



National Quality Standards: Residential Services for People with Disabilities



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority which has been established to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's Health Service Reform Programme.

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

- **Setting Standards for Health and Social Services** — *Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services)*
- **Social Services Inspectorate** — *Registration and inspection of residential homes for children, older people and people with disabilities. Monitoring day- and pre-school facilities and children's detention centres; inspecting foster care services*
- **Monitoring Healthcare Quality** — *Monitoring standards of quality and safety in our health services and implementing continuous quality assurance programmes to promote improvements in quality and safety standards in health. As deemed necessary, undertaking investigations into suspected serious service failure in healthcare*
- **Health Technology Assessment** — *Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities*
- **Health Information** — *Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.*

The Authority's approach to the development of standards for health and social care services is informed by the following key principles:

- **Openness and transparency**, to ensure that the general public is informed of the development of standards and the decision-making process
- **A focus on outcomes**, to ensure that the implementation of standards will result in real, meaningful and tangible improvements in services
- **Person-centredness**, to ensure that all stakeholders, including service users and those who deliver health and social services, are involved in the development of standards
- **Evidence-based practice**, to ensure that the standards are underpinned by up-to-date, peer reviewed national and international research.

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1. Introduction

These standards encapsulate a positive vision for the development of residential services to support people with disabilities in Ireland. This vision reflects the idea that what prevents people with disabilities from leading fulfilling lives is not lack of ability but other people's low expectations of them as embodied in some of the services provided for them. High expectation and high self esteem are key to fulfilling potential and having the best quality of life possible. The standards embody the principles of enablement and possibility. They focus on what people with disabilities can do when provided with the right support. The development of the standards, described in further detail below, itself represents a positive example of inclusion and empowerment for people with disabilities in Ireland.

There is a growing international recognition of the rights of people with disabilities. This is reflected in, for example, the signing, in 2006, of the United Nations Convention on the Rights of Persons with Disabilities. Consistent with that recognition, these standards are designed to safeguard the rights and interests of those people with disabilities who live in residential services, to enhance their quality of life and to support the development of high quality person centred care within those services.

The Health Act 2007 establishes, for the first time, a statutory obligation for the registration and inspection of residential services for people with disabilities. This document sets out standards that have been developed for use in the inspection of these services.

The Health Information and Quality Authority (the Authority) is the statutory Authority, established under the Health Act 2007 (the Act), with responsibility for setting standards for health and social care services, and ensuring that the standards are being met. The Authority is responsible for the registration and inspection of "designated centres", that is, residential services for children, older people and people with disabilities. Since its establishment, the Authority has developed standards for residential services for older people. Residential services for children have been inspected with standards developed by the Department of Health and Children prior to the establishment of the Authority, pending the development of new standards.

The Health Act 2007 requires that all "designated centres" are registered and inspected. A designated centre is defined in Part 1, Section 2 of the Act, as an institution at which residential services are provided by the Health Service Executive (HSE) or other service providers. It includes, therefore, those run by private companies and voluntary organisations. The registration and inspection of designated centres is the responsibility of the Social Services Inspectorate (SSI) within the Authority. The term "residential service" is used to refer to designated centres in the standards.



Designated centres do not include mental health facilities. Inpatient mental health facilities are registered with the Mental Health Commission, in accordance with the Mental Health Act 2001, and are inspected against standards contained in the Quality Framework for Mental Health Services in Ireland. Similarly, designated centres do not include centres in which the majority of persons being cared for are being treated for “acute” illnesses or provided with palliative care.

These standards follow a similar structure as the Authority’s *National Quality Standards for Residential Care Settings for Older People in Ireland*. That is, they are organised into seven sections to reflect the dimensions of a quality service. They are based on seven fundamental principles: quality of life, safety, rights, anti-discrimination, person-centredness, community integration and responsive services.

2. Purpose of the Standards

These standards have been developed for the purposes of the registration and inspection of residential services for people with disabilities. They will assist service providers to assess the quality of the service they provide in advance of inspection. They will also act as a guide to individuals and families as to what they can reasonably expect of a residential service. The standards do not apply to residential services for children with disabilities. A separate set of standards is being developed for such services.



3. Development of the Standards

The standards are based on international best practice and research. They take account of international human rights instruments. Of particular significance are the UN Convention on the Rights of Persons with Disabilities (Disability Convention) and the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR). The state has signed but not yet ratified the Disability Convention but intends to do so. The ECHR is part of Irish law by virtue of the European Convention on Human Rights Act 2003. The standards take account of other relevant legislation, including the Disability Act 2005¹, which establishes the right of any person who believes that he or she may have a disability to have his or her needs independently assessed. The standards also anticipate expected changes to legislation. Standard 11, "Informed Decision Making and Consent", is informed by the principles embodied in the Mental Capacity Bill 2008.

The standards build on the work of the National Disability Authority (NDA) who, in 2004, published Draft National Standards for Disability Services after a thorough and inclusive standards development process and a wide ranging public consultation. They have been developed with the assistance of a Standards Advisory Group, representing key stakeholders, that was established in late 2007 with the following terms of reference:

1. *To advise the Health Information and Quality Authority in drawing up a set of national quality standards for residential services for people with disabilities.*
2. *To ensure such standards:*
 - *Are fit for the purposes of registration and inspection of residential services*
 - *Provide a reference point for the development and improvement of all services for people with disabilities*
 - *Build on the work already done in this area by the National Disability Authority*
 - *Take account of relevant legislation and reflect any regulations drawn up by the Department of Health and Children.*
3. *To advise on an appropriate public consultation process*
4. *To use the feedback from the consultation process to inform the further development of the draft standards.*
5. *To advise on the final standards, in preparation for publication by the Authority.*

The membership of the Standards Advisory Group is listed in Appendix 1.

(1) The Disability Act 2005 is being implemented on a phased basis. The Independent Assessment of Need, under the Act, was introduced for children under 6 in June 2007.

Public Consultation

The Authority published draft standards and held a public consultation over a six-week period. Members of the general public and interested parties submitted their comments and suggestions, in response to advertisements placed in the national press. Focus groups were conducted with front-line staff, service users and the families of service users at various locations throughout the country. Individual interviews were held with service users for whom participation in a focus group was not a realistic option. The outcome of the public consultation was considered by the Authority, in consultation with the Standards Advisory Group. Careful consideration was given to each of the comments and suggestions received and these have informed this final version of the standards.

Review of Standards

The Authority intends that the standards will be reviewed after three years. Residential services for people with disabilities have not, so far, been subject to registration and inspection. The review of the standards will take account of inspection experience to ensure that the standards, against which residential services are registered and inspected, are fit for purpose.

Terminology

The Standards Advisory Group decided, at an early stage, that those people with disabilities who live in residential services should be described within the standards as 'individuals'.

Some of the terms used in the standards, such as, "registered provider", and "person in charge" are derived from the Health Act 2007. They are all defined in the glossary. They are not terms that have common currency in all services but it was decided not to use commonly used alternatives. The Health Act 2007 places specific responsibilities on particular post holders. Given that the standards derive their authority from, and constitute part of, the implementation of the Act, a change to the terminology of the Act could cause confusion.

The terms "designated centre" and "residential service" are both used in the Health Act 2007. Given that the latter is more likely to be understood in the public domain than the former, it is the term used in the standards.

The "individual" referred to throughout the standards is the person receiving a service in a residential service. In certain circumstances due to the nature and/or the extent of the individual's disability he or she will require another person to represent his or her interests. Where the standards refer to the individual, they are to be read as requiring the involvement of the representative in any situation where the individual so wishes and/or cannot act for him/ herself. The representative may be:

- *A spouse, parent, relative or friend of the individual,*
- *The individual's legal representative*
- *The individual's advocate*

4. Principles Informing the Standards

1. Quality of life

Individuals who live in residential services should enjoy a good quality of life. Individuals should live in a place that feels like home, one that upholds their personal dignity and respects their privacy. They should have a range of opportunities to make relationships, participate in the community within the service and in the wider community and engage in life enhancing activities, including those that involve a degree of risk. This requires, among other things, that they are supported by staff with whom they can communicate easily, who respect their individuality, dignity and privacy and who are sensitive to their aspirations and needs.

2. Safety

Individuals who live in residential services should be safe. Individuals must not be subjected to any form of abuse, neglect, exploitation, intimidation, bullying or harassment. In addition, individuals must have confidence that their sense of safety and personal composure will not be undermined by unacceptable practices such as personalised criticism, inappropriate jokes, favouritism and subtle forms of ostracism.

3. Rights

The rights of people with disabilities should be upheld and promoted. The Disability Convention requires that every “organ of the State shall perform its functions in a manner compatible with the State’s obligations under the Convention provisions”. Accordingly the standards are intended to ensure adherence to human rights generally and with specific focus on the Disability Convention. The rights of individuals who live in residential services include 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 to exit a particular service in favour of another one or in order to live independently. The standards are designed to ensure that individuals do not forfeit their rights on entering a residential service. Individuals who receive support in a residential service should be facilitated to make choices, to participate in the running of the services and contribute to the life of the community, in accordance with their wishes.

4. Anti-discrimination

People with disabilities should not experience discrimination. This principle also flows from the Disability Convention. It requires that residential services themselves are allocated in a fair and transparent way (see, for example Standard 13). It also requires that all reasonable measures are taken to ensure that individuals who live in residential services are not discriminated against in the provision of other services to which they have an entitlement, such as health and education. While service providers cannot always be in control of these matters they can help individuals to claim their rights by, for example, ensuring access to advocacy services. The Disability Convention states that there should be no discrimination against persons with disabilities in relation to marriage, family, parenthood and relationships. This is reflected in Standard 4: Personal Relationships and Social Contacts.

5. Person-centredness

People with disabilities should be supported to live the lives of their choice. The concept of person-centredness refers to the process of providing the right support at the right time to enable the individual to lead a life of his/ her choosing as an equal citizen. A person-centred approach to service provision is one where services are planned and delivered with the active involvement of the individual and developed around his/her particular characteristics. Standard 8: Personal Plan aims to ensure that the particular service provided to each individual relates to his/her goals and needs. The person-centred approach is also reflected in the language of the standards. The terms “support” and “support services”, for example, are used in preference to “care” and “care practices”. Where particular individuals have difficulties in communicating their wishes or making informed decisions, the standards place an obligation on service providers to work in close collaboration with the individual’s representative. This person will, in many instances, be a family member and can also be a friend, independent advocate, guardian or legal advisor. The individual’s representative must make every effort to ascertain the individual’s wishes and in all instances act in his/ her best interests.

6. Community integration

Services for people with disabilities should promote integration with the wider community. Internationally, there is a growing recognition of the need to transform long-stay residential services for people with disabilities from institutional, “hospital” type care settings to small scale, homely, community based services. This is in part to do with the nature of the services themselves and partly to do with their integration in the wider community and the opportunities this provides for people with disabilities in residential services to develop social networks within their own communities. The standards are consistent with these goals.

7. Responsive services

Residential services for people with disabilities should be well run. The standards require that services are organised and delivered in a manner that delivers good outcomes for the individuals who live in them. They define an agreed level of quality that must be maintained in all residential services. In addition, the standards have a developmental focus to help providers improve their service. This is done by placing emphasis on the processes of consultation and participation, and by requiring service providers to have mechanisms in place for monitoring and improving the quality of the service provided.

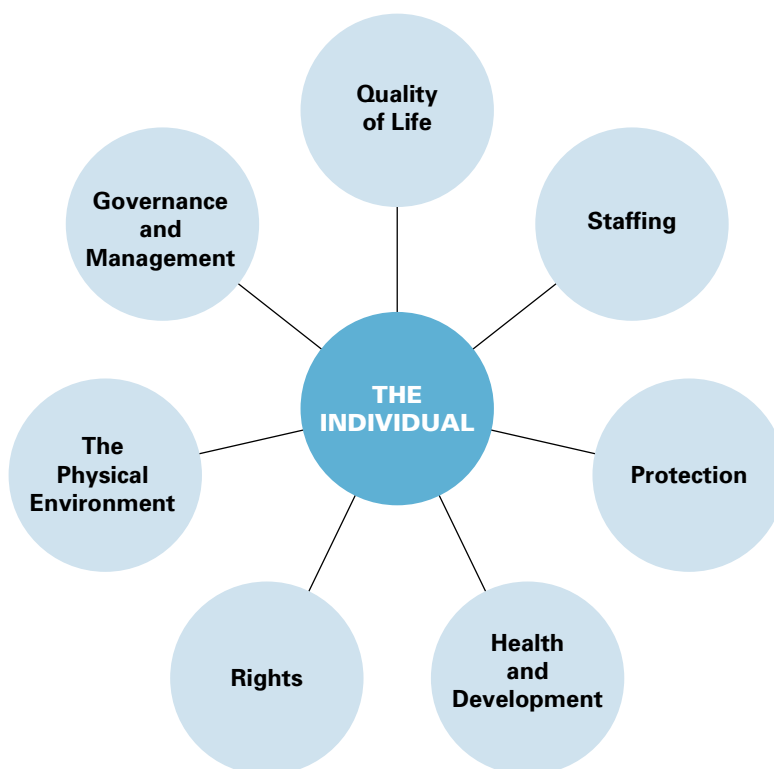


5. The Standards

Order of Standards

The standards are grouped into seven sections to reflect the dimensions of a person-centred quality service. They are intended to be considered together. They are not set out in order of priority. However, the sequence in which they occur is the outcome of careful consideration. Quality of life issues, the relationships between the staff of the residential services and the individuals who live in them and freedom from fear are central to the concerns of those people living in residential services.

These seven dimensions of a quality service are those of the Authority's National Quality Standards for Residential Care Settings for Older People in Ireland. The Authority is committed to ensuring that the same high quality applies in all of the services it registers and inspects.



Standards and Criteria

The standards are made up of standard statements and criteria. The standard statements set out what is expected in terms of the service provided to the person living in the residential service. The criteria are the supporting statements that set out how a service may be judged as to whether the standard is being met or not. The criteria should be seen as indicative, rather than prescriptive. Inspection against these standards and criteria will take account of the need of service providers to balance competing demands and priorities and to operate within allocated resources.

The Standards

The standards reflect relevant legislation and are informed by existing standards and guidelines, research findings and best practice. They are set out below.

Section 1: Quality of Life	
Standard 1:	Autonomy and Participation: <i>Each individual exercises choice and control over his/her life and over his/her contribution to his/her community.</i>
Standard 2:	Privacy and Dignity: <i>The privacy and dignity of each individual is respected and promoted.</i>
Standard 3:	Daily Life: <i>Each individual's daily life is structured in accordance with his/her preferences.</i>
Standard 4:	Personal Relationships and Social Contacts: <i>Each individual is supported to develop and maintain personal relationships and links with the community in accordance with his/her wishes.</i>

Section 2: Staffing	
Standard 5:	Staffing: <i>Each individual receives sensitive and personalised support in accordance with his/her wishes and aspirations from an adequate number of staff who are selected in accordance with best recruitment practice and who possess the appropriate personal qualities, experience, qualifications, competencies and skills.</i>

Section 3: Protection	
Standard 6:	Safeguarding and Protection: <i>Each individual is safeguarded and protected from abuse.</i>
Standard 7:	The Individual's Finances: <i>Each individual exercises control over personal finances and is protected from financial abuse and exploitation.</i>

Section 4: Development and Health

Standard 8:	Personal Plan: <i>Each individual has a personal plan to maximise his/her personal development in accordance with his/her wishes.</i>
Standard 9:	Health: <i>The health needs of each individual are assessed and met.</i>

Section 5: Rights

Standard 10:	Information: <i>Each individual has access to information provided in a format appropriate to his/her communication needs, to inform his/her decision making.</i>
Standard 11:	Informed Decision Making and Consent: <i>The right of each individual to make decisions is respected and his/her informed consent is obtained in accordance with legislation and current best practice guidelines.</i>
Standard 12:	Citizenship Rights: <i>Each individual is facilitated and supported to exercise his/her civil and political rights, in accordance with his/her wishes.</i>
Standard 13:	Admission Processes and Individual Service Agreements: <i>Each individual's admission and discharge is determined on the basis of fair and transparent criteria and his/her placement is based on a written agreement with the registered provider.</i>
Standard 14:	Complaints: <i>The complaints of each individual are listened to and acted upon in a timely and effective manner.</i>

Section 6: The Physical Environment

Standard 15:	The Living Environment: <i>The residential service is homely and accessible and promotes the privacy and dignity of each individual.</i>
Standard 16:	Health and Safety: <i>The health and safety of each individual, staff and visitors to the residential service are promoted and protected, while safeguarding each individual's right to a good quality of life.</i>

Section 7: Governance and Management

Standard 17:	Governance and Management: <i>The residential service is governed and managed in a manner that supports the creation and continuous improvement of a person-centred service that meets the needs of each individual and achieves outcomes for him/her consistent with his/her plans and aspirations.</i>
Standard 18:	Purpose and Function: <i>There is a written statement of purpose and function that accurately describes the service that is provided and the manner in which it is provided.</i>
Standard 19:	Records: <i>Each individual is supported by appropriate record keeping policies and procedures.</i>



6. Registration and Inspection of Residential Services

The Health Act 2007 establishes a statutory obligation for the registration and inspection of residential services for people with disabilities. Part 8, Section 50, of the Act sets out the conditions for the registration of the residential services. Every person involved in the management of the service must be a “fit person”, and the service must be in compliance with these standards and with regulations developed by the Department of Health and Children.

The “Fit Person”

A fit person is someone who is of good character and who has not been convicted of certain categories of criminal offences, such as, offences against the person, offences under the Child Care Act 1991, or offences under the Health Act 2007. The Act allows the Chief Inspector to assess the fitness of those involved in the provision and management of residential services.

The Act refers to the “registered provider”. If the service is owned privately, the registered provider is the owner. If the service is provided by a corporate body, such as the HSE or a voluntary organisation, the registered provider is the person nominated by the organisation to carry overall responsibility for the service on its behalf. This person must have sufficient authority to make decisions about the service, for example, to allocate extra resources where these are needed to implement inspection recommendations. The “person in charge” of the residential service is the person with responsibility for the day to day running of it. This is the person referred to in most services as “the manager”. These people must be “fit persons”, as defined by the Act.

The Authority is developing a “Fit Person Entry Programme” for registered providers and persons in charge. All new and re-registering providers will be required to undertake this programme. The aim of the programme is to provide information on legislation, regulations, standards and best practice, and to assess the capacity of the providers and managers to understand and apply these to the residential service.

Regulations

Some standards will be linked to regulations developed by the Department of Health and Children. Regulations are based on primary legislation and are designed to give effect to it. A regulation, in essence, spells out the detail of what the legislation intends.

Inspection

The Social Services Inspectorate within the Authority will carry out inspections to ensure that the residential services comply with the standards and regulations. The inspections will be carried out by inspectors who have a professional qualification in health or social care and training in inspection methodology. An inspection typically consists of three elements: analysis of records and documentation; interviews with individuals, families, professionals involved with the service and with those who provide and work in the service; and observation of practice. The report of an inspection contains findings and recommendations. Findings are always supported by several pieces of evidence. Service providers are given an opportunity to see reports and correct any factual inaccuracies in them before they are finalised and published. Recommendations are directed to service providers and set out actions to be taken to bring the service into compliance with standards and regulations. Inspection reports are public documents and are posted on the Authority's website (www.hiqa.ie).

The service provider will be required to produce an action plan to address the recommendations of the inspection report within a given time frame. Inspectors will monitor the implementation of this plan and will work in cooperation with service providers to bring services into compliance with regulations and standards. The Health Act 2007, however, confers on the Chief Inspector of the Social Services Inspectorate a range of enforcement powers. The Chief Inspector can refuse to register a residential service, she can place conditions on its registration or she can cancel its registration. It will be an offence to fail to comply with a condition of registration. Service providers can be prosecuted for breaches of the Act. There is provision in the Act for emergency procedures to close a residential service. These powers of the Chief Inspector will be used only exceptionally, after careful deliberation, and with the overall aim of ensuring the safety and welfare of the individuals living in the residential service.

Each residential service will be registered for up to three years and an inspection will be carried out as part of the registration process. Other inspections will take place within the registration period. There will be announced and unannounced inspections and some may be triggered by information suggesting that the residential service is not in compliance with standards and regulations.

Registered providers are expected to ensure that the residential services for which they are responsible comply with all of the standards. However, it is recognised that some standards may not be applied to all services immediately. For example, older premises are unlikely to be expected to immediately conform to the same standards in relation to the physical environment as newly built premises. These matters will be determined following the completion of a Regulatory Impact Assessment (RIA) that will be undertaken by the Department of Health and Children. This will assess the cost and other implications of implementing the standards and regulations.

7. Standards and Criteria

Section 1 - Quality of Life

The concept of quality of life is central to the standards. The purpose of residential services for people with disabilities should be to provide them with the supports they require in order to lead a fulfilling life.

Standard 1: Autonomy and Participation

Each individual exercises choice and control over his/her life and over his/her contribution to his/her community.

Criteria

- 1.1 *The individual lives in residential accommodation and in the particular residential service of his/her choice, and may choose to leave it at any time.*
- 1.2 *The individual who decides to move from a residential service is assisted in the preparation for the move and facilitated to do so through the provision of information on services and supports available and, where appropriate, the provision of training in the skills required for independent living.*
- 1.3 *The individual enjoys the security of a permanent home and is not required to leave against his/her wishes unless there are compelling reasons for the move, he/she is consulted in advance and has access to an advocate if he/she wishes to object.*
- 1.4 *The individual keeps a key to the residential service and enters and leaves at his/ her own discretion having due regard to the need to let staff know of his/her whereabouts.*
- 1.5 *The individual is not asked to leave the residential service, on a temporary or permanent basis, for the convenience of staff or so that his/her place can be given to another individual.*
- 1.6 *The abilities of the individual are recognised and fostered.*
- 1.7 *The individual is supported to choose the particular supports he/she requires to maximise his/her quality of life.*
- 1.8 *The individual:*
 - *contributes ideas to, and participates in, the day-to-day activities of the residential service*
 - *participates in staff selection*
 - *is consulted about new admissions, with due regard to the rights of the applicant for admission*
 - *is represented in whatever forum is used to discuss and plan the future direction of the residential service.*

- 1.9 *Individuals of all ages are encouraged and facilitated to pursue educational opportunities, meaningful activity or employment that suits their needs and preferences.*
- 1.10 *The individual is facilitated to maintain social roles occupied prior to admission.*
- 1.11 *The individual is encouraged and supported to become, or to continue to be, an equal and active citizen through involvement in community groups and activities, in accordance with his/her wishes (see also Standard 12: Citizenship Rights).*
- 1.12 *The individual has opportunities and support to participate in individual and/or communal recreational activities within the residential service and in the community, either with, or independent of, other individuals.*
- 1.13 *The individual can avail of opportunities to travel inside and outside the country.*
- 1.14 *The individual may keep pets provided account is taken of safety and hygiene and the wishes of the other individuals.*

Standard 2: Privacy and Dignity

The privacy and dignity of each individual is respected and promoted.

Criteria

- 2.1 *The individual has an area of personal space that comprises his/her own person, possessions, thoughts and feelings that no other person enters, uses or intrudes upon without his or her expressed permission.*
- 2.2 *The individual has a bedroom to him/ herself unless he/she wishes to share. The individual's room is not made available to other individuals in need of respite care.*
- 2.3 *The individual can see visitors (personal or professional) in private.*
- 2.4 *The privacy and confidentiality of all communications between the individual and others is respected.*
- 2.5 *Staff and managers consult with the individuals in relation to such matters as:*
 - *providing office space for staff in the residential service,*
 - *inviting staff from other organisations to visit,*
 - *holding meetings in the residential service,**in so far as these have implications for the privacy, and sense of home, of the individuals.*

- 2.6 *Staff demonstrate respect for the privacy and dignity of each individual by the manner in which they relate to him or her.*
- 2.7 *The staff treat all of the individuals equally. Different levels of support are provided only in accordance with the needs and preferences of the individuals.*
- 2.8 *The individual's privacy and dignity are respected at all times, and with particular regard to:*
- *receiving visitors*
 - *expressions of intimacy and sexuality*
 - *consultations with social care and other professionals*
 - *examinations by healthcare professionals*
 - *the provision of intimate and personal support*
 - *circumstances where confidential and/or sensitive information is being discussed*
 - *entering bedrooms, toilets and bathrooms.*
- 2.9 *The individual receives support at times of illness and at the end of his/ her life which meets his/ her physical, emotional, social and spiritual needs and respects his/her dignity, autonomy and wishes.*
- 2.10 *In so far as the individual wishes to do so his/her wishes and choices regarding end of life support are discussed and documented, and made known to staff and family members to ensure implementation.*
- 2.11 *The individual's preferences in relation to personal appearance are respected.*
- 2.12 *The individual receives accurate and timely information and appropriate support to deal with critical events in his/her life such as loss and bereavement.*
- 2.13 *The individual receives enhanced support at times of acute distress in a manner that takes account of his/her particular needs and preferences.*

Standard 3: Daily Life

Each individual's daily life is structured in accordance with his/her preferences.

Criteria

- 3.1 *The individual works out, with assistance if requested, a structure to his/her daily life that best reflects his/her goals, activities and needs.*
- 3.2 *The everyday activities of the residential service vary according to the individual's interests and activities. They take account of different levels of functioning and ability and of each individual's personal plan (Standard 8).*
- 3.3 *The activities of daily living, including mealtimes provide opportunities for social interaction and exchange for those individuals who wish to avail of such opportunities.*
- 3.4 *There are opportunities for visitors, friends and family members to join in meals or other activities from time to time.*
- 3.5 *The individual's social, religious and cultural beliefs and values are respected and valued in the everyday activities of the residential service.*
- 3.6 *The preferences of the individual, his/her dietary requirements and cultural and religious beliefs, are taken into account in relation to mealtimes and food provided.*
- 3.7 *The individual is supported to buy, prepare and cook his/her own meals if he/she so wishes.*
- 3.8 *The individual stays in the residential service if not well enough to go out, unless he/ she chooses otherwise.*
- 3.9 *The individual has an opportunity to take a holiday at least once a year.*
- 3.10 *The individual's right to opt out of communal activities is respected and reasonable alternatives are available.*

Standard 4: Personal Relationships and Social Contacts

Each individual is supported to develop and maintain personal relationships and links with the community in accordance with his/her wishes.

Criteria

- 4.1 *The individual is encouraged and facilitated to develop and maintain personal relationships in accordance with his/her wishes.*
- 4.2 *The families, friends and partners of the individual are welcomed by staff.*
- 4.3 *The individual can receive visitors in private, or otherwise, as he/she wishes.*
- 4.4 *Staff place restrictions on visits only when requested by the individual concerned or for reasons of privacy or safety.*
- 4.5 *There are opportunities for the individual to celebrate special occasions in a manner of his/her choosing.*
- 4.6 *Links with and involvement of local community groups and/or volunteers are encouraged and maintained, in accordance with the individual's preferences, with appropriate protective measures and support mechanisms.*
- 4.7 *The individual is encouraged and supported to engage in the cultural life of the community, including recreation, leisure and sport.*
- 4.8 *Where individuals move into a residential service from another area, their links with the former community are maintained.*
- 4.9 *The individual has access to news and information in an accessible format through a variety of media.*

Section 2 - Staffing

Staff working with people with disabilities in residential services have a major impact on the quality of life of those individuals. While having the requisite knowledge and skills is vital, qualities such as respect, empathy and enthusiasm are equally as important.

Standard 5: Staffing

Each individual receives sensitive and personalised support in accordance with his/her wishes and aspirations from an adequate number of staff who are selected in accordance with best recruitment practice and who possess the appropriate personal qualities, experience, qualifications, competencies and skills.

Criteria

- 5.1 *The registered provider identifies the competencies and personal attributes required of staff involved in providing support to the individuals and recruits accordingly.*
- 5.2 *The individuals are consulted on the appropriate skills and expertise of staff and contribute to the development of their job descriptions.*
- 5.3 *Garda vetting is carried out on staff and volunteers with direct access to the individuals and references are taken up before they start working in the residential service. Confirmation is obtained of their identity and qualifications.*
- 5.4 *All staff have written job descriptions and a copy of their terms and conditions of employment prior to taking up post.*
- 5.5 *Job descriptions for staff who provide support to individuals state the requirement that staff establish and maintain relationships with individuals that are based on respect and equality and that promote their independence.*
- 5.6 *All staff:*
 - *communicate effectively with the individuals*
 - *listen and respond to the individuals*
 - *make information accessible to them*
 - *access advocacy services for them*
 - *maintain adequate records.*

- 5.7 *Key workers have the skills required to plan and coordinate the support services provided to individuals and to liaise effectively with other organisations and professionals.*
- 5.8 *Continuity of support and the maintenance of relationships are promoted through:*
- *Strategies for the retention of staff,*
 - *Ensuring sufficient staffing levels to avoid excessive use of casual, short-term, temporary and agency workers.*
- 5.9 *The numbers and skill mix of staff are determined by reference to the assessed needs of the individuals and the size, layout and purpose of the residential service.*
- 5.10 *At all times there are sufficient staff available to ensure the safety of the individuals.*
- 5.11 *The numbers of staff on duty at any one time reflects the needs of the individuals and the level of support required to implement their personal plans.*
- 5.12 *There is a staff induction and continuing training, development and annual appraisal programme to ensure that those working with individuals retain competence in all areas including:*
- *meeting the changing support needs of the individuals*
 - *fulfilling the aims and philosophies of the service provider organisation*
 - *understanding and adhering to the policies and procedures of the service provider organisation and those of their professional or regulatory body*
 - *understanding their personal and professional responsibility for the safety and welfare of the individuals.*
- 5.13 *All staff receive regular supervision appropriate to their role.*
- 5.14 *All staff demonstrate commitment to implementation of these standards.*
- 5.15 *There is a generic written code of conduct for all staff, developed in consultation with the individuals. In addition to this all staff adhere to the codes of conduct of their own professional body/association and/or regulatory body.*
- 5.16 *All staff make a demonstrable commitment to life-long learning and their own professional development.*

Section 3 - Protection

Freedom from fear and the assurance that basic needs will be met are prerequisites for an acceptable quality of life.

Standard 6: Safeguarding and Protection

Each individual is safeguarded and protected from abuse.

In this Standard the term “abuse” includes neglect (see Glossary) (See also Standard 2: Privacy and Dignity; Standard 5: Staffing; and Standard 14: Complaints)

Criteria

Safeguarding

- 6.1 *There are policies and supporting procedures for ensuring that individuals are protected from all forms of abuse.*
- 6.2 *The individuals are protected by practices that promote their safety with regard to:*
 - *Recruitment, selection, training, assignment and supervision of staff and volunteers*
 - *The provision of intimate and personal support to those individuals who require it*
 - *The duty of each staff member to report any past or current concerns for the safety of the individuals in the residential service or in any other setting*
 - *Having access to an advocate or advocacy services*
 - *Having private access to his/her representative, family, advocate and external professionals and respecting the privacy of such contacts.*
- 6.3 *Risk assessment and management policies and procedures are in place for dealing with situations where an individual’s safety may be compromised. The approach to risk management supports responsible risk taking as a means to enhancing the individual’s quality of life, competence and social skills.*
- 6.4 *The individual is informed of the service provider’s commitment to ensuring his/her safety and wellbeing, upon admission and at regular intervals. He/she is asked to share in that commitment as it applies to him/herself and to the other individuals.*

- 6.5 *The individual is assisted and supported to develop the knowledge, self awareness, understanding and skills needed to care for and protect him/herself. Areas of vulnerability are identified and individual safeguards put in place.*
- 6.6 *All information and advice given to individuals to help them care for and protect themselves is age-, gender- and disability-sensitive.*
- 6.7 *The individual is consulted in all matters to do with his/her own safety and protection.*
- 6.8 *The individual has access to a phone, or alternative means of communication, if assistance is required.*
- 6.9 *Staff work in partnership with family members and other carers to promote the safety and wellbeing of the individual, in accordance with the wishes of the individual.*
- 6.10 *All deaths are reported in accordance with legal requirements and national guidelines.*

Management of behaviour

- 6.11 *There is a policy for dealing with behaviour that poses a risk to the safety of individuals. It takes account of, and is formulated in strict adherence to, international human rights instruments, domestic legislation, regulation, national policy and best practice guidelines. The policy is reviewed and updated regularly (see references in Appendix B).*
- 6.12 *A requirement to adhere to the residential service's policy on dealing with behaviour that poses a risk to the safety of individuals is included in the code of conduct for staff working in the residential service.*
- 6.13 *Staff are trained in understanding and responding positively to problematic behaviour.*
- 6.14 *Staff consult with former carers, parents and family members, with the informed consent of the individual, in order to learn how best to support the individual to manage his/her behaviour.*
- 6.15 *Where the individual experiences repeated difficulty in managing his/her own behaviour, an assessment is carried out by a suitably qualified professional in order to draw up a plan to provide additional support to him/her. The professional involved monitors and evaluates the intervention and it is reviewed by the clinical team on a regular basis*

- 6.16 *No restrictive procedure is used to manage an individual's behaviour unless:*
- *the procedure chosen is one that is expressly permitted in the residential service provider's policy and it is carried out in strict accordance with that policy (see criterion 6.11)*
 - *there is clearly documented evidence that less restrictive alternatives have been tried and are not effective*
 - *it is subject to a review attended by the professionals involved in the support and/or treatment of the individual and the individual*
 - *if used on more than a single occasion, there is a written plan with goals and timelines to reduce and/or discontinue its use*
 - *the individual is advised of his/her right to seek advice, including the advice of a legal representative, in relation to the matter*
 - *the matter is notified to the Social Services Inspectorate within three working days.*

Protection

- 6.17 All allegations of abuse are dealt with in an effective manner, in accordance with policies and procedures that describe:
- how the individual is to be supported and facilitated to take his/her concerns directly to an external agency should he/she so wish
 - how the service provider responds to concerns and/or allegations of abuse
 - the reporting of concerns and/or allegations of abuse to the Health Service Executive, the Social Services Inspectorate and, where appropriate, An Garda Síochána
 - the arrangements that have been agreed with the HSE for the assessment and, where appropriate, investigation by An Garda Síochána of any concerns or allegations of abuse.

These procedures take account of national guidelines, the recommendations of relevant reports and best practice initiatives.

- 6.18 All staff receive induction and ongoing training in:
- prevention, detection and reporting of abuse
 - the nature of abuse in institutional settings
 - understanding the particular vulnerability of people with disabilities to abuse, with particular reference to those with communication difficulties

- understanding, preventing and responding to bullying behaviour
 - awareness of means of redress, advocacy and support.
- 6.19 Where a concern arises for the safety of an individual the person-in-charge takes reasonable and proportionate interim measures to ensure the protection of all of the individuals in advance of the outcome of any assessment or investigation of the matter.
- 6.20 Where there is a concern that the individual may have been abused or ill-treated:
- the individual is offered counselling and support
 - the representative, family, and professionals involved in the individual's support and treatment are informed in accordance with his/her informed wishes and with reference to his/her best interests
 - all are kept informed of the progress and outcome of any assessment or investigation of the matter
 - family members are offered appropriate advice and support.



Standard 7: The Individual's Finances

Each individual exercises control over personal finances and is protected from financial abuse and exploitation.

Criteria

- 7.1 *The individual controls his/her own financial affairs unless he/she wishes otherwise or where he/she lacks the capacity to do so (see Standard 11, Informed Decision Making and Consent).*
- 7.2 *The individual is given information, advice and support in the management of his/her own financial affairs if he/she so wishes.*
- 7.3 *The individual has easy access to personal monies and spends it in accordance with his/her wishes.*
- 7.4 *Where the individual requires assistance to manage his/her financial affairs, he/she nominates the person to be entrusted with this responsibility. The person so nominated keeps an account of all monies spent. If the person so nominated is a member of staff, he/ she accounts to the person-in-charge as well as the individual.*
- 7.5 *The individual does not contribute to any communal fund without his/her informed consent.*
- 7.6 *The individual can avail of facilities for the safe storage of his/her money and valuables.*
- 7.7 *Records and receipts of possessions handed over for, or withdrawn from, safekeeping are kept up to date.*
- 7.8 *The person-in-charge ensures that the individual has access to an advocate and/or legal advice in any situation where it appears that he/ she is subject to any form of financial abuse by a third party.*

Section 4 - Development and Health

Personal planning is a means of organising services to ensure that they support individuals in their personal development. Individuals should enjoy the best possible health as this is essential to the fulfillment of most individuals' life plans.

Note: The Disability Act 2005 makes provision for an "Independent Assessment of Need" for all who have or believe they may have a disability. These assessments are carried out by persons who are independent in the exercise of this function, even though they may be HSE employees. The assessment is carried out without regard to resource issues or capacity to provide for assessed need. Identified needs are outlined in an Assessment Report. This is referred to a Liaison Officer (referred to as the "Case Manager" by HSE) who draws up a "service statement". The service statement specifies the services to be provided and the period of time within which they will be provided.

Standard 8: Personal Plan

Each individual has a personal plan to maximise his/her personal development in accordance with his/her wishes.

Criteria

- 8.1 *The individual's personal plan outlines his/her wishes and aspirations and the support to be provided to realise his/her personal goals.*
- 8.2 *The personal plan takes account of:*
- the individual's assessment of his/her abilities, skills and needs, carried out with appropriate professional assistance, if required and requested by the individual, or
 - any formal assessment carried out on the individual's behalf under the Disability Act 2005 or otherwise, and
 - other specific plans such as health plans, risk management plans, intimate support plans, in order to ensure that there is a single integrated plan.
- 8.3 *The plan outlines the services and supports to be provided to the individual to achieve a good quality of life and to assist him/ her to realise his/ her goals including:*
- health services
 - education, life-long learning and employment support services
 - social services
 - transport services
 - assistive devices and technologies.

- 8.4 *The personal plan takes account of, and records:*
- *the individual's wishes in relation to where he/she wants to live and with whom*
 - *the individual's wishes in relation to managing transitions such as retirement*
 - *short and longer term aspirations*
- and, where he/she wishes to give consideration to these matters*
- *the individual's wishes in relation to end-of-life care*
 - *the individual's wishes as to the distribution of his/her property and personal effects after his/her death.*
- 8.5 *The person-in-charge of the residential service appoints a key worker, chosen by the individual, whose primary responsibilities are to assist the individual, in accordance with his/her wishes, in developing his/her personal plan and to oversee its implementation. Other key professionals participate in the planning process as requested by the individual.*
- 8.6 *The key worker ensures that the planning process is conducted in a manner that ensures the maximum participation of the individual.*
- 8.7 *The individual retains possession of his/her personal plan. Its content is shared with support staff, other professionals, relatives and friends in accordance with the individual's interests, wishes and informed consent. (see also 19.4)*
- 8.8 *The individual's personal plan is developed at the earliest opportunity, if possible before admission to the residential service, and informs the agreement reached with the registered provider (Standard 13).*
- 8.9 *Where an individual declines to engage in the planning process, the person-in-charge ensures that arrangements are made to address the individual's needs as identified in the assessment, and his/her aspirations and wishes in so far as these can be ascertained. A record is kept of all attempts to engage the individual in the planning process.*
- 8.10 *The individual's personal plan is reviewed at least every six months to reflect changes in circumstances and preferences.*
- 8.11 *The individual participates in the review of his/her plan and decides on any changes to it, with advice and assistance of other participants, if required.*

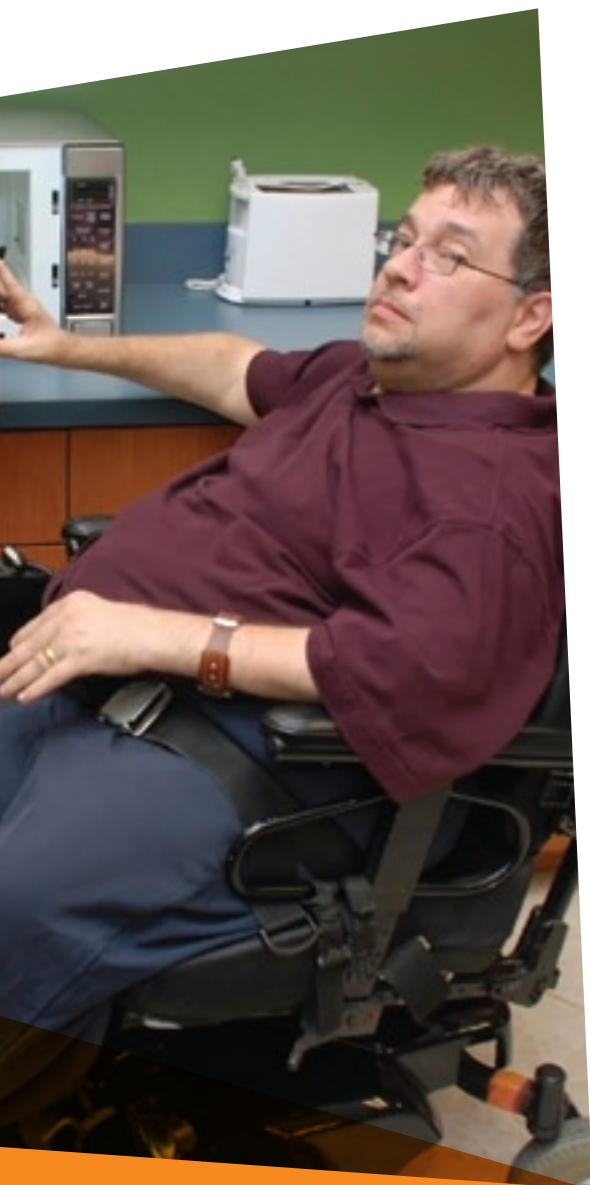
Standard 9: Health

The health needs of each individual are assessed and met.

Criteria

- 9.1 *The individual is supported to live healthily and take or retain responsibility for his/her health.*
- 9.2 *The individual is encouraged to access appropriate health information and education, both within the residential service and in the local community, in all areas relevant to his/her life including:*
- *diet and nutrition*
 - *recreation, interests and activities*
 - *smoking, alcohol and other drug consumption*
 - *exercise and physical activity*
 - *sexual relationships and sexual health.*
- 9.3 *Health promotion activities are conducted in accordance with the individual's wishes with regard to privacy and confidentiality.*
- 9.4 *Health promotion and treatment provided to individuals is suited to their gender and culture.*
- 9.5 *The individuals are encouraged to consume a well balanced and nutritious diet that takes account of any particular dietary needs.*
- 9.6 *The individual is registered with and facilitated to attend the general practitioner of his/her choice².*
- 9.7 *The individual's medical, dental and other health needs are assessed at least annually or more frequently in accordance with his/her needs and wishes.*
- 9.8 *The individual has access to screening, early detection and the full range of health and welfare services in the community.*
- 9.9 *Where the individual requires a mental health service it is provided in an appropriate setting*
- *that involves the least disruption to his/her daily life,*
 - *that maximises the opportunities for continuity of treatment and takes account of the individual's wishes.*
- 9.10 *Where the individual suffers from a long-term or progressive illness there is a plan, reviewed on a regular basis, for the appropriate support to be provided to the individual in relation to it.*

(2) Choice of general practitioner may be limited by factors such as geographical location and, for medical care holders, the guidelines and policies of the HSE General Medical Services (GMS) Scheme.



- 9.11 *The person-in-charge promotes good communication between the health professionals involved in the support and treatment of the individual, with due regard for the individual's informed wishes in relation to the sharing of information. The assessment and planning processes are used to bring direction, coordination and coherence where individuals are undergoing multiple and diverse medical interventions.*
- 9.12 *The individual understands and takes responsibility for his/her own medication unless he/she wishes otherwise. If a risk assessment or assessment of capacity is required, it is carried out with the individual.*
- 9.13 *There is a medication management policy and procedures that comply with legislative and regulatory requirements and best practice guidelines. It ensures that medication is never administered other than for medical reasons and as prescribed by a medical practitioner legally authorised to do so.*
- 9.14 *The individual's medication is monitored and subject to review at regular intervals, appropriate to the individual's needs.*

Section 5 - Rights

People with disabilities are citizens with rights. They should not be expected to give up their rights in exchange for services nor should they be treated primarily by reference to their status as people with disabilities.

Standard 10: Information

Each individual has access to information, provided in a format appropriate to his/her communication needs, to inform his/her decision making.

Criteria

- 10.1 *The individual is provided with information about his/her rights and responsibilities and steps are taken to ensure he/she understands these.*
- 10.2 *All information provided to the individual is in a format that is appropriate to his/her information and communication needs.*
- 10.3 *The individual is provided with assistance and support to access information and communicate with others through a variety of information and communication media and to make contact with other services, including advocacy and emergency services.*
- 10.4 *The individual is provided with information at the earliest opportunity and as required thereafter to enable him/her to make choices and to take decisions.*
- 10.5 *Each individual is given a brochure in an accessible format that contains:*
 - *Information on the service provider and on the range of services it provides*
 - *The residential service's statement of Purpose and Function and key policies and procedures (See also Standard 18: Purpose and Function)*
 - *The services and facilities (including those available in the local community) provided*
 - *The programme of activities provided, including those that are available in the local community*
 - *The individual accommodation and communal space*
 - *The rights of the individual, how he/she can exercise these and how to access an advocate/ advocacy service*
 - *The name of the person-in-charge and the general staffing arrangements*

- *The number of places and any specific needs or interests catered for*
 - *The arrangements for inspection of the residential service and details of how to access inspection reports, the Social Services Inspectorate and the HSE*
 - *An outline of the complaints and appeals procedure.*
- 10.6 *The individual is informed of the information held on him/ her in the residential service and how he/she can access this.*
- 10.7 *The individual is given a copy of these Standards.*
- 10.8 *The person-in-charge ensures that the individual is kept informed of and consulted about developments in the residential service.*
- 10.9 *The person-in-charge ensures that the individual is informed of day-to-day arrangements in the residential services, such as, which staff are on duty and whether any arrangements are subject to change.*

Standard 11: Informed Decision Making and Consent

The right of each individual to make decisions is respected and his/her informed consent is obtained in accordance with legislation and current best practice guidelines.

Criteria

- 11.1 *The individual is presumed to be capable of making informed decisions unless an assessment of his/her capacity finds otherwise.*
- 11.2 *The individual's wishes and choices relating to his/her current circumstances and future plans are respected and implemented.*
- 11.3 *The individual's decision to participate in activities involving personal risk is respected. (See also 6.3)*
- 11.4 *The individual is given clear information, in a format and language that he/ she can understand when any proposed action is being considered, in order to help him/her make an informed decision.*
- 11.5 *The individual is facilitated to access an advocate, or advocacy services of his/her choice when making decisions, in accordance with his/her wishes.*
- 11.6 *Informed consent is obtained from the individual, prior to any medical treatment or intervention, participation in research projects and the provision of personalised information to a third party. The procedure for obtaining consent is consistent with legislation, HSE directives, the policy of the registered provider, and any guidance issued by professional and regulatory bodies.*

- 11.7 *Where a medical treatment is proposed the information provided to the individual includes:*
- *the purpose of the proposed intervention*
 - *the form of intervention*
 - *its duration*
 - *the expected benefit*
 - *any alternative treatments available, and*
 - *possible side effects, including pain and discomfort.*
- 11.8 *The individual's right to refuse any intervention or to stop one that has already started is respected. Where the intervention is urgently needed and the individual lacks capacity, the individual's representative is consulted.*
- 11.9 *Where there is any doubt as to the individual's capacity to decide on any matter of fundamental importance to him/her, his/her capacity to make the decision in question is assessed. The procedure for assessing capacity is consistent with legislation, HSE directives, the policy of the registered provider, and any guidance issued by professional and regulatory bodies.*
- 11.10 *The individual can appeal against a decision that he/she receive a treatment or intervention against his/her expressed wishes and he/she and/or his/her representative or advocate attends the review.*
- 11.11 *Where the individual is deemed to lack the capacity to give or withhold consent, account is taken of his/her past and present wishes, needs and preferences, and his/her representative is consulted.*

Standard 12: Citizenship Rights

Each individual is facilitated and supported to exercise his/her civil and political rights, in accordance with his/her wishes.

Criteria

- 12.1 *The rights of the individual as enshrined in the UN Convention on the Rights of People with Disabilities, other international human rights instruments and Irish law are promoted and protected.*
- 12.2 *The individual is informed of his/her rights and how he/she is to be facilitated in exercising them.*
- 12.3 *The individual has access to citizens' information and advocacy services (see Standard 11: Informed Decision Making and Consent).*
- 12.4 *The individual is facilitated, where he/she so wishes, to:*
- *express his/her views and opinions*
 - *participate in the political process by voting and by seeking public office*
 - *access community-based facilities*
 - *obtain legal advice, when appropriate*
 - *observe his/her religious beliefs and practices*
 - *take responsibility for his/her own financial affairs*
 - *make a will and/or testament.*
- 12.5 *The individual is encouraged to access legal advice and representation in any forum where his/ her civil rights are being determined or when any criminal charge is made against him/her.*
- 12.6 *The individual is given appropriate assistance to engage in legal proceedings, such as, acting as a witness in court.*

Standard 13: Admission Processes and Individual Service Agreements

Each individual's admission and discharge is determined on the basis of fair and transparent criteria and his/her placement is based on a written agreement with the registered provider.

Criteria

- 13.1 *There is a written policy on admission, transition and leaving the residential service that takes account of the rights of individuals and is consistent with these standards.*
- 13.2 *New admissions take account of the needs and wishes of those individuals already living in the residential service.*
- 13.3 *The individual is given the opportunity to visit the residential service before he/she makes a decision to stay.*
- 13.4 *The individual is given the opportunity to meet with a member of staff prior to admission, to discuss what the transition into the residential service will mean.*
- 13.5 *Individuals and those who refer them are offered an opportunity to meet with those responsible for admission decisions in order to discuss their application.*
- 13.6 *Unsuccessful applicants and those who refer them are given a written explanation for the decision not to accept their application.*
- 13.7 *Waiting lists are managed in a fair and transparent manner that takes account of the right to confidentiality of those on the waiting list. The needs of those on the waiting list are reassessed regularly.*
- 13.8 *When an emergency admission is made, the person-in-charge informs the individual at the earliest opportunity about key aspects of the service.*
- 13.9 *Where the individual has been admitted in an emergency, he/she is given time, information and, if necessary, access to an advocate, in order to decide whether or not to stay (see Standard 11: Informed Decision Making and Consent).*
- 13.10 *The individual and/or his/her representative signs an agreement, in a format accessible to the individual, with the registered provider. Where the individual or his/her representative is unable or chooses not to sign, this is recorded.*

13.11 *The agreement sets out:*

- *the terms and conditions of the individual's placement*
- *the nature and extent of the service being provided*
- *whether any charges are applied for services, what the charges cover and whether particular supports are only available on payment of extra charges*
- *the rights, obligations and liability of the registered provider and the individual, where relevant.*

13.12 *The agreement provides for and is consistent with the individual's assessment, service statement and personal plan.*

13.13 *The individual leaves the residential service in accordance with his/her wishes and his/her personal plan and when alternative arrangements have been worked out with him or her. He/she is supported through the transition process.*

13.14 *Individuals who are asked to leave the residential service are given access to an advocate, time to consider their position and an opportunity to state their views at an appropriate forum such as a case review.*

13.15 *Arrangements for the future support of an individual who leaves a residential service take account of his/ her need for continuity of education, employment, relationships, social contacts and treatment, as appropriate.*

Standard 14: Complaints

The complaints of each individual are listened to and acted upon in a timely and effective manner.

Criteria

- 14.1 *There is a culture of openness and transparency that welcomes feedback, the raising of issues and the making of suggestions and complaints by individuals. These are seen as a valuable source of information and are used to make improvements in the service provided.*
- 14.2 *Issues of concern to the individual are addressed immediately at local level and without recourse to the formal complaints procedure, unless the complainant wishes otherwise.*
- 14.3 *There is a procedure for the making of formal complaints. This procedure is consistent with relevant legislation and regulations, HSE protocols and takes account of best practice guidelines. The procedure allows for the complainant to take their complaint directly to an external agency such as the HSE if he/she so chooses.*
- 14.4 *The person-in-charge ensures that:*
- *a variety of means exist for people to raise issues of concern to them*
 - *the confidentiality of the complainant is respected, unless he/she wishes otherwise*
 - *the individual is not adversely affected as a result of making a complaint*
 - *the individual is made aware of the formal complaints procedure on being offered a placement in the residential service*
 - *the individual is made aware of his/her right to access an advocate and how this can be done*
 - *staff are aware of the complaints procedure and receive training appropriate to their role*
 - *complaints and comments are raised at team meetings for feedback and future learning*
 - *measures required for improvement are put in place.*
- 14.5 *Staff are trained to understand behaviour that indicates an issue of concern or complaint that the individual cannot communicate by other means. Such messages receive the same positive response as issues of concern and complaints raised by other means.*
- 14.6 *A complaints log is maintained that includes details of investigations and any action taken. The complaints log is used for continuous monitoring of complaints.*

Section 6 - The Physical Environment

Access to all of the facilities within residential services is important to the individuals who reside there. The management of risks and safety concerns should be informed by, and balanced against, the need to ensure a good quality of life for the individuals.

Standard 15: The Living Environment

The residential service is homely and accessible and promotes the privacy and dignity of each individual.

Criteria

- 15.1 *The living environment is stimulating and provides opportunities for rest and recreation. The premises are equipped, where required, with assistive technology, aids and appliances, including accessible information and communications technology, to promote the full capabilities of the individuals.*
- 15.2 *The residential service adheres to best practice in achieving and promoting accessibility of its environment. It regularly reviews its accessibility and the changing needs and interests of the individuals, in collaboration with the individuals and with reference to the service's stated purpose and function and carries out any required alterations to ensure it is accessible to all.*
- 15.3 *The individual has private space for solitary pursuits and/or the entertainment of visitors in accordance with his/her wishes.*
- 15.4 *Bedrooms are decorated in accordance with the individual's wishes. He/she chooses his/her own fittings and fixtures and may bring his/her own furniture if he/she so wishes.*
- 15.5 *All bedrooms are equipped with adequate and secure storage for personal belongings and furniture appropriate to the individual's needs, wishes and interests.*
- 15.6 *The individual participates in choosing equipment and furniture for the residential service and can access appropriate professional advice in selecting equipment that facilitates functional activity and promotes independence.*
- 15.7 *Furnishings and facilities are adequate, sufficient for the number of individuals living in the residential service and are homely in style.*
- 15.8 *The individual has access to appropriate and accessible indoor and outdoor recreational areas.*
- 15.9 *The physical environment is kept in good structural and decorative repair. Clear records of major repairs and capital works are kept.*

15.10 *The residential service is maintained to a high standard of hygiene and is adequately lit, heated and ventilated.*

15.11 *The residential service is located in an area which facilitates community participation*

Standard 16: Health and Safety

The health and safety of each individual, staff and visitors to the residential service are promoted and protected, while safeguarding each individual's right to a good quality of life.

Criteria

16.1 *The individual is helped to understand and manage situations that involve an element of personal risk.*

16.2 *The person in charge ensures that the residential service complies with health and safety legislation and that there is a safety statement in place.*

16.3 *The person in charge ensures that staff and all individuals actively participate in health and safety education and training programmes. These programmes include information on and training in:*

- *Personal safety*
- *Identifying and dealing appropriately with a range of possible hazards including Healthcare Associated Infections*
- *Fire prevention and fire drills*
- *Lifting and moving individuals*
- *Food hygiene.*

16.4 *All vehicles used to transport individuals are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.*

16.5 *Where specific individual transport safety requirements are required, the person in charge undertakes a risk assessment and any measures put in place are agreed with the individual.*

16.6 *All equipment is purchased to appropriate and accessible standards and is maintained and operated in line with manufacturer's instructions and good practice.*

16.7 *There are procedures in place for the management of major risks such as missing persons and serious incidents.*

Section 7 - Governance and Management

Best practice in governance and management ensures that residential services are run effectively and efficiently. These standards have been developed to ensure that the residential services are organised and managed to achieve the outcomes described in these standards.

Standard 17: Governance and Management

The residential service is governed and managed in a manner that supports the creation and continuous improvement of a person-centred service that meets the needs of each individual and achieves outcomes for him/her consistent with his/her plans and aspirations.

Criteria

- 17.1 *The residential service is registered in accordance with legislative and statutory requirements.*
- 17.2 *The registered provider, the person in charge and all other persons involved in the management of the residential service are fit persons, as defined in legislation and regulations.*
- 17.3 *The residential service is governed in a manner that supports the active participation of the individuals.*
- 17.4 *The ethos of the organisation is reflected in the management of the residential service and is supported by appropriate person centred policies and procedures.*
- 17.5 *There is a mission statement and appropriate policies that are communicated to the individual, staff and other relevant stakeholders.*
- 17.6 *The governance group/board and/or senior managers exercise oversight of the systems for the management of complaints, feedback and risk.*
- 17.7 *There is an internal management structure appropriate to the size, ethos, and purpose and function of the residential service.*
- 17.8 *The person in charge is competent and appropriately qualified and experienced to manage the residential service and meet its stated purpose, aims and objectives.*
- 17.9 *The person in charge ensures that the individual understands the staffing arrangements, including the reporting structures, has access to shift rotas and is promptly informed of any changes to these.*
- 17.10 *There are systems in place to effectively manage risk, including a designated person(s) to contact in an emergency.*

- 17.11 *The residential service is in compliance with applicable legislation, regulatory requirements, best practice and relevant codes of practice.*
- 17.12 *The residential service is audited regularly using these standards.*
- 17.13 *Policies, procedures and practices are regularly reviewed and updated in light of changing legislation, alert directions, quality monitoring, feedback from the individuals and best practice.*
- 17.14 *The person in charge promotes an ethos of partnership in which individuals and those who work with them cooperate, communicate openly and give and receive feedback without blame or fear of recrimination.*
- 17.15 *Service planning is directed towards delivering on the individuals' personal plans and preferred options in life.*
- 17.16 *There are systems in place, appropriate to the ethos, purpose and function of the residential service and the communication preferences of the individual, for monitoring the quality of the service as experienced by the individual in order to bring about improvements.*
- 17.17 *The residential service is adequately insured.*
- 17.18 *The Chief Inspector is notified in writing of any change to the registered provider or person in charge, prior to or at the time of the change.*

Standard 18: Purpose and Function

There is a written statement of purpose and function that accurately describes the service that is provided and the manner in which it is provided.

Criteria

18.1 *The statement of purpose and function includes:*

- *the aims, objectives and ethos of the residential service*
- *the number of places, and level of need that can be accommodated*
- *the number of staff employed and their professional background/ qualifications*
- *the services and facilities provided*
- *a list of key policies that inform practice.*

18.2 *The day-to-day operation of the residential service reflects the statement of purpose and function.*

18.3 *The individuals contribute to the development of the statement.*

18.4 *The statement is available to the individual.*

18.5 *The statement is kept under review and updated when necessary.*



Standard 19: Records

Each individual is supported by appropriate record-keeping policies and procedures

Criteria

- 19.1 *Any information about the individual is treated as confidential and held in accordance with legislative, regulatory and best practice requirements.*
- 19.2 *Records required for the effective and efficient running of the residential service are up to date and accurate at all times.*
- 19.3 *The register (electronic or hard copy) includes the following information in respect of each individual:*
- *personal details*
 - *name and contact details of representative, family members and friends*
 - *name and contact details of the individual's medical practitioner*
 - *the date the individual was last admitted*
 - *where the individual has left the residential service or moved from one part of the service to another, the date on which he/she left, the circumstance leading to his/her departure and the address to which he/she moved.*
- 19.4 *Each individual has a file that includes:*
- *a copy of his/her independent assessment of need and/or other assessment*
 - *a copy of his/her personal plan*
 - *a copy of the agreement between the registered provider and the individual*
 - *a medical record, including a record of any psychiatric treatment and whether it was carried out with consent or not*
 - *a record of drugs and medicines administered*
 - *a record of any significant incident involving the individual*
 - *a record of any formal complaint made by the individual or his/her representative and the outcome of the investigation*
 - *the individual's personal preferences including his/her preferred communication method*
 - *the records of any allied health or social care professionals*
 - *a record of the monitoring of the quality of the service as experienced by the individual*

The information is available in a format suited to the individual's communication needs.

- 19.5 There is a policy for the retention and destruction of records in compliance with the Data Protection Acts, 1988 and 2003.*
- 19.6 The individual has access to any information about him/her held by the service provider in accordance with the Data Protection Acts (1988 and 2003) and Freedom of Information Acts (1997 and 2003). He/she has opportunities to help maintain his/her personal records.*
- 19.7 The individual's written consent is obtained on sharing information with third parties, such as professionals not working in the residential service, and this is updated annually.*

Glossary of Terms

Abuse: 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.*

(Council of Europe)

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.

Advocacy: a process of empowerment of the individual which takes many forms. It includes taking action to help people 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 trained volunteers and professionals.

Advocate: a person independent of any aspect of the service or any of the statutory agencies involved in purchasing or providing the service, who acts solely on behalf of, and in the interests of, the individual using the service. While many people may advocate on behalf of an individual, the term is reserved in this document for those who act independently and disinterestedly for the individual.

Assessment: a process by which an individual'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 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.

Carer: a carer is any person who provides regular ongoing support to a person with a disability.

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

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

Complaints procedures: a set of clearly defined steps for the resolution of complaints.

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

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.

Garda 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 services' direction, setting objectives and developing policy to guide the service in achieving its stated purpose.

Hazard: anything that can cause harm, injury, ill-health or damage.

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

Key worker: the key worker is the member of the staff in the residential service who carries particular responsibility for the individual, liaises directly with him/ her, co-ordinates his/her health and social services, and acts as a resource person for the individual.

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

Personal plan: a plan setting out the individual's goals and needs and how it is proposed to address them. A personal plan starts with the individual's wishes and takes account of a formal assessment of his/her needs, where one has been carried out. Some individuals will assess their own needs, with or without the assistance of professionals. The plan typically outlines the supports needed to maximise the individual's independence, the individual's personal development goals in areas such as education and employment, and specialist services required such as speech and language therapy. It addresses, as appropriate, issues of consent and risk management. The plan aims to ensure that the specific supports provided to the individual are pertinent to his/ her aspirations and needs and that the service provided by the service provider is purposeful and goal directed.

Person-centredness: a term applied to a process of providing the right support at the right time to enable the individual to lead the life of his/her choosing as an equal citizen.

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

* Definitions that are subject to Regulation

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

Quality: quality is meeting the assessed needs and expectations of service users by ensuring the provision of efficient and effective management and processes.

Recommendation: a recommendation occurs in an inspection report and outlines an action required to bring a residential service into compliance with regulations, standards or a condition of registration.

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

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

Regulation: a governmental order having the force of law.

Risk: the chance or possibility of danger, loss or injury. For service providers this may relate to the health and wellbeing of individuals, staff and visitors to the residential service.

Risk management: the culture, processes and structures that are directed towards identifying and minimising actual or potential risk.

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

Service statement: a statement which specifies the health services or education services or both which will be provided to the individual by or on behalf of the HSE or an education service provider, as appropriate, and the period of time within which such services will be provided.

Social Services Inspectorate: the Social Services Inspectorate, within the Health Information and Quality Authority, headed by the Chief Inspector for Social Services who holds the statutory responsibility for the inspection and registration of designated services as outlined in Part 7, Section 40, of the Health Act 2007.

Stakeholders: all those who have a right or a duty to ensure quality and standards in services including people with disabilities, their representatives, families and friends, carers, volunteers, advocates, service providers and those who fund services.

* Definitions that are subject to Regulation

Standards and criteria: 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 living in the residential service. The criteria are the supporting statements that indicate how a service may be judged to meet the standard.

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Appendix A

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** Substitutes for Group Members when unable to attend.*

Appendix B

The use of restrictive practices in the management of behaviour that poses a risk to the safety of individuals and others in residential services

In Ireland, there is currently no regulation or guidance specifically for the use of restrictive interventions in residential services for people with disabilities. The Mental Health Commission has, however, issued a number of documents on the subject of restrictive practices in mental health settings. These are:

1. Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint (Reference Number: R-S69(2)/02/2006)
2. Code of Practice on the Use of Physical Restraint in Approved Centres (Reference Number: COP-S33(3)/02/2006)
3. Draft Code of Practice (2008): Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities (to be revised and published following a recent public consultation)

Related guidance:

4. Special Residential Services Board (2006): Best Practice Guidelines in the Use of Physical Restraint (Child Care: Residential Units)



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