

# Summary of HIQA Regulations: (Adult version)

\*resident = person

## Regulation 3: Statement of Purpose

*Schedule 1* sets requirements of Statement of Purpose:

- Details from Certificate of Registration.
- The specific care & support needs the house is intended to meet, the facilities provided, the services to be provided, & the criteria for admission.
- The number, age range & gender of people.
- A description of house including size & primary function of each room.
- Any day care facilities.
- The total WTE staffing (incl. management).
- Organisational structure.
- Arrangements for developing Personal Plans & reviews.
- Details of any specific therapeutic techniques used, & their supervision.
- How person's privacy & dignity are respected.
- Arrangements for people to engage in social activities, hobbies & leisure interests.
- Arrangements for access to education, training & employment.
- Arrangements for people's consultation & participation in running the house.
- Arrangements for people to attend religious services.
- Arrangements for contact with relatives, friends, representatives and local community.
- Arrangements for dealing with complaints.
- Fire precautions & emergency procedures in the house.

To be reviewed annually.

Copy available to people supported & their representatives.

## Regulation 4: Written Policies & Procedures

List of 21 Policies & Procedures set out in *Schedule 5*. Support staff should be particularly familiar with:

1. Protection from Abuse
3. Procedure when a Person goes Missing
4. Provision of Intimate Care
5. Provision of Behavioural Support
6. Use of Restrictive Procedures
7. Money Policy
8. Communication Policy
9. Visitors
12. Nutrition
15. Health & Safety
16. Risk Management & Emergency Planning
17. Medication Management
18. Complaints Policy & Procedure

## Regulation 5: Individualised Assessment & Personal Plan

- Person is centrally involved – maximum participation
- If the person wishes/ if appropriate, family member (“representative”) involved
- Plan based on relevant multi-disciplinary assessments
- Previous Plan is reviewed & evaluated
- Plan reflects person's changing needs & developments
- Record reasons for changes, & who will do what, by when.
- Plan reflects the on-going supports provided relating to person's safety, best possible health, communication & choices, positive behavioural supports, rights, community inclusion, etc.

### **Regulation 6: Health Care**

- Provide appropriate healthcare in line with Personal Plan
- GP of person's choice or acceptable to person
- Facilitate treatment where recommended, & agreed by person
- Person's right to refuse treatment is respected – must be documented & GP told
- If services of allied health professionals required, access provided by service or HSE
- Person is supported to access appropriate health information.
- Person is supported when ill & at end of life – meeting their physical, emotional, social & spiritual needs – in a way that respects their dignity, rights and wishes.

### **Regulation 7: Positive Behavioural Support**

- Staff have the knowledge & skills to respond to behaviours that challenge, & to support people to manage their own behaviour.
- Staff are trained in de-escalation & intervention techniques.
- Where required, interventions have the informed consent of the person or their rep, & are reviewed as part of the Personal Plan.
- Restrictive procedures (incl. physical / chemical / environmental restraint) are used only in line with national policy and best practice.
- Where intervention is necessary, the PIC ensures that:
  - every effort is made to identify & alleviate the cause of the behaviour;
  - all alternatives are considered first;
  - the least restrictive procedure, for the shortest duration, is used.

### **Regulation 8: Protection**

- Each person assisted & supported to develop knowledge & skills for self-care & protection
- Person protected from all forms of abuse
- PIC to investigate any allegation or suspicion of abuse
- Staff to provide intimate care in line with person's *Personal Plan*, respecting dignity & bodily integrity
- All staff to receive Protection training.

### **Regulation 9: People's Rights:**

- Non-discrimination on 9 grounds
- Person participates in all decisions about his/her care & support
- Can exercise choice & control in their daily life
- Can exercise their civil, political & legal rights
- Has access to advocacy and information about their rights
- Is consulted and participates in the running of the house
- Privacy & dignity re. personal space, intimate care, personal communications, relationships, personal information, and professional consultations.

### **Regulation 10: Communication**

- Person assisted & supported to communicate
- Staff aware of any individual support needs – see *Personal Plan*
- Person has access to phone, TV, radio, newspapers, internet, as appropriate
- If needed, people have access to assistive technology /aids / appliances & is supported to use them.

### **Regulation 11: Visits**

- There are suitable communal facilities to receive visitors
- There is a suitable private area besides the person's bedroom, to receive a visitor
- There are no restrictions on visitors, unless:
  - The PIC believes the visitor is a risk to the person (or another person in the house)
  - The person wants to restrict visits
  - A Court Order has restricted visits.

### **Regulation 12: Personal Possessions**

- Person has access to & retains control of personal property & possessions, as far as practical.
- Supported to manage their finances
- Can have their own furniture & possessions in their room
- Keeps own clothes – own laundry returned to them
- Supported to manage their laundry, based on their needs and wishes
- Enough space to store clothes and personal possessions

### **Regulation 13: General Welfare & Development**

- Appropriate care & support, taking account of best practice, the person's disability, assessed needs and wishes.
- Access to occupation/recreation facilities
- Opportunities to participate in activities, based on person's interests, capacity and needs
- Supports for personal relationships and links to wider community as they wish
- Access to education, training & employment opportunities (& support to maintain these, if moving between services).

### **Regulation 14: Person in charge (PIC)**

- Full-time; have appropriate qualifications, skills & experience
- Have the info in *Schedule 2*: address, dob, drivers licence, start date, Garda vetting, relevant qualifications/accredited training, CV with full employment history, 2 references (incl. last employer), job description, HR file.

### **Regulation 15: Staff**

- The number, qualifications and skill mix is appropriate for:
  - the number and assessed needs of the people in the house
  - the statement of purpose
  - the size & layout of the house
- Subject to the statement of purpose and the assessed needs of the people in the house, if nursing care is needed, it is provided.
- Ensure continuity of care, especially where there are part-time staff
- Ensure the roster is properly planned & maintained
- Have documents required in Schedule 2 for all staff

### **Regulation 16: Training & Development**

- Staff have appropriate training, incl. refresher training, as part of CPD
- Staff are appropriately supervised
- Staff are aware of the 2007 Health Act, the Regulations, the Standards - & copies are available.

### **Regulation 17: Premises (see S.I.)**

### **Regulation 18: Food & Nutrition**

- The person is supported to buy, prepare and cook their own food if they wish
- Food is stored in hygienic conditions
- The person has enough food & drink.
- It is properly & safely prepared, cooked & served
- It is wholesome & nutritious
- A choice of meals is offered
- The food meets the person's dietary needs and preferences.
- Appropriate assistance is provided if the person needs assistance eating / drinking.

### **Regulation 19: Directory of Residents**

What's in *Schedule 3* (= Individual File, Best Possible Health file, and Money File)

## **Regulation 20: Information for Residents**

Each person is given a *Guide* that includes:

- A summary of the services and facilities
- Terms & Conditions
- Arrangements for the person's involvement in the running of the house
- How to access Inspection Reports
- The Complaints Procedure
- Arrangements for Visits

## **Regulation 21: Records**

Staff records – *Schedule 2* (HR) – kept for 7 years after they leave

Person supported records – *Schedule 3* – kept for 7 years after they leave

Additional records – *Schedule 4*:

- kept for 4 years: complaints, staff rosters, staff training attendance, fire-fighting equipment
- kept for 7 years: person supported: date of discharge, date of transfer, dates when not living in house, record of notifiable events.

## **Regulation 22: Insurance**

- Must have insurance against injury to people supported
- People informed if there is insurance against loss or damage to property

## **Regulation 23 Governance & Management**

- House is resourced to deliver on Statement of Purpose
- Management structure indicates authority & accountability, roles, & responsibilities for all areas of service provision.
- Systems to ensure service is safe, appropriate to person's needs, consistent & effectively monitored.
- An annual review of the quality & safety of care & support (in accordance with standards) – including consultation with people & their representatives – and copy available to people supported.
- Unannounced visit every 6 months
  - written report on safety & quality of care & support,
  - a plan to address any concerns
  - copy to be available to people supported, their reps & HIQA.
- Support, develop & manage performance of all staff, to promote personal & professional responsibility for the quality & safety of the service provided;
- Encourage staff to raise concerns regarding quality & safety of the service

## **Regulation 24: Admissions & Contract for Provision of Services: (see S.I.)**

## **Regulation 25: Temporary Absence of People**

When person is temporarily in hospital or other centre, relevant information regarding the person's care, support & well-being is provided to the hospital. Person is facilitated to transition to another service.

## **Regulation 26: Risk Management Procedures**

Risk Management Policy to include:

- Hazard identification & assessment of risks throughout the house & garden
- Measures and actions to control the risks, including:
  - Unexpected absences
  - Accidental injury to the person, a visitor or staff
  - Aggression & violence
  - Self-harm
- Procedure for identifying, recording and investigating serious incidents / adverse events involving the person, and the learning from such incidents / events.

- Procedure to ensure risk control measures are proportional, & the impact on the person's quality of life is considered.
- Ensure systems in place to assess, manage and continually review risks.
- Ensure system for responding to emergencies.
- Service vehicles are roadworthy, regularly serviced, insured, have appropriate safety equipment, and drivers are licenced and trained.

### **Regulation 27: Protection against Infection**

People who may be at risk of healthcare associated infections – implement HIQA procedures

### **Regulation 28: Fire precautions**

- Have suitable fire-fighting equipment, building services (?), bedding & furnishings – & arrangements for their maintenance.
- Reviewing fire precautions & testing fire equipment.
- Adequate means of escape, including emergency lighting.
- Detecting, containing & extinguishing fires, giving warning of fire, calling the fire service, and evacuating everyone to a safe location.
- Staff to be trained in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points & first aid fire fighting equipment, fire control techniques & arrangements for evacuation of people supported.
- Staff/people supported to be aware of procedure to follow in event of fire, through fire drills & fire safety management.
- Fire evacuation procedure displayed prominently or readily available in the house.

### **Regulation 29: Medicines / Pharmacy**

Pharmacist of person's choice / acceptable to person

Pharmacy records are safe and accessible

Procedures for ordering, recording, prescribing, storing, administering and disposing of medicines:

- stored securely,
- administered as prescribed,
- out-of-date /unused medicines stored securely & separately in accordance with *Misuse of Drugs* Regulations.

Based on risk assessment & assessment of capacity, people encouraged to administer own medication if they wish.

### **Regulation 30: Volunteers**

- Roles & responsibilities written down
- Are supervised & supported
- Are Garda-vetted

### **Regulation 31: Notification of Incidents**

*The PIC to inform HIQA **immediately** (within 3 working days) of any of the following:*

1. Any serious injury to a person supported that requires immediate medical or hospital treatment.
2. A fire
3. A loss of power, or heat, or water
4. An unplanned evacuation of the house
5. An unexplained absence of a person from the house (see missing person's policy)
6. An allegation of abuse of a person supported
7. An allegation of misconduct by the service or by staff
8. Any qualified staff who is the subject of professional review
9. Outbreak of a notifiable disease
10. Unexpected death of a person (even if died in hospital following transfer) - and the cause of death when that is known.

*The PIC to send a **Quarterly Report** to HIQA if:*

- A restrictive procedure is used – including physical, chemical or environmental restraint.
- If the fire alarm was set off – except for fire drills or to test the equipment.
- If there is a recurring pattern of theft or break-ins.
- If a person supported is injured – but not covered under 3-day rule above.
- If a person supported dies – but not covered under 3-day rule above (i.e. a not unexpected death)

If no report sent for previous 6 months, inform HIQA.

**Regulation 32 & 33: Absence of PIC for long periods**

- For 28 days or more – notify HIQA one month beforehand (except emergencies)
- State expected length of absence & dates of departure & return.
- Inform HIQA of interim arrangements to manage the service, appointment of interim PIC and date when they start. Also name, contact details and qualifications.

**Regulation 34: Complaints Procedure**

- Accessible complaints procedure, in line with person's age & disability
- Person & their family aware of procedures once they arrive.
- Access to advocacy service to make a complaint
- Display procedure in prominent place in the house.
- The subject of the Complaint does not deal with the complaint.
- All complaints are investigated promptly.
- People are assisted to understand the procedure.
- The person is informed promptly of the outcome, and of the appeals process.
- Any measures required for improvement, arising from complaint, are put in place.
- The Complaints Officer keeps details of all complaint, incl. investigation & outcome, any action taken, & whether the person was satisfied with the outcome.

*For actual wording, see Regulations 2013 for Care & Support of Residents in Designated Centres for Persons with Disabilities*

BMcC  
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