



# Disability Services Regulation Resource

HSE National Disability Quality Improvement Team  
April 2025

# Table of Contents

Disability Services Regulation Resource (DSRR) .....	3
Section 1: Capability and Capacity of the Provider to Deliver a Safe Quality Service .....	4
Regulation 3: Statement of purpose .....	5
Regulation 4: Written policies and procedures .....	5
Regulation 14: Person in charge .....	6
Regulation 15: Staffing .....	6
Regulation 16: Training and staff development.....	7
Regulation 19: Directory of residents.....	7
Regulation 21: Records.....	8
Regulation 22: Insurance .....	8
Regulation 23: Governance and management .....	9
Regulation 24: Admissions and contract for the provision of services.....	10
Regulation 30: Volunteers .....	10
Regulation 31: Notification of incidents.....	11
Regulation 32: Notifications of periods when person in charge is absent.....	12
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent.....	12
Regulation 34: Complaints procedure .....	13
Section 2: Quality and Safety of the Service .....	14
Regulation 5: Individualised assessment and personal plan.....	15
Regulation 6: Health care.....	16
Regulation 7: Positive behavioural support.....	17
Regulation 8: Protection .....	18
Regulation 9: Rights.....	19
Regulation 10: Communication .....	20
Regulation 11: Visits .....	20
Regulation 12: Personal possessions.....	21
Regulation 13: General welfare and development.....	22
Regulation 17: Premises .....	23
Regulation 18: Food and nutrition .....	24
Regulation 20: Information for residents .....	24
Regulation 25: Temporary absence, transition and discharge of residents .....	25
Regulation 26: Risk management procedures.....	26
Regulation 27: Protection against infection.....	27
Regulation 28: Fire precautions.....	27
Regulation 29: Medicines and pharmaceutical services .....	28

# Disability Services Regulation Resource (DSRR)

The Disability Services Regulation Resource is a refresh of the “QI Toolbox for Disability Services”, which was originally developed by the Social Care Division (SCD) and the Quality Improvement Division (QID) in 2015, with updates in 2016. It was further updated in 2018 by the Quality Improvement Team, Disability Operations.

The current version of the resource, which has been renamed, was developed by the [National Disability Quality Improvement Team](#) (Access & Integration, Disability Services – Transformation and Programme Coordination).

The resource follows the structure of the [HIQA Assessment-Judgement Framework for Designated Centres for People with Disabilities](#) (January 2024).

The resource is aimed at service providers, management teams, Persons in Charge and Persons Participating in Management, to complement their efforts in working towards compliance with current HIQA Standards for Disability Services and associated Regulations and providing high quality support to the people being supported in designated centres across Ireland.

We would love to hear your feedback on the resource. We plan to update it regularly so we welcome any suggestions for additional information that could be included in these updates. Please also let us know if there is any broken links or out of date information. You can contact the team at [DisabilitiesQI@hse.ie](mailto:DisabilitiesQI@hse.ie).

Version No.	5	Document Owner	National Disability Quality Improvement Team
Next Review	Q4 2025	Last Update	September 2018
		Current Update	April 2025

## Section 1: Capability and Capacity of the Provider to Deliver a Safe Quality Service

This section focuses on the overall delivery of the service and how the provider is assured that a good-quality, safe and effective service is provided to residents. It includes how the provider:

- implements effective governance structures with clear lines of accountability so that all members of the workforce are aware of their responsibilities and who they are accountable to.
- ensures that the necessary resources are in place to support the effective delivery of good quality person-centred care and support to people using the service.
- uses information to plan, deliver and manage services provided to residents to ensure the delivery of high-quality, safe and effective services designs and implements policies and procedures that embed a human rights-based approach and will make sure the centre runs effectively.

## Regulation 3: Statement of purpose

**Standard 5.3:** The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider prepared in writing a statement of purpose containing the information set out in Schedule 1 of the regulations?</li><li>2. Has the provider reviewed and, where necessary, revised the statement of purpose at intervals of not less than one year?</li><li>3. Has the provider made a copy of the statement of purpose available to residents and their representatives?</li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 3</a></li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li>• <a href="#">Guidance on Statement of Purpose for Designated Centres (October 2019)</a></li><li>• <a href="#">Statement of Purpose Template (2019)</a></li></ul>

## Regulation 4: Written policies and procedures

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5 of the regulations?</li><li>2. Has the provider made the written policies and procedures referred to in paragraph (1) above available to staff?</li><li>3. Has the provider reviewed the Schedule 5 policies and procedures as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, reviewed and updated them in accordance with best practice?</li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 4</a></li><li>• <a href="#">List of Schedule 5 Policies from Statutory Regulations</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• Disability Quality Improvement Team: <a href="#">Guiding Principles on Schedule 5 Policies</a></li></ul>

## Regulation 14: Person in charge

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider appointed a person in charge of the designated centre?</li><li>2. Is the post of person in charge full-time and does the person in charge have the required qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents?</li><li>3. Has the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations come into operation have:<ol style="list-style-type: none"><li>a. a minimum of 3 years' experience in a management or supervisory role in the area of health or social care</li><li>b. an appropriate qualification in health or social care management at an appropriate level?</li></ol></li><li>4. Where a person is appointed as person in charge of more than one designated centre, is the Chief Inspector satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned?</li><li>5. Has the provider ensured that he or she has obtained, in respect of the person in charge, the information and documents specified in Schedule 2 of the regulations?</li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 14</a></li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li>• <a href="#">Guidance Document on the Person in Charge</a></li><li>• <a href="#">Learning Course for Person in Charge</a></li><li>• <a href="#">Webinar: The Person in Charge: Role, Value and Importance (November 2023)</a> and <a href="#">FAQ</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• <a href="#">Manager's Toolkit (HSE Resource)</a></li></ul>

## Regulation 15: Staffing

**Standard 7.1:** Safe and effective recruitment practices are in place to recruit staff.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider ensured that the number, qualifications and skill-mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the designated centre?</li><li>2. Has the provider ensured that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided?</li><li>3. Has the provider ensured that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis?</li><li>4. Has the person in charge ensured that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained?</li><li>5. Has the person in charge ensured that he or she has obtained in respect of all staff the information and documents specified in Schedule 2 of the regulations?</li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 15</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Recruitment, selection and Garda vetting of staff</a>.</li><li>• Disability Quality Improvement Team: <a href="#">Garda Vetting Component for Recruitment and Retention</a></li></ul>

## Regulation 16: Training and staff development

**Standard 7.2 (Children):** Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

**Standard 7.3 (Children):** Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.

**Standard 7.4 (Children):** Training is provided to staff to improve outcomes for children.

**Standard 7.2 (Adults):** Staff have the required competencies to manage and deliver person-centred, effective and safe services to adults living in the residential service.

**Standard 7.3 (Adults):** Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service.

**Standard 7.4 (Adults):** Training is provided to staff to improve outcomes for people living in the residential service.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the person in charge ensured that:<ol style="list-style-type: none"><li>staff have access to appropriate training, including refresher training, as part of a continuous professional development programme</li><li>staff are appropriately supervised</li><li>staff are informed of the Act and any regulations and standards made under it?</li></ol></li><li>Has the person in charge ensured that copies of the following are made available to staff:<ol style="list-style-type: none"><li>the Act and any regulations made under it</li><li>standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act</li><li>relevant guidance issued from time to time by statutory and professional bodies?</li></ol></li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 16</a></li><li><b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Staff training and development</a>.</li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li><a href="#">Webinar Slides on Human Rights Training (September 2024)</a> plus <a href="#">FAQ</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li><a href="#">Supervision Guidelines for Health and Social Care Professionals (2015)</a></li><li>Extensive training resources covering several areas of this toolkit are available on <a href="#">HSEland</a>, the HSE's national online learning and development hub. Registration is required to access training. Specific HSEland resources are referred to throughout this document.</li></ul>

## Regulation 19: Directory of residents

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the provider established and maintained a directory of residents in the designated centre?</li><li>Is the directory established under paragraph (1) above made available, when requested, to the Chief Inspector?</li><li>Does the directory include the information specified in paragraph (3) of Schedule 3?</li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 19</a></li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li><a href="#">HIQA Guidance on Directory of Residents (2015)</a></li></ul>

## Regulation 21: Records

**Standard 8.2:** Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a child- and person-centred, safe and effective service.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the provider ensured that records of the:<ol style="list-style-type: none"><li>information and documents in relation to staff specified in Schedule 2 of the regulations</li><li>records in relation to each resident as specified in Schedule 3 of the regulations</li><li>and the additional records specified in Schedule 4 of the regulations are maintained, and available for inspection by the Chief Inspector?</li></ol></li><li>Are records kept in accordance with this section and set out in Schedule 2, retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre?</li><li>Are records kept in accordance with this section and set out in Schedule 3, retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre?</li><li>Are records kept in accordance with this section and set out in paragraphs (6), (11), (12), (13) and (14) of Schedule 4, retained for a period of not less than 4 years from the date of their making.</li><li>Are records kept in accordance with this section and set out in paragraphs (7), (8), (9) and (10) of Schedule 4, retained for a period of not less than 7 years from the date of their making.</li><li>Notwithstanding paragraphs (3) and (5) above, are records relating to children in care kept in perpetuity and transferred to the Executive not later than 7 years from the date on which the child ceased to reside in the designated centre?</li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 21</a></li><li><b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">The creation of, access to, retention of, maintenance of and destruction of records</a>.</li><li>HSE Disability Quality Improvement Team Guiding Principles: Records Management (Expected Q2 2025)</li></ul> <p>HSE</p> <ul style="list-style-type: none"><li><a href="#">HSE National Records Retention Policy (2024)</a></li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li><a href="#">National Standards for Information Management in Health and Social Care (2024)</a></li><li><a href="#">Assessment Judgement Framework: National Standards for Information Management (2024)</a></li><li><a href="#">Guide to the Assessment Judgement Framework: Information Management (2024)</a></li><li><a href="#">Self-Assessment Tool: National Standards for Information Management (2024)</a></li><li><a href="#">Infographic: National Standards for Information Management (2024)</a></li></ul>

## Regulation 22: Insurance

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the provider effected a contract of insurance against injury to residents?</li><li>Has the provider chosen to insure against other risks in the designated centre, including loss or damage to property, and where such insurance is effected have the residents been advised accordingly?</li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 22</a></li></ul>

## Regulation 23: Governance and management

**Standard 5.1:** The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and person, and promote their welfare.

**Standard 5.2:** The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.

**Standard 6.1 (Children):** The use of available resources is planned and managed to provide child-centred, effective residential services and supports to children.

**Standard 6.1 (Adults):** The use of available resources is planned and managed to provide person-centred effective and safe residential services and supports to people living in the residential service.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the provider ensured that:<ol style="list-style-type: none"><li>the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose</li><li>there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision</li><li>management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored</li><li>there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards</li><li>that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives</li><li>that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector?</li></ol></li><li>Has the provider, or a person nominated by the provider, carried out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the Chief Inspector and:<ol style="list-style-type: none"><li>prepared a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support</li><li>maintained a copy of this report made under subparagraph (a) and made it available on request to residents and their representatives and the Chief Inspector?</li></ol></li><li>Has the provider ensured that effective arrangements are in place to:<ol style="list-style-type: none"><li>support, develop and performance manage all members of the workforce, to exercise their personal and professional responsibility, for the quality and safety of the services that they are delivering</li><li>facilitate staff to raise concerns about the quality and safety of the care and support provided to residents?</li></ol></li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 23</a></li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li><a href="#">Questionnaire for Residents (September 2024)</a></li><li><a href="#">Regulation Handbook (October 2024)</a></li><li><a href="#">Guidance on Assessment of Fitness for Designated Centres (November 2023)</a></li><li><a href="#">Guidance for Assessment of Designated Centres (June 2024)</a></li><li><a href="#">Assessment Judgement Framework (June 2024)</a></li><li><a href="#">Provider Engagement Slides (March 2024)</a> and <a href="#">Summary Output Paper</a></li></ul>

## Regulation 24: Admissions and contract for the provision of services

**Standard 2.3:** Each child's and person's access to services is determined on the basis of fair and transparent criteria.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the provider ensured that:<ol style="list-style-type: none"><li>each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose</li><li>admission policies and practices take account of the need to protect residents from abuse by their peers?</li></ol></li><li>Has the provider, on admission, agreed in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre?</li><li>Does this written agreement referred to in paragraph (3) of Regulation 24 and as detailed in point 2 above:<ol style="list-style-type: none"><li>include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged</li><li>provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose?</li></ol></li><li>Has the person in charge ensured that each prospective resident and his or her family or representative are provided with an opportunity to visit the designated centre, as far as is reasonably practicable, before admission of the prospective resident to the designated centre?</li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 24</a></li><li><b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Admissions, including transfers, discharge and the temporary absence of residents</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>Disability Quality Improvement Team: Compatibility and Choice Assessment for Residential Services (Expected Q4 2025)</li></ul> <p>Other</p> <ul style="list-style-type: none"><li>Assisted Decision Making Example – <a href="#">Living Arrangements</a></li></ul>

## Regulation 30: Volunteers

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the person in charge ensured that volunteers within the designated centre:<ol style="list-style-type: none"><li>have their roles and responsibilities set out in writing</li><li>receive supervision and support, and</li><li>have provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012)?</li></ol></li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 30</a></li></ul>

## Regulation 31: Notification of incidents

### Lines of enquiry

1. Has the person in charge given the Chief Inspector notice in writing within 3 working days of the following adverse incidents occurring in the centre:
  - a. the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre
  - b. an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre
  - c. any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place
  - d. any serious injury to a resident which requires immediate medical or hospital treatment
  - e. any unexplained absence of a resident from the designated centre
  - f. any allegation, suspected or confirmed, of abuse of any resident
  - g. any allegation of misconduct by the provider or by staff
  - h. any occasion where the provider becomes aware that a member of staff is the subject of review by a professional body?
2. In the case of an unexpected death notified to the Chief Inspector pursuant to paragraph (1)(a) has the person in charge also ensured that written notice is provided to the Chief Inspector setting out the cause of the death when same has been established?
3. Has the person in charge ensured that a written report is provided to the Chief Inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre:
  - a. any occasion on which a restrictive procedure, including physical, chemical or environmental restraint, was used?
  - b. any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment
  - c. where there is a recurring pattern of theft or burglary
  - d. any injury to a resident not required to be notified under paragraph (1)(d) above
  - e. any deaths, including cause of death, not required to be notified under paragraph (1)(a) above
  - f. any other adverse incident the Chief Inspector may prescribe?
4. Where no incidents which require to be notified under paragraphs (1), (2) or (3) above have taken place, has the provider notified the Chief Inspector of this fact on a six-monthly basis?
5. This regulation is without prejudice to the reporting requirements as set out in the Authority's Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care and any other relevant guidance.

### Regulations

- [Link to Regulation 31](#)

### HIQA

- [Managing Notifiable Events \(June 2022\)](#)
- [Provider Portal User Guide \(May 2020\)](#)
- [Statement of Purpose - Statutory Notifications \(March 2019\)](#)
- [Monitoring Notifications Handbook \(October 2024\)](#)

## Regulation 32: Notifications of periods when person in charge is absent

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider given notice in writing to the Chief Inspector of the proposed absence, where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more?</li><li>2. Except in the case of an emergency, has the provider given the notice referred to in paragraph (1) above no later than one month before the proposed absence commences or within such shorter period as may be agreed with the Chief Inspector? Does the notice specify:<ol style="list-style-type: none"><li>a. the length or expected length of the absence; and</li><li>b. the expected dates of departure and return?</li></ol></li><li>3. Where the person in charge is absent from the designated centre as a result of an emergency or unanticipated event, has the provider, as soon as it became apparent that the absence concerned will be for a period of 28 days or more, given notice in writing to the Chief Inspector of the absence, including the information referred to in paragraph (2) above?</li><li>4. Where an absence referred to in paragraph (3) above has occurred, has the provider notified the Chief Inspector of the return to duty of the person in charge not later than 3 working days after the date of his or her return?</li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 32</a></li></ul>

## Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Where the provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, has he or she given notice in writing to the Chief Inspector of the procedures and arrangements that will be in place for the management of the designated centre during the said absence?</li><li>2. Does the notice referred to in paragraph (1) specify:<ol style="list-style-type: none"><li>a. the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge</li><li>b. the arrangements that have been made, or are proposed to be made, for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made</li><li>c. the name, contact details and qualifications of the person who was or will be responsible for the designated centre during the absence?</li></ol></li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 33</a></li></ul>

## Regulation 34: Complaints procedure

**Standard 1.7:** Each child's and person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Lines of enquiry	Regulations
<ol style="list-style-type: none"> <li>1. Has the provider made available an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and:               <ol style="list-style-type: none"> <li>a. ensured that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability</li> <li>b. made each resident and their family aware of the complaints procedure as soon as is practicable after admission</li> <li>c. ensured the resident has access to advocacy services for the purposes of making a complaint</li> <li>d. displayed a copy of the complaints procedure in a prominent position in the designated centre?</li> </ol> </li> <li>2. Has the provider ensured that:               <ol style="list-style-type: none"> <li>a. a person who is not involved in the matters that are the subject of complaint is nominated to deal with complaints by or on behalf of residents</li> <li>b. all complaints are investigated promptly</li> <li>c. complainants are assisted to understand the complaints procedured.</li> <li>d. the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process</li> <li>e. any measures required for improvement in response to a complaint are put in place</li> <li>f. the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint and any action taken on foot of a complaint and whether or not the resident was satisfied?</li> </ol> </li> <li>3. Has the provider nominated a person, other than the person nominated to deal with complaints in paragraph (2)(a) above, to be available to residents to ensure that:               <ol style="list-style-type: none"> <li>a. all complaints are appropriately responded to</li> <li>b. the person nominated to deal with complaints maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied?</li> </ol> </li> <li>4. Has the provider ensured that any resident who has made a complaint is not adversely affected by reason of the complaint having been made?</li> </ol>	<p>Regulations</p> <ul style="list-style-type: none"> <li>• <a href="#">Link to Regulation 34</a></li> <li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">The handling and investigation of complaints from any person about any aspects of service, care, support and treatment provided in, or on behalf of a designated centre.</a></li> </ul> <p>HIQA</p> <ul style="list-style-type: none"> <li>• <a href="#">How to provide feedback or make a complaint about a disability service (2019)</a></li> </ul> <p>HSE</p> <ul style="list-style-type: none"> <li>• <a href="#">Complaints Process</a></li> </ul> <p><b>HSEland Training – You must register with HSEland for access.</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Complaints Management</a></li> <li>• <a href="#">Effective Complaints Handling</a></li> <li>• <a href="#">Effective Complaints Investigation</a></li> <li>• <a href="#">Principles of Best Practice in Complaints Management</a></li> </ul>

## Section 2: Quality and Safety of the Service

The focus of this section is about the lived experience of the people using the service. This includes how people:

- make choices and are actively involved in shaping the services they receive.
- are empowered to exercise their rights, achieve their personal goals, hopes, and aspirations.
- receive effective person-centred care and support at all stages of their lives.
- supported to develop and maintain personal relationships and links with the community.
- access educational, training and employment opportunities.
- are able to live in a safe, comfortable and homely environment.
- have food and drink that is nutritious- are protected from any harm or abuse.

## Regulation 5: Individualised assessment and personal plan

**Standard 2.1 (Children):** Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.

**Standard 2.1 (Adults):** Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the provider ensured, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1) of Regulation 5 and as detailed in point 2 below?</li><li>Has the person in charge ensured that a comprehensive assessment by an appropriate healthcare professional, of the health, personal and social care needs of each resident is carried out:<ol style="list-style-type: none"><li>prior to admission to the designated centre</li><li>subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis?</li></ol></li><li>Has the person in charge ensured that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1) of Regulation 5 and as detailed in point 2 above?</li><li>Has the person in charge, no later than 28 days after the resident was admitted to the designated centre, prepared a personal plan for the resident which:<ol style="list-style-type: none"><li>reflects the resident's needs, as assessed in accordance with paragraph (1) of Regulation 5 and as detailed in point 2 above</li><li>outlines the supports required to maximise the resident's personal development in accordance with his or her wishes</li><li>is developed through a person-centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability?</li></ol></li><li>Has the person in charge made the resident's personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative?</li><li>Has the person in charge ensured that the personal plan is the subject of a review carried out annually or more frequently if there is a change in needs or circumstances, and that the review:<ol style="list-style-type: none"><li>is multidisciplinary</li><li>is conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability</li><li>assesses the effectiveness of the plan</li><li>takes into account changes in circumstances and new developments?</li></ol></li><li>The recommendations from the review are recorded and include:<ol style="list-style-type: none"><li>any proposed changes to the personal plan</li><li>the rationale for any such proposed changes</li><li>and the names of those responsible for pursuing objectives in the plan within agreed timescales?</li></ol></li><li>Has the person in charge ensured that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6) above?</li></ol>	<p>Regulations</p> <ul style="list-style-type: none"><li><a href="#">Link to Regulation 5</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li><a href="#">My Health Check Guidance (2019)</a></li><li>HSE Disability Quality Improvement Team: <a href="#">Guidance on Supporting Me to Stay Safe and Well (2020)</a></li><li>HSE Disability Quality Improvement Team: <a href="#">Risk Assessment Tool for Supporting Me to Stay Safe and Well (2020)</a></li><li><a href="#">National Framework for Person Centred Planning in Services for Persons with a Disability (2018)</a></li></ul>

## Regulation 6: Health care

**Standard 4.1:** The health and development of each child and person is promoted.

**Standard 4.2:** Each child and person receives a health assessment and is given appropriate support to meet any identified need.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider provided appropriate healthcare for each resident, having regard to that resident's personal plan?</li><li>2. Has the person in charge ensured that:<ol style="list-style-type: none"><li>a. a medical practitioner of the resident's choice or acceptable to the resident is made available to the resident</li><li>b. where medical treatment is recommended and agreed by the resident, such treatment is facilitated</li><li>c. the resident's right to refuse medical treatment shall be respected (such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner)</li><li>d. when a resident requires services provided by allied health professionals, access to such services is provided by the provider or by arrangement with the Executive</li><li>e. residents are supported to access appropriate health information both within the residential service and as available within the wider community?</li></ol></li><li>3. Has the person in charge ensured that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes?</li></ol>	<p>Regulations</p> <ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 6</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• <a href="#">My Health Check Guidance (2019)</a></li><li>• Disability Quality Improvement Team: <a href="#">Guidance on Supporting Me to Stay Safe and Well (2020)</a></li><li>• Disability Quality Improvement Team: <a href="#">Risk Assessment Tool for Supporting Me to Stay Safe and Well (2020)</a></li><li>• Disability Quality Improvement Team: HSE Passport for Health (Expected Q2 2025)</li></ul> <p>Decision Support Service</p> <ul style="list-style-type: none"><li>• <a href="#">Your Guide to an Advanced Healthcare Directive</a></li><li>• <a href="#">Code of Practice for Healthcare Professionals</a> and <a href="#">Video Version</a></li><li>• <a href="#">Code of Practice on Advanced Healthcare Directives for Healthcare Professionals</a> and <a href="#">Video Version</a></li></ul>

## Regulation 7: Positive behavioural support

**Standard 3.2:** Each child and person experiences care that supports positive behaviour and emotional wellbeing.

**Standard 3.3:** Children and people living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider ensured that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process?</li><li>2. Has the provider ensured that where restrictive procedures — including physical, chemical or environmental restraint — are used, such procedures are applied in accordance with national policy and evidence-based practice?</li><li>3. Has the person in charge ensured that staff have up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour?</li><li>4. Has the person in charge ensured that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques?</li><li>5. Has the person in charge ensured that, where a resident's behaviour necessitates intervention under this regulation:<ol style="list-style-type: none"><li>a. every effort is made to identify and alleviate the cause of the resident's challenging behaviour</li><li>b. all alternative measures are considered before a restrictive procedure is used</li><li>c. and the least restrictive procedure, for the shortest duration necessary, is used?</li></ol></li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 7</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Provision of behavioural support</a>.</li><li>• HSE Disability Quality Improvement Team Guiding Principles: <a href="#">Provision of Behavioural Support</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">The use of restrictive procedures and physical, chemical and environmental restraint</a>.</li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Practical Application of PNR</a></li><li>• HSE Disability Quality Improvement Team Guiding Principles: <a href="#">Preventing the Need for Restrictions (PNR)</a></li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li>• <a href="#">Guidance on Restrictive Practice (2023)</a></li><li>• <a href="#">Restrictive Practice Self-Assessment Questionnaire</a></li><li>• <a href="#">Restrictive Practice Quality Improvement Plan</a></li><li>• <a href="#">AJ Framework for Thematic Inspections of Restrictive Practices (2023)</a></li><li>• <a href="#">Restrictive Practices Webinar Slides</a></li><li>• <a href="#">Registered Provider Webinar FAQ</a></li><li>• <a href="#">Webinar on Restrictive Practices Thematic Inspections (June 2023)</a> and <a href="#">FAQ</a></li></ul> <p><b>HSEland Training – You must register with HSEland for access.</b></p> <ul style="list-style-type: none"><li>• <a href="#">Human Rights Based Approach to Restrictive Practices</a></li><li>• <a href="#">Positive Behaviour Support – An Introduction</a></li></ul>

## Regulation 8: Protection

**Standard 3.1:** Each child and person is protected from abuse and neglect and their safety and welfare is promoted.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider ensured that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection?</li><li>2. Has the provider protected residents from all forms of abuse?</li><li>3. Where the person in charge is the subject of an incident, allegation or suspicion of abuse, has the provider investigated the matter or nominated a third party who is suitable to investigate the matter?</li><li>4. Has the provider ensured that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with?</li><li>5. Has the person in charge initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse?</li><li>6. Has the person in charge put in place safeguarding measures to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity?</li><li>7. Has the person in charge ensured that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse?</li><li>8. Has the person in charge ensured that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children?</li></ol>	<p>Regulations</p> <ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 8</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">The prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Provision of personal intimate care</a>.</li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Provision of Intimate Care</a></li></ul> <p>HIQA</p> <ul style="list-style-type: none"><li>• <a href="#">National Standards for Safeguarding (December 2019)</a></li><li>• <a href="#">Indicators of Abuse Booklet (November 2024)</a></li><li>• <a href="#">Assessment Judgement Framework for Safeguarding (June 2024)</a></li><li>• <a href="#">Guidance on Safeguarding (June 2024)</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• <a href="#">Child Protection and Welfare Policy (2024)</a></li><li>• <a href="#">Addendum to Children First National Guidance (January 2019)</a></li><li>• <a href="#">Children First National Guidance (2017)</a></li><li>• <a href="#">Trust in Care Policy (2005)</a></li></ul> <p><b>HSEland Training – You must register with HSEland for access.</b></p> <ul style="list-style-type: none"><li>• <a href="#">Safeguarding Adults at Risk of Abuse</a> (This is a prerequisite for some other training listed below)</li><li>• <a href="#">Safeguarding Adults Designated Officer Programme Stage 1 and 2 (2025)</a></li><li>• <a href="#">Safeguarding Adults Designated Officer Programme Stage 3 (2025)</a></li><li>• <a href="#">Safeguarding Awareness Workshop</a></li><li>• <a href="#">Incident Management &amp; Safeguarding Vulnerable Persons</a></li></ul>

## Regulation 9: Rights

**Standard 1.1:** The rights and diversity of each child and person are respected and promoted.

**Standard 1.2:** The privacy and dignity of each child and person are respected.

**Standard 1.3 (Children):** Each child exercises choice and experiences care and support in everyday life.

**Standard 1.3 (Adults):** Each person exercises choice and control in their life in accordance with preferences.

**Standard 1.6 (Children):** Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and best practice.

**Standard 1.6 (Adults):** Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and best practice.

Lines of enquiry	Regulations
1. Has the provider ensured that the centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident?	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 9</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Provision of personal intimate care</a>.</li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Provision of Intimate Care</a></li></ul>
2. Has the provider ensured that each resident, in accordance with his or her wishes, age and the nature of his or her disability:	HIQA <ul style="list-style-type: none"><li>• <a href="#">HIQA Resources on the Fundamentals of Advocacy in Health &amp; Social Care (April 2023)</a></li></ul> HSE <ul style="list-style-type: none"><li>• <a href="#">Consent Policy (2024)</a></li><li>• Disability Quality Improvement Team: Principles for Promoting Healthy Relationships and Sexuality (Q3 2025)</li></ul>
a. participates in and consents, with supports where necessary to decisions about his or her care and support	Legislation <ul style="list-style-type: none"><li>• <a href="#">Assisted Decision Making (Capacity) Act (2015)</a></li></ul>
b. has the freedom to exercise choice and control in his or her daily life	Websites <ul style="list-style-type: none"><li>• <a href="#">UN Convention on the Rights of People with Disabilities - Assisted Decision Making (Capacity) Act - Decision Support Service - National Advocacy Service for People with Disabilities - Inclusion Ireland Speak Up, Speak Out!</a></li></ul>
c. can exercise his or her civil, political and legal rights	<b>HSEland Training – You must register with HSEland to access.</b>
d. has access to advocacy services and information about his or her rights	<ul style="list-style-type: none"><li>• <a href="#">HSE National Consent Policy</a></li></ul>
e. is consulted and participates in the organisation of the designated centre?	The following four modules are based on HIQA's <a href="#">Guidance on a Human Rights-based Approach (2019)</a> <ul style="list-style-type: none"><li>• <a href="#">Module 1: Introduction to Human Rights in Health and Social Care</a></li><li>• <a href="#">Module 2: Role of Good Communication in Upholding Human Rights</a></li><li>• <a href="#">Module 3: Putting People at the Centre of Decision Making</a></li><li>• <a href="#">Module 4: Positive Risk Taking</a></li></ul>
3. Has the provider ensured that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information?	The Assisted Decision-Making (Capacity) Act 2015: Guidance for Healthcare Workers Programme. <ul style="list-style-type: none"><li>• <a href="#">1. Assisted Decision-Making (Capacity) Act 2015: Guiding Principles</a></li><li>• <a href="#">2. Assisted Decision-Making (Capacity) Act 2015: Working with Decision Supporters</a></li><li>• <a href="#">3. Assisted Decision-Making (Capacity) Act 2015: Advance Healthcare Directives</a></li></ul>

## Regulation 10: Communication

**Standard 1.5 (Children):** Each child has access to information, provided in an accessible format that takes account of their communication needs.

**Standard 1.5 (Adults):** Each person has access to information, provided in a format appropriate to their communication needs.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider ensured that each resident is assisted and supported at all times to communicate in accordance with the resident's needs and wishes?</li><li>2. Has the provider ensured that:<ol style="list-style-type: none"><li>a. each resident has access to a telephone and appropriate media, such as television, radio, newspapers and Internet</li><li>b. where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities</li><li>c. where required, residents are supported to use assistive technology and aids and appliances?</li></ol></li><li>3. Has the person in charge ensured that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan?</li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 10</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Communication with residents</a></li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Communications with Residents</a></li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Provision of Information to Residents</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• <a href="#">Guidelines for Communicating Clearly in Plain English</a></li><li>• <a href="#">Communicating Clearly</a></li></ul> <p>Disabled Persons Organisation (DPO) Resources</p> <ul style="list-style-type: none"><li>• <a href="#">Voice of Vision Impairment – Manual on Accessible Communications</a></li><li>• <a href="#">Irish Deaf Society – Booking Interpreters</a></li><li>• <a href="#">As I Am – Talking About Autism, A Language Guide</a></li></ul> <p>Websites</p> <ul style="list-style-type: none"><li>• <a href="#">EasyHealth</a> – Library of accessible health information with simple words, clear pictures and films.</li><li>• <a href="#">PhotoSymbols</a> – Photo library of easy read information and images, featuring disabled actors.</li></ul>

## Regulation 11: Visits

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider facilitated each resident to receive visitors in accordance with the resident's wishes?</li><li>2. Has the person in charge ensured that, as far as reasonably practicable, residents are free to receive visitors without restriction, unless:<ol style="list-style-type: none"><li>a. in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident or</li><li>b. where the resident has requested the restriction of visits or</li><li>c. in the case of a child, where the family/guardian or social worker has so requested or</li><li>d. a Court order has required the restriction of visits?</li></ol></li><li>3. Has the person in charge ensured, that having regard to the number of residents and needs of each resident, that:<ol style="list-style-type: none"><li>a. suitable communal facilities are available to receive visitors and</li><li>b. a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required?</li></ol></li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 11</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Visitors</a></li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Visitors</a></li></ul>

## Regulation 12: Personal possessions

Lines of enquiry	Regulations
<p>1. 1. Has the provider ensured that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless:</p> <ol style="list-style-type: none"><li>a. the consent of the person has been obtained</li><li>b. the account is in the name of the resident to which the money belongs</li><li>c. the account is not used by the provider in connection with the carrying on or management of the designated centre?</li></ol> <p>2. Has the person in charge ensured that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs?</p> <p>3. Has the person in charge ensured that, as far as reasonably practicable, residents can bring their own furniture and furnishings into the rooms they occupy?</p> <p>4. Has the person in charge ensured that:</p> <ol style="list-style-type: none"><li>a. each resident uses and retains control over his or her clothes</li><li>b. each resident is supported to manage his or her laundry in accordance with his or her needs and wishes</li><li>c. where necessary, each resident's linen and clothes are laundered regularly and returned to that resident</li><li>d. each resident has adequate space to store and maintain his or her clothes and personal property and possessions?</li></ol>	<p>Regulations</p> <ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 12</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Residents' personal property, personal finances and possessions</a></li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Residents' Personal Property, Finances and Possessions</a></li></ul> <p>Decision Support Service</p> <ul style="list-style-type: none"><li>• Assisted Decision Making Example – <a href="#">Financial Affairs #1</a>, <a href="#">Financial Affairs #2</a>, <a href="#">Bank Account</a></li></ul> <p>Resources</p> <ul style="list-style-type: none"><li>• NAS <a href="#">My Money, My Rights, My Options</a></li></ul>

## Regulation 13: General welfare and development

**Standard 1.4 (Children):** Each child develops and maintains relationships and links with family and the community.

**Standard 1.4 (Adults):** Each person develops and maintains personal relationships and links with the community in accordance with their wishes.

**Standard 4.4 (Children):** Educational opportunities are provided to each child to maximise their individual strengths and abilities.

**Standard 4.4 (Adults):** Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual preferences.

**Standard 8.1:** Information is used to plan and deliver child- and person- centred, safe and effective residential services and support.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider made available to each resident appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes?</li><li>2. Has the provider provided the following for residents:<ol style="list-style-type: none"><li>a. access to facilities for occupation and recreation</li><li>b. opportunities to participate in activities in accordance with their interests, capacities and developmental needs</li><li>c. supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes?</li></ol></li><li>3. Has the provider ensured that, where children are accommodated in the designated centre, each child has:<ol style="list-style-type: none"><li>a. opportunities for play</li><li>b. age-appropriate opportunities to be alone</li><li>c. opportunities to develop life skills and help preparing for adulthood?</li></ol></li><li>4. Has the person in charge ensured that:<ol style="list-style-type: none"><li>a. residents are supported to access opportunities for education, training and employment</li><li>b. where residents are in transition between services, continuity of education, training and employment is maintained</li><li>c. when children enter residential services, their assessment includes appropriate education attainment targets</li><li>d. children approaching school-leaving age are supported to participate in third-level education or relevant training programmes as appropriate to their abilities and interests?</li></ol></li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 13</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Education policy which complies with relevant legislation in respect of the education needs of children with disabilities (in centres where children reside)</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Access to education, training and development</a>.</li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• <a href="#">HSE Day Services for Adults</a></li></ul> <p>Education, Training and Employment Resources</p> <ul style="list-style-type: none"><li>• <a href="#">National Learning Network</a></li><li>• <a href="#">Special Educational Needs (SEN) Resources</a></li><li>• <a href="#">Trinity Centre for People with Intellectual Disabilities</a></li><li>• <a href="#">Rehabilitative Training for Disabled People (Citizens Information)</a></li><li>• <a href="#">Supported Employment for Disabled People (Citizens Information)</a></li><li>• <a href="#">EmployAbility Services</a></li></ul>

## Regulation 17: Premises

**Standard 2.2 (Children):** The residential service is homely and accessible and promotes the privacy, dignity and safety of each child.

**Standard 2.2 (Adults):** The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>Has the provider ensured that the premises of the centre are:<ol style="list-style-type: none"><li>designed and laid out to meet the aims and objectives of the service and the number and needs of residents</li><li>of sound construction and kept in a good state of repair externally and internally</li><li>clean and suitably decorated?</li></ol></li><li>Has the provider ensured that where the centre accommodates adults and children, sleeping accommodation is provided separately and decorated in an age- appropriate manner?</li><li>Has the provider ensured that where children are accommodated in the centre, appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities?</li><li>Has the provider ensured that such equipment and facilities as may be required for use by residents and staff are provided and maintained in good working order? Does the provider ensure the equipment and facilities are serviced and maintained regularly, and any repairs or replacements carried out as quickly as possible so as to minimise disruption and inconvenience to residents.</li><li>Has the provider ensured that the premises of the centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents?</li><li>Has the provider ensured that the centre adheres to best practice in achieving and promoting accessibility? Does the provider regularly review its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the centre to ensure it is accessible to all?</li><li>Has the provider make provision for the matters set out in Schedule 6 of the regulations?</li></ol>	<ul style="list-style-type: none"><li><a href="#">Link to Regulation 17</a></li></ul> <p>Other</p> <ul style="list-style-type: none"><li>National Disability Authority - <a href="#">Centre for Excellence in Universal Design</a></li><li>National Standards Association of Ireland – <a href="#">Universal Design and Inclusion</a></li></ul>

## Regulation 18: Food and nutrition

Lines of enquiry	Regulations
<ol style="list-style-type: none"> <li>1. Has the person in charge, so far as reasonable and practicable, ensured that:               <ol style="list-style-type: none"> <li>a. residents are supported to buy, prepare and cook their own meals if they so wish</li> <li>b. that there is adequate provision for residents to store food in hygienic conditions?</li> </ol> </li> <li>2. Has the person in charge ensured that each resident is provided with adequate quantities of food and drink which:               <ol style="list-style-type: none"> <li>a. are properly and safely prepared, cooked and served</li> <li>b. are wholesome and nutritious</li> <li>c. offers choice at mealtimes</li> <li>d. are consistent with each resident's individual dietary needs and preferences?</li> </ol> </li> <li>3. Has the person in charge ensured that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner?</li> <li>4. Has the person in charge ensured that residents have access to meals, refreshments and snacks at all reasonable times as required?</li> </ol>	<p><b>Regulations</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Link to Regulation 18</a></li> <li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Monitoring and documentation of nutritional intake</a></li> <li>• HSE Disability Quality Improvement Team Guiding Principles: Monitoring and Documentation of Nutritional Intake (Expected Q4 2025)</li> <li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Health and safety, including food safety, of residents, staff and visitors.</a></li> </ul> <p><b>HSE</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Food Nutrition and Hydration Policy for Adult Disability Services (2020)</a></li> <li>• <a href="#">Implementation Toolkit for Food Nutrition and Hydration Policy (2020)</a></li> </ul>

## Regulation 20: Information for residents

Lines of enquiry	Regulations
<ol style="list-style-type: none"> <li>1. Has the provider prepared a guide in respect of the designated centre and ensured that a copy is provided to each resident?</li> <li>2. Does this guide prepared under paragraph (1) of Regulation 20 and as detailed in point 1 above include:               <ol style="list-style-type: none"> <li>a. a summary of the services and facilities provided</li> <li>b. the terms and conditions relating to residency</li> <li>c. arrangements for residents' involvement in the running of the centre</li> <li>d. how to access any inspection reports on the centre</li> <li>e. the procedure respecting complaints</li> <li>f. arrangements for visits?</li> </ol> </li> </ol>	<p><b>Regulations</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Link to Regulation 20</a></li> <li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Provision of information to residents</a></li> <li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Provision of Information to Residents</a></li> </ul>

## Regulation 25: Temporary absence, transition and discharge of residents

**Standard 2.4 (Children):** Children are actively supported in the transition from childhood to adulthood and are sufficiently prepared for and involved in the transfer to adult services or independent living.

**Standard 2.4 (Adults):** Adults are supported throughout the transition from children's services to adults' services.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the person in charge ensured that, where a resident is temporarily absent from the designated centre, relevant information about the resident is provided to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place?</li><li>2. When a resident returns from another designated centre, hospital or other place, has the person in charge of the designated centre from which the resident was temporarily absent taken all reasonable actions to ensure that all relevant information about the resident is obtained from the person responsible for the care, support and wellbeing of the resident at the other designated centre, hospital or other place?</li><li>3. Has the person in charge ensured that residents receive support as they transition between residential services or leave residential services through:<ol style="list-style-type: none"><li>a. the provision of information on the services and supports available</li><li>b. where appropriate, the provision of training in the life-skills required for the new living arrangement?</li></ol></li><li>4. Has the person in charge ensured that the discharge of a resident from the designated centre:<ol style="list-style-type: none"><li>a. is determined on the basis of transparent criteria in accordance with the statement of purpose</li><li>b. take place in a planned and safe manner</li><li>c. is in accordance with the resident's needs as assessed in accordance with Regulation 5(1) and the resident's personal plan</li><li>d. is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative</li><li>e. is in accordance with the terms and conditions of the agreement referred to in Regulation 24(3)?</li></ol></li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 25</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Admissions, including transfers, discharge and the temporary absence of residents</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• Compatibility and Choice Assessment for Residential Disability Services (Expected Q4 2025)</li><li>• Guidance on Communication with Residents in the event of a Designated Centre Closure (Expected 2025)</li></ul>

## Regulation 26: Risk management procedures

**Standard 3.4:** Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Lines of enquiry	Regulations
<p>1. Has the provider ensured that the risk management policy, referred to in paragraph (16) of Schedule 5 of the regulations, includes the following:</p> <ul style="list-style-type: none"><li>a. hazard identification and assessment of risks throughout the designated centre</li><li>b. the measures and actions in place to control the risks identified</li><li>c. the measures and actions in place to control specified risks, namely:<ul style="list-style-type: none"><li>i. the unexpected absence of any resident</li><li>ii. accidental injury to residents, visitors or staff</li><li>iii. aggression and violence</li><li>iv. self-harm</li></ul></li><li>d. arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents</li><li>e. arrangements to ensure that risk control measures are proportional to the risk identified and that any adverse impact such measures might have on the residents' quality of life have been considered?</li></ul> <p>2. Has the provider ensured that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies?</p> <p>3. Has the provider ensured that all vehicles used to transport residents, where these are provided by the provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained?</p>	<p>Regulations</p> <ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 26</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Risk management and emergency planning</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Incidents where a resident goes missing</a></li><li>• Disability Quality Improvement Team Guiding Principles: <a href="#">Incidents where a resident goes missing</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• <a href="#">Risk Management Policy (2023)</a></li><li>• <a href="#">Risk Management Supporting Tools</a></li><li>• <a href="#">Generic Risk Assessment Form (2023)</a></li><li>• <a href="#">Risk Assessment Tool</a></li><li>• <a href="#">Incident Management Framework (2020)</a></li><li>• <a href="#">Open Disclosure Policy (2019)</a></li></ul>

## Regulation 27: Protection against infection

Line of enquiry	Regulations
1. Has the provider ensured that residents who may be at risk of a healthcare-associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority?	<ul style="list-style-type: none"> <li>• <a href="#">Link to Regulation 27</a></li> </ul> <p>HIQA</p> <ul style="list-style-type: none"> <li>• <a href="#">HIQA Assessment Judgement Framework for Infection Control and Microbial Stewardship (June 2024)</a></li> <li>• <a href="#">HIQA National Standards for Infection Prevention and Control in Community Settings (September 2018)</a></li> </ul> <p>Health Protection Surveillance Centre (HSPC)</p> <ul style="list-style-type: none"> <li>• <a href="#">Guidance on Prevention and Management of Cases and Outbreaks of Respiratory Viral Infections (December 2024)</a></li> <li>• <a href="#">Notifiable Infectious Diseases</a></li> <li>• <a href="#">National Guidelines on Management of Outbreaks of Norovirus (2003)</a> (Under review December 2023)</li> <li>• <a href="#">Interim Guidance Note on Managing Norovirus (November 2023)</a></li> </ul>

## Regulation 28. Fire precautions

Lines of enquiry	Regulations
1. Has the provider ensured that effective fire safety management systems are in place? 2. Has the provider: <ul style="list-style-type: none"> <li>a. taken adequate precautions against the risk of fire in the designated centre and, in that regard, provided suitable firefighting equipment, building services, bedding and furnishings</li> <li>b. made adequate arrangements for: <ul style="list-style-type: none"> <li>i. maintaining of all fire equipment, means of escape, building fabric and building services</li> <li>ii. reviewing fire precautions</li> <li>iii. testing fire equipment</li> </ul> </li> <li>c. provided adequate means of escape, including emergency lighting?</li> </ul> 3. Has the provider made adequate arrangements for: <ul style="list-style-type: none"> <li>a. detecting, containing and extinguishing fires</li> <li>b. giving warning of fires</li> <li>c. calling the fire service</li> <li>d. and evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations?</li> </ul> 4. Has the provider: <ul style="list-style-type: none"> <li>a. made arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes; location of fire alarm call points, and first-aid firefighting equipment; fire control techniques; and arrangements for the evacuation of residents</li> <li>b. ensured, by means of fire safety management and fire drills at suitable intervals, that staff and — in so far as is reasonably practicable — residents are aware of the procedure to be followed in the case of fire?</li> </ul> 5. Has the person in charge ensured that the procedures to be followed in the event of fire are displayed in a prominent place and or are readily available as appropriate in the designated centre?	<ul style="list-style-type: none"> <li>• <a href="#">Link to Regulation 28</a></li> </ul> <p>HIQA</p> <ul style="list-style-type: none"> <li>• <a href="#">The Fire Safety Handbook - A guide for registered providers and staff (2023)</a> <ul style="list-style-type: none"> <li>○ Note: Extensive resources to legislation and codes of practice are contained within this handbook.</li> </ul> </li> <li>• <a href="#">Fire Safety Precautions E-learning Course</a></li> </ul> <p>Other</p> <ul style="list-style-type: none"> <li>• <a href="#">Code of Practice for Fire Safety in Community Dwelling Houses (2017)</a></li> </ul>

## Regulation 29. Medicines and pharmaceutical services

**Standard 4.3:** Each child's and person's health and wellbeing is supported by the residential service's policies and procedures for medication management.

Lines of enquiry	Regulations
<ol style="list-style-type: none"><li>1. Has the provider ensured that a pharmacist of the resident's choice, in so far as is practicable, or a pharmacist acceptable to the resident, is made available to each resident?</li><li>2. Has the person in charge facilitated a pharmacist made available under paragraph (1) in meeting his or her obligations to the resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland, and provided appropriate support for the resident if required in his or her dealings with the pharmacist?</li><li>3. Has the person in charge ensured that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such a record is kept in a safe and accessible place in the designated centre?</li><li>4. Has the person in charge ensured that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that:<ol style="list-style-type: none"><li>a. any medicine that is kept in the designated centre is stored securely</li><li>b. medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident</li><li>c. out-of-date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance</li><li>d. storage and disposal of out-of-date or unused controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended?</li></ol></li><li>5. Has the person in charge ensured that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability?</li></ol>	<ul style="list-style-type: none"><li>• <a href="#">Link to Regulation 29</a></li><li>• <b>Provider Prompt:</b> You must have a provider specific Schedule 5 Policy on <a href="#">Medication management</a></li></ul> <p>HSE</p> <ul style="list-style-type: none"><li>• <a href="#">National Framework for Medicines Management in Disability Services (2021)</a></li></ul> <p>Pharmaceutical Society of Ireland</p> <ul style="list-style-type: none"><li>• <a href="#">Know, Check, Ask for Safer Medicines</a></li></ul> <p>Other</p> <ul style="list-style-type: none"><li>• <a href="#">Medicines.ie</a> – Regulator approved information on medicines available in Ireland.</li></ul>