HCI

Quality and Safety of Care, Improved

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

Inspections completed during April 2021 to June 2021

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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).

HCI completed a review of twenty-four (24) randomly selected HIQA Inspection Reports. All inspections were completed by HIQA between April 2021 to June 2021.

Table 1 below highlights some of the key findings under the related dimensions and regulations.

Table 1: Summary of Key Not Compliant Findings (S.I.No. 415 of 2013)

Dimension	Regulation	Not Compliant Findings
Capacity and Capability	Regulation 15: Staffing (4% Not Compliant Red)	Residential centre did not ensure adequate staffing levels were in place to meet the needs of residents or for the size and layout of the residential centre.
Capacity and Capability	Regulation 21: Records (30% Not Compliant Orange)	Records for newly recruited staff members required review as not all the required documentation was available.
		Do Not Resuscitate (DNR) orders were not clearly documented.
		Staff rosters in the residential centre did not identify the role of the staff member.
Capacity and Capability	Regulation 23: Governance and Management (29% Not Compliant Orange)	Roles and responsibilities of the senior management team were not clearly defined.
		Inadequate supervision and oversight of housekeeping staff.
		Organisation structure required review as it was not in line with the residential centre's Statement of Purpose.
		Some audits completed did not contain a time bound action plan.
Capacity and Capability	Regulation 34: Complaints Procedure (14% Not Compliant Orange)	The residential centre's complaints policy required review as complaints were not recorded in line with regulatory requirements.
		The documentation of complaints was inconsistent and did not consistently record the investigation outcome, the learning identified or the satisfaction of the complainant.
Quality and Safety	Regulation 9: Residents' Rights (17% Not Compliant Red and Orange)	The residential centre failed to risk assess a resident's psychosocial well-being and to develop a professional, appropriate and person-centred care plan.
		The residential centre failed to communicate effectively with residents in relation to opportunities for activity and social engagement.
		Resident meetings were required to be held more frequently.
		The residential centre was required to ensure all residents had access to facilities for occupation and recreation.

Quality and Safety	Regulation 17: Premises (23% Not Compliant Orange)	In multi-occupancy rooms, there was inadequate space for residents to sit in a chair beside their beds.
		The building required upgrading, repair and repainting.
		No call bell available in a quiet room.
Quality and Safety	Regulation 27: Infection Control (21% Not Compliant Orange)	The designated isolation rooms in use were not effective and were not in line with the HPSC guidance for the *Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.*
		Cleaning procedures utilised by staff in the residential centre were inconsistent.
		No clinical waste bins inside or outside the designated isolation rooms.
		Sluice room was not clean.
		No clinical waste bins inside or outside the designated isolation rooms.
Quality and Safety	Regulation 28: Fire Precautions (26% Not Compliant Red and Orange)	No recorded evidence of simulated full compartment evacuation drills.
		Personal Evacuation Plans for residents were not easily accessible in the event of an emergency.
		Fire doors required review as gaps were identified.
Quality and Safety	Regulation 29: Medicines and Pharmaceutical Services (28% Not Compliant Orange)	Staff in the residential centre were not adhering to medication management guidance as set out by the Nursing and Midwifery Board of Ireland.

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. This approach implemented changes to the inspection report format, which now reflects:

- Views of the people who use the service (as provided through resident questionnaires and Inspector's communications on-site with residents).
- Capacity and capability of the Registered Provider to deliver a safe quality service (addresses governance, leadership, and management arrangements in the centre and how effective they are in assuring that a good quality and safe service is being provided).
- Quality and safety of the service (addresses the care and support people receive and whether it was of a good quality and ensured people were safe).

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 risk-rated 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.

3.0 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-four (24) reports reviewed was positive. Feedback included:

- **Residents' COVID-19 Experience in the Residential Centre:**
  - Residents were aware of the COVID-19 risks and the precautions they had to take to protect themselves and others.
  - Residents stated they missed their families during the restrictions and are happy to be able to see them again now that restrictions are lifting.

- **Daily Living/Social Activities:**
  - Some residents were happy with the activities provided to them.

- **Space/Premises in the Residential Centres:**
  - Some residents said bedrooms were comfortable, clean and well furnished.
  - A resident in a multi-occupancy room was not happy to be sharing the bedroom with another resident.
  - Some residents were not happy with the level of privacy they had in a multi-occupancy room.

- **Food and Nutrition:**
  - Some residents were happy with the food they received.
  - Some residents outlined that the quality of food varied significantly throughout the week.

- **Care Provided in the Residential Centres:**
  - Some residents were happy with the care provided to them.
  - Residents said that staff were attentive, respectful of their choices, kind and caring.
  - Staff were observed by Inspectors to be very caring and gentle towards residents.
  - Some residents commented that some staff were unfamiliar to them as the staff members were new.

- **Safety in the Residential Centres:**
  - Residents said they felt safe and well looked after in the residential centre.

- **Identifying a member of staff where issues, concerns or complaints arise:**
  - Residents communicated that they were aware of who to contact if they were unhappy with anything or wanted to make a complaint in the residential centre.
  - Some residents commented on the frequent changes made to the residential centre's management team.

- **Visiting in the Residential Centre:**
  - Some residents said that visiting restrictions in place due to COVID-19 were difficult for residents, however, they understood the risks associated with visiting.

4.0 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 2 and 3 below) with Dimension 2 focusing on Quality and Safety (detailed in Table 4 below). The tables show the percentage of the Services in compliance, or in breach of, the requirements per Regulation for the 24 reports. Key areas that were deemed Not Compliant are highlighted within the tables.

Table 2: Capacity and Capability – Registration Regulations (S.I.No. 61 of 2015)

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 24 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange
Capacity and Capability	4	Application of Registration or Renewal of Registration	3	67 %	33 %	0 %	0 %	0 %
	7	Application by Registered Providers for the Variation or Renewal of Conditions of Registration	1	50 %	0 %	50 %	0 %	50 %

4.0 OVERALL REVIEW FINDINGS Continued...

Table 3: Capacity and Capability (S.I.No. 415 of 2013)

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 24 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange
Capacity and Capability	3	Statement of Purpose	7	86 %	14 %	0 %	0 %	0 %
	4	Written Policies and Procedures	8	88 %	12 %	0 %	0 %	0 %
	14	Persons in Charge	6	83 %	17 %	0 %	0 %	0 %
	15	Staffing	24	92 %	4 %	4 %	4 %	0 %
	16	Training and Staff Development	24	63 %	25 %	12 %	0 %	12 %
	19	Directory of Residents	2	50 %	50 %	0 %	0 %	0 %
	21	Records	17	35 %	35 %	30 %	0 %	30 %
	23	Governance and Management	24	33 %	38 %	29%	0 %	29 %
	24	Contract for the Provision of Services	4	50 %	50 %	0 %	0 %	0 %
	31	Notification of Incidents	16	69 %	25 %	6 %	0 %	6 %
	34	Complaints Procedure	22	77 %	9 %	14%	0 %	14%

4.0 OVERALL REVIEW FINDINGS Continued...

Table 4: Quality and Safety (S.I.No. 415 of 2013)

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 24 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange
Quality and Safety	5	Individual Assessment and Care Plan	24	38 %	46 %	16 %	0 %	16 %
	6	Healthcare	24	75 %	17 %	8 %	0 %	8 %
	7	Managing Behaviour that is Challenging	11	82 %	9 %	9 %	0 %	9 %
	8	Protection	13	77 %	8 %	15 %	0 %	15 %
	9	Residents' Rights	23	61 %	22 %	17 %	4 %	13 %
	12	Personal Possessions	1	0 %	100 %	0 %	0 %	0 %
	17	Premises	17	12 %	65 %	23 %	0 %	23 %
	18	Food and Nutrition	3	67 %	33 %	0 %	0 %	0 %
	26	Risk Management	16	94 %	6 %	0 %	0 %	0 %
	27	Infection Control	24	42 %	37 %	21 %	0 %	21 %
	28	Fire Precautions	19	32 %	42 %	26 %	5 %	21 %
	29	Medicines and Pharmaceutical Services	7	29%	43 %	28 %	0 %	28 %

5.0 DETAILED FINDINGS

The following provides examples of the 'Not Compliant' findings (including 'Not Compliant Orange and Red') and 'Substantially Compliant' (Yellow) 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

Registration Regulation 4: Application for Registration or Renewal of Registration

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

- ***Substantially Compliant Yellow:***
  - Application of Registration or Renewal of Registration:
    - The application to renew registration was not made within the specified time frame.
    - The application was not accompanied by full and satisfactory information in regard to the matters as set out in Schedule 2, Part B of the Registration Regulations. An example includes, the application form was not signed by a responsible person.
    - Floor plans submitted to the Chief Inspector were not accurate on the day of inspection.

Registration Regulation 7: Applications by Registered Providers for the Variation or Renewal of Conditions of Registration

(50% of Services Not Compliant of the 2 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Applications by Registered Providers for the Variation or Renewal of Conditions of Registration:
    - Following review of the application to vary the condition of registration, action was required to ensure that the new areas of the residential centre complied with Regulations and Standards.
    - There was inadequate level of nursing staff available to meet the needs of the residents and for the size and layout of the residential centre.
    - The proposed day room did not have a call bell facility.
    - Only one bed in a twin room had access to a window, providing natural light and ventilation. The other bed did not have a ceiling light over the bed space, making the area dark, even in daylight. Privacy screens compromised access to the light switch for the en-suite toilet.

Regulation 3: Statement of Purpose

(14% of Services Substantially Compliant of the 7 assessed against this Regulation)

- ***Substantially Compliant Yellow:***
  - Statement of Purpose:
    - The Statement of Purpose needed to be updated to incorporate changes to management personnel.

Regulation 4: Written Policies and Procedures

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

- ***Substantially Compliant Yellow:***
  - Written Policies and Procedures:

5.0 DETAILED FINDINGS Continued...

- End of life policy and procedure required review to ensure it was in line with best practice guidance.

Regulation 14: Persons In Charge

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

- ***Substantially Compliant Yellow:***
  - Person In Charge:
    - The Person In Charge post was vacant at the time of the inspection

Regulation 15: Staffing

(4% of Services Not Compliant of the 24 assessed against this Regulation)

- ***Not Compliant Red:***
  - Staffing:
    - The residential centre did not ensure adequate staffing levels were in place to meet the needs of the residents or for the size and layout of the residential centre.

Regulation 16: Training and Staff Development

(12% of Services Not Compliant of the 24 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Training and Staff Development:
    - Training records reviewed by the Inspector did not provide evidence that all staff had received mandatory training. Gaps were identified in the following:
      - Moving and handling
      - Safeguarding
      - Infection control
      - Responsive behaviour
    - New staff members had not undertaken HSE land training on hand hygiene and donning and doffing PPE.
    - A member of the household staff did not receive cleaning training upon commencement of the post in 2020 and they only undertook infection control training in 2021. Appropriate cleaning measures and infection control procedures may not have been in place during this time.
    - There was a lack of a cohesive system of staff communication, supervision and development and this was evidenced by poor practices seen during the inspection in relation to moving and handling, infection control and knowledge of some staff in relation to correct procedures to be followed.
    - The training matrix was not up to date.
    - Deficits in staff knowledge were identified in the following:
      - Carrying out an accurate risk assessment
      - Reducing the risk of pressure ulcer development
    - Significant gaps were identified in the training records of staff including:
      - Basic life support for nurses and carers
      - Management of responsive behaviours (challenging behaviours)
      - Safeguarding and prevention of older person abuse training

5.0 DETAILED FINDINGS Continued...

Regulation 19: Directory of Residents

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

- ***Substantially Compliant Yellow:***
  - Directory of Residents:
    - Address for residents' next of kins were not always recorded in the Directory of Residents.

Regulation 21: Records

(30% of Services Not Compliant of the 17 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Schedule 2, 3 & 4 Documents:
    - Files for newly recruited staff members required reviewed. Two written references, evidence of the persons identity and details of accredited training certificates were not available in some files reviewed by the Inspector.
    - Training matrix and training certificates were not always available to evidence that training had been completed.
    - Duty roster did not include full names of staff, the specific roles of staff and did not identify the nurse in charge on all shifts.
    - The address of the residents' next of kin not always recorded in the Directory of Residents.
    - Do Not Resuscitate (DNR) orders were not always clearly documented. Some documentation reviewed by the Inspector did not indicate how the decision was made, date of decision, rationale for it and who was involved in the decision.
    - Some staff files reviewed by the Inspector did not provide assurance around robust recruitment. Issues included:
      - Number of key documents missing from staff files such as references and a CV for senior staff member
      - No record of current registration with the nursing body for a nursing staff member.
      - Files were not kept in accordance with Schedule 2 of the Regulations.
    - Not all staff files were maintained as per Schedule 2, in line with regulatory requirements. Examples include:
      - One CV had a gap in employment history that was not explained
      - Two staff members did not have references for their most recent employer
      - One staff member had a reference from a college as opposed to an employer
    - Current system for the management of residents' contacts of care required review to ensure that records of the residential centre's charges to residents', including any extra amount payable were retained on the premises.
    - Staff files did not contain the information as set out in Schedule 2 of the Regulations. Issues included:
      - One staff member, rostered for duty, did not have Garda vetting certificates or employment references on file.
      - Another staff member's Garda vetting certificate was obtained on a date after they had commenced duty in the residential centre.
    - Staff rosters did not identify the role of the staff member.
    - Significant improvements were required to ensure robust systems were in place in the residential centre for the recruitment of staff. Examples include:
      - Some staff members did not have two references in their staff file.
      - Some references were not verified.
      - Some staff member's CVs contained significant gaps in employment history

5.0 DETAILED FINDINGS Continued...

and the gaps were not explained.

- Storage and accessibility of photographs of wounds required a review to ensure compliance with data protection requirements.

Regulation 23: Governance and Management

(29% of Services Not Compliant of the 24 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Management:
    - Governance arrangements did not ensure the effective delivery of a safe, appropriate and consistent service. Issues included:
      - Roles and responsibilities of the senior team were not clearly defined and there was a lack of communication between the senior team that impacted on the delivery of care to the residents. Staff reported they received mixed instructions from different senior managers.
      - Key information was not collected and analysed to monitor the safety and quality of the service. The Senior Management Team were unable to provide the Inspector with accurate information around what residents had pressure sores, what residents were in precautionary isolation or how many residents were using bedrails.
      - There was evidence of a lack of effective systems in place to monitor infection control procedures, staff training, care planning and medication management.
      - There was no trending of accidents and incidents to improve safety for residents.
      - There was a lack of oversight of staff files therefore, robust recruitment could not be assured which could lead to safeguarding issues for residents.
    - Significant improvements were required in the governance and management of the residential centre to ensure safe delivery of the service. This was evidenced by:
      - Inadequate oversight of wound care practices within the residential centre
      - Poor oversight of staff training in the residential centre
      - The complaints procedure was not in line with regulatory requirements
      - Lack of an effective auditing system to monitor the service and drive quality improvement
      - Poor oversight of infection prevention and control practices, such as environmental cleaning and equipment cleaning
      - Staff recruitment and records were not in line with Schedule 2 of the Regulations
    - Management systems required review as the following issues were identified:
      - There was a high turnover of staff.
      - Management of complaints was not in keeping with the residential centre's own policy on the complaints process.
      - Allegations of abuse were not investigated in accordance with the policy on investigating allegations of abuse.
      - Where concerns were expressed in relation to the performance of staff, particularly on night duty, these were not adequately investigated.
      - There was not always a time bound action plan associated with all audits
    - Resources were not made available to maintain residents' accommodation to a high standard and the premises was allowed to become dilapidated.
    - Systems in place to ensure the Registered Provider had oversight of the service required improvement.

5.0 DETAILED FINDINGS Continued...

- There was inadequate supervision and oversight of housekeeping staff.
- Management systems for monitoring and auditing hygiene and infection control had not identified inconsistent cleaning practices among housekeeping staff or adequately assessed the cleanliness of the facilities for residents such as shower trays.
- The organisational structure of the residential centre required review as the management structure set out in the Statement of Purpose was not accurate.
- Supervision and oversight of record-keeping required review to ensure all staff files contain the necessary information as required under Schedule 2 of the Regulations.

❍ Audits:

- There was a lack of evidence to show that audits are used to inform service improvements. Audits undertaken did not have action plans for corrective actions required (2).

Regulation 24: Contract for the Provision of Services

(50% of Services Substantially Compliant of the 4 assessed against this Regulation)

- ***Substantially Compliant Yellow:***

❍ Contract of Care:

- Inspector found that not all services outlined in the Contract of Care were available to residents as agreed, such as physiotherapy.
- The Contract of Care did not clearly set out the fees to be charged for any additional services provided.

Regulation 31: Notifications of Incidents

(6% of Services Not Compliant of the 16 assessed against this Regulation)

- ***Not Compliant Orange:***

❍ Notification of Incidents:

- Improvements were required to ensure all statutory notifications were submitted to the Chief Inspector in accordance with the Regulations.
  - Quarterly notifications and/or six monthly nil notifications had not been received in the 18 months prior to the inspection.

Regulation 34: Complaints Procedure

(14% of Services Not Compliant of the 22 assessed against this Regulation)

- ***Not Compliant Orange:***

❍ Complaints:

- The complaint management policy required review as complaints were not recorded in line with regulatory requirements which states that details of the complaint, outcome of the complaint and satisfaction of the person making the complain should be recorded.
- An ongoing complaint made by a resident regarding an issue that was causing distress and affecting the quality of life of the resident was not documented and addressed as a complaint in line with the residential centre's policy. This resulted in the complaint not having been addressed to the satisfaction of the resident.
- A review of the complaints log found that documentation of complaints was inconsistent and did not always record the investigation outcome, the learning identified or the satisfaction of the complainant.

5.0 DETAILED FINDINGS Continued...

Dimension 2: Quality and Safety

Regulation 5: Individual Assessment and Care Plan

(16% of Services Not Compliant of the 24 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Care Plans:
    - Issues identified included:
      - Care Plans were not in place for all identified issues.
      - Care Plans were not informative, and person centred. They did not guide the care of the resident.
      - Risk assessments were not always used to inform care plans. Some residents risk assessed as being at high risk of falls, at high risk of developing pressure ulcers and nutritionally at risk did not have corresponding care plans in place.
      - There was no care plan in place to guide the care for a resident who presented with responsive behaviour. There was no mention in care plans reviewed by the Inspector of recent episodes of responsive behaviour, de-escalation techniques, used and described by staff.
      - There was no system in place to record evidence of the involvement of the resident and/or their relative in the development of care plans.
      - A lack of clear direction around end of life care preferences. A separate folder contained the resident's end of life care decisions. These were not consistently recorded in the resident's individual care plan, resulting in a lack of clarity amongst staff with regard to each resident's wishes and preferences at end of life.
      - The "It's all about me" assessment was not completed for all residents.
      - A resident who had been recently admitted did not have a comprehensive assessment or care plan completed within the required time frame of no later than 48 hours after admission.
      - A number of residents had incomplete or blank assessments and care plans. These included no mobility, no dependency or skin care assessments or care plans in place to direct resident's care.
      - Identification and management of clinical risks required review. For example, a resident was identified in their care plan as being at risk of wandering and absconsion, however, the corresponding wandering and absconsion risk assessments were not completed.
      - Care plans were not updated contemporaneously, to reflect the changing needs of residents. For example, the care plan for one resident's care needs following review by a Speech and Language Therapist, did not reflect recommended changes to diet consistency.
      - End of life care plans were not in place for residents who required them.
      - Care plans did not easily direct care as information in some resident's care plans were outdated and no longer relevant to their needs.
    - Assessments were not always completed correctly, when assessing residents at risk of developing pressure ulcers, validated assessment tools were not utilised.
    - Assessments were inaccurate and out of date and this was evidenced by:
      - A resident who had been assessed as being at hight risk of malnutrition had not been appropriately reviewed and referred to the dietician. The resident continued to lose weight.

5.0 DETAILED FINDINGS Continued...

- Poor assessment and care planning for a resident with complex psychosocial needs.

Regulation 6: Healthcare

(8% of Services Not Compliant of the 24 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Healthcare:
    - Inspectors found that the recommended medical treatment and professional expertise from Allied Health Professionals were not consistently followed by the residential centre. Examples include:
      - A nutritional supplement prescribed by the hospital medical officer upon discharge had not been transcribed to the resident's medication Kardex.
      - A direction from an acute hospital discharge summary stated that a resident's wound was to be reviewed by a Tissue Viability Nurse. This was not completed. Also, the resident's wound dressing had sporadic, inconsistent clinical measurements documented in the wound assessment chart.
    - There was a high incidence of pressure ulcer development in the residential centre. A number of residents had pressure ulcers that they sustained on the premises. Wound care practices required review to ensure they were in line with evidenced best practice. There were gaps in records evident, regarding wound assessment and frequency of dressing change.
    - A resident who was receiving subcutaneous fluids did not have a valid prescription from a General Practitioner (GP).
    - Some residents required two hourly repositioning as per their care plans. However, on review of documentation by the Inspector, gaps of 4 hours were evident on occasion.
    - Continence assessments were not completed to inform care planning and determine the level of supports required.

Regulation 7: Managing Behaviour that is Challenging

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

- ***Not Compliant Orange:***
  - Resident Assessments:
    - A new resident had bedrails in place with no assessment or rationale for its use documented.
    - On examination of documentation including care plans and behaviour charts for residents who displayed behaviours that challenge found that alternative interventions and de-escalation techniques were not fully outlined to direct the care of the resident.
    - A record of the number of restraints used in the residential centre was not available. Numbers were not in line with what was reported to HIQA in the quarterly notifications.

Regulation 8: Protection

(15% of Services Not Compliant of the 13 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Protection:
    - Improvements were required in relation to safeguarding residents in the residential centre including:
      - Allegations of abuse were not always investigated in accordance with the residential centre's own safeguarding policy.

5.0 DETAILED FINDINGS Continued...

- Adequate records were not available to demonstrate that all allegations were fully investigated.
- Not all authorities that were required to be notified of allegations of abuse were notified.
- Safeguarding care plans were not always put in place in instances where a resident's behaviour may suggest the need for such a care plan.

- Improvements were required in relation to the follow up to an allegation of abuse that were not fully managed as per the residential centre's policy, and the frequency of supervision of a resident had been reduced without completing any risk assessment.

Regulation 9: Residents' Rights

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

- ***Not Compliant Red:***
  - Resident Rights:
    - The Inspector found that non-compliance to resident rights was evidenced by a failure:
      - To risk assess a resident's psychosocial well-being and to develop a professional, appropriate, and person-centred care plan.
      - To communicate effectively with residents in relation to opportunities for activity and social engagement.
      - To identify and facilitate access to advocacy services.

- ***Not Compliant Orange:***
  - Resident Choice:
    - Improvements were required in the following:
      - Ensuring residents meetings were held more frequently and obtained the views of residents. Records reviewed by the Inspector did not contain feedback from residents.
      - Ensuring residents that did not smoke were not exposed to fumes from a smoking room, that was situated beside a communal area.

  - Activities:
    - Improvements were required including:
      - Ensuring all residents living in the residential centre had access to facilities for occupation and recreation. For example, on the day of inspection, the activities coordinator was working in one zone of the residential centre and therefore, residents living in the other zone did not have the same access to activities. The programme of activities required review.

  - Privacy and Dignity:
    - Privacy and dignity of residents were impacted on by the premise's layout, issues included:
      - Portable privacy screens obstructed access to a number of residents toilet and shower facilities when in place to provide other residents with privacy during personal care.
      - An observation window in the nurse's station provided a view into a male multi-occupancy bedroom. A blind was in place, but this was not effective to promote residents' rights to privacy.
      - A staff hand hygiene sink was located in the resident's private accommodation. This impacted on the resident's privacy and when used by staff at night-time, it caused disruption to the resident's sleep. Residents spoken with said they would occasionally have to get up at night-time to close the curtain screen after staff

5.0 DETAILED FINDINGS Continued...

had used the sink located in their private accommodation.

- Residents' privacy was not assured by the arrangements in place where their bedrooms shared shower and toilet facilities.
- One television screen was available to residents in three and four bedded rooms, and this did not ensure the residents had a choice of television listening or viewing.
- Shelf space was limited in many multiple occupancy rooms and this impacted the residents' ability to display their personal photos and ornaments.

Regulation 12: Personal Possessions

(100% of Services Substantially Compliant of the 1 assessed against this Regulation)

- ***Substantially Compliant Yellow:***
  - Personal Possessions:
    - Residents were not facilitated to retain access and control over their personal possessions in the residential centre. This was evidenced by:
      - Residents' wardrobes in multiple occupancy bedrooms were fitted along a wall away from their bed areas. The wardrobes were designed in two compartments on the bottom and two compartments on the top. Each resident had one compartment for storage of their clothing. Residents were unable to reach their clothing in the top two compartments independently.
      - Space provided in some residents' wardrobes was not adequate. For example, one resident's wardrobe provided nine inches of hanging space. Other items were stored in a drawer unit shared by other residents in the bedroom.
      - Some residents had little or no shelf space to display their photographs and ornaments.

Regulation 17: Premises

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

- ***Not Compliant Orange:***
  - Premises:
    - The building required upgrading, repair and repainting and it was evidenced by:
      - Wear and tear on the support pillars at reception and evidence staining on the wall above the entrance to the chapel corridor that may indicate a leak.
      - Shared shower facilities had chipped paint and abrasions on the wall from equipment.
      - Exposed plaster where hand hygiene dispensers had been removed and relocated in some bedrooms.
    - Improvement was required with regard the following areas that impacted the quality and safety for residents in the residential centre:
      - There were no call bells in quiet rooms.
      - The multipurpose activity room, that was registered to be a space available for residents to participate in activities, was seen to be used as a physiotherapy gym on the day of the inspection.
    - The residential centre's premises did not meet residents' individual and collective needs as follows:
      - Residents had less than two square meters communal space available to them that did not enable them to sit together in the sitting room if they wished.
      - Residents did not have access to a dining area.
      - Floor covering was worn and damaged and some areas of the floor surfaces were uneven. The floors could not be cleaned to the appropriate standard and damaged flooring posed a risk to the safety of residents.

5.0 DETAILED FINDINGS Continued...

- Walls and wooden surfaces were stained, damaged and paintwork was peeling or missing.
- Paint was missing from parts of the arm rests and wooden frames on some residents' bedside chairs.
- The layout of the laundry area containing washing machines and dryers did not permit unidirectional flow of used and contaminated linen.
- There were inadequate storage facilities for residents' assistive equipment.
- Residents' toilets and showers were not available as they were being inappropriately used as storage areas.
- Cleaning equipment was inappropriately stored in the sluice rooms.
- Sluice rooms in the residential centre were crammed and did not have a sink available for washing equipment.
- Inadequate storage space for equipment, such as hoists and wheelchairs, and these were seen to be stored on corridors.

Regulation 18: Food and Nutrition

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

- ***Substantially Compliant Yellow:***
  - Food and Nutrition:
    - The Inspector did not inspect the regulation in its entirety, however, from discussions with residents, some commented that the quality of food could vary throughout the week.

Regulation 26: Risk Management

(6% of Services Substantially Compliant of the 16 assessed against this Regulation)

- ***Substantially Compliant Yellow:***
  - Risk Management:
    - The risk register required updating to include risks identified during the inspection and actions to mitigate the risks including:
      - Outdoor smoking area for residents was not fitted with a call bell.
      - Large hoist battery with a trailing cable being charge in a resident's room. The use of this equipment in this area was not risk assessed.

Regulation 27: Infection Control

(21% of Services Not Compliant of the 24 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Infection Prevention and Control:
    - Inspectors found a number of infection control risks throughout the residential centre including:
      - Lack of clarity amongst management and staff about the isolation status of residents.
      - The designated isolation area in use was not effective in minimising the risk of infection and did not adhere to the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.
      - There were no dedicated staff for residents in isolation. The same staff were seen to attend to residents in precautionary isolation as well as other residents.

5.0 **DETAILED FINDINGS** Continued...

- Donning and doffing of Personal Protective Equipment (PPE) was carried out in the same room and there was no segregation of these functions which could lead to cross contamination.
- There were no clinical waste bins either inside or directly outside of the designated isolation rooms to allow for immediate disposal of potentially infected PPE.
- Three hand hygiene sinks on the corridors were not working, including the sink on the isolation unit.
- Household staff finished at 3pm and there was no evidence of cleaning of high touch areas after this time.
- Large containers of cleaning products used by household staff were inappropriately stored in the sluice rooms.
- There was no holder for a toilet brush in a resident's ensuite, as a result it was placed directly on the ground next to the toilet.

- Improvements were found to be necessary to ensure that infection prevention and control in the residential centre reflected National Standards and COVID-19 prevention and control guidance provided by the HPSC as follows:
  - The sluice room was not clean and required review.
  - Equipment in the sluice room was rusted and could not be effectively cleaned.
  - A number of raised toilet seats stored in the sluice room were not clean and had visible urine stains on the under surface.
  - Oversight of cleaning practices and schedules required improvement.
  - The Inspector observed a non-clinical waste bin not being used appropriately.
- Cleaning procedures used by staff were inconsistent and did not follow National Standards for Infection Prevention and Control in the Community. For example:
  - There were no colour-coded cloths available for use.
  - One cleaning sponge was used in multiple rooms.
  - Some cleaning chemical were not diluted as recommended.
  - Cleaning trolley was not organised to separate clean and dirty equipment.
  - Cleaning procedure for the residential centre was not documented in the cleaning policy and was not available for review.
  - Cleaning staff were not supervised and supported in their roles.
- Improvements were required in the overall oversight of environmental hygiene within the residential centre. These findings were supported by auditing of environmental hygiene within the residential centre. For example:
  - There were insufficient local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance.
  - Some areas of the residential centre were visibly not clean.
  - Some surfaces were poorly maintained and as such did not facilitate effective cleaning.
- Infection prevention and control procedures in the residential centre were not adequate due to the following:
  - The cleaner's room did not have a hand washing sink available for staff to wash their hands.
  - A cleaning procedure was not in place for cleaning of the floors and the walls in the laundry.

5.0 DETAILED FINDINGS Continued...

Regulation 28: Fire Precautions

(26% of Services Not Compliant of the 19 assessed against this Regulation)

- ***Not Compliant Red:***
  - Fire Safety:
    - Urgent action was required in relation to the following fire safety issues:
      - There was no recorded evidence of simulated full compartment evacuation drills conducted to take account of staffing levels and residents evacuation requirements.
      - The personal evacuation plans of residents were not readily accessible to staff in the event of an emergency such as fire.
      - The double fire doors to the corridor required review. There were gaps noted between fire doors when closed and the smoke brush had been painted over.

- ***Not Compliant Orange:***
  - Fire Safety:
    - A full review of the management and oversight of fire precautions were required.
    - The residential centre would not be able to contain fire/smoke in the event of a fire as there were unprotected gaps on closure of the two sets of fire doors on one circulating corridor, doors on the laundry and doors on the dining room that had an open hatch to the kitchen. These findings were not identified in fire safety checking records examined by the Inspector.
    - Inspectors observed the following non-compliances with fire precautions:
      - Pipes were penetrating ceiling and walls with no fire stopping observed.
      - Flammable materials were found on the floor of the switch room i.e., cardboard boxes.
      - Some fire doors were missing either portions or all of the required heat and smoke seals around the head and sides of the fire door.
      - A fire door was wedged open with a bin that compromised the function of the door in the event of a fire.
      - A toilet had been re-purposed to a store-room; however, it did not contain a smoke sensor. There was no smoke sensor present in the adjoining chapel.
    - Fire equipment, such as a fire blanket and fire extinguisher, were not provided in the designated smoking room.
    - The fire evacuation plan displayed in the residential centre did not provide information about the different fire compartments of the building and staff inspectors spoke with were not always aware about the fire compartments in the residential centre.
    - Fire drills were required to be conducted more frequently and are required to include timed actions, analysis and remedial actions taken to ensure safe and timely evaluation.
    - Fire drills were required at different times of the day and simulated at night when staffing levels are reduced. Improvements were required in relation to the fire drill documentation to provide assurances that residents could be safely evacuated and in a timely manner.
    - Some of the fire drill records did not provide information regarding the number of residents evacuated from the fire compartment and the number of staff involved in the evacuation. There were no recent records of a night-time scenario that involved the evacuation of the largest compartment using night-time staff levels.
    - All staff members had not been involved in a simulated evacuation of a compartment.
    - Fire training was out of date for some staff members.

5.0 DETAILED FINDINGS Continued...

Regulation 29: Medicines and Pharmaceutical Services

(28% of Services Not Compliant of the 7 assessed against this Regulation)

- ***Not Compliant Orange:***
  - Medication Management:
    - Inspectors found evidence that staff were not adhering to medication management guidance for nurses set out by the Nursing and Midwifery Board of Ireland.
    - Inspectors were not assured that eye drops were instilled as prescribed. Three bottles with eye-drops were signed with a date of opening on the outer box, however, the eye-drop bottles within the box were sealed. These eyedrops had been signed as administered.
    - A number of insulin pens, currently in use, were not labelled with a date of opening.
    - The count of controlled drugs was not accurate. A medication that had been administered had not been recorded in the controlled drug count. In addition, another controlled medication stored in the controlled drugs cupboard was not recorded as part of the daily count.
    - Medications that had been discontinued by the General Practitioner remained on the administration record sheet.
    - There were gaps in the medication administration record, with a number of medications not signed for by the nurse. It was unclear whether these medications had been omitted by the nurse or refused by the resident.
    - Where it was identified that residents refused medications, the rationale for this was not documented on the administration record.
    - Medications were being administered to a small number of residents in an altered format such as crushed. The Inspector noted that these medications had not been individually prescribed to be crushed by the General Practitioner. As a result, a high-risk medication which was unsuitable for crushing was being administered in this form. A full review of the prescription of medications in altered formats was required.
    - Immediate action was issued in relation to the need for signed doctor's prescriptions on site. In a sample of medicines reviewed by the Inspector, the following was found:
      - Staff had administered a number of medicines without a written signed doctors' prescription available onsite.
      - It was not clear to the Inspector that the prescriber's signature was present on the electronic prescription system available onsite to the nursing staff.
      - A small number of medicines had not been returned to the pharmacy when the resident was no longer in the residential centre.
      - A new label was required for a controlled medicine where the frequency of the dose had been changed.

6.0 AREAS OF GOOD PRACTICE

Table 5 below 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 this data as not all of the 24 services reviewed were inspected against each Regulation.

Table 5: Regulations that were deemed fully compliant within the inspections reviewed

Dimension	Regulation	No. of Services Inspected against this Regulation of the 24 sample reports
Capacity and Capability	Registration Regulation 8: Annual fee payable by the Registered Provider of a designated centre for older people	1
	Regulation 22: Insurance	1
	Regulation 32: Notification of Absence	1
	Regulation 33: Notification of Procedures and Arrangements for periods when Person in Charge is absent from the designated centre	2
Quality and Safety	Regulation 10: Communication Difficulties	2
	Regulation 11: Visits	22
	Regulation 13: End of Life	3

7.0 REGULATIONS NOT INSPECTED

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
- Regulation 20 (S.I.No. 415 of 2013) – Information for Residents
- Regulation 25 (S.I.No. 415 of 2013) – Temporary Absence or Discharge of Residents

8.0 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, Infection Control, Fire Precautions and Medicines and Pharmaceutical Services with many residential centres requiring improvements in key areas such as Records, Complaints, and Premises.

Good practice was identified in relation to Insurance, Notification of Absence, Notification of Procedures and Arrangements for periods when Person In Charge is absent, Communication Difficulties, Visits and End of Life.

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