People in Ireland* are approved.

## The closing date for receipt of submissions is Wednesday 24 September, 2014.

### How to make a submission

A number of consultation questions have been prepared for your consideration when reviewing the standards. These questions are grouped together in the consultation feedback form. They are not intended, in any way, to limit feedback and any other comments are welcome.

There are three ways to tell us what you think:

- Complete the online consultation feedback form by clicking a link on our website, [www.hiqa.ie](http://www.hiqa.ie)
- Download the consultation feedback form from [www.hiqa.ie](http://www.hiqa.ie) and email your completed forms to [standards@hiqa.ie](mailto:standards@hiqa.ie)
- Print off a copy of the feedback form from our website and post it to us at:

Health Information and Quality Authority  
Draft National Standards for Residential Care Settings for Older People in Ireland  
George's Court  
George's Lane  
Smithfield  
Dublin 7.

For further information or if you have any questions you can talk to the consultation team by calling (01) 8147439. You can also find us on Facebook and Twitter.

### How we will use your comments

Following the consultation, the Authority will analyse the submissions and make further amendments to the document. We will present the main amendments in a Statement of Outcomes document which we will make publicly available.

This is your opportunity to participate in the development of standards. We wish to thank you in advance for taking the time to submit your comments.

## 10. Next Steps

Following the consultation process, the feedback received on the Draft National Standards will be reviewed and the Standards will be revised prior to submitting them to the Board of the Authority for approval.

Following this, the final Standards will then be submitted for approval to the Minister for Health. Once approved, the Authority will publish the revised Standards and withdraw the previous version of these Standards, published in 2009.

## Summary of the Draft National Standards for Residential Care Settings for Older People in Ireland

Theme 1: Person Centred Care and Support	
Standard 1.1	The rights and diversity of each resident are respected and safeguarded.
Standard 1.2	The privacy and dignity of each resident are respected.
Standard 1.3	Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services.
Standard 1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.
Standard 1.5	Each resident has access to information, provided in a format appropriate to their communication needs.
Standard 1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.
Standard 1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.



## Theme 2: Effective Services

Standard 2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.
Standard 2.2	Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.
Standard 2.3	The design and delivery of the residential service maintains and supports physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcomes.
Standard 2.4	Each resident with a life-limiting condition or life threatening illness receives care and support, which maintains and enhances their quality of life, meets their needs and respects their dignity.
Standard 2.5	Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.
Standard 2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs. The existing residential care setting provides a minimum of 9.3m <sup>2</sup> (12.5m <sup>2</sup> for newly built residential care settings) usable floor space in all single rooms. Existing bedrooms which are currently shared have at least 7.4m <sup>2</sup> per resident. Shared bedrooms in newly built residential care settings have at least 20m <sup>2</sup> of usable space and are occupied by no more than two residents.
Standard 2.7	Each resident's access to services is determined on the basis of fair and transparent criteria.

### Theme 3: Safe Services

Standard 3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.
Standard 3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.
Standard 3.3	Infection prevention and control practices achieve the best outcomes for residents.
Standard 3.4	Each resident is protected through the residential services policies and procedures for medicines management.
Standard 3.5	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.
Standard 3.6	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint free environment in accordance with national policy.
Standard 3.7	Each resident's personal property and finances are managed and protected.

### Theme 4: Health and Wellbeing

Standard 4.1	The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.
Standard 4.2	Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

## Theme 5: Leadership, Governance and Management

Standard 5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.
Standard 5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
Standard 5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.
Standard 5.4	The residential service has appropriate service level agreements, contracts and/or other similar arrangements in place with the funding body or bodies and services sourced externally.
Standard 5.5	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.

## Theme 6: Use of Resources

Standard 6.1	The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.
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### Theme 7: Responsive Workforce

Standard 7.1	Safe and effective recruitment practices are in place to recruit staff.
Standard 7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.
Standard 7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.
Standard 7.4	Training is provided to staff to improve outcomes for all residents.

### Theme 8: Use of Information

Standard 8.1	Information is used to plan and deliver person-centred, safe and effective residential services and supports.
Standard 8.2	Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred safe and effective service.



The Draft  
**National  
Standards**

## Theme 1: Person-Centred Care and Support

Person-centred care and support places each resident at the centre of all the service does. It provides the right support at the right time to enable residents to lead their lives in as fulfilling a way as possible. A key principle of these standards is that residents in receipt of services are central in all aspects of planning, delivery and review of their care.

The experience of person-centred services for those living in residential services involves a collaborative multidisciplinary partnership between all those involved in the delivery of care and support. Residents and their relatives, with the resident's permission, are central to this partnership.

Residents are actively involved in determining the services they receive and are empowered to exercise their rights including the right to be treated equally in the allocation of services and supports, the right to refuse a service or some element of a service and the right to exit a particular service or be transferred to another service. Residents make their own choices, participate in the running of services and contribute to the life of the community, in accordance with their wishes.

Residential services are cognisant of the capabilities of residents in reaching informed decisions, in addition to the service's duty of care. When a resident has difficulty in communicating their wishes, the service provides the necessary supports to help them. Where residents have difficulty in making informed decisions, there is an obligation on residential services to work in close collaboration with the resident and their representative to try and ascertain the resident's wishes.

The use of formal and informal feedback mechanisms and independent advocacy services to gain the views of those living in residential services and their relatives will provide residential services with essential information about the service they provide and opportunities for improvement.

## Standard 1.1

### The rights and diversity of each resident are respected and safeguarded.

#### Features of a service meeting this standard may include:

- 1.1.1 The rights of each resident are protected and promoted in line with national and international legislation.
- 1.1.2 Residents are given information on their rights in multiple forms and they are supported in understanding their rights.
- 1.1.3 Each resident is treated with dignity, respect and kindness. Their equality is promoted and the residential service respects their age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and membership of an ethnic group or Traveller community.
- 1.1.4 Each resident receives the appropriate assistance and support they may require to uphold their right to recognition before the law and to exercise their legal capacity. This includes assistance to access legal advice and representation in any forum where their rights are being determined in litigation.
- 1.1.5 Each resident is facilitated in accessing advocacy services, and receives information about their rights.
- 1.1.6 Staff treat all residents equitably. Different levels of support are provided only in accordance with the needs and preferences of each resident.
- 1.1.7 Each resident's right to decline care and treatment is respected by the residential service. The reasons for declining care and treatment should be discussed fully with the resident and documented in their care plan.
- 1.1.8 Each resident is facilitated to observe or abstain from religious practice in accordance with their wishes.
- 1.1.9 Each resident is facilitated to participate in the political process, in accordance with their wishes.

## Standard 1.2

### The privacy and dignity of each resident are respected.

#### Features of a service meeting this standard may include:

- 1.2.1 Each resident has an area of personal space in their own bedroom or a shared bedroom that no other person enters without their expressed permission with due regard to their safety.
- 1.2.2 Each resident has an opportunity to be alone, with due regard to their safety. Privacy and dignity are respected at all times, and particularly in relation to:
  - receiving visitors
  - personal communications
  - expressions of intimacy and sexuality
  - consultations with social care and other professionals
  - examinations by healthcare professionals
  - the provision of intimate and personal care and support
  - circumstances where confidential and/or sensitive information is being discussed
  - entering bedrooms, toilets and bathrooms.
- 1.2.3 Each resident receives enhanced support at times of acute distress, in a manner that takes account of their particular needs and preferences and respects their privacy and dignity.
- 1.2.4 Staff regularly consult with residents and elicit their views, in particular where the running of the service has implications for residents' privacy, dignity and sense of home.
- 1.2.5 Each resident has a choice of a separate bedroom or sharing a room with another resident. Screening is provided in rooms with more than one occupant to ensure privacy for personal care.
- 1.2.6 If a resident is absent for a period of time, their bed is not made available to other individuals in need of respite or short-term care.
- 1.2.7 The door to each resident's bedroom has a lock they can use, on the understanding that it can be opened by staff in an emergency.



- 1.2.8 Personal possessions are respected. The importance of particular items of significance is recognised and any personal belongings are retained, where possible.
- 1.2.9 Each resident's preferences in relation to personal appearance are respected.
- 1.2.10 Staff understand the individual needs of residents and demonstrate respect for the dignity, modesty and privacy of the resident:
- through their general demeanour
  - through the manner in which they address and communicate with the resident
  - through their appearance and dress
  - by avoiding ageist, racist, sexist or other inappropriate comments or jokes
  - through discretion when discussing the resident's medical condition or treatment needs.

It is understood that lapses are unacceptable, even when staff are working under pressure

- 1.2.11 Each resident's individual choices relating to their preferred term of address are respected.

## Standard 1.3

**Each resident has a right to exercise choice and to have their needs and preferences taken into account in the planning, design and delivery of services\*.**

### Features of a service meeting this standard may include:

- 1.3.1 Each resident is facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected.
- 1.3.2 A balanced approach is taken when managing risk taking and promoting independence.
- 1.3.3 Each resident is encouraged to work out a structure to their daily lives that best reflects their goals, activities and needs and are assisted in doing so, if required.
- 1.3.4 The activities of daily living, including mealtimes, provide opportunities for social interaction. Social, religious and cultural beliefs and values are respected and valued in the everyday activities of the residential service.
- 1.3.5 Each resident's preferences, their dietary requirements and cultural and religious beliefs, are taken into account in relation to mealtimes and food provided.
- 1.3.6 Each resident is supported to prepare their own food and drinks, outside of mealtimes, if they so wish and where this is appropriate and safe to do so.
- 1.3.7 Each resident is supported and facilitated access to safe and appropriate outside spaces.
- 1.3.8 Each resident has opportunities for recreation, travel and leisure outside of the designated centre.
- 1.3.9 The residential service facilitates the establishment of an in-house residents' representative group for feedback, consultation and improvement on all matters affecting the residents. Issues raised by the residents' representative group are acknowledged, responded to and recorded, including the actions taken in response to issues raised.

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\* The Assisted Decision-Making (Capacity) Bill 2013 is currently before the Houses of the Oireachtas.

1.3.10 At least one nominated person, who is not a member of staff, acts as an advocate for residents with dementia/cognitive impairment at the residents' representative group meeting.

1.3.11 The needs and preferences of residents, who have difficulty communicating, are actively sought and every effort is made to elicit their views from a number of different sources.

## Standard 1.4

**Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.**

### Features of a service meeting this standard may include:

- 1.4.1 Each resident is facilitated to develop and maintain personal relationships with family and others in accordance with their wishes.
- 1.4.2 Each resident is facilitated and encouraged to integrate into their community. The residential service is proactive in identifying and facilitating initiatives for participation in the wider community, developing friendships and involvement in local social, educational and professional networks.
- 1.4.3 Families and friends are welcomed by staff and participate in the resident's life in the designated centre, in accordance with the resident's wishes.
- 1.4.4 Staff do not place restrictions on visits unless requested by the resident or for reasons of privacy and safety.
- 1.4.5 Telecommunications and information technology devices are made available to residents and they are facilitated to use them to maintain contact with family and friends.

## Standard 1.5

**Each resident has access to information, provided in a format appropriate to their communication needs.**

### Features of a service meeting this standard may include:

- 1.5.1 All information is in a format and medium that is appropriate to the information and communication abilities of each resident.
- 1.5.2 Assistance and support are provided to access information, to communicate with others through a variety of media, and to make contact with family, friends and other services if the resident so wishes.
- 1.5.3 Assistive technology and communication supports are provided to residents with communication difficulties and residents and staff are trained in their use.
- 1.5.4 Each resident is provided with a guide to services in the designated centre on admission which is reviewed with them at regular intervals. This guide includes:
  - services and facilities provided by the residential service
  - terms and conditions relating to residing in the service
  - complaints procedure
  - arrangements for visits.
- 1.5.5 Each resident is provided with an accessible copy of these Standards and staff spend time explaining the Standards to each resident, where possible and if the resident so wishes.
- 1.5.6 Each resident is kept informed and consulted about the day-to-day operations and developments in the residential service.
- 1.5.7 The person in charge ensures that each resident is informed about what personal information is being maintained by the service, who has access to this information, including other professionals and how the resident can access their personal information.
- 1.5.8 Each resident has access to local, national and international news.

## Standard 1.6

**Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines\*.**

### Features of a service meeting this standard may include:

- 1.6.1 Each resident is consulted with and makes decisions about the services and supports they receive and their views are actively and regularly sought by the residential service.
- 1.6.2 Each resident is given clear information in a format and language they can understand when any proposed action which would affect them is being considered, in order to help them make informed choices and decisions.
- 1.6.3 Each resident is listened to with care and respect by staff. Their views are taken into account in all decisions which impact on them.
- 1.6.4 Each resident is facilitated and supported to exercise their legal capacity in all aspects of life.
- 1.6.5 Each resident is facilitated to access citizens' information, advocacy services or an advocate of their choice when making decisions, in accordance with their wishes.
- 1.6.6 Each resident is presumed to have capacity to make their own decisions and is supported to make informed decisions. Only when all other supports have been exhausted should a decision be taken on someone's behalf. Such a decision should be based on the resident's best interests and best understanding of their will and preferences.
- 1.6.7 Any measures taken by staff that impact on a resident's right to choice, provide for appropriate and effective safeguards to prevent abuse, and respect the rights, will and preferences of residents. Any such measures taken by staff are free of any conflict of interest and undue influence, are proportional and tailored to the residents's circumstances, apply for the shortest time possible, and are subject to regular review.

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\* The Assisted Decision-Making (Capacity) Bill 2013 is currently before the Houses of the Oireachtas.

## Standard 1.7

**Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.**

### Features of a service meeting this standard may include:

- 1.7.1 There is a procedure for making formal complaints. This procedure is consistent with relevant legislation and regulations, local and national policy and takes account of best practice guidelines. Each resident and or their representative is given information about how to make a complaint in an accessible and appropriate format which includes the procedure for making a complaint outside the residential service when all other options have been exhausted.
- 1.7.2 Each resident is encouraged and supported to express any concerns safely and is reassured that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaints procedure.
- 1.7.3 Each resident has access to an advocate when making a complaint or reporting a concern.
- 1.7.4 There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. These are seen as a valuable source of information and are used to make improvements in the service provided.
- 1.7.5 Concerns are addressed and recorded immediately at local level and, where appropriate, without recourse to the formal complaints procedure, unless the resident wishes otherwise.
- 1.7.6 The complaints procedure identifies the expectations of residents who make a complaint and ensures that these expectations are taken into account and addressed throughout the process.
- 1.7.7 Each resident who makes a complaint is informed of the outcome of the complaint review and any actions taken.
- 1.7.8 Staff are trained to understand behaviour that indicates an issue of concern or complaint that a resident may not be able to communicate by other means. Such messages are recorded and receive the same positive response as issues of concern and complaints raised by other means.

## Theme 2: Effective Services

Effective services ensure that the appropriate support mechanisms are in place to enable and support residents to lead a fulfilling life. Residents participation in the care planning process is central to supporting them to identify their goals, needs and preferences and what supports need to be put in place by the service to ensure that their needs are met. Individual care plans are based on holistic ongoing assessments which identify personal, health, social and recreational goals, where appropriate. Actions in a resident's care plan encourage the resident to take an active role in deciding what contributes to quality of life at the various life stages.

Residents can also expect that their individual care plan will change as their circumstances and/or need for support changes. The cognitive ability of residents is assessed and they receive the necessary care and supports to maintain a good quality of life. Good, nutritious food and drink are important in supporting and improving the health of residents. Individual choices of food and drink vary, as do dietary needs. Enjoying food and having needs and choices met are an important part of the quality of day-to-day life for residents.

The physical environment in the residential care service should be as comfortable and homely as possible for residents. Spaces should be clearly signed and arranged to minimise confusion or distress for people with dementia. Residents should be able to spend meaningful time outdoors if they so wish.

When residents require palliative care or care nearing the end of life, this care is delivered with skilled and interdisciplinary attention to pain and other distressing symptoms. Emotional, spiritual and practical support and assistance with complex medical decision-making is provided in a respectful and dignified manner. Palliative care is a dynamic process of supporting residents with life-limiting and life-threatening illness and their families. Regardless of the duration of such an illness, palliative care serves residents from diagnosis of a disease until cure or until death and then supports families through the bereavement period. The goal is to assist with the care needs of residents and their families to achieve the best possible quality of life in accordance with their values, preferences, and beliefs.

Residents who are nearing the end of life receive timely assistance and support if they want or need it, to discuss and plan for the end of life. Advanced care planning provides residents with the opportunity to plan ahead for changes in circumstances, deteriorating health and preferred care. End-of-life care care encompasses high-quality care, support, choice and control, and should avoid over-medicalising what is a natural stage in an individual's life cycle.



## Standard 2.1

**Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise their quality of life in accordance with their wishes.**

### Features of a service meeting this standard may include:

- 2.1.1 Individual assessments are completed before the person comes to live in the residential service.
- 2.1.2 Individual care plans informed by comprehensive assessments are developed for each resident as soon as practicable after their admission.
- 2.1.3 Each resident is consulted with and participates in the development of a comprehensive individual care plan, in consultation with their families and/or representative if the resident so wishes, and the multidisciplinary team. The written individual care plan is kept on the case file and is signed by the resident where practicable.
- 2.1.4 Each resident has a care plan that takes account of all aspects of their physical and mental health, personal and social care needs and any supports required to meet those needs, as identified in ongoing assessment.
- 2.1.5 Each resident has access to a copy of their individual care plan in an accessible format.
- 2.1.6 Each resident's care plan is formally reviewed in accordance with the regulations, or more frequently if there is a change in needs or circumstances. The review of the individual care plan is multidisciplinary and is conducted in a manner that ensures the maximum participation of each resident and their family or representative (where appropriate) and agreed with the resident. Residents are provided with feedback following each review of their care plan.
- 2.1.7 The review of the individual care plan assesses its effectiveness and takes into account changes in circumstances, new developments and outcomes achieved. It names those responsible for pursuing objectives in the plan within agreed timescales. The review process is recorded and the rationale for any changes documented.
- 2.1.8 Where a resident declines to engage in the individual care planning process, the person in charge ensures that arrangements are made to address their assessed needs and include their aspirations and wishes insofar as these can be ascertained. A record is kept of all attempts to engage with the resident and their representative in the planning process.

## Standard 2.2

**Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.**

### Features of a service meeting this standard may include:

- 2.2.1 Each resident is offered a daily menu with a choice of main meal that reflects their preferences and dietary requirements. The menu varies regularly and takes into account feedback from residents.
- 2.2.2 Providers cater for each resident's food choices and take account of ethnic, cultural and religious requirements. Any special diet (for example, vegetarian, low fat or high protein) is recorded in the resident's care plan.
- 2.2.3 Daily menus are displayed in suitable formats and in appropriate locations so that residents and their representatives know what is available at mealtimes.
- 2.2.4 Residents are offered and have access to adequate quantities of food and drink at all times and a safe supply of drinking water is readily accessible.
- 2.2.5 Each resident has the choice of where and when to eat their meals and independent dining is encouraged. Meals are unhurried social occasions and staff are encouraged to participate in and view mealtimes as an opportunity to communicate, engage and interact with residents.
- 2.2.6 Each resident is supported to eat and enjoy their food. Adequate numbers of staff are available to assist residents who may need help with their meals. Assistance is offered discreetly, sensitively and individually.
- 2.2.7 Family and friends are facilitated to assist residents at mealtimes with due regard to the privacy of other residents.
- 2.2.8 Staff are aware of each resident's nutritional status and with their agreement, arrange for this to be regularly assessed and reviewed. The assessment takes into account any changes in their health.
- 2.2.9 Nutritional screening is carried out with each resident on admission and repeated frequently depending on individual assessed need, using a validated nutritional screening assessment tool.

- 2.2.10 There are arrangements for referral to the nutrition and dietetics service and speech and language services following the assessment of a resident's nutrition/ hydration requirements (where necessary) and agreed with the resident. A nutritional treatment plan is developed which takes account of the resident's preferences and recommendations from relevant health professionals, and this plan is adhered to.
- 2.2.11 Meals are nutritionally balanced to meet residents' dietary needs and preferences, as advised by healthcare and dietetic staff.
- 2.2.12 The residential service has up-to-date guidelines on nutrition and hydration that are used by staff on a daily basis. Information on nutrition and hydration is available in an accessible format for residents, and their representative.
- 2.2.13 Each resident's ability to eat or drink is kept under review and they have access to dietetic services where necessary. If residents need help, for example, with a modified consistency diet or adapted cutlery or crockery, this is provided.
- 2.2.14 Staff are vigilant in monitoring all residents intake. Residential services take action where any risk of poor nutrition or dehydration is identified and referrals are made to the appropriate services.
- 2.2.15 Staff have up-to-date knowledge and skills in managing assisted eating and drinking techniques for residents who have swallowing difficulties, and in ensuring that instructions drawn up by the appropriate allied healthcare professional are adhered to.
- 2.2.16 Staff have up-to-date knowledge and skills in the provision of enteral nutrition (tube feeding) and ensure that plans drawn up by a dietician in consultation with the resident and multidisciplinary team are adhered to and reviewed appropriately.
- 2.2.17 All food handling, preparation and storage is compliant with regulatory requirements.

## Standard 2.3

**The design and delivery of the residential service maintains and promotes physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcomes.**

### Features of a service meeting this standard may include:

- 2.3.1 The residential service is designed and delivered to meet the specific needs of residents with cognitive impairment. The environment is enabling, aids orientation and promotes the independence of those who are cognitively impaired. The size of the units, the mix of residents living in the centre ensure that the environment is supportive and therapeutic.
- 2.3.2 Care and supports for those who are cognitively impaired are provided by adequate numbers of staff with the appropriate skills and training.
- 2.3.3 Each resident with a cognitive impairment has the opportunity to discuss and make decisions to the extent their capacity allows, about all aspects of their lives.
- 2.3.4 Each resident with a cognitive impairment participates in their initial assessment and continuous review of their needs and preferences as their circumstances change to the extent their capacity allows.
- 2.3.5 Each resident with a cognitive impairment receives the support they may require to uphold their right to exercise their legal capacity. Effective arrangements that protect the best interests of those who lack capacity to give informed consent are in place.
- 2.3.6 Each resident with a cognitive impairment who exhibits symptoms that cause them significant distress, or who develops behaviour that is challenging, is assessed at an early opportunity to establish aggravating factors or underlying causes. They are continuously assessed thereafter if the behaviour that is challenging persists. Early interventions that may prevent an escalation of such behaviour or distress are used and recorded in their individual care plan and evaluated as to their effectiveness.

## Standard 2.4

**Each resident with a life-limiting condition or life threatening illness receives care and support, which maintains and enhances their quality of life, meets their needs and respects their dignity.**

### **Features of a service meeting this standard may include:**

- 2.4.1 The service has an appropriate philosophy, values, culture, structure and environment for the provision of competent and compassionate palliative care.
- 2.4.2 Access to palliative care is available for all residents based on clinical need and is independent of diagnosis, age and cultural background. Referrals are made to palliative care services, where appropriate.
- 2.4.3 Each resident with a life-limiting condition or life threatening illness is provided with palliative care services that are delivered with dignity, sensitivity and discretion.
- 2.4.4 The physical, emotional, social and spiritual needs of each resident are acknowledged in the assessment and care planning processes, and strategies are developed to address those needs, in line with their wishes. Palliative care is co-ordinated to meet the needs of each resident and care plans are reviewed in a timely manner.
- 2.4.5 Where it is recognised that a resident has reached an end-of-life stage, plans are put in place to address their additional palliative care needs and their family is enabled to access the necessary supports.
- 2.4.6 Staff providing care for people with life-limiting conditions and their families are appropriately educated and possess the knowledge, skills and competencies in both caring for older people and in palliative care.

## Standard 2.5

**Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.**

### Features of a service meeting this standard may include:

- 2.5.1 Residents receive timely assistance if they want or need it, to discuss and plan for the end of life.
- 2.5.2 Each resident is given information and their preferences in relation to end-of-life care are discussed with them. These preferences are documented and respected, including their wishes in relation to advance care planning.
- 2.5.3 If a resident has difficulty in:
- communicating his or her wishes and preferences or
  - lacks functional capacity,
- all reasonable steps are taken to maximise his or her ability to participate in the decision-making process.
- 2.5.4 Each resident's wishes in relation to their preferred religious, spiritual and cultural practices at the end of their life and the extent to which their family is involved in the decision making process are recorded and respected, where possible.
- 2.5.5 In accordance with the resident's assessed needs and consent, referrals are made to specialist palliative care services so that an integrated multidisciplinary approach to end of life care is provided.
- 2.5.6 Staff are provided with training and guidance in end-of-life care as appropriate to their role.
- 2.5.7 The residential service has facilities in place to support end-of-life care so that a resident is not unnecessarily transferred to an acute setting except for specific medical reasons, and in accordance with their wishes.
- 2.5.8 Every effort is made to ensure that the resident's choice as to the place of death, including the option of a single room or returning home, is identified and respected as far as practicable.

- 2.5.9 In line with the resident's wishes, their family and friends are facilitated to be with them when they are very ill or dying and overnight facilities are available for their use. Upon the death of the resident, time and privacy are allowed and support is provided for their family, friends and carers. An atmosphere of peace and calm is maintained at all times.
- 2.5.10 There is a written procedure for staff to follow after the death of a resident in relation to the verification and certification of death.
- 2.5.11 The deceased resident's body is treated with dignity and respect in accordance with their wishes, the resident's cultural and religious beliefs, evidence-based practice and the wishes of their family and or representative acting on their behalf.
- 2.5.12 Upon the death of a resident, their family or representatives are offered practical information (verbally and/or in writing) on what to do following the death and on understanding loss and bereavement. This includes information on how to access bereavement care services and how to register the death.
- 2.5.13 Procedures are in place for the respectful removal of the resident's personal possessions in accordance with the resident's wishes, in a timely and respectful fashion following their death. The return of personal effects is formally documented and signed.
- 2.5.14 Following the death of a resident, support is provided to other residents and staff in a sensitive manner. Where other residents would like to have a remembrance event, this is facilitated.
- 2.5.15 Following the death of a resident, notification of the date, time and certified cause of death is communicated to the appropriate authorities.

## Standard 2.6

**The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs. The existing residential care setting provides a minimum of 9.3m<sup>2</sup> (12.5m<sup>2</sup> for newly built residential care settings) usable floor space<sup>+</sup> in all single rooms. Existing bedrooms which are currently shared have at least 7.4m<sup>2</sup> per resident. Shared bedrooms in newly built residential care settings have at least 20m<sup>2</sup> of usable space<sup>+</sup> and are occupied by no more than two residents<sup>§</sup>.**

### Features of a service meeting this standard may include:

- 2.6.1 The living environment is designed to promote the independence of residents. The premises are equipped, where required, with assistive technology, aids and appliances, including accessible information and communications technology, to promote the full capabilities of each resident. The residential service adheres to evidence-based practice and national legislation in achieving and promoting accessibility.
- 2.6.2 The living environment is stimulating and provides opportunities for rest and recreation.
- 2.6.3 Bedrooms are decorated in accordance with each resident's wishes. All bedrooms have appropriate furniture and secure storage for personal belongings that facilitates functional activity and promotes independence.
- 2.6.4 Furnishings and facilities are homely and meet the needs and preferences of residents. Residents are facilitated to decorate their area of personal space with furnishings from home.
- 2.6.5 The residential care setting is creatively designed in a manner that safely accommodates residents' mobility, audio and visual needs. The design and layout encourages and aids independence including appropriate signage and use of colours.
- 2.6.6 Baths, showers, washbasins and toilets are of a number and standard to meet the assessed needs of residents. This includes assisted baths and showers, accessible toilets and washbasins and a sufficient supply of commodes.

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<sup>+</sup> This measurement excludes en-suite facilities.

<sup>§</sup> Where written, explicit costed plans with time scales are agreed with the Chief Inspector, at the discretion of the Chief Inspector, the period for meeting Standard 2.6 may be extended on a case by case basis. The Chief Inspector may impose appropriate conditions of registration, in respect of any such setting, relating to the agreed plans.



- 2.6.7 Access to appropriate and accessible indoor recreational areas is provided.
- 2.6.8 The premises includes safe, secure outdoor spaces which residents are supported in using and which provide positive sensory stimulation. Outdoor spaces are accessible to residents with disabilities, and include seating and facilities for recreation.
- 2.6.9 Where closed circuit television (CCTV) systems are used to protect the safety and security of residents, they do not intrude on privacy and there is a policy on the use of CCTV which is informed by relevant legislation.
- 2.6.10 The physical environment is kept in good structural and decorative repair, internally and externally. Clear records of major repairs, capital works and maintenance works are kept.
- 2.6.11 The residential service is maintained to a high standard of hygiene and is adequately lit, heated and ventilated. There are appropriate sluicing and laundry facilities for the service.
- 2.6.12 The residential service complies with the requirements of fire safety legislation, relevant building regulations and health and safety legislation. There is a safety statement in place.
- 2.6.13 The building and contents are insured and there is a valid insurance certificate or written confirmation of insurance cover.
- 2.6.14 All vehicles used by the residential service to transport residents are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.
- 2.6.15 All equipment is purchased to appropriate and accessible standards and is maintained and operated in line with manufacturer's instructions and good practice.

## Standard 2.7

**Each resident's access to services is determined on the basis of fair and transparent criteria.**

### Features of a service meeting this standard may include:

- 2.7.1 There is a written policy on admission, transfer and discharge from the residential service that takes account of the rights of residents and is consistent with these Standards and ensures that a resident's needs are assessed prior to admission to a centre to ensure that the resident's needs can be met by the centre.
- 2.7.2 Each resident is given the opportunity to visit the residential service before they make an informed decision and consent to stay there. Opportunities are provided to meet with a member of staff prior to admission, to discuss what the transition into the residential service will mean, and to discuss the application for admission.
- 2.7.3 Each resident is consulted with, supported and involved in the planning for their transition from their current living arrangements into residential services. Non-emergency transitions between services provide continuity in resident's lives and seek to avoid or minimise any disruption of the person's life and this is reflected in their individual care plan.
- 2.7.4 Admission and discharge to the residential service is timely, planned in a safe manner, determined on the basis of fair and transparent criteria and placements are based on written agreements with the registered provider.
- 2.7.5 Each resident and/or their representative signs an agreement for contract of care, in an accessible format, with the registered provider. If a resident or their representatives is unable or chooses not to sign, this is recorded.
- 2.7.6 The agreement provides for and is consistent with the assessment, the service's statement of purpose and the individual care plan.
- 2.7.7 Residents are informed of new admissions, with due regard to the rights of the applicant for admission.
- 2.7.8 Each resident is told about key aspects of service provision prior to their admission. In the case of emergency admissions, this is done as soon as possible after admission.
- 2.7.9 Appropriate supports are available for residents to deal with issues such as loneliness and adjustment to a new environment.

- 2.7.10 Each resident has a lifestyle in the residential service that is consistent with their previous routines, expectations and preferences, and satisfies their social, cultural, language, religious, and recreational interests and needs where possible. Daily routines of the residential service, including meal times and bed times, are solely dictated by the needs of residents.
- 2.7.11 The prospective resident and/or their family or representative are informed of all fees payable including charges for activities and services that may have additional costs.
- 2.7.12 Each resident living in the residential service on a long-stay basis enjoys the security of a permanent home and is not required to leave against their wishes unless there are compelling reasons for the move. Each resident is consulted with in advance of any move and has access to an advocate if they wish.
- 2.7.13 The arrangements for the transition of any resident within a residential service or to a new residential service is carried out in consultation with each resident, their family/representatives and a multidisciplinary team, including the resident's GP. All transitions occur in a timely manner with planned supports in place.

## Theme 3: Safe Services

In a safe residential service, a focus on safety and quality improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity. Services promote the safety of residents through the assessment of risk, learning from adverse events, near misses and complaints and the implementation of policies and procedures designed to protect residents.

Each resident makes decisions about their own life, support services and care in the residential service and they feel safe and secure while living there. They also have the right to choose to take appropriate risks, as long as there is a sensible balance between their individual needs and preferences and the safety of the resident and other residents. Residential services ensure that residents maintain as much autonomy and independence as possible. This is achieved by ensuring there is a balance between managing the reasonable risks of normal living and ensuring the wellbeing of the resident and others living in the residential service.

Safe residential services protect residents from abuse or neglect that cause them harm, distress or violation of their rights. Where abuse is suspected or occurs, the residential service follows policies and procedures in reporting any concerns of abuse to the relevant authorities. Where there are risks to the safety and welfare of any resident, all appropriate supports should be provided to protect and safeguard them. The personal property and finances of residents are managed, in accordance with their wishes.

Residential services comply with the Health Information and Quality Authority's standards for the prevention and control of healthcare associated infections and have clear policies and procedures in place for the prevention and control of infection.

Residents take medications to support and improve their health conditions. Many residents are able to manage and take their medications independently. Others require some form of assistance or support. Medicines management covers a number of tasks including assessing, prescribing, dispensing, administering, reviewing and assisting people with their medications. Residential services have an overall responsibility to ensure that residents receive effective and safe support to manage their medications when such assistance is required. Policies and procedures outlining the parameters of the assistance that can be provided should be in place to support this.

Written policies and procedures detail the conditions under which restraint procedures are assessed and used. The use of restraint follows outlined policies, procedures and best practice guidelines, takes the least restrictive effective approach to management, is clearly documented and is subject to review by the appropriate professionals involved in the assessment and interventions with the resident. Any use of restraint is used for the least amount of time possible and if required on more than one occasion is incorporated in the residents' individual care plan with goals and timelines identified to reduce and/or discontinue its use, where appropriate. National policy aims *'to eliminate the use of restraint, or where this is not possible, to restrict the use of all forms of restraint to those exceptional emergency situations where it is absolutely necessary. Where restraint is necessary it should only be applied in accordance with the law and best professional practice'*.

Safe residential services are open, transparent and accountable and have effective arrangements in place to manage risk and protect residents from the risk of harm. The residential service reports on adverse events in accordance with regulations, legislation and national policy. Adverse events are investigated and reviewed in a timely manner and the learning from such events is shared internally with staff.

## Standard 3.1

**Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.**

### Features of a service meeting this standard may include:

- 3.1.1 The residential service takes all reasonable measures to safeguard residents from all forms of abuse and neglect and there are policies and procedures in place to support this, in line with regulatory requirements.
- 3.1.2 Each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Areas of vulnerability, including any relating to gender and ability are identified and individual safeguards put in place.
- 3.1.3 Staff are aware of the difficulties that residents with a cognitive impairment may have in communicating an allegation of abuse and/or neglect. The service has arrangements in place to address any communication difficulties to facilitate residents to report such concerns.
- 3.1.4 Staff work in partnership with each resident and their family/representative to promote their safety and wellbeing, in accordance with their wishes.
- 3.1.5 All allegations of abuse are investigated in an effective manner, in accordance with policies and procedures that describe:
  - how the residential service responds to concerns and/or allegations of abuse
  - how residents are supported and facilitated to take their concerns directly to an external agency should they so wish when all other options have been exhausted
  - the arrangements for assessment and reporting of concerns and/or allegations of abuse to statutory agencies including the HSE (for HSE funded agencies), the Health Information and Quality Authority and An Garda Síochána.
- 3.1.6 Where there is an allegation of abuse or ill-treatment, this is reported in accordance with legislation, and any national and/or HSE policies, as appropriate.
- 3.1.7 Where there is a concern that a resident has been abused or may have been abused or ill-treated, the resident is offered counselling and support. Where appropriate, and in accordance with the wishes of the resident, their representative, family and professionals are involved in their support and treatment.

- 3.1.8 Where it is alleged that a staff member has abused a resident, there are clearly defined procedures, understood by all staff, for the resolution of allegations of abuse. These procedures prioritise the safety of the resident, take account of their need for early resolution of such matters, and ensure that those against whom such allegations are made are treated fairly and with due process.
- 3.1.9 The person in charge acts as a liaison with outside agencies and a resource person to staff members, carers or volunteers who have protection concerns. The person in charge is responsible for reporting allegations or suspicions of abuse to the HSE (for HSE funded services) or to An Garda S ochána in accordance with any national guidance.
- 3.1.10 The person in charge ensures that residents have access to advocates and/or legal advice in any situation where it appears they are subject to any form of financial abuse by a third party.
- 3.1.11 Where the person accused of abuse is the person in charge, another suitable person is nominated to investigate the matter.

## Standard 3.2

### The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.

#### Features of a service meeting this standard may include:

- 3.2.1 The residential service has policies and procedures in place to effectively manage risk and information is used proactively to prevent harm.
- 3.2.2 The residential service has arrangements in place to identify, assess, mitigate, monitor and report all risks to the safety of residents.
- 3.2.3 The registered provider systematically identifies aspects of service delivery that may be associated with a risk of harm to residents and puts in place structured arrangements to minimise these risks. These include but are not limited to:
- prevention, assessment and management of pressure ulcers
  - assessment and prevention of falls
  - prevention, management and treatment of incontinence
  - accidental physical injury to residents
  - transfer of care with necessary information between the residential service, medical and other services
  - management and use of equipment and medical devices.
- 3.2.4 Residential services have arrangements in place for the identification, reporting, recording, investigation and learning from serious incidents, adverse events and near misses involving residents. This arrangement includes a process for:
- reporting notifiable events to the Health Information and Quality Authority in the required format and within the specified timeframe in accordance with the regulations
  - reporting adverse events and incidents in a timely manner through national reporting systems, where they exist, in line with national legislation, policy, guidelines and guidance
  - investigation of adverse events and incidents in a timely manner, in line with local policies and procedures and necessary actions identified and implemented



- prompt and effective dissemination and implementation of the recommendations and learning from the management and review of adverse events and incidents
- using the lessons learned to inform the development of best practice and improve service provision across all services.

3.2.5 Each resident is protected by practices that promote safety. If an incident occurs where safety is compromised, the person in charge takes all reasonable and proportionate interim measures to protect them pending the outcome of an investigation. Each resident is kept informed and supported during the investigation process.

3.2.6 Contingency plans are in place to deal with major incidents and emergencies. The residential service has a register of designated persons to contact in the event of a major incident or emergency.

## Standard 3.3

### Infection prevention and control practices achieve the best outcomes for residents.

#### Features of a service meeting this standard may include:

- 3.3.1 Responsibility for infection prevention and control is clearly defined with clear lines of accountability throughout the residential service. Policies and procedures reflect national standards for the prevention and control of healthcare associated infections and relevant national guidelines.
- 3.3.2 All staff receive education and training in infection prevention and control that is commensurate with their work activities and responsibilities and is regularly updated.
- 3.3.3 There is an identified staff member with day-to-day responsibility for monitoring compliance with national standards for infection and prevention control procedures such as hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management.
- 3.3.4 There are clear arrangements in place for staff on making referrals to infection control nurses and public health professionals, who have expertise in infection prevention and control, for advice and support.
- 3.3.5 Information is available on infection prevention and control for residents, visitors and staff, including availability of appropriate vaccinations. This is accessible and available in a range of formats.
- 3.3.6 Hand hygiene is a priority for the residential service and high standards of hand hygiene are promoted among residents, staff and visitors. There are wash hand basins, supplies of liquid soap, alcohol hand gels, disposable towels and personal protective equipment wherever care is delivered.
- 3.3.7 The residential service has a contingency plan in place for dealing with an outbreak, such as an influenza, which takes into account national guidelines.
- 3.3.8 Outbreaks of infection are managed in accordance with evidence-based practice and are reported in line with national guidelines and to the Health Information and Quality Authority in accordance with the regulations.

## Standard 3.4

**Each resident is protected through the residential service's policies and procedures for medicines management.**

### Features of a service meeting this standard may include:

- 3.4.1 The residential service has medicines management policies and procedures in place that comply with legislative and professional regulatory requirements and best practice guidelines. They ensure that medication is never administered other than for medically identified reasons and as prescribed by a registered prescriber. Records are kept to account for all medicines, in line with regulatory requirements.
- 3.4.2 Medicines management policies and procedures are implemented to manage the safe and appropriate prescribing, dispensing, administration, monitoring, review, storage, disposal, and medicine reconciliation in order to comply with legislation, and professional regulatory requirements or guidelines/guidance.
- 3.4.3 Each resident is encouraged to self-administer their own medicines, where the risks have been assessed and the competence of the resident to self-administer is confirmed. Any changes to the risk assessment are recorded and the arrangements for self-administering medicines are kept under review. Appropriate, safe and secure storage should be provided for the resident's medicines and access should be limited to that resident and appropriate members of staff.
- 3.4.4 Staff actively promote each resident's understanding of their medication and health needs. Each resident is advised, as appropriate, about the side effects of prescribed medicines and is given access to information leaflets provided with medicines. Each resident is afforded the opportunity to consult the pharmacist, prescriber or other appropriate independent healthcare professional about medicines prescribed.
- 3.4.5 Each resident has access to the services of a pharmacist of their choice in line with current legislation.
- 3.4.6 Each resident's medication is monitored and reviewed according to evidence-based practice as individually and clinically indicated to increase the quality of each resident's life.

3.4.7 Medication is reviewed at regular specified intervals and is documented in the resident's care plan. Special consideration is given to:

- antipsychotic medication
- sedative medication
- antiepileptic medication
- medication for the management of depression
- medication for the management of pain
- medication for the management of constipation
- anticoagulant medication
- antimicrobial medication
- diuretic medication
- influenza and pneumococcal vaccines
- non-steroidal anti-inflammatory drugs
- medications and their potential interactions
- appropriate poly-pharmacy and problematic polypharmacy.

3.4.8 All medication incidents (including near misses), and suspected adverse reactions are recorded, reported and analysed within an open culture of reporting. The lessons learnt are used to improve each resident's safety and to prevent reoccurrence.

3.4.9 The residential service operates evidence based practice in medication safety, including medication reconciliation, on transfers within the residential service and between acute, community and continuing care services.

## Standard 3.5

**Each resident experiences care that supports their physical, behavioural and psychological wellbeing.**

### Features of a service meeting this standard may include:

- 3.5.1 The residential service has a policy on the provision of care and support to each resident that promotes a positive approach to the management of behaviour that is challenging and details how specialist and therapeutic interventions are implemented.
- 3.5.2 Each resident's physical, behavioural and psychological wellbeing is assessed and continuously reviewed and any supports put in place to address identified needs.
- 3.5.3 Where a resident shows signs of behaviour that is challenging, services:
- have a positive approach to the management of behaviour that is challenging, which is tailored to meet the assessed needs of each resident
  - consult with former carers and family members, with the informed consent of the resident in order to learn how best to assist the resident to manage behaviour that is challenging
  - where appropriate, arrange assessment by a suitably qualified professional to draw up a plan to provide additional support, in consultation with the resident and their representative.
- 3.5.4 Specialist and/or therapeutic interventions to manage behaviour that is challenging are meaningful, evidence-based and implemented in accordance with national policy and guidelines where these exist. These interventions are implemented only with the informed consent of each resident, or knowledge of persons acting on their behalf.
- 3.5.5 Staff are given all relevant information required to assist them to support residents to manage their behaviour and receive up to date training and skills in:
- the provision of support to residents with behaviour that is challenging
  - all forms of abuse and how this can impact on a resident's behaviour
  - understanding and responding to behaviour, verbal and non-verbal communication that may indicate an issue of concern.

- 3.5.6 Staff have access to specialist advice and appropriate support for residents who present with behaviour that is challenging. Such support includes:
- interventions designed to promote effective communication
  - guidelines for appropriate responses to particular situations
  - access to advice/consultation outside of normal working hours.
- 3.5.7 The residential service regularly monitors and audits the service's approach to behaviour that is challenging, as outlined in the service's policy.
- 3.5.8 Residential services actively identify potential causes of behaviour that is challenging, learn from incidents and identify opportunities to improve how care is delivered.

## Standard 3.6

### Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint free environment in accordance with national policy.

#### Features of a service meeting this standard may include:

- 3.6.1 The residential service's policy on restraint is formulated in strict adherence to international human rights instruments, legislation, regulation, national policy and evidence-based practice guidelines.
- 3.6.2 The residential service implements a strategy to continually diminish the use of restraint and to protect personal liberty. This reduction is supported by evidence-based changes in the planning, design and delivery of care.
- 3.6.3 Restraint is only used by appropriately trained staff as a measure of last resort, where there is an imminent risk of serious harm to a resident or other persons and where less restrictive strategies have been exhausted.
- 3.6.4 Each resident has a full risk assessment prior to any episode of restraint unless there is an imminent risk to the resident's safety or the safety of others. This assessment is carried out in consultation with the resident and considers all physical, medical, psychological, emotional, social and environmental factors and takes account of the resident's views.
- 3.6.5 Any resident subject to restraint is kept under continual observation. Any use of restraint is minimised in duration and the degree of restriction used.
- 3.6.6 Each instance of the use of a restraint is sanctioned in advance by persons at an appropriate level of management and all uses of restraint are:
  - recorded in the resident's care plan
  - notified to the relevant personnel
  - reported and reviewed by senior management monitored on an ongoing basis.
- 3.6.7 Each resident, their representatives and relevant staff members, participate in a comprehensive debrief following all uses of restraint to review the use of the intervention and record the learning.

- 3.6.8 Staff in the residential service are given all relevant information required and receive up to date training and skills in:
- conciliation and de-escalation to reduce the likelihood of violence and the need for restraint
  - the use of restraint and only use approved and agreed techniques.
- 3.6.9 The physical environment is designed and maintained to be safe, to allow freedom of movement and to minimise the need for restraint.
- 3.6.10 The residential service regularly monitors and audits the service's approach to the use of restraint and protection of personal liberty, and implements improvements where identified.



## Standard 3.7

**Each resident's personal property and finances are managed and protected\*.**

### Features of a service meeting this standard may include:

- 3.7.1 The residential service has a clear policy and procedure on the management and protection of personal property and finances including pension management.
- 3.7.2 Each resident has access to their personal property and finances and secure facilities are provided for the safe-keeping of money and valuables. The resident's right to control their own personal property and finances is respected for as long as they wish.
- 3.7.3 The residential service keeps an accurate and up-to-date record of all money, personal possessions and valuables held on behalf of each resident.
- 3.7.4 Where any money or valuables belonging to the resident is handled by staff within the residential service, dated, signed records and receipts are kept. Where possible, records are signed by the resident or their representative.
- 3.7.5 Where residents need support to manage their financial affairs, information, advice and support on money management are made available.
- 3.7.6 Each resident, if they choose to do so, may nominate a representative to keep an account of all monies spent. If nominated persons are staff members, they are accountable to the person in charge as well as the resident concerned.
- 3.7.7 A resident does not contribute to any communal fund without their informed consent.

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\* The Assisted Decision-Making (Capacity) Bill 2013 is currently before the Houses of the Oireachtas.

## Theme 4: Health and Wellbeing

Residential services and residential respite services support residents so that they continue to enjoy a good quality of life and live their lives in keeping with their own social, cultural and religious beliefs.

The quality of life for people living in residential services is important in areas including health, physical and cognitive attainment, social and emotional development, relationships with family and community and material wellbeing.

The health needs of each resident is reviewed and they have access to the full range of health and social care services in order to maintain and improve their health status.

Each resident has opportunities for new experiences, social participation, recreation, education and lifelong learning. A varied programme of appropriate indoor and outdoor recreational and stimulating activities is offered to residents, which meets their needs and preferences.

Residential services constantly look for ways and opportunities to enhance the health and development of residents. Best possible health and wellbeing in all aspects of people's lives can be achieved through the provision of accessible services based on need and narrowing the gap in health and social care outcomes for those who are more vulnerable.

## Standard 4.1

**The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.**

### Features of a service meeting this standard may include:

- 4.1.1 Each resident is supported to live healthily and take responsibility for their health and each resident receives healthcare that is delivered according to policies, guidelines, protocols and care pathways that are based on best available evidence.
- 4.1.2 Residential services develop and deliver initiatives to promote health and wellbeing, in line with the service's objectives and in consultation with residents.
- 4.1.3 Each resident has access to screening, early detection and the full range of health and welfare services in the community including dental, optical and aural services.
- 4.1.4 Each resident is encouraged to access appropriate health information and education both within the residential service and in the local community.
- 4.1.5 Each resident has access to healthcare services including primary care, secondary care, specialist services, allied health professionals, and assistive devices to meet their assessed needs, irrespective of geographical location or place of residence. A record is maintained of all referrals and prescribed interventions are documented and implemented by the residential service.
- 4.1.6 Each resident has timely access to a general practitioner (GP) or suitably qualified medical practitioner of their choice.
- 4.1.7 Each resident has timely access to mental health services, where appropriate.
- 4.1.8 Healthcare services are provided in an appropriate setting that involves the least disruption to daily life and takes account of the wishes, dignity and privacy of residents.
- 4.1.9 Where the healthcare needs of the resident cannot be met within the scope of the residential service, they are consulted with and the service makes the necessary arrangements for transfer to an appropriate service. Families may also be consulted with, where appropriate and in agreement with the resident.
- 4.1.10 The person in charge promotes effective communication between all professionals involved in the care and treatment of residents, with due regard for the residents' wishes about the sharing of their information.

## Standard 4.2

**Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.**

### Features of a service meeting this standard may include:

- 4.2.1 Activities are an integral part of the life of each resident, and the residential service provides a broad range of meaningful activities that promote physical health, mental health and wellbeing and opportunities for residents to socialise.
- 4.2.2 Activities are based on each residents' interests, past activities and informed by and recorded in individual care plans. The activity programme takes account of the different levels of functioning and ability of each resident and provides for highly dependent residents and those with cognitive and/or sensory impairments.
- 4.2.3 There are sufficient numbers of trained staff to support an activity programme that is suitable for all residents.
- 4.2.4 The programme of activities is displayed in suitable formats and appropriate locations so that people living in the centre know in advance what is available.
- 4.2.5 A resident's right to opt out of communal activities is respected. Reasonable alternatives are made available, which people may also choose to opt out of.
- 4.2.6 Activities include recreation and travel outside of the premises of the designated centre.
- 4.2.7 Outdoor activities such as gardening are made available in the grounds of the centre for all residents.
- 4.2.8 Each resident has opportunities for education and lifelong learning.
- 4.2.9 The programme of activities supports residents in developing and maintaining relationships and links with the community. Residents' families participate in and assist with activities, where possible and with the resident's consent.
- 4.2.10 The programme of activities is evaluated and continuously improved.

## Theme 5: Leadership, Governance and Management

Effective governance in residential services for residents is guided by provisions made in Irish and European legislation and national policy documents. It is accomplished by directing and managing activities using good business practices, including the assurance that adequate funds are available to run the business (as monitored via financial audits), objectivity, accountability and integrity.

In an effective governance structure, overall accountability for the delivery of residential services is clearly defined and there are clear lines of accountability at individual, team and service levels so that all people working in the service are aware of their responsibilities and to whom they are accountable.

The statement of purpose for the residential service promotes transparency and responsiveness by accurately describing the service's aims, objectives and the services provided, including how and where they are provided. Governance systems ensure that service delivery is safe and effective through the ongoing audit and monitoring of its performance.

Effective leadership and management ensure that a service fulfils its statement of purpose and achieves its objectives. The deployment of necessary resources through informed decisions and actions facilitates the delivery of high quality, effective and safe residential services, supports and care to residents.

The effectiveness of services sourced externally is monitored through formalised agreements. The safety of residential services provided is assured by monitoring compliance with legislation and acting on national policy, standards and recommendations.

A well-governed residential service monitors its performance to ensure care and support provided is of consistent high quality with minimal variation.

## Standard 5.1

**The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.**

### **Features of a service meeting this standard may include:**

- 5.1.1 Staff demonstrate a knowledge of legislation, regulations, policies and standards for the care, protection and welfare of residents, appropriate to their role, and this is reflected in all aspects of their practice.
- 5.1.2 The residential service evaluates its compliance with national standards and regulations and implements a structured quality improvement programme to address any deficits.
- 5.1.3 Appropriate action is taken following monitoring, inspection or investigative activities relating to the residential service.
- 5.1.4 New and existing legislation and national policy is reviewed on a regular basis to determine what is relevant to the residential service, how it impacts on practice and to address any gaps in compliance.

## Standard 5.2

### **The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.**

#### **Features of a service meeting this standard may include:**

- 5.2.1 The residential service has clearly defined accessible governance arrangements and structures that set out lines of authority and accountability, stipulate individual accountability, and specify roles and responsibilities.
- 5.2.2 The residential service is governed in a manner that supports the active participation of residents.
- 5.2.3 The residential service is registered in accordance with statutory requirements.
- 5.2.4 The registered provider, the person in charge and all other persons involved in the management of the residential service are fit persons, in line with regulatory requirements.
- 5.2.5 There is an internal management structure appropriate to the size, ethos, and the purpose and function of the residential service.
- 5.2.6 Leadership is demonstrated by staff at all levels and there is a commitment to leadership development in the residential service.
- 5.2.7 There is a demonstration of clear commitment by leaders at all levels to promote and strengthen a culture of quality and safety.
- 5.2.8 Leaders demonstrate that they understand the needs of residents and they direct sufficient resources to provide person-centred safe and effective services.
- 5.2.9 Strategic and operational plans for the residential service set clear objectives and plans for the delivery of person-centred, safe and effective services and supports with a focus on improved outcomes for residents. Strategic and operational plans are implemented.
- 5.2.10 There are management arrangements in place to:
  - achieve planned service objectives effectively and efficiently
  - assure that the service is safe, appropriate, consistent and effectively monitored.

- 5.2.11 Information governance arrangements are in place to ensure that the residential service complies with legislation and regulations, uses information ethically and uses best available evidence to protect personal information and to support the provision of residential services.
- 5.2.12 The residential service is monitored and evaluated annually against strategic objectives and action is taken to bring about improvements in work practices and to achieve optimal outcomes for residents.
- 5.2.13 There is an established risk management framework in place in the residential service. Risks are reviewed at management and staff meetings and the risk register is regularly updated.
- 5.2.14 There are systems in place to effectively manage risk, including a designated person(s) to contact in an emergency.
- 5.2.15 Records are maintained to monitor complaints, concerns and adverse events. Details are taken of any investigations and related actions, to help ensure complaints, concerns and adverse events are addressed appropriately, trends are detected and learning takes place.
- 5.2.16 Arrangements are in place to plan and manage service change and transition effectively. This includes: identification of an accountable person, consideration of the impact on residents and assessment of staffing implications and requirements.



## Standard 5.3

**The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.**

### Features of a service meeting this standard may include:

- 5.3.1 There is a statement of purpose for the residential service which is developed in line with regulatory requirements and clearly describes the model of care and support delivered in the service.
- 5.3.2 The statement of purpose for the residential service meets all regulatory requirements.
- 5.3.3 The statement of purpose for the residential service includes the following information as outlined in the regulations:
  - registration details
  - services and facilities provided in the designated centre
  - management and staffing
  - residents' well being and safety.
- 5.3.4 The statement of purpose reflects the day-to-day operation of the residential service and it is reviewed and revised in line with regulatory requirements and updated when necessary.
- 5.3.5 The statement of purpose is publicly available and communicated to residents and their families, in an accessible format.
- 5.3.6 The review and evaluation of the statement of purpose is incorporated in the residential service's governance arrangements to provide assurance that services are being delivered within the scope of the statement of purpose.

## Standard 5.4

**The residential service has appropriate service level agreements, contracts and/or other similar arrangements in place with the funding body or bodies and services sourced externally.**

### Features of a service meeting this standard may include:

- 5.4.1 Formal service level agreements, contracts or similar arrangements clearly define the relationship, role and responsibilities of both the residential service and funding body/bodies or services sourced externally.
- 5.4.2 The service level agreement, contract or similar arrangement specifies clearly the nature, quality, quantity and outcome of the service to be delivered and what level of funding is being provided.
- 5.4.3 The service level agreement, contract or similar arrangements defines the reporting, monitoring, review and oversight arrangements in place between the residential service and the funding body/bodies or service sourced externally including expectations as regards compliance with relevant legislation, national policy and relevant quality standards, systems and measures.

## Standard 5.5

**The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.**

### **Features of a service meeting this standard may include:**

- 5.5.1 There is an established system in place to elicit, use and disseminate feedback, compliments and complaints, from residents and their families, to promote learning throughout the residential service.
- 5.5.2 Regular audits are carried out to assess, evaluate and improve the provision of services in a systematic way in order to achieve best outcomes for residents.
- 5.5.3 The residential service has clear governance arrangements in place to ensure findings from audits are reported, implemented and monitored effectively.
- 5.5.4 An annual review of quality and safety of care delivered to residents in consultation with residents and their families, is carried out and a copy of review is provided to residents. The annual review informs an ongoing programme of continuous improvement within the service.

## Theme 6: Use of Resources

The effective management and use of available financial and human resources is fundamental to delivering person-centred, safe and effective residential services and supports that meet the needs of residents.

A well-run residential service uses resources effectively and seeks opportunities to provide an improved service, which achieves better outcomes for residents. Resource decisions take account of the needs of residents and the levels of demand on the service. Staff who make decisions on the use of resources are accountable for the decisions made and ensure these decisions are well informed.

## Standard 6.1

**The use of resources is planned and managed to provide person-centred, effective and safe services and supports to residents.**

### **Features of a service meeting this standard may include:**

- 6.1.1 The residential service demonstrates an understanding of the levels of need within the service to inform the planning and allocation of resources.
- 6.1.2 There are clear plans that take account of the funding and resources available to ensure the provision of person-centred, safe and effective residential services.
- 6.1.3 Resources are efficiently deployed to provide effective delivery of care in accordance with the service's statement of purpose.
- 6.1.4 The residential service demonstrates transparent and effective decision making when planning, procuring and managing the use of resources.
- 6.1.5 There is transparent reporting on financial performance in line with legislation and national policy.

## Theme 7: Responsive Workforce

Each staff member has a key role to play in delivering person-centred, effective and safe residential services and supports to residents. Residential services organise and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of residents.

Safe recruitment practices ensure that staff have the required qualities, skills, competencies and experience to undertake duties associated with their roles and responsibilities. All staff receive support and supervision to ensure that they perform their job to the best of their ability. The performance of staff is appraised at regular specified intervals.

Staff are registered with their professional body, where relevant (for example, nurses are registered with An Bord Altranais agus Cnáimhseachais na hÉireann, (the Nursing and Midwifery Board of Ireland) to assure the public that they are competent to deliver safe services to residents. Staff are supported to work as part of a multidisciplinary team in the provision of person centred, safe and effective care.

Providing residential services for people can be complex and challenging for the staff involved. The residential service should protect its workforce from the risk of work-related stress, bullying and harassment and listen and respond to their views.

As aspects of service provision change and develop over time, the residential service supports staff to continuously update and maintain their knowledge and skills. The training needs of the workforce are monitored on an ongoing basis and identified training needs are addressed to ensure the delivery of high quality, safe and effective services for residents.

All staff receive specific training in the protection of vulnerable people to ensure that they are well equipped with the knowledge and skills to recognise the signs of abuse and/or neglect and the action(s) required to protect them from significant harm.

## Standard 7.1

### Safe and effective recruitment practices are in place to recruit staff.

#### Features of a service meeting this standard may include:

- 7.1.1 Staff are recruited in compliance with employment and equality legislation, and recruitment and selection processes are informed by evidence-based human resource practices.
- 7.1.2 The registered provider identifies the skills, competencies and personal attributes required of staff and recruits accordingly. References are checked before prospective staff begin employment in the residential service.
- 7.1.3 Each resident, where appropriate, is consulted on the skills and expertise required by staff and contributes to the development of staff job descriptions.
- 7.1.4 Vetting disclosure of staff and volunteers is provided in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
- 7.1.5 All staff have written job descriptions and a copy of their terms and conditions of employment prior to taking up post.
- 7.1.6 Job descriptions for staff who provide care and support to residents state that staff are required to establish and maintain relationships with residents that are based on respect and equality and that promote their independence.
- 7.1.7 A contemporaneous, accurate and secure personnel file is kept for all staff.
- 7.1.8 Orientation and induction training is provided to all staff when they start working in the service.
- 7.1.9 The skills and competencies of each staff member are reviewed during their probationary period and on an ongoing basis as part of their performance appraisal.

## Standard 7.2

**Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.**

### Features of a service meeting this standard may include:

- 7.2.1 At all times there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents and which reflect the size, layout and purpose of the service. Contingency plans are in place in the event of a shortfall in staffing levels or a change in the acuity of residents.
- 7.2.2 Continuity of staffing supports and the maintenance of relationships are promoted through:
- strategies for the retention of staff
  - ensuring sufficient staffing levels to avoid over use of temporary and agency staff.
- 7.2.3 Staff have the necessary skills to provide care and support to residents and to coordinate care effectively with other organisations and professionals. Staff are registered with the relevant professional regulatory body, where applicable, in compliance with legislation. Staff maintain and improve their competence in accordance with relevant professional requirements and the needs of the service.
- 7.2.4 The residential service has competent managers with appropriate qualifications and sufficient practice and management experience to manage the residential service and meet its stated purpose, aims and objectives.
- 7.2.5 There is a written code of conduct for all staff, developed in consultation with residents. All staff also adhere to the codes of conduct of their own professional body/association and/or professional regulatory body, where applicable.



## Standard 7.3

**Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.**

### Features of a service meeting this standard may include:

- 7.3.1 Staff understand their roles and responsibilities, have clear accountability and reporting lines, and are aware of policies and procedures to be followed at all times.
- 7.3.2 Staff are supported to effectively exercise their personal, professional and collective accountability for the provision of effective and safe care and supports.
- 7.3.3 There are procedures to protect staff by minimising the risk of violence, bullying and harassment.
- 7.3.4 Staff are provided with access to support and advice. Staff receive regular supervision and support by appropriately qualified and experienced staff.
- 7.3.5 Each individual staff member's performance is formally appraised, at least annually by appropriate personnel.
- 7.3.6 A written record is kept of each supervision, support and performance appraisal and a copy is given to the member of staff. The record is signed by the supervisor and staff member at the end of each supervision, support and performance appraisal session.
- 7.3.7 Staff are facilitated to make protected disclosures about the effectiveness and safety of the residential service in line with legislative requirements, where appropriate.
- 7.3.8 Staff are provided with training and ongoing development opportunities that equip them with the necessary skills required to meet the needs of residents.
- 7.3.9 Management and supervision training is provided to all new managers who manage front-line staff.

## Standard 7.4

### Training is provided to staff to improve outcomes for all residents.

#### Features of a service meeting this standard may include:

- 7.4.1 All staff are trained to provide person-centred services and supports to residents in a kind and compassionate manner.
- 7.4.2 A training needs analysis is periodically undertaken with all staff and relevant training is provided as part of a continuous professional development programme taking into account the assessed needs of residents.
- 7.4.3 There is a training and development programme to ensure that staff maintain competence in all relevant areas. This includes specialist training in relation to the care of the older person in areas such as dementia and communication.
- 7.4.4 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.
- 7.4.5 The person in charge ensures that staff and people living in the residential service are aware of health and safety procedures.
- 7.4.6 The person in charge ensures that mandatory training requirements for all staff are met and updated on an ongoing basis.

## Theme 8: Use of Information

Quality information and effective information systems are central to improving the quality of residential services for residents. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for services in planning, managing, delivering and monitoring residential services.

To effectively use the multiple sources of information available, residential services have systems, including information and communications technology, to ensure the collection and reporting of quality information within the context of effective arrangements for information governance.

Information governance refers to the systems and processes that residential services have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of person-centred, safe and effective care to residents in residential services.

## Standard 8.1

**Information is used to plan and deliver person-centred, safe and effective residential services and supports.**

### **Features of a service meeting this standard may include:**

- 8.1.1 There is a robust and secure system for managing information to support the delivery of person-centred, safe and effective residential services and supports.
- 8.1.2 Information is collected, collated, managed and shared to support effective decision-making, in compliance with legislation and best available evidence.
- 8.1.3 A system is in place to gather information about the quality and safety of the residential service, including outcomes for residents. This information is used to inform management decisions and to drive continuous improvements in service provision.
- 8.1.4 Residents are informed by the residential service on the recording of and intended use of all personal information.
- 8.1.5 Residents have access to their personal information in line with legislation and best available evidence. Personal information is only shared with others, including families, with the expressed consent of the resident and in line with legislation.
- 8.1.6 The residential service ensures that the collection, analysis, use and sharing of all data collected in the service is in compliance with legislation, national standards and guidance. Nationally agreed definitions, where they exist, are used to enable the comparability and sharing of information.

## Standard 8.2

**Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred, safe and effective service.**

### **Features of a service meeting this standard may include:**

- 8.2.1 Information governance arrangements are in place to ensure that the service complies with legislation, uses information ethically, respects residents' confidentiality and uses best available evidence to protect personal information and support the provision of person-centred, safe and effective residential services and supports.
- 8.2.2 Records required for the effective and efficient running of the residential service are up to date, of high quality and accurate at all times, as specified in regulations.
- 8.2.3 The residential service holds a directory of residents in line with statutory requirements which details the relevant information in respect of each resident.
- 8.2.4 Each resident has a contemporaneous file that includes all records relating to their medications, health and social care.
- 8.2.5 There is a policy for the access to, retention of and destruction of records in compliance with the Data Protection Acts, 1988 and 2003 and regulatory requirements.
- 8.2.6 The privacy of each resident's personal information is protected and respected, and any personal information is treated as confidential and held in accordance with legislation, regulations and best available evidence.

## Glossary of Terms

**Abuse:** a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person or violates their human or civil rights. Abuse can take a variety of forms and includes:

- Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- Sexual abuse, including rape and sexual assault or sexual acts to which the person has not consented, or could not consent, or into which he or she was compelled to consent.
- Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- Discriminatory abuse, including racism, sexism that is based on a person's disability, and other forms of harassment, slurs or similar treatment.

**Accessible format:** the presentation of print and online information in plain English in a manner suited to people with disabilities, including large print, audio and Braille.

**Advance care planning:** allows people to have their preferences for their care documented in the event of them losing the ability to express their own wishes in the future. An advance care plan is not a static document set in stone but represents a process of consideration of important end-of-life issues over a period of time and captures the changes in preferences which are common in people as they face a progressive disease. People should be regularly offered opportunities for discussions regarding their concerns and preferences at the end of their life. Such discussions could include a wide range of matters from preferred place of care to funeral arrangements (Irish Hospice Foundation (2013)).

**Adverse event:** an incident that results in harm to a patient.

**Advocacy:** a process of empowerment of the person which takes many forms. It includes taking action to help them say what they want, secure their rights, represent their interests or obtain the services they need; it can be undertaken by people themselves, by their friends and relations, by peers and those who have had similar experiences, and/or by independent trained volunteers and professionals.

**Assessment:** a process by which a person's needs are evaluated and determined so that they can be addressed.

**Assistive living technology:** a generic term that includes assistive, adaptive, and rehabilitative devices and the process used in selecting, locating, and using them. Assistive living technology promotes greater independence for older people by enabling them to perform tasks that they were formerly unable to accomplish, or had difficulty accomplishing.

**Autonomy:** the perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one's own preferences.

**Capacity:** the ability to understand the nature and consequences of a decision to be made by a person in the context of available choices at the time the decision is to be made. A person lacks the capacity to make a decision if he or she is unable to understand the information relevant to the decision, unable to retain that information, unable to use or weigh that information as part of the process of making the decision, or unable to communicate his or her decision or, if the implementation of the decision requires the act of a third party, to communicate by any means with that third party. (Assisted Decision-Making (Capacity) Bill, 2013).

**Cognitive impairment:** A decline or impairment in the mental processes by which a person acquires knowledge. Among these are memory, reasoning, creative actions and solving problems (Neurological Alliance of Ireland, 2002).

**Competency:** knowledge, skills, values and personal qualities that underlie the adequate performance of professional activities.

**Complaint:** an expression of dissatisfaction with any aspect of a service.

**Contract:** written agreement between the individual or their representative and the residential service that sets out the terms and conditions, and rights and responsibilities of both parties.

**Designated centre:** defined in Part 1, Section 2 of the Health Act 2007 as (a) an institution at which the Health Service Executive (HSE), or a service provider on behalf of the HSE or a person receiving assistance from the HSE provides residential services. These residential services are provided (i) in accordance with the Child Care Act 1991; (ii) to persons with disabilities in relation to their disabilities; or (iii) to other dependent persons in relation to their dependencies. A designated centre is also defined as including (b) a nursing home as defined in Section 2 of the Health (Nursing Homes) Act 1990.

**Disability:** a substantial restriction in the capacity of the person to carry on a profession, business or occupation or to participate in social or cultural life by reason of an enduring physical, sensory, mental health or intellectual impairment (Disability Act 2005).

**Do not attempt resuscitation (DNAR) order:** a written order stating that resuscitation should not be attempted if a resident suffers a cardiac or respiratory arrest. A DNAR order may be instituted on the basis of the person's clearly expressed wishes. Also a DNAR order may be made following a clinical evaluation of the likely benefit of attempted cardiopulmonary resuscitation for a resident (Health Service Executive, National Policy on Consent, 2013).

**Emergency admission:** an admission to a residential service that is unplanned, unprepared or not consented to in advance.

**Fit person:** a person with the skills, knowledge, good health and good character to safely and effectively provide services to people residing in designated centres. All registered providers of designated centres, and other persons involved in the management of the centre must be 'fit persons' under the Health Act 2007 (as amended).

**Garda Síochána vetting:** the practice whereby employers obtain information from An Garda Síochána as to whether or not a prospective or existing employee or volunteer has a criminal conviction.

**Governance:** 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 older people.

**Incident:** an event or circumstance which could have resulted, or did result, in unnecessary harm to an individual.

**Individual care plan:** a plan, generated from the assessment, developed by the residential care setting for older people and with the resident and their relatives/representatives. The resident's individual care plan should cover all aspects of health and personal care, and show how these will be met in terms of daily living and longer term outcomes.

**Individual's representative:** the person nominated by the individual, who acts on their behalf in situations where the individual lacks capacity to make decisions. This person will often be a family member and could also be a friend, advocate or legal advisor. The role of this person is to ascertain, as far as possible, the individual's

wishes and to act in every instance in the individual's best interests.

**Information governance:** the arrangements that residential services have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.

**Inspection:** part of the monitoring process by which the Authority checks compliance with standards and regulations. Inspectors speak to residents and their carers about the experiences of the service that they receive. The experiences of inspectors, triangulated with other evidence and information from a range of sources, are a key part of inspections and inform inspection judgments. Inspection is a tool of monitoring.

**Institution:** large settings that typically provide accommodation for 10 or more people.

**Monitoring:** systematic process of gathering, analysis of information and tracking change over time for the purpose of improving the quality and safety of health and social care. Under section 8(1)(c) of the Health Act 2007, one of the functions of the Health Information and Quality Authority is to monitor compliance with standards.

**Multidisciplinary:** an approach to the planning and delivery of care by a team of health and social care professionals who work together to provide integrated care.

**Near miss:** an incident which did not reach the resident

**Person in charge:** \* the person whose name is entered on the register as being in charge of or managing the residential service.

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\*Definitions that are subject to Regulations.



**Personal possessions:** the belongings and personal effects that a resident brings into a residential centre, including (but not limited to) money and clothing. This includes items purchased by or on behalf of a resident during his or her stay in the centre, and items or money received by the resident during his or her stay in the centre.

**Personal Protective Equipment (PPE):** any device or appliance designed to be worn or held by an individual for protection against one or more health and safety hazards.

**Policy:** a written operational statement of intended outcomes to guide staff actions in particular circumstances.

**Polypharmacy:** the concurrent use of multiple medication items by one individual. Appropriate polypharmacy is prescribing for an individual for complex conditions or for multiple conditions in circumstances where medicines use has been optimised and where the medicines are prescribed according to best evidence. Problematic polypharmacy is the prescribing of multiple medications inappropriately, or where the intended benefit of the medication is not realised. (King's Fund, 2013)

**Procedure:** a written set of instructions that describe the approved steps to be taken to fulfil a policy.

**Protection:** process of protecting individual adults identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

**Protected disclosure:** a protected disclosure provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social

care services. If a reported concern qualifies as a protected disclosure, the person making the protected disclosure is afforded certain legal protections under the Health Act 2007.

**Quality:** meeting the assessed needs and expectations by ensuring the provision of efficient and effective management and processes.

**Record:** includes any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data are held, any other form (including machine-readable form) or thing in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form, of any of the foregoing or is a combination of two or more of the foregoing.

**Register:** \* the register of residential services established under Part 7, Section 41, of the Health Act 2007. In order to be entered on the register, the residential service must be in compliance with standards and regulations.

**Registered provider:** \* the person whose name is entered on the register as the person carrying on the business of the residential service.

**Regulation:** a governmental order having the force of law.

**Residential service:** a place where older people live and a designated centre (see above) as defined in the Health Act 2007 (as amended) for the purposes of registration and inspection.

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\*Definitions that are subject to Regulations.

**Respite:** temporary residential care that is intended to support the maintenance of older people in their own homes. It can cover a crisis period, take place on a periodic basis to enable a carer to have a break, or can provide adults with medication, therapy or support services.

**Restraint:** broadly defined as the intentional restriction of a person's movement or behaviour. Restraint can take the following forms:

- Physical restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the person's body that the individual cannot easily remove that restricts freedom of movement or normal access to one's body.
- Chemical restraint is the intentional use of medication to control or modify a person's behaviour or to ensure a patient is compliant or not capable of resistance, when no medically identified condition is being treated; where the treatment is not necessary for the condition; or the intended effect of the drug is to sedate the person for convenience or for disciplinary purposes.
- Environmental restraint is the intentional restriction of a person's normal access to their environment, with the intention of stopping them from leaving, or denying a person their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties. The design, layout, equipping, and

operations of a nursing home should be developed in a manner that maximises a person's capacity to exercise personal autonomy and choice.

(Department of Health, Towards a Restraint Free Environment in Nursing Homes, 2011)

**Restrictive procedure:** a practice that limits an individual's movement, activity of function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice. Restrictive procedures include restraint or single separation.

**Risk:** the likelihood of an adverse event or outcome.

**Risk management:** the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

**Service level agreement:** is part of the contract between the residential service and the funding body where the level and scope of the service is formally defined.

**Service provider:** person(s) or organisations that provide services. This includes staff and management that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to older people.

**Staff:** the people who work in, for or with the residential service. This includes individuals that are employed, self-employed, temporary, volunteers,

contracted or anyone who is responsible or accountable to the organisation when providing a service to older people.

**Standards and features:** a standard is a measure by which quality is judged. The standard statements set out what is expected in terms of the service provided to the person residing in the residential service. The features are the supporting statements that indicate how a service may be judged to meet the standard.

**Statement of purpose:** describes the aims and objectives of the service including how resources are aligned to deliver these objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

**Timely:** refers to action taken within a timeframe which meets the welfare and protection needs of the older person and their circumstances.

**Vetting:** the process of investigating an individual thoroughly in order to ensure that they are suitable for a job. This process also includes checking references provided by the individual.

**Welfare:** welfare encompasses all aspects of a person's wellbeing to include physical, social, emotional, religious, moral and intellectual welfare.

**Workforce:** the people who work in, for or with the service provider. This includes individuals that are employed, self-employed, temporary, agency, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to the service user.

## Resources

**The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to each service provider to identify the best available evidence relevant to their activities.**

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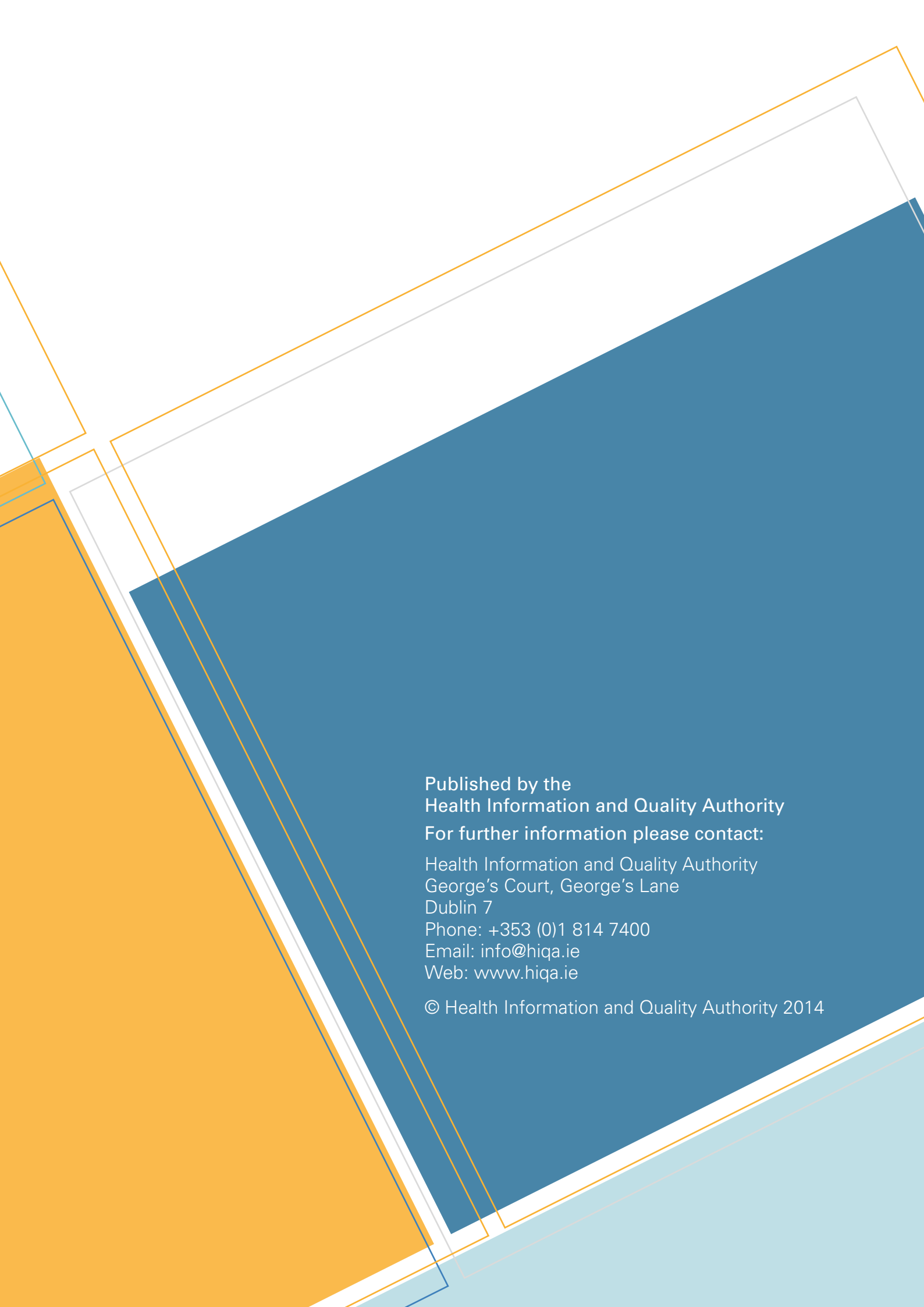


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