



**Health  
Information  
and Quality  
Authority**


An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte



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

**2016**

*Safer Better Care*



These are the National Standards for Residential Care Settings for Older People in Ireland. This is the first revision of these national standards. They were first published in March 2009 as the National Quality Standards for Residential Care Settings for Older People in Ireland.

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**These Standards supersede all previous standards for residential care settings for older people in Ireland and come into effect on 1 July 2016.**

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# About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** – Registering and inspecting designated centres.
- **Monitoring Children's Services** – Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** – Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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# 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. Older people are often placed in residential care due to a long-term physical or cognitive impairment, social circumstances or for short-term respite. 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. 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.

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 continual 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 inspection and registration of designated centres for older people.

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 continual development of person-centred, safe and effective residential services.

The Standards also provide people living in residential care 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 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 National Standards for Residential Care Settings for Older People in Ireland

*The 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 human and individual 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 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 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 National Standards are presented under eight themes. While each standard is presented under a specific theme, the Authority recognises that certain standards could feature under a number of different themes.

The 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 and preferences 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**

These 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. However, in cases where the feature is also covered in the regulations, this feature is then a mandatory requirement.

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 people 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 *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. 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, continual 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 continual 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 continual 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 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 National Standards

### Residential Service

A residential service (for the purpose of this document) is a place where older people are accommodated and is defined in the legislation as a designated centre.

A designated centre for older people 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
  - (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.

Where the term resident is used within this document this includes, where appropriate, families, carers, friends, advocates, trained volunteers or professionals who may be involved in supporting residents to say what they want, secure their rights, represent their views and preferences, or obtain the services they need.

## 8. How the 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.

These revised 2016 Standards were 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
- feedback from key stakeholders and the public during an eight-week public consultation.

## Summary of the 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 and preferences.
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 receives palliative care based on their assessed needs, which maintains and enhances their quality of life 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.
Standard 2.7	The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.*
Standard 2.8	Each resident's access to residential services is determined on the basis of fair and transparent criteria.

\* Where written, explicit costed plans with timescales are agreed with the Chief Inspector, at the discretion of the Chief Inspector, the period for meeting the features in Standard 2.7 may be extended (in line with the Ministerial Letter of 4 November 2015) on a case-by-case basis, not exceeding the date of 31 December 2021. The Chief Inspector may impose conditions of registration, in respect of any such setting, relating to the agreed plans.



### 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	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint-free environment in accordance with national policy*.
Standard 3.6	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.
Standard 4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.

\* Department of Health - *Towards a Restraint Free Environment in Nursing Homes* (2011), or any subsequent and related national policy documents.

## 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 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 National Standards

## Theme 1: Person-Centred Care and Support

Person-centred care and support places each resident at the centre of all that 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 residents' permission, are central to this partnership.

Residents are actively involved in determining the services they receive and are empowered to exercise their human and individual 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 ensure that cultural difference is acknowledged and respected in the delivery of care for residents.

Residential services are cognizant 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 advocate 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 an accessible format 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 respected in relation to the resident's 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.
- 1.1.5 Each resident is facilitated in accessing advocacy services, and receives information about their rights.
- 1.1.6 Staff treat all residents equally. Different levels of support are provided 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 vote in local, national and European elections and referenda, 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 a choice of a separate bedroom (where available), or to share a bedroom with another resident. The design of shared bedrooms ensures that there are private as well as shared spaces and the privacy and dignity of each resident are respected at all times.
- 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
  - personal consultations
  - personal examinations
  - the provision of intimate and personal care and support
  - circumstances where confidential and or sensitive information is being discussed
  - access to 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 frequently consult with residents and seek their views, in particular where the running of the service has implications for residents' privacy, dignity and sense of home. This information is used to improve services for all residents.
- 1.2.5 If a resident is absent, their bed is not made available to other individuals in need of respite or short-term care.
- 1.2.6 The door to single occupancy rooms are fitted with locks suited to each resident's capabilities; it is accessible to staff in defined circumstances and meets fire safety regulations. The resident is able to secure their own personal accommodation; however, in defined circumstances, staff are able to access it.



- 1.2.7 Personal possessions are respected. The importance of particular items of significance is recognised and residents are facilitated to keep their personal belongings where possible.
- 1.2.8 Each resident's preferences in relation to personal appearance are respected.
- 1.2.9 Staff understand the individual needs of residents and demonstrate respect for the dignity, modesty and privacy of the resident.
- 1.2.10 Each resident's wishes with regard to how they would like to be addressed is ascertained and 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 The everyday activities of the residential service vary according to residents' interests and activities. They take account of different levels of functioning and ability, and of each person's care plan. Residents are encouraged to:
  - contribute ideas to, and participate in, the day-to-day activities of the service
  - participate in residential committees and fora
  - be represented in whatever forum is used to discuss and plan the future direction of the service.
- 1.3.2 A balanced approach is taken when managing risk-taking and promoting independence, taking the resident's preferences into account.
- 1.3.3 Each resident is encouraged to work out a structure to their daily lives that best reflects their goals, activities, needs and preferences 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 are taken into account in relation to their daily living activities.
- 1.3.6 Each resident's preferences, their dietary requirements and cultural and religious beliefs, are taken into account in relation to mealtimes and food provided.
- 1.3.7 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.

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\* At the time of preparing these Standards, the Assisted Decision-Making (Capacity) Bill 2013 was before the Houses of the Oireachtas. The legislation was subsequently signed into law in December 2015.

- 1.3.8 Each resident is supported and facilitated to access safe and appropriate outside spaces.
- 1.3.9 Each resident has opportunities for recreation, travel and leisure outside of the designated centre, in line with the resident's will and preferences.
- 1.3.10 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. Such meetings are independently facilitated.
- 1.3.11 At least one nominated person, who is not a member of staff, represents residents with dementia or cognitive impairment at the residents' representative group meeting.
- 1.3.12 The needs and preferences of residents, who have difficulty communicating, are actively sought and every effort is made to support them to communicate their views directly. When this is not possible, every effort is made to get the best understanding of the resident's will and preferences from a number of different sources. Residents with cognitive impairment or dementia receive additional support in order to ensure that their needs and preferences are understood, valued and met.

## 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 support them to communicate and maintain contact with family, friends and others.

## Standard 1.5

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

### 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, such as advocacy 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 in an accessible format on admission and is consulted when any changes occur. 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 in line with legislative requirements.
- 1.5.8 Each resident has access to local, national and international news in an accessible format and in accordance with their preferences. This includes access to radio, television, magazines, newspapers and information via computer or notice boards. Supports such as television subtitles are provided if required.

## 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's consent to treatment and care is obtained in accordance with legislation and current evidence-based guidelines.
- 1.6.2 Each resident is consulted with and given time to make decisions about the services and supports they receive, and their views are actively and regularly sought by the residential service.
- 1.6.3 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.
- 1.6.4 Each resident is listened to with care and respect by staff. Their views are taken into account in all decisions which impact on them.
- 1.6.5 Each resident is facilitated and supported to exercise their legal capacity in all aspects of life.
- 1.6.6 Each resident is facilitated to access citizens' information, advocacy services or an advocate of their choice when making decisions, in accordance with their wishes.
- 1.6.7 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 is a decision to be taken on someone's behalf. Such a decision is based on best understanding of the resident's will and preferences, and in this regard independent support and advocacy for the resident is sought. Supported or substituted decision-making needs to be in compliance with current legislation on capacity and decision-making.
- 1.6.8 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 resident's circumstances, apply for the shortest time possible, and are subject to regular review.

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\* At the time of preparing these Standards, the Assisted Decision-Making (Capacity) Bill 2013 was before the Houses of the Oireachtas. The legislation was subsequently signed into law in December 2015.

## **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 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 a person trained in support and advocacy for older persons, 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 residents with dementia. Residents should be able to spend meaningful time outdoors if they so wish.

When residents require palliative care or end-of-life care, it 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 and their families. Regardless of the duration of such an illness, palliative care serves residents from diagnosis of a disease 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. Advance care planning provides residents with the opportunity to plan ahead for changes in circumstances, deteriorating health and preferred care. End-of-life 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 with each resident as soon as practicable after their admission.
- 2.1.3 Each resident is consulted with, and participates in, the development of their individual care plan with the multidisciplinary team. The written individual care plan is kept on their 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 Referral arrangements are in place to obtain rehabilitative services from health and social care services including: physiotherapy, occupational therapy, specialist nursing, speech and language therapy and other services as required by the resident to help them achieve optimal physical function and independence.
- 2.1.6 Each resident has access to a copy of their individual care plan in an accessible format.
- 2.1.7 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 is agreed with the resident. Issues raised by the resident during the care plan review are followed up by staff and feedback is provided to the resident.

- 2.1.8 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.
- 2.1.9 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 to include their aspirations and wishes insofar as these can be ascertained. A record is kept of all attempts to engage with the resident 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 specific diet (for example, vegetarian) or therapeutic diet (for example, modified texture or high-protein diets) are recorded in the resident's care plan.
- 2.2.3 Daily menus are displayed in suitable formats and in appropriate locations so that residents 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 Food, including therapeutic and modified consistency diets, is presented in a way that is attractive and appealing, in terms of flavour, texture and appearance.
- 2.2.6 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.
- 2.2.7 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.
- 2.2.8 Family and friends are facilitated to assist residents at mealtimes with due regard to the privacy of other residents. Opportunities are provided for the resident's family and friends to dine with them on special occasions.
- 2.2.9 The nutritional status of each resident is assessed on admission, and regularly thereafter, using a validated nutritional screening assessment tool. This is documented in the care plan, so that staff are aware of the nutritional status and therapeutic dietary requirement of each resident.

- 2.2.10 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.
- 2.2.11 There is a clear pathway for referral to the nutrition and dietetics service and speech and language services following the assessment of a resident's nutrition and hydration requirements (where necessary) and which is 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 communicated to all staff.
- 2.2.12 Meals are nutritionally balanced to meet residents' dietary needs and preferences, as advised by a dietitian or appropriately qualified healthcare staff.
- 2.2.13 The residential service has up-to-date policies and 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.
- 2.2.14 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.
- 2.2.15 Staff are vigilant in monitoring all residents' food and fluid intake. Residential services take action where any risk of poor nutrition or dehydration is identified and referrals are made to the appropriate services.
- 2.2.16 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 health and social care professional are adhered to.
- 2.2.17 Staff have up-to-date knowledge and skills in the provision of enteral nutrition (tube feeding) and ensure that plans drawn up by a dietitian in consultation with the resident and multidisciplinary team are adhered to and reviewed appropriately.
- 2.2.18 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, and 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 sufficient numbers of staff with the appropriate skills and training.
- 2.3.3 Each resident with a cognitive impairment, or their families, carers, friends, advocates, trained volunteers or professionals who may be involved in supporting residents, have the opportunity to discuss and make decisions to the maximum 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 maximum extent their capacity allows.
- 2.3.5 Each resident with a cognitive impairment receives the support they require to uphold their right to exercise their legal capacity. Effective arrangements that protect the will and preferences of each resident who lacks 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 behavioural and psychological symptoms and signs of dementia, is assessed at an early opportunity to establish aggravating factors or underlying causes. They are continuously assessed thereafter if the distressing symptoms, or the behavioural and psychological symptoms and signs of dementia persist. 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 receives palliative care based on their assessed needs, which maintains and enhances their quality of life 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 Assessment of palliative care need is an ongoing process for those with a life-limiting condition. Staff respond promptly and effectively to identified need, and referrals are made to specialist palliative care services for additional support, when required.
- 2.4.3 Each resident with a life-limiting condition or life-threatening illness is provided with palliative care that is 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 coordinated 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 palliative care to residents are appropriately educated and possess the knowledge, skills and competencies in both caring for older persons 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 the opportunity to obtain information regarding end-of-life care planning in a skilful and sensitive manner. Their preferences regarding communication and decision-making are respected; should they wish to engage in dialogue, their preferences in relation to end-of-life care are discussed with them. These preferences are documented in their care plan and respected, including their wishes in relation to advance care planning, which may include symptom control and nutrition and hydration preferences.
- 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 and evidence-based practice.
- 2.5.12 Upon the death of a resident, practical information (verbally and or in writing) is offered to family and friends 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 carried out in a dignified manner and 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.**

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

- 2.6.1 The living environment is designed to promote the independence of residents, and 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 Access to appropriate and accessible indoor recreational areas is provided.
- 2.6.7 The premises include 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.
- 2.6.8 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.
- 2.6.9 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.

- 2.6.10 The residential service is maintained to a high standard of hygiene and is adequately lit, heated and ventilated.
- 2.6.11 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.
- 2.6.12 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

**The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.\***

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

- 2.7.1 The registered provider demonstrates that the premises and facilities comply with relevant statutory provisions and these standards.
- 2.7.2 The residential service complies with the relevant requirements of regulations and legislation relating to buildings, health and safety and fire prevention. There is a safety statement in place.
- 2.7.3 The building and contents are insured and there is a valid insurance certificate or written confirmation of insurance cover.

### **Communal space**

- 2.7.4 In all residential services, recreational and dining space (referred to collectively as communal space) provides a minimum of 4 square metres for each resident and excludes residents' private accommodation, corridors and entrance hall space.

### **Toilet, washing and bathing facilities**

- 2.7.5 Toilet, washing and bathing facilities are provided to meet the needs of residents in a dignified and appropriate manner. Each resident has a toilet within close proximity to their private accommodation and has easy access to a toilet or bathroom in multi-occupancy rooms. Assisted baths and showers and accessible toilets and washbasins are provided.
- 2.7.6 In all residential services there is a ratio of one assisted bath (or assisted shower, provided this meets residents' needs) to eight residents. Where suitably adapted en-suite bathing and or shower facilities are provided in residents' rooms, these rooms can be excluded from this calculation.
- 2.7.7 En-suite facilities (at minimum a toilet and hand-basin) are provided to all residents in all new builds and extensions.

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\* Where written, explicit costed plans with timescales are agreed with the Chief Inspector, at the discretion of the Chief Inspector, the period for meeting the features in Standard 2.7 may be extended (in line with the Ministerial Letter of 4 November 2015) on a case-by-case basis, not exceeding the date of 31 December 2021. The Chief Inspector may impose conditions of registration, in respect of any such setting, relating to the agreed plans.

- 2.7.8 The en-suite facilities are in addition to the minimum usable floor space standards in any resident's room.
- 2.7.9 En-suite facilities in rooms accommodating residents using wheelchairs or other aids, are accessible to these residents.

## Bedrooms

- 2.7.10 The residential service provides bedroom accommodation with sufficient space to cater for the assessed needs of each resident and takes into account their privacy and dignity.
- 2.7.11 In all new builds and extensions, all single bedrooms have a minimum of:
- 12.5 square metres usable floor-space (excluding en-suite facilities)
  - 80% of residents accommodated in single rooms.
- 2.7.12 Where multi-occupancy bedrooms exist, there are no more than four residents accommodated in each bedroom. To accommodate longer-term residents, the bedroom is configured and set up to ensure:
- all residents' privacy and dignity is maintained
  - availability of sufficient accessible toilet and shower facilities to cater for the assessed needs of residents in a timely, dignified and appropriate manner
  - sufficient space for residents to keep personal possessions
  - sufficient space for residents to store their clothes
  - sufficient space for the appropriate use of adaptive equipment and hoists, including when the specific bed area is screened off.
- 2.7.13 Single rooms accommodating wheelchair users have adequate usable floor space (excluding en-suite facilities).

## Kitchen

- 2.7.14 The residential service has kitchens and or food preparation areas which are adequate in size and of suitable layout to cater for the residents' needs and comply with food safety legislation.

## Lift

- 2.7.15 Residential services with more than one floor, or located on upper floors, have a lift to facilitate the transfer of residents between floors safely. The lift is sufficiently large to facilitate the transfer of a resident by ambulance trolley or stretcher to the ground floor, with due regard to the resident's dignity.

## **Cleaning room**

- 2.7.16 The residential service has separate cleaning rooms appropriate to the size of the residential service. The cleaning rooms are ventilated to the external air, contain a stainless steel sluice sink, wash-hand basin, and lockable safe storage for cleaning chemicals. There are separate cleaning rooms for catering and non-catering areas.

## **Sluicing facilities**

- 2.7.17 The residential service has a sluicing facility or facilities appropriate to its use, which is easily accessible from all areas of the building. At a minimum it contains:
- a sluice sink sufficiently large to avoid spillage, directly connected to the foul drainage system
  - a bedpan washer and or a macerator
  - washing facilities
  - a suitable sized sink
  - racking or storage for bedpans and urinals
  - lockable cupboards for safe storage of cleaning chemicals.

## **Laundry**

- 2.7.18 The residential service has a laundry ventilated to the external air that adequately caters for the size of the residential service and the amount of laundry done in it. At a minimum it contains:
- a stainless steel sink with double drainer, serviced with an instant supply of hot and cold water
  - a wash-hand basin
  - suitable and sufficient worktops and racking for sorting, drying and storage of laundry
  - adequate space to separate clean and dirty laundry
  - an adequate number of washing machines of industrial standard (with disinfection temperatures for washing soiled laundry) and dryers
  - an ironing facility.

Where laundry is done externally, there is a storage room with direct external access for the storage and collection of materials and waste.

## Heating, lighting and ventilation

- 2.7.19 There is suitable and sufficient heating with a minimum temperature of 18°C (65°F) in bedroom areas and 21°C (70°F) in day areas. Internal heating systems take into account external temperatures and are adjusted accordingly.
- 2.7.20 Rooms used by residents are individually and naturally ventilated with windows conforming to recognised standards. The height of the window enables residents to see out when seated.
- 2.7.21 The lighting in communal rooms makes the most of natural light and is adaptable to suit the needs of residents and caregivers. It is sufficiently bright and positioned to facilitate reading and other activities.
- 2.7.22 Rooms are centrally heated with pipe work and radiators guarded, or guaranteed to have surface temperatures no higher than 43°C. Heating can be safely controlled in the resident's own room, in compliance with health and safety guidance and building regulations.
- 2.7.23 Hot water is stored at a temperature of at least 60°C and distributed at 50°C minimum, to prevent risks from legionella. To prevent risks from scalding, preset valves which are unaffected by changes in water pressure and which have fail-safe devices are fitted locally to provide water to a maximum temperature of 43°C.

## Adaptations and equipment

- 2.7.24 Specialist medical devices and equipment are made available to meet the resident's needs in accordance with their care plan.
- 2.7.25 The resident, including those with a physical, sensory, mental health, dementia or other cognitive impairment, has access to relevant communal areas, through the provision of, where required:
  - ramps and passenger lifts
  - stair and chair lifts
  - grab rails, hoists and other aids
  - appropriate signage and colour
  - schemes to assist safe mobility.
- 2.7.26 The doorways into communal areas, residents' rooms, bathing and toilet facilities, and other spaces, to which wheelchair users, power wheelchair users and those requiring the use of hoists have access, are of sufficient width to allow adequate access and comply with the relevant design criteria and specifications required for access by people with a disability.
- 2.7.27 Call systems with an accessible alarm facility are provided in every room normally used by residents and for every bed, with due regard to the resident's safety. Residents are instructed in how to use the call-bell.



## Standard 2.8

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

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

- 2.8.1 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.
- 2.8.2 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.
- 2.8.3 Where a resident has been admitted to the residential care setting in an emergency, they are given time and information in order to decide whether or not to remain in the residential care setting on a long-term basis.
- 2.8.4 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 residents' lives and seek to avoid or minimise any disruption of the persons' lives and this is reflected in their individual care plan.
- 2.8.5 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 agreement for contract of care with the registered provider.
- 2.8.6 Each resident signs an agreement for contract of care, in an accessible format, with the registered provider. If a resident is unable or chooses not to sign, this is recorded.
- 2.8.7 The agreement provides for and is consistent with the assessment, the service's statement of purpose and the individual care plan.
- 2.8.8 Residents are informed of new admissions, with due regard to the rights of the applicant for admission.
- 2.8.9 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.

- 2.8.10 Appropriate supports are available for residents to deal with issues such as loneliness and adjustment to a new environment.
- 2.8.11 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 mealtimes and bed times, are solely dictated by the needs of residents.
- 2.8.12 The prospective resident is informed of all fees payable including charges for activities and services that may have additional costs.
- 2.8.13 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.
- 2.8.14 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 and a multidisciplinary team, including the resident's general practitioner (GP). All transitions occur in a timely manner with planned supports in place.
- 2.8.15 Where residents express a wish to leave care and return home, they are involved in planning and discussing the best way to prepare for their move on.

## 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, supplying, 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 adheres to international human rights instruments, legislation, regulation, national policy and evidence-based guidelines. It 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 in a culture of open disclosure.

## 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 acknowledges that each resident has the right to protection from abuse and 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 identify and recognise abusive and neglectful behaviour and to develop the knowledge, self-awareness, understanding and skills needed for their own self-care and protection. Areas of vulnerability 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 to promote their safety and wellbeing, in accordance with their wishes. Each resident is supported and facilitated to safely report concerns and allegations of abuse to staff.
- 3.1.5 All allegations of abuse are investigated in an effective manner, in accordance with legislative requirements and policies and procedures that describe:
  - the mechanisms for residents and staff to report concerns and or allegations of abuse
  - how the residential service responds to concerns and or allegations of abuse
  - 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, An Garda Síochána and relevant professional regulatory bodies
  - how residents are supported and facilitated to take their concerns directly to an external agency should they so wish.
- 3.1.6 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.

- 3.1.7 Where it is alleged that a staff member has abused a resident, there are clearly defined procedures, understood by all staff, for the investigation 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.
- 3.1.8 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 Síochána in accordance with any national guidance.
- 3.1.9 The person in charge ensures that residents are facilitated to access legal and financial advice in any situation where it appears they are subject to any form of financial abuse by a third party.
- 3.1.10 Where the person accused of abuse is the person in charge or service provider, an independent 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 both clinical and non-clinical risks.
- 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 time frame 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.
- 3.2.7 There is a policy and procedure on 'whistle-blowing' and protected disclosure. Staff are aware of who they report concerns to and can do so without fear of adverse consequences to themselves.
- 3.2.8 Residential services fully and openly inform and support residents as soon as possible after an adverse event affecting them has occurred, or becomes known. Residents are provided with ongoing information and support as required.



## 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 An identified staff member has responsibility for monitoring compliance with national standards for infection prevention and 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 Accessible information is available on infection prevention and control for residents, visitors and staff, including availability of appropriate vaccinations for residents and staff.
- 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 and local public health authorities.
- 3.3.9 There is a policy on the provision, management, maintenance, cleaning and decontamination, and repair of medical devices and equipment. An identified person has responsibility for medical devices and equipment management, including staff training and safety assurance.

## 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, supplying, 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 The resident's choice to self-administer medication is facilitated, 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 engaged in medicines management 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 the findings of this review are 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
- drug-nutrient interaction
- 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

### **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:**

- 3.5.1 The residential service's policy on restraint is formulated in strict adherence to international human rights instruments, legislation, regulation, national policy and evidence-based guidelines.
- 3.5.2 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.
- 3.5.3 A restraint-free environment is promoted at all times. Restraint is only used by appropriately trained staff as a measure of last resort, where there is an imminent risk of serious harm to the resident or other persons, and where less restrictive strategies have been exhausted.
- 3.5.4 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.
- 3.5.5 Any resident subject to restraint is kept under continual observation. Any use of restraint is minimised in duration and the degree of restriction used.
- 3.5.6 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:
  - for the shortest possible duration
  - recorded in the resident's care plan
  - notified to the relevant personnel
  - reported and reviewed by senior management and monitored on an ongoing basis.

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\* Department of Health – *Towards a Restraint Free Environment in Nursing Homes*, 2011, or any subsequent and related national policy documents.

- 3.5.7 Where a resident's behavioural and psychological symptoms and signs of dementia places them or others in imminent danger, short-term, proportionate and non-dangerous restraint measures may be taken by staff without prior formal assessment. Precipitating factors and behavioural and psychological symptoms and signs of dementia are clearly recorded in a restraint register, along with any actions taken.
- 3.5.8 The views of the resident are sought prior to any episode of restraint. Information is provided to the resident about the potential negative outcomes and hazards of restraint use, in a way that is most appropriate for them to understand. If a decision is made to initiate an episode of restraint, every effort should be made to continue to seek and respect the views of the resident.
- 3.5.9 Each resident and relevant staff members participate in a debrief following all uses of restraint to review the use of the intervention and record the learning.
- 3.5.10 Restraint is not used in response to the following behavioural symptoms:
- wandering behaviour
  - risk of falls, unless the risk of falling is immediate, as in severe imbalance
  - removal of a medical device, unless the resident requires emergency care and physical restraint is used for a brief period to permit medical treatment to proceed.
- 3.5.11 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 to use approved and agreed techniques.
- 3.5.12 The physical environment is designed and maintained to be safe, to allow freedom of movement and to minimise the need for restraint.
- 3.5.13 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 3.6

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

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

- 3.6.1 The residential service has a clear policy and procedure on the management and protection of personal property and finances including pension management.
- 3.6.2 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.
- 3.6.3 The residential service keeps an accurate and up-to-date record of all money, personal possessions and valuables held on behalf of each resident. Each resident, if they choose to do so, may nominate a person to keep an account of all monies spent.
- 3.6.4 Where any money or valuables belonging to the resident is handled by staff within the residential service, dated, signed records and receipts are kept. All records are signed by the resident.
- 3.6.5 Where residents need support to manage their financial affairs, they are facilitated to access information, advice and support on money management.
- 3.6.6 A resident does not contribute to any communal or business fund without their informed consent. Where funding is pooled or communal, proper accounting for contributions to and withdrawals from the fund are ensured.
- 3.6.7 Where arrangements are in place for staff to collect social welfare payments or pensions for residents, guidelines issued by the Department of Social Protection are adhered to.

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\* At the time of preparing these Standards, the Assisted Decision-Making (Capacity) Bill 2013 was before the Houses of the Oireachtas. The legislation was subsequently signed into law in December 2015.

## 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. Residential services strive to create a dynamic environment and conditions where residents can achieve their potential to enjoy complete physical, mental and social wellbeing, as set out in the Healthy Ireland framework.

The quality of life for residents is important in areas including health, physical and cognitive wellbeing, social and emotional development, relationships with family, staff 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 and wellbeing.

Residents' daily lives are meaningful and activities promote engagement and fulfilment and a good quality of life. 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 residents' 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 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. These include but are not limited to:
  - smoking-cessation services
  - diet and nutrition advice
  - exercise and physical health advice
  - sexual health advice.
- 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 timely referral to healthcare services, including primary care and secondary care when required.
- 4.1.6 Each resident has timely referral to services including the following:
  - specialist services
  - health and social care professionals
  - mental health and psycho-geriatric services
  - rehabilitation services.

Access is irrespective of geographical location or place of residence and a record is maintained of all referrals and refusals. Prescribed interventions are documented and implemented by the residential service.



- 4.1.7 Each resident has timely access to a general practitioner (GP) or suitably qualified medical practitioner of their choice.
- 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 resident's preferences, interests, past activities and are informed by and recorded in individual care plans. The activity programme takes account of the age, gender and 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 Residents are involved in the planning of activities and the programme of activities is displayed in suitable formats and appropriate locations so that residents living in the centre know in advance what is available.
- 4.2.5 Residential services recognise the importance of focusing on individualised, meaningful activities, occupation and engagement rather than on organised group activities. A resident's right to opt out of communal activities is respected. Reasonable alternatives are made available, which residents 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, following feedback from residents.

## Standard 4.3

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

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

- 4.3.1 The residential care setting's procedures for managing and responding to residents' behavioural and psychological symptoms and signs of dementia, promote positive outcomes for the resident. They are based on staff knowing and understanding the resident's usual conduct, behavioural and psychological symptoms and signs of dementia and means of communication, and having an awareness of and ability to adapt the environment in response to behavioural and psychological symptoms and signs of dementia.
- 4.3.2 Each resident's needs in relation to behavioural and psychological symptoms and signs of dementia are assessed and continuously reviewed, documented in the resident's care plan and any supports put in place to address identified needs.
- 4.3.3 Where a resident shows behavioural and psychological symptoms and signs of dementia, services:
  - have a positive approach to the management of behavioural and psychological symptoms and signs of dementia, 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 behavioural and psychological symptoms and signs of dementia
  - where appropriate, arrange assessment by a suitably qualified professional to draw up a plan to provide additional support, in consultation with the resident
  - consider the safety and welfare of other residents.
- 4.3.4 There is a policy that sets out the residential care setting's response to behavioural and psychological symptoms and signs of dementia. It provides guidance on understanding, investigating the cause(s) of, assessing and responding to behavioural and psychological symptoms and signs of dementia.
- 4.3.5 Staff have up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behavioural and psychological symptoms and signs of dementia.

- 4.3.6 Staff are given all relevant information required to assist them to support residents to manage behavioural and psychological symptoms and signs of dementia, and receive up-to-date training and skills in:
- the provision of support to residents with behavioural and psychological symptoms and signs of dementia
  - all forms of abuse and how this can impact on a resident's behavioural and psychological symptoms and signs of dementia
  - understanding and responding to behavioural and psychological symptoms and signs of dementia, verbal and non-verbal communication that may indicate an issue of concern or an underlying issue of a clinical nature, including the experience of pain.
- 4.3.7 Staff have access to specialist advice and appropriate support for residents who present with behavioural and psychological symptoms and signs of dementia. Such support includes:
- interventions designed to promote effective communication
  - guidelines for appropriate responses to particular situations
  - access to advice outside of normal working hours.
- 4.3.8 The residential service regularly monitors and audits the service's approach to behavioural and psychological symptoms and signs of dementia, as outlined in the service's policy, and actively identifies potential causes of behavioural and psychological symptoms and signs of dementia, learns from incidents and identifies opportunities to improve how care is delivered.
- 4.3.9 The person in charge ensures that all interventions in response to behavioural and psychological symptoms and signs of dementia are reviewed regularly, and demonstrably inform learning and practice development.
- 4.3.10 Positive (non-restrictive and non-pharmacological) interventions are the preferred method of providing support to the resident experiencing behavioural and psychological symptoms and signs of dementia.
- 4.3.11 The management of psychological and behavioural symptoms and signs of dementia reflect the requirements of Standard 3.4.

## 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 preforms 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 relevant standards and regulations and implements a structured quality improvement programme to address any deficiencies.
- 5.1.3 The residential service takes appropriate action 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 registered in accordance with statutory requirements.
- 5.2.3 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.
- 5.2.4 There is an internal management structure appropriate to the size, ethos, and the purpose and function of the residential service.
- 5.2.5 Leadership is demonstrated by staff at all levels and there is a commitment to leadership development in the residential service.
- 5.2.6 There is a demonstration of clear commitment by leaders at all levels to promote and strengthen a culture of quality and safety.
- 5.2.7 Leaders demonstrate that they understand the needs of residents and they direct sufficient resources to provide person-centred safe and effective services.
- 5.2.8 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.
- 5.2.9 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.
- 5.2.10 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.

- 5.2.11 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.
- 5.2.12 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.
- 5.2.13 There are systems in place to effectively manage risk, including a designated person(s) to contact in an emergency.
- 5.2.14 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.
- 5.2.15 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 meets regulatory requirements, clearly describes the model of care and support delivered in the service and which includes the following information on:
- registration details
  - the services and facilities provided in the designated centre
  - management and staffing
  - the residents' wellbeing and safety.
- 5.3.2 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.
- 5.3.3 The statement of purpose is publicly available and communicated to residents in an accessible format.
- 5.3.4 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 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:

- 5.4.1 There is an established system in place to elicit, use and disseminate feedback, compliments and complaints from residents to promote learning throughout the residential service.
- 5.4.2 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.
- 5.4.3 The residential service has clear governance arrangements in place to ensure findings from audits are reported, implemented and monitored effectively.
- 5.4.4 An annual review of quality and safety of care delivered to residents is carried out in consultation with residents, their families and staff. A copy of the review is provided to residents and 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 and respect their dignity and wishes.

A well-run residential service uses resources effectively and seeks opportunities to provide a sustainable and improved service, which achieves better outcomes for residents. Resource decisions take account of the views and 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, taking into account the views of residents, 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. Sustainability measures are incorporated into the planning, management and use of resources.

## 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 listens and responds to the views of staff and protects its workforce from the risk of work-related stress, bullying and harassment. 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 treat each resident with dignity and respect and 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 Vetting disclosure of staff and volunteers is provided in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
- 7.1.4 All staff have written job descriptions and a copy of their terms and conditions of employment, in line with legislative requirements.
- 7.1.5 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.
- 7.1.6 An up-to-date, accurate and secure personnel file is kept for all staff.
- 7.1.7 Orientation and induction training is provided to all staff when they start working in the service.
- 7.1.8 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 dependency on the use of temporary and agency staff.
- 7.2.3 Staff have the necessary skills, appropriate to their role, 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, and staff adhere to the codes of conduct of their own professional body or 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. Where risks to staff are identified, these procedures are followed and appropriate actions are taken.
- 7.3.4 Staff receive regular supervision and support by appropriately qualified and experienced staff. Staff are provided with access to support and advice.
- 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 given information and 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, appropriate to their roles, 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.
- 7.3.10 Volunteers are given clear guidance about their role, the name of the person who has responsibility for the supervision of their work, and who they report to. Volunteers also have access to orientation and training opportunities.



## 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 receive training 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, appropriate to their role, 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, appropriate to their role. 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. Training is up-to-date and facilitated by an appropriately qualified person.
- 7.4.5 The person in charge ensures that staff and residents 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, in line with current legislation.
- 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 the 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 an up-to-date 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:** <sup>+</sup>any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms:

- physical abuse, including corporal punishment, incarceration (including being locked in one's home or not allowed out) over or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients.
- sexual abuse and exploitation, including rape, sexual aggression, indecent assault, indecent exposure, forced involvement in pornography and prostitution
- psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport
- interventions which violate the integrity of the person, including

certain educational, therapeutic and behavioural programmes

- financial abuse including fraud and theft of personal belongings, money or property
- neglect, abandonment and deprivation, whether physical or emotional, in particular an often cumulative lack of healthcare or negligent risk-taking, of food or of other daily necessities, including in the context of educational or behavioural programmes
- institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays.

**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.

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<sup>+</sup> As defined in the Council of Europe, Resolution ResAP(2005)1 on safeguarding adults and children with disabilities against abuse. Strasbourg: France; 2005.

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 long enough to make a voluntary choice, 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) Act 2015.*

**Civil status:** means being single, married, separated, divorced, widowed, in a civil partnership within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010, or being a former civil partner in a civil partnership that has ended by death or been dissolved.

**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).

**Communal space:** includes rooms in which a variety of social, cultural and religious activities can take place, where residents can meet visitors in private and dining rooms to cater for all residents.

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

**Complaint:** an expression of dissatisfaction, both verbal and or written, 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: (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.

**Dignity:** a personal attribute where a person feels worthy of respect and has a sense of self-importance.

**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*).

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

**Family:** family is a member of a resident's family and includes a carer of a resident or a person involved in promoting the health, welfare or wellbeing of a resident.

**Family status:** means responsibility-

(a) as a parent or as a person in loco parentis in relation to a person who has not attained the age of 18 years, or

(b) as a parent or the resident primary carer in relation to a person of or over the age of 18 years with a disability which is of such a nature as to give rise to the need for care or support on a continuing, regular or frequent basis, and, for the purposes of paragraph (b), a primary carer is a resident primary carer in relation to a person with a disability if the primary carer resides with the person with the disability.

**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.



**Homely:** (of a place or surroundings) simple but cosy and comfortable, as in one's own home.

**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. 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.

**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.

**Legal capacity:** a person's authority under law to engage in a particular undertaking or maintain a particular status.

**Medication reconciliation:** is the process of creating and maintaining the most accurate list possible of all medications a person is taking – including drug name, dosage, frequency and route – in order to identify any discrepancies and to ensure any changes are documented and communicated, thus resulting in a complete list of medications.

**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.

**Open disclosure:** an open, consistent approach to communicating with service users when things go wrong in the provision of services. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a reoccurrence of the adverse event.

**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.)

**Privacy:** the freedom from intrusion, and relates to all information and practice that is personal or sensitive in nature.

**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:** <sup>\*</sup> 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.

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<sup>\*</sup>Definitions that are subject to 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.

**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.)

**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 provider:** person(s) or organisations that provide services. This includes staff and management that are employed, self-employed, visiting,

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\*Definitions that are subject to regulations.

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

**Staff:** \* persons employed by the registered provider to work at a designated centre and includes persons placed in employment with the registered provider concerned by an employment agency used by that registered provider, but does not include persons who provide professional services to the designated centre and to whom the registered provider pays fees for such services or a volunteer.

**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 time frame 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.

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\*Definitions that are subject to regulations.

## 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.**

Age Action Ireland. *A Total Indifference to our Dignity Older People's Understandings of Elder Abuse*. Dublin: Age Action Ireland; 2011.

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## Legislation

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

Assisted Decision-Making (Capacity) Act 2015

Building Control Act 1990

Central Bank and Financial Services Authority of Ireland Act 2003

Citizens Information Act 2007

Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010

Companies Act 1990

Constitution of Ireland 1937

Criminal Justice Act 2006

Data Protection Acts 1988 and 2003

Dentists Act 1985

Disability Act 2005

Employment Equality Act 1998

Equality Act 2004

Equal Status Act 2000

Ethics in Public Office Act 1995

Fire Services Act 1981

Food Safety Authority of Ireland Act 1998

Freedom of Information Act 1997 and 2003 and 2014

Health Act 2004 (Complaints) Regulations 2006 SI No. 652 of 2006

Health Act 2004

Health Act 2007



Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2013

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

Health and Social Care Professionals Act 2005

Irish Medicines Board Act 1995 and 2006

Medical Practitioners Act 2007

Mental Health Act 2001

Medicinal Products (Prescription and Control of Supply) Regulations, 2003 (S.I. 540)

Minimum Notice and Terms of Employment Acts 1973 – 2001

Misuse of Drugs Act 1984

Misuse of Drugs Act 1977

Misuse of Drugs Regulations 1988

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Non-Fatal Offences against the Person Act 1997

Nursing Home Support Scheme Act 2009

Nurses and Midwives Act 2011

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Pharmacy Act 2007

Planning and Development Act 2000

Protection of Employees (Fixed-Term Work) Act 2003

Protection of Employees (Part-Time Work) Act 2001

Public Health (Tobacco) Acts 2002 and 2004

Safety, Health and Welfare at Work Act 2005

Standards in Public Office Act 2001

The European Convention on Human Rights 2003

The European Convention for the Protection of Human Rights and Fundamental Freedoms 1950

The Human Rights Commission Act 2000

The International Covenant on Civil and Political Rights 1966

The International Covenant on Economic, Social and Cultural Rights 1966

The National Disability Authority Act 1999

United Nations. Universal Declaration of Human Rights 1948

## Useful web resources\*

Action on Elder Abuse (UK) — <http://www.elderabuse.org.uk/>

Age Action Ireland — [www.ageaction.ie](http://www.ageaction.ie)

Age and Opportunity Ireland — [www.ageandopportunity.ie](http://www.ageandopportunity.ie)

All Ireland Gerontological Nurses Association — [www.aigna.ie](http://www.aigna.ie)

An Bord Altranais agus Cnáimhseachais na hÉireann — [www.nursingboard.ie](http://www.nursingboard.ie)

Canadian Centre for Elder Law — <http://www.bcli.org/ccel>

Centre for Ageing Research and Development in Ireland — [www.cardi.ie](http://www.cardi.ie)

Citizens Information Board — [www.citizensinformationboard.ie](http://www.citizensinformationboard.ie)

Clinical Indemnity Scheme — [www.stateclaims.ie](http://www.stateclaims.ie)

Cochrane Collaboration — [www.cochrane.org](http://www.cochrane.org)

Combating Elder Abuse — <http://www.combatingelderabuse.eu/>

Cornell Institute for Translational Research on Aging — <http://www.cornell.edu/search/index.cfm?tab=facts&q=&id=167>

Data Protection Commissioner — [www.dataprotection.ie](http://www.dataprotection.ie)

Dental Council — [www.dentalcouncil.ie](http://www.dentalcouncil.ie)

Department of Health — <http://health.gov.ie/>

Economic and Social Research Institute — [www.esri.ie](http://www.esri.ie)

Environmental Protection Agency — [www.epa.ie](http://www.epa.ie)

Food Safety Authority of Ireland — [www.fsai.ie](http://www.fsai.ie)

Freedom of Information website — <http://foi.gov.ie/>

Friends of the Elderly Ireland — [www.friendsoftheelderly.ie](http://www.friendsoftheelderly.ie)

Health and Safety Authority — [www.hsa.ie](http://www.hsa.ie)

Health and Social Care Professionals Council — [www.coru.ie](http://www.coru.ie)

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\*All online resources accessed at time of preparing these standards. Please note that the Health Information and Quality Authority is not responsible for external website content.

Health Complaints — [www.healthcomplaints.ie](http://www.healthcomplaints.ie)

Health Products Regulatory Authority (HPRA) — <http://www.hpra.ie/>

Health Protection Surveillance Centre — [www.hpsc.ie](http://www.hpsc.ie)

Health Research Board — [www.hrb.ie](http://www.hrb.ie)

Health Service Executive — [www.hse.ie](http://www.hse.ie)

Independent Age — Supporting Older People at Home — [www.independentage.org](http://www.independentage.org)

Information Commissioner — [www.oic.gov.ie](http://www.oic.gov.ie)

Institute for Healthcare Improvement — [www.ihl.org](http://www.ihl.org)

Institute of Public Health in Ireland — [www.publichealth.ie](http://www.publichealth.ie)

International Federation on Ageing — <http://www.ifa-fiv.org/>

International Network for the Prevention of Elder Abuse — <http://www.inpea.net/>

Irish Gerontological Society — [www.irishgerontology.com](http://www.irishgerontology.com)

Irish Hospice Foundation — <http://hospicefoundation.ie/>

Irish Medication Safety Network — [www.imsn.ie](http://www.imsn.ie)

Irish Senior Citizens Parliament — [www.iscp.wordpress.com](http://www.iscp.wordpress.com)

National Initiative for the Care of the Elderly (NICE) (Canada) — <http://www.nicenet.ca/>

Nursing Homes Ireland — [www.nhi.ie](http://www.nhi.ie)

Preventing Abuse and Neglect in Institutional Care of Older Adults (PANICOA) — <http://www.panicoa.org.uk/>

Elder abuse awareness, Government of Canada — <http://www.seniors.gc.ca/eng/pie/ea/index.shtml>

SHARE (Survey of Health, Ageing and Retirement in Europe) — <http://www.share-project.org>

Solicitors for the Elderly Ireland — [www.solicitorsfortheelderly.ie](http://www.solicitorsfortheelderly.ie)

The European reference framework online for prevention of elder abuse and neglect — <http://archive.today/J7A5Z>

The European Sociological Association Research Network on Ageing in Europe — <http://www.ageing-in-europe.org/>

The National Office for the Prevention of Domestic, Sexual and Gender-based Violence  
— <http://www.cosc.ie>

Trinity Research — Ageing — <http://www.tcd.ie/research/themes/ageing/>

Age Platform Europe: Towards an Age-Friendly EU — <http://www.age-platform.eu/>

Trinity Consortium on Ageing — <http://www.tcd.ie/research/btr/ageing/>

WeDO (For the Wellbeing and Dignity of Older people) — <http://wedo.ttp.eu/>

## Appendix 1: Membership of the Standards Advisory Group

The Authority would like to thank all of the individuals and organisations who provided their time, advice and information in support of *the National Standards for Residential Care Settings for Older People in Ireland*. Particular thanks are due to the Advisory Group and the individuals within the organisations listed below who provided advice.

Amanda Phelan	National Centre for the Protection of Older People
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Ann-Marie McGauran	National Economic and Social Council of Ireland
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Gerry Martin	The Alzheimer Society of Ireland
Gregory Swanwick	College of Psychiatrists
Helen Flint	Health Service Executive
Jean Dunn	Health Service Executive
Mairead Hayes	Irish Senior Citizens Council of Ireland
Marian Connolly	Service User Representative
Mary Barrett	An Bord Altranais agus Cnáimhseachais na hÉireann
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Rosemary Smyth	Mental Health Commission
Siobhan Kennelly	Irish Society of Physicians in Geriatric Medicine
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Joan Heffernan

Sinead McEvoy

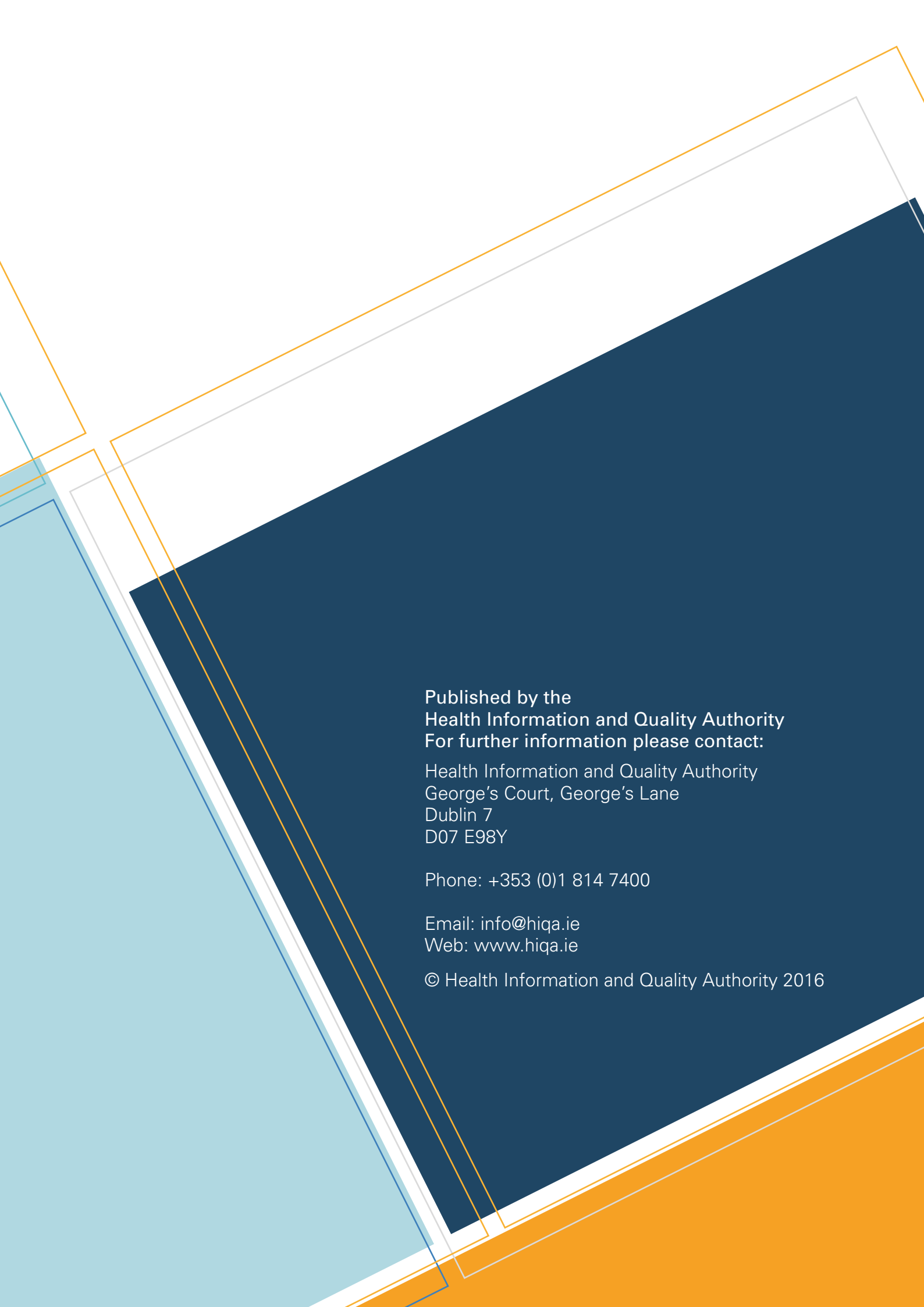
Peter Culhane

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# Notes







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