



# The person in charge: Role, value and importance

08 November 2023

# Agenda

## Introduction

1. The Legal framework
2. How governance translates for the person in charge
3. The lived experience of persons with disabilities
4. People management
5. Q&A
6. Safety and Risk
7. Q&A



# The person in charge

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## The “person in charge” means:

- The person appointed as the person in charge of a designated centre pursuant to Regulation 14

and

- Named in the Certificate of Registration issued in respect of the designated centre.



# 1. The Legal framework



# The legal framework

## The Health Act (2007) as amended

- Primary legislation
- Legislative basis for registration, monitoring and inspection of designated centres.

## The Regulations

- Govern the registration and monitoring of residential designated centres.
- Minimum legal requirements.
- Providers, and for some duties, **persons in charge**, have to comply with these regulations by law.

## The National Standards

- Describe what residential services need to do to make sure that the children and adults in their care receive a high-quality, safe service that meets their needs.
- The stretch.

# The legal framework

## Responsibilities of Persons in Charge

S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

### Capacity and Capability

Regulation	Section	Standards
Regulation 15: Staffing	15(4), 15(5)	Standard 7.1
Regulation 16: Training and staff development	16(1), 16(2)	Standard 7.2, 7.3, 7.4
Regulation 24: Admissions and contract for the provision of services	24(2)	Standard 2.3
Regulation 30: Volunteers	30(a)(b)(c)	
Regulation 31: Notification of incidents	31(1), 31(2), 31(3)	

# The legal framework

## Quality and Safety

<b>Regulation 5: Individualised assessment and personal plan</b>	5(1), 5(3), 5(4), 5(5), 5(6), 5(8)	Standard 2.1
<b>Regulation 6: Health care</b>	6(2), 6(3)	Standard 4.1, 4.2
<b>Regulation 7: Positive behavioural support</b>	7(1), 7(2), 7(5)	Standard 3.2, 3.3
<b>Regulation 8: Protection</b>	8(3), 8(6), 8(7), 8(8)	Standard 3.1
<b>Regulation 10: Communication</b>	10(2)	Standard 1.5
<b>Regulation 11: Visits</b>	11(2), 11(3)	
<b>Regulation 12: Personal possessions</b>	12(1), 12(2), 12(3)	
<b>Regulation 13: General welfare and development</b>	13(4)	Standard 1.4, 4.4, 8.1
<b>Regulation 18: Food and nutrition</b>	18(1), 18(2), 18(3), 18(4)	
<b>Regulation 25: Temporary absence, transition and discharge of residents</b>	25(1), 25(2), 25(3), 25(4)	Standard 2.4
<b>Regulation 28: Fire precautions</b>	28(5)	
<b>Regulation 29: Medicines and pharmaceutical services</b>	29(2), 29(3), 29(4), 29(5)	Standard 4.3





# The importance of good governance

Management and  
supervision of staff

Identifying gaps  
and risks

Driving improvement –  
Human rights-based approach

**Provider's  
capacity and  
capability**

Roles and  
responsibilities

Audit and  
oversight

Communication/  
escalation pathways

# The Remit of the person in charge

Safeguarding

Governance and Management

Lived experience  
of residents

- Individualised assessment and personal plan/ healthcare/ positive behavioural support/ general welfare and development/ communication/ personal possessions/ visits/ food and nutrition/ temporary absence/ transition and discharge of resident

People  
management

- Training and staff development
- Volunteers
- Staffing
- Admissions and contract for the provision of services

Safety and risk

- Notification of incidents
- Fire precautions
- Medicines and pharmaceutical services

# 3. The lived experience of persons with disabilities



# 3. Lived experience

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## Regulation 5 – Individual assessment and personal plan

- Subsection 5 (1), 5 (4), 5 (5) and 5 (6)

## Regulation 6 – Healthcare

- Subsection 6 (2) and 6 (3)

## Regulation 7 – Positive behaviour supports

- Subsection 7 (1), 7 (2) and 7 (5)

## Regulation 8 – Protection

- Subsection 8 (3), 8 (6), 8 (7) and 8 (8)

## Regulation 13 – General welfare and development

- Subsection 13 (4)

# Regulation 05: Individual assessment and personal plan

## The person in charge shall:

- 05(1)** • Ensure that a comprehensive assessment, by an appropriate healthcare professional, of the health, personal and social care needs of each resident is carried out prior to admission and as required to reflect change.
- 05(4)** • No later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the residents' needs and developed through a person centred approach.
- 05(5)** • Make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.
- 05(6)** • Ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances.

# Regulation 05: Individual assessment and personal plan

## Examples from inspections of some good practice



Personal plans and staff guidance were detailed, person-centred, and evidenced by incidents and multidisciplinary assessments. Accessible versions of plans were available for resident discussion.

There were arrangements in place to assess residents' needs and review residents' support plans. There were personal plans in place for identified needs including plans to support residents with specific health care needs. Residents were supported by staff to set goals for themselves and goals were reviewed with residents at their monthly key worker meetings.

The person in charge had ensured that residents had an up-to-date assessment of their health, personal and social care needs and that this was available in easy-to-read format for the residents.

# Regulation 05: Individual assessment and personal plan

Examples from inspections of some practice that could be improved on:



There was an assessment of need in place for residents that identified residents' health and social care needs and informed the development of support plans. However, there was some improvement required in one personal plan to ensure that an identified need had a detailed personal plan in place to guide the staff team.

The person in charge had ensured that residents had a comprehensive assessment of their health, personal and social care needs. However, the inspector found that although activities had taken place the personal plans had not been updated.

Residents had an annual review and from there, health action plans and an 'all about me' plan was developed. On review of files, the inspector noted there to be some out of date information to guide practice which was not reflective of the residents' current needs.

# Regulation 06: Health care

## The person in charge shall:

06(2)

- Ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available to the resident. The resident's right to refuse medical treatment shall be respected. Residents are supported to access appropriate health information.

06(3)

- Ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.



# Regulation 06: Health care

Examples from inspections of some good practice:



Residents were being supported to enjoy best possible health. They were being supported to access allied health professionals in line with their assessed needs.

The person in charge had ensured that the resident had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in the day-to-day medical needs of the resident.

Residents were supported with their health care needs and, as required, access to a range of allied healthcare professionals, Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

# Regulation 06: Health care

## Examples from inspections of some practice that could be improved on:



Residents had a named GP. They had a medical review on an annual basis. There was evidence of input from healthcare professionals. However, not all identified health needs had been fully assessed by relevant health professionals. For example, residents had not been able to access the services of a speech and language therapist in relation to their communication needs.

Whilst overall residents were supported to achieve and maintain the best possible physical and mental health, it was difficult to ascertain the most relevant guidance and recommendations within the personal plans.

There was some inconsistencies in documentation and evidence of consultation relating to particular decisions involving some residents and a particular aspect of their future healthcare support.

# Regulation 07: Positive behavioural support

The person in charge shall:

07(1)

- Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

07(2)

- Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

07(5)

- Ensure that where a resident's behaviour necessitates intervention under this Regulation.

# Regulation 07: Positive behavioural support

## Examples from inspections of some good practice



The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern with ongoing support and input from the behavioural support team as required.

Behaviour support and routine management plans were in place for residents identified to require same. It was noted that a number of residents presented on occasions with behaviours of concern. However, it was considered that incidents were overall being managed well by the staff team.

Behaviour support plans were devised with input from a behaviour support therapist. Staff were knowledgeable on the content of these plans. Any restrictive practices were regularly reviewed by a restrictive practice committee.

# Regulation 07: Positive behavioural support

Examples from inspections of some practice that could be improved on:



A restrictive procedure was implemented in the centre without following the provider's own policies and processes. It was not included on the centre's restraint register and therefore had not been monitored, supervised and reviewed. A behaviour support plan was not available in the centre for a resident who required staff support in this area.

A behaviour support plan was not available in the centre for a resident who required staff support in this area. This was sourced before the close of this inspection.

Not all residents who required one had a behaviour support plan in place. As a result staff did not have up-to-date knowledge to respond, and to support residents to manage their behaviour.

# Regulation 08: Protection

## The person in charge shall:

- 08(3)** • 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.
- 08(6)** • Have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity.
- 08(7)** • Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.
- 08(8)** • Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

# Regulation 08: Protection

Examples from inspections of some good practice:



Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff and residents spoken to were familiar with safeguarding procedures in place.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy and national guidance.

Staff were trained to identify and respond to potential or actual incidents of abuse. Residents were routinely reminded and supported on how to access support if they felt unsafe or upset.

# Regulation 08: Protection

Examples from inspections of some practice that could be improved on:



The need for better analysis of incidents was reflected in the failure to identify incidents that had a possible safeguarding component and that should have been screened in line with the protocol in place but were not. For example, an incident where a resident had said that staff had shouted at them and repeat incidents noted to have negatively affected their peer.

Although residents were safeguarded, some improvements were required to ensure that residents' knowledge in the area of self care and protection was promoted.

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse. However, not all investigations were notified to the National Safeguarding and Protection Team in a timely manner.



## Regulation 13: General welfare and development

The person in charge shall ensure that:

- (a) Residents are supported to access opportunities for education, training and employment;
- (b) Where residents are in transition between services, continuity of education, training and employment is maintained;
- (c) When children enter residential services their assessment includes appropriate education attainment targets; and
- (d) Children approaching school-leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests.

13(4)

# Regulation 13: General welfare and development

Examples from inspections of some good practice:



Residents were attending day services, going to work, using local services, and taking part of local groups and societies. In addition, residents had meaningful goals documented in their personal plans.

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

The residents had good access to a range of meaningful daytime and work or training experiences. These were tailored to their individual needs and reviewed frequently for their continued suitability.

# Regulation 13: General welfare and development

Examples from inspections of some practice that could be improved on:



Overall, residents were supported to engage in meaningful activities in the centre. However, it was noted that one of the residents who presented with complex needs, had minimal opportunities to engage in meaningful activities and links within their local community. The evidence to support this approach was not clear.

Residents were supported to have meaningful active days in line with their personal preferences and were engaged in activities in their community on a regular basis. However, one resident who liked baking had not completed this since November 2021.

Although staff spoke about activities accessed by residents which included visits to local places of interest, records reviewed did not illustrate that residents had opportunities to participate in activities which reflected their personal interests and goals.

# 4. People management



# 4. People management

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## Regulation 15 – Staffing

- Subsection 15 (4) and 15 (5)

## Regulation 16 – Training and development

- Subsection 16 (1) and 16 (2)

## Regulation 30 - Volunteers

- Subsection 30 (a) (b) and (c)

# Regulation 15: Staffing

The person in charge shall:

15(4)

- Ensure that there is a planned and actual rota, showing staff on duty during the day and night and that it is properly maintained.

15(5)

- Ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.

# Regulation 15: Staffing

Examples from inspections of some good practice:



The staff team were found to have the right skills and experience to meet the assessed needs of the residents.

Where vacancies existed they were being covered by a small number of regular relief staff. This provided consistency of care for the residents.

Resources in the centre were planned and managed to deliver person-centred care. A high staff to resident ratio was maintained in the centre, which ensured resident's specific person-centred support needs were met in line with their assessed needs.

## Regulation 15: Staffing

Examples from inspections of some practice that could be improved on:



There were large numbers of agency staff employed in the centre who were unfamiliar with the needs of the residents.

Staff absences could not always be covered or replaced. When staffing levels in the centre were reduced it resulted in limited opportunities for individualised support or community outings for residents.

There was also no definitive plan in place to manage vacancies at the centre to ensure that the resident was not impacted with changes to the staff team.



# Regulation 16: Training and staff development

The person in charge shall ensure that:

16 (1)

- (a) Staff have access to appropriate training, including refresher training, as part of a continuous professional development programme;
- (b) Staff are appropriately supervised; and
- (c) Staff are informed of the Act and any regulations and standards made under it.

16(2)

- That copies of the following are made available to staff:
  - (a) the Act and any regulations made under it;
  - (b) Standards set by the Authority under section 8 of the Act and approved by the minister under section 10 of the Act; and (c) relevant guidance issued from time to time by statutory and professional bodies.

# Regulation 16: Training and development

Examples from inspections of some good practice:



Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The person in charge provided support and formal supervision to staff working in the centre. A formal schedule of staff supervision and performance management was in place.

Staff were in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection.

# Regulation 16: Training and Development

Examples from inspections of some practice that could be improved on:



Not all staff had completed or were scheduled to complete mandatory training and refreshers within a suitable time frame.

The person in charge provided support and formal supervision to staff working in the centre. However, some formal supervision was overdue, as per the provider's supervision policy and procedures.

The staff training audit, required updating as it did not accurately reflect or capture training needs for staff working in the centre. For example, the training audit record stated the centre was 90% compliant regarding staff training but when further explored the record showed a large number of staff required training in a number of areas.

# Regulation 30: Volunteers

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The person in charge shall:

30

- Ensure that volunteers with the designated centre –
- (a) Have their roles and responsibilities set out in writing
- (b) receive supervision and support; and
- (c) provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012)

# Regulation 30: Volunteers

Examples from inspections of some good practice:



Volunteers had a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Person) Act 2012.

The person in charge had access to the registered provider's policy on the management of volunteers which set out the processes to be followed in line with the requirements of the regulation.

Volunteers had their roles and responsibilities in writing and they were in receipt of regular formal supervision and support.

## Regulation 30: Volunteers

Examples from inspections of some practice that could be improved on:



Not all volunteers had a current vetting disclosure.

It was not evident that all volunteers active in the centre had written roles and responsibilities.

Volunteers had their roles and responsibilities clearly laid out; however, they were not receiving regular support and supervision.

# Questions and Answers



# 5. Safety and risk





# 5. Safety and risk

## Regulation 28: Fire precautions

- Subsection 28(5)

## Regulation 29: Medicines and pharmaceutical services

- Subsection 29(2), 29(3), 29(4), 29(5)
- Also - Standard 4.3 of the *National Standards for Residential Services for Children and Adults with Disabilities*

## Regulation 31: Notification of incidents

- 31(1), 31(2), 31(3)

# Regulation 28: Fire precautions

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The person in charge shall:

28(5)

- Ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.

# Regulation 28: Fire precautions

## Fire procedures

A fire evacuation procedure is a step-by-step description of the actions that staff should take at various stages of a fire emergency from the initial alarm activation right through to the evacuation and potential relocation of residents to a different premises.



# Regulation 28: Fire precautions

Examples of some good practice:



Evacuation procedures are clear with no ambiguity.


Provide sufficient guidance as to how to evacuate everyone safely taking into consideration residents' support levels and assessed needs.

Incorporate the residents' PEEPs.

Plan was located in a prominent and accessible place.

## Regulation 28: Fire precautions

Examples from inspections of some practice that could be improved on:



To ensure the fire evacuation plan is accurate concerning the layout of the centre, staffing levels and residents' support needs.

The plan should adequately guide staff and detail the response of those assisting from outside the designated centre.

Consistent with other documentation such as PEEPs, be specific to the centre.

# Regulation 29: Medicines and pharmaceutical services

## The person in charge shall:

29(2)

- Facilitate a pharmacist made available and provide support in dealings with pharmacist.

29(3)

- Ensure a record of a medication-related intervention, in respect of a resident, is kept in a safe and accessible place in the designated centre.

29(4)

- Ensure that the centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

29(5)

- Ensure that, following a risk assessment **and** assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.

# Regulation 29: Medicines and pharmaceutical services

Examples from inspections of some good practice:




The person in charge had ensured each resident had a self-assessment to administer medication completed and oversight systems were in place to support residents.

Following a risk assessment and capacity assessment residents were supported to self-administer medication.

Residents were supported to understand the medicines they were taking and were having an annual risk assessment to determine if they had capacity to self-administer their medicines.

# Regulation 29: Medicines and pharmaceutical services

Examples from inspections of some practice that could be improved on:



Appropriate assessments had not been carried out to determine the level of capacity of residents to manage their own medicines and encourage responsibility based on the level of assessed risk.

If a resident wanted to self-administer or required support there was no follow on action plan or educational work they would require in order to promote their capacity in this area.

Some assessments to determine if residents could self-administer their own medicines had not been reviewed in over 12 months.



# Regulation 31: Notification of incidents

The person in charge shall:

31(1)

- Give notice to the Chief Inspector in writing within 3 working days of adverse incidents.

31(2)

- In the case of an unexpected death, ensure that written notice is provided to the Chief Inspector setting out the cause of the death when same has been established.

31(3)

- Ensure that a written report is provided to the Chief Inspector at the end of each quarter of each calendar year.

# Regulation 31: Notification of incidents



The information included in notifications is used by HIQA inspectors, in conjunction with other information, to assess the level of risk in centres and inform their monitoring approach, under HIQA's regulatory function.



## Regulation 31: Notification of incidents

# Three day notifications

Form	
NF01	Unexpected death
NF02	Outbreak of any notifiable disease
NF03	Any serious injury that requires immediate medical or hospital treatment
NF05	Any unexplained absence
NF06	Any allegation, suspected or confirmed, of abuse
NF07	Any allegation of misconduct by the registered provider or by staff
NF08	Member of staff is the subject of review by a professional body
NF09	Any fire, loss of power, heating or water Any incident where an unplanned evacuation took place

# Regulation 31: Notification of incidents

## Quarterly notifications

- Any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.
- Any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.
- Where there is a recurring pattern of theft or burglary.
- Any injury to a resident not required to be notified as a serious injury.
- Any deaths, including cause of death, not required to be notified as an unexpected death.

# Regulation 31: Notification of incidents

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## Areas to note

- ! NF02a vs NF02
- ! Assurances within NF06s Incident detail, Safeguard measures.
- ! Outcomes for residents
- ! NF05 unexplained absence
- ! Follow up requirement for NF01

# Questions and Answers



# Thank You.



**Health  
Information  
and Quality  
Authority**

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