



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation and Monitoring
of Social Care Services

Frequently-asked questions
from webinar on “The Person
in Charge; Role, Value and
Importance”.

Safer Better Care

Contents

About this guide	4
Important documents and materials	4
Section 1	5
Criteria and Responsibilities of Persons in Charge	5
1. Should persons in charge be working from the designated centres weekly?	5
2. The requirement and need to hold a management qualification as a person in charge.	5
Section 2	6
Responsibilities of the Provider.....	6
3. The maximum designated centres that a person in charge should manage.	6
4. Staffing arrangements	6
5. Role and remit of person in charge	7
6. Challenges with the recruitment and retention of key roles	7
7. The role of the person in charge in relation to training requirements for the staff they support and manage	8
8. The provision and oversight of training for agency staff.	8
9. Is it a requirement for healthcare assistants to have QQI Level 5 courses completed prior to employment?.....	9
10. Involving residents in community activities is a challenge at times as some residents decline to involve themselves as is their choice. Will this will fall under non-compliance?.....	9
11. Are the regulations going to be reviewed in the context of respite service provision?.....	10
12. Regulation 8 and financial safeguarding: is the provider required to have a policy on residents finances?	10
Section 3	10
Publication of reports	10
13. A number of comments were raised in relation to the name of the person in charge being on the inspection reports.	11
Section 4	11
Regulatory requirements of notifications.....	11
14. A clarification was sought in relation to the reporting of incidents using a NF03.11	
15. A clarification was sought in relation to reporting using the NF06.....	11
16. A number of clarifications were sought in relation to NF05.....	12

17.	Clarification was sought in relation to an ‘outbreak’ in the context of a NF02.	12
Section 5	12
	Further queries with relevant links to guidance.....	12
18.	Will there be guidance on how the regulations will be affected regarding the Assisted Decision Making (Capacity) Act 2015?	12
19.	Clarification was sought in relation to evacuation times.	13

About this guide

This short frequently-asked questions document has been compiled in response to queries received during the course of the "The Person in Charge; Role, Value and Importance" webinar which was hosted by the Health Information and Quality Authority (HIQA) on 08 November 2023.

A large number of the queries were specific, and unique to situations occurring at either designated centre or provider-level and not necessarily within the remit of the Office of the Chief Inspector of Social Services. There were also a number of questions that were specific to industrial relations matters and specific scenarios with residents. To that effect, a number of the questions received are not within the remit of the webinar and have not been included in this document.

Where a number of similar questions were asked these have been grouped together.

Important documents and materials

The links to the documents and materials below will also be of support when understanding the roles and responsibilities of the person in charge.

- [E-learning - The Essential Role of the Person in Charge - Overview | Rise 360 \(articulate.com\)](#)
- [Health Act 2007 \(Care and support of residents in designated centres for persons \(children and adults\) with disabilities\) Regulations 2013](#)
- [Regulation Handbook V2.2 January 2024 \(hiqa.ie\)](#)
- [Guidance for the assessment of designated centres for people with disabilities \(hiqa.ie\)](#)
- [Monitoring Notification handbook](#) Guidance for registered providers and persons in charge of designated centres for persons children and adults with disabilities [\(hiqa.ie\)](#)
- [Fire Safety Handbook: A guide for providers and staff of designated centres: Version 1.1: September 2023 \(hiqa.ie\)](#)

Section 1

Criteria and Responsibilities of Persons in Charge

1. Should persons in charge be working from the designated centres weekly?

The person in charge needs to be able to assure themselves that they have appropriate oversight of a centre that they are responsible for.

Depending on the size, complexity and management arrangements of the centre, the person in charge may not always be involved in day-to-day care arrangements for each resident, but must have effective systems in place to assure themselves that person-centred care is delivered to a high standard.

Regulation 14 (4) of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centre concerned.

2. The requirement and need to hold a management qualification as a person in charge.

Requirements as and from 1 November 2013.

Regulation 14 (3) of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

A person who is appointed as person in charge on or after the day which is 3 years after the day these regulations come into operation shall have –

- (a) a minimum of 3 years in a management or supervisory role in the area of health or social care; and
- (b) an appropriate qualification in health or social care management at an appropriate level

From commencement (1 November 2013), the registered provider is responsible for ensuring that there is a person in charge of the designated centre who has the appropriate qualifications, skills and experience to manage the designated centre.

However, from **1 November 2016** the regulations include an additional requirement.

It is the responsibility of the registered provider to ensure that all persons in charge **appointed** on or after **1 November 2016** have a minimum of 3 years' experience in a management or supervisory role in the area of health or social care and have an appropriate qualification in health or social care management at an appropriate level.

Section 2

Responsibilities of the Provider

3. The maximum designated centres that a person in charge should manage.

The provider needs to assure themselves, and then in turn assure the Chief Inspector within HIQA that the person in charge can effectively manage the number of centres they are appointed to. A number of factors may influence this. For example, geographical location of centres, complexity of care, supervision arrangements such as team leaders in houses and other support arrangements that enable the person in charge to manage the centres effectively.

The provider needs to be assured that these arrangements are effective and be able to demonstrate that they are in line with the regulations.

Regulation 14 (4) of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centre concerned.

This means that where the registered provider proposes such an arrangement, the Chief Inspector within HIQA must be satisfied about the effectiveness of the governance, operational management and administrative arrangements to ensure the sustained delivery of a quality and safe service for residents.

4. Staffing arrangements

Regulation 15, Staffing, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

15. (1) The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

(4) The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.

(5) The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.

It is the provider's responsibilities to ensure the centre is sufficiently resourced to meet the care and support needs of residents.

The person in charge is required to ensure that those staff are rostered to provide care and support to residents and that the required documentation for each staff member is obtained to indicate their suitability to work with people with disabilities in the centre.

The regulations set out the criteria for person in charge. Providers determine the appropriate skills, experience and qualification of the person in charge based on the requirements of the designated centre.

Regulation 14, person in charge, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

- 14 (1) The registered provider shall appoint a person in charge of the designated centre.
- (2) The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.
- (3) A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have— (a) a minimum of 3 years' experience in a management or supervisory role in the area of health or social care; and (b) an appropriate qualification in health or social care management at an appropriate level.

5. Role and remit of person in charge

The provider determines the job description, role and function of the person in charge within the designated centre. The regulations specify certain responsibilities of the role of person in charge which should be incorporated into that role and function.

6. Challenges with the recruitment and retention of key roles

The Chief Inspector within HIQA is cognisant of what providers have said in relation to the challenges around the recruitment and retention of staff and acknowledges this is difficult for providers, and for staff.

The provider must ensure there is sufficient staff in terms of numbers and skill mix, to support the assessed needs of the residents. Where providers have made efforts to recruit staff, and where this is clearly evidenced, inspectors will acknowledge this in the inspection report.

Regulation 15, Staffing, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

states:

15. (1) The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

7. The role of the person in charge in relation to training requirements for the staff they support and manage

On inspection, the inspector speaks with persons in charge to determine how they identify staff training needs. Inspectors will review the systems in place to record and regularly monitor staff training.

Regulation 16, Training and staff development, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Regulations 2013 states:

16 (1) The person in charge shall ensure that –

(a) Staff have access to appropriate training, including refresher training, as part of continuous professional development programme.

8. The provision and oversight of training for agency staff.

Within the definitions of the regulations there is no distinction between agency staff and staff employed by the provider.

The [Guidance for the assessment of designated centres for people with disabilities](#) states that:

"Staff" means persons employed by the registered provider and includes persons placed in employment with the registered provider concerned by an employment agency used by that registered provider.

It is the responsibility of the person in charge to ensure that any staff who work in the designated centre have the required training deemed necessary in order to support the residents and meet their needs.

Regulation 16, Training and staff development, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Regulations 2013 states:

16. (1) The person in charge shall ensure that—

(a) staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

9. Is it a requirement for healthcare assistants to have QQI Level 5 courses completed prior to employment?

Regulation 15, Staffing, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

15. (1) The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

The regulations are not prescriptive in relation to the required qualifications. It is the provider's responsibility to ensure that the qualifications are appropriate to meeting the care and support needs of residents within the centre.

10. Involving residents in community activities is a challenge at times as some residents decline to involve themselves as is their choice. Will this fall under non-compliance?

Regulation 13, General welfare and development, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

13. (1) The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

(2) The registered provider shall provide the following for residents: (a) access to facilities for occupation and recreation; (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

In other words, the provider needs to be able to demonstrate that they have sufficient staffing with the appropriate qualifications to recognise the care and support needs of each resident and to support them to achieve their wishes, including their wishes relating to their development and maintenance of personal relationships and links with the wider community.

11. Are the regulations going to be reviewed in the context of respite service provision?

While HIQA has published reports in both [2017](#) and [2021](#) to outline the need for regulatory reform, conducting that regulatory review is not within the remit of the Chief Inspector within HIQA but is within the remit of the Department of Children, Equality, Disability, Integration and Youth.

Currently, when inspecting respite centres, inspectors look for evidence that the provider has arrangements to meet the needs of residents in the context of short stays within a respite centre.

12. Regulation 8 and financial safeguarding: is the provider required to have a policy on residents finances?

It is a requirement under Schedule 5 of the regulations for the provider to prepare and implement a policy on residents' personal finances and possessions. These should detail the processes and procedures on how residents are supported to manage their finances.

Schedule 5

Policies and procedures to be maintained in respect of the designated centre.

Schedule 5 (7) Residents' personal property, personal finances and possessions.

Regulation 4, Written policies and procedures, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Regulations 2013 states:

4. (1) the registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.

Regulation 12, Personal Possessions, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

12 (1) The person in charge shall ensure, that as far as reasonably practicable each resident should have access to and retains control of personal property and possessions and where necessary, support is provided to manager their financial affairs.

Section 3

Publication of reports

13. A number of comments were raised in relation to the name of the person in charge being on the inspection reports.

Following previous feedback, the name of the person in charge is no longer stated on the inspection reports.

Section 4

Regulatory requirements of notifications

14. A clarification was sought in relation to the reporting of incidents using a NF03.

The Chief Inspector within HIQA has provided guidance on the submission of notifications, including the NF03 notifications. Further information concerning notification guidance can be found [here](#).

The term 'serious injury' is not defined in the regulations. The Chief Inspector within HIQA has provided the following guidance:

any bodily injury that involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ e.g. fracture, burn, sprain/strain, vital organ trauma, a cut or bite resulting in an open wound, concussion, etc.

The term 'serious injury' does not include minor injuries for which first aid is sufficient, or minor injuries reviewed by a general practitioner which do not require further treatment.

15. A clarification was sought in relation to reporting using the NF06.

Information on this is provided in HIQA's [monitoring notifications handbook for disability](#) under the following question: "What if the allegation has not been confirmed?"

Any suspected or confirmed allegations of abuse must be notified to the Office of the Chief Inspector.

In addition Regulation 8, protection, of The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 states:

8 (3) The person in charge shall initiate and put in place an investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Regulation 31, Notification of incidents, of The Health Act 2007 (Care and Support of

Residents in Designated Centres for Persons (Children and Adults) with Disabilities)
Regulations 2013 states:

- 31 (1) The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre:
- (f) Any allegation, suspected or confirmed, of abuse of any resident.

16. A number of clarifications were sought in relation to NF05.

The regulations do not define the term 'unexplained absence'. The Chief Inspector within HIQA has given the following guidance:

an unexplained absence has occurred when a resident has been found to be missing from a centre without the staff's knowledge of his or her whereabouts.

The notification guidance can be found [here](#).

The provider should ensure the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfilling the provider's requirement to be responsive to risk. Providers should manage risks that maximise residents' choices, and control over their own lives in the context of positive risk management.

17. Clarification was sought in relation to an 'outbreak' in the context of a NF02.

As outlined in the notification guidance, found [here](#), the Health Protection Surveillance Centre provides the following definition of an 'outbreak':

an outbreak of infection or food-borne illness may be defined as two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen, for example diphtheria or viral haemorrhagic fever.

Section 5

Further queries with relevant links to guidance

18. Will there be guidance on how the regulations will be affected regarding the Assisted Decision Making (Capacity) Act 2015?

As outlined in the Guidance for the assessment of designated centres for people with disabilities (found [here](#)) The Chief Inspector within HIQA advocates for, and promotes a human rights-based approach to health and social care services that upholds the resident's

core human rights, principles of fairness, respect, equality, dignity and autonomy. Respecting diversity, promoting equality and treating people fairly and with dignity, as well as including people in decisions about their care, promotes and supports safe and effective care (page 4).

Updated guidance has been produced to support the related assessment judgment frameworks, and has also been updated to reflect this commitment to a more human rights-based approach together with evidence-based changes, since it was first published. This guidance can be found [here](#).

This guidance should be read in conjunction with the following [associated assessment judgment frameworks](#):

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

19. Clarification was sought in relation to evacuation times.

Defining a safe evacuation time is complex, but as outlined in the case study, corridors can become filled with smoke and death can occur very quickly. To this end we encourage providers, through practice drills and fire safety training, to focus on the factors which reduce evacuation times. Providers should determine safe evacuation times, if possible, and if not to set a target to achieve this and work to reducing the evacuation time to a safe and reasonable level.

HIQA's Fires Safety Handbook, which is available [here](#), states:

If providers have not identified a safe evacuation time for the entire centre, or compartments or sub-compartments within the centre, they do not have a measurable reference point to use for assessing the adequacy of fire procedures, fire precautions, fire drills, compartment sizes, staffing numbers or staff training.

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