



**SUMMARY OF HEALTH
INFORMATION AND
QUALITY AUTHORITY (HIQA)
INSPECTION FINDINGS IN
DESIGNATED CENTRES FOR
OLDER PEOPLE**

Inspections completed during June 2020 to September 2020

TABLE OF CONTENTS

1.0	Executive Summary	2
2.0	Background	4
3.0	Areas of Good Practice	5
4.0	Resident Feedback	6
5.0	Overall Review Findings	7
6.0	Detailed Findings	10
	Dimension 1: Capacity and Capability	
	Regulation 23: Governance and Management	10
	Regulation 15: Staffing.....	11
	Regulation 34: Complaints Procedure	12
	Regulation 21: Records.....	12
	Regulation 16: Training and Staff Development.....	13
	Regulation 22: Insurance	13
	Regulation 33: Notification of Procedures and Arrangements for periods when Person In Charge is Absent from the Designated Centre	13
	Regulation 3: Statement of Purpose	14
	Registration Regulation 4: Application for Registration or Renewal of Registration.....	14
	Regulation 24: Contract for the Provision of Services	14
	Regulation 31: Notifications of Incidents	14
	Regulation 4: Written Policies and Procedures.....	15
	Dimension 2: Quality and Safety	
	Regulation 27: Infection Control	16
	Regulation 28: Fire Precautions	19
	Regulation 17: Premises	20
	Regulation 25: Temporary Absence or Discharge of Residents.....	21
	Regulation 29: Medicines and Pharmaceutical Services	22
	Regulation 6: Healthcare	22
	Regulation 9: Residents' Rights	23
	Regulation 5: Individual Assessment and Care Plan	24
	Regulation 18: Food and Nutrition	24
	Regulation 7: Managing Behaviour that is Challenging	24
	Regulation 26: Risk Management	25
	Regulation 12: Personal Possessions.....	25
	Regulation 13: End of Life.....	25
	Regulation 8: Protection.....	25
	Regulation 11: Visits.....	25
7.0	Conclusion	26

1.0 EXECUTIVE SUMMARY

This report by HCI highlights the trends in inspection findings, those being ‘Compliant’ and ‘Not Compliant’ as detailed by the Health Information and Quality Authority (HIQA) in reports for residential care settings for older people. The inspections were against the requirements as outlined in the following:

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (S.I.No. 415 of 2013).
- Health Act 2007 (Registration of Designated Centres for Older People) Regulation 2015 (S.I.No. 61 of 2015).

These legislative requirements are supported throughout the report by the National Standards for Residential Care Settings for Older People in Ireland (2016).

In light of the impact of COVID-19, certain reports also make reference to the application by residential homes of the following:

- National Standards for infection prevention and control (IPC) in community services (2018)
- HSE & HPSC Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities

HCI completed a review of twenty-three (23) randomly selected HIQA Inspection Reports. All inspections were completed by HIQA during June 2020 to September 2020.

Table 1 below highlight the main findings that carried a *Not Compliant Red Risk*. Table 2 highlights other key areas requiring improvement.

Table 1: Not Compliant Red Risk – Findings (S.I.No. 415 of 2013)

Dimension	Regulation	Not Compliant Red Risk Findings
Capacity and Capability	Regulation 15: Staffing	Inadequate resources available for nursing care staff.
		Hours for cleaning staff were inadequate as efficient cleaning was not taking place.
		Staffing levels allocated did not ensure care was provided in a person centred manner.
Capacity and Capability	Regulation 23: Governance and Management	Inadequate arrangements for ensuring compliance with legislation.
		Failure to implement the Health Protection Surveillance Centre’s (HPSC) “Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities” guidance.
Quality and Safety	Regulation 17: Premises	Premises required updating to ensure a safe and appropriate environment was in place.
Quality and Safety	Regulation 27: Infection Control	Inaccurate recording of staff and resident temperatures.
		Staff not wearing masks appropriately and not in line with HPSC guidance.
		Review of environmental hygiene was required.
		IPC processes were not in line with HIQA’s National Standards for Infection Prevention and Control in Community Services 2018 or HPSC guidance for residential care facilities.

Enhanced Authority Monitoring Approach Summary of HIQA Inspection Findings in Designated Centres for Older People completed during June 2020 to September 2020

Quality and Safety	Regulation 28: Fire Precautions	The Registered Provider did not take adequate precautions against the risk of fire or ensure that adequate systems were in place to ensure the safe and effective evacuation of residents.
		Fire doors had gaps between them making them ineffective to contain fire, smoke, and fumes.
		Fire drills did not take place at night-time to ensure the residential centre can be evacuated safely with night-time staffing levels.

Table 2: Not Compliant Orange and Yellow Risk – Findings (S.I.No. 415 of 2013)

Dimension	Regulation	Not Compliant Orange and Yellow Risk Findings
Capacity and Capability	Regulation 16: Training and Staff Development	Training provided was not adequate and did not ensure safe quality care was provided – staff are not aware of current good practice and how to implement it.
Capacity and Capability	Regulation 34: Complaints Procedure	The complaints policy and procedure were not updated to ensure relevant information regarding the requirement for a complaints officer. Complaints were not adequately investigated and addressed.
Quality and Safety	Regulation 25: Temporary Absence or Discharge of Residents	Necessary information, such as medical diagnosis and medications, were not always detailed in the transfer letter. Comprehensive information was not provided to the receiving hospital.
Quality and Safety	Regulation 12: Personal Possessions	Insufficient storage was used by residents to store their personal belongings. Residents were required to limit the number of personal items they had where they were in a multi-occupancy room.
Quality and Safety	Regulation 6: Healthcare	Appropriate medical and healthcare reviews were not completed in a timely manner for residents. Wound care practices of nurses were found to be inconsistent. Inconsistent records were retained to record if residents had been tested for COVID-19. No records were retained as to whether their results had been conveyed to them.
Quality and Safety	Regulation 29: Medicines and Pharmaceutical Services	Gaps were identified in relation to signatures in the controlled drug record book. Expired medications remained in the drug trolley.

The following Regulations were not inspected in the reports reviewed and were therefore not included in the analysis:

- Registration Regulation 6 (S.I.No. 61 of 2015) – Changes to Information Supplied for Registration Purposes.
- Regulation 30 (S.I.No. 415 of 2013) - Volunteers

2.0 BACKGROUND

Effective from the 1st of January 2018, Health Information and Quality Authority (HIQA) implemented the use of the Enhanced Authority Monitoring Approach (AMA) to the regulation of designated centres.

The findings of all monitoring inspections are set out under the Registration Regulations as detailed within S.I.No. 61 of 2015 and the thirty-two (32) Regulations as detailed within S.I.No. 415 of 2013. The number of regulations inspected by HIQA in each residential care setting is dependent on the purpose of the inspection.

The compliance descriptors are outlined as follows:

- **Compliant:** A judgment of compliant means the Registered Provider and/or the Person In Charge is in full compliance with the relevant legislation.
- **Substantially Compliant:** A judgement of substantially compliant means that the Registered Provider or Person In Charge has generally met the requirements of the regulation, but some action is required to be fully compliant. This finding will have a risk rating of yellow, which is low risk.
- **Not Compliant:** A judgement of not compliant means the Registered Provider or Person In Charge has not complied with a regulation and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be riskrated red (high risk) and the Inspector will identify the date by which the Registered Provider must comply. Where the non-

compliance does not pose a significant risk to the safety, health and welfare of residents using the services, it is risk rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

Once a judgement of 'Not Compliant' is made, Inspectors will review the risk to residents and will report on this risk as:

- **Red:** There is a high risk associated with the non-compliance.
- **Orange:** There is moderate risk associated with the non-compliance.
- **Yellow:** There is low risk associated with the non-compliance.
- **Green:** There is no risk.

3.0 AREAS OF GOOD PRACTICE

.....

Table 3 details the Regulation(s) where good practice was identified, i.e. services inspected against the Regulations were deemed fully compliant. Caution is advised when interpreting Table 3 below, as not all of the 23 services reviewed were inspected against each Regulation.

Table 3: Regulations where Good Practice was identified

Dimension	Regulation	No. of Services Inspected against this Regulation of the 23 sample reports
Capacity and Capability	Registration Regulation 7: Application by Registered Providers for the Variation or Renewal of Conditions of Registration	1
	Registration Regulation 8: Annual fee payable by the Registered Provider of a designated centre for older people	2
	Regulation 14: Persons In Charge	13
	Regulation 19: Directory of Residents	3
	Regulation 32: Notification of Absence	1
Quality and Safety	Regulation 10: Communication Difficulties	1
	Regulation 20: Information for Residents	1

4.0 RESIDENT FEEDBACK

Resident questionnaires were sent in advance of announced Inspections to allow residents and their representatives to provide feedback regarding living in the residential centre. Also, during inspections, HIQA Inspectors, where possible, spoke with residents to discuss their experience of the service.

Overall, the majority of the feedback received within the twenty-three (23) reports reviewed was positive. Feedback included:

- **Residents' COVID-19 Experience in the Residential Centre:**

- o Residents were aware of the COVID-19 risks and the precautions they had to take to protect themselves and others.
- o Some residents were getting tired of cocooning.
- o Residents missed socialising with other residents in the residential centre.
- o Residents who had COVID-19 stated it was not a nice experience and hoped they would not have to go through it again.
- o Residents were delighted to leave their bedrooms and see other residents.
- o Residents were sad that other residents had passed away due to COVID-19.
- o Residents want residential centres to keep the Infection Prevention and Control measures that were put in place to keep all residents safe stay in place.
- o Residents described feeling lonely, worried, frightened, and anxious during a COVID-19 outbreak. Residents stated that staff acknowledged their concerns and helped reassure them.
- o Some residents found isolation very difficult.
- o Residents wondered if life would ever be normal again after the COVID-19 pandemic.
- o Residents missed getting their hair done by their hairdresser.
- o Media interest in COVID-19 outbreaks in residential centres had a negative impact residents' wellbeing.
- o Some residents found restrictions not too difficult stating that they had lots of company in the centre and probably would have been more isolated if they had been living at home.

- o Some residents missed day trips out of the residential centre.

- **Daily Living/Social Activities:**

- o Activities were restricted due to COVID-19 and social distancing requirements; however, residents were happy to participate in activities that were organised.

- **Space/Premises in the Residential Centres:**

- o Some residents communicated that they felt their privacy was protected as they had their own bedroom and en-suite.

- **Food and Nutrition:**

- o Some residents praised the variety and selection of food that was made available to them.
- o Some residents stated that the food provided to them was fine or varied.

- **Care Provided in the Residential Centres:**

- o Some residents were happy with the care provided to them.
- o Some residents were happy with the communication between staff and residents during COVID-19.

- **Safety in the Residential Centres:**

- o Residents said they felt safe and well supported in the residential centre.

- **Identifying a member of staff where issues, concerns or complaints arise:**

- o Residents communicated that they were aware of who to contact if they were unhappy with anything in the residential centre.

- **Visiting in the Residential Centre:**

- o As visiting in the residential centres across Ireland was restricted, residents stated that receiving visitors through window visits was good
- o Residents missed visits from family members.

5.0 OVERALL REVIEW FINDINGS

The inspection reporting framework used by HIQA is organised into two dimensions. Dimension 1 focuses on Capacity and Capabilities (detailed in Tables 4 and 5 below) with Dimension 2 focusing on Quality and Safety (detailed in Table 6 below). The tables show the percentage of the Services in compliance, or in breach of, the requirements per Regulation for the 23 reports. Key areas that were deemed Not Compliant are highlighted within the tables.

Table 4: Capacity and Capability – Registration Regulations (S.I.No. 61 of 2015)

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 23 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	4	Application of Registration or Renewal of Registration	4	75 %	25 %	0 %	0 %	0 %	0 %

5.0 OVERALL REVIEW FINDINGS Continued...

Table 5: Capacity and Capability (S.I.No. 415 of 2013)

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 23 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	3	Statement of Purpose	15	73 %	27 %	0 %	0 %	0 %	0 %
	4	Written Policies and Procedures	12	92 %	8 %	0 %	0 %	0 %	0 %
	15	Staffing	23	83 %	9 %	8 %	4 %	4 %	0 %
	16	Training and Staff Development	23	70 %	26 %	4 %	0 %	4 %	0 %
	21	Records	13	62 %	31 %	7 %	0 %	7 %	0 %
	22	Insurance	2	50 %	50 %	0 %	0 %	0 %	0 %
	23	Governance and Management	22	41 %	32 %	27 %	9 %	18 %	0 %
	24	Contract for the Provision of Services	6	83 %	17 %	0 %	0 %	0 %	0 %
	31	Notification of Incidents	16	87 %	13 %	0 %	0 %	0 %	0 %
	33	Notification of Procedures and Arrangements for periods when Person in Charge is absent from the designated centre	3	67 %	33 %	0 %	0 %	0 %	0 %
	34	Complaints Procedure	19	74 %	10 %	16 %	0 %	16 %	0 %

5.0 OVERALL REVIEW FINDINGS Continued...

Table 6: Quality and Safety (S.I.No. 415 of 2013)

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 23 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Quality and Safety	5	Individual Assessment and Care Plan	23	57 %	30 %	13 %	0 %	13 %	0 %
	6	Healthcare	23	52 %	31 %	17 %	0 %	17 %	0 %
	7	Managing Behaviour that is Challenging	11	82 %	9 %	9 %	0 %	9 %	0 %
	8	Protection	18	94 %	6 %	0 %	0 %	0 %	0 %
	9	Residents' Rights	21	57 %	29 %	14 %	0 %	14 %	0 %
	11	Visits	22	95 %	5 %	0 %	0 %	0 %	0 %
	12	Personal Possessions	5	60 %	20 %	20 %	0 %	0 %	20 %
	13	End of Life	9	78 %	22 %	0 %	0 %	0 %	0 %
	17	Premises	16	44 %	31 %	25 %	6 %	19 %	0 %
	18	Food and Nutrition	9	89 %	0 %	11 %	0 %	11 %	0 %
	25	Temporary Absence or Discharge of Residents	6	50 %	17 %	33 %	0 %	33 %	0 %
	26	Risk Management	17	53 %	41 %	6 %	0 %	6 %	0 %
	27	Infection Control	22	32 %	45 %	23 %	9 %	14 %	0 %
	28	Fire Precautions	18	28 %	28 %	44 %	11 %	33 %	0 %
	29	Medicines and Pharmaceutical Services	10	50 %	30 %	20 %	0 %	20 %	0 %

6.0 DETAILED FINDINGS

The following provides examples of the 'Not Compliant' findings (including 'Not Compliant Yellow, Orange and Red') and 'Substantially Compliant' findings as detailed within the HIQA Inspection Reports under each of the report dimensions. The numbers in brackets following the finding, e.g. (2) detail the frequency of the finding across the services inspected.

Dimension 1: Capacity and Capability

Regulation 23: Governance and Management

(27% of Services Not Compliant of the 22 assessed against this Regulation)

- **Not Compliant Red:**
 - Management:
 - Governance and leadership arrangements in the residential centre required review to ensure that appropriate systems were in place to effectively monitor the service delivered and to ensure it was safe, appropriate, consistent, and met regulatory requirements.
 - There were inadequate arrangements for ensuring that compliance with legislation was achieved and maintained.
 - There were inadequate resources provided to ensure appropriate cleanliness and infection control standards were maintained in the centre.
 - There was a failure to implement the Health Protection Surveillance Centre (HPSC) "Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" guidance. The most recent version of the guidance was not available for staff.
 - The Registered Provider had not ensured that residents had access to appropriate health care as the Inspector noted that some residents had not been reviewed since late 2019.
 - There were inadequate resources and arrangements to ensure regular and effect decontamination and appropriate cleanliness and infection control standards in the residential centre, as evidenced by the unclean areas identified on the day of inspection.
 - The management systems for monitoring the service in relation to infection prevention and control, cleanliness standards and fire safety to ensure that the service provided was safe, appropriate, consistent, and effectively monitored were not effective. This was evidenced by:
 - Poor infection prevention and control standards with inadequate standards of cleanliness noted in bedrooms, the sluice room, toilets/bathrooms and essential equipment, COVID-19 isolation areas.
 - Poor availability of suitable disposal bins for Personal Protective Equipment (PPE) and external clinical waste bins unlocked.
 - Equipment such as commodes had signs of rust and the bedpan washer in the sluice was out of use and required repair.
 - Furniture, such as chairs and mattresses, showed signs of wear and surface damage and could not be cleaned effectively.
 - Open linen skips and bins without lids were identified throughout the centre which is not in line with best practice and posed a risk of cross infection.
 - Equipment such as shower chairs and commodes had signs of rust and cracked laminate on beds and sink stands required attention to ensure that these surfaces could be cleaned effectively.
- Audits:
 - A robust system for auditing was required to ensure all areas of practice were sufficiently monitored. For example, supervision and auditing of housekeeping practices and procedures was required.

6.0 DETAILED FINDINGS Continued...

• **Not Compliant Orange:**

- Management:
 - There was a failure to substantiate the senior management posts.
 - The Inspector found that nursing management in the residential centre needed to be strengthened to ensure that a suitably experienced nurse manager deputised for the Person In Charge.
 - Time frames for completion of actions from governance and management meetings were noted, these were vague, for example, records stated ongoing, monthly, or quarterly for many time frames for completion.
 - Inspectors noted that many of actions from the previous inspection had not been fully addressed.
 - Team meetings to disseminate learning from analysis of accidents and incidents had not been held since January 2020.
 - The Registered Provider was required to take more effective action to ensure the safety and welfare of residents during the COVID-19 pandemic.
 - As the COVID-pandemic evolved and as resident's care needs increased, the availability of nurses to provide nursing care was inadequate. All residents had to be transferred out of the residential centre due to ineffective isolation facilities.
- Audits:
 - Inspectors found that the falls audit was an audit of falls documentation and did not fully inform quality improvement.
 - The infection prevention and control audit template were deemed to be not comprehensive.
 - The post COVID-19 review report seen was a time-line of events rather than an analysis and review of the outbreaks to identify any lessons learned and changes required going forward.

Regulation 15: Staffing

(8% of Services Not Compliant of the 23 assessed against this Regulation)

• **Not Compliant Red:**

- Staffing:
 - There were inadequate resources allocated to nursing care staff as the nurse on duty was noted to be extremely busy assessing residents' care, changing health conditions, and arranging admission to hospital during the inspection. Inspectors observed that there was no time available to supervise care staff, hygiene standards or if infection control guidelines were being followed appropriately.
 - Cleaning staff hours were found to be inadequate as several areas and items of equipment were noted by Inspectors to be in an unclean condition.
 - According to the rota, the Inspector noted that two hours in the morning were allocated to organising activities.
 - Inspectors observed that staffing levels did not ensure care was provided in a person centred way that reflected evidenced based practice and did not ensure that in the midst of this pandemic that infection control standards to mitigate the spread of infection were observed at all times. Inspectors viewed this as having a negative impact on residents' care and day to day life choices.
 - Deficits found by Inspectors in care records and health and safety indicated that staff allocation model required review to ensure the service operated with a person-centred focus and was a safe appropriate environment for residents to live in.

6.0 DETAILED FINDINGS Continued...

• **Not Compliant Orange:**

○ Staffing:

- A nurse was not available outside of 08:00 to 17:00hrs five days each week. This situation impacted on residents by necessitating the transfer of residents in the residential centre at the start of the COVID-19 outbreak in the centre to intermediate and acute care facilities to ensure their nursing needs could be met.
- A senior health care assistant deputises for absences by the Person In Charge with an arrangement for on-call external nursing support. This arrangement did not provide sufficient assurances regarding availability of sufficient nurses to meet the needs of residents.
- There was inadequate nursing staff for residents during the COVID-19 outbreak and the Registered Provider had not put nursing resources in place to ensure this situation did not recur.

Regulation 34: Complaints Procedure

(16% of Services Not Compliant of the 19 assessed against this Regulation)

• **Not Compliant Orange:**

○ Complaints:

- The complaints policy and procedure had not been updated with the details of the complaints officer.
- During the COVID-19 pandemic, HIQA received unsolicited information regarding the quality of the care and services provided to residents in the residential centre and quality of information provided to relatives. At the time of the inspection these issues had not been adequately investigated and addressed.
- Inspectors examined a sample of entries in the complaints log and found complaints received since October 2019 were not recorded in line

with the Regulations.

- Details of verbal concerns and conversations were recorded in residents' care plans under family or relative communication notes on the residential centre's IT system. This was not in line with the requirements of the Regulations and furthermore these complaints could not be tracked on this system for Registered Provider oversight.
- Complaints records were maintained, however, did not contain at least one element of information that is required by Regulations.

Regulation 21: Records

(7% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

○ Schedule 2, 3 & 4 Documents:

- Records were not complete and available to the Inspector at time of inspection. Issues included:
 - Staff rosters did not reflect the change in hours worked by the Person In Charge and Assistant Director of Nursing.
 - Rosters did not accurately record the member of staff working in the laundry.
 - Maintenance records were not complete and did not ensure all maintenance work had been completed.
 - In-house fire safety checks were not recorded for four months.
 - Staff files did not have appropriate references in place.

6.0 DETAILED FINDINGS Continued...

Regulation 16: Training and Staff Development

(4% of Services Not Compliant of the 23 assessed against this Regulation)

- **Not Compliant Orange:**

- Training and Staff Development:
 - Inspectors found that the training provided was not adequate and did not ensure safe quality care was provided in the residential centre and that the current good practice is known to staff and followed.
 - Staff did not have appropriate supervision to guide practice. Inspectors found this to be evidenced as symptoms that could be related to COVID-19 were not being considered by nurses as possible indicators of COVID-19.
 - Staff were unable to navigate the computerised care planning system.
 - A social care practitioner was employed in the residential centre to support the Person In Charge and assist with the administration including documentation related to care practice. The Inspectors found that the arrangement required review as it did not meet the professional guidance for record keeping issued for nurses by An Bord Altranais agus Cnáimhseachais.
- Inspectors observed:
 - Several staff were not wearing facemasks on the morning of the inspection.
 - Staff were not wearing appropriate Personal Protective Equipment (PPE) when caring for a resident who was regarded as being in isolation.
 - Isolation arrangements were not fully adhered to as detailed within HPSC guidance.
 - Registered nurses were not upskilled to use the computer programme used to record care plans, accident/incident

report and daily progress notes.

Regulation 22: Insurance

(50% of Services Substantially Compliant of the 2 assessed against this Regulation)

- **Substantially Compliant:**

- Insurance Certificate:
 - Insurance certificate was not updated to reflect the current registered number of residents.

Regulation 33: Notification of Procedures and Arrangements for periods when Person In Charge is Absent from the Designated Centre

(33% of Services Substantially Compliant of the 3 assessed against this Regulation)

- **Substantially Compliant:**

- Notification of Procedures and Arrangements for periods when Person In Charge is Absent:
 - Full details and qualifications of the person responsible for the residential centre in the absence of the Person In Charge were not formally submitted to HIQA.

6.0 DETAILED FINDINGS Continued...

Regulation 3: Statement of Purpose

(27% of Services Substantially Compliant of the 15 assessed against this Regulation)

- **Substantially Compliant:**

- Statement of Purpose:

- The Statement of Purpose did not contain the required information and required improvement. This included:

- Review of the staffing complement to include all staff.
- Additional details in relation to the services to be provided by the Registered Provider to meet residents care needs including resident access to health services and health screening.
- Additional information regarding the description of the rooms in the residential centre, including the size and primary function.

Registration Regulation 4: Application for Registration or Renewal of Registration

(25% of Services Substantially Compliant of the 4 assessed against this Regulation)

- **Substantially Compliant:**

- Application of Registration or Renewal of Registration:

- The application for the renewal of registration was incomplete as the Statement of Purpose did not contain the required information.
- Floor plans provided with the application were not reflective of the layout of the residential centre.
- The Statement of Purpose submitted with application renew registration required updating

to ensure it fully complied with Regulations.

- The Statement of Purpose did not reflect changes to the governance and management of the residential centre, changes to policies and procedures brought about due to COVID-19 and changes to staffing whole time equivalents (WTE).

Regulation 24: Contract for the Provision of Services

(17% of Services Substantially Compliant of the 6 assessed against this Regulation)

- **Substantially Compliant:**

- Contract of Care:

- Not all residents' contract of care contained details of all fees payable, as required under the Regulations.

Regulation 31: Notifications of Incidents

(13% of Services Substantially Compliant of the 16 assessed against this Regulation)

- **Substantially Compliant:**

- Notification of Incidents:

- Inspectors identified the following issues regarding notification of incidents to the Chief Inspector (Inspectors acknowledged that the residential centre was in the middle of an outbreak):
 - 16 notifiable incidents as set out in paragraph 7 of schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had not been reported to the Chief Inspector within the specified time frame.

6.0 DETAILED FINDINGS Continued...

- There were gaps in the daily notification updates required by the Chief Inspector during the outbreak.
- A quarterly notification contained incorrect information.
- A recent event had not been notified to the Regulator.

Regulation 4: Written Policies and Procedures

(8% of Services Substantially Compliant of the 12 assessed against this Regulation)

- **Substantially Compliant:**

- Written Policies and Procedures:
 - Improvements were required to the way in which policies and procedures were implemented in practice. Examples include:
 - Procedure and records in relation to “not for resuscitation” orders were not reflective of the not for resuscitation policy as the policy was not clear in relation to how end of life decisions was to be reviewed with the resident and their family.
 - Visiting policy and procedure was updated to reflect HPSC guidance, however, the policy was not being fully implemented in the residential centre.
 - Admissions policy and procedure was not updated in line with HPSC guidance “Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities”.

6.0 DETAILED FINDINGS Continued...

Dimension 2: Quality and Safety

Regulation 27: Infection Control

(23% of Services Not Compliant of the 22 assessed against this Regulation)

• **Not Compliant Red:**

○ Infection Prevention and Control:

- A record of staff and residents' temperatures was maintained daily. This record was noted to include only where elevated temperatures were evident and did not convey that the temperature of every resident and staff member was recorded daily.
 - Infection prevention and control policies were available, however, a copy of the most recent guidance published by the Health Protection Surveillance Centre "Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" guidance was not available.
 - Inspectors observed several staff without masks and concluded that the HPSC guidance had not been implemented in practice.
 - Inspectors found that appropriate isolation measures were not followed when a resident required isolation following their return from a hospital stay as the bedroom door was left open and staff did not wear PPE when providing personal care.
 - There were several improvements required to the way infection prevention and control measures were managed to ensure safe standards of infection prevention and control were in place and these included:
 - a review of environmental hygiene and an immediate decluttering of several areas that included bathrooms and the sluice.
 - a deep clean of the environment as accumulations of dust, debris and rust was evident under beds and on equipment such as hoists, wheelchairs, and commodes.
- decontamination of care equipment.
 - the management of clinical waste required review as dedicated yellow clinical waste bins were not available. The external area where waste was located was not secure and a large container that was found to contain black refuse sacks was unlocked.
 - education on the use of PPE as face masks were not worn routinely by staff.
 - some mattresses in use were worn and required replacement as effective cleaning could no longer be achieved.
 - there were gaps in cleaning schedules that indicated that cleaning was not completed consistently and was not supervised.
 - there were no systems in place for the decontamination of reusable medical equipment.
 - there was no secure area to prepare medicines or to prepare/undertake clinical procedures.
 - there was varying water temperatures throughout the building.
 - there was no refrigerator provided to store specimens.
 - the bedpan washer was out of order and required repair and there was no documented procedure for regular cleaning and disinfection of equipment.
- Infection control practice and protocols observed during the day of inspection were not in line with the National Standards for Infection Prevention and Control in Community Services 2018 published by the Health Information and Quality Authority or the Health Protection Surveillance Centre (HPSC) "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities" as follows:

6.0 DETAILED FINDINGS Continued...

- Inspectors found that the isolation area was not clean, with one room found to contain items of clothing and in another room found to contain documentation from previous residents accommodated in the area.
- There was insufficient storage in sluice rooms and some racks were observed to be rusted. This resulted in insufficient space to store clean basins and urinals and drying racks that could not be cleaned effectively.
- A shower chair and a bedpan washer and legs of commodes were observed to have signs of rust and some commode lids had tears on the leatherette finish making these difficult to clean and decontaminate.
- The policy and procedures in place to inform the management of laundry required significant review as it was not in line with National Standards for Infection Prevention and Control in Community Services published by the HIQA in 2018.
- Procedures for housekeeping and environmental cleaning were vague and required greater detail to inform staff to adequately perform their duties.
- Linen skips and waste bins in toilets and at wash hand basins did not have lids which resulted in their contents being exposed increasing risk of cross contamination.
- Inspectors observed that some items of furniture, such as sink stands and bed frame surfaces, were not intact and therefore could not be cleaned effectively.
- Tiles in en suites required cleaning and grouting.
- Some communal area flooring required attention as these were heavily marked and scratched and throughout the centre inspectors noted that many areas of flooring were sticky when walked upon.
- Open personal hygiene products were identified in a communal toilet and inspectors found a basket of personal hygiene products in a store cupboard, some of which had labels for named residents and were already open.
- **Not Compliant Orange:**
 - Infection Prevention and Control:
 - Significant improvements in infection control practices were required, as the Inspector noted the following:
 - There was no regular oversight or monitoring of the overall environmental hygiene of the residential centre.
 - There was no signage on the door where a resident was isolating, to indicate that the space is an isolation area.
 - Although residents had individual hoist slings, they were not found to be used. Two communal hoist slings, that were being used, were found to be frayed and not fit for purpose.
 - There was inappropriate storage of equipment in communal shower room.
 - There was inadequate sink facilities for hand washing.
 - Some furniture such as bedside lockers and bedside tables required replacing, as the surfaces were not sealed and cracked.
 - The environment was cluttered in the clinical room, therefore cleaning could not be assured.
 - There was inappropriate use of a sanitizer for nail scissors and hairbrushes.

6.0 DETAILED FINDINGS Continued...

- The following infection prevention and control practices and protocols observed by inspectors were not in line with the HPSC guidance or the National Standards:
 - The sluice room was unlocked and therefore there was a risk of unauthorised access by vulnerable persons to a potentially hazardous area.
 - The carpet floor covering on a stairs was soiled and steam cleaning of carpet floor covering had not been completed as part of terminal cleaning procedures following closure of the COVID-19 outbreak.
 - The Registered Provider did not have a cleaning system in place commensurate with the type of furniture in the centre.
 - There were two sluice rooms, however, only one was fitted with a bedpan disinfection unit. This arrangement required staff carrying used bedpans from bedrooms on one corridor through the nursing home to the sluice in another corridor. This arrangement posed a risk of cross infection to residents.
 - Bulk healthcare risk waste bins were not secured and were not stored in a secure enclosure inaccessible to the public, while waiting collection by the centre's waste collection contractor.
 - Equipment such as hoists and walking frames were not clean. Clear arrangements were not in place to ensure equipment used was cleaned after each use by staff.
 - The floor and wall surfaces in a storeroom used to store assistive equipment used by residents showed signs of wear and tear including damaged to the surface of the floor and the walls. This meant that it was difficult to clean these areas.
- The Person In Charge was not currently cohorting staff into teams to care for residents.
- The layout of some twin bedrooms did not ensure there was two meters between residents' beds.
- Improvements were required to provide assurance that cleaning was carried out to an approved standard.
- Refresher training was required regarding the terminal cleaning of bedrooms and bathrooms due to the following:
 - Two rooms had not been cleaned to an acceptable standard.
 - The blanket on one bed was stained.
 - One of the en-suite bathrooms had a walking frame and a dusty wheelchair.
 - Items such as a hairbrush, a nebuliser and a jug of water were found in two bedrooms.
- Minor gaps were identified in the knowledge about the use of PPE. Inspectors saw used staff visors stored inappropriately.
- The oversight of staff adherence to the uniform policy required improvement as some staff changed their tunic but not their trousers at the beginning and end of each shift.
- Other areas of concern relating to infection control were as follows:
 - Hand sanitising stations did not function effectively:
 - water pressure was high and the floor surrounding the sink area was wet when staff washed their hands.
 - glove dispensers were broken and repaired with cello tape.
 - there were no paper towels in the dispensers.
 - a roll of paper towels and a box of disposable gloves were placed beside drinking cups on top of the water dispenser.
 - the 'clean' water dispenser which was placed next to the 'unclean area' of the domestic pedal bin and the hand-wash sink.
 - supervision and audit of cleaning practices required improvement.

6.0 DETAILED FINDINGS Continued...

- a record of cleaning undertaken was not consistently documented.
- overview of stock control needed review to ensure an ongoing supply of essential supplies such as paper towels.
- there were no wipes at the nurses stations to sanitise frequently used objects such as, the touch screen, the mouse and keyboard.
 - shelving in storerooms were too low to allow effective cleaning.
- Improved oversight of legionella management system was required.
- Practice described by cleaning staff was not in line with the standard operating procedures.
- Equipment such as basins and urinals were not appropriately stored.
- There was no signage at the hand-washing sink to guide staff.
- The Registered Provider completed a review of the outbreaks and the scope of the review was quite limited, and it did not identify what worked well, lessons learned and the recommendations from the outbreak.

Regulation 28: Fire Precautions

(44% of Services Not Compliant of the 18 assessed against this Regulation)

• **Not Compliant Red:**

- Fire Safety:
 - Inspectors were not assured that the large compartment of the residential centre could be safely evacuated.
 - The Registered Provider had not taken adequate precautions to ensure that residents, staff, and visitors were protected from the risk of fire and had not ensured that adequate systems were in place to enable the safe and effective evacuation of residents. The following fire risk

areas were observed by Inspectors:

- A hoist stored along an escape route caused an obstruction to the exit.
- Risk assessments were not being used to identify fire risk areas throughout the premises, for example the clutter in the boiler area.
- Appropriate arrangements were not in place for providing warning of fires.
- Adequate arrangements had not been made for detecting and containing fires:
 - A number of doors did not close properly or were damaged.
 - A number of toilets and bathrooms did not have fire detection sensors in place and were not connected to the fire alarm system.
 - A hatch to the attic required review to ensure it was of sufficient fire rated material to provide fire resistance.
 - There are a number of panelled type fire doors and bedroom room doors which require review to ensure they can provide the required fire resistance.
 - The intubescant strips on some doors were damaged.
 - The magnetic door closures required adjustment as doors were very difficult to close.
 - Some fire doors had significant gaps between them making them ineffective to contain fire, smoke, and fumes in the event of a fire. Other fire doors identified required repair to the magnetic locking devices.
 - Not all bedroom doors were connected to the central fire alarm system as they were not fitted with automatic closing devices.
 - Inadequate emergency lighting was not provided throughout the residential centre.

6.0 DETAILED FINDINGS Continued...

- Inspectors requested that fire drills be organised to ensure that residents could be safely evacuated from the largest compartment with night-time staffing levels.

• **Not Compliant Orange:**

○ Fire Safety:

- Fire drill records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire particularly at nighttime.
- Staff failed to organise a spontaneous fire drill practice without the fire safety expert in attendance.
- Further actions were required in relation to fire safety as:
 - Staff were not familiar with the boundary lines of a compartment, including the management team.
 - The procedures to be followed in the event of a fire were not on prominent display in the residential centre.
 - There was no evidence of fire evacuation drills taking place to provide assurances that a successful evacuation could be completed in a timely manner, especially when there is reduced staffing.
 - Residents assessed as requiring evacuation sheets were awaiting delivery of them.
- A floor plan detailing the fire compartment boundaries was not available.
- A recent record of a fire drill simulated at night-time when staffing levels were lowest was examined by Inspectors. The information contained within the record did not provide sufficient assurances that simulated evacuation of a full compartment was carried out which would be required in an emergency.
- Storage of potentially combustible items were found by inspectors in a boiler room that was accessible from within the largest compartment

in the residential centre.

- Evacuation of a compartment had not been completed to ensure the timely and safe evacuate residents with minimum staffing levels.
- A number of fire safety issues required review. Issues include:
 - Training records indicated that some staff did not have up to date training in fire safety.
 - Zones were not clearly identified in the fire safety documentation and on the fire maps displayed beside the fire panel.
 - Fire safety maps identifying fire escape and fire-fighting equipment location were available inside residents' bedrooms but not on display in the communal areas of the residential centre.
 - The number of residents accommodated within each zone was not identified.

Regulation 17: Premises

(25% of Services Not Compliant of the 16 assessed against this Regulation)

• **Not Compliant Red:**

○ Premises:

- The following premises deficits required attention to ensure a safe and appropriate environment that meets the requirements of Regulation:
 - the provision of two bath/shower facilities to meet the needs of residents is significantly below the ratio of 1:8 bath and shower facilities that is required.
 - the conservatory area was used as a dining area and for activities was found to be cluttered and did not provide a suitable environment for these activities.
 - residents in bedrooms near the reception area had to travel past this public

6.0 DETAILED FINDINGS Continued...

area and several bedrooms to get to a bathroom which comprised their privacy and dignity.

- there was no clinical room, visitors' room, or cleaning room.
- several items of furniture that included armchairs and mattresses showed signs of wear and tear with surface fabric damaged and foam exposed.
- the call bell panel did not reflect the accurate numbers of all residents' rooms.
- the sluice was poorly organised, the surfaces under and around the sluice are damaged and access to the wash handbasin was restricted.
- catering staff do not have access to a toilet or washing facility in the building.
- the boiler area was cluttered and could only be accessed through the kitchen.

• **Not Compliant Orange:**

○ Premises:

- The current premises were found to be unsuitable for the number and needs of residents residing there. The large multioccupancy bedrooms did not afford personal space, privacy, or choice to the residents, respectively, who resided in these rooms. Issues included:
 - Difficulty in maintaining privacy when attending to care needs as some residents wanted to pass through the ward when the fixed bed-screens were pulled around individual beds. This meant that they had to move the screens to allow residents to pass.
 - The overhead hoist for repositioning residents was very noisy and disruptive when being moved from one side of the room to the other, during times of care at day and night-time.
 - There was no regular independent access

to a safe enclosed garden area for residents.

- Residents who sat out at the front of the building were at risk from the traffic which parked there daily.
- The bathroom was signposted as "not in use" at the time of inspection. This limited the availability of personal wash and hygiene facilities.
- The arrangements in place for laundry and sluicing required review as the laundry room and sluice room were in the same room which posed a risk and was not in line with infection prevention and control guidance.

Regulation 25: Temporary Absence or Discharge of Residents

(33% of Services Not Compliant of the 6 assessed against this Regulation)

• **Not Compliant Orange:**

○ Temporary Absence or Discharge of Residents:

- Information pertaining to medical diagnosis and medications were not always included in transfer letters.
- Comprehensive information was not routinely provided to the receiving hospital when residents were temporarily transferred to ensure that appropriate care was provided in accordance with residents' current assessed needs. In the sample reviewed, it was necessary for the receiving hospital to ring the residential centre to seek additional information regarding residents' care needs.

6.0 DETAILED FINDINGS Continued...

Regulation 29: Medicines and Pharmaceutical Services

(20% of Services Not Compliant of the 10 assessed against this Regulation)

- **Not Compliant Orange:**

- Medication Management:

- Improvements were required in medication management practices as the following issues were found:
 - A review of nurses' signatures in the controlled drug record book showed gaps in signatures for numerous days over the past two months. Therefore, effective monitoring of controlled drugs could not be assured.
 - Topical medications stored in the refrigerator did not have a date recorded as to when they had been opened, therefore it was not possible to determine if they were expired.
 - Expired medication was found in the drug trolley.
 - A number of eye drops no longer in use were still kept on the medicine trolley.
 - Not all eye drops had the date of opening on them, which was significant as a number of these medical products were to be disposed off within a month of opening.
 - An ointment was in use which had not been prescribed.
 - One item of medicine had no label attached to enable staff to identify which resident it was prescribed for.
 - The transcribing policy had not been followed for two medicines of the sample reviewed.
 - The management of controlled drugs required review by the pharmacy as the count of stored drugs was not accurate.

Regulation 6: Healthcare

(17% of Services Not Compliant of the 23 assessed against this Regulation)

- **Not Compliant Orange:**

- Healthcare:

- Medical reviews were not sought in a timely manner (3).
- Wound care practices of nurses were found to be inconsistent, and there was absence of clinical oversight from nursing management of these practices.
- There was no reference made in any record that residents in the residential centre had been tested for COVID-19 or that their results had been conveyed to them.
- Observations to monitor a resident's status in accordance with their changing needs were not completed in line with high standard of evidence based nursing care in accordance with professional guidelines. For example, there was no supporting wound management plan to monitor progress or interventions.
- Controlled drugs records required attention to ensure they were maintained in line with professional guidelines issued by An Bord Altranais agus Cnáimhseachais as follows:
 - When recording the stock count, the number of medications available was also written into the 'obtained' section, suggesting there were more controlled drugs supplied than were actually available.
 - When controlled drugs were supplied, a narrative was written rather than inputting the number received and adjusting the stock count.
 - On occasion, when half a vial of medication was not used, this was kept and used later for the same resident.

6.0 DETAILED FINDINGS Continued...

Regulation 9: Residents' Rights

(14% of Services Not Compliant of the 21 assessed against this Regulation)

• **Not Compliant Orange:**

○ Resident Choice:

- The Inspector noted some areas were noted where residents could not exercise choices and where care practice did not reflect a person centred approach. For example, there was a list for showers/baths that were scheduled for one a week which did not reflect that residents could choose to bath or shower when they wished.
- There was no equipment available in the residential centre to support staff to resuscitate residents in line with their preferences. Staff were limited without the equipment to ensure this choice was fulfilled for residents.

○ Activities:

- The activities programme was very limited, and the activities programme was from Monday to Thursday.
- The activities calendar detailed that there was no one assigned to undertake activities over the weekend.

○ Privacy and Dignity:

- The environment residents had meals and took part in activities was cluttered and untidy.
- The seating for residents in the area was not adequately supportive as it consisted of upright chairs.
- Privacy and dignity for residents were compromised in some shared rooms as screens around beds did not appropriately enclose beds or partially covered the bed when drawn.
- The Inspector found that there was a considerable negative impact on residents' privacy and dignity needs from living in the

multioccupancy bedroom accommodation and the diverse premises layout. These included:

- attendance to intimate care; residents with incontinence needs requiring to be changed within a multi-occupancy room when other residents were present.
 - the use of commodes for toileting within a multi-occupancy bay or bedroom limited storage for personal items.
 - residents' personal photographs attached to walls and wardrobes in the multioccupancy bays where there was insufficient space to display these on the lockers.
 - lack of personal choice of TV programme as residents shared the one TV in order to access the sitting room attached to the multi-occupancy bedrooms in the front building staff had to pass the beds where residents were lying, sitting or sleeping throughout the day.
 - conversations, either person to person or phone and personal activities, could not be held in private.
 - The Inspector found that there was evidence that the physical layout and configuration of the centre by its nature, supported a more institutionalised approach to care, which did not support residents rights to privacy, personal dignity and a variety of living areas to avail of each day.
 - Residents did not have easy access to their bedside lockers or bed tables as some bedside lockers were placed at the opposite side of the bedroom rather than beside their beds.
- ##### ○ Resident Meetings:
- No documentary evidence of the type of information sharing with residents during the COVID-19 outbreak.

6.0 DETAILED FINDINGS Continued...

Regulation 5: Individual Assessment and Care Plan

(13% of Services Not Compliant of the 23 assessed against this Regulation)

- **Not Compliant Orange:**

- Care Plan:
 - Care plans were in place for residents; however, aspects of care practice did not reflect evidenced based practice. For example, a wound care issue that was present on admission to the residential centre was being treated by nursing staff and had deteriorated. A wound care plan was in place, however, no commentary on whether the wound was responding to the care plan or deteriorating.
 - A resident displaying symptoms of COVID-19 was not treated as suspected case.
 - No resuscitation equipment was available in the residential centre to support staff where residents were identified for cardiopulmonary resuscitation.
 - Assessments and care plans were not updated in line with the changing needs of residents, including wound care assessment and antibiotic treatment.
 - Improvements were required as follows:
 - Care plans for end of life decision-making were not accessible within the individual care plans and were stored in a separate folder.
 - Food and fluid balance charts were not completed daily. Intake and output were not consistently recorded.
 - It was not possible to establish from the care plan or notes the last date some residents had a shower.
 - Care plans, which had been developed while a resident was in "isolation" following admission, had not been updated when the resident was moved to the general unit.

Regulation 18: Food and Nutrition

(11% of Services Not Compliant of the 9 assessed against this Regulation)

- **Not Compliant Orange:**

- Temporary Absence or Discharge of Residents:
 - Improvement was required to ensure that dietary needs of each resident is met in line with their nutritional assessments and care plans.
 - Supervision and assistance for residents who needed minimal assistance required improvement to ensure they were provided with timely assistance to support them to take adequate quantities of food and drink at mealtimes.
 - Inspectors noted that two residents' hot drinks went cold because there was no one available to assist them to drink. When their intake records were examined it was evident that additional drinks had not been offered to replace the drinks which went cold, and one resident had fasted from 5pm until 9am.
 - When Inspectors examined weight records, they found residents who were gradually losing weight, had not been referred for a dietetic review.

Regulation 7: Managing Behaviour that is Challenging

(9% of Services Not Compliant of the 11 assessed against this Regulation)

- **Not Compliant Orange:**

- Staff Training:
 - Training for staff in the area of managing behaviour that is challenging had not been provided since 2016. The Inspector deemed this to be unacceptable due to the number of residents in the residential centre experiencing behaviour that is challenging.

6.0 DETAILED FINDINGS Continued...

Regulation 26: Risk Management

(6% of Services Not Compliant of the 17 assessed against this Regulation)

- **Not Compliant Orange:**

- Risk Management:
 - Four large oxygen cylinders received from the HSE for COVID-19, if required, were seen to be inappropriately stored. These were stored laid flat on the floor in an unoccupied residents' twin bedroom in the isolation areas of the residential centre. There was no cautionary signage to identify that there was oxygen stored in the room and would be a high risk in the case of fire.

Regulation 12: Personal Possessions

(20% of Services Not Compliant of the 5 assessed against this Regulation)

- **Not Compliant Yellow:**

- Storage of Personal Belongings:
 - Residents had to use half-height wardrobes for all their belongings, and this led to limited storage space to keep a selection of outfits and personal items.
 - Residents in multi-occupancy bedrooms were obliged to limit the number of personal items which they could bring in from home, as any extra item of furniture would invariably impinge into the neighbouring "bed-space".

Regulation 13: End of Life

(22% of Services Substantially Compliant of the 9 assessed against this Regulation)

- **Substantially Compliant:**

- End of Life Care:

- Some residents' care documentation recorded advanced care directives. However, there was no information recorded to confirm or provide assurances that residents or their families were involved in the advanced care decisions.
- The layout of the current residential centre meant it was not possible to ensure a resident's last days can be spent with their family in a private quiet space, away from ongoing daily activities.

Regulation 8: Protection

(6% of Services Substantially Compliant of the 18 assessed against this Regulation)

- **Substantially Compliant:**

- Protection:
 - The Inspector found that the requirement to set up a named 'client account' for residents, where the residential centre was acting as 'pension agent', was not completed to a satisfactory level.

Regulation 11: Visits

(5% of Services Substantially Compliant of the 22 assessed against this Regulation)

- **Substantially Compliant:**

- Visits:
 - At the time of the inspection, no visitors were allowed except in exceptional circumstances. However, management needed to review the visiting arrangements in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents.

7.0 CONCLUSION

This report illustrates the new layout of the HIQA inspection reports and details the continuing trends in HIQA findings in relation to residential care settings for older people in meeting the relevant requirements.

The trends show that high risk findings are still evident in the area of Staffing, Governance and Management, Premises, Infection Control and Fire Precautions, with many residential centres requiring improvements in key areas such as Training and Staff Development, Complaints Procedures, Temporary Absence or Discharge for Residents, Personal Possessions, Healthcare and Medicines and Pharmaceutical Services.

Good practice was identified in relation to Persons In Charge, Directory of Residents, Notification of Absence, Communication Difficulties, and Information for Residents.

Further Information

For further information contact HCI at +353 (0)93 36126 or info@hci.care

Disclaimer

This report has been produced independently by Health Care Informed Ltd (HCI). The information, statements, statistics and commentary (together the 'Information') contained in this Report have been prepared by HCI from publicly available material. HCI does not express an opinion as to the accuracy or completeness of the information provided, the assumptions made by the parties that provided the information or any conclusions reached by those parties. HCI have based this Report on information received or obtained, on the basis that such information is accurate and complete. The Information contained in this Report has not been subject to an audit.



The Square, Headford, Co. Galway, H91P8H4.

t 353 (0)93 36126

Unit 4, Elm House, Leopardstown Office Park, Sandyford, Dublin 18, D18 Y313

t +353 (0)1 629 2559

e info@hci.care w hci.care

