



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

Inspections completed during March 2019 to June 2019

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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 seventeen (17) randomly selected HIQA Inspection Reports. All inspections were completed during March 2019 to June 2019.

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

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

Dimension	Regulation	Not Compliant Red Risk Findings
Capacity and Capability	Regulation 21: Records	Failure to ensure all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Person Act 2012 and 2016).
Capacity and Capability	Regulation 23: Governance and Management	<p>Inspectors were not assured that the appropriate management systems were in place to ensure the service provided was safe appropriate to the needs of residents and effectively monitored by the Registered Provider.</p> <p>The fire safety strategy was not implemented, and management were not knowledgeable in relation to it.</p>
Quality and Safety	Regulation 28: Fire Precautions	<p>The Registered Provider did not take adequate precautions against the risk of fire or ensure that adequate systems were in place to ensure the safe and effective evacuation of residents.</p> <p>Break glass units were located 1.5m above floor level.</p> <p>Fire safety management plans was not up to date.</p> <p>No signage was available to alert staff and residents to the use of oxygen in bedrooms.</p>

Enhanced Authority Monitoring Approach — Summary of HIQA Inspection Findings in
Designated Centres for Older People completed during March 2019 to June 2019

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

Dimension	Regulation	Not Compliant Orange and Yellow Risk Findings
Capacity and Capability	Regulation 19: Directory of Residents	The Directory of Residents had not been updated to reflect all admissions and transfers.
		The Directory of Residents was not available for review during the inspection.
Quality and Safety	Regulation 26: Risk Management	Risk management policy and procedure did not contain the necessary information as detailed within the Regulations.
		There were inadequate arrangements to identify, assess, mitigate, monitor and report all risks.
		Risks were not assessed and managed appropriately.
		The Risk Register was not updated and reviewed on a regular basis.
Quality and Safety	Regulation 17: Premises	The layout and design of the residential centre was not fit for purpose.
		General maintenance of the premises was required.
		Inadequate storage facilities for residents.

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.
- Registration Regulation 7 (S.I.No. 61 of 2015) – Application by the Registered Providers for the Variation or Renewal of Conditions of Registration.
- Registration Regulation 9 (S.I.No. 61 of 2015) – Notice to be given by a Registered Provider of a Designated Centre of intention to cease to carry on its business and close the Designated Centre

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 Inspectors 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).

Another enhancement includes the risk-rating of regulations deemed Not Compliant within the designated centres. The inspection report format is regulation driven rather than the previous template which presented the findings under outcomes.

The findings of all monitoring inspections are set out under the four (4) 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.

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

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

3.0 AREAS OF GOOD PRACTICE

Table 1 details the Regulation(s) where good practice was identified, i.e. services inspected against the Regulations were deemed fully compliant. Caution is advised when interpreting Table 3 below, as not all of the 17 services reviewed were inspected against each Regulation.

Table 3: Regulations where Good Practice was identified

Dimension	Regulation	No. of Services Inspected against this Regulation of the 17 sample reports
Capacity and Capability	Regulation 22: Insurance	4
Quality and Safety	Regulation 25: Temporary Absence or Discharge of Residents	1

4.0 RESIDENT FEEDBACK

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

Overall, the majority of the feedback received within the seventeen (17) reports reviewed was positive. Feedback included:

- **Daily Living/Social Activities:**
 - o Some residents felt that the days were long when there were no activities scheduled or when the Activity Coordinator was on leave.
 - o Residents felt there was a lack of activities at the weekend.
 - o Some residents felt that they were being put to bed too early.
 - o Residents, who shared a room with others, felt that not all residents agreed on what to watch on the television. Also, they felt that not all residents in multioccupancy rooms agreed on whether windows should be opened or closed.
 - o Some residents found communal areas to be very noisy and busy.
 - o Residents expressed that they would like the opportunity to go out more during the

day and evening.

- o Residents communicated that they would like to be able to walk outside.
- **Space/Premises in the Residential Centres:**
 - o Some residents and their relatives informed the Inspector of poor communication between staff and residents. An example provided to the Inspector included residents in multioccupancy bedrooms being offered a choice of a single room when one became available.
 - o Residents communicated that they would like more privacy and storage space for personal belongings.
 - o Some residents communicated that the distance from their room to the toilet was too long.
- **Food and Nutrition:**
 - o Some residents communicated that they could not remember what was on the menu for lunch and that they would have to 'wait and see' when they arrived at the dining room.
 - o Residents said they enjoyed the food and the choices available to them.

4.0 RESIDENT FEEDBACK

- **Care Provided in the Residential Centres:**
 - o Residents were not satisfied with staff response time in relation to a call bell being activated.
 - o Some residents felt that there was a long waiting time for resolution to concerns such as, the provision of suitable personal care items.
 - o Some residents communicated that there were long waiting times for a shower in the morning.
 - o Some residents were happy with the care provided to them.
- **Safety in the Residential Centre:**
 - o Residents said they felt safe and well supported in the residential centre.
- **Identifying a member of staff where issues, concerns or complaints arise:**
 - o Residents communicated that they were aware of who to contact if they were unhappy with anything in the residential centre.

5.0 OVERVIEW OF FINDINGS FROM RESTRICTIVE PRACTICE THEMATIC INSPECTION REPORTS IN DESIGNATED CENTRES FOR OLDER PEOPLE

HIQA commenced restrictive practices thematic inspections in designated centres for older people in 2019. Thematic inspections are performed by HIQA to drive quality improvement within designated centres. Restrictive practices inspections completed by HIQA focus on assessing physical and environmental restraint among other types of restrictive practices. Chemical restraint is not inspected as part of the thematic inspection programme.

The main body of this summary report does not refer to restrictive practice thematic inspection reports, however, a summary review was completed of 14 thematic inspection reports released within the period from May 2019 to June 2019. Key findings included:

- The use of a restrictive practice was not recorded on the Restrictive Practice Register.
- Restrictive practices in the residential centre were not always supported by appropriate assessments. Practices include external doors that were secured with keypad locking devices were not identified as a restrictive practice and did not have accompanying risk assessments completed.
- Reviews of care plans did not provide sufficient detail to ensure residents were consulted with in relation to the continued use of the particular restraint.
- Pre-admission assessments were not routinely signed or dated by the assessor.
- A small number of staff informed the Inspector that there were occasions when family members insist on the use of bedrails. This required further information sessions to ensure all staff were fully informed of, and operating in line with, national guidelines on the use of physical restraints.

6.0 OVERALL REVIEW FINDINGS

The inspection reporting framework used by HIQA is organised into two dimensions. Dimension 1 focuses on Capacity and Capabilities (detailed in Tables 4 and 5 below) with Dimension 2 focusing on Quality and Safety (detailed in Table 6 below). The tables show the percentage of the Services in compliance, or in breach of, the requirements per Regulation for the 17 reports. Key areas that were deemed Not Compliant are highlighted within the tables.

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

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 17 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	4	Application of Registration or Renewal of Registration	2	50 %	50 %	0 %	0 %	0 %	0 %

6.0 OVERALL REVIEW FINDINGS Continued...

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

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 17 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	3	Statement of Purpose	14	36 %	43 %	21 %	0 %	7 %	14 %
	4	Written Policies and Procedures	6	67 %	16 %	17 %	0 %	17 %	0 %
	14	Persons In Charge	12	75 %	17 %	8 %	0 %	8 %	0 %
	15	Staffing	17	47 %	18 %	35 %	0 %	35 %	0 %
	16	Training and Staff Development	16	38 %	12 %	50 %	0 %	31 %	19 %
	19	Directory of Residents	5	20 %	0 %	80 %	0 %	40 %	40 %
	21	Records	12	17 %	25 %	58 %	16 %	25 %	17 %
	22	Insurance	4	100 %	0 %	0 %	0 %	0 %	0 %
	23	Governance and Management	17	24 %	0 %	76 %	6 %	65 %	5 %
	24	Contract for the Provision of Services	12	25 %	42 %	33 %	0 %	17 %	16 %
	30	Volunteers	5	60 %	20 %	20 %	0 %	0 %	20 %
	31	Notification of Incidents	15	80 %	13 %	7 %	0 %	7 %	0 %
	32	Notification of Absence	3	67 %	0 %	33 %	0 %	33 %	0 %
	33	Notification of Procedures and Arrangements for periods when Person In Charge is Absent from the Designated Centre	4	75 %	0 %	25 %	0 %	25 %	0 %
	34	Complaints Procedure	15	40 %	40 %	20 %	0 %	7 %	13 %

6.0 OVERALL REVIEW FINDINGS Continued...

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

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 17 samples	Fully Compliant	Substantially Compliant	% of Services Not Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Quality and Safety	5	Individual Assessment and Care Plan	16	31 %	31 %	38 %	0 %	32 %	6 %
	6	Healthcare	14	57 %	29 %	14 %	0 %	14 %	0 %
	7	Managing Behaviour that is Challenging	13	46 %	23 %	31 %	0 %	23 %	8 %
	8	Protection	13	69 %	15 %	16 %	0 %	8 %	8 %
	9	Residents' Rights	16	25 %	25 %	50 %	0 %	31 %	19 %
	10	Communication Difficulties	7	71 %	0 %	29 %	0 %	14 %	15 %
	11	Visits	11	82 %	9 %	9 %	0 %	9 %	0 %
	12	Personal Possessions	12	50 %	17 %	33 %	0 %	17 %	16 %
	13	End of Life	10	90 %	0 %	10 %	0 %	10 %	0 %
	17	Premises	17	12 %	6 %	82 %	0 %	70 %	12 %
	18	Food and Nutrition	12	58 %	8 %	34 %	0 %	17 %	17 %
	20	Information for Residents	5	80 %	20 %	0 %	0 %	0 %	0 %
	25	Temporary Absence or Discharge of Residents	1	100 %	0 %	0 %	0 %	0 %	0 %
26	Risk Management	13	8 %	15 %	77 %	0 %	69 %	8 %	
27	Infection Control	13	46 %	8 %	46 %	0 %	46 %	0 %	
28	Fire Precautions	17	12 %	29 %	59 %	18 %	29 %	12 %	
29	Medicines and Pharmaceutical Services	12	50 %	25 %	25 %	0 %	25 %	0 %	

7.0 DETAILED FINDINGS

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

Dimension 1: Capacity and Capability

Registration Regulation 4: Application for Registration or Renewal of Registration

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

• Substantially Compliant:

- Application of Registration or Renewal of Registration:
 - Some rooms were not fully equipped or ready for inspection.
 - Floor plans required review as some room descriptions did not reflect its current use.

Regulation 3: Statement of Purpose

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

• Not Compliant Orange:

- Statement of Purpose:
 - The Statement of Purpose required review as it did not contain all the necessary information. This included:
 - The description did not identify:
 - Each bedroom by room number.
 - Give the room dimensions.
 - Room occupancy.

- Identify if there was an ensuite toilet only or toilet and shower.
- Complaints procedure included in the Statement of Purpose omitted details of the residential centre's independent appeals process.
- The address and phone number were not included on the front of the Statement of Purpose.
- The description of the service provided within the Statement of Purpose required expansion as it did not contain the details of all rooms, communal and private, or give the dimensions and function of each area.
- The Statement of Purpose did not provide clarification regarding the cost of allied support services.
- The use of Closed Circuit Television cameras (CCTV) was not detailed in the Statement of Purpose.

• Not Compliant Yellow:

- Statement of Purpose:
 - The Statement of Purpose required review to include the following:
 - Room numbers and size of rooms.
 - Size of ensuite areas and the content of en-suites.
 - How the residential centre is managed in the absence of the Person In Charge.
 - The whole-time equivalent staff employed by the organisation and the support staff employed through Community Employment Schemes was not detailed.
 - A description of rooms in the residential centre including their size and primary function.
 - The services to be supplied and the cost of any additional services.

7.0 DETAILED FINDINGS Continued...

Regulation 4: Written Policies and Procedures

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

- **Not Compliant Orange:**

- Written Policies and Procedures:
 - Fire safety management policy and procedure was not implemented fully. For example:
 - There was no documented process for identifying and mitigating fire risks in the residential centre.
 - There was no premises specific risk register available.
 - Daily and weekly inspections were not carried out in accordance with the fire safety strategy.

Regulation 14: Person In Charge

(8% of Services Not Compliant of the 12 assessed against this Regulation)

- **Not Compliant Orange:**

- Person in Charge:
 - The Person In Charge was not full-time in the post as they were involved in the management of and deputised of and deputised in the absence of the Person In Charge in another HSE residential centre. These arrangements had not been advised to the Chief Inspector.
 - The deputising arrangements required review as when the Person In Charge was on leave or away from the centre attending another residential centre, the arrangements were not robust.

Regulation 15: Staffing

(35% of Services Not Compliant of the 17 assessed against this Regulation)

- **Not Compliant Orange:**

- Staffing:
 - The number of staff on night duty was not sufficient to provide safe and effective care to residents (2).
 - There was evidence that staff deployment and supervision of staff required review to ensure the health and social care needs of residents were met effectively and consistently (2). This was evidenced by:
 - A backlog of documentation for filing.
 - Insufficient cleaning staff on duty to ensure appropriate hygiene standards throughout the building.
 - A number of maintenance and infrastructure matters required attention, such as, furniture that was damaged and required repair, lights over beds were not working and variable temperatures throughout the residential centre that resulted in some areas being cold.
 - Inspectors were not satisfied that there were sufficient number of staff on duty to meet the needs of the residents.
 - Activities were scheduled from Monday to Friday only.
 - The Inspector concluded that the roles of all staff required to be clearly defined to ensure the health and social care needs of residents were met in a manner that enhanced their quality of life.

7.0 DETAILED FINDINGS Continued...

Regulation 16: Training and Staff Development

(50% of Services Not Compliant of the 16 assessed against this Regulation)

- **Not Compliant Orange:**

- Training:

- A staff training matrix and training records was not available for Inspectors to ensure that mandatory and appropriate training had been afforded to all staff (2).
- Not all staff had job descriptions providing clarity on roles, responsibilities and line management were not set out for each staff member.
- A policy relating to staff sickness was not developed.
- Induction was not completed for new management and household staff members.
- The training matrix had not been updated to include all training completed in 2019 and training certificates were not available in staff files.
- Some staff required training and further training in the following:
 - Management of laundry.
 - Use of laundry equipment.
 - Behaviours that challenge training.
 - Moving and handling.
 - Prevention of elder abuse.
 - Medication management.
 - Regulations and relevant National Standards, such as the National Standards for Infection Prevention and Control.
- A copy of the Care and Welfare Regulations was not available.
- Nursing documentation required further monitoring to ensure accuracy and completeness. A breach of this Regulation included a wound assessment was not accurately assessed or recorded.
- Staff appraisals were not carried out to inform the training needs of staff.

- Some newly employed staff did not receive training or refresher training on the statutory topics or on the procedures/policies of the residential centre.

- **Not Compliant Yellow:**

- Training:

- Staff were not afforded the required mandatory training or refresher training in same. This included training in:
 - Safeguarding older adults.
 - Responsive behaviours and fire training.
- The impact of training and supervision arrangements for staff required review to ensure staff undertook and completed their duties in a competent satisfactory manner. Deficits were found in:
 - Cleaning standards.
 - The management of infection control measures and maintenance.
- There was no system in place to assess the effectiveness of online training or if staff had achieved appropriate competence upon completion of the training.
- The training record required review to ensure the information on training was readily accessible and described when staff had training and when updated refresher training was required.
- Staff meetings were not held on a regular basis.

7.0 DETAILED FINDINGS Continued...

Regulation 19: Directory of Residents

(80% of Services Not Compliant of the 5 assessed against this Regulation)

• **Not Compliant Orange:**

- Directory of Residents:
 - Inspectors found that the Directory of Residents required improvement in line with Regulation requirements as it had not been updated to reflect all admissions and transfers to the residential centre in order to ensure an accurate record was maintained of the occupancy levels in the centre each day.
 - There was no Directory of Residents available for review during the inspection.

• **Not Compliant Yellow:**

- Directory of Residents:
 - The Directory of Residents had not been fully completed. Required details such as the gender of residents and cause of death were not always recorded.
 - The format of the Directory of Residents required review as the required information was not kept in a readily accessible format.

Regulation 21: Records

(58% of Services Not Compliant of the 12 assessed against this Regulation)

• **Not Compliant Red:**

- Schedule 2, 3 & 4 Documents:
 - Garda Vetting (GV) clearance was not available in some of the sample of files viewed by the Inspector (2).

- Staff files were incomplete.

• **Not Compliant Orange:**

- Schedule 2, 3 & 4 Documents:
 - Schedule 2 documentation for staff members was not comprehensive. This included:
 - Significant gaps were noted in one staff member's employment history.
 - Documentary evidence of relevant qualifications were not in staff files.
 - Official identification documentation was not in place (2).
 - References were not routinely verified.
 - A job description was required for a volunteer.
 - A copy of Garda Vetting was not included in one staff member's file.
 - Records required by the Regulations were not available including:
 - Records of safety checks carried out by staff for residents using bedrails were not recorded consistently.
 - Cleaning checklists were not completed consistently and gaps of several days were noted to the cleaning checklists in some areas.
 - The temperature of the refrigerated unit used to store some medicines was not recorded consistently on a daily basis.
 - Gaps were noted in the:
 - Administration of medicines records.
 - Administration of nutritional supplements.
 - No records of fluid intake and output for a resident to provide evidence that fluid intake was provided as recommended in their care plan.
 - The rota did not reflect the days when the Person In Charge was involved in the management of another residential centre.
 - Records for antibiotic usage were not individualised and were not filed as part of the resident's individual notes.
 - Short-term care plans and wound care

7.0 DETAILED FINDINGS Continued...

documentation had not been filed away.

- The roster was not accurately maintained as a number of staff who were rostered to work were not in the residential centre on the day of inspection.

• **Not Compliant Yellow:**

○ Schedule 2, 3 & 4 Documents:

- Professional references, such as details of a recent employer, were not available for one staff member.
- Review of practice was not included in the audit process to ensure adherence to best practice.
- Consent forms were not in compliance with current legislation as consent was sought from next of kin rather than demonstrating consultation with next of kin where appropriate.
- Staff rosters did not accurately reflect twilight hours.
- Alterations made to a nursing record to reflect factual and substantiated information in relation to an incident was not clearly identifiable.

Regulation 23: Governance and Management

(76% of Services Not Compliant of the 17 assessed against this Regulation)

• **Not Compliant Red:**

○ Management:

- Inspectors were not assured that appropriate management systems were in place to ensure that the service provided was safe, appropriate to the needs of the residents and effectively monitored by the Registered Provider.
- There was no documented process for identifying and mitigating fire risks in the

residential centre, observed fire risks were not being identified, documented or mitigated by the Registered Provider.

- The fire safety strategy for the residential centre was not implemented and was not well known by management.

• **Not Compliant Orange:**

○ Management:

- Staff supervision and role definition had yet to be established in a formal manner (2).
- Inspectors were not assured that resources in the residential centre were appropriately managed to ensure the effective delivery of safe and appropriate care in accordance with the centre's Statement of Purpose. This was evidenced by issues in relation to the:
 - Supervision of residents.
 - Overall maintenance and décor of the building.
 - Use of bedding equipment which was not fit for purpose.
- The residential centre failed to demonstrate effective governance and management of the residential centre which was evidenced by:
 - Lack of comprehensive oversight in relation to the day to day experience of residents, medication management, the management of risks and training.
 - A failure to take all the necessary actions to improve the quality of life, privacy and dignity and lived experience of residents.
 - A comprehensive review of occupancy levels was not undertaken.
 - A condition imposed on the registration of the centre had not been progressed or addressed.
- The Registered Provider was required to address deficits in governance and management including:
 - Failure to ensure and uphold residents' rights.
 - Failure to ensure that all records as required by the Regulations were available.

7.0 DETAILED FINDINGS Continued...

- Failure to ensure that the assessed needs of residents were updated and reflected in the care planning documentation.
 - Failure to ensure that all residents had timely access to allied healthcare services.
 - Failure to submit notifications in respect of changes to persons involved in the management of the centre.
 - Failure to ensure that findings from audits were reported, implemented and monitored effectively.
 - Failure to notify the Chief Inspector that the post of the Person In Charge was not full-time.
 - Failure to ensure that adequate deputising arrangements were in place in the absence of the Person In Charge.
 - Failure to submit requested information in relation to action plan in place to address infection control audit findings.
 - The overall level of governance was not evident on the roster as the working hours of the senior management were not available.
 - Systems were inadequate to ensure that the service provided was safe, appropriate, consistent and effectively monitored. An example of this included the current quality assurance systems focusing on key clinical areas.
 - Risk management in the residential centre was not an agenda item for discussion at the governance and management meetings.
 - Garda Vetting disclosures were not available for a number of staff members.
 - Improvement was required in relation to nursing participation in management reviewed aspects of the service.
- Annual Review:
- The annual review report did not contain the following information:
 - The lack of space in shared rooms.
 - An overall improvement plan for the residential centre were not described.
 - Quality of life reviews and consultation with residents and relatives.
- Audits:
- The schedule of audits was not comprehensive (2). An audit of quality of life was an example of an area not being audited.
 - Practice was not consistently audited.
 - Clinical data was documented on a large white board in the office and was not in a permanent record format.
 - The schedule of audits was not comprehensive to ensure oversight of the service.
 - Infection prevention and control in the residential centre was not audited as part of the monitoring of the quality and safety of the service.
 - Improvement plans were not completed following audits.
- **Not Compliant Yellow:**
- Management:
- The Statement of Purpose stated the residential centre would not have any admissions during the reconfiguration programme, however, the Inspector noted that a resident was admitted in January 2019.
- Regulation 24: Contract for the Provision of Services**
(33% of Services Not Compliant of the 12 assessed against this Regulation)
- **Not Compliant Orange:**
- Contract of Care:
- The Contracts of Care did not consistently provide details of the terms of accommodation to be provided and in some cases did not reflect that the resident had been transferred from another residential centre.
 - There did not appear to be any facility for

7.0 DETAILED FINDINGS Continued...

residents who were not able to participate in social activities to opt out of this fee.

- **Not Compliant Yellow:**

- Contract of Care:
 - The Contracts of Care did not contain the following information:
 - Residents' room numbers were not documented on each contract.
 - No evidence of consultation with residents prior to moving them to an alternative room.
 - No information on the number of occupants in the room.
 - Not all residents received a Contact of Care.

Regulation 30: Volunteers

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

- **Not Compliant Yellow:**

- Volunteers:
 - No job description in place for a volunteer IT support person.

Regulation 31: Notifications of Incidents

(7% of Services Not Compliant of the 15 assessed against this Regulation)

- **Not Compliant Orange:**

- Notification of Incidents:
 - Notifications of a sudden death (NF01) and of an injury which required hospital care (NF03) had not been submitted to the Office of the Chief Inspector. These were sent in retrospectively, but outside of the statutory timelines.

Regulation 32: Notifications of Absences

(33% of Services Not Compliant of the 3 assessed against this Regulation)

- **Not Compliant Orange:**

- Notification of Absences:
 - A required notification in relation to the planned absence of the Person In Charge had not been submitted to the Office of the Chief Inspector.

Regulation 33: Notifications of Procedures and Arrangements for periods when Person In Charge is absent from the designated centre

(25% of Services Not Compliant of the 4 assessed against this Regulation)

- **Not Compliant Orange:**

- Notification of Procedures and Arrangements for periods when Person In Charge is absent from the designated centre:
 - A relevant notification had not been made in relation to the procedures and arrangements for the management of the centre in the absence of the person in charge.

Regulation 34: Complaints Procedure

(20% of Services Not Compliant of the 15 assessed against this Regulation)

- **Not Compliant Orange:**

- Complaints:
 - Not all complaints had been addressed since the previous inspection.

7.0 DETAILED FINDINGS Continued...

- Not all complaints were followed up and the satisfaction of all complainants was not recorded.

• **Not Compliant Yellow:**

○ Complaints:

- Minor issues that were relayed verbally and addressed immediately were not recorded.
- No information available on how minor issues had been managed or a record of the complainant's satisfaction with the outcome.
- No complaints had been recorded since 2017, however, the Inspectors noted that in a feedback survey that residents had complained about room temperatures. This had not been recorded as a complaint and the actions taken to remedy the matter could not be determined or if the issue had been resolved.

Dimension 2: Quality and Safety

Regulation 5: Individual Assessment and Care Plan

(38% of Services Not Compliant of the 16 assessed against this Regulation)

• **Not Compliant Orange:**

○ Care Plans:

- Improvements were required to ensure that care plans were in place for all identified issues, to ensure all care plans reflected the current needs of residents and guided staff in the care of the resident (3).
- Some residents required care plans for:
 - Absconson.
 - Communication needs.
 - Skin integrity.
 - Swallowing difficulties.
 - Showering requirements.
- Relatives of some residents indicated they would like more involvement in relation to their:
 - Care plans.
 - Room allocation.
 - Involvement in a relatives' forum.
 - Decision making about care issues.
- The re-evaluation section of the care plan was left blank.
- Some residents did not have comprehensive assessments and re-assessments completed.
- The changing needs or circumstances of residents were not always fully described and did not guide staff actions and interventions in a way that ensured a good quality of life for all residents.
- The range of problems associated with fluctuating behaviours and mental health needs were not described fully. In particular, the impact of behaviours on other residents and staff.
- The needs and choices of all residents were

7.0 DETAILED FINDINGS Continued...

not being fully recognised in the context of managing responsive behaviours.

- Actions to prevent wound care issues arising required review to ensure that preventable harm did not occur. The Inspector found that position change records were not in use where residents were at high risk of skin damage.

• **Not Compliant Yellow:**

- Care Plans:
 - Records evidenced that not all residents had care plans in place within 48 hours of being admitted.
 - A number of care plans had not been reviewed within the four-month timescale.
 - Some care plans were in hard copy format and were difficult to follow due to nature of individual writing style.
 - It was not possible to identify the nature of need, type of intervention and follow up required by residents, this included those for residents with responsive behaviours.

Regulation 6: Healthcare

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

• **Not Compliant Orange:**

- Healthcare:
 - There were no medical assessments completed for some residents on admission as required by the Regulations.
 - Inspectors were not satisfied that a high standard of evidence-based nursing care in accordance with professional guidelines was provided to the residents.

Regulation 7: Managing Behaviour that is Challenging

(31% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

- Staff Training:
 - All staff did not have updated knowledge and skills to meet the needs of residents with challenging behaviour in line with regulatory requirements (3).
- Bedrails:
 - There was no risk matrix to inform decision-making on whether it was safe to use a bed rail or not.
- Resident Needs:
 - Some residents who experienced behaviour and psychological symptoms of dementia (BPSD) were on occasions accommodated in multi-occupancy rooms.
 - The Inspector observed a behaviour episode and found there were very few options for staff to intervene in a positive manner in the absence of distraction techniques and space for diversionary activities such as a well-equipped relaxation room.

• **Not Compliant Yellow:**

- Resident Needs:
 - The range of problems associated with fluctuating behaviours and mental health needs were not detailed in care plans.
 - Some arrangements in place had altered the daily routine of other residents and were not being recognised in the context of managing responsive behaviours.

7.0 DETAILED FINDINGS Continued...

- Some residents with responsive behaviours were cared for in a small space and it did not suit residents who were active.

Regulation 8: Protection

(16% of Services Not Compliant of the 13 assessed against this Regulation)

• Not Compliant Orange:

○ Safeguarding:

- Where allegations had been made, the allegations were not adequately followed up to assist improvement and learning.
- Not all staff had received training safeguarding.

• Not Compliant Yellow:

○ Safeguarding:

- Not all staff had received training in preventing abuse and safeguarding to enable them to identify and respond to elder abuse.

Regulation 9: Residents' Rights

(50% of Services Not Compliant of the 16 assessed against this Regulation)

• Not Compliant Orange:

○ Privacy and Dignity:

- The use of CCTV required review particularly the areas where residents spent time during the day as residents' rights to live their lives in private should be respected (2).
- There were very little facilities for occupation and recreation for the size and layout of the residential centre.
- Call bells were not within reach of residents when in bed.

- Writing on menus was too small for residents to read.
- Disposable bedpans were left on toilet seats, disposable urinals were left on handrails beside toilets.
- The lack of privacy and dignity afforded to residents in bedroom spaces was significant.
- The use of commodes within multi-occupancy rooms, in the absence of easily accessible toilets, impacted on the privacy and dignity of all concerned.
- Residents had to wait for long periods of time to use the shower as there were only two showers and they were not easily accessible.
- Residents could not speak with visitors in private and residents in bed, or by their bed, could not avail of privacy when other people had visitors.
- The fixed screens were seen to impinge on the neighbouring bed-space when pulled around each bed.
- The overhead hoists were noisy when in use and when transported across the ceiling from bed to bed, especially at night.
- A resident with a responsive behaviour was accommodated in a room with another resident while there were vacant rooms available. Both residents right to privacy was impacted as a result.

○ Activities:

- Improvements were required to ensure that all residents were offered a choice of appropriate recreational and stimulating activities based on each resident assessed social care needs, preferences, capabilities and interests.

• Not Compliant Yellow:

○ Privacy and Dignity:

- Some residents had to wait for extended periods of time to have a call bell answered.
- The residential centre did not have the

7.0 DETAILED FINDINGS Continued...

correct intimate care wear for a resident.

- Residents were moved from their room without prior consultation and the rationale for moving was not adequately documented.
- A choice of single room in a newer section of the residential centre had not been offered to residents who were living in the residential centre on a full-time basis.
- Residents were not observed to sit outside or to be accompanied to walk outside in the gardens.
- Not all relatives were aware that the conservatory could be accessed during the day for all residents.
- Curtain screening around beds did not allow for sufficient space for residents with assistive equipment to transfer discreetly.
- The resident's choice to watch a television programme or listen to the television was not met in multioccupancy rooms.

○ Activities:

- Further improvements were necessary to ensure all opportunities were utilised to facilitate residents with activities that met their interests and capabilities.
- Care staff were not facilitated to attend training to equip them with skills to meet the social needs of residents who were unable or unwilling to participate in group activities.
- Residents' access to an activity/sitting room designed for residents with dementia was limited to specific periods during the day.
- Activity records examined by Inspectors were recorded weekly and did not inform the daily activities residents participated in or their level of interest in these activities.
- There was a lack in social care activity when activity staff were on leave.

Regulation 10: Communication Difficulties

(29% of Services Not Compliant of the 7 assessed against this Regulation)

• **Not Compliant Orange:**

○ Communication Difficulties:

- Residents who communicated by loudly calling out impacted on the privacy and dignity needs of other residents and vice versa.

• **Not Compliant Yellow:**

○ Communication Difficulties:

- Signage was not in place to guide them around the residential centre.
- Some rooms did not have televisions for residents who wished to watch television in the privacy of their rooms.

Regulation 11: Visits

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

• **Not Compliant Orange:**

○ Visits:

- No space for visitors to sit by their relative's bed.
- Visitors could not hold private conversations with their relatives.
- The presence of visitors in such crowded bedrooms impacted on the privacy and dignity of other residents who were in bed.

7.0 DETAILED FINDINGS Continued...

Regulation 12: Personal Possessions

(33% of Services Not Compliant of the 12 assessed against this Regulation)

• Not Compliant Orange:

○ Storage of Personal Belongings:

- There was inadequate provision for the storage of personal belongings as evidenced by:
 - Lack of space for personal possessions (2).
 - Lack of space in the communal sitting/dining room and in residents' bedrooms.
 - Wardrobes available in the residential centre consisted of a narrow "double height locker" type wardrobe approximately four feet high and nine inches wide.
 - Extra personal clothes of residents were stored on the floor of an external building in green bags.
 - Other clothes were seen stored in plastic boxes in a shared press.
 - There were no hangers for skirts/trousers and shoes in several rooms were on the floor as there was no space to store them.

• Not Compliant Yellow:

○ Storage of Personal Belongings:

- Some residents in rooms with multioccupancy rooms could not retain control over their clothing and possessions as their wardrobes were located on the opposite side of the room and were not accessible to them.
- There was insufficient space for residents to display their personal possessions such as photographs and ornaments.
- Residents in multioccupancy bedrooms used the surface of electric cable trunking as shelf space.

- Residents used the wall adjacent to or behind their beds to display unframed photographs and artwork.

Regulation 13: End of Life

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

• Not Compliant Orange:

○ End of Life Care:

- A sample of care plans reviewed showed there while some clinical information was included regarding interventions and resuscitation status, there was very little spiritual or personal wishes recorded to direct and inform a person's care.

Regulation 17: Premises

(82% of Services Not Compliant of the 17 assessed against this Regulation)

• Not Compliant Orange:

○ Premises:

- The following issues relating to the premises were identified:
 - Inadequate communal and dining space.
 - Inadequate outdoor space an laundry facilities.
 - Chipped paint and rust on some radiators.
 - Scuff marks and damaged plaster on the walls of some bedrooms.
 - The relocated sluice room remained unfinished.
 - There were insufficient shower facilities available.
 - Some corridors did not have handrails.
 - A number of doorways, walls and skirting boards were chipped and damaged.
 - No shelving in the bathrooms to allow

7.0 DETAILED FINDINGS Continued...

storage of personal items.

- Inadequate ventilation, heating and lighting.
- Equipment for bedding and seating was not fit for purpose.
- There was inadequate storage space to accommodate assistive and other equipment, for example, several specialised chairs, hoists and laundry bins were stored in the assistive bathrooms.
- The option of residents choosing to rest in a chair in their bedrooms was hindered by the room layout and the limited space available.
- Emergency call bells were not fitted in the visitors' room.

• **Not Compliant Yellow:**

○ Premises:

- The following issues relating to the premises were identified:
 - The radiator in the smoking room was excessively hot.
 - There was a recurrence of a water circulation problem.
 - There were untidy telephone wires on walls in some areas
- There were inadequate storage facilities as wheelchairs and other mobility equipment were being stored beside a partition wall as there was no other space available.
- Vacant respite rooms were being used as temporary dining rooms and for the provision of activities. Accessibility to dining and activities was limited due to the size of these rooms.

Regulation 18: Food and Nutrition

(34% of Services Not Compliant of the 12 assessed against this Regulation)

• **Not Compliant Orange:**

○ Food and Nutrition:

- Inspectors noted that some residents on soft modified diets were served the same food both at lunch time and dinner time (2).
- Inspectors were not assured that the food served was at the required temperature as the hot box had been left open and unattended for a period of time before being served to residents.
- Inspectors observed institutional practices in the way the food was served.
- There was no menu displayed in one dining area and the menu was not clearly written and difficult to read in the other unit. Staff or residents did not know what was on offer for lunch.
- An Inspector observed soup being served to residents in plastic type glasses and plastic milk cartons were placed directly on the tables, this was not indicative of a quality service.

• **Not Compliant Yellow:**

○ Food and Nutrition:

- The menus had not been reviewed by a dietitian to ensure that the calorific value was satisfactory to meet residents assessed needs. For example, the evening tea provided for some residents was limited to scones which did not provide a nutritionally balanced meal for what was the last full meal of the day.
- Where weight loss had been a problem and the situation had stabilised, the Inspector saw that the weight record had not been updated for the past two months which did not indicate that monitoring was sufficiently

7.0 DETAILED FINDINGS Continued...

rigorous to prevent a deterioration or a recurrence of the problem.

Regulation 20: Information for Residents

(20% of Services Substantially Compliant of the 5 assessed against this Regulation)

• **Substantially Compliant:**

- Resident's Guide:
 - The Resident's Guide stated that, where possible, the residential centre requests that relatives take responsibility for personal clothes. This is not in keeping with the services outlined in the Contract of Care.

Regulation 26: Risk Management

(77% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

- Risk Management:
 - Improvements were required to ensure that all risks were identified, assessed and measures put in place to control the risks identified (2).
 - Not all risks were assessed and managed appropriately and included:
 - The risks to staff from unsafe evacuation.
 - The risk of unsafe storage of medicinal products.
 - No fire-resistant door on the sluice room where two bedpan washers were seen to be in use.
 - Inadequate risk management training sessions were provided to all senior staff.
 - The Inspector were concerned about the level of fire safety risks that had not been identified or proactively managed.
 - A number of hazards which posed a risk to residents were noted by Inspectors during

the inspection. These risks include:

- Objects including a knife, scissors, empty paint cans, sharp metal strips and discarded wooden boards were left unsecured in the enclosed garden area.
- The clinical waste bin stored externally was not secure and could be accessed from the enclosed garden area.
- Cleaning agents were left unattended on an open cleaning trolley.
- PEEPs (Personal Emergency Evacuation Plans) were not in place for all residents.

• **Not Compliant Yellow:**

- Risk Management:
 - The risk management policy did not include measures to manage risk areas such as:
 - Abuse.
 - Accidental injury.
 - Aggression and violence and self-harm
 - The following areas required attention during the inspection:
 - Disposal bags were needed in some disposal bins.
 - A poor moving and handling technique was observed where foot pedals were not used during a wheelchair transfer.

Regulation 27: Infection Control

(46% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

- Infection Prevention and Control:
 - The lack of cleanliness posed an infection control risk (3).
 - A deep clean of the residential centre had not been maintained.
 - Dust was seen on exposed pipe work and on the stairs.
 - There was a strong odour in some toilets

7.0 DETAILED FINDINGS Continued...

which opened out to the main corridor.

- Brushes and dust pans were dirty and were stored on the floor of sluice rooms.
- Improvements were required in relation to the arrangements in place for linen and laundry management including handling, segregation of clean and used linen, washing, drying and storage in line with best practice.
- A flushable waste disposal system was not fitted in the sluice room.
- Personal Protective Equipment (PPE) and a hazardous waste disposal bin were not available in the sluice room.
- Inappropriate storage of clean linen and used linen disposal trolley in two shared toilet/bathrooms.
- Inspectors were informed that legionella readings were still high in some bedroom areas and a resident had been moved to other accommodation due to high readings.
- Lack of supervision of general cleaning and decontamination processes taking place. Some equipment used by residents was not clean e.g. shower chairs.

Regulation 28: Fire Precautions

(59% of Services Not Compliant of the 17 assessed against this Regulation)

• **Not Compliant Red:**

○ Fire Safety:

- The Registered Provider did not take adequate precautions against the risk of fire or ensure that adequate systems were in place to ensure the safe and effective evacuation of residents (2). Not compliant practices include:
 - Documented risk assessments were not used to identify or manage fire hazards and risks throughout the premises.
 - The emergency gas cut off switch for the kitchen equipment was externally

located next to the key coded kitchen door meaning that in an emergency, staff would need to leave the kitchen to cut off the gas supply.

- Inspectors observed a portable oxygen cylinder left unattended in a resident's bedroom.
- No signage was in place to alert staff or residents of the use of oxygen in the bedroom.
- A number of final exit doors were key locked, with keys located in break glass units next to the doors.
- Door closers fitted to bedroom doors required adjustment. The panic bar was broken and out of position on a final exit door located along an escape corridor.
- Records indicated that the inspection and certification of the Fire Detection and Alarm system was sporadic in nature.
- The emergency lighting system had not been inspected or maintained in accordance with the relevant Irish Standard since 2014.
- Electrical installations throughout the residential centre has not been inspected or tested.
- An ELCB board/old style fuse board located within the kitchen, was in a very poor state of repair.
- Fire drill reports did not include a commentary on the outcome of the drill.
- Some break glass units were located almost 1.5m above floor level which is above the recommended height.
- The fire safety management plan displayed in the reception area was not up to date.

○ Training:

- New staff members had not received formal fire safety training.
- Staff training had not been provided for full range of resident evacuation assistance needs that are required in the centre.
- Learning outcomes for future learning and training was not recorded on fire drill reports.

7.0 DETAILED FINDINGS Continued...

- Some staff were not knowledgeable of what to do in the event of a fire.
- Not all staff were aware of how to operate a fire extinguisher.
- Senior members of staff, who were designated as fire wardens, had not received training in fire safety procedures to enable to carry out their duties in the event of a fire.

• **Not Compliant Orange:**

○ Fire Safety:

- Preventive maintenance of the fire alarm and emergency lighting did not take place every three months throughout 2018.
- Pilot lights on two emergency lights were not lit to indicate if they were functioning correctly.
- Some doors were not fitted with self-closing devices.
- An inaccurate sign was placed over oxygen cylinders and it stated “non-flammable gas”.
- Oxygen cylinders were not secured on a suitable stand.
- The smoking room was not suitably furnished.
- An annex off the conservatory contained a wicker couch and chair.
- The fire extinguisher was out of date.

• **Not Compliant Yellow:**

○ Fire Safety:

- Fire safety measures required improvement in the areas of how fire drills and training was recorded.
- The location of the fire extinguishers outside the laundry room required review as they were not immediately accessible to staff.
- Simulated evacuations had not been completed to ensure that staff were familiar with how to evacuate.
- Additional signage to guide staff/

residents/others to the fire assembly points was required.

Regulation 29: Medicines and Pharmaceutical Services

(25% of Services Not Compliant of the 12 assessed against this Regulation)

• **Not Compliant Orange:**

○ Medication Management:

- There were gaps in the medication administration records.
- Some medications prescribed for 14:00hrs were administered at 12:00hrs.
- Daily checks of medication patches were not routinely completed.
- Administration of the medication was not always reflective of the resident’s prescription.
- Administration of prescribed supplementary fluids were not routinely recorded during night duty.
- Improvement was required as the frequency of administering medication to be given as and when required (PRN) was not consistently recorded.
- Medication to be crushed prior to administration was not consistently recorded.
- There was no evidence that a choice of pharmacist was available to residents or that the obligations of the pharmacist to the resident as required under relevant legislation and guidance, were being met.
- A night-time sedative medicine had been administered by staff members for a period of over three weeks without the necessary signed authorisation. There was no record documented that the sedation had been administered.

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 Records, Governance and Management and Fire Precautions, with many residential centres requiring improvements in key areas such as Directory of Residents, Risk Management and Premises.

Good practice was identified in relation to Insurance and Temporary Absence or Discharge of Residents.

Further Information

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

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