Research to inform the development of a national framework for person-centred planning in disability services:

Analysis of a sample of HIQA inspection reports on residential services for people with disabilities

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Executive Summary

Background

This research report focuses on analysis of a sample of 50 HIQA inspection reports on residential services for people with disabilities. The analysis was carried out to inform the development of a national framework for person-centred planning. The work to research and develop the framework for person-centred planning is being carried out under the HSE Transforming Lives programme by a subgroup of the National New Directions Implementation Group[1], working in partnership with the National Disability Authority (NDA).

For people receiving disability support services, and particularly those in full-time residential services or in day support programmes, person-centred planning is a key process to focus the delivery of services and supports with the individual.

Person-centred planning is a process that encourages:

> "good planning leading to positive changes in people's lives and services"

It may be defined as a way of discovering:

- how a person wants to live their life
- what is required to make that possible[2]

It is expected that an agreed national framework for person-centred planning will support disability services to consistently achieve good practice, and therefore support the achievement of positive outcomes for people who use those services. It was anticipated that this piece of research would provide useful information on current practices in relation to person-centred planning in residential disability services and therefore would also be of use in informing that framework.

This research report is one of three strands of research being carried out to inform the framework.

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[1] The National New Directions Implementation Group is part of the HSE Transforming Lives programme.

[2] The National Disability Authority guidelines on Person-centred Planning (2005) (http://nda.ie/Good-practice/Guidelines/Guidelines-on-Person-Centered-Planning/Guidelines-on-Person-Centred-Planning-format-versions/main.pdf)

The other two strands of research are:

- a review of literature since 2005 (since the publication of the NDA Guidelines on Person Centred Planning) to identify the key elements and principles of good practice in person-centred planning that should be included in a person-centred planning framework
- research on person-centred planning approaches in current use in Irish disability services, by taking a 360 degree look at a series of person centred plans as case studies of current practice. This strand of the research also includes interviews with key informants with knowledge of person-centred planning in residential services for people with disabilities

The context for person-centred planning in the Standards and Regulations for Residential Services for People with Disabilities

Person-centred planning is not defined in the regulations and standards for residential services for people with disabilities. There is a requirement for each person to have a 'personal plan'. There are aspects of the requirements for personal plans in the regulations that indicate that a personal plan is different to a person-centred plan and that contradict good person-centred planning practice. In summary these are:

- the 28-day time limit for a personal plan to be prepared. In contrast, person-centred planning is a process that may take considerable time in order to develop a plan that is meaningful for a person. A preparation stage should be part of the process to allow a person to build capacity for self-advocacy and decision making, and to develop a relationship with the person who may be supporting them in the process, in order that they can engage meaningfully with person-centred planning
- the requirement for the person-in-charge to prepare the personal plan. Good practice in person-centred planning would demand that the person who is at the centre of a person-centred planning process should lead that process, as far as possible. The role of the plan-facilitator therefore, is to support the person to develop their person-centred plan. Good practice in person-centred planning also means that the plan-facilitator should ensure a degree of independence from the service provider when person-centred planning is being facilitated from within an organisation. The person-in-charge role would not be the most suitable in this regard, although a person-in-charge may have a role in ensuring that an individual's person-centred plan is implemented.
- the explicit link between needs assessment and personal plans, indicating that personal plans are more focussed on a person's everyday support needs.

The definition of a personal plan states that it should respond specifically to a person's needs assessment, and include any specialist services required such as speech and language therapy. This means that a personal plan could, for example, include personal support plans for intimate care, particular health needs or behaviour support. In contrast, the purpose of person-centred planning is to discover how a person wants to live their life and what is required to make that possible. The overall aim of person-centred planning is positive change in a person's life and services; it includes a holistic approach to the person's life, needs and aspirations.

- the requirement that the review of a personal plan is multi-disciplinary**,** which refers to the involvement of clinicians or therapists such as nurses, physiotherapists, occupational therapists, GP's etc. This conflicts with the principles and ethos of person-centred planning, which would indicate that the person who is the focus of the plan should lead the process and decide who should be at their review.

Notwithstanding the above, the regulations do require a person-centred approach to be taken to the development of personal plans and in this sense there are overlaps with good practice in person-centred planning. It is these areas of overlap that are focussed on in this report.

Methodology

On the 5th of October 2016, the 50 most recent relevant published reports on HIQA inspections of residential services for people with disabilities were downloaded from the HIQA website. A residential service or setting is referred to in the regulations and inspection reports as a **designated centre**. HIQA inspections report on compliance against a range of different **outcomes** and the regulations relating to personal plans are inspected under Outcome 5, 'Social Care Needs'. Reports where Outcome 5 was not inspected were excluded from the sample as it was judged that they would not contain information relevant to this research project. Reports that related to children's services were also excluded as the proposed person-centred planning framework to be developed will apply to adult services only. Where a report was excluded, the next most recent report on the HIQA website was added to the sample in order to maintain an overall sample of 50 reports.

A review of the inspection reports revealed that 5 outcomes contained information relevant to person-centred planning. The reports on all of these 5 outcomes were reviewed to inform the analysis.

Analysis of inspection reports

Language used in inspection reports related to personal plans

There is significant variability in the terms used in inspection reports in respect of different types of plans used in disability services; personal plan, person-centred plan, support plan, care plan, person centred support plan are among the terms used. This indicates a lack of clarity in the sector about what a personal plan is.

The framework for person-centred planning should provide some clarity about how person-centred planning relates to the definition of a 'personal plan' as set out in the standards and regulations for residential disability services.

Compliance Levels

Only half of the services in the sample of 50 reports were found to be compliant or substantially compliant with Outcome 5, Social Care Needs. This finding, coupled with a review of the reasons for non-compliance outlined below, indicates that a significant proportion of service providers are not consistently using a person-centred approach when developing personal plans.

Practices related to compliance and non-compliance

Analysis of the sample of 50 reports revealed the following reasons for non-compliance, that are relevant to person-centred planning practice:

- personal plans that did not contain evidence that the person was involved
- personal plans that were was not in an accessible format
- personal plans that concentrated on health
- personal plans that had goals which were generic
- personal plans that had goals which were activities
- poor access to ICT and communication supports
- personal plans that were not regularly reviewed
- personal plans that were not updated to account for changing circumstances
- the effectiveness of the personal plan was not reviewed
- personal plans that had no name attached of the person responsible for ensuring goals were achieved

The inspection reports also give example of practices related to compliance. Some of these are reflective of the areas listed above.

Additional aspects of practice that are relevant to good practice in person-centred planning include:

- maintaining and re-establishing family links
- goals that were not only individual but were meaningful to the person
- advocacy and self-advocacy
- support for making choices
- positive risk taking
- going into the community as an individual

The person-centred planning framework should clearly set out good practice in relation to the areas of non-compliance found in the reports as well as additional aspects of practice that are positively commented on in inspection reports.

Tools and processes for person-centred planning
There is little evidence in the sample of inspection reports that the use of specific person-centred planning tools is commonplace in residential services. The framework for person-centred planning should guide on suitable tools for use, but with an emphasis on quality processes and outcomes rather than tools.

Goal setting
Some of the practices related to non-compliance arise from poor practice in relation to supports for goal setting in the development of personal plans. Analysis of the inspection reports in relation to goal setting also reveals positive commentary in relation to the following:

- goals in personal plans that are specific, person-centred, longer-term and developmental
- goals which are broken down into smaller steps to reach a longer term aim

The person-centred planning framework should include advice on how to support goal setting as part of the person-centred planning process, with reference to person-centred, long-term, developmental goals and how longer term goals can be broken down using a step by step approach.

Supporting self-advocacy
Supporting self-advocacy, empowering people with disabilities and their parents/family to take control of their lives and respecting the natural authority of the person and the families is part of good person-centred planning practice. There is positive commentary in the inspection reports in relation to practices that empower residents to become involved in the running of their service. The person-centred planning framework should include advice on supporting self-advocacy.

Training
There is little evidence of training for person-centred planning in residential services in the sample of inspection reports. This may be because it is not mandatory training. The person-centred planning framework should advise on training that supports good practice in person-centred planning.

1. Introduction

The HSE is developing a national framework for person-centred planning under the Transforming Lives programme, with support from the National Disability Authority (NDA). For people receiving disability support services, and particularly those in full-time residential services or in day support programmes, person-centred planning is a key process to focus the delivery of services and supports with the individual and how the person wants to live their life. It underpins the New Directions approach to person-centred services and supports for people with a disability.

The work to research and develop the framework for person-centred planning is being carried out by a subgroup of the National New Directions Implementation Group[3], working in partnership with the National Disability Authority.

This report is one of three strands of research undertaken to inform the development of the person-centred planning framework. It comprises analysis of a sample of HIQA reports on residential services, focussing on commentary that is relevant to person-centred planning practices. The intention is that the commentary on current practice provided in the HIQA reports will inform the framework by:

- identifying particular aspects of good practice in person-centred planning that are not being consistently implemented in residential services and may need particular focus, emphasis, or an additional level of detail to be provided in the framework, in order to support their implementation
- identifying positive real-life examples of how particular person-centred planning practices can have a positive impact on people with disabilities and support them to achieve meaningful outcomes
- highlighting particular issues in the sector that may needed to be addressed by the framework

[3] The National New Directions Implementation Group is part of the HSE Transforming Lives programme.

The other two strands of research being carried out to inform the framework are

- a review of literature since 2005 (since the publication of the NDA Guidelines on Person Centred Planning) to identify the key elements and principles of good practice in person-centred planning that should be included in a person-centred planning framework
- research on person-centred planning approaches in current use in Irish disability services, by taking a 360 degree look at a series of person centred plans as case studies of current practice. This strand of the research also includes interviews with key informants with knowledge of person-centred planning in residential services for people with disabilities.

Some context to HIQA inspections of residential services is provided in the next section, followed by a description of the methodology used for this piece of research. The main body of the report comprises a section concentrating on practices which HIQA have commented on negatively, followed by positive commentary and including a discussion on other issues raised by the analysis of the reports.

2. The context for person-centred planning in HIQA inspection reports on residential services for people with disabilities

2.1 Definition of 'Personal Plan' in the Standards and Regulations for Residential Services

When considering this analysis of HIQA inspection reports on residential services with a focus on person-centred planning, it is important to note that there is no reference to 'person-centred planning' in the standards and regulations that HIQA inspect against. The standards and regulations do however require a person-centred approach to be used in the development of a **'personal plan',** which is defined in the regulations[4] as a plan that is prepared in accordance with regulation 5(4):

> 5 (4) The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which—
>
> (a) reflects the resident's needs, as assessed in accordance with paragraph (1)[5];
>
> (b) outlines the supports required to maximise the resident's personal development in accordance with his or her wishes; and
>
> (c) 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.

In addition to the requirement for a personal plan outlined above, the regulations also specify that:

- the personal plan should be made available, in an accessible format, to the person and, where appropriate, their representative

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[4] Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities) Regulations 2013

[5] Paragraph (1) states that the person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out— (a) prior to admission to the designated centre; and (b) subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

- the personal plan should be reviewed annually or more frequently if there is a change in needs or circumstances
- the review should be multi-disciplinary
- the review should be conducted in a manner to ensure the maximum participation of the person, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability
- the review should assess the effectiveness of the plan
- the review should take into account changes in circumstances and new developments
- the personal plan should be amended in accordance with any changes recommended following a review
- the recommendations arising out of a review should be recorded and should include any proposed changes to the plan, the rationale for any proposed changes and the names of those responsible for pursuing objectives in the plan within agreed timescales

As well as this definition in the regulations, a personal plan is defined in the National Standards for Residential Services for Children and Adults with Disabilities as:

> a plan setting out the person's individual goals and needs and how it is proposed to address them. A personal plan takes account of a formal assessment of need, where one has been carried out. The plan typically outlines the supports needed to maximise the person's abilities, their personal development goals in areas such as health and education and any specialist services required such as speech and language therapy. It addresses, as appropriate, issues of consent and risk management. The plan aims to ensure that the specific supports provided to the person with a disability are pertinent to his/her needs and that the service provided by the service provider is purposeful and goal-directed.

2.2 Differences between a personal plan and a person-centred plan

Some of the regulations on personal plans are relevant to person-centred planning as there is some overlap between the two areas. A person-centred approach to the preparation of a personal plan is required in the regulations. The definition in the standards refers to a person's individual goals in areas such as education.

However, there are a number of areas where the definition of a personal plan is clearly different to a person-centred plan, based on what would be considered good practice in person-centred planning:

1. A personal plan is required to be prepared by the person-in-charge within 28 days. In contrast, person-centred planning is a process that may take considerable time in order to develop a plan that is meaningful for a person. A preparation stage should be part of the process to allow a person to build capacity for self-advocacy and decision making, and to develop a relationship with the person who may be supporting them in the process, in order that they can engage meaningfully with person-centred planning. For example, the New Directions report[6] states 'each person will begin to build capacity to help them to make choices and plans during their first 12 months in service.' The time limit of 28 days for preparation of a personal plan in the regulations points to a personal plan being a support plan to respond to a person's everyday care and support needs, rather than a person-centred plan.
2. The regulations require that the person-in-charge prepares the personal plan. Good practice in person-centred planning would demand that the person who is at the centre of a person-centred planning process should lead that process, as far as possible. The role of the plan-facilitator therefore, is to support the person to develop their person-centred plan. Good practice in person-centred planning also means that the plan-facilitator should ensure a degree of independence from the service provider when person-centred planning is being facilitated from within an organisation. The person-in-charge role would not be the most suitable in this regard, although a person-in-charge may have a role in ensuring that an individual's person-centred plan is implemented.
3. The definition of a personal plan states that it should respond specifically to a person's needs assessment, and include any specialist services required such as speech and language therapy. This means that a personal plan could, for example, include personal support plans for intimate care, particular health needs or behaviour support. In contrast, the purpose of person-centred planning is to discover how a person wants to live their life and what is required to make that possible. The overall aim of person-centred planning is positive change in a person's life and services; it includes a holistic approach to the person's life, needs and aspirations. Person-centred planning is a process which emphasises taking time to really get to know a person.

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[6] New Directions, Review of HSE Day Services and Implementation Plan 2012-2016, Personal Support Services for Adults with Disabilities

A person-centred plan could therefore include documents which describe a vision of a more positive future for the individual together with a goal based action plan for the attainment of this more positive future. It could include identification of a person's strengths, capabilities, what and who is important to them, what is working well for them and what is not working well.

4. The regulations state that the review of a personal plan should be multi-disciplinary**,** which refers to the involvement of clinicians or therapists such as nurses, physiotherapists, occupational therapists, GP's etc. This conflicts with the principles and ethos of person-centred planning, which would indicate that the person who is the focus of the plan should lead the process and decide who should be at their review.

2.3 Analysis of HIQA Reports informing the framework for person-centred planning

Based on the comparison between a personal plan and a person-centred plan above, it is clear that the standards and regulations related to personal plans cannot be viewed as representing good practice in person-centred planning. However, the regulations require a person-centred approach to the development of personal plans and the definition of a personal plan in the standards refers to a person's individual goals and the supports needed to maximise the person's abilities and their personal development goals in areas such as education. It is therefore useful to review the findings of inspection reports, where there is an overlap between the requirements for a personal plan as defined in the regulations and good practice in person-centred planning. These areas of overlap, particularly the use of a person-centred approach, are focussed on in this report, in order to inform the proposed framework for person-centred planning.

3. Methodology

On the 5th of October 2016, the 50 most recent relevant published reports on HIQA inspections of residential services were downloaded from the HIQA website. HIQA inspections report on compliance against a range of different outcomes and the regulations relating to personal plans are inspected under Outcome 5. Reports where Outcome 5 was not inspected were excluded from the sample as it was judged that they would not contain information relevant to this research project. Reports that related to children's services were also excluded as the proposed person-centred planning framework to be developed will apply to adult services only. Where a report was excluded, the next most recent report on the HIQA website was added to the sample in order to maintain an overall sample of 50 reports.

3.1 Sample of 50 reports

The inspections reported on in the sample of 50 reports cover residential services provided by the HSE, other large service providers as well as a number of smaller providers.

A residential service or setting is referred to in the regulations and inspection reports as a **designated centre**. Two of the designated centres in the sample of 50 reports had recently changed management; one was in the process of closing down and 3 were empty. The 50 reports cover 50 different designated centres as no setting was inspected twice in the time frame.

The designated centres in the sample are a mixture of small, medium and large settings and provide services to people with intellectual and other disabilities (see tables 1 and 2).

Table 1: breakdown by size of designated centre

Number of residents	Number of designated centres in the sample of 50 reports
1-4	16*
5-9	22
10+	12
Number of designated centres	50

*includes 3 empty centres which are due to accommodate less than 4 people

Source: HIQA Reports

Table 2: breakdown by type of disability

Type of disability	Number of designated centres in the sample of 50 reports
Intellectual disability	12
Mixed	6
Physical/sensory	3
Other	1
Not stated	28
	50

Source: HIQA Reports

In the 28 reports where it is unclear what type of disability the residents have, a review of the reports suggests that they are likely to be people with intellectual disabilities.

3.2 Outcomes reviewed in inspection reports

When conducting inspections, HIQA inspect against outcomes which were developed to reflect the overall requirements of the standards and regulations for residential services for people with disabilities. There are 18 outcomes in total. Inspections to inform a registration or registration renewal decision almost always evaluate compliance with all 18 outcomes. Inspections to monitor ongoing regulatory compliance almost always evaluate compliance with 7 specific outcomes which HIQA has identified as potential areas of risk, plus an additional 2 or 3 outcomes. The 7 outcomes that are almost always inspected against are referred to as 'core outcomes'.

A review of the inspection reports revealed that 5 outcomes contained information relevant to person-centred planning. These are listed below with the description of each outcome provided:

- **Outcome 1: Residents' Rights, Dignity and Consultation**

  Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

- **Outcome 2: Communication**
  Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.
- **Outcome 3: Family and personal relationships and links with the community**
  Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.
- **Outcome 5: Social Care Needs**
  Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his or her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.
- **Outcome 10: General Welfare and Development**
  Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Table 3 lists the service providers' compliance levels in the sample of 50 reports when they were inspected against each of these outcomes.

Table 3: compliance levels by outcome

	Outcome 1: Residents' Rights, Dignity and Consultation	Outcome 2: Communication	Outcome 3: Family and personal relationships and links with the community	Outcome 5: Social Care Needs	Outcome 10: General Welfare and Development
Compliant	17 (50%)	19 (76%)	19 (86%)	16 (32%)	15 (68%)
Substantially compliant	6	1	-	9	2
Moderate non-compliance	9	4	4	21	3
Major non-compliance	2	1	1	4	1
Number of times inspected	34	25	22	50	22

Source: HIQA Reports

As explained above, Outcome 5 was inspected against in all 50 reports in the sample. The other outcomes were inspected less often. A review of the reports revealed that even when the other 4 outcomes relevant to person-centred planning are not formally inspected against during an inspection, they tend to be reported under Outcome 5.

Only half of the services in the sample of 50 reports were found to be compliant or substantially compliant with Outcome 5.

In 12 inspections reports, the inspector noted that the people living in the designated centre seemed to have ‘a good quality of life’. In these 12 designated centres, 5 were deemed compliant with outcome 5, 2 were found to be substantially compliant and 5 had moderate non-compliance. This may reflect the multi-faceted nature of Outcome 5 which covers general welfare and wellbeing, meaningful activities, needs assessment, personal plans and transitions.

4. Language used in inspection reports in relation to personal plans

Section 2 above outlines the differences between person-centred planning and a personal plan as defined in the regulations. In the sample of 50 reports reviewed, there is significant variability in the language used in relation to personal plans. The term personal plan is the term that is defined in the standards and regulations, however a range of other terms are used in the sample of inspection reports reviewed. This is set out in Table 4 below.

Table 4: Use of language in relation to personal plans

Terminology	Times mentioned
Personal plan (excluding reference in title of outcome)	50
Support plan*	13
Person centred plan	7
Personal centred planning	7
Personal planning	2
Individual personal plan or IPP	2
Person centred support plan	1
Support/care plans	1
Personal/support plan	1
Individualised personal plan	1
Person plans	1
Total number of reports	50

*excluding 23 behavioural/behaviour support plans, 1 eating and drinking support plan, 1 health care support plan and 1 person centred support plan which is listed separately

Source: HIQA Reports

As outlined in Section 2, the definition of a personal plan in the regulations appears to encompass plans related to a person's needs, but it is less clear whether a person-centred plan is also considered to be an essential part of a personal plan. It appears that some service providers do not conduct person-centred planning as part of the process to create a person's personal plan under the regulations and this is reflected in the inspection reports, which in some cases found plans with generic goals, with goals that focus on health-related needs and goals that were activity based. This may be related to the range of terms associated with a personal plan in the inspection reports reviewed. It would be important for the framework for person-centred planning to clearly set out where person-centred planning sits in the overall context of a personal plan as set out in the regulations.

5. Practices related to non-compliance

This section reviews practices relevant to person-centred planning that were referred to in inspection reports as reasons why a service provider might be deemed non-compliant. These practices include:

- personal plans that did not contain evidence that the person was involved
- personal plans that were was not in an accessible format
- personal plans that concentrated on health
- personal plans that had goals which were generic
- personal plans that had goals which were activities
- poor access to ICT and communication supports
- personal plans that were not regularly reviewed
- personal plans that were not updated to account for changing circumstances
- the effectiveness of the personal plan was not reviewed
- personal plans that had no name attached of the person responsible for ensuring goals were achieved

Each of these is examined in turn below, using quotations from the sample of inspection reports as examples. Each quotation has a reference number for the designated centre report that it is taken from.

5.1 Personal plans that did not contain evidence that the person was involved

The person who is the focus of a person-centred plan should have a central role in the process and it should be a prerequisite for them to be involved.

Inspectors looked for evidence that the person and their families were involved in the review of their personal plan, but this was not always the case in the reports reviewed. For example:

> There was good evidence that the social goals set were achieved, however, there was no documentary evidence that the resident or their family members were involved in choosing the social goals. Therefore, it was difficult to identify if the goals set were residents' choices. In addition; it was unclear if the resident or their advocates were present at the personal planning meeting. This could impact on the residents' quality of life, as they may be participating in activities that they do not like or wish to participate in. (DC28)

Review meeting minutes did not indicate whether the resident or their representative had attended or participated in the meeting. However, discussion with the person in charge confirmed that the centre invites resident's representatives to attend the review meetings; although invitations and responses were not recorded (DC13)

5.2 Personal plans that were not in an accessible format

In order for a person to participate effectively in the person-centred planning process, it is important that information is provided in a format that is accessible to them.

There are 12 references in the sample of 50 reports to personal plans being in an inaccessible format. There are also two references to inconsistent practices in that some individuals had accessible plans but others did not. For example:

> Accessible personal care plans were available to residents and some residents had commenced the 'Listen to Me ' workbook which further informed staff of their needs and preferences. However, the inspector found that not all residents had an easy read or simplified version of their annual goals available. (DC7)

> However, the inspectors found that some residents in the centre still had no accessible version of their plans available to them, this was highlighted on HIQA's last inspection. The person in charge acknowledged this outstanding support gap. (DC20)

5.3 Personal plans that concentrated on health

As discussed in Section 2 above, person-centred planning is focussed on discovering how a person wants to live their live and what is required to make that possible. It includes a holistic approach to the person's life, needs and aspirations.

In a small number of reports, inspectors looked to ensure that plans went beyond health care needs to wider goals, and were critical in the reports where this was not the case:

> Although each resident had a comprehensive assessment in place, this centred predominantly on the healthcare needs of the person and did not address their social needs in relation to the supports required to access developmental or leisure opportunities in their local community. (DC 50)

> On previous inspections, inspectors found that personal plans were primarily health focused and did not maximise residents' development. Inspectors found that this failing remained. (DC27)

5.4 Personal plans that had goals which were generic

Person-centred planning is a process which should be underpinned by person-centredness. When services are person-centred, the service provider truly listens to and respects the choices that the individual makes and tailors services and supports around these choices to enable people to lead a life of their choosing. A person-centred plan should be unique in that it responds to the individual.

If all the goals for residents in a designated centre were similar, it drew criticism from inspectors. For example:

> One resident's goals had been suspended in March 2016 due to other ongoing issues and a 'weekly social outing' and 'monthly disco' were listed as goals for three personal plans reviewed. (DC27)

This commentary was in an inspection report on a residential respite[7] service:

> All personal plans were generic and identified the same four goals, such as; bowling, cinema, eating out, and a bus run. Inspectors also identified that in one case that there had been no variation in the range of activities provided to a resident during the last six admissions to the centre. (DC12)

5.5 Personal plans that had goals which were activities

Person-centred planning is a process which aims to discover how a person wants to live their life; a person-centred plan should reflect an individual's goals, dreams and aspirations.

Inspectors commented critically on personal plans if the goals were not related to a person's personal development and were about activities rather than goals. For example:

> Although personal plans did include annual goals for residents, inspectors found that goals were not aspirational or developmental in nature and centred on day-to-day activities such as having a haircut or going on outings. (DC1)

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[7] The regulations for residential services apply to residential respite services also.

> The majority of goals were also activities which could be achieved on a day to day basis and were based on standard resources. Examples of goals included, going out for coffee once a fortnight, hand massage in the house or listening to music in the house. (DC49)

5.6 Poor access to ICT and communication supports

Supports for communication are critical for some people with disabilities in order to enable them to participate fully in the person-centred planning process.

Inspectors made several comments on poor ICT provision, which in some cases was linked to supports for communication. For example:

> There was also a lack of communication aids or tools displayed or in use in the centre. There were no assistive technologies available and the computer available did not have internet access which limited residents ability to access appropriate technological programmes. (DC13)

Similarly, poor communication supports were mentioned:

> The inspectors found that the communication needs of some residents were not being met in this centre and improvement was required in assessment and development of communication plans (DC6)

5.7 Personal plans that were not regularly reviewed

Person-centred planning should be a three stage process involving:

1. preparation and training
2. facilitation of meetings and implementation of plans
3. follow up / monitoring and review

Person-centred planning should also be a continuing process and not an annual event. Information should be gathered with the person throughout the year and there should be opportunities for constant review, reflection and evaluation to ensure the plan meets the needs and wishes of the individual.

The regulations on personal plans do not refer to a preparation and training stage, but they do require that personal plans are reviewed at least annually. Inspectors looked for evidence that the plans were up-to-date and reviewed.

Some examples of commentary are below:

> The inspector found although residents' personal plans supported identified needs, they were not reviewed on an annual basis to ensure their ongoing effectiveness (DC29)

> There was no annual review of resident's personal goals and no evidence that residents or their families were invited to meet with the staff or manager of the service at least once a year to review resident's needs. (DC12)

> A number of the plans had not been formally reviewed since 2014. (DC3)

5.8 Personal plans that were not updated to account for changing circumstances

Person-centred planning should be treated as an ongoing process and should respond to a person's changing needs and aspirations.

The regulations require that a personal plan review should take into account changes in circumstances and new developments. Inspectors were critical if this was not apparent. For example:

> For example, an elderly resident spent a lot of time in their room. The resident in question liked one to one attention and quiet time. No options such as active retirement had been explored for the resident and their personal plan was not updated adequately, with multi disciplinary input to take into account their changing needs. (DC25)

> Evidence of an assessment of the proposed resident's social needs was not evident to take into consideration the new environment, location and living situation (DC18)

> For example, the inspector noted a speech and language assessment report for a resident with specific communication needs dated back to 2007. While the recommendations were comprehensive and clear they were not up-to- date and did not outline the resident's current support requirements and reflect changes for the resident since 2007. (DC15)

5.9 The effectiveness of the personal plan was not reviewed

The aim of person-centred planning is that it will result in positive change in a person's life.

Inspectors were critical if a review of a personal plan did not include a review of the effectiveness of the plan. For example:

> Inspectors found that the annual personal care plan reviews did not include the date the review meeting was held on. They also failed to include sufficient detail on the effectiveness of goals undertaken by the resident, with goals only recorded as being achieved or not. (DC13)

> Inspectors also found that goals identified in 2012 were still being undertaken currently. Annual reviews failed to sufficiently address the effectiveness of the goals and did not illustrate whether or not goals were achieved or had aided in maximising residents personal development or independence. (DC1)

5.10 Plans that had no names attached of the person responsible for ensuring goals are achieved

The literature review conducted to inform the proposed framework for person-centred planning recommends that for person-centred planning to be effective it should be governed by policies and regulations that make organisations accountable of goal accomplishment, with a focus on outcomes rather than activities.

Inspectors not only looked to see if a personal plan was reviewed, they also wanted it clearly stated who was responsible for responsible for pursuing the objectives in the plan. For example:

> Inspectors noted that annual reviews were not formally recorded and this was confirmed by staff. In addition, there was no evidence of multi-disciplinary team (MDT)[8] involvement in the annual reviews, no assessment of the effectiveness of the plan, no proposed changes recorded and no names of persons responsible for pursuing objectives in the plan as required by the regulations. (DC9)

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[8] As noted in Section 2, the regulations require that a personal plan review is multi-disciplinary. The principles of person-centred planning would indicate that the person who is the focus of a person-centred plan should decide who attends their plan review.

6 Practices related to compliance

Inspectors rarely refer to 'good practice' in inspections reports, rather they cite reasons why a service provider was deemed to be compliant with the outcome inspected against. Several practices emerge in the reports that provoke positive commentary from inspectors and which are relevant to person-centred planning:

- clear evidence that the individual was involved in planning
- maintaining and re-establishing family links
- personal plans that were in an accessible format
- goals that were not only individual but were meaningful to the person
- supports for communication preferences
- advocacy and self-advocacy
- support for making choices
- maximising independence and positive risk taking
- going into the community as an individual
- changing plans in light of changing circumstances

This section looks at each of these in turn.

6.1 Clear evidence that individual was involved in planning

The person who is the focus of a person-centred plan should have a central role in the process and it should be a prerequisite for them to be involved. The role and autonomy of the family is also central to person-centred planning as they possibly may know the person best. However, there is a documented risk for families to become over-involved and misrepresent their relatives' preferences if they speak for them.

Inspectors looked for evidence that people and their families or representatives were involved in the review of their personal plans. For example, this quotation from an inspection report refers to the involvement of the person and their representative as well as the appropriateness of the personal plan content in relation to the person's level of disability:

> The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and in this instance their representatives as required by their level of disability.

> The personal/support plans were very person-centred and demonstrated a good understanding of and support for the residents across a range of domains including health, recreation, self care and community access. The plans were very detailed as required by the resident's dependency levels. (DC3)

This next quotation also refers to the resident having control over who was involved in the development process, in this case referring to a person-centred planning folder rather than a personal plan:

> The development of the person centred planning folder was a process involving the resident, their key worker, family and anybody else the resident wished to be involved. This process was to help support the resident in relation to their strengths, their support network, their vision for their lives and the necessary supports required to achieve this vision. In the feedback received by HIQA one family confirmed that "yes I am involved in the development of the personal plan". (DC4)

6.2 Maintaining and re-establishing family links

Related to the issues discussed in the section above is the work that service providers do to encourage links with families. A centre having an open door policy to families and friends was mentioned in 20 of the 50 reports. However, in one centre (which was under new management) the inspector referred positively several times that the new service provider had worked to re-establish links between a resident and his family:

> Inspectors found the person in charge had made considerable improvements for residents in this outcome through the implementation of a discovery process. Through the implementation of this process the person in charge and staff had begun to re- establish residents' connections with their families and community...There were instances where some residents had not had contact with their families for a considerable period of time. In one instance a resident had been supported to re-establish connections with their siblings after many years and had visited and met many of them in the weeks since the new provider had taken over the operation of the centre. The resident had been supported to buy a mobile phone and obtain contact numbers for their siblings. Staff were also overheard during the inspection discussing with the resident how they would support them to use social media to maintain connections with their siblings. (DC10)

Family contact was also mentioned several times as an important goal for service providers:

> The inspectors also observed that the proposed person in charge and staff team had gone to significant efforts to ensure that regular contact with family members formed part of the personal planning process for each resident. (DC48)

6.3 Personal plans that were in an accessible format

Inspectors looked for evidence that individuals were aware of their personal plans and that their personal plan was in a format that was accessible to them. Some examples are provided below:

> Personal plans were accessible to residents who could all read, and were written in language that they could understand. (DC16)

> Personal plans, including annual goals, were available to residents in an accessible format, and in some cases were displayed in the residents' bedrooms. (DC8)

6.4 Goals that were not only individual but were meaningful to the person

It was clear in the inspection reports that when goals were developed in consultation with the person and were life-enhancing and important to the person then this was commented on favourably. For example:

> There were a range of development opportunities available to residents which mainly took place during the day at the resource centre that most residents attended. For example, residents had participated in computer courses, cookery and life skills training. One resident had been involved in organising an event in the local college and told inspectors about it. Some residents also had full or part time work in the local area which they told the inspectors that they enjoyed. (DC14)

> The inspector found that personal plans and person centred plans were comprehensive, multidisciplinary and accessible to residents in this centre. Two residents showed their electronic devices with their likes and dislikes and pictures of family, friends and activities they enjoyed to the inspector.

One resident showed a detailed person centred plan that was well developed in consultation with them and had clearly defined and measurable goals and objectives. (DC23)

6.5 Supports for communication preferences

As previously noted, supports for communication are critical for some people with disabilities if they are to express their views and participate successfully in the person-centred planning process

The use of assistive ICT was mentioned in 18 of the 50 reports. Various technologies were mentioned, which are outlined in Table 5 below. It was clear that the use of technologies was clustered; a centre where iPads were used was also likely to have access to the internet.

Table 5 ICT use

Technology	Times mentioned
Internet	7
Mobile phone	5
iPad/handheld electronic device/tablet	6
Assistive technologies unspecified	5
Total number of reports	18

Source: HIQA Reports

Some examples for how ICT was used to support residents' communication preferences are provided below:

Residents had access to televisions, radios, mobile phones and the internet. Each resident also had their own iPad (electronic handheld computer device). The person in charge informed the inspectors that they would be able to download certain communication and sensory programs on the iPads to cater for residents individual communication repertoires. Residents were supported by staff to use their iPad, for example, turning on the device and assisting the resident to choose the programme they wished to use on the device. (DC40)

Inspectors reviewed a sample of communication passports for residents. At the time of inspection the person in charge was in the process of developing up-to- date communication passports for residents. The person in charge planned to upload each resident's communication passport on their individual iPads.

> The purpose of this would be to promote residents' accessibility to their personal plan and enhance their opportunities for communication and engagement. (DC10)

6.6 Advocacy and Self-Advocacy

Support for self-advocacy is as a key element of good practice in person-centred planning. The regulations do not explicitly refer to self-advocacy, but include a requirement that residents have access to advocacy services and that they are consulted and participate in the organisation of the designated centre.

The use of an external advocate is referred to in eleven of the 50 inspection reports. A further report mentioned that the centre would adopt external advocacy in its action plan. Of the 11 designated centres that had external advocates, four also had either an internal advocacy champion or staff had been trained in advocacy. This suggests that internal and external advocacy are not mutually exclusive but may reflect an organisational culture that promotes different forms of advocacy. For instance, one designated centre used external advocacy at regular meetings with residents to decide on how the centre was to be run:

> To this end, the make-up and function of the residents' representative group included parents and an external advocate, as well as residents from this and other centres. The records seen indicated that the meetings focused on development of quality systems to improve residents' access to the community and provide different experiences for them. Requests had also been made to the national advocacy service for individual supports for residents. (DC 24)

It is difficult to put an exact number on the number of centres promoting self-advocacy because it is usually not identified as such but rather as consulting with people generally. However, it is clear from the reports that that inspectors consider the promotion of self-advocacy to be good practice. In a small number of designated centres in the sample of 50 reports, self-advocacy appears to be supported. For example:

> Residents were consulted about, and participated in, decisions about the organisation and day to day running of the centre. Records of monthly residents' advocacy meetings were made available to the inspector. Meetings were attended by residents and staff. The format of these meetings allowed for each resident to express his/her wishes and views. Items such as bedroom layout, activities, menu choices, household chores and trips away were discussed and agreed. Where issues or requests were raised by residents, there was a clear outcome documented. (DC17)

There was also positive commentary in the reports on residents being involved in the running of their residential service. For example:

> Residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre. Regular residents' meetings took place every month. Items discussed included outings, staffing, décor of the centre, menu planning, resident's individual goals, management update and utilities. It was noted that, where residents had given their opinion or input, this was recorded and acted upon. (DC39)

6.7 Support for making choices

Person-centred planning should be an empowering process for the person who is the focus of the plan. Training on decision-making has been acknowledged as key to a person's empowerment. While this is not required under the regulations, there is reference in the inspection reports to supports for making choices.

In 44 designated centres, it was mentioned that staff appeared to treat individuals in a respectful and friendly manner. Fourteen reports mentioned that staff were supportive of individual's choices. Some examples are provided below:

> Inspectors observed staff supporting residents in a respectful and dignified manner, encouraging them to make choices. Residents appeared relaxed and comfortable with staff. (DC38)

> Staff were observed providing residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were encouraged to choose their activities for the day. The inspector saw that steps were taken to support and assist residents to provide consent and make decisions about their care and support. (DC22)

6.8 Maximising independence and positive risk taking

Person-centred planning provides opportunities for people with intellectual disabilities to set goals to achieve independence. Independence has been reported as one of the main benefits resulting from participation in person-centred planning. As individuals lead more independent lives, the risk associated with the activities in which they are involved is likely to increase.

Positive risk management is seen as a way of decreasing inhibiting care practices and reducing societal inequalities, while addressing safety concerns. It is an important consideration in driving the positive impact of person-centred planning on a person's life.

Inspectors only mentioned positive risk taking and staff support for this in 6 of the 50 reports. Inspectors commented positively on cases where new things had been tried or risks were taken as long as they were backed by appropriate risk analysis. For example, in one designated centre, staff had worked with a man so that he could stay on his own during the night:

> Residents were encouraged to take risks to increase their independence. For example on viewing one resident's plan the inspector found that they wanted to start staying on their own at night without staff supports. There was documents contained in the personal plan of how this had been initially introduced on a phased basis and progress notes were maintained to review its effectiveness. This goal had now been achieved for the resident. (DC37)

Another report also referred to risk-taking:

> Residents were enabled to take risks within their day to day lives. For example, go for walks, go on holidays and enjoy a social drink. (DC35)

This example doesn't mention risk taking, but is related to a person maximising their independence:

> Residents had opportunities to experience new opportunities in line with their personal preferences. For example one resident wanted the opportunity to stay in the centre[9] on their own during the day for short periods and this was facilitated. (DC5)

6.9 Going into the community as an individual

Person-centred planning is about how a person wants to live their life as an individual; it is a response to one person rather than being group-based. A key message of the **Value for Money and Policy Review of Disability Services** is that service reform should be about 'the migration from an approach that is pre-dominantly centred on group-based service delivery towards a model of person-centred and individually chosen supports.'

[9] This refers to a designated centre, which would be the person's home

The goals in a person-centred plan should not be constrained by the services provided by an organisation and this is particularly important in relation to supports for community inclusion.

While it was mentioned rarely in the 50 reports, it was clear that inspectors viewed accessing the community as an individual rather than as part of a group as a very positive and individualised practice. For example:

> Individual residents engaged in their own specific interests outside of the centre such as bowling, horse riding, going to the cinema and dining out. (DC30)

> Daily care notes and staff interviews reflected that residents accessed a range of activities within the local community both individually and in a group. Furthermore, staff and daily records showed that residents who choose not to access activities were supported within the centre's staffing levels to do an alternative activity in the community or at the centre. (DC8)

6.10 Changing plans in light of changing circumstances

The preceding section on practices related to non-compliance notes that person-centred planning should be treated as an ongoing process; it should respond to a person's changing needs and aspirations.

The regulations require that a personal plan review should take into account changes in circumstances and new developments. Inspectors noted examples of where personal plans were changed as circumstances changed. For example:

> Person centred planning meetings were held on an annual basis, or more frequently if required. For example an extra meeting was held in relation to resident who had suffered a bereavement. (DC17)

7 Other issues related to person-centred planning

7.1 Tools and processes referred to in inspection reports

The review of the inspection reports revealed that organisations were using a variety of tools and processes to support the development of personal plans (see Table 6). The most frequent was a circle of support around the person, followed by mention of a Discovery process/phase/document. Of note is that of the 16 mentions of tools, they are in 14 reports, indicating that tools are clustered. For instance, in two centres, an activity sampling process was used along with a discovery process/phase/document.

Table 6: Tools and processes used to support the development of personal plans referred to in inspection reports

Tool / process	No. of references in sample of 50 reports
Circle of support	4
Discovery process/phase/document including two which used an 'Activity sampling process'	3
'Your service your say'[10]	1
Buddy system (slightly unclear if this was a goal of the plan or a way to develop the plan, or both)	1
Communication passport (as part of personal plan process)	1
Community maps	1
Personal outcome measure assessment	1
Social role valorisation	1
Listen to me	1
Unidentified 'tools'	1
Total number of centres	14

Source: HIQA Reports

[10] It is unclear from the report if this is a reference to the HSE Complaints Policy 'Your Service, Your Say' or a separate tool for supporting people.

Of the tools listed in Table 6 above, circles of support and the discovery process including activity sampling would be considered tools specific to person-centred planning. For the reports where no tool was explicitly mentioned, beyond an annual meeting, it is unclear how personal plans was developed and goals identified.

7.2 Goals

As mentioned above, goals that are generic, not person-centred and based on activities are criticised in inspection reports. Goals that are specific, person-centred, longer-term and developmental are commented on favourably. Within the reports we can see some of the goals that mentioned these include:

- Training and education
- Employment
- Hobbies
- Civic engagement
- Maximising independence

Examples of each are provided below.

Training and education

Training was mentioned in 7 of the 50 inspection reports, for example:

> The person in charge said that the proposed service provider had said that residents would continue to be supported to access the community based services, classes, work placements and activities they currently attended. (DC33)

> Residents attended various day services in accordance with their assessed needs, for example one resident attended a service provided specifically for elderly people. One of the residents had achieved a certificate in computer literacy. (DC17)

> There were a range of development opportunities available to residents which mainly took place during the day at the resource centre that most residents attended. For example, residents had participated in computer courses, cookery and life skills training. One resident had been involved in organising an event in the local college and told inspectors about it. Some residents also had full or part time work in the local area which they told the inspectors that they enjoyed (DC14)

At night the residents of this designated centre also had a range of social activities which were often community based – such as visiting the pub.

Employment

In 7 reports of the 50 reports, there was mention that at least one of the residents had employment:

> The inspector spoke to a resident about their work and job and they told the inspector they enjoyed it and had a contract that they had signed with their employer. (DC15)

Hobbies

When reviewing inspection reports, it is difficult to divide hobbies from how people spend their time generally. In this example, it is not clear if people undertook the activities referred to in a group or on an individual basis:

> For example, from viewing a sample of files inspectors found that residents attended music sessions, were in a dog walking group, were supported on personal shopping trips, had dinner out regularly and frequented shops, barbers, pubs and cafes. (DC31)

There were other examples of individuals being supported with individual hobbies:

> One resident was a keen gardener and the centre had supported him to buy a range of gardening tools so as he could spend time working in the garden. (DC25)

> One resident was very fond of art and over the course of the inspection the inspectors observed them keenly painting with support from staff. Some of the residents' pictures were on display in the centre of which they were very proud of. (DC26)

Civic engagement

Several centres supported residents to engage with society:

> Residents had been supported to meet with local politicians about their concerns regarding the accessibility of the local town and county for wheelchair users. In addition, a resident was being supported by a staff member to be part of a forum on aging in the county. (DC21)

This staff member has also secured a programme of learning for any resident wishing to avail of it commencing in September 2016. The programme involved supporting residents to access a nearby school where they would get to meet transition year students. The students had agreed to work with the residents in a shared learning environment where the students would support the residents to read bridged books (easy to read) of their choosing. (DC19)

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. Residents were afforded the opportunity to vote. Residents were supported to access religious services and supports in line with their wishes. (DC2)

Nuance in commentary on the goals in personal plans

There was some nuance within the inspection reports on what was an acceptable goal. For instance, in the first example below, an annual holiday is referred to favourably, but in the following example it is referred to as a one-off activity.

A system is in place to capture residents' goals. Goals were aspirational in nature and supported residents' developmental and recreational wants and wishes. For example, residents went on regular holidays and day trips within Ireland, attended a pilgrimage abroad and developed a pictorial calendar. (DC7)

However, inspectors found that goals were not developmental or aspirational in nature, but instead centred around daily routine activities such as shopping trips and one off activities such as going on holiday. (DC13)

In another plan the goals, while very clearly based on activities, are mentioned as acceptable goals because of the nature of the disability of the residents, (appearing to reflect a person-centred approach).

Goals although not aspirational in nature were reflective of residents' needs and abilities and daily care records. (DC11)

Finally, there seemed to be some recognition that some activities are stepping stones to longer term more developmental goals.

Goals were set with residents, and there was clear evidence of their choice as to which goals they would work towards. Goals were broken down into smaller steps to aid achievement, for example, a resident who would like to take responsibility for their own medication had that goal broken down into smaller steps, and progress on each of these steps was recorded. (DC16)

> The inspector viewed a sample of PCP's and found that the stated policy above was put into practice by the staff working in the centre. For example, as part of their PCP one resident identified a goal of going to the see the grounds of their favourite football team, Liverpool. The inspector observed that the resident was supported to achieve this goal with the assistance of the staff team and input from family members and allied health care professionals. It was also observed that the resident was involved in every stage of the planning process to achieve this goal. They were supported to get a passport, book flights, book a hotel and buy sterling for the trip. (DC19)

7.3 Staff training

The literature review conducted to inform the proposed framework for person-centred planning recommends that all staff involved in person-centred planning should be training in person-centred planning. This is not required under the regulations.

Though staff training was mentioned often in inspection reports it was often in regard to immediate health and safety issues such as manual handling or fire safety. There were a small number of examples of additional training relevant to person-centred planning being referred to:

> Staff training was up to date, and in addition to mandatory training, further courses in **personal planning** and epilepsy awareness had been offered. (DC16)

> The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support. Some staff also had additional training in food hygiene, nutrition and **advocacy**. (DC20)

8 Conclusions and Implications for the Person-Centred Planning Framework

Background and approach to analysis

Person-centred planning is not defined in the regulations and standards for residential services for people with disabilities. There is a requirement for each person to have a 'personal plan'. There are some aspects to the regulations for personal plans that appear to contradict good practice in person-centred planning. However, the regulations do include a requirement to use a person-centred approach to develop personal plans. This report focuses on areas of overlap between the regulations requiring person-centred practice, and person-centred planning, specifically with a view to informing areas of focus for the person-centred planning framework.

Clarity required on how person-centred planning relates to the definition of 'personal plan' as set out in the regulations for residential services.

There is significant variability in the terms used in inspection reports in respect of different types of plans used in disability services; personal plan, person-centred plan, support plan, care plan, person centred support plan are among the terms used. This indicates a lack of clarity in the sector about what a personal plan is. The framework for person-centred planning that this report is to inform should provide some clarity about how person-centred planning relates to the definition of 'personal plan' as set out in the regulations.

Findings on particular areas of the regulations that require a person-centred approach to the development of personal plans

HIQA inspects against a set of 18 outcomes when conducting inspections of residential services. Outcome 5, 'Social Care Needs' includes the requirement for personal plans. Only half of the services in the sample of 50 reports were found to be compliant or substantially compliant with Outcome 5. This finding, coupled with a review of the reasons for non-compliance, indicates that a significant proportion of service providers are not consistently using a person-centred approach when developing personal plans.

Reasons for non-compliance that are relevant to person-centred planning practice include:

- personal plans that did not contain evidence that the person was involved
- personal plans that were was not in an accessible format
- personal plans that concentrated on health

- personal plans that had goals which were generic
- personal plans that had goals which were activities
- poor access to ICT and communication supports
- personal plans that were not regularly reviewed
- personal plans that were not updated to account for changing circumstances
- the effectiveness of the personal plan was not reviewed
- personal plans that had no name attached of the person responsible for ensuring goals were achieved

The inspection reports also give example of practices related to compliance. Some of these are reflective of the areas listed above. Additional aspects of practice that reflect good practice in person-centred planning include:

- Maintaining and re-establishing family links
- Goals that were not only individual but were meaningful to the person
- Advocacy and self-advocacy
- Support for making choices
- Maximising independence and positive risk taking
- Going into the community as an individual

The person-centred planning framework should clearly set out what constitutes good practice in relation to the areas of non-compliance found in the reports, as well as additional aspects of practice that are positively commented on in inspection reports.

Goal Setting

Some of the practices related to non-compliance arise from poor practice in relation to supports for goal setting in the development of personal plans. Analysis of the inspection reports in relation to goal setting also reveals positive commentary in relation to the following:

- goals in personal plans that are specific, person-centred, longer-term and developmental
- goals which are broken down into smaller steps to reach a longer term aim

The person-centred planning framework should include advice on how to support goal setting as part of the person-centred planning process, with reference to person-centred, long-term, developmental goals and how longer term goals can be broken down using a step by step approach.

Self Advocacy

There is positive commentary in the inspection reports in relation to practices that empower residents to become involved in the running of their service.

The person-centred planning framework should include advice on supporting self-advocacy.

Person-centred planning tools

There is little evidence in the sample of inspection reports that the use of specific person-centred planning tools is commonplace in residential services. The framework for person-centred planning should guide on suitable tools for use, but with an emphasis on quality processes and outcomes rather than tools.

Staff training

From the sample of reports, there is little evidence of training for person-centred planning in residential services. This may be because it is not mandatory training. The person-centred planning framework should advise on training that supports good practice in person-centred planning.

Overall, despite the differences between a personal plan as defined in the regulations and standards and person-centred planning, there is a significant amount of useful information contained in HIQA inspection reports on residential services to inform the development of a national framework for person-centred planning.