



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

Inspections completed during August 2018 to October 2018

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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 fifteen (15) randomly selected HIQA Inspection Reports. All inspections were completed during August 2018 to October 2018.

The review highlighted that Regulation 17 Premises had findings that carried a Not Complaint Red Risk. Issues identified under these Regulations included:

- Regulation 17: Premises (57% Services Not Compliant of the 14 Services reviewed against this Regulation) – Issues included: Major improvements to the design and layout of the residential home to ensure it was suitable for its intended purpose and could meet residents' individual and collective needs in a comfortable and homely way.

Other areas recognised as requiring improvement included:

- Regulation 12: Personal Possessions (67% Services Not Compliant of the 3 Services reviewed against this Regulation) – There was a lack of space in the multi-occupancy bedrooms for residents to adequately store their clothes or personal possessions.
- Regulation 21: Records (58% Services Not Compliant of the 12 Services reviewed against this Regulation) – Samples of staff files viewed by the Inspector did not contain all the information required by Schedule 2 of the Regulations.
- Regulation 9: Residents' Rights (50% Services Not Compliant of the 12 Services reviewed against this Regulation) – Issues included: Undignified practices were observed which did not support a person-centred approach to care. Appropriate

arrangements were not in place to ensure the rights of residents were respected in relation to privacy, dignity and their ability to exercise personal choice.

- Regulation 28: Fire Precautions (50% Services Not Compliant of the 12 Services reviewed against this Regulation) – Appropriate evacuation procedures were not in place for all residents. Fire drills carried out did not include any night-time scenarios when staff numbers were reduced.
- Regulation 23: Governance and Management (47% Services Not Compliant of the 15 Services reviewed against this Regulation) – Management roles and responsibilities were not clearly defined. Inspectors were not satisfied that the governance arrangements were sufficiently robust to ensure the service provided is safe, appropriate, consistent and effectively monitored.

An area of good practice was identified in relation to Regulation 20: Information for Residents (100% Services Compliant of the 5 Services reviewed against this Regulation) and Regulation 32: Notification of Absence (100% Services Compliant of the 5 Services reviewed against this Regulation).

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

- Registration Regulation 7 – Application by Registered Providers for the Variation or Renewal of Conditions of Registration.
- Regulation 10 – Communication Difficulties.
- Regulation 25 – Temporary Absence or Discharge of Residents.

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

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Table 1 details the Regulation(s) where good practice was identified. Caution is advised when interpreting Table 1 below, as not all of the 15 services reviewed were inspected against each Regulation.

Table 1: Regulations where Good Practice was identified

Dimension	Regulation	No. of Services Inspected against this Regulation of the 15 sample reports
Capacity and Capability	6: Changes to Information Supplied for Registration Purposes (S.I. No 61 of 2015)	1
Capacity and Capability	22: Insurance (S.I. No 415 of 2013)	1
Capacity and Capability	32: Notification of Absence (S.I. No 415 of 2013)	5
Capacity and Capability	33: Notification of Procedures and Arrangements for periods when Person in Charge is absent from the designated centre (S.I. No 415 of 2013)	2
Quality and Safety	20: Information for Residents (S.I. No 415 of 2013)	5

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 home. 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 fifteen (15) reports reviewed was positive. Feedback included:

- **Staffing Levels in the Residential Homes:**
 - o Residents occasionally felt that staffing levels could be greater.
 - o A number of residents felt they often had to wait for staff when they rang the bell, particularly, in the evening when staffing levels were reduced.
- **Laundry Services in the Residential Homes:**
 - o Some residents reported items of personal laundry going missing.
- **Care Provided in the Residential Homes:**
 - o The majority of residents were happy with the care they received in the residential home.
 - o Some residents said that although the residential home was a 'good place' to be, they would rather be living in their own homes.
- **Daily Living/Social Activities:**
 - o Residents were complimentary about the activities that were provided in the residential home.
- **Space/Premises in the Residential Homes:**
 - o Some residents said they would like more space to store their personal possessions in the multi-occupancy bedrooms.
- **Identifying a member of staff where issues, concerns or complaints arise:**
 - o Residents communicated that they were aware of who the Person in Charge was and would have no hesitation to make a complaint to them.
- o Residents knew how to make a complaint and they felt it would be addressed.
- **Food and Nutrition:**
 - o Residents appeared happy with the food and meals they received.
 - o Some residents said they were left too long in the dining room, sitting, waiting for lunch to be served.
- **Safety in the Residential Home:**
 - o Residents said they felt safe and well supported in the residential home.
- **Visitors:**
 - o Some residents would have liked some flexibility in visiting house and access to a facility to make their own tea and coffee outside of the café's opening hours.

5.0 OVERALL REVIEW FINDINGS

The inspection reporting framework used by HIQA is organised into two dimensions. Dimension 1 focuses on Capacity and Capabilities (detailed in Tables 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 15 reports. Key areas that were deemed Not Compliant are highlighted within the tables.

Table 2: Capacity and Capability – Registration Regulations

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 15 samples	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	4	Application for Registration or Renewal of Registration	3	0 %	100 %	0 %	0 %	100 %	0 %
	6	Changes to Information Supplied for Registration Purposes	1	100%	0 %	0 %	0 %	0 %	0 %

5.0 OVERALL REVIEW FINDINGS

Continued...

Table 3: Capacity and Capability

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 15 samples	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	3	Statement of Purpose	10	70 %	30 %	20 %	0 %	0 %	10 %
	4	Written Policies and Procedures	6	83 %	17 %	17 %	0 %	0 %	0 %
	14	Persons in Charge	9	89 %	11 %	11 %	0 %	0 %	0 %
	15	Staffing	14	64 %	36 %	14 %	0 %	22 %	0 %
	16	Training and Staff Development	13	69 %	31 %	16 %	0 %	15 %	0 %
	19	Directory of Residents	4	75 %	25 %	25 %	0 %	0 %	0 %
	21	Records	12	42 %	58 %	8 %	0 %	42 %	8 %
	22	Insurance	1	100 %	0 %	0 %	0 %	0 %	0 %
	23	Governance and Management	15	53 %	47 %	14 %	0 %	33 %	0 %
	24	Contract for the Provision of Services	8	63 %	37 %	37 %	0 %	0 %	0 %
	30	Volunteers	3	33 %	67 %	0 %	0 %	33 %	34 %
	31	Notification of Incidents	10	80 %	20 %	10 %	0 %	10 %	0 %
	32	Notification of Absence	5	100 %	0 %	0 %	0 %	0 %	0 %
	33	Notification of Procedures and Arrangements for periods when Person in Charge is absent from the Designated Centre	2	100 %	0 %	0 %	0 %	0 %	0 %
	34	Complaints Procedure	12	58 %	42 %	34 %	0 %	8 %	0 %

5.0 OVERALL REVIEW FINDINGS Continued...

Table 4: Quality and Safety

Dimension	Regulation	Regulation Description	No. of Services inspected against this regulation of the 15 samples	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Quality and Safety	5	Individual Assessment and Care Plan	13	69 %	31 %	16 %	0 %	15 %	0 %
	6	Healthcare	14	64 %	36 %	22 %	0 %	14 %	0 %
	7	Managing Behaviour that is Challenging	14	86 %	14 %	7 %	0 %	7 %	0 %
	8	Protection	13	85 %	15 %	7 %	0 %	8 %	0 %
	9	Residents' Rights	12	50 %	50 %	8 %	0 %	42 %	0 %
	11	Visits	7	57 %	43 %	43 %	0 %	0 %	0 %
	12	Personal Possessions	3	33 %	67 %	0 %	0 %	33 %	34 %
	13	End of Life	6	83 %	17 %	17 %	0 %	0 %	0 %
	17	Premises	14	43 %	57 %	7 %	7 %	29 %	14 %
	18	Food and Nutrition	10	70 %	30 %	20 %	0 %	10 %	0 %
	20	Information for Residents	5	100 %	0 %	0 %	0 %	0 %	0 %
	26	Risk Management	12	58 %	42 %	33 %	0 %	9 %	0 %
	27	Infection Control	10	90 %	10 %	0 %	0 %	10 %	0 %
	28	Fire Precautions	12	50 %	50 %	25 %	0 %	17 %	8 %
	29	Medicines and Pharmaceutical Services	10	80 %	20 %	10 %	0 %	10 %	0 %

6.0 DETAILED FINDINGS

The following provides examples of the 'Not Compliant' findings (including 'Not Compliant Yellow, Orange and Red') and 'Substantially Compliant' findings as detailed within the HIQA Inspection Reports under each of the report dimensions.

Dimension 1: Capacity and Capability

Registration Regulation 4: Application for Registration or Renewal of Registration

(100% of Services Not Compliant of the 3 assessed against this Regulation)

- **Not Compliant Orange:**

- Application for Registration or Renewal of Registration:
 - A completed application had not been made to HIQA within the timescale.
 - The residential home did not submit their application for renewal of their registration within the required timeframe of 6 months before the expiry of their current registration.
 - An application for the renewal of registration was submitted six months in advance of the registration expiry date, however, it was incomplete as it did not contain all of the necessary and prescribed information.

Regulation 3: Statement of Purpose

(30% of Services Not Compliant of the 10 assessed against this Regulation)

- **Not Compliant Yellow:**

- Statement of Purpose:

- The Statement of Purpose was missing
 - Was not submitted in a timely manner prior to the announced inspection.
 - Did not meet the requirement as set out in Schedule 1 of the Regulations.

- **Substantially Compliant:**

- Statement of Purpose:

- Further reviews of the Statement of Purpose were required to ensure it reflected the premises and complaints process.
- The Statement of Purpose required amendment in parts to reflect the service capacity, detail the facilitates and summarise the safety precautions in place.

Regulation 4: Written Policies and Procedures

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

- **Substantially Compliant:**

- Written Policies and Procedures:

- The implementation of some policies required improvement, for example, the smoking and staff education and development policy.

Regulation 14: Persons in Charge

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

- **Substantially Compliant:**

- Person in Charge:

6.0 DETAILED FINDINGS Continued...

- The Person in Charge had not completed post registration managerial training.

Regulation 15: Staffing

(36% of Services Not Compliant of the 14 assessed against this Regulation)

• Not Compliant Orange:

○ Staffing:

- Inspectors were not assured that there were sufficient staff to meet the needs of residents including nursing staff:
 - There was one nurse on duty four days per week. There were inherent risks, as one nurse could not safely administer medications, provide nursing care and supervise care delivered to residents. For example, Inspectors observed that the nurse was interrupted on several occasions while doing the morning medication round, to meet visiting health professionals and support health care staff when requested.
 - Inspectors also found instances where the care delivered was not in line with residents' plans.
 - Staff reported that staffing levels were not adequate, and they were rushed when providing care. This impacted on residents as staff were not available to supervise some resident's meals and had limited time to engage socially with residents. On the day of inspection, the staff member allocated to activities was reallocated to catering duty to cover an unplanned absence.
- The staffing model in one residential home relied on a significant number of part time nurses who worked full time elsewhere raising concern about the sustainability of the staffing model. In addition, this staffing model resulted in the possibility of a

different nurse on duty each day of the week which did not provide continuity of care to residents.

• Substantially Compliant:

○ Staffing:

- Improvements were required in relation to staff response times answering residents' call bells and the supervision of residents in the main sitting area.
- A review of staffing levels during the night was required to ensure safe care could be provided and any emergencies could be attended to.

Regulation 16: Training and Staff Development

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

• Not Compliant Orange:

○ Training:

- Records confirming the number of staff members who attended training events could not be provided to the Inspector on the day of inspection.
- Staff were not appropriately supervised to ensure the care delivered was in line with resident's care plans, or that staff training was being put into practice.
- Some staff members did not have up to date mandatory training. There was no comprehensive training matrix in place to identify when staff last attended mandatory training and when they are due to complete refresher or renewal training.
- Training in tissue viability and wound care was a requirement for all nursing staff to ensure they provided care in accordance with contemporary evidenced based practice.
- The Inspector was not satisfied that staff

6.0 DETAILED FINDINGS Continued...

were supervised appropriately. Issues included:

- No evidence of a comprehensive induction programme for new staff including probationary meetings.
- A number of staff members have not received a performance appraisal since 2016.

• **Substantially Compliant:**

○ Training:

- Staff supervision required improvement to ensure residents' care documentation and records were consistently completed by staff.
- A training needs analysis or audit of training completed by all rostered staff was not available to sufficiently assure Inspectors that all staff had completed training programmes.
- Annual staff appraisals were to be completed.

Regulation 19: Directory of Residents

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

• **Substantially Compliant:**

○ Directory of Residents:

- The date of admission for a resident was omitted in one entry in the directory of residents.

Regulation 21: Records

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

• **Not Compliant Orange:**

○ Schedule 2, 3 & 4 Documents:

- A sample of staff files viewed by the Inspector did not contain all the information required by Schedule 2 of the Regulations. The following was not stored by the residential home:
 - A reference was missing for one staff member another staff was missing a reference from their last employer.
 - A record of current registration with the Nursing and Midwifery Board of Ireland was not available for two nurses.
- The Inspector examined a sample of four staff files and found that several items of information that is required to be held in the residential home for each staff member were missing. Items of documentation not held in the residential home included:
 - A recent photograph,
 - A full employment history,
 - Details of previous experience and
 - Two written employment references including a reference from the staff member's most recent employer.
- A signed and dated nursing record of each resident's health and condition and treatment given was not consistently completed on a daily basis by the nurse on duty in accordance with relevant professional guidelines.
- The Inspector noted that references on file for some staff were generic in nature, had been submitted by the staff member and had not been verified by the Registered Provider. This does not provide assurance to the validity of these references and does not demonstrate robust recruitment practices.
- Records of the residential home's charges to residents and residents' financial records were not maintained in a consistent and robust manner.
- There was no evidence of qualifications in any of the staff files and employment history was not consistently recorded.
- Files were not securely stored in part of the

6.0 DETAILED FINDINGS Continued...

residential home.

- Complete records as set out in Schedule 2, 3, & 4 were not available for inspection. For example, the current Statement of Purpose was not available and staff training records could not be located.
- A staff file reviewed by the Inspector did not contain a second written reference.

• **Not Compliant Yellow:**

○ Schedule 2, 3 & 4 Documents:

- The Inspector reviewed a sample of staff files and found that some were not complete. For example, two of four files reviewed did not contain a satisfactory history of gaps in employment, as required by the Regulations.

• **Substantially Compliant:**

○ Schedule 2, 3 & 4 Documents:

- Inspectors found the management of staff training and fire drills required improvement as they did not provide sufficient detail or assurances that all staff had attended and participated.

Regulation 23: Governance and Management

(47% of Services Not Compliant of the 15 assessed against this Regulation)

• **Not Compliant Orange:**

○ Management:

- Management processes were not effectively monitored, particularly in relation to:
 - Infection control practices
 - Notification of incidents
 - Access to meaningful recreation and activities

- Management of complaints
- Personal accommodation and
- Storage of equipment

- Improvements were required to ensure the governance arrangements provided sufficient oversight to ensure non-compliances were completed within the timescales agreed and risk and fire arrangements were sufficiently robust.
- The Registered Provider did not ensure there was sufficient resources (staffing) in place to ensure the effective delivery of care in accordance with the Statement of Purpose.
- Management roles and responsibilities were not clearly defined.
- No management systems in place to ensure the service provided is safe, appropriate, consistent and effectively monitored.
- There was no clearly defined management structure in place.
- Inspectors were not satisfied the current governance arrangements were sufficiently robust to ensure the service provided is safe, appropriate, consistent and effectively monitored. Issues identified with staff recruitment and management of residents' finances provided evidence of a lack of robust systems and poor governance around these processes.

○ Annual Review:

- Improvement was required to ensure the annual review of the quality and safety of care delivered to residents was sufficient to ensure the care is in accordance with Standards set out by the Authority.
- Not all actions identified from the annual review of the quality and safety of care that were required to be implemented in 2018 had been implemented.
- Additional information and benchmarking against the Standards were required in consultation with residents and their families. The review should be made available to residents also.

6.0 DETAILED FINDINGS Continued...

• **Substantially Compliant:**

- Audits:
 - While oversight arrangements were in place and covered the majority of areas of practice effectively, there was one area of risk in relation to fire safety that had not been identified by the Registered Provider, and so improvement was required.
- Annual Review:
 - The annual review had been completed since the previous inspection. However, additional oversight of the service is required to ensure all non-compliances are addressed in the agreed timescales.

Regulation 24: Contract for the Provision of Services

(37% of Services Not Compliant of the 8 assessed against this Regulation)

• **Substantially Compliant:**

- Contract of Care:
 - Some Contracts of Care required updating to include the following (2):
 - Details of the residents' bedrooms, including the number of occupants in each bedroom (if any), as required by regulation.
 - Contracts for the Provision of Care did not detail the charges for additional services not included in the fee.

Regulation 30: Volunteers

(67% of Services Not Compliant of the 3 assessed against this Regulation)

• **Not Compliant Orange:**

- Volunteers:
 - There was no evidence available that the required documentation was in place for all volunteers in the residential home. The Person in Charge assured Inspectors that all volunteers had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the Regulations. However, no evidence was available to support this for one volunteer.

• **Not Compliant Yellow:**

- Volunteers:
 - Inspectors reviewed a sample of a volunteer file and noted the residential home's own policy and the Regulations were not upheld. The volunteer did not have a role description or any documentation indicating the support and supervision in place to assist them in their role.

Regulation 31: Notifications of Incidents

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

• **Not Compliant Orange:**

- Notification of Incidents:
 - Notifications were submitted within the required time frame. However, HIQA had not been informed of a number of notifiable

6.0 DETAILED FINDINGS Continued...

incidents that had occurred in the residential home.

Regulation 34: Complaints Procedure

(42% of Services Not Compliant of the 12 assessed against this Regulation)

• **Not Compliant Orange:**

○ Complaints:

- The complaints policy had not been updated to reflect recent changes to the residential home's governance structure. It did not contain sufficient detail regarding the appeals process.
- A review of the role of the complaints officer and the person responsible for reviewing the management and recording of complaints was required.
- Complaints were not being consistently managed or recorded in line with the residential home's policy or the Regulations.

• **Substantially Compliant:**

○ Complaints:

- The Inspector noted from complaint records viewed, that a resident and/or their representatives had complained about the unsuitability of one of the multioccupancy bedrooms (2).
- Improvements in the complaint records were required:
 - For example, some complaints that had been promptly dealt with to the satisfaction of the complainant had not been recorded in the complaints log and not all complaint records viewed recorded whether or not the complainant was satisfied.
 - Improvement was required to ensure the complaints system was robust and transparent.

- Inspectors saw that some residents had made complaints regarding services at the residents' meetings. However, these were not logged in the complaints log or managed in line with the policy in place. In addition, Inspectors noted that the outcome of the complaint or whether the complainant was satisfied, was not consistently recorded.
- There was a photograph of the complaints officer on public display in the residential home. However, this photograph was of the previous complaints officer who had recently left the residential home and required updating.
- Following a review of the complaint documentation, complainants were not given information on their right to appeal a decision and a person to review the complaints process was not in place.

6.0 DETAILED FINDINGS Continued...

Dimension 2: Quality and Safety

Regulation 5: Individual Assessment and Care Plan

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

- **Not Compliant Orange:**

- Care Plans:

- Some care plans did not include sufficient detail to guide staff and may risk residents needs not being fully met.
- Care plans were not consistently revised to reflect the changing needs of the residents and systems to ensure care plans were implemented needed to be strengthened.
- The information in the care plans examined by the Inspector required improvement to take account of each residents' individual preferences and wishes regarding their care. For example, care plans to inform residents' personal care did not describe their preferences such as their hair care or if they liked to wear make-up. No residents had any pressure related skin wounds on the day of the inspection.
- A record of activities residents participated in and an assessment of their level of engagement was not consistently.
- The Inspector saw that residents, or their families on their behalf were involved in their care plan development and subsequent reviews. However, the records maintained did not contain any detail to reference this consultation process.
- Residents' assessments and care plans had improved. Further improvements in care planning for residents was required.

- **Substantially Compliant:**

- Care Plans:

- Further improvements in care planning were required.
- Improvement was required to ensure they consistently provided clear guidance and reflected residents' current needs.

Regulation 6: Healthcare

(36% of Services Not Compliant of the 14 assessed against this Regulation)

- **Not Compliant Orange:**

- Healthcare:

- Tissue viability and wound care required review to ensure staff are providing care in accordance with contemporary evidenced based practice.
- This regulation was not being monitored at this inspection. However, the Inspector noted that, on reviewing three pressure relieving mattresses, none were correctly set for the individual residents.

- **Substantially Compliant:**

- Healthcare:

- Inspectors saw that evidence-based nursing care was not consistently recorded. For example, Inspectors saw that catheter care was not in line with best practice guidelines.
- A small number of residents did not have a full medical review carried out in a long period of time.
- Improvements in residents care documentation and maintenance of their care records was necessary to reflect a high standard of professional practice. For example, the recommendations of tissue viability specialists regarding some residents' wound care procedures were not clearly documented in their wound care plans. Residents' wounds were not

6.0 DETAILED FINDINGS Continued...

photographed or described in sufficient detail to inform monitoring procedures.

Regulation 7: Managing Behaviour that is Challenging

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

• Not Compliant Orange:

○ Bedrails:

- There was a high number of bedrails in use in the residential home.

○ Restraint:

- Restraint practices required review to be in line with National Policy on restraint use.

• Substantially Compliant:

○ Care Plans:

- Inspectors noted that specific assessments were not completed following episodes of responsive behaviour to identify any possible trends or triggers.

Regulation 8: Protection

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

• Not Compliant Orange:

○ Safeguarding:

- Residents' finances continued to require significant improvement to safeguard residents. Concerns remain as regards the lack of a robust system in the management of residents' finances. Issues included:

- The accounts, as currently set up, did not protect the resident.
- The system of invoicing was not consistent.
- Receipts were not maintained on residents' files for extra services such as hairdressing, newspapers, chiropody etc.
- It was not clear the services provided and charged to an individual resident was for that individual resident only, for example billing for a daily newspaper.
- The Inspectors required that advocacy services were engaged to support residents.
- A more robust and transparent system of financial records is required, and residents accounts should be audited on a regular basis.

• Substantially Compliant:

○ Safeguarding:

- Inspectors noted that a minority of staff had not attended training.

Regulation 9: Residents' Rights

(50% of Services Not Compliant of the 12 assessed against this Regulation)

• Not Compliant Orange:

○ Privacy and Dignity:

- Opportunities for residents to participate in meaningful occupation and recreation were diminished whenever activity staff were called on to replace staff who had unplanned absence.
- Undignified practices were observed which did not support a person-centred approach to care. These included:
 - The use of communal toiletries which were kept in shower rooms. Inspectors did note that most residents did have

6.0 DETAILED FINDINGS Continued...

their own supply, so it was unclear why this practice was happening.

- The use of a black sack when returning the property of deceased residents.
- Some residents who required assistance with eating, had their meal in the day room without the use of a dining table. This arrangement did not promote independence and the opportunity to socialise and chat at mealtimes was not available to these residents.
- Some unmarked clothing, such as hip protectors were in communal use.
- Appropriate arrangements were not in place to ensure the rights of residents were respected in relation to privacy, dignity and their ability to exercise personal choice. Examples include:
 - Multi-occupancy rooms afforded residents very limited personal space and privacy.
 - The close proximity of bed spaces limited residents in the extent to which they could exercise choice around activities in their personal space, such as watching TV or listening to the radio, without adversely impacting on other residents.
 - Access to activities were not always meaningful and did not meet the needs of residents.
 - Some residents did not have the choice of where to eat their meals.
- There was delay in assisting one resident to access the independent advocacy service.
- Residents privacy and dignity needs could not be met to an optimal standard in bedrooms accommodating three and four residents due to the following:
 - Screening curtains within close proximity to some beds did ensure residents' privacy during hoist transfers.
 - Screening provided did not provide protection from sounds and smells.
- Some residents in twin and bedrooms with four beds did not have a choice of television viewing as they shared a television with a resident in the adjacent

bed. Their choice of listening was also negatively impacted by this arrangement in the absence of appropriate discreet listening equipment.

- The unsuitable design and layout of the multi-occupancy bedrooms impacted on the privacy and potentially the dignity of residents. The Inspector observed that in each of these multi-occupancy bedrooms, residents had various levels of health and social care needs and levels of mobility. Even with the use of bed screens and the partial partitions provided; it was difficult to see how some residents with reduced capacity, mobility or high health and social care needs could undertake personal activities in private.
- The Inspector noted that for residents to access an outside area, they had to use the passenger lift. However, in order for these residents to access the lift they must first go through another ward.
- The Inspector saw that the privacy screens used in some of the multi-occupancy bedrooms were not adequate. For example, some of the screening was mobile and clinical in appearance and left gaps around some residents' personal bed space as observed by the Inspector. In addition, a number of these mobile screens were damaged or missing sections and were therefore not adequate for their stated purpose.

• **Substantially Compliant:**

○ Resident Independence:

- Further action was required to promote the independence of residents during mealtimes.

6.0 DETAILED FINDINGS Continued...

Regulation 11: Visits

(43% of Services Not Compliant of the 7 assessed against this Regulation)

• Substantially Compliant:

- Visitors:
 - Improvements were required to ensure suitable communal or private areas, which were not the resident's room, were made available for residents to receive visitors. For example, aside from the one sitting room/day room in most of the wards, there was limited suitable communal or private facilities available for residents to receive a visitor.
 - Visiting hours were restricted to the afternoon.
 - The residential home's visiting policy required review as it appeared to restrict visiting to certain hours/periods which was not in compliance with the requirements of the Regulations.

Regulation 12: Personal Possessions

(67% of Services Not Compliant of the 3 assessed against this Regulation)

• Not Compliant Orange:

- Storage of Personal Belongings:
 - There was a lack of storage space in the multi-occupancy bedrooms for residents to adequately store their clothes or personal memorabilia. Each resident had a narrow wardrobe and bed side locker in their bedroom for the storing of small personal items. However, in the context of all residents in the residential home receiving long term care and this was now their home and these wardrobes were not adequate in size to meet residents' needs. These wardrobes were inadequate to afford

any choice for the storage of residents' personal memorabilia and were inadequate to accommodate all residents' personal clothing or belongings.

• Not Compliant Yellow:

- Storage of Personal Belongings:
 - Lack of space in the multi-occupancy bedrooms for residents to store their clothes or personal memorabilia.
 - There was no lockable storage facility available for residents to store valuables as required by the Regulation.

Regulation 13: End of Life

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

• Substantially Compliant:

- End of Life Care:
 - Improvements were required in relation to the care planning documentation in relation to end of life care. For example, not all care plans viewed contained sufficient details in relation to supporting staff to provide appropriate end of life care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Regulation 17: Premises

(57% of Services Not Compliant of the 14 assessed against this Regulation)

• Not Compliant Red:

- Premises:
 - Major improvements were required to the premises to ensure the design and layout

6.0 DETAILED FINDINGS Continued...

of the residential home was suitable for its stated purpose and could meet residents' individual and collective needs in a comfortable and homely way:

- The height of the skylight windows in the current sitting room does not enable residents to see outside when seated or in a standing position. This is the main day room where residents congregate or participate in activities. Space is very limited in this area.
- Improvement was needed to the skylights including fitting with double glazed units to minimise draughts within the residential home.
- Equally, gaps between the closed doors to the main entrance also caused a notable draught resulting in heat loss, and a draught when seated in the front hall.
- Additional toilet and shower room facilities were also to be provided.
- Although a separate toilet was set aside for catering staff, this was inaccessible as residents' chairs were placed in front of the entrance door which was in the sitting room.

• **Not Compliant Orange:**

○ Premises:

- The layout and design of multiple occupancy bedrooms did not provide an environment that met residents' privacy and dignity needs to a sufficient standard. Appropriate space for residents to display their personal photographs and mementos remained limited in most bedrooms with three and four beds.
- Partitions and screens used in the residential home offered little privacy and the effect of the design of the wards was that these partitioned bedrooms contained anywhere between a total of six to eighteen beds in the same ward/bedroom. This design and layout were therefore inadequate to meet residents' needs. It

did not protect residents' privacy and potentially compromised residents' dignity. There was limited access to televisions or space for residents to sit by their bedside. The space between many of the beds was also limited which posed a restriction on movement for staff delivering care at the bedside. Given the complexity of many of the residents' high care needs; this lack of space had a significant impact on both residents receiving care and the staff providing care.

- Many of the toilet and shower facilities were not wheelchair accessible and given the level of dependency in one ward in particular; the toileting and shower facilities required review to ensure that they were adequate to meet the needs of residents.
- Personal storage facilities were also inadequate with only a standard bedside locker and narrow/small wardrobe for personal storage. The lack of space also reduced the amount of furniture or personal memorabilia that could be accommodated.
- There was limited space/storage for equipment to be used to support residents. For example, the Inspector noted that there was lifting hoists and laundry trolleys unsuitably stored in some bathrooms, corridors and or in some of the day rooms.
- In addition, the following premises issues were identified:
 - Not all rooms used by residents had a call bell facility including the hairdressing room, day room in a ward, in the activities room in a ward and the sitting room and parlour in a ward.
 - One ward was in need of renovation for example, a number of doors and walls were in need of repainting and some of the floor covering was cracked.
 - The bedroom curtains in another ward appeared to be inadequate for their intended purpose.
 - The water pipes in another ward were adequately covered or boxed and required review to ensure their suitability in relation to their temperature and staff

6.0 DETAILED FINDINGS Continued...

ability to clean these pipes.

- The Inspector saw that the smoking room had number of cracks in the walls.
- Other premises issues included:
 - Inadequate space to store equipment for example, equipment such as wheelchairs, assisted chairs and mobile hoists were unsuitably stored in sitting rooms and bathrooms.
 - The Inspector noted that there was no call bell facility in the visitors' room, as required by Regulation.
 - Some improvements were required in relation to the appearance and in some parts the décor of the premises.
 - Improvements were required internally and externally in relation to the maintenance of the residential home.
 - For example, internally there was a hole in the wall in the laundry room, one of the ceiling boards on the first floor was badly stained by water damage, there was plaster cracks in a number of places, a number of the corridor walls and some doors in the residential home required repainting.
 - Externally, the premises had an overall neglected appearance. For example, the sign for the hospital at the entrance was faded to the point that it was illegible. The surface of the hospital car park was very uneven to the extent that it had been identified by staff as a risk and was on the residential home's risk register. The exterior plaster of the premises had numerous cracks and the paintwork was worn and faded. In some parts of the building where retrospective plaster work had been applied; these areas had not been painted which added to the overall neglected appearance of the residential home.
 - There were feature metal rails located on the flat roof over the gable ends of the premises. However, these rails were

in need of repair or replacement. For example, there was evidence of significant rust on these rails with whole sections of the rails missing as they had been completely rusted though.

• **Not Compliant Yellow:**

○ Premises:

- There was no direct access to a shower for residents in one area of the residential home; these residents have to access the shower through reception and the day room.
- The sluice room was found to be excessively hot and humid on the days of inspection with inadequate ventilation.
- Some areas of the residential home, particularly rooms in the "old house" were found to be in disrepair.
- There were a number of issues that required improvement including:
 - There was no bath or assisted bath available for resident use.
 - Not every room used by residents had an emergency call facility including the oratory, the quiet room or the family room.
 - There was inadequate storage facilities and inadequate lighting in the dry food store room.
 - There was inadequate signage to support residents find their way around the residential home.
 - There was no wash hand basin in the clinic/medication room.
 - A number of bedroom doors required review. For example, some bedroom doors were seen to be very heavy and difficult for residents to open and some bedroom doors would not stay open without being wedged.

6.0 DETAILED FINDINGS Continued...

- **Substantially Compliant:**

- Premises:
 - Residents occupying multi-occupancy bedrooms had access to just one wash hand basin and had access to a minimum amount of private space.
 - The storage space for equipment was not adequate.
 - An upstairs toilet used by residents did not have a call bell facility or grab rail in place.

Regulation 18: Food and Nutrition

(30% of Services Not Compliant of the 10 assessed against this Regulation)

- **Not Compliant Orange:**

- Food and Nutrition:
 - Timely assistance was not provided at lunchtime and staff were not available to support residents in their rooms who required supervision or assistance.
 - Many residents stayed in the day room for meals. It was unclear if this was through residents' choice or just habit. These residents did not enjoy the same social aspect of dining as those who went to the dining room, nor were any place settings, trays or condiments in use.

- **Substantially Compliant:**

- Food and Nutrition:
 - Protective clothing used for residents who required assistance was not discreet. Independence was not promoted, and some residents were not provided with access to the dining room at meal times.
 - Many residents stayed in the day room for meals. It was unclear if this was through residents' choice or just habit. These

residents did not enjoy the same social aspect of dining as those who went to the dining room, nor were any place settings, trays or condiments in use.

Regulation 26: Risk Management

(42% of Services Not Compliant of the 12 assessed against this Regulation)

- **Not Compliant Orange:**

- Risk Management:
 - A section a fire escape rail did not have any safety rail which posed a potential risk to residents and it had not been identified as a risk in the risk register.

- **Substantially Compliant:**

- Risk Management:
 - Some improvements were required in the hazard identification and assessment of risks in the residential home, including risk assessment for the following potential hazards:
 - Unrestricted access to the kitchen/pantry area
 - Unrestricted access to the staff changing room
 - The intermittent unrestricted access to cleaning liquids stored on the cleaning trolley
 - Unrestricted access to the staff rest room
 - The unrestricted access to the kettle in the family room
 - The intermittent unrestricted access to the residential home via the front and rear doors
 - Some improvement was required in the hazard identification and assessment of risks associated with smoking cigarettes in the residential home. For example, one of the risk assessments reviewed in relation to

6.0 DETAILED FINDINGS Continued...

a resident smoking did not quantify the actual level of risk associated with smoking activity.

- Improvements were required in the hazard identification and assessment of risks in the residential home. Risk assessments were required in relation to:
 - Potential resident access to cleaning liquids stored on the cleaning trolley.
 - The intermittent unrestricted access to the sluice rooms and the staff rooms.
 - The storage of latex gloves and plastic aprons in the residential home.

Regulation 27: Infection Control

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

• Not Compliant Orange:

○ Infection Prevention and Control:

- Infection prevention and control procedures to protect residents from the risk of Healthcare-Associated Infections were inadequate, such as:
 - Beds were arranged in very close proximity to each other in multi-occupancy bedrooms
 - Cloths, mops and mopping water in use were not clean
 - The process of changing cloths, mops and mopping water between bedrooms did not ensure the prevention of spread of infection
 - The process followed to clean mops at the end of each day was not safe
 - Access to restricted areas that presented a potential risk in relation to infection control, such as cleaning rooms were not consistently controlled
 - Clean linen trolleys were stored in the cleaners' room
 - Equipment such as wheelchairs and shower chairs were inappropriately

stored in the cleaner's room

- Two staff alternated between household and catering duties daily, as circumstances and staffing levels change

Regulation 28: Fire Precautions

(50% of Services Not Compliant of the 12 assessed against this Regulation)

• Not Compliant Orange:

○ Fire Safety:

- Inspectors were not sufficiently assured that appropriate evacuation procedures were in place for all residents.
- Inspectors noted that one fire evacuation route brought residents to an outdoor area that led to a locked gate. The key was stored in a different part of the residential home.

○ Training:

- Fire drills that were carried out did not include any night-time scenarios when the number of staff available was greatly reduced.

• Not Compliant Yellow:

○ Fire Safety:

- Improvements required in relation to fire safety including the following:
 - The risk assessment in relation to residents who smoked cigarettes required improvement to include for example, the identification of the level of risk associated with smoking, the arrangements for the safe storage of cigarette lighters and the supervision requirements of residents when smoking.
 - The fire safety alarm and emergency

6.0 DETAILED FINDINGS Continued...

lighting system were serviced every six months however, quarterly servicing was required.

- Improvements were also required in relation to making adequate arrangements for the safe evacuating of residents from the residential home, including the provision of Personal Emergency Evacuation Plans for each resident.

○ Training:

- The records of the fire safety practice drills required improvement. For example, to record the fire scenario being practised, the time taken for the evacuation, any problems or learning identified during the drill and some drills need to have been conducted either at night or simulating night time conditions in order to ensure night time staffing levels were sufficient for evacuation purposes.

• **Substantially Compliant:**

○ Training:

- Not all staff had attended the fire evacuation drill in the residential home.
- Night time drills had not occurred to allow for simulation of fire response with low levels of staffing.

○ Fire Safety:

- While the inspection of fire exits were conducted daily by staff, the inspection failed to identify or address the obstruction of a fire exit observed by Inspectors during mealtimes in one of the three dining areas.
- The emergency equipment required and outlined in the residential home's smoking policy was not available in the designated smoking area of the residential home.

Regulation 29: Medicines and Pharmaceutical Services

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

• **Not Compliant Orange:**

○ Medication Management:

- Inspectors noted that as there was only one nurse on duty, the medication round took 2.5 hours to complete and medications were administered much later than the prescribed times. This presented a potential risk to residents

• **Substantially Compliant:**

○ Medication Management:

- Staff and management reported that issues have arisen as residents were admitted with incorrect prescriptions being issued by the referring hospitals. This risk had not been identified in the risk register, and the process guiding staff to respond to this issue was outlined in a draft policy, which required finalising.

7.0 CONCLUSION

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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 Premises, with many residential homes requiring improvements in key areas such as Personal Possessions, Records, Residents' Rights, Fire Precautions, Governance and Management, Volunteers, Contract for the Provision of Care, Complaints Procedure, Risk Management, Visits and Healthcare.

Good practice was identified in relation to Information for Residents and Notification of Absence.

Further Information

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