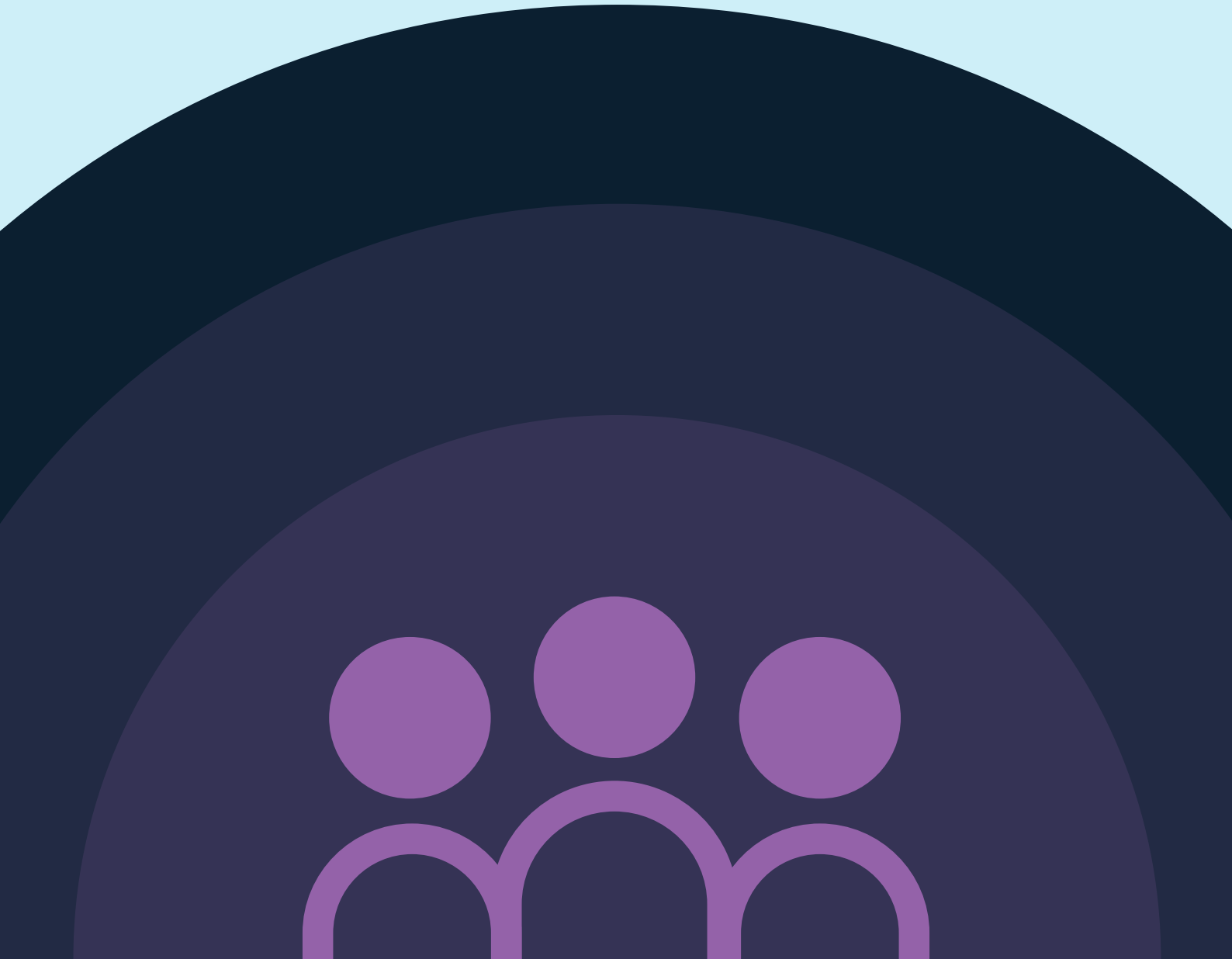
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National Standards for Community (Residential) Mental Health Centres (other than acute mental health centres)

Promoting Quality, Safety and Human Rights in Mental Health



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Acknowledgements

The Mental Health Commission (MHC) wishes to acknowledge the contributions of everyone who participated in the consultation process that informed the development of these Standards. We are grateful to individuals with personal experience of community (residential) mental health centres, family members and mental health staff who completed surveys and shared their views through interviews and focus groups.

We also acknowledge the insights and feedback from each member of the Expert Advisory Group (EAG), which played an essential role in shaping this work. The MHC recognises the important role these Standards will play in the delivery of care in community (residential) mental health centres. We remain committed to supporting meaningful improvements in service delivery and to achieving better outcomes and experiences for individuals, families and those working in mental health services.

In particular, we wish to thank the experts by experience for their time and effort in facilitating and participating in focus groups, and for inviting us into the centres.

Preamble

National standards help to ensure consistent, high-quality care across all community (residential) mental health centres, regardless of geographic location or provider. By establishing clear expectations for safe, effective and evidence-based care and treatment, the implementation of the Standards will ensure that residents receive person-centred, recovery-oriented services that promote social inclusion and independence.

The development of National Standards for Community (Residential) Mental Health Centres (the Standards) represents a significant advancement in driving quality in the provision of community mental health services. Following the commencement of the Mental Health Act 2026 and expansion of the MHC's regulatory remit, community mental health centres will, for the first time, fall under formal regulatory oversight, including registration, monitoring and enforcement.

The Standards are an important sentinel step in supporting registered proprietors to prepare for regulatory compliance in a way that is person-centred and focused on delivering continuous quality improvement. While not enforceable in the same way as regulations, the Standards will inform the development of regulations and they provide a clear direction to registered proprietors on what high-quality, compliant services are expected to achieve. The quality descriptors set out in these Standards, together with the development of future regulations, will create a robust regulatory framework aimed at promoting, encouraging and fostering high standards and good practices in the delivery of community mental health services.

As the Mental Health Act 2026 awaits commencement, these National Standards will be an essential element in supporting the successful implementation of the new regulatory framework. Providing community mental health centres with principle-based, outcomes-focused guidance will support registered proprietors to achieve registration and to attain compliance with the new regulatory requirements with the aim of improving outcomes and care experiences for residents. In this way, the Standards will empower residents of community mental health centres by providing information on what they can expect from a good-quality service and the organisational arrangements that should be in place to meet their needs. They will also strengthen care and treatment practices and improve the experiences and outcomes of individuals receiving mental health services.

About the Mental Health Commission

The Mental Health Commission is an independent statutory body responsible for regulating inpatient mental health services in Ireland. Our primary role under the Mental Health Acts 2001-2018 (the Acts) is to promote, encourage and foster the establishment and maintenance of high standards and good practices in the provision of mental health services, while protecting the interests of people admitted to and involuntarily detained in approved centres. The MHC's mission is to safeguard residents' rights, encourage continuous quality improvement, and

independently report on the quality and safety of mental health services nationwide.

The MHC's regulatory functions include registering approved centres and enforcing the regulatory framework. We conduct inspections of approved centres, reporting on regulatory compliance and the quality of care provided. We monitor service quality and use our enforcement powers to maintain high standards in mental health care.

In addition to regulation, the MHC is committed to quality improvement. This involves developing and reviewing rules, codes of practice, standards and guidelines on good practice. These efforts support continuous improvement in mental health services and promote best practices across the sector.

Under the Mental Health Act 2026, the MHC will take on an expanded role in overseeing community (residential) mental health centres. This will involve establishing and maintaining registers of such centres and ensuring compliance through regular inspections and monitoring. These responsibilities will further support the MHC's commitment to promoting high-quality, person-centred care and safeguarding residents' rights and welfare.

Additionally, the functions of the MHC were expanded by the Assisted Decision-Making (Capacity) Act 2015 as amended, which established the office of the Director of the Decision Support Service (DSS). The DSS provides a framework for adults who may require assistance in making decisions about their personal welfare, property or financial affairs. The DSS is responsible for promoting public awareness of the Act, registering and supervising decision support arrangements, investigating related complaints, and publishing codes of practice.

Purpose and scope of the National Standards

Purpose

The National Standards for Community (Residential) Mental Health Centres set clear expectations for delivering safe, high-quality, person-centred and recovery-focused care and treatment across Ireland. They provide a set of themes and criteria for how centres should be governed and staffed, and how care should be delivered. They emphasise strong leadership and governance, including effective systems for gathering feedback, managing complaints, protecting personal information and driving continuous quality improvement.

Registered proprietors are expected to implement these Standards to enhance governance, operational management and leadership structures; guide staff training; and integrate care approaches that promote resident health, independence and active resident involvement in care-planning and decision-making. The Standards highlight the importance of recognising the will and preferences of all residents, of cultural diversity and of supporting holistic wellbeing.

The Standards call for services that create welcoming, therapeutic environments where individuals can pursue recovery and build meaningful social connections, all while honouring their rights, autonomy, privacy and dignity. The Standards require the development of individual, co-produced care plans and the involvement of residents in all aspects of their care and treatment. They highlight the importance of skilled, compassionate staff who are well supported and work collaboratively across disciplines.

Regulatory environment

Mental health care in Ireland is provided in different settings, designed to meet the varying levels of need and support. These settings differ in staffing, intensity of care and the needs of individuals they support. Understanding these differences is crucial for applying the correct standards and ensuring compliance with current and future regulatory requirements.

Currently, under the Mental Health Acts 2001-2018, the MHC regulates approved centres. The Acts define an approved centre as a hospital or other inpatient unit led by a consultant psychiatrist, whose primary role is the care and treatment of people with a mental illness or disorder. Under the provisions of the Acts,

every inpatient mental health unit in Ireland must be registered with the MHC as an approved centre. The approved centre must meet specific requirements before the MHC can add it to its register, and it may operate only if registered with the MHC.

Following the commencement of the Mental Health Act 2026, the MHC will regulate the following entities:

1. **Registered acute mental health centres** – any acute mental health centre registered by the MHC where acute mental health care and treatment are offered (current approved centres).
2. **Registered community mental health centres** – any community-based residential centre (other than an acute centre) that provides specialist mental health care and treatment for persons with an enduring mental disorder or other mental health difficulty and is staffed on a 24-hour basis.
3. **Registered community mental health services** – any community-based service that will be registered by the MHC in accordance with the provisions of the Mental Health Act 2026, providing care and treatment for persons with a mental disorder or other mental health difficulty, other than in an acute mental health centre or a community mental health centre.

The role of the standards in regulation

Standards form part of the wider regulatory framework established under the Mental Health Act 2026. Regulations will govern how community (residential) mental health centres are registered, operated and managed, and will be enforceable.

Standards serve a different function. They describe the quality of care that should be delivered in a centre and give providers a clear account of what will be expected of them. They do not have the same binding and enforceable nature as regulations.

For community (residential) mental health centres, compliance with regulations and cooperating with inspections will be a new obligation under the newly enacted Mental Health Act 2026. The Standards are intended to support centres to prepare for the commencement of regulation. They will also provide a clear and consistent basis for the MHC's assessment of these centres when registration is commenced and inspections under that new system are done.

The Standards will also tell people receiving care and treatment what they are entitled to expect from a centre. In this respect, the standards provide a common language and agreed descriptors for what good care looks like.

Understanding the standards

Each theme contains standard statements, which set out the outcomes and expectations that centres are required to achieve. These standard statements are presented in bold and describe what compliance with the standards looks like in practice.

Under each standard statement, several feature statements (or compliance indicators) are provided. These describe examples of the structures, processes and practices that support a centre in demonstrating compliance with the standard statement.

The feature statements are intended as guidance and are not exhaustive. Centres may demonstrate compliance in different ways, depending on their size, structure and operating context. It is not necessary for every feature statement to be in place for a centre to demonstrate compliance with a standard statement, provided that the centre can show that it is meeting the requirements and intent of the standard.

Meaning of 'staffed on a 24-hour basis'

The MHC interprets the term 'staffed on a 24-hour basis' as the continuous availability of staff to residents, and not the continuous physical presence in the building. Short, intermittent or routine absences of residents, such as attending school, work or day programmes, staying with family or friends, or being on holiday, do not mean that the centre falls outside this definition.

The community (residential) mental health centre meets the definition whenever staff are available to residents to provide care, treatment and

support, or to respond to their needs, through one or more of the following arrangements:

1. Staff are physically present in the centre whenever one or more residents are present, or
2. Staff are physically present in the centre for most of each 24-hour period, with formal on-call arrangements during periods of physical absence that ensure staff response to resident needs, or
3. Staff maintain continuous availability through a combination of physical presence and technology-enabled remote monitoring and support systems that enable staff response.

This means that a centre is considered 'staffed on a 24-hour basis' where its model of care requires staff to be available to residents at any time, day or night, every day of the year, whether or not the provider schedules or delivers enough staff to meet that requirement. A registered proprietor shall not avoid registration as a community (residential) mental health centre by intentionally reducing staffing levels or creating routine periods of unavailability.

Meaning of 'I Perspective'

Each standard is followed by an 'I Perspective' statement written in the first person. These statements describe, in plain language, what a standard should mean for a person living in a centre, and reflect the views shared by residents. Their inclusion keeps the resident's experience at the centre of how the Standards are read by the providers, staff and the MHC. The statements are explanatory, with the requirements themselves detailed in the standard and its features.

Scope limitations

Community mental health residential facilities vary in the level of support and care they provide, reflecting the diverse needs of the population. Many services are delivered in what are commonly referred to as medium-support residences, low-support homes, mental health hostels and independent homes. Residents in these situations usually have control over their tenancy and access, and the property they occupy is considered their home. Nothing in these standards and the future regulation of them shall infringe the constitutional rights of the persons living in them.

The Mental Health Act 2026 shall regulate community mental health services that operate by delivering care and treatment on an in-reach basis to residential settings, which do not come within the definition of a registered community (residential) mental health centre. The rehabilitation and community mental health teams are envisaged to be registered by the MHC and subject to the regulatory framework of community (residential) mental health services. This means that while the physical premises may not be regulated under the new mental health legislation, the mental health services provided within them will be. By focusing on mental health services rather than the physical facilities, the new framework will focus on services and also protect a person's right to live independently while ensuring access to quality mental health care.

Recovery, transitions and legacy placements

These Standards emphasise the importance of recovery and providing transitional support to enable residents to move towards independent or supported living. While this is the desired pathway in most cases, for some residents, person-centred care means respecting their choice to remain, rather than pursuing transitions against their will and preferences.

These Standards require that recovery pathways and transition plans be informed by clinical assessment, be person-centred, and be based on multidisciplinary input to achieve the best possible outcomes for each resident. While community (residential) mental health centres should primarily focus on transitional support toward independent or supported community living, registered proprietors are expected to recognise and manage legacy placements with care and empathy.

Development process

Evidence review

The National Standards for Community (Residential) Mental Health Centres were developed using a structured methodology to ensure they are evidence-based and reflect current best practice in the sector. The process involved a review of existing literature, national and international policies, and guidance.

The Standards are informed by input from leading academic researchers conducting evidence reviews on various aspects of mental health care and treatment. The Evidence Review and Consultation Report to inform the development of National Standards for Community Mental Health Centres, outlining those efforts in detail, is available alongside the National Standards.

Consultation with stakeholders

The development of these Standards was supported by extensive consultation and engagement with a broad range of participants, including experts by experience, health care providers, mental health professionals, peer supporters and advocacy organisations.

The MHC conducted a public consultation and invited broad input and feedback. It also carried out a programme of site visits to community mental health centres across the country, complemented by focus groups with residents. The development process was supported by the Expert Advisory Group or EAG, which provided guidance and oversight, ensuring the Standards are both rigorous and relevant.

Implementation process

Implementation of these standards should be proportionate and adapted to the centre's specific context. The MHC and the Health Information and Quality Authority (HIQA) published How to Put National Standards into Practice: An Implementation Guide for Health, Mental Health and Social Care Services. The guide is a practical resource to support registered proprietors in understanding what national standards are, what they mean for their centre, and how to put them into practice in their own setting, using a collaborative approach.

These Standards should be read in tandem with the MHC's National Quality Framework to ensure a consistent approach to care and treatment.

Throughout these Standards, a community (residential) mental health centre is referred to as a 'centre'.

National Standards for Community (Residential) Mental Health Centres

Theme 1: Leadership and governance

Standard 1.1 Key persons responsible for the operation and management of the community (residential) mental health centre ('centre') are identified and nominated.

1.1.1 The 'registered proprietor' of the centre is clearly identified and registered in line with the provisions of relevant legislation and the regulatory framework, and is responsible for:

- Governance, staffing, financial matters and the provision of adequate resources (including workforce, infrastructure and equipment)
- Ensuring overall compliance with relevant legislation and the regulatory framework
- Maintaining relevant records
- Liaising with the Mental Health Commission on relevant compliance matters

1.1.2 Where the registered proprietor is a corporate body or unincorporated body, the registered proprietor nominates a 'registered person' to represent the 'registered proprietor' and their responsibilities are delegated in line with the provisions of the relevant legislation and the regulatory framework. The 'registered person's' responsibilities are communicated to all staff in the centre.

1.1.3 The registered proprietor also nominates a 'responsible person', and their responsibilities are delegated in line with the provisions of the relevant legislation and the regulatory framework. The 'responsible person' is responsible for:

- Day-to-day management and operation of the centre
- Reporting to the registered proprietor on the operations of the centre
- Ensuring staff compliance with relevant legislation and the regulatory framework
- Liaising with the Mental Health Commission on relevant compliance matters

1.1.4 The registered person and the responsible person possess the necessary skills, qualifications, training, expertise and experience to discharge their responsibilities.

1.1.5 The registered proprietor has arrangements in place to assess and demonstrate the skills, qualifications, training, expertise and experience of key persons responsible for the operation and management of the centre.

> **I Perspective:** The people responsible for running the centre are named. I can find out who owns the centre and who manages it day to day, and they should be qualified for their roles. I should know them and have met them.

Standard 1.2 Governance and accountability arrangements are in place to ensure the delivery of high-quality, safe services.

1.2.1 The governance structure, including the leadership team and senior management, is clearly defined.

1.2.2 Roles, responsibilities and accountability at individual, team and organisational levels are clearly defined.

1.2.3 The corporate and clinical governance arrangements are integrated, with the focus on quality and safety outcomes for residents.

1.2.4 Arrangements are in place allowing for effective delegation of responsibilities.

1.2.5 Arrangements are in place to support, develop and performance-manage all members of the workforce.

1.2.6 Clinical governance arrangements are in place to monitor the quality and safety of assessment, care and treatment, including a documented schedule of clinical audit.

> **I Perspective:** My centre has clear management and accountability arrangements, so staff should understand who is responsible for each part of my care.

Standard 1.3 The centre operates in accordance with the relevant legal and regulatory frameworks.

1.3.1 The centre complies with the Mental Health Acts 2001-2018 and on commencement, the Mental Health Act 2026, together with any regulations, rules and codes of practice made under them.

1.3.2 Arrangements are in place for:

- Compliance with the relevant regulatory framework and registration conditions
- Maintaining valid registration throughout the registration cycles
- Transparent and timely reporting of significant operational changes
- Proactive engagement with regulatory oversight

1.3.3 The centre has regard to relevant guidance issued by the Mental Health Commission and can demonstrate where such guidance has informed its policies and practice.

> **I Perspective:** The people who run my centre follow the law, the regulations and the Mental Health Commission's rules and guidance.

Standard 1.4 The type and scope of services provided to residents are clearly defined.

1.4.1 The registered proprietor has effective systems in place to provide information about the centre, and the rights of residents in an accessible form.

1.4.2 A Statement of Purpose is developed and regularly updated, and outlines the care and treatment, and facilities provided in the centre.

1.4.3 A copy of the Statement of Purpose is given to each resident in a format accessible to residents.

1.4.4 The Statement of Purpose includes information regarding the following:

- The name and address of the centre
- The name of the 'registered proprietor', the 'registered person', and the 'responsible person' in line with the relevant legislation and regulatory framework
- The aims and objectives of the centre and details of the care and treatment that will be provided to residents to advance their mental health recovery
- The profile of residents for whom the centre is intended, including their relevant needs and levels of dependency, and the centre's capacity to meet those needs
- The criteria and arrangements for admission, transfer and discharge
- The maximum number of residents the centre may accommodate
- The facilities available to residents
- The staffing arrangements, including the number, roles, qualifications and skill mix of staff that will be provided at all times of the day and night
- The governance and management structure, including the defined lines of authority, accountability and management responsibility
- The arrangements for monitoring, reviewing and improving the quality and safety of the centre
- The arrangements for identifying, managing and learning from risks, incidents and adverse events
- The arrangements for safeguarding residents from abuse, neglect, exploitation and other forms of harm

- The arrangements for respecting residents' privacy, dignity, autonomy and individuality
- The arrangements for residents to participate in decisions concerning their care and treatment and the operation of the centre
- The arrangements for residents to access advocacy services, education, training and employment
- The arrangements for residents to engage in social activities, hobbies and leisure interests
- The arrangements to facilitate residents to have guests
- The arrangements for receiving, managing and responding to complaints and feedback
- The arrangements for responding to fire, flooding, loss of electricity, heating or water, evacuation, and other events that may disrupt the operation of the centre

> **I Perspective:** I can read a Statement of Purpose, in a format that suits me, describing what my centre provides and how my rights and privacy are respected.

Standard 1.5 Feedback from residents and their supporters is used to enhance the quality and safety of the centre.

1.5.1 Residents and their supporters are provided with information on how to give feedback in a format that is accessible to them.

1.5.2 Feedback from residents and their supporters is acknowledged, responded to and recorded.

1.5.3 Arrangements are in place to monitor and analyse feedback at the senior management level and to use it to improve the overall quality and safety of the centre. These analyses and improvement plans are communicated transparently to residents, their supporters and staff.

1.5.4 Arrangements are in place to disseminate feedback to promote learning throughout the centre.

1.5.5 The workforce is provided with appropriate training to recognise feedback as a valuable source of information and to use it to make improvements to the centre.

> **I Perspective:** I can give feedback in a way that suits me. The people who run my centre should respond to it and tell me what has changed as a result. If something cannot be changed, the reasons are explained to me.

Standard 1.6 Complaints and concerns from residents and their supporters are used to improve immediate outcomes and the overall quality and safety of the centre.

1.6.1 A complaints policy and procedure is in place, outlining a transparent and accessible complaints process, including how to access external and statutory complaints and advocacy routes where a complaint is not resolved locally.

1.6.2 All complaints are recorded, acknowledged and followed up on promptly.

1.6.3 The resolution proposed is discussed with and accepted by the complainant.

1.6.4 If the resolution is not accepted or one cannot be found, the complaint is escalated appropriately.

1.6.5 Residents are not negatively affected when they make a complaint or express a concern.

1.6.6 Arrangements are in place to monitor and analyse complaints at the senior level and to use them to improve the overall quality and safety of the centre. These analyses and improvement plans are communicated transparently to residents, their supporters and staff.

1.6.7 The workforce is provided with appropriate training to recognise complaints and concerns as a valuable source of information and to use them to make improvements to the centre.

> **I Perspective:** I can make a complaint without being treated unfairly for doing so. Staff should respond promptly and discuss the resolution with me and if I am not satisfied, the complaint should be escalated.

Standard 1.7 Arrangements are in place for continuous improvement of services.

1.7.1 Arrangements are in place to proactively identify areas for quality improvement through internal or commissioned audits and unannounced site visits to the centre by the registered proprietor or a delegated or commissioned person.

1.7.2 Audits and site visits are carried out to a documented schedule, at a frequency determined by the registered proprietor and adequate to the needs of the centre.

1.7.3 Audit results and site visit reports are communicated to staff, and actions are taken to address any deficiencies and documented through internal quality enhancement plans.

1.7.4 The registered proprietor or the registered person is present in the centre on a regular basis, and their attendance is recorded.

1.7.5 Incidents and near misses are effectively identified, reviewed, managed and escalated where required.

1.7.6 Reportable events are notified to the relevant regulatory body in line with relevant legislation and regulatory requirements.

1.7.7 Principles and requirements of open disclosure are followed, as appropriate.

1.7.8 Arrangements are in place to monitor and analyse incidents, reportable events, and open disclosures as appropriate at the senior management level.

1.7.9 Arrangements are in place to share the learning from incidents with the team and use it to improve the overall quality and safety of the centre.

1.7.10 Quality improvement initiatives are monitored for effectiveness, with outcomes communicated transparently to residents, their supporters and staff.

1.7.11 The registered proprietor monitors and reports on resident outcomes and experience, including recovery, physical health, community participation and transitions from the centre.

> **I Perspective:** The people who run my centre should keep checking how well the centre works and learn from incidents and audits. When things go wrong, they should be open with me and tell me what is being improved.

Standard 1.8 Policies and procedures are in place that cover all key aspects of service delivery and operational management.

1.8.1 The registered proprietor ensures that comprehensive written policies and procedures are developed and implemented.

1.8.2 Policies and procedures are in place covering the management of:

- Admission, transfer and discharge
- Medication management
- Workforce and human resources management
- Risk identification and mitigation
- Communication and information governance
- Safety, including fire safety and resident safety
- Alleged and actual cases of abuse, neglect and coercion

- Infection prevention and control, waste management
- Service design and improvement
- Accessible and therapeutic environment
- Financial management

1.8.3 Policies and procedures are reviewed at intervals of no more than three years and following any incident, changes in legislation, or changes in the model of service.

> **I Perspective:** My centre should have up-to-date written policies on the main parts of its work, from admission to safeguarding, and staff should follow them. The written policies should be accessible to me.

Theme 2: Person-centred service delivery

Standard 2.1 Each resident participates in planning and delivering their care and treatment.

2.1.1 Each resident has an individual care plan co-produced and developed with the relevant multidisciplinary team members, which addresses their mental health, social, cultural, spiritual, and occupational needs and identifies the supports agreed to meet those needs.

2.1.2 Where meaningful co-production is not practicable, the reason is recorded, and the plan is developed with regard to the resident's known will and preferences.

2.1.3 Care plans are developed in a format accessible to residents.

2.1.4 Care plans are updated regularly and reflect the changing needs and goals of residents.

2.1.5 Residents are supported to access their supporters, including advocates and peer supporters, to plan and implement their care and treatment.

2.1.6 Residents are actively involved in decision-making about their care and treatment.

2.1.7 Arrangements are in place to support residents in communicating their will and preferences regarding their care and treatment.

2.1.8 Each resident's communication needs are assessed, recorded in their care plan, and supported so that they can take part in decisions about their care and treatment.

> **I Perspective:** I take part in planning my own care. My care plan is written with me, in a format I can understand and staff know how I communicate best. The care plan is updated as my needs change and I can involve a supporter or advocate if I wish.

Standard 2.2 The centre adopts a human rights-based approach to care and treatment, and the registered proprietor:

2.2.1 Ensures that the rights of all residents are respected and balanced.

2.2.2 Respects the autonomy of residents, including their right to make decisions about their lives and to choose their mental health care and treatment.

2.2.3 Provides all residents, regardless of their background, abilities or circumstances, with access to quality mental health care and the basic facilities within the centre.

2.2.4 Respects residents' dignity and privacy.

2.2.5 Supports residents to make meaningful choices and participate in decisions about their lives and provides an individualised service that recognises their will and preferences.

2.2.6 Has arrangements in place to ensure transparency and accountability of the services provided.

2.2.7 Has arrangements in place to prevent discriminatory practice and stigmatising language in the centre, including staff training, review of how residents are described in records and communications, and action where stigmatising practice is identified.

2.2.8 Ensures the workforce is provided with appropriate training on the principles of a human rights-based approach to service delivery.

> **I Perspective:** The people who run my centre should respect my human rights, including my dignity and privacy, and support me to make my own choices about my life and care, whatever my background.

Standard 2.3 The centre adopts a trauma-informed approach to care and treatment.

2.3.1 Policies and procedures are in place to provide a framework for the adoption and delivery of a trauma-informed approach to treatment.

2.3.2 Arrangements are in place to create and maintain a physically and emotionally safe environment that minimises the risk of re-traumatisation.

2.3.3 The workforce is provided with appropriate training on trauma-informed principles and practices, including using trauma-sensitive language and communication.

2.3.4 Each resident's care plan identifies their trauma-related needs and the supports agreed to meet them.

> **I Perspective:** Staff should understand that I may have experienced trauma and care for me in a way that feels safe and does not add to past hurt.

Standard 2.4 Each resident makes their own decisions or is supported to do so, in line with the guiding principles of the Assisted Decision-Making (Capacity) Act 2015. The registered proprietor ensures that:

2.4.1 Each resident is presumed to have the capacity to make decisions about all aspects of their life.

2.4.2 If the resident's capacity is in question, they are assessed in relation to a specific decision at the specific time and only when the decision or intervention is necessary.

2.4.3 Capacity is not assumed to be lacking when the resident makes decisions that others consider unwise.

2.4.4 Capacity is not assumed to be lacking when the resident cannot communicate their decision.

2.4.5 Arrangements are in place to support residents to understand all aspects of the specific decision and in communicating their will and preferences.

2.4.6 Arrangements are in place to support residents in decision-making, including formal support arrangements.

2.4.7 Residents' will and preferences are recorded and respected.

2.4.8 The views of people close to residents are considered in the effort to support them in the decision-making process, where appropriate.

2.4.9 The workforce is provided with appropriate training on assisted decision-making and capacity legislation.

> **I Perspective:** I am presumed able to make my own decisions. If there is a question about my capacity, it relates only to a specific decision at a specific time. If I want support to decide, staff should help me understand my options and respect my wishes.

Standard 2.5 Each resident's individuality is recognised and supported through care and support, which reflects their identity, preferences and choices.

2.5.1 The centre offers services that are non-discriminatory, free from coercion, and culturally sensitive, ensuring equal access and responsiveness to residents from diverse backgrounds.

2.5.2 Information is provided in clear, accessible and culturally appropriate formats.

2.5.3 The registered proprietor ensures that residents are treated with respect and are not discriminated against on any ground protected under equality legislation, including:

- Gender
- Civil status
- Family status
- Sexual orientation

- Religion
- Age
- Disability
- Race, including ethnicity, nationality and ethnic or national origin
- Membership of the Traveller community

2.5.4 The registered proprietor supports residents in valuing their individual qualities, attending religious services, and expressing themselves according to their will and preferences.

2.5.5 The workforce is provided with appropriate training on cultural competency and inclusiveness.

> **I Perspective:** I am treated with respect for who I am. Staff do not discriminate against me and should support my culture and how I choose to express myself.

Standard 2.6 The centre, where appropriate, adapts to the changing needs of residents.

2.6.1 Arrangements are in place to identify and assess the changing needs of residents, including communication, accessibility and mobility needs, and to adapt the centre's premises and facilities accordingly.

2.6.2 The centre adopts a proactive approach to risk management and balancing autonomy and safety through risk assessments that are regularly reviewed and updated as residents' circumstances and goals evolve.

> **I Perspective:** If my needs change, the people who run my centre should provide assessments and adapt the centre to support me, without taking away my independence.

Standard 2.7 Residents are connected to their family, friends and community in line with their will and preferences.

2.7.1 Residents are supported to connect and to maintain relationships with their families, supporters and advocates in line with their will and preferences.

2.7.2 Residents are supported and encouraged to access the services available in their local community.

2.7.3 Residents are supported and encouraged to experience new activities, education and/or employment, to join clubs or associations, and to create opportunities to connect and avoid isolation.

2.7.4 Residents are supported and encouraged to build new skills, knowledge, abilities, confidence and independence.

2.7.5 Residents are supported to access internet-enabled devices so that they can communicate and maintain contact with their family, friends and community.

> **I Perspective:** I am supported to stay in touch with family and friends in the ways I choose, including online, and to take part in my local community.

Standard 2.8 Residents are free from abuse, neglect and coercion.

2.8.1 The registered proprietor implements the National Policy Framework for Adult Safeguarding in the Health and Social Care Sector (Department of Health, 2025) and the National Standards for Adult Safeguarding (HIQA and MHC, 2019), and complies with adult safeguarding legislation as enacted and commenced.

2.8.2 The registered proprietor has policies and procedures that promote openness, transparency and learning, and clearly prohibit poor care or practice and abusive or inappropriate behaviour.

2.8.3 Arrangements are in place to reduce the likelihood of, or opportunities for, abuse to occur in the first place.

2.8.4 Arrangements are in place to proactively prevent abuse through identifying risks and responding to them to protect each person from harm.

2.8.5 Arrangements are in place to respond effectively and to protect people when abuse is suspected, has occurred or is likely to occur without intervention.

2.8.6 Arrangements are in place to screen, investigate and report incidents of abuse, neglect and coercion in line with the relevant legislation and the national policy frameworks for adult safeguarding.

2.8.7 Arrangements are in place to provide staff with training on recognising and responding to allegations of all forms of abuse, coercion and exploitation.

2.8.8 Residents are supported to protect themselves through the provision of appropriate information and skills, including information on how to report concerns, while respecting their autonomy.

I Perspective: Staff and people who run my centre protect me from abuse, neglect and coercion. I know who I can talk to if I feel unsafe or at risk of harm. Staff act promptly on my concerns and involve me in deciding what happens next.

Standard 2.9 Residents are not subjected to regulated or unregulated restrictive practices, including physical restraints or solitary confinement.

2.9.1 The registered proprietor recognises each resident's right to freedom of movement, dignity and bodily integrity and has arrangements in place to protect each resident's rights in accordance with national and international human rights law. Arrangements are in place to reduce or eliminate all forms of restrictive practices. There are systems in place to identify practices, organisational arrangements, systems and routines that could be considered restrictive practices.

2.9.2 Arrangements are in place to provide staff with training on de-escalation and on the effects of restrictive practices on trauma and mental health.

2.9.3 Mechanical restraint, physical restraint and solitary confinement are not used in the centre.

I Perspective: Anything that restricts my movement may not be used in my centre, and my dignity and personal freedom should be respected.

Theme 3: Holistic approach to care and treatment

Standard 3.1 The service is delivered by a multidisciplinary team with the skills and expertise to address the mental, physical and social needs of residents.

3.1.1 Each resident has access to the range of disciplines needed to meet their assessed mental, physical and social needs, including psychiatry, nursing, psychology, occupational therapy, social work, speech and language therapy, dietetics, pharmacy, and peer support. This access may be provided by staff employed in the centre or through the community mental health or rehabilitation team.

3.1.2 Residents can be supported by an advocate at multidisciplinary team meetings and care plan reviews, in line with their will and preferences.

3.1.3 The registered proprietor ensures that the number, qualifications and skill mix of staff working in the centre are appropriate to:

- The number of residents
- The assessed needs of residents
- The training needs of staff
- The size and layout of the premises where the service is delivered

3.1.4 Each resident has a multidisciplinary assessment and care plan co-produced by the resident and appropriate health and social care professionals, and therapeutic interventions are delivered in line with the needs and goals identified in the care plan.

> **I Perspective:** A team of health and social care professionals work with me on my mental, physical and social needs, with enough qualified staff for the residents living here.

Standard 3.2 Care and treatment are recovery-oriented, supporting residents in building hope, independence and meaning in their lives.

3.2.1 Residents' care plans identify their mental health needs, person-centred goals and care and treatment, and describe the path to recovery and the agreed steps to support recovery.

3.2.2 Residents are involved in planning and evaluation of their mental health care and treatment through the care-planning process.

3.2.3 Where transition to independent or supported living is consistent with the resident's assessed needs and their will and preferences, their care plan identifies a path to long-term accommodation appropriate to those needs, and in exceptional circumstances where a resident is to remain in the centre, that decision is recorded, justified, and revisited with them at review.

3.2.4 Residents are supported, in line with their will and preferences, to apply for and maintain an active application for social housing supports.

> **I Perspective:** My care should focus on my recovery. My care plan sets out agreed steps, including a path to long-term accommodation that suits me, and I am supported to apply for social housing supports.

Standard 3.3 Physical health needs are assessed, monitored and met, and care and treatment are available when needed.

3.3.1 Residents' care plans identify their physical health needs, care and treatment and outline the treatment plan for the physical health need.

3.3.2 Residents are involved in planning and evaluation of their physical health care and treatment.

3.3.3 Residents are registered with a general practitioner and are supported to attend appointments, including with relevant specialists in acute and primary care and older people's services.

3.3.4 Residents have access to a dentist and can avail of a dental check-up as often as recommended by the dentist.

3.3.5 Residents are supported and encouraged to avail of national health screening appropriate to their age and individual needs, including but not limited to breast, cervical, bowel and prostate cancer screening, blood pressure screening and immunisation.

3.3.6 Residents are supported and encouraged to access substance misuse and addiction services where required, with care planning coordinated between mental health and addiction services.

3.3.7 Residents are given information about preventive health care and a healthy lifestyle, including information and advice on diet, exercise, sexual health and any other area relevant to their health to help improve their overall physical wellbeing.

3.3.8 Residents are supported and encouraged to access physical health care through links with primary care services, including referrals, shared care and continuity when transitioning to other living arrangements.

3.3.9 Residents who smoke are offered smoking cessation support in line with national programmes, and their decision whether to avail of it is respected. Residents who smoke can do so in a designated area outside the living accommodation, so that residents, visitors and staff are not exposed to second-hand smoke. Smoking arrangements comply with occupational health and safety and fire safety requirements.

3.3.10 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, will and preferences.

3.3.11 Residents access health services in the community on the same basis as other members of the public, rather than through an acute mental health centre or hospital.

3.3.12 Residents are supported to access speech and language therapy and dietetic services where eating, drinking, swallowing or nutritional needs are identified.

> **I Perspective:** My physical health is monitored. I can see a GP, a dentist and other health services, and I am supported to attend health screening. When I am ill, or at the end of my life, my care should respect my dignity and autonomy.

Standard 3.4 Nutritional needs and preferences are assessed, monitored and met.

3.4.1 Residents' care plans identify their dietary needs and preferences.

3.4.2 Residents have access to food and drinks throughout the day, including residents on modified or specialised diets.

3.4.3 Residents are supported to access speech and language therapy and/or dietetic services where this is identified in their care plan and are provided with information to support their own food choices.

3.4.4 Residents are actively involved in menu planning and grocery shopping and, where they wish, in preparing and cooking their own food.

3.4.5 If food is catered in the centre, residents are provided with a menu that offers choice and variety, is updated regularly, and matches the actual food provided.

3.4.6 If food is catered in the centre, residents are offered nutritionally balanced meals, portioned appropriately to their needs, and presented in an appealing and appetising manner.

3.4.7 If food is catered in the centre, residents who require it have access to a modified-consistency diet, in line with their care plan.

3.4.8 Cultural, religious and personal preferences are respected and accommodated.

3.4.9 Staff are trained to recognise difficulties with eating, drinking and swallowing, and to prepare and serve modified-consistency diets in line with a resident's care plan.

3.4.10 A resident is not refused admission to, or discharged from, the centre solely because they require a modified-consistency diet or other support with eating or drinking.

> **I Perspective:** My food needs and preferences, including cultural and religious ones, should be respected. I can get food and drinks throughout the day and I help plan menus and shopping.

Standard 3.5 Social, cultural and spiritual needs of residents are assessed and met.

3.5.1 Residents' care plans identify their social, cultural and spiritual needs.

3.5.2 Residents' care plans identify their strengths, ambitions, needs, will and preferences.

3.5.3 Residents are supported and encouraged to experience new activities, join clubs or associations, and to create opportunities to connect and avoid isolation.

3.5.4 Residents are supported and encouraged to build new skills, knowledge, abilities, confidence and independence.

3.5.5 Residents are supported to attend cultural and religious events and celebrations.

> **I Perspective:** My social, cultural and spiritual needs are part of my care plan. I am supported to take part in activities and celebrations that matter to me.

Standard 3.6 Education and employment opportunities are explored, and residents are supported to advance their careers.

3.6.1 Residents' care plans identify their education and employment ambitions and opportunities.

3.6.2 Residents are supported and encouraged to pursue their chosen career path.

3.6.3 Residents have access to employment support, including Individual Placement and Support (IPS) where available.

3.6.4 Residents who require it are supported to access education supports and reasonable accommodations are identified, arranged and supported in educational and employment settings.

> **I Perspective:** I am supported to pursue education or work of my choosing, with help from job coaches or mentors. I can access reasonable accommodations, when I need them.

Standard 3.7 Recreational activities are promoted and easily accessible.

3.7.1 Residents' care plans identify their preferred recreational activities.

3.7.2 Residents have access to activities that are enjoyable and meaningful to them in line with their will and preferences.

3.7.3 Arrangements are in place to provide residents with accessible information on the types of activities that are available to them, as well as a schedule or timetable for those activities.

3.7.4 Residents are given the opportunity to contribute to the planning and development of new activities in their centre and to give feedback on current activities to help improve them for the future.

3.7.5 Residents can freely choose whether they want to take part in any activity provided or organised by staff in their centre.

3.7.6 Residents are supported and encouraged to identify and participate in activities or events of their choosing in the local community.

> **I Perspective:** I can see what activities are on offer and suggest changes. I decide for myself whether to take part, in the centre or in the local community.

Standard 3.8 Residents have access to their support and family networks.

3.8.1 Residents' care plans identify their support networks and family links.

3.8.2 Arrangements are in place to involve residents' support networks, supporters and family in developing their care plans if appropriate.

3.8.3 Arrangements are in place to accommodate visits, phone calls, messages, video-link meetings, and social media access, facilitating contact with residents' support networks, supporters, and family members in line with residents' will and preferences.

3.8.4 Residents are free to receive visitors without restriction as far as reasonably practicable.

3.8.5 The centre works with the community to help residents stay connected to their family, friends and local supports.

> **I Perspective:** I am supported to stay in contact with my family and supporters (e.g. through visits, calls or video) and to receive visitors as freely as reasonably practicable.

Standard 3.9 Residents have access to peer support services delivered by people with lived experience of mental health difficulties.

3.9.1 The registered proprietor has policies and procedures in place regarding the role of peer support in promoting recovery, hope and empowerment for residents.

3.9.2 Arrangements are in place to provide residents with access to peer support services, either directly employed within the centre or through partnership with external peer support organisations.

3.9.3 Peer supporters are valued as equal members of the workforce, with clear role descriptions, appropriate remuneration and access to the same employment supports as other staff members.

> **I Perspective:** I can get support from peer supporters, people with their own lived experience of mental health difficulties, who work as equal members of the team.

Theme 4: Safe, accessible and therapeutic environment

Standard 4.1 Premises are safe, structurally sound and maintained in good repair.

4.1.1 The design and quality of the premises comply with all relevant health and safety legislation, and fire and building regulations to support universal access.

4.1.2 The premises are regularly inspected and maintained, with timely repairs carried out to ensure a safe and comfortable environment.

4.1.3 Fixtures, fittings and equipment used in the centre are kept in a safe working condition and regularly serviced.

4.1.4 The premises are free from hazards that could compromise residents' safety, including environmental risks identified through individual risk assessment.

4.1.5 The registered proprietor has measures in place to assess and manage risks related to the premises, in the context of residents' mental health and other needs.

4.1.6 The following emergency arrangements, systems and equipment are in place, installed, tested and clearly communicated to residents and staff:

- Fire detection and alarm systems
- Security and intruder alarm system, where required by the assessed needs of residents and the risks associated with the premises
- Carbon monoxide detection
- Extinguishers and fire blankets
- Evacuation plans
- Fire drills

> **I Perspective:** My centre should be safe and well maintained, with working fire and emergency arrangements that are explained to me.

Standard 4.2 Premises meet the needs of residents and the service functions.

4.2.1 The design, capacity and living arrangements are suitable for the number and assessed needs of residents. The premises are maintained in a good state of repair and a maintenance programme is in place. Arrangements are in place to maintain the premises in a clean and hygienic condition.

4.2.2 The premises comply with legal requirements for accessibility, and all relevant areas are accessible to residents.

4.2.3 Residents are provided with single-occupancy bedrooms that are appropriately sized and designed to meet their individual needs.

4.2.4 Residents are provided with baths, showers and toilets in sufficient numbers and to a standard that meets their needs.

4.2.5 Centres commencing operations on or after the date these Standards take effect provide each resident with dedicated bathroom facilities, including a bath or shower and toilet, appropriately sized and designed to meet their individual needs, that are not shared with other residents.

4.2.6 Residents are provided with adequate, secure space and suitable storage facilities for their personal use.

4.2.7 Residents have access to outdoor green or sensory spaces to support wellbeing.

4.2.8 The physical environment supports privacy and dignity for all residents, including those with disabilities.

4.2.9 Adequate facilities are provided to enable residents to launder their own clothes.

> **I Perspective:** My centre should suit my needs, with my own bedroom, suitable bathrooms, secure storage for my things and access to outdoor space.

Standard 4.3 The centre is located in an accessible community setting that facilitates social connection, promotes recovery and prepares residents for independent living.

4.3.1 The premises are situated within a residential or mixed-use urban environment or a setting that gives residents easy, convenient and reliable access to local amenities and services, including shops, cafes and restaurants, health care facilities, cultural and sporting activities, places of worship, libraries and other community resources appropriate to their needs and preferences. This access may be provided through the immediate surroundings, public transport, or other dependable transport arrangements.

4.3.2 Residents have access to public transport options that enable frequent, independent and unrestricted access to community services, community facilities and family or support networks, allowing them to exercise their autonomy and independence.

4.3.3 The centre provides transport for residents who require it to access community services, facilities, family or support networks, which is available at reasonable notice and not dependent on staff availability or convenience.

4.3.4 In rare and exceptional circumstances, the premises may be located in a remote or rural setting where this aligns with residents' will and preferences and their needs in this regard are assessed, recorded and regularly reviewed by the multidisciplinary team.

> **I Perspective:** My centre should be somewhere I can reach shops, transport and other local services on my own, without depending on staff or centre vehicles. I should only receive care in a remote or rural location if this is what I want and if I can meet my care and support needs.

Standard 4.4 Premises are conducive to recovery and wellbeing.

4.4.1 The kitchen area is provided with suitable and sufficient cooking facilities, equipment and tableware to support the development of independent living skills.

4.4.2 Communal spaces are provided that are suitable for social, cultural and religious activities appropriate to the needs and circumstances of residents.

4.4.3 Lighting, ventilation and temperature controls are adjustable.

4.4.4 The environment is welcoming, well-lit, relaxed and free from avoidable noise and intrusive smells.

4.4.5 Visitor and family-friendly spaces are provided that are suitable for social visits with relatives, friends and advocates in a dignified, private and comfortable setting.

> **I Perspective:** My centre should feel like a home, with a kitchen I can use, shared spaces for activities and a private, comfortable place to receive visitors.

Standard 4.5 Premises are clean and suitably decorated.

4.5.1 Residents have choice and control over the decoration, furnishing and layout of their personal spaces.

4.5.2 All areas of the premises are kept clean, hygienic and well-maintained, in line with any relevant infection control and environmental health requirements.

4.5.3 The premises are decorated and furnished so that they are comfortable, in good repair, and free from damage and excessive wear.

4.5.4 A regular cleaning programme is implemented, with frequency of cleaning and maintenance appropriate to the use of different areas.

4.5.5 Decoration, paintwork and furnishings are regularly reviewed and refreshed to ensure the premises remain pleasant, safe and suitable.

> **I Perspective:** My centre should be clean and well kept, and I decide how my own space is decorated and arranged.

Standard 4.6 Each resident can access facilities and services within the centre.

4.6.1 Residents have access to food and drinks throughout the day, including residents with modified or specialised diets.

4.6.2 Residents have access to their bedrooms, bathrooms, toilets, kitchen and communal areas throughout the day.

4.6.3 Residents have access to outdoor space.

4.6.4 Residents have access to the internet, telephone, TV service and radio in line with their will and preferences.

> **I Perspective:** I can use my bedroom, bathroom, kitchen and shared areas through the day. I can get food and drinks when I want them and use the internet, phone and TV as I prefer.

Theme 5: Recovery and empowerment

Standard 5.1 Residents exercise independence, autonomy and choice.

5.1.1 The registered proprietor recognises that each resident is presumed to have the capacity to make decisions about all aspects of their life.

5.1.2 Residents choose their own daily routines, including when to wake, sleep, eat and engage in activities, while being supported and encouraged to make healthy choices.

5.1.3 Residents are supported and encouraged to choose their own clothing, personal care routines, and how they present themselves.

5.1.4 Residents are supported and encouraged to manage their own finances and belongings, with documented safeguards to prevent financial abuse, coercion or exploitation.

5.1.5 Arrangements are in place to support residents in decision-making, including formal support arrangements.

> **I Perspective:** I make my own choices about daily life, such as my routine, my clothing and my money. Support is provided if I want it and safeguards are in place against financial abuse.

Standard 5.2 Residents are supported to follow recovery pathways and, where appropriate, transition to independent or supported living.

5.2.1 Recovery pathways are developed collaboratively with each resident through person-centred, evidence-informed and multidisciplinary assessment, and are guided by the resident's will and preferences to achieve the best possible outcome.

5.2.2 Transition plans are developed collaboratively with each resident for whom transition to independent or supported living is appropriate.

5.2.3 Recovery pathways and transition plans are regularly reviewed and adjusted based on the progress and changing needs of residents.

5.2.4 Recovery pathways and transition plans include realistic timeframes and define measurable objectives.

> **I Perspective:** If a move to more independent living is right for me, staff should plan it with me, guided by my wishes, and review the plan as my needs change.

Standard 5.3 Residents develop life skills, confidence and social connections.

5.3.1 Residents are supported and encouraged to develop independent living skills, including self-care, cooking, cleaning, budgeting and social participation.

5.3.2 Residents are supported and encouraged to develop and maintain their social identity and roles, cultural and spiritual values, and connection with their local community.

5.3.3 Residents are supported and encouraged to engage in meaningful activities, including education, work, volunteering, creativity, sport and leisure.

5.3.4 Residents are supported and encouraged to participate in community-based activities and events.

> **I Perspective:** I am supported to build the skills and confidence to live more independently, and to take part in activities in the community.

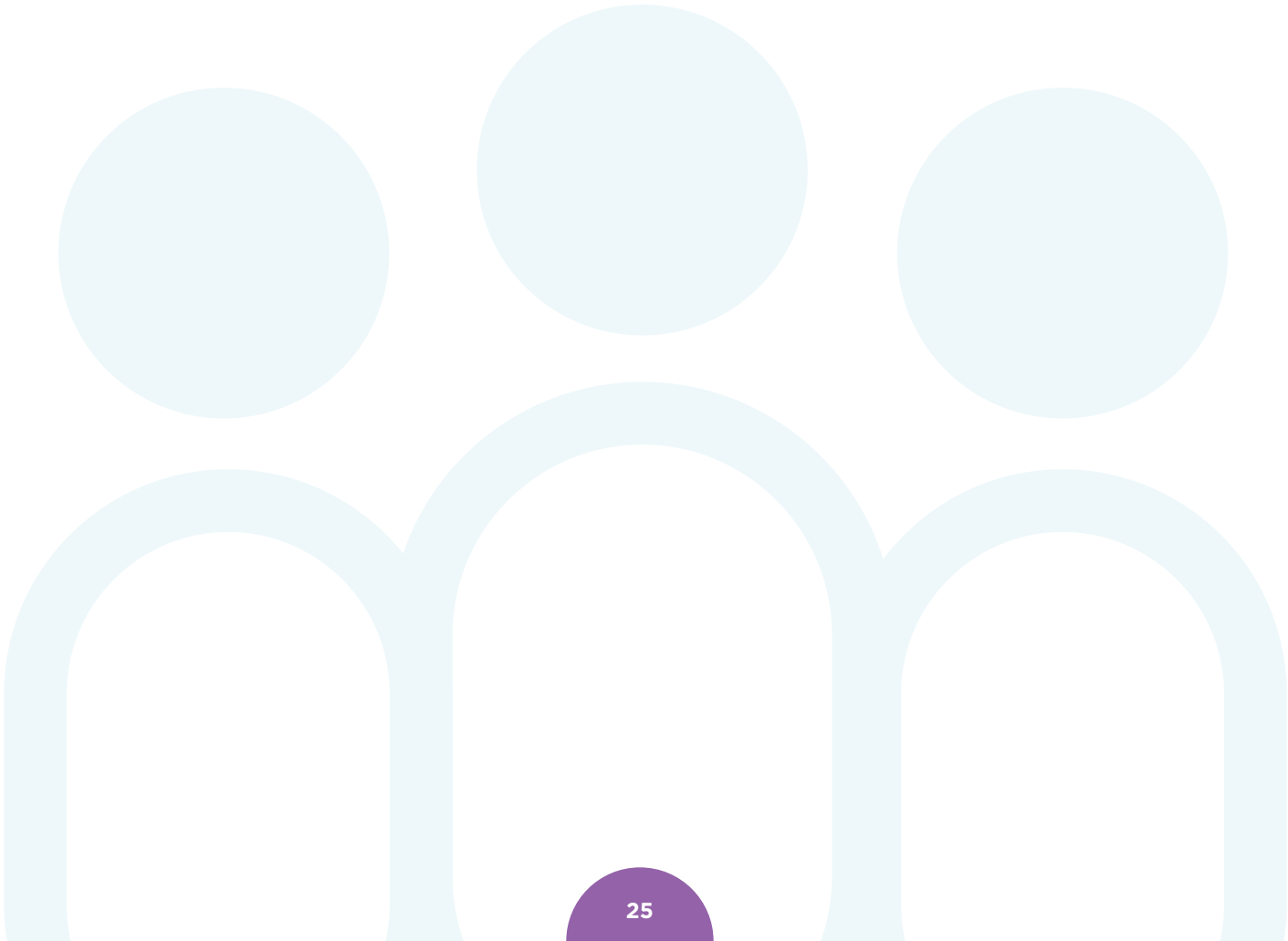
Standard 5.4 The centre fosters an evidence-based and solution-focused approach to supporting residents.

5.4.1 Individual care plans focus on residents' strengths, aspirations, ambitions and potential for growth.

5.4.2 Staff communication, language and interactions emphasise possibilities and solutions rather than limitations or deficits.

5.4.3 Peer supporters with lived experience are involved in residents' care and treatment to demonstrate that recovery and transition to independent, meaningful living are possible and achievable.

> **I Perspective:** Staff talk to me about what I can do rather than what I cannot. Peer supporters help show me that recovery is possible.



Theme 6: Workforce, use of resources and information management

Standard 6.1 Members of the workforce providing care and treatment are skilled and qualified.

6.1.1 Arrangements are in place to recruit, onboard and manage staff who are suitably qualified and skilled to support the assessed needs of residents.

6.1.2 The number of staff and composition of the workforce are suitable for:

- The number and the assessed needs of residents
- Size, complexity and specialities of the services being provided
- Evidence-based best practice regarding the model of service or type of service being provided
- Compliance with relevant legislation and the regulatory framework

6.1.3 Arrangements are in place to provide the workforce with training and continuing education to maintain, improve and adapt their qualifications and skills to the assessed needs of residents.

6.1.4 Arrangements are in place for performance management and development of the workforce.

6.1.5 Arrangements are in place for workforce contingencies to ensure continuity of services and activities for residents.

> **I Perspective:** There are enough qualified staff for the residents living in the centre. Their training is kept up to date, and cover is arranged so my care continues if someone is absent.

Standard 6.2 Multidisciplinary team members are registered with their professional bodies or regulators.

6.2.1 Relevant multidisciplinary team members are registered with their professional bodies and maintain their registration in line with all regulatory and legislative requirements.

6.2.2 Arrangements are in place to verify professional registration on recruitment and at subsequent intervals to ensure that staff work within their scope of practice.

6.2.3 Multidisciplinary team members carry out their work in line with their professional guidance and codes of conduct developed and published by their professional bodies.

6.2.4 The registered proprietor supports multidisciplinary team members to maintain their registration, with access to clinical supervision and continuing professional development. The registered proprietor ensures that team members work within their scope of practice.

> **I Perspective:** The staff in my team are registered with their professional bodies and work within their codes of conduct.

Standard 6.3 Members of the workforce providing care and treatment are supported in delivering high-quality services.

6.3.1 The registered proprietor has arrangements in place to identify and respond to the psychological impact on staff of delivering mental health care, including access to support following serious incidents.

6.3.2 Arrangements are in place to support staff wellbeing and support their psychological and physical safety.

6.3.3 Arrangements are in place for staff to raise concerns, report incidents and give feedback without fear of consequence, for these to be recorded and responded to, and for the response to be communicated to staff.

6.3.4 Arrangements are in place to minimise the risk of violence, aggression, bullying and harassment, and to create a safe working environment for all members of the workforce.

6.3.5 The registered proprietor provides ongoing training and support to develop staff knowledge and skills in key areas, including: first aid and basic life support (including management of choking), human rights-based care, person-centred and recovery-focused approaches, assisted decision-making, trauma-informed practice, inclusion and diversity, cultural competence, behavioural-change approaches and safeguarding.

> **I Perspective:** The people who run my centre look after staff wellbeing and listen to their concerns, so staff can support me.

Standard 6.4 Staff possess the qualities, values and skills necessary for a human rights-based and recovery-oriented approach to care and treatment.

6.4.1 Arrangements are in place to recruit and develop staff who demonstrate an understanding of human rights principles and recovery-oriented practice and possess the appropriate communication skills to support residents.

6.4.2 Arrangements are in place for continuous professional development, reflective practice, coaching and mentoring to strengthen staff values, empathy and therapeutic communication skills.

> **I Perspective:** Staff have the empathy and communication skills to respect my rights and support my recovery.

Standard 6.5 Resources are managed to deliver high-quality, safe and reliable care and treatment efficiently and sustainably.

6.5.1 The registered proprietor maintains overall accountability for the quality, safety and effectiveness of all services delivered.

6.5.2 The registered proprietor ensures strategic oversight and accountability for resource management and service quality.

> **I Perspective:** The people who run my centre remain accountable for using resources so that my care is safe and reliable.

Standard 6.6 Registered proprietors have effective arrangements in place for information governance.

6.6.1 Arrangements are in place to ensure secure storage and management of records, including electronic health records.

6.6.2 All records relevant to care, treatment and operation of the centre are secure, retained in line with data retention requirements and accessible.

6.6.3 Arrangements are in place for the lawful and secure processing of personal information that is compliant with the General Data Protection Regulation and Irish legislation.

6.6.4 Arrangements are in place for appropriate access to records for regulatory oversight.

6.6.5 The registered proprietor uses consistent and clear terminology across all communications and documents to support staff and residents to clearly understand service types, roles and responsibilities.

> **I Perspective:** My personal information is stored securely and handled lawfully. Records about my care are accurate and available to those who need them.

Glossary

Advocate: An independent person who helps an individual to express their views and secure their rights and interests, at the individual's request.

Approved centre: A mental health facility registered with the MHC, where inpatient care is provided under the Mental Health Acts 2001-2018. Only approved centres can legally admit and treat individuals under involuntary care provisions.

Assisted Decision-Making (Capacity) Act 2015: Legislation that supports decision-making for individuals who may have difficulties making certain choices, ensuring their will and preferences are respected, while providing necessary supports.

Care plan: A record of the person's care and treatment needs, the goals agreed for their recovery, and the resources required to meet them. The multidisciplinary team develops and reviews the plan and, as far as practicable, co-produces it with the person, with due regard to their will and preferences.

Co-production (of a service): A process where people take an active part in how a service is planned and delivered, including a direct say in their own care.

Evidence-informed: Practice that combines professional experience, judgement and expertise with the best available research evidence.

Human rights: The basic rights and freedoms that belong to every person. In Ireland, they are protected by the Constitution and the European Convention on Human Rights Act 2003, and recognised in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Individual Placement and Support (IPS): A model of supported employment that helps people with mental health difficulties to find and keep employment.

Legacy placement: A long-standing placement where a resident chooses to remain in the centre rather than move to independent or supported living. These Standards require such placements to be respected and managed in line with the resident's will and preferences.

Mental Health Act 2001: The Act that provides for the involuntary admission of people with a mental disorder to approved centres and for the independent review of such admissions. It established the Mental Health Commission, mental health tribunals and the Inspector of Mental Health Services.

Mental Health Act 2026: The Act that reforms the law on involuntary admission, detention and consent to treatment. On commencement, it will extend the MHC's oversight of community mental health centres and community mental health services, including community child and adolescent mental health services (CAMHS).

Mixed-use environment: An area that combines homes with shops, workplaces, recreation and public space.

Multidisciplinary team: A team of health and social care professionals from different disciplines, such as psychiatry, nursing, psychology, occupational therapy, social work and peer support, who work together to assess and meet the mental, physical and social needs of residents.

Open disclosure: An open, honest approach to communicating with people and their supporters when something goes wrong in their care, including an explanation of what happened and what will be done to prevent it from happening again.

Peer supporter: A person with lived experience of mental health difficulties who shares that experience to support others facing similar challenges.

Person-centred: An approach which focuses on the needs of the person, ensuring that the person's preferences, needs, and values guide clinical decisions or support and providing care that is respectful and responsive to them.

Recovery: The personal process of building a satisfying life, as defined by the person themselves, with or without ongoing mental health difficulties.

Registered acute mental health centre: An acute mental health centre registered by the MHC where acute mental health care and treatment are provided.

Registered community mental health centre: A community-based residential centre (other than an acute centre) that provides specialist mental health care and treatment for people with an enduring mental health disorder or other mental health difficulty, and is staffed on a 24-hour basis. The MHC's interpretation of 'staffed on a 24-hour basis' is explained under *Purpose and scope of the national standards.*

Registered person: A person nominated by a registered proprietor that is a corporate or unincorporated body to represent it, in line with the relevant legislation and regulatory framework.

Registered proprietor: The owner of the registered mental health centre, responsible for carrying on its business. This covers governance, staffing, financial matters, resourcing and compliance with legislation and any conditions associated with regulation.

Responsible person: A person nominated by the registered proprietor and suitably qualified by training and experience. The responsible person runs the centre day to day, reports to the registered proprietor, and makes sure staff comply with the regulatory framework.

Restrictive practice: Any practice, organisational arrangement, system or routine that restricts a resident's freedom of movement, dignity or bodily integrity. This includes physical restraint, mechanical restraint and solitary confinement, which are not used in a centre (Standard 2.9).

Rights-based approach: An approach that puts the dignity, autonomy and wellbeing of the person at the centre of mental health care. People with mental health conditions hold the same rights and freedoms as everyone else, including the right to take a full part in society through education, employment and social life. Care and treatment are high quality and free from discrimination, coercion, and cruel, inhuman, or degrading treatment. Services should respect each person's choices and support their recovery goals.

Risk assessment: A structured assessment of the risks a person may face or pose, used to plan support that balances safety with autonomy.

Speech and language therapy: Speech and language therapy provides treatment, support and care for people experiencing communication challenges or difficulties with eating, drinking and swallowing.

Statement of Purpose: A document setting out the services and facilities a centre provides, available to residents in an accessible format.

Supporter: A person who takes part in discussions about the individual and their treatment. This may be a family member, friend or other trusted person chosen by the individual, or a decision supporter appointed under the Assisted Decision-Making (Capacity) Act 2015. A decision supporter's role depends on the authority set out in the decision support arrangement.

Trauma-informed care: An approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising persons using mental health services and staff.

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