



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

Inspections completed during July 2021 to September 2021

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Summary of HIQA Inspection Findings in Designated Centres for Older People completed during July 2021 to September 2021

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 (20) randomly selected HIQA Inspection Reports. All inspections were completed by HIQA between July 2021 to September 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 14: Persons In Charge (10% of Services Not Compliant Orange)	There was no Person in Charge of the residential centre on the day of the inspection. The previous Person in Charge had resigned 6 months prior to the inspection.
Capacity and Capability	Regulation 16: Training and Staff Development (26% Not Compliant Orange)	Training records did not provide evidence that all staff had received or were up to date with mandatory training.
Capacity and Capability	Regulation 21: Records (28% Not Compliant Orange)	Records required in Schedules 2 and 3 were not maintained in line with the regulation. Some staff records did not contain all the necessary information such as, evidence of qualification, employment history, references and An Garda Siochana vetting disclosures.
Capacity and Capability	Regulation 23: Governance and Management (70% Not Compliant Orange and Red)	The system of governance and management in place for the residential centre at the time of the inspection did not provide adequate oversight to ensure the effective delivery of a safe, appropriate, and consistent service. There was no clearly defined management structure with adequate supports in place to support the Person in Charge in the day-to-day management of the residential centre. There was little evidence of ongoing auditing of the service and of the quality of care and experience of residents during 2020.
Capacity and Capability	Regulation 31: Notification of Incidents (23% Not Compliant Orange)	Notifications in relation to suspected or confirmed incidences of COVID-19 and allegations of abuse to a resident in the residential centre were not submitted to the Chief Inspector. Notifications submitted to the Chief Inspector did not include all occasions when restraint was used.

Summary of HIQA Inspection Findings in Designated Centres for Older People
completed during July 2021 to September 2021

Quality and Safety	Regulation 5: Individual Assessment and Care Plan (25% Not Compliant Orange)	Individual assessments were not always completed four monthly.
		Some residents did not have a care plan initiated within 48 hours from admission to the residential centre.
		Residents were not always involved in the care planning process.
Quality and Safety	Regulation 9: Resident's Rights (20% Not Complaint Orange and Red)	Inspectors were not assured that residents' rights to undertake personal activities in private were respected.
		There were gaps seen in access to activities at the weekend.
		Residents were unable to freely access some communal areas in the residential centre due to locked doors that staff had to open for them.
Quality and Safety	Regulation 17: Premises (44% Not Complaint Orange and Red)	There was inappropriate storage seen across the residential centre.
		The premises was in a poor state of repair including worn and damaged skirting boards, grabrails, doors, tiles and walls rendering them difficult to clean.
Quality and Safety	Regulation 27: Infection Control (45% Not Complaint Orange and Red)	Residents were at risk of infection as a result of the Registered Provider failing to ensure that procedures were implemented by staff.
		The residential centre did not demonstrate adherence to ' <i>Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units</i> '.
		Some staff were not adhering to the correct use of face masks and not abiding by the uniform policy.
		Rooms were not cleaned to a high standard and deep cleaning was not completed as per the residential centre's cleaning schedule.
Quality and Safety	Regulation 28: Fire Precautions (78% Not Compliant Orange and Red)	Simulations of evacuations of compartments were not completed cognisant of night duty staff levels.
		It was apparent that fire drills generally only composed of single room/half compartment evacuation, rather than an entire compartment.
		Emergency floor plans were not sufficient and could potentially cause delay to emergency evacuations.

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.

Feedback included:

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

- o Residents expressed gratitude to the staff for all their hard work in keeping them safe during the COVID-19 pandemic.
- o Some residents were worried and fearful about COVID-19 outbreaks and felt that their lives were not returning to normal.
- o A number of residents described window visits and how they had used technology to keep in touch but said it just wasn't the same as seeing their families.
- o Residents said that staff were keeping them informed of public health advice and they had regular talks on the importance of hand hygiene, social distancing, and respiratory etiquette.

- **Daily Living/Social Activities:**

- o Most residents were delighted with the activities available to them which they said made the days more enjoyable.
- o Some residents found the days long and boring and had requested more days out at a recent residents meeting.

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

- o Residents were complimentary regarding the space they had in their rooms, and the comfort and cleanliness of the residential centre.
- o Residents told the Inspector that they enjoyed sitting out during the fine weather and that garden furniture was available for their comfort.
- o One residential centre was undergoing renovation and as a result residents found the noise levels high.

- **Food and Nutrition:**

- o Residents were happy with the food choice and quality.
- o Some residents said that they would prefer more fresh vegetables and fruit on the menu.

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

- o Feedback from the residents was positive regarding the person-centred and compassionate care they received from the staff.
- o Residents said that staff could not do enough for them.

- **Safety in the Residential Centres:**

- o Residents said that they were comfortable and that they felt safe and secure in the residential centre.

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

- o Residents said that whenever they raised any issues it was followed up and addressed by staff.

- **Visiting in the Residential Centre:**

- o Residents told the Inspector that they had missed their families during the COVID-19 visiting restrictions but were happier now that visiting was more frequent.
- o Residents expressed their delight at being able to see their family again.

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 20 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 20 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	2	50 %	0 %	50 %	0 %	50 %
	6	Changes to Information Supplied for Registration Purposes	2	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 20 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange
Capacity and Capability	3	Statement of Purpose	9	33 %	56 %	11 %	0 %	11 %
	4	Written Policies and Procedures	11	73 %	27 %	0 %	0 %	0 %
	14	Persons in Charge	10	80 %	10 %	10 %	0 %	10 %
	15	Staffing	20	55 %	25 %	20 %	0 %	20 %
	16	Training and Staff Development	19	37 %	37 %	26 %	0 %	26 %
	19	Directory of Residents	3	100%	0 %	0 %	0 %	0 %
	21	Records	14	36 %	36%	28 %	0 %	28 %
	22	Insurance	2	100 %	0 %	0 %	0 %	0 %
	23	Governance and Management	20	10 %	20 %	70 %	10 %	60 %
	24	Contract for the Provision of Services	6	50 %	50 %	0 %	0 %	0 %
	31	Notification of Incidents	13	62 %	15 %	23 %	0 %	23 %
	32	Notification of Absence	1	100 %	0 %	0 %	0 %	0 %
	34	Complaints Procedure	18	67 %	22 %	11 %	0 %	11 %

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 20 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange
Quality and Safety	5	Individual Assessment and Care Plan	20	40%	35%	25%	0%	25%
	6	Healthcare	18	83%	6%	11%	0%	11%
	7	Managing Behaviour that is Challenging	13	61%	31%	8%	0%	8%
	8	Protection	16	94%	6%	0%	0%	0%
	9	Residents' Rights	20	50%	30%	20%	5%	15%
	10	Communication Difficulties	3	100%	0%	0%	0%	0%
	11	Visits	19	84%	16%	0%	0%	0%
	12	Personal Possessions	7	72%	14%	14%	0%	14%
	13	End of Life	8	100%	0%	0%	0%	0%
	17	Premises	18	11%	45%	44%	11%	33%
	18	Food and Nutrition	9	89%	11%	0%	0%	0%
	20	Information for Residents	1	100%	0%	0%	0%	0%
	25	Temporary Absence or Discharge of Residents	4	50%	50%	0%	0%	0%
26	Risk Management	18	66%	17%	17%	0%	17%	
27	Infection Control	20	5%	50%	45%	5%	40%	
28	Fire Precautions	18	0%	22%	78%	44%	33%	
29	Medicines and Pharmaceutical Services	10	60%	30%	10%	10%	0%	

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:

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

- **Not Compliant Orange:**

- Application of Registration or Renewal of Registration:
 - The application to renew the registration of the residential centre was received late and was found to be incomplete when reviewed. Due to the late receipt of this application the residential centre did not have Section 48 protection, under Health Act (2007). A completed application to renew had subsequently been submitted, however the floor plans and Statement of Purpose required further review.

Registration Regulation 6: Changes to Information Supplied for Registration Purposes

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

- **Not Compliant Orange:**

- Changes to Information Supplied for Registration Purposes:

- The Registered Provider did not submit information within the required time frame of eight weeks' notice when notifying the Chief Inspector of changes to company personnel.

Regulation 3: Statement of Purpose

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

- **Not Compliant Orange:**

- Statement of Purpose:
 - The Statement of Purpose provided to Inspectors did not reflect the facilities and services provided at the residential centre on the day of inspection as required in Schedule 1. Examples include:
 - There were 43 residents accommodated in the residential centre which conflicted with the Statement of Purpose and the Certificate of Registration.
 - The nursing compliment in the Statement of Purpose did not reflect the staff roster seen by Inspectors.
 - Changes in the organisational staff structure was not reflected in the Statement of Purpose.

Regulation 4: Written Policies and Procedures

(27% of Services Substantially Compliant of the 11 assessed against this Regulation)

- **Substantially Compliant Yellow:**

- Written Policies and Procedures:
 - Schedule 5 policies were not consistently implemented by staff. For example:
 - Residents' admissions policy and the care

5.0 DETAILED FINDINGS Continued...

planning arrangements policy were not implemented.

- The Inspector found that recruitment policy was not followed in practice:
 - One staff member had commenced employment five days prior to the staff member's An Garda Síochána (police) vetting coming through.
 - One health care assistant had been employed to work full-time with no qualification or experience in caring for older persons.
- The residential centre's policy for the management of complaints did not include the following information:
 - A person was not nominated to deal with complaints received in the residential centre.
 - A person was not nominated other than the designated complaints person as required by regulation 34(3) to ensure that records were complete.
- The residential centre's risk management policy did not include information to ensure the process of assessing the level of risks was appropriately communicated.

Regulation 14: Persons In Charge

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

- **Not Compliant Orange:**

- Person In Charge:

- There was no Person in Charge of the residential centre on the day of the inspection. The previous Person in Charge had resigned 6 months prior to the inspection.

Regulation 15: Staffing

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

- **Not Compliant Orange:**

- Staffing:

- There were insufficient staff resources to maintain the cleanliness of the residential centre (2).
 - The staffing levels required review to ensure that the number and skill mix was appropriate having regard to the needs of the residents and the size and layout of the residential centre. For example:
 - On the day of the inspection there were seven care staff rostered for work, but due to sickness there were just six care staff present.
 - The activity staff member worked four days a week, on the other days a care staff undertook activities in the afternoon only. Due to care staff shortages on the day of the inspection, staff could not be allocated to facilitate activities.
 - The night-time nursing staffing levels were not appropriate to meet the needs of the residents. The Inspectors found:
 - There was only one registered nurse on night duty to meet the needs of residents located over two floors.
 - One resident was approaching end of life and required increased nursing care.
 - A recently admitted resident was observed to require increased supervision and care on the day of inspection.
 - Inspectors saw a report of an incident on night duty where appropriate care had been omitted for three residents on one occasion.
 - The Statement of Purpose indicated that eight full-time nurses were available on

5.0 DETAILED FINDINGS Continued...

the roster, but this was not the case.

- Duty rosters showed that staff who were responsible for activities had recently been redeployed to cover night duty care shifts and their activities hours had not been filled.
- The Person in Charge was required to provide clinical care as a full-time nurse on certain days each week.
- The duty rosters were devised around the number of residents and did not take into account the dependency of the residents admitted to the residential centre.

Regulation 16: Training and Staff Development

(26% of Services Not Compliant of the 19 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 or were up to date with mandatory training. Gaps were identified in the following:
 - Fire safety training (5).
 - Infection control training (3).
 - Hand hygiene training (3).
 - Correct use of PPE training (3).
 - Managing responsive behaviour training (2).
 - Safeguarding training (2).
 - Manual handling training (2).
 - Prevention and response to abuse training (1).
 - Staff nurses required refresher training in the management of medicines. The relevant policies and professional guidelines on medication

management were not being followed in the residential centre.

- Staff required refresher training on mask wearing. Inspectors saw evidence of poor practices in mask wearing throughout the inspection.
- The Person in Charge had insufficient oversight of mandatory training and the supervision of staff.
- Staff appraisals had not been completed on an annual basis to ensure that staff were appropriately supervised and developed in their roles.

Regulation 21: Records

(28% of Services Not Compliant of the 11 assessed against this Regulation)

• Not Compliant Orange:

- Schedule 2, 3 & 4 Documents:
 - Records required in Schedules 2 and 3 were not maintained in line with the regulation.
 - Inspectors identified the following issues with staff records:
 - Some staff records did not contain documentary evidence of qualifications.
 - Some staff records did not contain a full employment history.
 - Some staff records did not contain two written references.
 - Some staff records did not contain An Garda Síochána vetting disclosures.
 - It was not possible to access staff files as the HR administrator was on annual leave and files were not accessible.
 - The roster was not correct on the day of inspection as evidenced by the following:
 - There was no current Person in Charge entered in the roster.

5.0 DETAILED FINDINGS Continued...

- Staff were included in the roster who were no longer in the residential centre.
- The colour coding system on the roster was unclear.
- A specific activity was incorrectly marked on the roster as available on the wrong days.
- There was a lack of clarity on the roster for dedicated activity provision at the weekends or when the assigned member was sick or on holidays and it was not clear as to how many hours were dedicated to social activities weekly.
- A record of the annual fire detection and alarm system certificate or the commissioning certificate for the recently upgraded fire detection and alarm system were not readily available on the day of inspection.
- Resident records were not securely stored.
- Not all records were easily retrievable, it took a period of time to locate them.
- The controlled drug ledger required review to ensure it was fit for its intended purpose and could facilitate robust record keeping such as documenting partial unused and discarded medications.
- Regular on-site governance meetings had stopped during the pandemic and were replaced with regular calls between the Person in Charge and the Registered Provider Representative.
- There was little evidence of ongoing auditing of the service and of the quality of care and experience of residents during 2020.
- There was no clearly defined management structure with adequate supports in place to support the Person in Charge in the day-to-day management of the residential centre.
- Management systems to monitor the cleanliness of the residential centre were not effective and the Registered Provider did not demonstrate that staff practices were consistent with *'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units'*.

• **Not Compliant Orange:**

- Governance and Management:
 - The COVID-19 contingency plan required review. Issues to be addressed included:
 - Plans to segregate staff teams that care for residents that are suspected or test positive for COVID-19 from staff that care for residents that have a not-detected status.
 - Identifying a suitable area for isolating residents that may test positive. The proposed arrangement for isolation rooms would hinder access to areas such as communal rooms and offices.
 - The outcome of a post COVID-19 outbreak review was not made available to the Person in Charge and the Person in Charge was not made aware of any areas needing improvement for further outbreaks.
 - Although the Registered Provider had developed

Regulation 23: Governance and Management

(70% of Services Not Compliant of the 20 assessed against this Regulation)

• **Not Compliant Red:**

- Governance and Management
 - The system of governance and management in place for the residential centre at the time of the inspection did not provide adequate oversight to ensure the effective delivery of a safe, appropriate, and consistent service. The Inspectors found that:

5.0 DETAILED FINDINGS Continued...

a risk register of clinical and health and safety risks within the residential centre, there was no system in place for the review of identified risks.

- The management systems in place for identification of risks in the residential centre required improvement to ensure all environmental and infection controls risk were identified, risk assessed, and controls put in place to mitigate these risks occurring.
- The Registered Provider had not identified risks and lacked expertise in key areas where high levels of risk were found on inspection, namely, fire and infection control.
- Documentation of management meetings was poor. The most recent record available to Inspectors was of a meeting held over 5 months ago, and there was no follow up on the issues discussed at the meeting. For example, the meeting stated that fire drills in the centre's largest compartment had not been practiced with night-time staffing levels. This had not been completed at the time of the inspection 5 months later.
- There were insufficient resources to provide a safe environment for residents and staff. For example:
 - The residential centre did not have sufficient housekeeping staff to clean to the required standards.
 - The Registered Provider had not made resources available to ensure that residents had suitable premises and facilities to meet their needs.
 - There was insufficient senior nursing staff to support the Person in Charge to discharge the duties attached to the role.
 - Staffing shortages resulted in inadequate supervision of staff to ensure a safe and effective service.
 - There was insufficient personnel to support activity provision for residents.
 - The residential centre did not have a clinical nurse manager in place at time of

inspection.

- The residential centre was not operating in line with their Statement of Purpose. For example, resident committee meetings were not occurring as per the Statement of Purpose.
 - The Registered Provider was in breach of their registration. A hair salon was re-purposed as a cleaner's room and a sensory room for residents' use was repurposed as a visitor's room. These rooms were in use for their changed purpose prior to being registered by the Chief Inspector.
 - Management systems had failed to address the inappropriate placement of a resident within the residential centre.
 - Effective communication was negatively impacted from a delay installing an operational information technology system in the residential centre. The absence of an operational information technology system meant that the residential centre did not have an operational email address or access to the organisational clinical metrics software.
 - The Inspector found that there had been poor communication and lack of clarity in relation to the overall management of the residential centre. For example:
 - Staff had not been informed as to the start date of the Person in Charge
 - The Inspector was informed that the Registered Provider Representative for the residential centre was now changed, and a different person was now in the role.
 - The Registered Provider had no system in place for the review of incidents and accidents involving residents, meaning that causes and effects were not analysed and acted upon to improve the safety of residents.
- Annual Review:
- An annual review report for 2020 had not been completed.

5.0 DETAILED FINDINGS Continued...

- The annual review for 2020 did not provide evidence of consultation with residents and their families.
- The annual review was based on a review of the regulations rather than the national standards, with information relating to clinical key performance indicators such as falls, incidents and accidents and notifications to the Chief Inspector.
- Audit:
 - Some reviews and audits undertaken within the service were not fully effective and had failed to identify issues detected by Inspectors. For example:
 - Non-adherence to uniform guidance that was identified on this inspection was not captured on the audit process.
 - The auditing systems had failed to identify gaps in residents' care planning arrangements to ensure corrective action was put in place.
 - There were no infection control audits completed.
 - Not all of the audits were comprehensively completed, for example, the fire management audit.
 - Some auditors synthesised their findings and included actions necessary to remedy deficits, but other audits did not have this detail.
 - Results of audits were not included as part of the Quality Improvement meeting minutes to provide assurances that the service was effectively monitored.
 - While there was a large suite of audits that were completed regularly by the management team, they were not effective at identifying areas for improvement. For example, environmental audits, infection prevention and control audits or care planning audits achieved 100% scores and had failed to pick on any issues identified during the inspection.
 - There was a lack of evidence that the audits

were used to inform service improvements, as issues such as fire safety deficits and infection control issues had not been identified or addressed.

- Care plan audits were identifying several areas needing improvement, evidence that improvement actions were completed was inconsistent. The auditing process was not picking up on deficits found on this and on previous inspections. For example, some residents had more than one care plan for an assessed need and the quality of person-centred information in some care plans was poor.

Regulation 24: Contract for the Provision of Services

(50% of Services Substantially Compliant of the 6 assessed against this Regulation)

Substantially Compliant Yellow:

- Contract of Care:
 - Inspectors observed that contracts of care required updating to accurately reflect residents' conditions living in the residential centre. For example:
 - A record that was reviewed did not state the room occupancy (2).
 - Records had not been updated with the correct room number and occupancy, following the residents move from single to twin occupancy rooms (2).
 - There was no indication on the contract that a resident had agreed to be transferred to a double room.

5.0 DETAILED FINDINGS Continued...

Regulation 31: Notifications of Incidents

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

- **Not Compliant Orange:**

- Notification of Incidents:
 - Three notifications (NF03s) were submitted late to the Chief Inspector.
 - Inspectors found evidence where notifications in relation to suspected or confirmed incidences of COVID-19 and allegations of abuse to a resident in the residential centre were not submitted to the Chief Inspector as required.
 - Notifications submitted to the Chief Inspector did not include all occasions when restraint was used. The following examples were not submitted:
 - Occasions when bedrails were used.
 - Occasions when the use of sensor alarm were used.
 - Occasions when PRN medicines (medicines to be taken when required) were given to residents.
 - The appropriate NF06 notification was not submitted to the Office of the Chief Inspector following a complaint made by a resident.
 - The death of resident notified to the Chief Inspector in the quarterly notifications should have been notified as an unexpected death (NF01) in line with the guidance issued to Registered Providers regarding COVID-related deaths.

Regulation 34: Complaints Procedure

(11% of Services Not Compliant of the 18 assessed against this Regulation)

- **Not Compliant Orange:**

- Complaints:
 - Complaints were not being managed in line with the residential centres' policy. Two complaints brought to the attention of Inspectors were not recorded in the residential centre's complaints log. There were no records of any complaints in 2021.
 - The complaints records showed that:
 - Some complaints were not accurately recorded.
 - Some complaints were not followed up to be assured that the issues were remedied.

5.0 DETAILED FINDINGS Continued...

Dimension 2: Quality and Safety

Regulation 5: Individual Assessment and Care Plan

(25% of Services Not Compliant of the 20 assessed against this Regulation)

• Not Compliant Orange:

○ Care Plans:

- Significant improvements were required in the individual assessment and care planning of residents. Inspectors found:
 - Individual assessments were not always completed four monthly, as required by the regulations (2).
 - Some residents did not have a care plan initiated within 48 hours from admission to the residential centre (2).
 - There was not always evidence that residents were involved in the care planning process (2). For example, care plans in relation to the use of restricting practices, such as bedrails showed evidence that the staff had consulted with the resident's family but there was no evidence of the resident's involvement in the decision.
 - Some care plans were generic and did not contain person centred information.
 - A comprehensive assessment was not seen in the records reviewed, consequently, a holistic picture of the resident and their needs could not be determined.
 - One resident who had high levels of cognitive and physical impairment and who displayed high levels of responsive behaviours did not have an up-to-date comprehensive assessment of their physical, psychological, and social needs.
 - A resident who had recently been

reviewed by the speech and language therapist (SALT) who had changed the prescribed consistency for the resident's fluids and dietary intake. A review of the nutritional care plan showed that it had not been updated following the receipt of the SALT recommendations.

- One resident with a nutritional medical history did not have an associated nutritional care plan.
- One recently admitted resident had only one care plan to guide staff.
- Some care plans contained information that was no longer pertinent to the care of the resident.
- The format being used to show care plans meant the residents current needs could not be easily identified. The information at the end of the care plan was outdated and incorrect, with changes and updates at the start of the care plans. Incidents such as falls were also recorded in care plans. This meant clear and up-to-date information about resident's needs was not easily accessible.

Regulation 6: Healthcare

(11% of Services Not Compliant of the 18 assessed against this Regulation)

• Not Compliant Orange:

○ Healthcare:

- Although validated assessment tools were completed by the nursing staff on a regular basis, in the sample of care records reviewed, the Inspector found gaps in how assessments informed the care provided. For example:
 - A resident at risk of losing weight was monitored using the MUST assessment, however the increased risk identified via assessment did not lead to a referral to dietetic support services or trigger

5.0 DETAILED FINDINGS Continued...

enhanced monitoring.

- Where enhanced monitoring was triggered by the MUST assessment, weekly weights were not carried out accordingly to support timely and appropriate interventions
- Due to the pandemic, one GP had restricted visits to the residential centre to a monthly basis.
- Access to a GP was not made available to the residents on admission, in accordance with local policy and best practice. One resident who was recently admitted to the residential centre had not been reviewed by a GP for more than four months.

Regulation 7: Managing Behaviour that is Challenging

(8% of Services Not Compliant of the 13 assessed against this Regulation)

- **Not Compliant Orange:**

- Resident Assessments:
 - A review of residents' care plans in relation to responsive behaviours identified some areas where national guidance was not being followed.
 - Some resident's responsive behaviours were managed in a manner that was found to be overly restrictive and resulted in a restriction on other residents accessing the communal area.
 - The residential centre had a restrictive practice policy in place which referred to the use of mechanical restraint, however mechanical restraints such as the keypad locks on the doors were not evidenced in the restrictive practice register and there was no restrictive practice protocol in place to monitor the use of this restriction.

Regulation 8: Protection

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

- **Substantially Compliant Yellow:**

- Protection:
 - The Registered Provider was pension agent for one resident; however, this money was being held in a general nursing home account.

Regulation 9: Residents' Rights

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

- **Not Compliant Red:**

- Resident Rights:
 - Inspectors were not assured that residents' rights to undertake personal activities in private were respected. For example:
 - Residents in multi-occupancy rooms were seen to be sleeping without the curtains pulled.
 - A toilet door did not have a lock. Inspectors were informed that none of the doors of the toilets on the unit could be locked as it was a dementia unit.
 - An interpreter was not provided to a resident whose first language was not English, although they were assessed as needing this service prior to their admission.
 - The layout of the day rooms did not provide all residents with access to the television or sufficient seating areas.
 - Inspectors found that there were gaps seen in access to activities at the weekend.

5.0 DETAILED FINDINGS Continued...

• **Not Compliant Orange:**

- Resident Choice:
 - Inspectors found that some residents rights were restricted as they were unable to freely access some communal areas in the residential centre due to locked doors that staff had to open for them (2).
 - Residents' meetings did not have any documented follow up or action plan to address the requests or concerns raised by residents.
 - Documented in the residents meeting was that residents would like to have access to more fresh fruit and vegetables, however this request had not been addressed on the day of inspection.
 - Residents had access to an outdoor courtyard, however the Inspectors found that the courtyard was in state of disrepair and was not inviting for residents to sit in and enjoy.
 - Access to the garden was restricted and residents were not facilitated to independently access the garden.
- Activities:
 - The Inspectors found that when the residential centre was short of staff, staff who were allocated to provide activities were often redeployed as care staff.
 - On the day of inspection, residents were observed to spend long periods without meaningful activity.
 - Resident's social activities were focused on one-to-one interactions with staff. The focus on one-to-one activities was an institutional practice and posed a risk of residents experiencing isolation and denied them opportunities to participate in meaningful socialisation with other residents.
- Privacy and Dignity:
 - Privacy and dignity of residents were impacted

on by the premise's layout. Issues included:

- Staff could only gain access to one of the clinical wash hand basins by entering behind the resident's bedside curtain.
- The layout of the multi-occupancy rooms and their use as part of the main thoroughfare through the building, did not ensure that the residents occupying these rooms were able to carry out personal activities in private.

Regulation 11: Visits

(16% of Services Substantially Compliant of the 19 assessed against this Regulation)

• **Substantially Compliant Yellow:**

- Visits:
 - Arrangements for visiting in the residential centre were not in line with the current national guidance (*Health Protection and Surveillance Centre (HPSC) Guidance on Visits to Long Term Residential Care Facilities*) which states that there is no requirement to limit the duration or number of visits for residents. Inspectors found:
 - Visits were scheduled in advance on an appointment basis and were generally limited to three visiting slots a day. One visiting slot was seen to be limited to 45 minutes.
 - Scheduled visiting was continuing. Consultation with residents and their families regarding their individual visiting plans had not commenced to ensure rationale for any restrictions on normal visiting in the residential centre was justified with a risk assessment.
 - The Inspectors found that the visiting care plan for one resident required review to ensure that compassionate visiting was facilitated.

5.0 DETAILED FINDINGS Continued...

Regulation 12: Personal Possessions

(14% of Services Not Compliant of the 7 assessed against this Regulation)

- **Not Compliant Orange:**

- Personal Possessions:
 - Due to the layout of multi-occupancy bedrooms not all residents were able to retain control over their clothes. Two wardrobes were positioned at one end of these rooms, which meant that residents had to enter another resident's private space to access their wardrobe.
 - The layout of some multi-occupancy rooms was such that residents could not personalise their bed space with family photographs.

Regulation 17: Premises

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

- **Not Compliant Red:**

- Premises:
 - The Registered Provider failed to provide appropriate premises, for example:
 - There was inappropriate storage seen across the residential centre (2). For example, commode chairs were being stored in a communal bathroom.
 - The current layout of the multi-occupancy rooms will not achieve compliance with the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People*) (Amendment) Regulations 2016 S.I. 293 which is due to take effect on 1 January 2022 and there was no clear plan to address this.
 - Some residents were unable to make choices relating to their environment due to the opaque glass which meant residents could not control light or noise

in their bed spaces.

- Communal space in the residential centre was limited, poorly decorated and were not pleasant environments.
- The premises was in urgent need of refurbishment and redecoration.
- The premises was in a poor state of repair. For example, there were cracks in paintwork and the flooring was heavily marked.
- The linen and hairdressers' room and the visitors room on the ground floor were not well ventilated and there was a smell of damp and mould in the storage rooms.
- The lighting in the single bedrooms and the four bedded rooms was not adequate for the residents occupying these rooms.

- The Inspectors found that a number of rooms had been re-purposed and that a lounge, a dining room and a resident visitors room were being used for visitors and staff.

- **Not Compliant Orange:**

- Premises:
 - There were issues identified with the premises during the inspections that were not in line with the requirement of the regulation. This was evidenced by:
 - Some chairs and soft furnishing were torn and in need of repair or replacement (2).
 - There was some bedroom furniture that was broken or chipped that required repair and some bedside lockers required repainting.
 - Tiles and grout in a shared shower room were stained and impossible to clean and some bathroom ceilings had mould spots which posed a health risk.
 - Toilets did not have assistive handrails to meet the needs of residents.
 - The floor on a corridor was uneven and

5.0 DETAILED FINDINGS Continued...

presented a safety risk.

- There were steps to the front door but there was no ramp available to facilitate wheelchair users to use the front door.
- The staff changing facilities in the residential centre were not appropriate and staff did not have access to safe lockable facilities, as a result inappropriate storage of personal belongings was observed in communal areas or stores posing a cross contamination risk.
- The cleaning room used by catering staff required full review to ensure it was fit for purpose and was aligned to National Standards (this included lockable safe storage for cleaning chemicals, a stainless-steel sluice sink that was not rusty, and appropriate ventilation).
- Access to the sluice area was restricted by very narrow doors, which posed a risk to safe infection control practices.
- In areas where works had been undertaken, old equipment was left in place and no repair or repainting had taken place.
- Storage facilities in the residential centres required review. For example:
 - There was a lack of storage space for essential equipment (2). For example, hoists were stored on corridors or in residents' bedrooms or communal bathroom.
 - The bathroom was used for excess storage of hoovers, buffers, hairdressing equipment, wheelchairs, and a hoist. This meant that the bath could not be used due to inaccessibility.
 - Storage in cupboards was disorganised and not adequately segregated. For example, waste bags and continence wear were stored in a linen cupboard.

- Equipment was not maintained to a high standard and required review. Inspectors observed:
 - There was rust on equipment including commodes, grabrails, drip stands, bed frames, and fittings in bathrooms (2).
 - Commodes, dressing trolley and dressing scissors were unclean.
 - There were inappropriate waste bins that were not foot operated.
 - The drugs room did not have the appropriate equipment to serve as a clinical room such as smooth surfaces, a clinical hand wash basin, appropriate storage for clinical items. The dressing trolley was inappropriately used as a storage trolley.

Regulation 18: Food and Nutrition

(11% of Services Substantially Compliant of the 9 assessed against this Regulation)

Substantially Compliant Yellow:

- Food and Nutrition:
 - Inspectors observed that some of the meat or fish portions appeared small and were not in keeping with adult portion sizes.

Regulation 25: Temporary Absence or Discharge of Residents

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

Substantially Compliant Yellow:

- Temporary Absence or Discharge of Residents:
 - Records of two residents, who had been transferred to acute services, did not include a copy of the transfer letters detailing the

5.0 DETAILED FINDINGS Continued...

information provided as required in the residential centre's own temporary absence and discharge of residents' policy (2).

Regulation 26: Risk Management

(17% of Services Not Compliant of the 18 assessed against this Regulation)

• Not Compliant Orange:

○ Risk Management:

- Risk management policies, specific to the unexplained absence of any resident and self-harm, were not available on the day of the inspection.
- The risk management policy and procedures require review and updating to include all risks in the residential centre and to outline control measures to be put in place.
- Although a review and upgrade of the risk management policy had recently taken place and a large number of new risk assessments had been completed, the Inspector identified a number of high risks that had not been fully risk assessed. These risks were in relation to fire, the premises and infection control.
- While several hazards to the safety of residents and staff had been identified, levels of risk were not appropriately reviewed and reassessed, following putting controls in place to ensure risk levels were sufficiently mitigated. For example, the Inspector observed that the risk management template used referenced a number of identified risks that continued to be described as high risk following putting controls in place.
- The last health and safety audit took place in March 2019 and had not been repeated.
- Not all risks were identified. Inspectors observed:
 - A waterlogged drain at the base of the premises building was unprotected.

- There was a risk of ineffective cleaning due to the poor condition of wall surfaces, flooring, and some furniture.

- Grab rails were not fitted in a number of toilets.

- Incident records were not audited to identify learning and measures to prevent recurrence. Incidents were not regularly reviewed at the monthly management team meetings.

Regulation 27: Infection Control

(45% of Services Not Compliant of the 20 assessed against this Regulation)

• Not Compliant Red:

○ Infection Prevention and Control:

- Inspectors found that residents were at risk of infection as a result of the Registered Provider failing to ensure that procedures were implemented by staff. The Registered Provider did not demonstrate adherence to *'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units'*. Inspectors found:
 - One housekeeper was allocated to clean the entire residential centre in six hours per day, seven days per week. This was not possible due to the size and layout of the residential centre. Rooms were not cleaned to a high standard and deep cleaning was not completed as per the residential centre's cleaning schedule.
 - The sluice room was located downstairs and equipment from upstairs had to be transported downstairs for decontamination. This poses a risk of cross contamination. Three bedrooms were accessed via the dining room and the Inspector saw a staff member taking a commode through the dining room.

5.0 DETAILED FINDINGS Continued...

• **Not Compliant Orange:**

○ Infection Prevention and Control:

- Inspectors observed practices that were not consistent with National Standards for infection, prevention, and control in community services. The following issues important to good infection prevention and control practices required improvement:

- Staff members were observed not wearing their face mask correctly (2).
- Staff were observed to be wearing wrist watches/hand jewellery and so could not effectively perform hand hygiene (2).
- Facilities for and access to staff hand wash sinks were less than optimal throughout the residential centre. There were a limited number of dedicated clinical hand wash sinks, and not all were compliant with Health Building Note 00-10: Part C Standards.
- Additional wall mounted hand sanitisers at key locations on the corridors and throughout the building were required.
- Staff missed opportunities to decontaminate their hands between attending to residents and tasks.
- Alcohol gel was located at hand wash sinks, which had the potential risk that this may be inappropriately used instead of liquid soap for hand washing
- Hand hygiene signage required improvement to remind staff to practice hand hygiene effectively.
- Staff changing facilities were inadequate (2). Some staff were changing in the laundry or the cleaning room.
- Staff wore their uniform pants to and from work.
- Staff cleaning and catering duties were not always segregated.
- Housekeeping staff did not have a

designated uniform and were dressed in civilian clothing.

- In sluice rooms there was a lack of hand wash sinks (3).
- Some sluice room sinks were rusty.
- A suitable cleaners' room was required for the housekeeping staff to be equipped with suitable storage, a suitable janitorial sink and a hand washing sink (2)
- A commode was inappropriately stored in a shared bathroom.
- Hoist slings were stored on hooks in a store room and hanging off hoists.
- There was inappropriate storage of clean supplies such as paper towels and a vacuum cleaner in the residential centre's utility room.
- Urinals were not suitably stored within bedrooms
- Storage and segregation practices in the residential centre were not appropriate; items were observed stored on the floor, the clinical room was cluttered.
- Overfilled bins and an unlocked clinical waste bin were observed in addition to inappropriately dumped equipment which blocked access to the waste bins.
- Cleaners' trolleys did not have lockable storage facilities to prevent unauthorised access to chemicals (2). Personal items were also observed stored on the cleaning trolley.
- The temporary closing mechanism on two sharps buckets in the medication room were open.
- When requested, the Registered Provider could not present records that the infrequently use water outlets were being flushed appropriately and one potential dead-leg, (where water flow is capped or ceased), was noted in a decommissioned shower room.

5.0 DETAILED FINDINGS Continued...

- The arrangements in place for linen and laundry management required review to ensure the segregation of clean and dirty linen. For example:
 - Ironing of clean clothing took place in the area where soiled linen came into the laundry.
 - The segregation of linen did not take place at the point of use.
 - Uncovered dual purpose linen trolleys were in use.
 - The area identified for handling used linen blocked access to the handwashing sink.
- Many areas of the residential centre were not cleaned to an acceptable standard. This was evidenced by:
 - The decontamination procedures for shared items such as hoists were not appropriate (3). For example, Inspectors were informed that slings for hoists were used multiple times and wiped after each use, and in other residential centres there was no record to identify whether such items had been decontaminated between each resident.
 - A crash mat at a resident's bed space and some windows were dirty.
 - There was no cleaning schedule for a communal bathroom which was seen to have residents' items stored with rubbish.
 - There were no housekeeping procedures to guide staff to clean the residential centre. The current system was a list of rooms in the residential centre which staff would tick once cleaned. Deep cleaning procedures and enhanced terminal cleaning procedures were not available and were not being completed.
 - There were gaps in the deep cleaning records. For example, where rooms had been signed off as deep cleaned, they were not cleaned to the required standards.

Regulation 28: Fire Precautions

(78% of Services Not Compliant of the 18 assessed against this Regulation)

• **Not Compliant Red:**

- Fire Safety:
 - The Inspectors were not assured that the Registered Provider was effectively managing fire safety, even though the Registered Provider had engagement with a contractor.
 - At the time of inspection, the Registered Provider had not provided adequate procedures for the evacuation of residents in the case of a fire.
 - Simulations of evacuations of compartments were not completed to be assured that all staff could complete an evacuation in a timely and safe manner. An urgent compliance plan was issued on inspection requesting evacuations of compartments cognisant of night duty staff levels (2).
 - Fire drills were not undertaken on a regular basis (2).
 - Fire drill reports seen were not sufficiently detailed to identify learning from drills and further actions required.
 - Fire doors were not sufficiently maintained which created a risk of fire and smoke not being contained in the event of a fire.
 - Emergency floor plans were not sufficient and could potentially cause delay to emergency evacuations.
 - Gaps were identified in the fire safety checks. For example:
 - There were days where records were not maintained to confirm that fire exits were examined to ensure they were unobstructed.
 - Monthly inspections for June and July were missing.

5.0 DETAILED FINDINGS Continued...

- The weekly test of emergency lighting was not completed in the previous eight weeks.
- There was no ongoing system in place for the regular checking of fire doors.
- The required fire safety checks were not consistently recorded.
- Immediate improvements were required to ensure adequate precautions were in place to protect residents against the risk of fire. During the inspection, Inspectors observed the following:
 - Inspectors were not assured that staff had strong knowledge of fire safety procedures and what to do if a fire broke out. For example, removing residents from the building in the wrong direction.
 - There was inappropriate storage of residents' equipment which was a fire hazard. For example, the cord of a hairdryer had tape on it and a hot curling tong was resting on a shelf.
 - There were no fire extinguishers or fire blankets in the smoking area.
 - The fire extinguishers had not had the six-monthly service that was due.
 - Historical Personal Emergency Evacuation Plans (PEEPs) for residents were kept with more up-to-date PEEPs. This introduced the risk that the most appropriate PEEP for a resident would not be followed by staff in the event of a fire.
 - Fire compartments were not easily identifiable.
 - A number of staff on night duty were yet to attend the annual fire safety training and drills.
- **Not Compliant Orange:**
 - Fire Safety:
 - Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the residential centre. For example:
 - Simulated fire drills had not been practiced in the residential centre's largest fire compartment and on minimum staffing levels.
 - There was no evidence the full compartment evacuations had been completed regularly.
 - Staff had never practiced vertical evacuation drills from the compartment on the first floor.
 - There were no fire drills undertaken in the residential centre since January 2021. Consequently, many new staff had not taken part in a fire drill.
 - Night-time fire drills had not been completed.
 - The fire drill report did not detail whether the drill simulated a single room or compartment evacuation, the number of staff who attended the drill or the time taken to complete the drill.
 - Emergency evacuation floor plans identified escape routes, however, they did not distinguish primary and secondary escape routes. Emergency floor plans were not clearly laid out, so it was difficult to decipher the information.

Regulation 29: Medicines and Pharmaceutical Services

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

• **Not Compliant Red:**

○ Medication Management:

- Immediate improvements were required to ensure that medication was stored and administered in a safe manner. For example:
 - There was evidence of unsafe storage of medication in drug trollies, cupboards, and fridges, such as keys were left in the drug trolley while it was unattended, and cupboards were found to be unlocked.
 - Drug trollies were not secured when in the clinical room.
 - Resident picture identification was not present in four medication order sheets seen by Inspectors.
 - The name of a medication was not identified on the drug order sheet that had been given to a resident over several weeks.
 - Eight examples were seen when controlled drugs were not signed as being checked by two staff before administration.
 - One medicines storage fridge was not clean, there was white residue on the shelf.
 - There were gaps in temperature monitoring records for the medication fridge to ensure that medication was stored at the correct temperature.
 - Blood glucose monitoring machines were not regularly calibrated to ensure accurate readings.
 - Blood glucose monitoring equipment were not designated for single resident use. The use of these devices requires

a risk assessment to ensure they do not pose a risk of cross contamination.

- Oxygen cylinders were not secured to prevent them from falling over.

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 20 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 20 sample reports
Capacity and Capability	Regulation 19: Directory of Residents	3
	Regulation 22: Insurance	2
	Regulation 32: Notification of Absence	1
Quality and Safety	Regulation 10: Communication Difficulties	3
	Regulation 13: End of Life	8
	Regulation 20: Information for Residents	1

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 7 (S.I. No. 61 of 2015) – Application by Registered Providers for the Variation or Renewal of Conditions of Registration.
- Registration Regulation 8 (S.I. No. 61 of 2015) – Annual fee payable by the Registered Provider of a designated centre for older people.
- Regulation 30 (S.I. No. 415 of 2013) – Volunteers.
- Regulation 33 (S.I. No. 415 of 2013) – Notification of Procedures and Arrangements for periods when Person in Charge is absent from the designated centre.

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 areas of Fire Precautions, Governance and Management, Infection Control, Premises, Residents' Rights, and Medication Management with many residential centres requiring improvements in key areas such as Training and Staff Development, Records, and Individual Assessment and Care Plan.

Good practice was identified in relation to End of Life, Communication Difficulties, and Directory of Residents.

Further Information

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