



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

Enhanced Authority Monitoring Approach

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1.0 EXECUTIVE SUMMARY

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 not compliant regulations within the designated centres. The inspection report format is regulation driven rather than the previous template which presented the findings under outcomes.

HCI completed a review of the HIQA inspection reports released between February to April 2018 to highlight the trends in findings within designated centres for older people. A total of forty-three (43) inspection reports were released by HIQA for the period February to April 2018. Out of the of forty-three (43) inspection reports published, twenty-eight (28) (65%) followed the AMA layout, with the remaining fifteen (15) inspection reports having the findings detailed under the outcomes as set out in the National Standards. Out of the twenty-eight (28) inspection reports published using the AMA format, HCI reviewed a total of fifteen (15) (54%) of the inspection reports and their associated findings.

As part of the review, HCI identified trends where improvement was deemed required by HIQA to ensure compliance of designated centres for older people with the regulations. Trends in areas deemed Not Compliant included, but were not limited to:

- Regulation 23: Governance and Management (73% Not Compliant) – Systems in place to monitor quality and safety of care were not robust; Governance arrangements did not provide sufficient assurances that key indicators of quality and safety of the service and the quality of life of residents was comprehensively reviewed.
 - Regulation 21: Records (87% Not Compliant) – Residents' personal information was not maintained in a safe manner; Records for each member of staff were not kept in the designated centre and available for inspection.
 - Regulation 31: Notification of Incidents (80% Not Compliant) – Registered Provider failed to recognise allegations of abuse and did not inform HIQA accordingly.
 - Regulation 12: Personal Possessions (100% Not Compliant) - Some residents did not have adequate space for personal possessions in their bedroom; Some items of clothing inspected did not have any label to prevent loss when sent for cleaning or to the laundry.
 - Regulation 17: Premises (100% Not Compliant) – The design and layout of the premises was not suitable for its stated purpose as it did not conform to the Schedule of the Regulation; General maintenance of the building was required.
- Good practice was identified in relation to Persons in Charge, Directory of Residents, Visits, End of Life Care, Food and Nutrition and Temporary Absence or Discharge of Residents.

2.0 BACKGROUND

This report highlights the trends in inspection findings, those being 'Compliant' and 'Not Compliant' as detailed by the Health Information and Quality Authority (HIQA) in fifteen (15) 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).

All inspections were completed during February 2018 to April 2018. Seven (7) of the inspections carried out were announced and eight (8) were unannounced visits. The seven (7) announced visits were in relation to registration renewal decisions.

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.

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

- Registration Inspector – 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.
- Regulation 22 – Insurance.
- Regulation 32 – Notification of Absence.
- Regulation 33 – Notification of Procedures and Arrangements for Periods when the Person in Charge is Absent from the Designated Centre.

2.0 BACKGROUND

Continued...

The trends show many residential care settings for older people required substantial improvements in key areas, including but not limited to:

- Regulation 23: Governance and Management (73% Not Compliant) – Systems in place to monitor quality and safety of care were not robust; Governance arrangements did not provide sufficient assurances that key indicators of quality and safety of the service and the quality of life of residents was comprehensively reviewed.
- Regulation 21: Records (87% Not Compliant) – Residents’ personal information was not maintained in a safe manner; Records for each member of staff were not kept in the designated centre and available for inspection.
- Regulation 31: Notification of Incidents (80% Not Compliant) – Registered Provider failed to recognise allegations of abuse and did not inform HIQA accordingly.
- Regulation 12: Personal Possessions (100% Not Compliant) - Some residents did not have adequate space for personal possessions in their bedroom; Some items of clothing inspected did not have any label to prevent loss when sent for cleaning or to the laundry.
- Regulation 17: Premises (100% Not Compliant) – The design and layout of the premises was not suitable for its stated purpose as it did not conform to the Schedule of the Regulation; General maintenance of the building was required.

It is of note however, that no ‘Not Compliant’ finding was allocated a ‘Red’ status within the reports reviewed.

3.0 AREAS OF GOOD PRACTICE

Table 1 details the Regulation(s) that were not breached within any of the 15 reports.

Table 1: Regulations not breached by the 15 Residential Care Settings for Older People

Dimension	Regulation
Capacity and Capability	14: Persons in Charge
Capacity and Capability	19: Directory of Residents
Quality and Safety	11: Visits
Quality and Safety	13: End of Life Care
Quality and Safety	18: Food and Nutrition
Quality and Safety	25: Temporary Absence or Discharge of Residents

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, 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:

- **Care Provided in the Residential Homes**
 - o Residents felt that staff treated them with respect and dignity at all times.
 - o Staff encouraged residents to be independent.
 - o Some residents mentioned that living in the centre was not the same as being at home, but they were largely positive about being in receipt of long-term care.
 - o Some questionnaires highlighted staff shortages as an area for concern.

4.0 RESIDENT FEEDBACK Continued...

- **Daily Living/Social Activities:**
 - In one residential home, residents' views about the service provided were variable. The majority of residents had positive experiences, but some residents said that they found that they had limited choices in how they spent their day as there were set routines for bedtimes and meal times. For example, residents said that the evening tea was served too early, just after 4 pm and that they had to go to bed earlier than was usual for them. A small number of residents had concerns about how busy the staff were at times, particularly during the evenings.
 - Residents were happy with the social activities on offer. They felt their needs were catered for. They outlined that there was plenty of interesting activities available and it was their decision to participate or not. Some of the activities on offer to residents in the residential homes include:
 - Arts and crafts.
 - Bingo.
 - Intergenerational project.
 - Outings.
 - Music sessions.
 - Some residents would have liked a garden or to be able to use the balcony which overlooked the sea. Some residents wished to visit the community more.
 - Some residents stated that they were happy with the activities provided. However, some stated that they did not enjoy them and preferred to stay in their bedroom. Residents who stayed in their bedroom occupied their time with watching television, reading and writing.
- **Space in the Residential Homes:**
 - Suggestions made by residents to further improve the service included more accessible space for personal items.
 - Some residents had concerns about the space available to them in communal bedrooms as they had very little room to keep their clothes or display personal items such as cards and photographs.
- Some residents stated that, in the evenings, there are too many residents in the main sitting room making it impossible to have a conversation.
- **Food and Nutrition:**
 - Residents were happy with the assistance and support provided during mealtimes.
 - Residents in one residential home stated the dining area was bright and comfortable.
- **Safety in the Residential Home:**
 - Residents described that they felt safe in the residential home.
 - Some residents stated that their call bells were responded to quickly by staff.
- **Washing/Dressing of Residents:**
 - Residents said they were happy with the support received from staff regarding washing and dressing. However, one resident would have preferred to have a bath more than once a week.
- **Care Plans:**
 - Residents were aware of what a care plan was and stated that they were consulted with when changes were being made.
- **Identifying a member of staff where issues, concerns or complaints arise:**
 - Residents stated that they would be able to identify a member of staff they would have no hesitation speaking to if they had a concern, issue or complaints.
- **Visitors**
 - The atmosphere observed in the communal sitting areas was open and welcoming for residents and visitors to enjoy.
 - Visitors were welcomed, and their satisfaction levels were requested via an automated service on exiting the building.

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 facilities in compliance, or in breach of, the requirements per regulation for the 15 reports. Where over 50% of the services were deemed not compliant, these regulations are highlighted in red.

Table 2: Capacity and Capability – Registration Regulations

Dimension	Regulation	Regulation Description	No. of reports inspected against reports	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	4	Application of Registration or Renewal of Registration	6	67 %	33 %	0 %	0 %	17 %	16 %
	6	Changes to information Supplied for Registration Purposes	4	75 %	25 %	0 %	0 %	25 %	0 %
	7	Application by Registered Providers for the Variation or Renewal of Conditions of Registration	2	0 %	100%	50 %	0 %	50 %	0 %

5.0 OVERALL REVIEW FINDINGS Continued...

Table 3: Capacity and Capability

Dimension	Regulation	Regulation Description	No. of reports inspected against 15 reports	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	3	Statement of Purpose	12	50 %	50 %	33 %	0 %	9 %	8 %
	4	Written Policies and Procedures	6	83 %	17 %	17 %	0 %	0 %	0 %
	15	Staffing	15	80 %	20 %	6 %	0 %	7 %	7 %
	16	Training and staff Development	13	62 %	38 %	38 %	0 %	0 %	0 %
	21	Records	8	13 %	87 %	37 %	0 %	25 %	25 %
	23	Governance and Management	15	27 %	73 %	26 %	0 %	27 %	20 %
	24	Contract for the provision of services	6	67 %	33 %	16 %	0 %	0 %	17 %
	30	Volunteers	2	0 %	100 %	100 %	0 %	0 %	0 %
	31	Notification of Incidents	5	20 %	80 %	40 %	0 %	20 %	20 %
	34	Complaints procedure	13	92 %	8 %	0 %	0 %	8 %	0 %

5.0 OVERALL REVIEW FINDINGS Continued...

Table 4: Quality and Safety

Dimension	Regulation	Regulation Description	No. of reports inspected against 15 reports	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	12	67 %	33 %	8 %	0 %	25 %	0 %
	6	Healthcare	14	57 %	43 %	36 %	0 %	7 %	0 %
	7	Managing Behaviour that is Challenging	12	50 %	50 %	42 %	0 %	8 %	0 %
	8	Protection	14	86 %	14 %	7 %	0 %	7 %	0 %
	9	Residents' Rights	13	46 %	54 %	23 %	0 %	31 %	0 %
	10	Communication	4	75 %	25 %	25 %	0 %	0 %	0 %
	12	Personal Possessions	4	0 %	100 %	25 %	0 %	50 %	25 %
	17	Premises	13	0 %	100 %	23 %	0 %	77 %	0 %
	20	Information for Residents	2	50 %	50 %	50 %	0 %	0 %	0 %
	26	Risk Management	13	31 %	69 %	15 %	0 %	39 %	15 %
	27	Infection Control	12	67 %	33 %	25 %	0 %	8 %	0 %
	28	Fire Precautions	11	36 %	64 %	37 %	0 %	27 %	0 %
	29	Medicines and Pharmaceutical Services	11	73 %	27 %	0 %	0 %	27 %	0 %

6.0 DETAILED FINDINGS

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

(33% of Services Not Compliant)

- **Not Compliant Orange:**
 - An application for renewal of registration was completed and contained the necessary information, however, the floor plans did not reflect the layout of the residential home (2).

Registration Regulation 6: Changes to Information Supplied for Registration Purposes

(25% of Services Not Compliant)

- **Not Compliant Orange:**
 - The Registered Provider had not informed the Chief Inspector of all changes of the people participating in the management of the residential home.

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

(100% of Services Not Compliant)

- **Not Compliant Orange:**
 - The Registered Provider was in breach of Condition 8 of the residential home's registration, as the requirement to reconfigure the premises by December 2017 had expired.
- **Substantially Compliant:**
 - A condition applied to the registration expires on 31 July 2019. This needs to be reviewed by the Registered Provider to ensure the time line does not expire before the work is completed

Regulation 3: Statement of Purpose

(50% of Services Not Compliant)

- **Not Compliant Orange:**
 - The Statement of Purpose did not:
 - Fully outline the facilities (a description of bedroom accommodation) in accordance with Schedule 1 of the Regulations.
 - Accurately reflect the service being provided and did not detail the conditions of registration attached to the residential home.
 - Describe the gender or levels of dependency that could be accommodated in each unit.
 - Not in accordance with the Schedule 1 of the Regulations.

6.0 DETAILED FINDINGS Continued...

• **Substantially Compliant:**

- The Statement of Purpose required further detail including:
 - More detail in relation to the premises including details of all the rooms and their function and size of each room.
 - More detail in relation to the range of needs (specific care needs) that the residential home intended to meet.
 - More detail in relation to the arrangements for dealing with meeting residents' needs including residents' changing or increasing needs.
 - More detail in relation to provision of social activities in the residential home.
- It required further review to include all required information such as the room numbers and occupancy and the present staff complement.
- The Statement of Purpose did not contain all the information outlined in Schedule 1.

Regulation 4: Written Policies and Procedures

(17% of Services Not Compliant)

• **Substantially Compliant:**

- Some policies had not been updated within the past three years as required by the Regulations.

Regulation 15: Staffing

(20% of Services Not Compliant)

• **Not Compliant Orange:**

- Staffing:
 - Allocation of staff required review to ensure residents had sufficient access to meaningful activities to meet their social

care needs.

• **Not Compliant Yellow:**

- Staffing:
 - The care practice was not person centred and a review of staff deployments was needed to ensure that service met residents needs appropriately and achieved the aims and objectives outlined in the Statement of Purpose. This was due to the following:
 - Relatives having difficulty locating staff at times.
 - Residents went to bed early even though this was not their usual practice, but they felt they had to comply with established routines.

• **Substantially Compliant:**

- Staffing:
 - A further review of staffing numbers and skill-mix was necessary to ensure:
 - A small number of residents who wandered were appropriately monitored and supervised.
 - Procedures were implemented to prevent residents developing pressure-related skin injuries in the residential home.

Regulation 16: Training and Staff Development

(38% of Services Not Compliant)

• **Substantially Compliant:**

- Training:
 - Some staff had not completed training to assist in the management of responsive behaviour to ensure they had the knowledge and skills to help them to respond to residents with responsive behaviour.

6.0 DETAILED FINDINGS Continued...

- Some staff had learning needs regarding the implementation of the national restraint policy.
- Staff training in the following areas was not fully completed:
 - Cardiopulmonary resuscitation (CPR).
 - Responsive behaviours.
 - Completion of induction records for new staff.
- The record template for induction training required improvement.
- The Inspectors were not satisfied that new staff members were appropriately supervised while completing the induction process, particularly while providing care to residents.
- There was an inadequate number of staff trained in basic life support to perform cardiopulmonary resuscitation (CPR) in the event of an emergency.

Regulation 21: Records

(87% of Services Not Compliant)

• **Not Compliant Orange:**

- Records:
 - A resident's personal information was not maintained in a safe manner.
 - The records in respect of each member of staff were not kept in the residential home and available for inspection.
- Schedule 2, 3 & 4 Documents:
 - A number of gaps identified in staff files required to be held in the residential home in line with Schedule 2 of the Regulations.
 - A file regarding a staff member did not contain two written references.
 - Of the sample of staff files reviewed by the Inspectors, Garda vetting disclosures had not been fully completed for two staff members who were recently employed by the residential home.

• **Not Compliant Yellow:**

- Schedule 2, 3 & 4 Documents:
 - Written references for one staff member was not present in their file.
 - Records for each member of staff were not kept in the residential home and available for inspection.

• **Substantially Compliant:**

- Safeguarding training records were confusing, and it was difficult to verify if staff had attended the training.
- Inconsistent documentation of alternatives tried before the use of full length bedrails.
- A record pertaining to Schedule 3, paragraph 4 (c) regarding a daily nursing record of each resident's health, condition and treatment was incomplete.

Regulation 23: Governance and Management

(73% of Services Not Compliant)

• **Not Compliant Orange:**

- Management:
 - Resources were not made available to provide sufficient communal space to meet the needs of residents residing in the unit.
 - Governance arrangements did not provide sufficient assurances that the key indicators of the quality and safety of the service and the quality of life of residents in the residential home were comprehensively reviewed and proactively managed by the Registered Provider to inform continuous quality improvement.
 - The organisation of care delivery required review to ensure that residents could exercise meaningful choices in their day to day lives.
 - The linear layout of communal bedrooms and the limited space for personal

6.0 DETAILED FINDINGS Continued...

possessions compromised privacy and detracted from residents having a good quality of life.

- The Inspector concluded that oversight of the service required improvement to ensure that the service met resident's expectations, was appropriate and effectively monitored in relation to the resources available.

○ Audits:

- The system in place to monitor the quality and safety of care and service was not robust.
- Some audits did not pick up on areas requiring improvement as found on review by the Inspector.
- Information collated was not consistently analysed to identify areas needing improvement and action plans were not developed to inform and track improvements to completion.
- The Registered Provider/Person in Charge did not have sufficient assurances that all areas needing improvement were identified and addressed.

• **Not Compliant Yellow:**

○ Annual Review:

- The annual review of the quality and safety of care delivered to residents was not prepared in consultation with residents and their families and it did not contain a quality improvement plan (2).

○ Audits:

- Inspectors were not satisfied the systems in place provided a safe, appropriate, consistent and effectively monitored service.

• **Substantially Compliant:**

○ Audits:

- The audit process required improvements to ensure all audits included details of any actions taken, and to record and determine the effectiveness of any such changes made.
- It was not clear how clinical audits led to improvements in the quality of the service. There was no quality improvement plan completed following the audits to bring about improvements.
- Continuous quality improvement was not informed by action plans that tracked necessary improvements to completion.

○ Annual Review:

- The annual review did not show consultation had taken place with residents or their families to inform the review.

Regulation 24: Contract for the Provision of Services

(33% of Services Not Compliant)

• **Not Compliant Yellow:**

○ Contract of Care:

- The contract of care stated an additional fee was charged to residents for laundry which was done externally. However, this service should be included under the HSE's Fair Deal Scheme.

• **Substantially Compliant:**

○ Contract of Care:

- Contracts of care did not include the number of beds in the bedroom occupied by the resident.

6.0 DETAILED FINDINGS Continued...

Regulation 30: Volunteers

(100% of Services Not Compliant)

- **Substantially Compliant:**

- Roles and Responsibilities of Volunteers:
 - All volunteers had Garda vetting disclosures on file, but their roles and responsibilities had not been set out in writing.
 - Volunteers files did not contain an outline of their roles and responsibilities.

Regulation 31: Notification of Incidents

(80% of Services Not Compliant)

- **Not Compliant Orange:**

- Allegations of Abuse:
 - The Provider failed to recognise some allegations received as allegations of abuse and had not notified HIQA accordingly.

- **Not Compliant Yellow:**

- Quarterly Returns:
 - The Person in Charge failed to notify HIQA in relation to a notifiable incident that had occurred.

- **Substantially Compliant:**

- Three-day Time Limit:
 - The required notifications were supplied; however, some notifications were not supplied within the three-day time limit.
- Notifying HIQA:
 - HIQA was not being notified of all reportable events as required under the Regulations.

Regulation 34: Complaints Procedure

(8% of Services Not Compliant)

- **Not Compliant Orange:**

- Complaints:
 - The Registered Provider did not have a process of oversight in place to ensure all complaints were appropriately responded to and records maintained.

6.0 DETAILED FINDINGS Continued...

Dimension 2: Quality and Safety

Regulation 5: Individual Assessment and Care Plan

(33% of Services Not Compliant)

• Not Compliant Orange:

- Care Plans:
 - Some of the care plans reviewed required improvements including the following:
 - Not all care plans had been reviewed within the four months as required by Regulation (2).
 - Nursing narrative notes were not adequate to ensure effective communication.
 - Not all residents' assessed needs were addressed within a care plan. Although care plans given to residents were personalised to their individual choices and needs, their care plan information was mostly generic. Reviews were not consistently documented.
 - When reviewing documentation and residents' files, Inspectors found significant gaps in timely assessment of residents' needs and development of care plans.

• Substantially Compliant:

- Care Plans:
 - Inspectors noted that not all residents' care plans were adequately comprehensive, and some had gaps. For example:
 - A care plan for a resident with specific communication needs was not detailed enough to sufficiently guide practice.
 - A resident who smoked cigarettes did not have a smoking risk assessment or care plan in place in relation to their smoking.

- Monitoring of residents by nursing staff who were receiving Percutaneous Endoscopic Gastrostomy (PEG) feeds were not adequate as there were no written records maintained.

Regulation 6: Healthcare

(43% of Services Not Compliant)

• Not Compliant Orange:

- Healthcare:
 - Assurances were not available that the ongoing assessment of residents' needs would be addressed with timely access to this service. A member of staff confirmed one resident with swallowing difficulties was referred and was waiting for review by Community Speech and Language Services for three weeks at the time of this inspection. There was no indication when this resident would be reviewed.
 - Some residents' medicines were administered in the absence of an original signature of the prescribing doctor.

• Substantially Compliant:

- Healthcare:
 - Values of recorded optimal fluid intake were not consistently stated in care plans for residents at risk of dehydration.
 - All staff were not aware of the rationale for use of bedrails to meet individual resident's care needs.
 - Improvements were necessary to ensure residents who were at increased risk of pressure-related skin injury were supported to change their position more frequently. Systems required review to ensure that each resident was supplied with a suitable mattress to meet their needs.
 - The frequency of access to eye care, audiology and dental services required

6.0 DETAILED FINDINGS Continued...

review.

- A review of a sample of residents' care plans identified improvements were required to the following:
 - Some care plans were not comprehensively completed to inform staff practice.
 - Some referrals to allied health services were not adequately made or recorded.

Regulation 7: Managing Behaviour that is Challenging

(50% of Services Not Compliant)

- **Not Compliant Orange:**

- Bedrails:

- Resident's documentation did not confirm staff removed bedrails frequently to minimise the period of time the restrictive equipment was in place and they completed safety assessments each time the equipment was reapplied. Some staff who spoke to the Inspector were not aware of the frequency with which resident's bedrails should be removed or the rationale for their use.

- **Substantially Compliant:**

- Restraint:

- There was no documentation to support that staff completed safety checks when bedrails were in use.
 - An environmental restraint (locked entrance door) had not been managed in accordance with National Policy.
 - Documentation detailing initial bedrail safety assessments and rationale for use, including less restrictive alternatives tried, needed improvement.
 - Inspectors reviewed residents' care plans and found some gaps in the assessment process and the documentation in place

even though management promoted a restraint free environment.

- Psychotropic Medications:

- The indication for use of prescribed as required psychotropic medications was not clearly outlined in residents' care plan for managing behaviour that was challenging.

Regulation 8: Protection

(14% of Services Not Compliant)

- **Not Compliant Orange:**

- Safeguarding:

- The Registered Provider failed to recognise instances of alleged abuse and had inappropriately recorded them as complaints.

- **Substantially Compliant:**

- Safeguarding:

- A number of staff had not completed initial or up to date training in the prevention, detection and response to abuse.

Regulation 9: Residents' Rights

(54% of Services Not Compliant)

- **Not Compliant Orange:**

- Privacy and Dignity:

- A small number of residents' privacy, dignity, choice and autonomy were negatively impacted by the layout and space in a small number of twin bedrooms.
 - There was insufficient space available for mobility aids or for ease of access for residents to use en-suite showers and toilets.

6.0 DETAILED FINDINGS Continued...

- Residents' privacy and dignity was not supported in shared rooms with limited shelf space meaning residents could not display personal items such as photographs and ornaments.

○ Access to services:

- Access to advocacy was limited in the residential home.

○ Activities:

- Residents did not have opportunities to participate in activities in accordance with their interests and capacities (2).
- Residents did not have appropriate and sufficient facilities for their occupation and recreation.

• **Substantially Compliant:**

○ Activities:

- The choice and frequency of activities provided in the residential home required review to ensure all residents could participate in activities in accordance with their interests and capacities.
- There was no link between social assessments completed and the activity schedule in place to ensure activities were in accordance with residents' interests.

○ Privacy and Dignity:

- Residents privacy and dignity was not always maintained as privacy screening was not provided around each bed in a number of twin bedrooms and in an assisted toilet.

Regulation 10: Communication

(25% of Services Not Compliant)

• **Substantially Compliant:**

○ Communication:

- Residents identified as having communication difficulties did not have their communication requirements recorded in a communication care plan.

Regulation 12: Personal Possessions

(100% of Services Not Compliant)

• **Not Compliant Orange:**

○ Storage of Personal Belongings:

- Some residents did not have adequate space for personal possessions in their bedroom area. Examples of items they did not have space for included:
 - Cards
 - Photographs
- Some residents in twin bedrooms were not provided with sufficient storage space for their personal possessions and their control over their personal belonging was compromised by the size and position of wardrobes in their bedrooms.

○ Residents Clothing:

- A sample of clothing viewed by the Inspector had no labels to prevent loss when sent for cleaning or to the laundry.

• **Not Compliant Yellow:**

○ Storage of Personal Belongings:

- Residents did not have adequate space to store and maintain their clothes and other personal possessions in their bedroom

6.0 DETAILED FINDINGS Continued...

area.

- **Substantially Compliant:**

- Residents Clothing:
 - There was no evidence that the property list was updated as residents acquired new items of clothing.

Regulation 17: Premises

(100% of Services Not Compliant)

- **Not Compliant Orange:**

- Premises:
 - The design and layout of the residential home was not suitable for its stated purpose as it did not conform to the Schedule 6 of the Regulation (3).
 - For example, there was insufficient space to maintain residents' privacy.
 - The layout and design of some twin bedrooms and a bedroom accommodating six residents were not appropriate to the number and needs of residents' residing in them in accordance with the residential home's Statement of Purpose.
 - The premises were not in accordance with their Schedule 6 of the Regulation.
 - There is no secure accessible garden available to residents.
 - Further improvement was required in the general maintenance of the building:
 - Some of the seating throughout the building was worn and required repair or recovering.
 - Some walls required repainting due to stains created by hand hygiene gels, and walls were also damaged in some areas.
 - There was no lockable space provided to residents to allow them to securely store their belongings.
 - Works developing additional sanitary facilities was still in progress.

- Carpet floor covering in some residents' bedrooms and on corridors was worn and discoloured.
- The premises did not conform to all of the matters set out in Schedule 6.
- The current layout of the premises does not conform to the areas described in Schedule 6 of the Regulations and changes are required in the following areas:
 - Bedrooms which accommodate three residents are not of adequate size to provide appropriate standards of privacy and dignity.
 - Privacy curtains in a number of the multi-occupancy rooms did not ensure that the privacy and dignity of the residents who occupied these rooms could be met at all times.

- **Substantially Compliant:**

- Premises:
 - There was inadequate signage to support way finding within the residential home.
 - Emergency call bell facilities were not available in certain areas.
 - Unnecessary furniture was in place in some bedrooms such as extra beds. In one unit, an opaque glass wall was not providing sufficient sound proofing to a bedroom when activities were taking place in the activity room beside it and a quiet room was not openly accessible to residents.

6.0 DETAILED FINDINGS Continued...

Regulation 20: Information for Residents

(50% of Services Not Compliant)

• **Substantially Compliant:**

- Resident's Guide:
 - The Residents Guide required updating as it was not specific to the residential home and included details of other services located on the same site.
 - Some language used in the booklet was reflective of acute care and included details of access to advocacy services which were not available.

Regulation 26: Risk Management

(69% of Services Not Compliant)

• **Not Compliant Orange:**

- Risk Management:
 - Further risk assessments were required in a number of areas including:
 - Residents who smoked tobacco,
 - Unexpected absence of a resident,
 - The suitability of the stairs banister,
 - Access to the kitchen and sluice rooms.
 - Not all accident records were comprehensively completed which potentially reduced the effectiveness of the arrangements for investigating and learning from adverse events involving residents.
 - The arrangements in place to review accidents and incidents required improvement. Learning from incidents that occurred, such as falls, and recommendations to prevent a re-occurrence were not always documented on the accident forms reviewed.
 - A risk assessment relating to the main staircase and the balcony had not resulted in action to address the risks associated

with both features.

- Protective gloves were stored in dispensers on corridors which were not secured, and this created a risk to residents.
- The risk register did not fully detail the measures and actions in place to control identified risks.
- A risk noted in the residential home during the inspection had not previously been identified and therefore measures and actions had not been implemented to control the risk.

• **Not Compliant Yellow:**

- Risk Management:
 - Matters identified on the risk register had not been fully actioned.
 - Risks identified had control measures in place and were found to be effective, except where deficits/or poor standards of repair in the premises identified had not been addressed.
 - Brief summaries of care needs or personal evacuation plans that could be readily accessed in an emergency were not available.

• **Substantially Compliant:**

- Risk Management:
 - The risk register reviewed by the Inspector was not specific to the residential home.
 - Risks identified had not been risk rated or identified in the previous audit including:
 - Residents' beds in twin rooms being positioned beside very hot radiators.
 - The doors of sluice rooms containing chemicals being left open.
 - Televisions not secured and sitting on tables.
 - Large mirror sitting on sink behind sink taps.
 - Plug points positioned directly above hot radiators.
 - Storage of equipment in showers and bathroom.

6.0 DETAILED FINDINGS Continued...

Regulation 27: Infection Control

(33% of Services Not Compliant)

• Not Compliant Orange:

- Infection Control:
 - The appropriate procedures for the prevention and control of all health care associated infections were not in place.

• Substantially Compliant:

- Infection Control:
 - Appropriate risk infection measures were not evident with regard to shelving.
 - The cleaning practices and management of soiled laundry were not adequate to prevent cross contamination. In addition, there was inadequate arrangements for the storage of cleaning mops.
 - Damaged paintwork was found in several areas compromising effective cleaning of surfaces.

Regulation 28: Fire Precautions

(64% of Services Not Compliant)

• Not Compliant Orange:

- Fire Safety:
 - Adequate precautions had not been taken against the risk of fire (2) in relation to the following:
 - Having a key at the external exit;
 - Not obstructing emergency evacuation pathways;
 - Having appropriate signage denoting the evacuation route;
 - Staff participation in fire drills to reflect an evening/night time emergency evacuation.
 - Records indicated fire exit checks and

testing of the alarm system were not always completed as required.

- Records of fire drills completed by staff did not provide assurance that staff were aware of the procedure in the event of a fire.

○ Training:

- Some members of staff did not have up to date fire safety training.

• Substantially Compliant:

○ Fire Safety:

- The recording of fire drills required improvement to record the fire scenario being simulated and any difficulties encountered during the practice drills.
- Residents' Personal Emergency Evacuation Plans (PEEPs) required improvement to include a current photograph of the resident and the supervision requirements of the resident after they have been evacuated.
- Records available did not provide assurance that residents could be evacuated in a timely manner as they did not indicate the zone evacuated, state how long the evacuation took, identify any impediments or learning to inform future practice.
- Safety checks of exits and the fire alarm were not routinely undertaken in accordance with the residential home's procedures.

○ Training:

- Up to date fire safety training had not been completed by all staff, according to records provided to Inspectors.

6.0 DETAILED FINDINGS Continued...

Regulation 29: Medicines and Pharmaceutical Services

(27% of Services Not Compliant)

- **Not Compliant Orange:**

- Medication Management:
 - The management of medicines was not fully satisfactory.
 - Some medication records contained gaps where the nurse administering the medication should have signed their initials to confirm they had given these medications to the resident. These gaps meant staff could not be assured these residents had actually received their medications on particular occasions. In addition, these records were not recorded in line with guidance issued by An Bord Altranais agus Cnáimhseachais.
 - The systems in place for the management and administration of medication were not in line with normal and professional guidelines.

7.0 CONCLUSION

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

The trends show, that many residential homes require improvements in key areas such as Records, Governance and Management, Volunteers, Notification of Incidents, Managing Behaviour that is Challenging, Resident's Rights, Personal Possessions, Premises, Information for Residents, Risk Management and Fire Precautions.

Good practice was identified in relation to Persons in Charge, Directory of Residents, Visits, End of Life Care, Food and Nutrition and Temporary Absence or Discharge of Residents.

Further Information

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