



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

Annual overview report on  
the regulation of designated  
centres for older people – 2014

June 2015



## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement** – Supporting health and social care services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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## 1 Foreword by the Chief Inspector

As both Chief Executive of the Health Information and Quality Authority (the Authority, or HIQA) and in my role as Chief Inspector of Social Services within the Authority, I am pleased to present this annual overview report on the outcomes of our regulatory work with 565 designated nursing homes in Ireland. This report covers the period 1 January 2014 to 31 December 2014.

Since 2009, the Authority has been responsible for regulating the quality and safety of services provided in designated centres<sup>±</sup> for older persons in Ireland. Regulation takes place against a framework of regulations and National Standards. Primarily this framework is a formal guide for providers of services to ensure that their services meet nationally mandated standards of residential care.

Our approach is aimed at providing greater assurance about the safety and quality of services to the public. We aim to provide a regulatory model that is independent, transparent, listens to and acts on the views and experiences of people using services, and staff providing care. The objective is to drive improvement by highlighting both good and bad practice through publishing our inspection reports.

In 2014, the Authority continued to refine and evolve its model of responsive regulation.

'Putting people first' is central to our mission to improve the quality and safety of care experienced by older people living in designated centres in Ireland. In our role as a health and social care regulator, we will continue to highlight areas of poor compliance and ensure that providers are working to improve the service they provide. Central to our objectives are four outcomes that we aim to achieve. These are:

- improved care
- service users being protected from harm and abuse
- people being aware of the outcomes of our work through our reports
- influencing the way in which services are delivered at local and national level as a result of our inspections.

Our programme of registration and inspection of designated centres for older persons is an important mechanism in delivering these outcomes, and consequently providing assurance to residents, their families and society at large about the care

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<sup>±</sup> The term designated centre refers specifically to residential care settings as defined in Section 2(1) of the Health Act 2007.

that residents in nursing homes receive. This requirement to provide assurance on issues of quality and safety of services now and into the future is further emphasised by the increasing age profile of our population.

Later this year, the Authority will publish revised standards for the care of older people in residential settings. These standards – alongside our evolving programme of regulation – will target our inspection resources to ensure services are not only safe but that providers concentrate on improving the quality of life for all residents. This is with the aim of promoting residents' rights, independence and autonomy, the ability to maintain their personal identity, and capability to remain connected with society, within and outside of the care setting.

It is our belief that only when safety and quality of care are of the highest order in all designated centres that we can be assured that the care provided to over 29,000 older persons living in residential care in Ireland is of a standard befitting the 21<sup>st</sup> century.

**Phelim Quinn, Chief Executive Officer, Health Information and Quality Authority and Chief Inspector of Social Services**

## 1.2 Introduction by the Head of Programme

In 2014, the Authority's Older Persons' Programme sought to ensure that the care and welfare of older people in residential care in Ireland continued to be promoted, protected and improved.

During the year, we found examples of good care, such as dedicated person-centred plans for residents at end of life, which actively tapped into each individual's personal preferences and wishes. We also found very poor care, such as residents being accommodated in large and outdated open-plan Nightingale-style wards. These wards afford residents little privacy and dignity and are not in keeping with the *National Quality Standards for Residential Care Settings for Older People in Ireland* (referred to in this report as the National Standards).

Our inspectors also found variation within services. For example, while most centres had an acceptable level of overall compliance with the regulations and National Standards, many needed to improve their individualised person-centred care planning and delivery, and the approach to risk assessment and management.

In 2014, our inspectors sought 805 corrective actions to address non-compliances in the area of addressing the health and social care needs of residents. This represented 14% of all corrective actions issued as a result of our inspections. A significant percentage of these (59%) related to actions aimed at improving individual residents' assessment, care planning and review. This indicates that while services have become safer, we now need to re-orientate services to ensure that they are truly person-centred.

Understanding the quality of care services is complex. Primarily it is about how each individual resident experiences services and about how safe and cared for they feel in that service. Quality and safety is underpinned and influenced by the nature of the leadership and the culture that each registered provider and person in charge creates within a centre. It is also evident that outcomes for residents are improved when they are supported and informed by care programmes provided by the Health Service Executive (HSE) as well as availability of, access to, timely assessment from healthcare professionals. These include specialist consultants, dietitians, occupational therapists and speech and language therapists.

The most important messages arising from our programme of regulation in 2014 is that registered providers must continue to ensure the basics of safe care are provided while prioritising and developing a culture of quality improvement and person-centred care.

**John Farrelly, Head of Older Persons' Programme,  
Health Information and Quality Authority**



### 1.3 Summary of findings

In 2014, the Health Information and Quality Authority (the Authority, or HIQA) carried out 758 inspections of 549 nursing homes, 58% of which were unannounced and 42% announced. Inspections assessed compliance with the relevant regulations and National Standards and made judgments regarding each provider's ongoing fitness to operate a centre. Ninety three percent of all registered centres received an inspection in 2014.<sup>4</sup>

Of the centres that received an inspection in 2014, 72% of those received one inspection. Twenty one percent of centres inspected received two inspections, while 7% received three or more inspections. We published 707 inspection reports, which detail 4,371 findings of compliance with regulations and standards, and 3,436 non-compliances. The Authority asked providers to take 5,864 corrective actions to address non-compliances.

While most centres had an acceptable level of overall compliance with the regulations and the *National Standards for Residential Care Settings for Older People in Ireland*, many needed to improve their approach to individualised person-centred care planning, and how that care is delivered, and needed to improve their approach to risk assessment and risk management.

The outcome 'Health and Safety and Risk Management' had the highest number of corrective actions required of any outcome. This indicates a need for centres to further develop expertise in risk management. The outcome 'Health and Social Care Needs' had the second highest number of corrective actions required of any outcome, indicating nursing homes must move forward from compliance to providing a truly individualised service for each specific resident.

During 2014, the outcome 'Safe and Suitable Premises' had the third highest number of corrective actions required of any outcome and the highest level of major non-compliance (16%). Many residents are being accommodated in large and outdated open-plan Nightingale-style wards, which give residents little privacy and dignity. At the end of 2014, 111 centres required work to ensure the physical living environment was of an appropriate standard for residents.

When regulation of designated centres for older people by the Authority started in 2009, it was recognised that the physical environment in a substantial amount of centres did not afford the best levels of privacy and dignity to residents. Providers were therefore advised that they would need to comply with requirements in this area by 1 July 2015. It is notable that in the five years since the Authority started its

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<sup>4</sup> A number of inspections conducted during 2014 related to centres that closed during the year or services that were found not to fall within the definition of a designated centre for older people.

regulatory programme in nursing homes, significant improvements to the physical environment of centres has been observed.

Under the standard on the suitability of premises, 746 corrective actions were required of providers in 2014. The Authority's focus on dignified living space will continue throughout 2015. Registration applications will be renewed for the number of beds applied for if the premises are suitable and or if the Authority has accepted an adequate, costed, funded plan with a timeline that clearly sets out how compliance with physical environment requirements will be achieved.

Other inspection findings indicate that nursing home providers will need to invest more in recruitment, training, and in ensuring that an appropriate amount of staff with relevant skill mix are available to support residents.

Findings from inspections inform the guidance we produce to assist nursing home providers to improve the quality of their services. In 2014, we issued guidance and regulatory notices on issues such as end-of-life care, food and nutrition, statutory notifications, registration and renewal processes and on new regulations that came into effect on 1 July 2014.

Each registration of a nursing home expires at the end of the three-year registration cycle. 2014 marked the midpoint of the second three-year cycle of centres having to be registered with the Authority. Renewing registration confirms to the public that a centre has maintained its fitness to care for older and dependent persons. During 2014, we processed 268 registration-related applications. Of these, 203 were registration renewals. The remainder related to new registrations and variations to current registrations. Registration inspections account for the vast majority of our announced inspections of nursing homes.

This overview report sets out an analysis of compliance and the corrective actions required of providers in 2014. These actions reflect deficiencies or areas of non-compliance in services and provide a framework for providers to outline corrective actions aimed at making their service compliant. In many cases, providers took immediate action following inspection to address identified deficiencies. While this report focuses on the areas requiring improvement, we also found numerous examples of good practice in nursing homes during our inspections, and these are reflected when observed in individual inspection reports, published on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

The highest levels of compliance related to suitable persons in charge, information provided to residents, food and nutrition, residents' clothing and personal possessions, complaints procedures, governance and management, and safeguarding and safety. However, while 62% of centres were compliant with the

requirement on safeguarding vulnerable older persons, the non-compliance rate of 38% of centres (and 234 corrective actions required) and the rate of major non-compliance (5%) indicate a need within the sector to better understand how to safeguard dependent older persons in their care. We expect that arising from a new national safeguarding policy introduced by the Health Service Executive (HSE) in December 2014 – along with required training for managers – that staff should have a better understanding of safeguarding issues, their identification and management.

The lowest levels of compliance were found in the areas of:

- health and safety and risk management
- health and social care needs
- safe and suitable premises.

Registered providers and or persons in charge are required by law to notify the Authority without delay of certain adverse events that have happened within their centres. We received 5,485 of these notifications in 2014. We also received 609 items of unsolicited information relating to 303 centres, of which just over half (55%) came from relatives of residents. All information received is acknowledged, logged and risk-assessed along with our findings from inspections to compile a continuously updated risk profile for each centre. The Authority carried out inspections in 2014 in 92% of centres which had been the subject of unsolicited information.

The risk profile, in assembling a range of indicators of potential risk, is a core tool in responsive regulation and facilitates our inspection teams to target inspections and to inform the most appropriate regulatory intervention. Our approach ensures that any provider who is persistently non-compliant with the National Standards and regulations, and who place residents at risk of harm, are identified quickly and face proportionate and meaningful enforcement action. Six centres that had been on the register in December 2013 had closed by December 2014. Formal enforcement procedures were used in the case of one centre, which was issued with a notice of cancellation of registration by the Authority in September 2014. In that case, the provider consented to the decision of the Authority.

During 2014, we continued and expanded our programme of themed inspections to focus on the outcomes for residents in two specific areas: end-of-life care and food and nutrition. Good practice in both areas was found in most centres inspected. At least 84% of centres included in our analysis were fully or substantially compliant in relation to both outcomes on the days of inspection. However, in some centres, meals were served too early in the morning or afternoon, while poor staffing practices hindered appropriate end-of-life care. Notwithstanding that, overall, the

findings provide assurance that the centres inspected had invested in continually improving care in these two areas. The themed approach also facilitated improved outcomes for residents by creating a regulatory structure, process and focus for providers and staff to improve the care provided.

During the year, the Authority began developing a revised programme of thematic inspection of the care of residents with dementia. This programme was devised with the assistance of an expert advisory group. It is being rolled out throughout 2015 and 2016. A programme of focused inspection in relation to medication management and fire safety is also being developed to create higher levels of awareness and compliance in these important areas of resident safety. All of the information contained within this report is used to continually improve and refine our approach to regulation to promote safe, appropriate, person-centred care.

## 2. The residential care sector for older people

### 2.1 Number of designated centres for older people

Designated centres for older people include residential and residential-centre based respite services that are:

- privately operated nursing homes as defined by Health (Nursing Homes) Act, 1990
- residential centres operated by the Health Service Executive (HSE)
- centres operated by HSE-funded bodies.<sup>‡</sup>

All designated centres for older people are required to be registered with the Authority.

As at 31 December 2014, there were 565 designated centres for older people on the register, showing a decrease of one centre since 31 December 2013. Of these, 75% continue to be provided by privately operated nursing homes. The remainder were HSE-operated centres (20%) and centres operated by bodies in receipt of HSE funding (4%). The breakdown is shown in Table 1.

**Table 1. Number of registered centres by type of provider as at 31 December 2014, and comparable figures for 2013**

Provider type	Number of centres 2013	Number of centres 2014
Centres operated privately (on a for-profit or not-for-profit basis)	426 (75%)	425 (75%)
Centres operated by the Health Service Executive (HSE)	115 (20%)	115 (20.5%)
Centres operated by bodies funded by the HSE	25 (5%)	25 (4.5%)
<b>Total</b>	<b>566 (100%)</b>	<b>565 (100%)</b>

Six centres that had been on the register in December 2013 had closed by December 2014. These centres had all been privately operated centres. By December 2014, five new privately operated centres had been added to the register. Formal enforcement procedures were used in respect of one privately operated

<sup>‡</sup> The majority were funded under Section 38 and 39 of the Health Act 2004.

centre, which was issued with a notice of cancellation of registration by the Authority in September 2014, with the provider in question accepting the decision of the Authority.

## 2.2 Number of designated centres for older people by county

The following table sets out the breakdown of the number of nursing homes in each county in Ireland in 2014, and the comparable figure for 2013.

**Table 2. Number of registered centres by county as on 31 December 2014**

<b>County</b>	<b>2013 number of centres</b>	<b>2014 number of centres</b>
<b>Carlow</b>	8	8
<b>Cavan</b>	11	11
<b>Clare</b>	15	15
<b>Cork</b>	70	70
<b>Donegal</b>	23	23
<b>Dublin</b>	105	105
<b>Galway</b>	43	42
<b>Kerry</b>	24	24
<b>Kildare</b>	22	22
<b>Kilkenny</b>	16	17
<b>Laois</b>	6	6
<b>Leitrim</b>	5	5
<b>Limerick</b>	25	26
<b>Longford</b>	4	4
<b>Louth</b>	14	14
<b>Mayo</b>	22	22
<b>Meath</b>	19	19
<b>Monaghan</b>	7	7
<b>Offaly</b>	10	11
<b>Roscommon</b>	15	14
<b>Sligo</b>	7	7
<b>Tipperary</b>	31	31
<b>Waterford</b>	13	13
<b>Westmeath</b>	14	14
<b>Wexford</b>	17	15
<b>Wicklow</b>	20	20
<b>Total</b>	<b>566</b>	<b>565</b>

## 2.3 Number of registered beds in centres

The Authority specifies the maximum capacity ('number of beds') as part of each centre's conditions of registration. A provider who wishes to vary a centre's number of beds must apply to do so through an application for variation of conditions of registration. Before the Authority will increase a centre's number of registered beds, it must be satisfied that the increase in numbers will not negatively impact on the quality and safety of care provided to residents.

The vast majority of applications for variation of conditions of registration relate to an increase or decrease in the number of registered beds. A provider may also change his centre's number of registered beds at the time of renewal of registration. Approximately 36% of centres on the register in December 2014 renewed their registration in 2014. Eighty seven per cent of centres that were on the register of designated centres for older people in December 2013 and December 2014 had no change to their number of registered beds. Six percent had reduced their number of registered beds and seven percent had increased their number of registered beds.

As at 31 December 2014, the total number of beds in designated centres was 29,060 compared with 28,785 in 2013. This represents 275 additional beds compared to the previous year (a 1% increase). Table 3 shows the number of and percentage of registered beds by each type of provider.

**Table 3. Total number of registered beds in centres by type of provider as of 31 December 2014, and comparable figure for 2013**

Provider type	Total registered beds 2013	Total registered beds 2014
Centres operated privately on a for-profit or not-for-profit basis	21,332 (74.1%)	21,713 (74.7%)
Centres operated by the Health Service Executive (HSE)	6,151 (21.4%)	6,046 (20.8%)
Centres operated by bodies funded by the HSE	1,302 (4.5%)	1,301 (4.5%)
<b>Total</b>	<b>28,785 (100%)</b>	<b>29,060 (100%)</b>

## 2.4 Number of registered beds by county

In December 2014, 23% of registered beds were located in Dublin. Thirty five per cent of all registered beds were located in the greater Dublin area which included Meath, Kildare and Wicklow. Twelve per cent of beds were located in Cork and six percent in Galway. Table 4 sets out the number of designated beds in each county, and provides the comparable figure for the same period the year before.

**Table 4. Total number of registered beds by county as of 31 December 2014, compared with 31 December 2013**

<b>County</b>	<b>2013 number of beds</b>	<b>2014 number of beds</b>
<b>Carlow</b>	348	369
<b>Cavan</b>	510	527
<b>Clare</b>	861	864
<b>Cork</b>	3495	3541
<b>Donegal</b>	897	911
<b>Dublin</b>	6634	6686
<b>Galway</b>	1865	1840
<b>Kerry</b>	1005	1007
<b>Kildare</b>	1418	1496
<b>Kilkenny</b>	625	685
<b>Laois</b>	349	295
<b>Leitrim</b>	260	257
<b>Limerick</b>	1243	1303
<b>Longford</b>	289	289
<b>Louth</b>	652	700
<b>Mayo</b>	991	988



<b>County</b>	<b>2013 number of beds</b>	<b>2014 number of beds</b>
<b>Meath</b>	894	922
<b>Monaghan</b>	394	369
<b>Offaly</b>	510	528
<b>Roscommon</b>	697	674
<b>Sligo</b>	404	405
<b>Tipperary</b>	1215	1223
<b>Waterford</b>	777	772
<b>Westmeath</b>	607	605
<b>Wexford</b>	872	834
<b>Wicklow</b>	973	970
<b>Total</b>	<b>28,785</b>	<b>29,060</b>

County Laois was the county with the largest percentage decrease in registered beds compared to 2013 (-15% between December 2013 and December 2014). This decrease arose by means of applications to vary the registration conditions relating to three HSE centres, which were granted by the Authority during 2014.

Monaghan was the county with the second largest percentage decrease in registered beds compared to 2013 (-6% between December 2013 and December 2014). This decrease arose by means of an application to vary the registration conditions of one HSE centre, which was granted by the Authority during 2014.

Wexford was the county with the third largest percentage decrease in registered beds (-4% from December 2013 to December 2014). This decrease arose due to the closure of two private centres in Wexford during 2014.

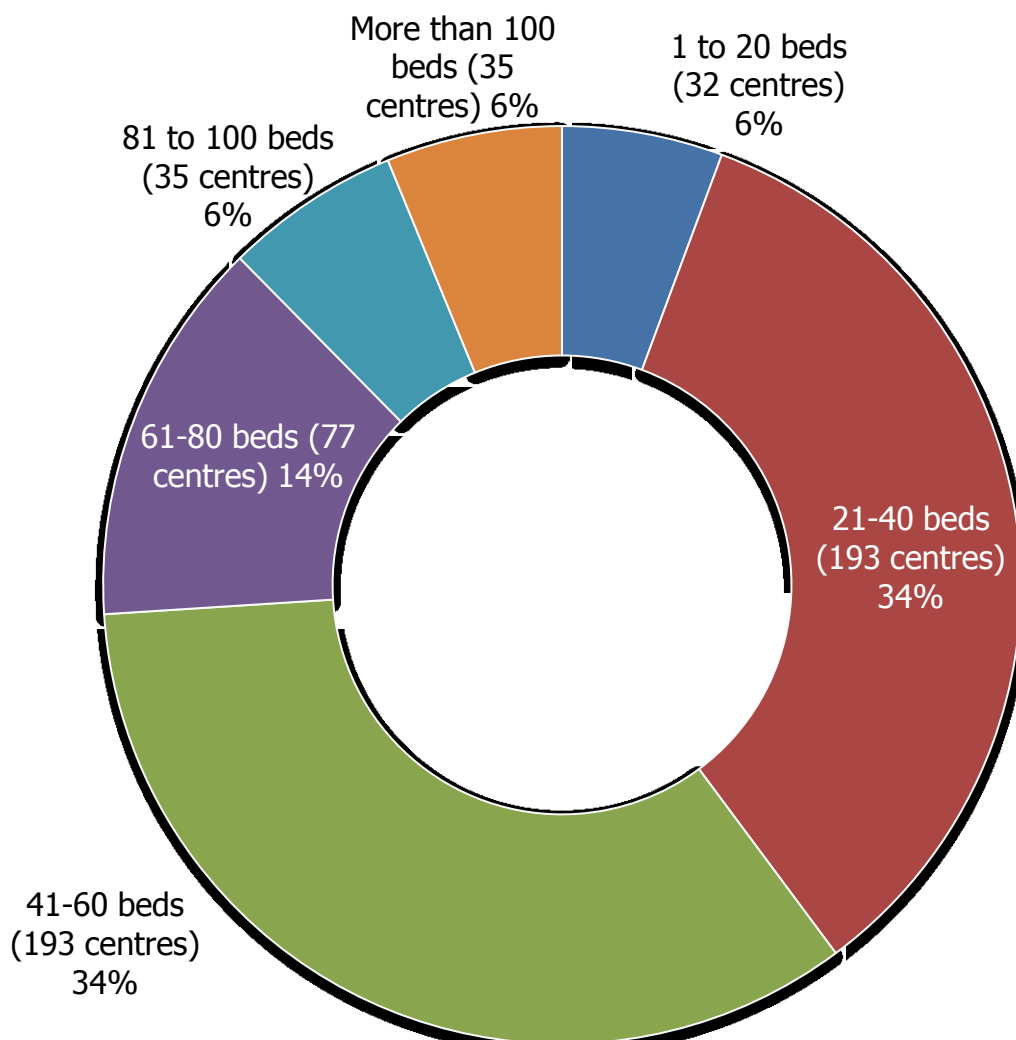
Roscommon and Galway had percentage decreases of -3% and -1% respectively from December 2013 to December 2014. In each county, the reduction in registered beds was due to the closure of a privately operated nursing home during 2014.

## 2.5 Size of registered centres

An analysis of the registration details on 31 December 2014 indicates that 34% of all centres were registered to provide care to between 21 and 40 residents. A further 34% were registered to provide care to between 41 and 60 residents. Further detail is provided in Figure 1 below.

Overall, the size of centres has not dramatically changed from 2013. However, smaller centres that are catering for 20 or less residents are being replaced by larger centres catering for 100 or more residents, with the number of centres caring for over 100 residents increasing from 32 in 2013 to 35 in 2014.

**Figure 1. Size of centres by number of registered beds as at 31 December 2014 (total centres = 565)**



### 3. The regulatory programme and regulatory activity

The regulation of designated centres for older people is underpinned by our corporate plan objective to conduct regulation programmes of health and social care services to safeguard people and achieve improved outcomes for residents. This requires a regulatory approach that:

- ensures only providers who are fit to provide a residential service for older people are registered to do so
- ensures resources are targeted so centres assessed as being at greater risk are subject to greater scrutiny, targeting and enforcement activity, where necessary
- has a focus on quality improvement through the use of thematic inspections.

This section sets out the regulatory programme for designated centres for older people that took place during 2014.

#### 3.1 Registrations processed in 2014

As part of the three-year cycle of registration and registration renewal process, each provider of each centre must satisfy the Authority that he or she is fit to provide the service and that the service complies with the Act, relevant National Standards and regulations that apply to the service. 2014 was the middle year of the three-year registration cycle and or registration renewal cycle during which the Authority processed 268 registration-related applications. Of these applications, 203 related to applications by providers to renew the registration of their centre. Table 5 sets out a breakdown of registration-related applications to the Authority during 2014.

**Table 5. Registration applications processed during 2014 by type of application (total applications = 268)**

Type of application	Number of applications
Applications to register	20
Applications to renew registration	203
Applications to vary or remove conditions of registration	35
Applications to change name of entity or person in charge or person participating in the management of the centre	10
<b>Total</b>	<b>268</b>

### 3.1.1 Registration renewals

The number of registration-renewal applications that are processed in any year is dependent on the expiry date of existing registrations. During 2014, 203 providers were granted a renewal of their registration.

For some applications, there may be particular circumstances which require that additional and specific conditions be imposed in order to restrict or limit activity in the best interests of residents. During the year, specific conditions were attached in respect of 22 centres. These conditions generally required restrictions on the number of residents accommodated and or reconfiguration of the design and layout of centres in line with plans submitted by providers. They also restricted the number of residents that could be accommodated in day-care services, where those services impacted adversely on the residents living in the centres.

### 3.1.2 New applications to register

Twenty new applications to register were granted in 2014, which included:

- two new centres
- applications in respect of a change of legal entity for existing providers
- existing services who were deemed to come within the definition of a designated centre
- and applications related to movement of residents to new buildings by a previously registered provider.

### 3.1.3 Applications to vary or remove conditions of registration

Under Section 52 of the Health Act 2007, providers can apply to vary or remove a condition of registration (such as the maximum number of residents that the centre is permitted to accommodate). During 2014, 35 applications to vary conditions of registration were granted.

### 3.1.4 Inspections conducted in 2014

Inspection is a critical component of ongoing monitoring. The different types of inspection are:

- **'Full 18-outcome' inspections.** These assess the centre's compliance with all of the National Standards and regulations. This type of inspection is typically carried out to inform a decision of registration or registration renewal.
- **'Monitoring' inspections.** These monitor ongoing compliance with the National Standards and regulations against specific outcomes.

- **Follow-up inspections.** These assess the extent to which the provider has implemented required actions related to the findings of a previous inspection.
- **Single or specific issue inspections.** These generally concentrate on a specific issue following the receipt of information about a service.
- **Thematic or focused inspections.** These examine compliance and aim to raise quality under a predetermined theme or themes.

In 2014, the Authority carried out 758 inspections of 549 designated centres for older people. This included a 93% increase in 'full 18-outcome inspections' conducted in 2014 compared to 2013. This increase reflected the large number of centres whose registration expired during 2014.

One hundred and ninety seven thematic inspections took place during 2014 resulting in 44% of designated centres for older people having received a thematic inspection on food and nutrition and end-of-life care in 2013 or 2014 (see section 5 of this report for further details).

Sixty nine single-issue inspections took place in response to information received by the Authority. These inspections were focused specifically on seeking assurance that residents were safe and well.

**Table 6. Type of inspections conducted in 2014 by the Authority (total inspections = 758)**

<b>Type of inspection</b>	<b>Number of inspections</b>
<b>Full 18-outcome inspection</b>	289
<b>Monitoring inspection (10 outcome)</b>	132
<b>Follow-up inspection</b>	71
<b>Single-specific issue inspection</b>	69
<b>Thematic inspection</b>	197
<b>Total</b>	758

Overall, 93% of designated centres for older people received an inspection in 2014,<sup>‡</sup> with 58% of inspections being unannounced. Of these that received an inspection in 2014, 72% received one inspection; 21% received two inspections and 7% received three or more inspections (see Table 7).

**Table 7. Breakdown of the number of inspections carried out in 549 individual nursing homes by the Authority during 2014**

<b>Number of inspections that a centre received</b>	<b>Number of centres</b>	<b>Percentage of centres (inspected 549)</b>
<b>One inspection</b>	394	72%
<b>Two inspections</b>	116	21%
<b>Three inspections or more</b>	39	7%
<b>Total</b>	549	100%

## 3.2 Receipt and review of information about services

The receipt and assessment of information is a key monitoring activity. This information keeps the Authority informed of adverse or potentially harmful events that have or may impact on the health, safety and wellbeing of residents in designated centres. It can be requested or required by the Authority (solicited) or it may be provided to the Authority by members of the public who have a concern or an issue with the care provided to residents (unsolicited). All information received by the Authority is acknowledged, logged, risk assessed and used to inform further monitoring activity, including inspection, as required.

### 3.2.1 Notifications received in 2014

Article 31 of the Health Act 2007 (Care and Welfare of Older People) Regulations 2013 requires providers of designated centres for older people to notify the Authority of specified events.

Providers of designated centres are required to notify the Authority of the following specified events without delay or within three working days of their occurrence. It should be noted that notifications are a constructive and necessary response by providers and requires them to provide the Authority with an assurance that issues, when required, are being appropriately managed.

<sup>‡</sup> A number of inspections conducted in 2014 related to centres that closed during the year, and related to services that were found not to fall within the definition of a designated centre for older people.

Nursing homes must tell the Authority about the following events:

- unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre, and the circumstances and cause of death when established
- any fire
- any loss of power, heating or water
- any incident where an unplanned evacuation of the centre took place
- an outbreak of any notifiable disease
- an injury to a resident that requires medical and or hospital treatment
- any unexplained absence of a resident from the designated centre
- any allegation, suspected or confirmed abuse of a resident
- any allegation of misconduct by the registered provider or member of staff
- any occasion when the registered provider becomes aware that a member of staff is the subject of a review by a professional body.

The number and type of notifications made under the regulations to the Authority in 2014 is outlined in Table 8 below and continued on the following page.

**Table 8. Number and type of notifications made in 2014 under article 31(1) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013**

Description	Number of notifications	Number of centres notifications refer to
The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre, and the circumstances and cause of death when established.	625	295
Any fire, loss of power, heating or water, or unplanned evacuation of the centre.	39	33
An outbreak of any notifiable disease.	226	140
An injury to a resident that requires medical and or hospital treatment. <sup>¥</sup>	4,028	508

<sup>¥</sup> There is evidence of over reporting by centres. Of the 4,028 NF03s, a total of 929 required hospital treatment, of which 779 were rated as minor/moderate risk.

Description	Number of notifications	Number of centres notifications refer to
Any unexplained absence of a resident from the designated centre.	122	89
Any allegation, suspected or confirmed abuse of a resident.	357	182
Any allegation of misconduct by the registered provider or by a member of staff.	84	50
Any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body.	4	4

All notifications are risk-assessed in terms of the severity of impact on the individual or individuals and the likelihood (probability) of reoccurrence.

Once the notification has been assessed by the Authority, the inspector’s response can range from reviewing the notification at the next inspection, requesting additional information or documentation from the provider, or, scheduling an inspection. Legislation requires the person in charge of the centre to maintain a record of all incidents and to keep this record and a copy of all notifications sent to the Authority for seven years. This means that information received through notifications can be verified by inspectors as part of inspection fieldwork later on.

### 3.2.2 Unsolicited information received in 2014

The Authority welcomes information from all persons in relation to the care provided to residents. As the Health Act 2007 (as amended) does not provide the Authority with the legal remit to investigate individual complaints, all people providing unsolicited information to the Authority are also advised by the Authority to make a complaint to the specific service provider. This approach enables the Authority to examine how the provider dealt with the specific complaint. The regulations stipulate that the centre must have a complaints procedure which is accessible, effective, and ensures all complaints are investigated promptly, fully and properly recorded. They also stipulate that any resident who has made a complaint must not be adversely affected. As with notifications, the Authority’s response to the receipt of unsolicited information can range from:

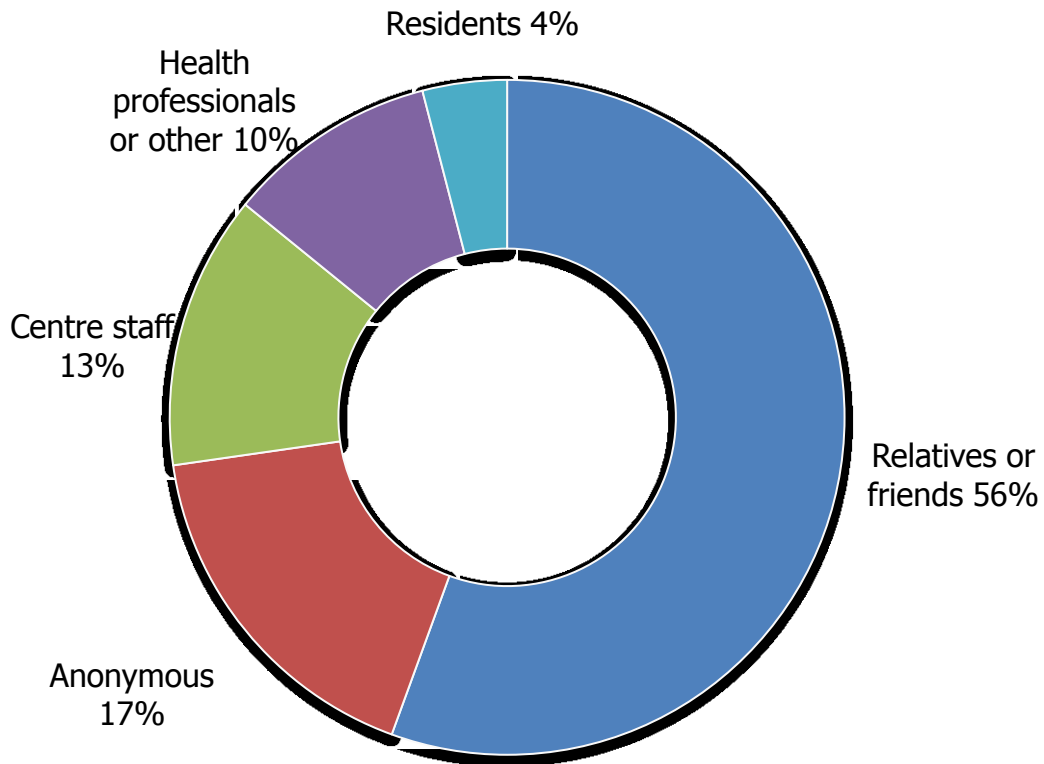
- seeking additional information or specific documentation from the provider to demonstrate compliance with the regulations and National Standards



- requesting an investigation led by the provider
- reviewing how the issue was dealt with by the provider on the centre’s next inspection
- scheduling an unannounced inspection to examine any risk indicated by the information received.

The Authority received 609 items of unsolicited information on 303 designated centres for older people in 2014. Of these, 55% were received from relatives of residents. Other sources of information were centre staff, advocates, health professionals visiting the centre in the course of their work, and residents themselves. Seventeen percent of information givers wished to remain anonymous and did not provide the Authority with their name or contact details. The subject-matter of the information received related to concerns about the quality and safety of care (72%), staffing levels (13%), and other matters (15%), such as contracts of care and adequate information for residents. Ninety two percent of centres which were the subject of unsolicited information were inspected in 2014. A further breakdown of unsolicited information received by the Authority is shown in Figure 2.

**Figure 2. Source of unsolicited information received during 2014**



## 4 Outcomes from the regulatory programme for designated centres for older people

### 4.1 Enactment of new regulations

New care and welfare regulations for designated centres for older people came into operation on 1 July 2014. These replaced the care and welfare regulations that had been in force since 2009. The Authority has published a *Guide for providers to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013*. This guide is available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).<sup>◊</sup>

The main changes introduced by the new regulations are as follows.

The 2013 regulations rearrange some of the previous articles. For example, the article on premises has been reduced and instead a Schedule covers the detailed requirements for premises.

The 2013 regulations introduce a number of new regulations on managing behaviour that is challenging, governance and management and infection control. These are explained further here.

- **Regulation 7** – managing 'behaviour that is challenging' sets out the requirement for staff to have the knowledge and skills needed to respond to behaviour that is challenging. It also requires that where restraint is used, it is only used in accordance with national policy.
- **Regulation 23** – governance and management addresses issues of resourcing, lines of authority and accountability, and management systems. It also covers the review of the quality and safety of care delivered to residents which in the previous 2009 regulations was required under Regulation 35 (Review of Quality and Safety of Care and Quality of Life).
- **Regulation 27** – infection control. Ensures that procedures consistent with the Authority's *National Standards for the Prevention and Control of Healthcare Associated Infections* are implemented by staff.

The 2013 regulations remove some of the requirements of the 2009 regulations, for example, the requirement for facilities for residents to prepare their own food and to

<sup>◊</sup> <http://www.hiqa.ie/system/files/Guidance-for-providers-on-the-new-regulations.pdf>

do their own laundry, and the requirement for insurance cover to specify the liability against loss or damage to the property of residents.

The 2013 regulations introduce some modifications to the 2009 regulations, such as:

- an annual review of the statement of purpose and function by the provider
- immediate assessment of residents upon admission
- mandatory staff training on detection and prevention of and response to abuse
- residents' access to independent advocacy services.

The 2013 regulations also require that residents have access to a pharmacist of his or her choice (or who is acceptable to the resident).

The regulations have also made some changes to the key notifications and quarterly notifications which the provider must make to the Authority (detailed in Section 3.3.1).

## 4.2 Inspection findings

This section sets out the findings from 707<sup>‡</sup> inspection reports published in 2014.<sup>></sup> All inspection reports are available on the Authority's website. [www.hiqa.ie](http://www.hiqa.ie).

Sixty-eight per cent of the inspections included in this section were conducted against the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2009, while 32% of the inspections were carried out against the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

In order to make the inspection process more transparent for the public and providers, inspectors report their findings and make their assessments against outcomes as set out in the Authority's assessment and judgment frameworks, which are publicly available on the Authority's website.<sup>1</sup>

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<sup>‡</sup> The breakdown of the 707 inspections published in 2014 and included in this analysis is as follows: 21% were 10-outcome inspections; 38% were 18-outcome inspections; 9% were follow-up inspections; 4% were single-specific issue inspections; and 28% were thematic inspections.

<sup>></sup> Eighteen per cent of the 707 inspections published in 2014 related to inspections conducted during 2013 and 82% related to inspections conducted during 2014.

<sup>1</sup> See <http://www.hiqa.ie/resource-centre/care-providers>.

In 2014, the Authority changed two of its 18 outcomes to reflect the changes to the regulations.<sup>¥</sup> Assessments of a designated centre’s compliance can result in findings of ‘Compliance’, ‘Non-compliance – minor’, ‘Non-compliance – moderate’ or ‘Non-compliance – major’. Where inspectors find non-compliance, they will outline the corrective actions required on the part of the provider or person in charge of the designated centre to address the non-compliance. These corrective actions are listed in the action plan that forms part of the inspection report. The inspections involved 7,807 assessments of compliance. The findings from these assessments are shown in Table 9.

**Table 9. Inspectors’ findings against outcomes from inspection reports published during 2014\***

Inspector findings against outcome	Number of findings	Percentage of findings
Compliance	4,371	56%
Non-compliance – minor	1,417	18%
Non-compliance – moderate	1,674	21%
Non-compliance – major	345	4%
Total	7,807	100%

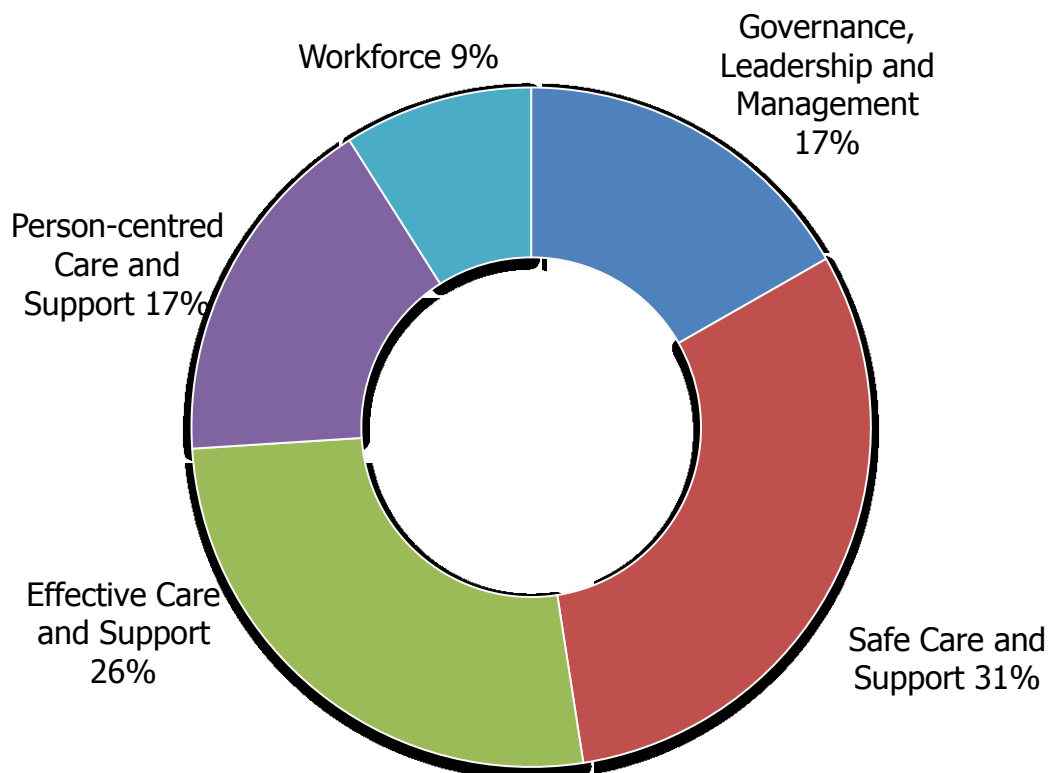
Inspectors required providers or persons in charge of designated centres for older people to take 5,864 corrective actions to address non-compliances. Figure 3 below shows a breakdown of these corrective actions under the specific themes set out in the Authority’s Judgment Framework for Designated Centres for Older People in use in 2014.<sup>¥</sup>

<sup>¥</sup> The outcome ‘Contract for the Provision of Services’ now forms part of a wider outcome ‘Information for Residents’. The outcome ‘Reviewing and Improving the Quality and Safety of Care’ forms part of a wider outcome ‘Governance and Management’.

\* Figures include findings from thematic inspections of end-of-life care and food and nutrition.

<sup>¥</sup> The current judgment framework is located at <http://www.hiqa.ie/system/files/Judgement-Framework-for-older-perons-services.pdf>.

**Figure 3. Corrective actions required from inspections published in 2014 by theme (total corrective actions = 5,864)**



#### **4.2.1 Theme – Governance, Leadership and Management**

This theme covers the arrangements in place for the governance, leadership and management of centres that reflect the size and complexity of the provider organisation. In all cases, it requires clarity about the aims, objectives and ethos of the service being delivered, clear lines of governance and accountability within the service, between teams, between individual staff members, and, if applicable, within the wider organisation. It also requires robust effective policies, procedures and practices that are fully understood, implemented and monitored within the service. It further requires the maintenance of accurate, up-to-date and accessible records.

Governance, leadership and management includes six outcomes with the Authority inspects against, as follows:

- Outcome 1: Statement of Purpose
- Outcome 2: Governance and Management
- Outcome 3: Information for Residents
- Outcome 4: Suitable Person in Charge
- Outcome 5: Documentation to be kept at a Designated Centre
- Outcome 6: Absence of the Person in Charge.

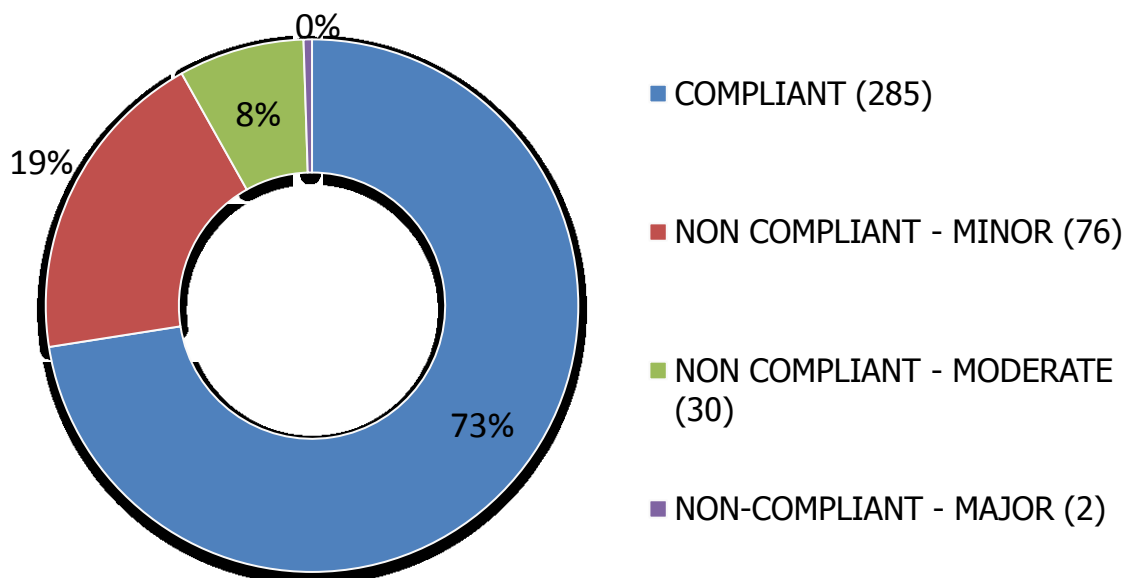
The following section of this report outlines the findings during 2014 under this theme, and the six related outcomes.

### Outcome 1: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.<sup>±</sup>

The outcome 'Statement of Purpose' was specifically assessed on 393 inspections (56% of inspections). In 73% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 4 below. Inspectors required providers or persons in charge of designated centres for older people to take 121 corrective actions to address non-compliances. The majority arose because the centre's existing statement of purpose did not contain all matters required.

**Figure 4. Compliance with Outcome 1: Statement of Purpose in inspections published in 2014 (number of inspections where this outcome was assessed = 393)**



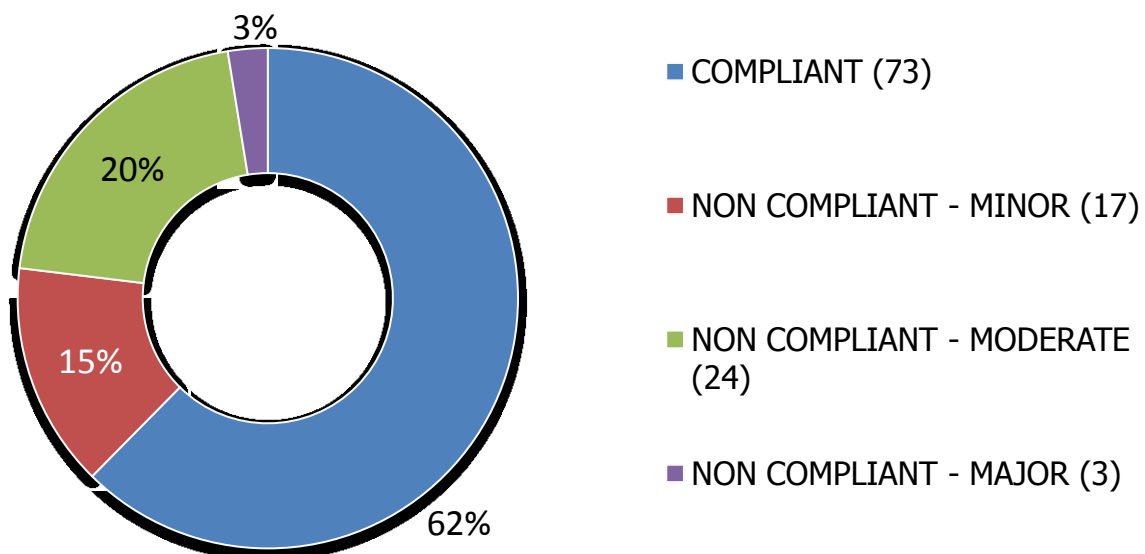
<sup>±</sup> The requirements for 'Statement of Purpose' are set out Standard 28 of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and in Regulation 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulation 5 of the 2009 regulations).

## Outcome 2: Governance and management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.»

A well-governed and managed centre is a critical component in ensuring the care received by residents is safe and effective. This new outcome has been introduced following the introduction of the 2013 regulations with its new Regulation 23 on Governance and Management. This new regulation covers resourcing, lines of authority, and accountability and management systems, which include annual reviews of the quality and safety of care provided in the centre. Since 1 July 2014, this outcome has been examined on 117 inspections. This represents 52% of those inspections conducted since the introduction of the regulation and published in 2014. In 62% of these inspections, the centre was found to be fully compliant with the outcome 'Governance and Management'. The inspectors' findings are presented in Figure 5. Inspectors required providers to take 58 corrective actions to address non-compliances.

**Figure 5. Compliance with Outcome 2: Governance and Management in inspections published in 2014 (number of inspections where this outcome was assessed = 117)**

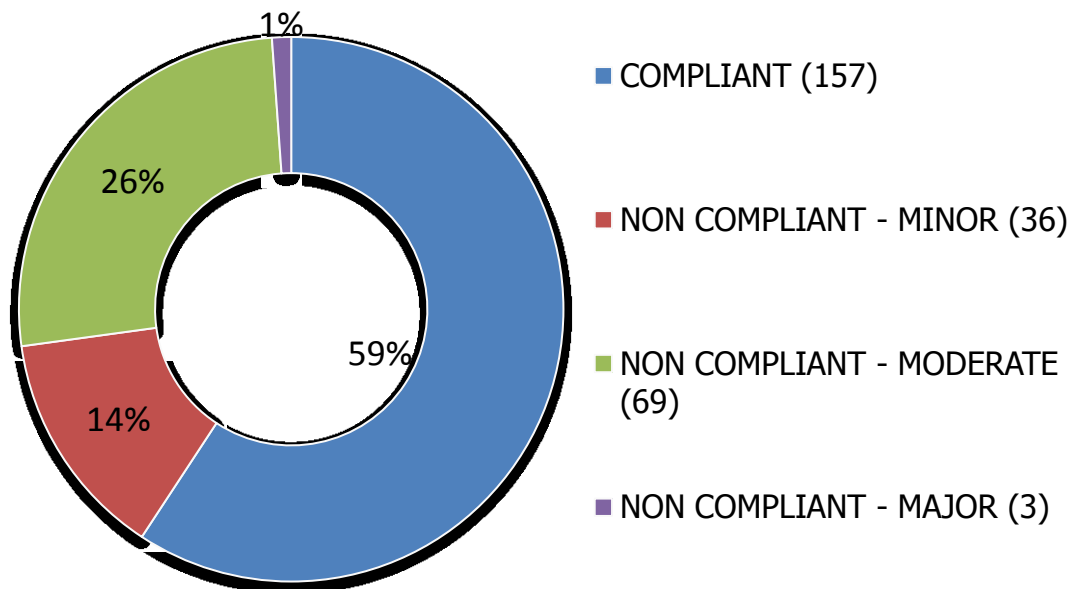


» The requirements for 'Governance and Management' are set out in Standard 30 of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and in Regulation 23 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Prior to 1 July 2014, the requirements for 'reviewing and improving the quality and safety of care' provided in the centre had a dedicated outcome. This outcome was specifically assessed in 265 of the inspections conducted before 1 July 2014. The inspectors' findings are presented in Figure 6. Inspectors required providers to take 143 corrective actions.

The requirements for reviewing and improving the quality and safety of care were strengthened in the 2013 Regulations. They now form part of the new 'Governance and Management' outcome (discussed above).

**Figure 6. Compliance with the outcome on reviewing and improving the quality and safety of care in inspections published in 2014 (number of inspections where this outcome was assessed = 265) <sup>2</sup>**



<sup>2</sup> The requirements for reviewing and improving the quality and safety of care now form part of Outcome 2: Governance and Management.



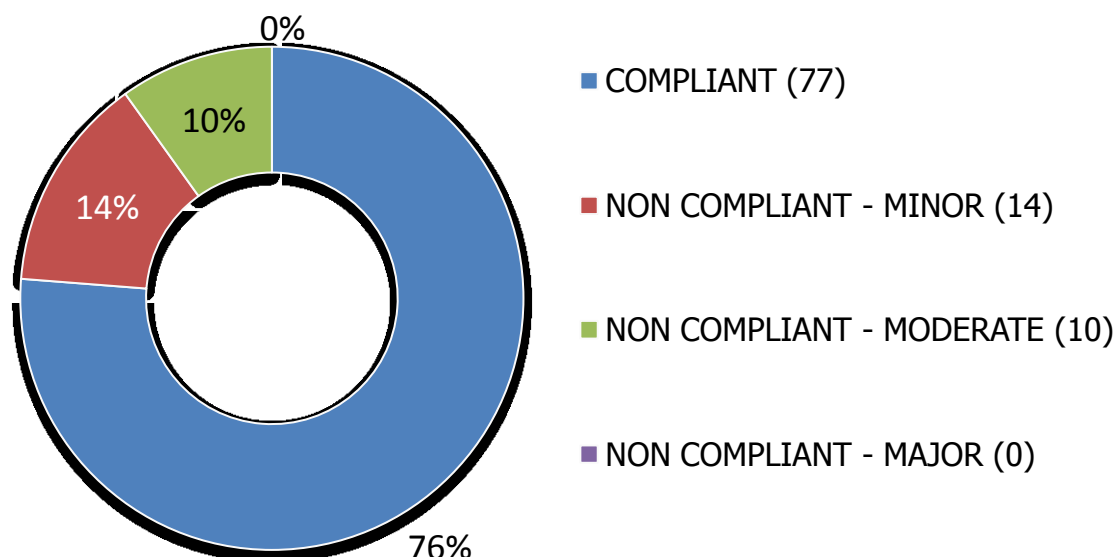
### Outcome 3: Information for Residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.<sup>¥</sup>

This outcome was introduced following the 2013 regulations and expanded on the contract to be agreed with the resident. This outcome also covers the production of a residents' guide previously assessed under the outcome relating to documentation and records to be kept at a designated centre. It also replaced the outcome 'Contract for the provision of services' that had been in use prior to 1 July 2014.

Since 1 July 2014, this outcome has been examined on 101 inspections. This represents 45% of those inspections conducted since the introduction of the 2013 regulations. The inspectors' findings are presented in Figure 7. Inspectors required providers to take 32 corrective actions. Twenty three of these related to the contract for the provision of services (mainly the contents of the contract) and the remainder related to the residents' guide.

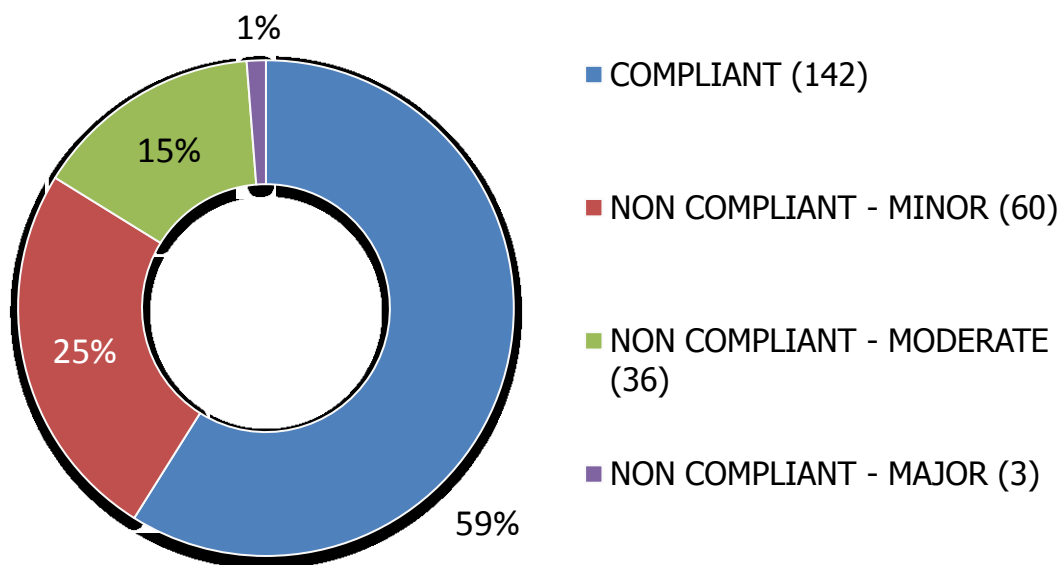
**Figure 7. Compliance with Outcome 3: Information for Residents in inspections published in 2014 (number of inspections where this outcome was assessed = 101)**



<sup>¥</sup> The requirements for 'Information for Residents' area set out in Standards 1 and 7 of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and in Regulations 20 and 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Prior to 1 July 2014, the contract for provision of services with the resident had a dedicated outcome. This outcome was specifically assessed in 241 inspections conducted before 1 July 2014. The inspectors' findings are presented in Figure 8. Inspectors required providers to take 110 corrective actions. This outcome is now covered within the Information for Residents outcome (above).

**Figure 8. Compliance with contract for the provision of services in inspections published in 2014 (number of inspections where this was assessed = 241)**



#### Outcome 4: Suitable Person in Charge

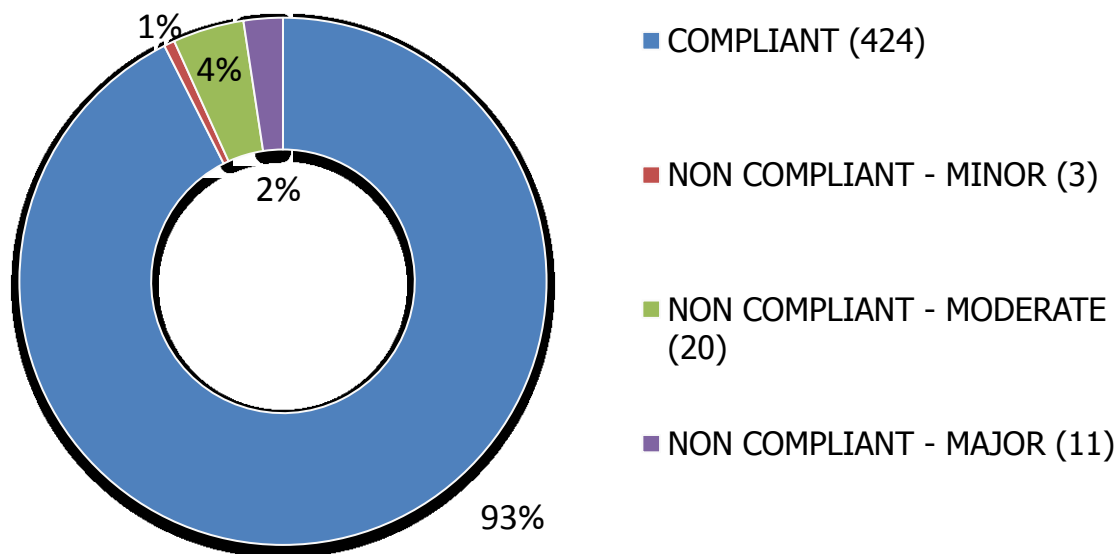
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.\*

Clinical leadership is a critical component of high-quality care. The 2013 regulations introduced additional requirements for persons in charge. A person in charge appointed after 1 July 2017 must also have not less than three years' experience in a management capacity and a management qualification in health or a related field. It also provides that where no residents have been assessed as requiring full-time nursing care, the person in charge is not required to be a nurse.

\* The requirements for 'Suitable Person in Charge' are set out in Standard 27 of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and in Regulation 14 of the Health Act 2007 (Care and Welfare of Residents of Designated Centres for Older People) Regulations 2013 replacing Regulation 15 of the 2009 regulations.

The outcome 'Suitable Person in Charge' was specifically assessed on 458 inspections (65% of inspections). In 93% of these inspections, the centre was found to be fully compliant with the outcome.<sup>3</sup> The inspectors' findings are presented in Figure 9. Inspectors required providers to take 30 corrective actions.

**Figure 9. Compliance with Outcome 4: Suitable Person in Charge in inspections published in 2014 (number of inspections where this outcome was assessed= 458)**



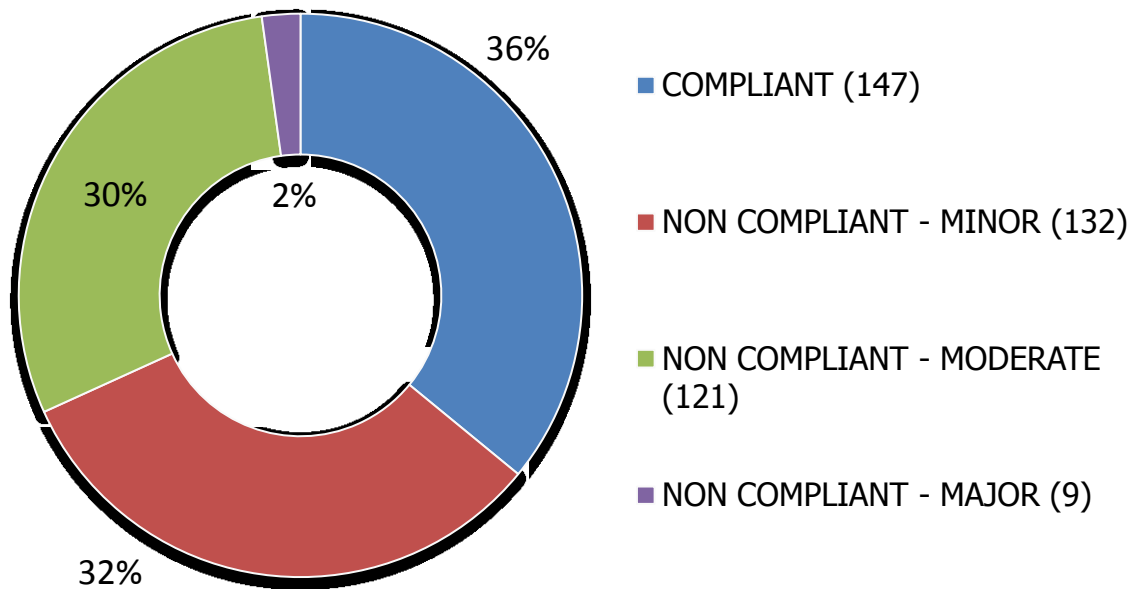
### Outcome 5: Documentation to be kept at a Designated Centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.<sup>3</sup>

The outcome 'Documentation to be kept at a Designated Centre' was specifically assessed on 409 (58%) inspections. In 36% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 10. Inspectors required providers or persons in charge to take 487 corrective actions.

<sup>3</sup> The requirements for 'Documentation to be kept at a Designated Centre' are set out in Regulations 4, 19, 21 and 22 of the Health Act 2007 (Care and Welfare of Residents of Designated Centres for Older People) Regulations 2013 (replacing Regulations 21-27 of the 2009 regulations).

**Figure 10: Compliance with Outcome 5: Documentation to be Kept at a Designated Centre in inspections published in 2014 (number of inspections where this outcome was assessed =409)**



### Outcome 6: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.<sup>4</sup>

This outcome was specifically assessed on 306 (43%) of inspections. In all but one of these inspections, the centre was found to be fully compliant with the outcome 'Absence of the person in charge'. Inspectors required a provider to take one action to address a non-compliance.

<sup>4</sup> The requirements for 'Absence of the person in charge' are set out in Regulations 32 and 33 of the Health Act 2007 (Care and Welfare of Residents of Designated Centres for Older People) Regulations 2013 (replacing Regulations 37 and 38 of the 2009 regulations) and in Standard 27 of the *National Quality Standards for Residential Care Settings for Older People*.

## 4.2.2 Theme – Safe care and support

In safe residential services, there are effective measures in place to safeguard and protect residents from being harmed or suffering abuse of any kind. This includes policies and procedures for preventing, detecting, and responding to abuse, including financial abuse. In a safe service, a focus on quality and safeguarding is embedded in the service's daily practices and processes.

Providers of safe services have effective measures in place to identify and manage risks to health and safety, fire precautions, infection control measures and risk management procedures. These measures ensure that residents, visitors and staff and others in the centre are protected from harm and injury.

Managing risk requires staff to be vigilant against risks to the health and safety and wellbeing of all in the centre. Where accidents and other adverse events occur, they are recorded, responded to appropriately and notified to the Authority.

The theme of safe care and support, has four related outcomes which the Authority inspects against. They are:

- Outcome 7: Safeguarding and Safety
- Outcome 8: Health and Safety and Risk Management
- Outcome 9: Medication Management
- Outcome 10: Notification of Incidents.

The following section of this report outlines the findings during 2014 under this theme, and the four related outcomes.

### Outcome 7: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.<sup>5</sup>

From 1 July 2014, Regulation 7 on Managing Behaviour that is Challenging requires that staff have the up-to-date knowledge and skills needed to respond to behaviour that is challenging. It also requires that where restraint is used, it is only used in accordance with national policy. The current national policy, *Towards a Restraint*

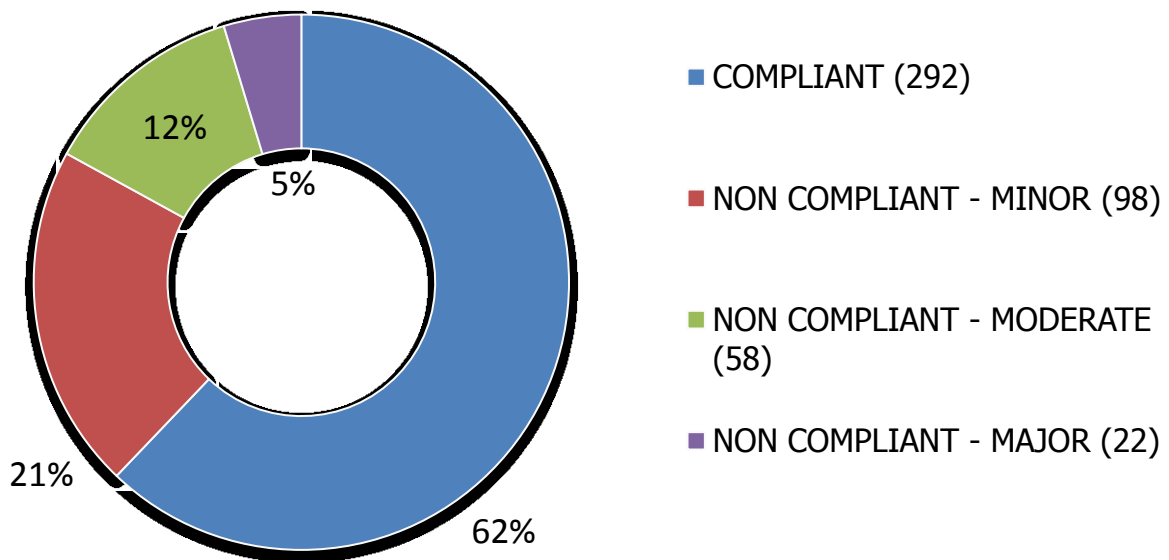
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<sup>5</sup> The requirements for 'Safeguarding and Safety' are set out in Standards 8 and 9 of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and in Regulations 7 and 8 of the Health Act 2007 (Care and Welfare of Residents of Designated Centres for Older People) Regulations 2013 (replacing Regulation 6 of the 2009 regulations).

*Free Environment* (Department of Health, 2011), is available on the Authority's website.

This outcome was specifically assessed on 470 inspections, or 66% of inspections. In 62% of these inspections, the centre was found to be fully compliant with the outcome 'Safeguarding and Safety'. The inspectors' findings are presented in Figure 11. Inspectors required providers or persons in charge of designated centres for older people to take 234 corrective actions to address non-compliances.

**Figure 11: Compliance with Outcome 7: Safeguarding and Safety in inspections published in 2014 (number of inspections where this outcome was assessed = 470)**

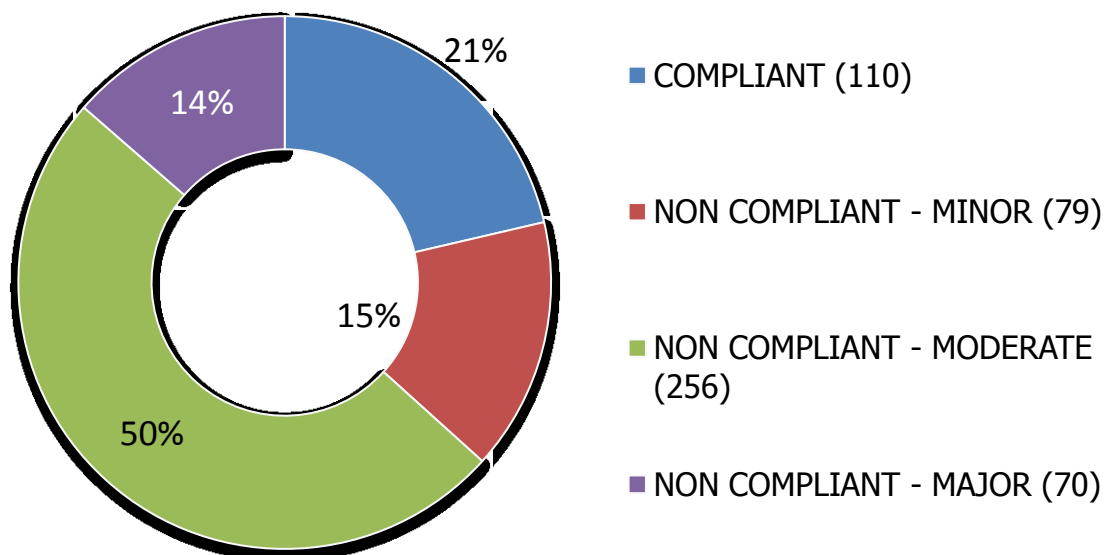


## Outcome 8: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.<sup>6</sup>

This outcome was specifically assessed on 515 (or 73%) of inspections. In 21% of these inspections, the centre was found to be fully compliant with the outcome 'Health and Safety and Risk Management'. The inspectors' findings are presented in Figure 12.

**Figure 12. Compliance with Outcome 8: Health and Safety and Risk Management in inspections published in 2014 (number of inspections where this outcome was assessed = 515)**



Inspectors required providers or persons in charge of designated centres for older people to take 1,106 corrective actions to address these non-compliances. This represents 19% of all corrective actions required in the inspections reports analysed in this section. This means that the outcome 'Health and Safety and Risk Management' had the highest number of corrective actions required of any outcome. It indicates a need within the nursing home sector to further develop expertise in the science of risk management. Sixty percent of the corrective actions related to risk management and 32% related to fire precautions. The remaining 8% related to

<sup>6</sup> The requirements for 'Health and Safety and Risk Management' are set out in Regulations 26 – 28 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulations 30 – 32 of the 2009 regulations) and in Standards 26 and 29 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

health and safety and infection control. The regulation on infection control was introduced under the new regulations, which also replaced the regulation on 'Health and Safety'. Instead, this is listed as a required policy in Schedule 5 of the new regulations.

## Outcome 9: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.<sup>7</sup>

The 2013 regulations introduced additional requirements under this outcome regarding the role of the pharmacist. It also requires that the person in charge ensures that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned. The person in charge must also ensure any advice provided by that resident's pharmacist – regarding the appropriate use of the product – is followed. In 2014, the Authority recruited two new specialist inspectors with a background in pharmacology in order to examine the practices in this area and ensure practice was improved along the entire medication delivery pathway.

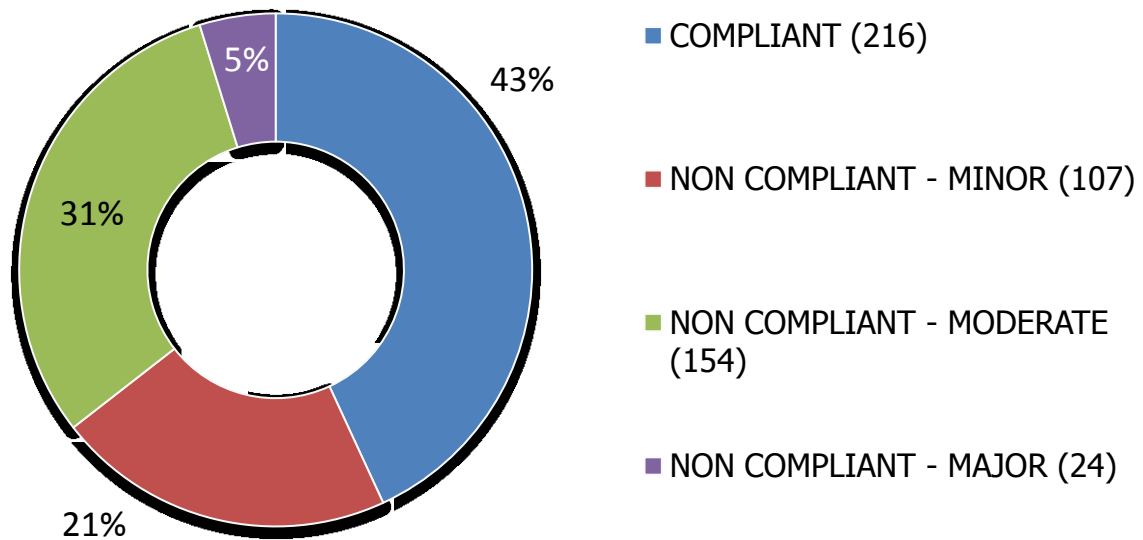
The outcome 'Medication Management' was specifically assessed on 501 inspections (71% of inspections). In 43% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 13. Inspectors required providers or persons in charge of designated centres to take 391 corrective actions to address non-compliances. Nearly 70% of these corrective actions were under the 2009 regulations. These required the provider to put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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<sup>7</sup> The requirements for 'Medication Management' are set out in Regulation 29 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulation 33 of the 2009 regulations) and in Standard 14 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.



**Figure 13. Compliance with Outcome 9: Medication Management in Inspections published in 2014 (number of inspections where this outcome was assessed = 501)**



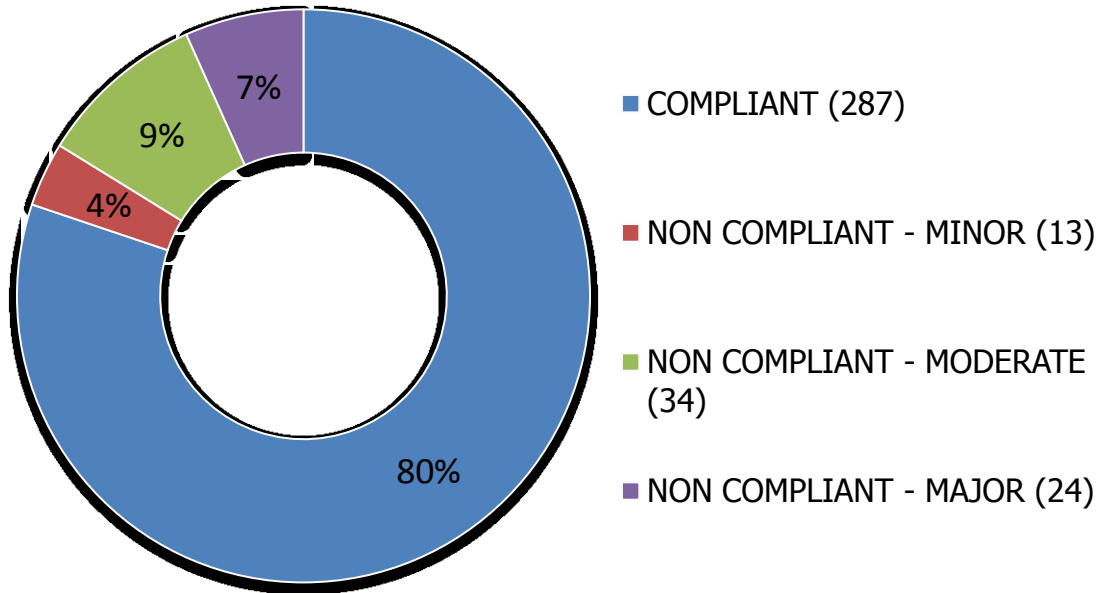
### Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.<sup>8</sup>

The outcome 'Notification of Incidents' was specifically assessed on 358 inspections (51% of inspections). In 80% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 14. Inspectors required providers or persons in charge to take 75 corrective actions.

<sup>8</sup> The requirements for 'Notification of Incidents' are set out in Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulation 36 of the 2009 regulations) and in Standard 14 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Figure 14. Compliance with Outcome 10: Notification of Incidents in Inspections published in 2014 (number of inspections where this outcome was assessed = 358)**



#### 4.2.3 Theme – Effective Care and Support

Services that deliver effective care and support for older people provide a high standard of evidence-based nursing practice, and set out residents' individual health and social care needs in care plans, developed in conjunction with and agreed by the residents. The Authority believes that true person-centred care ensures residents are at the centre of the care they receive and that their wishes, preferences and strengths are the most important components underpinning the supports that they receive.

Good providers have in place robust, evidence-based assessment tools, and have a system of proactive care assessment, planning, implementation and review, thereby ensuring that plans involve and are specific to the ongoing changing needs of each individual resident.

Effective care supports the resident to obtain the medical and healthcare services they require to enjoy the best possible health. It also supports each resident to attain his or her social and recreational goals. They allow the individual resident to choose to take risks, but manage and mitigate the risk through the care planning process.

Effective care and support also involves providing suitable premises that meets the needs of the individual residents and the objectives of the service as set out in the statement of purpose.

The theme Effective Care and Support covers two outcomes, which the Authority inspects against. They are:

- Outcome 11: Health and Social Care Needs
- Outcome 12: Safe and Suitable Premises.

The following section of this report outlines the findings during 2014 under this theme and the two related outcomes.

### **Outcome 11: Health and Social Care Needs**

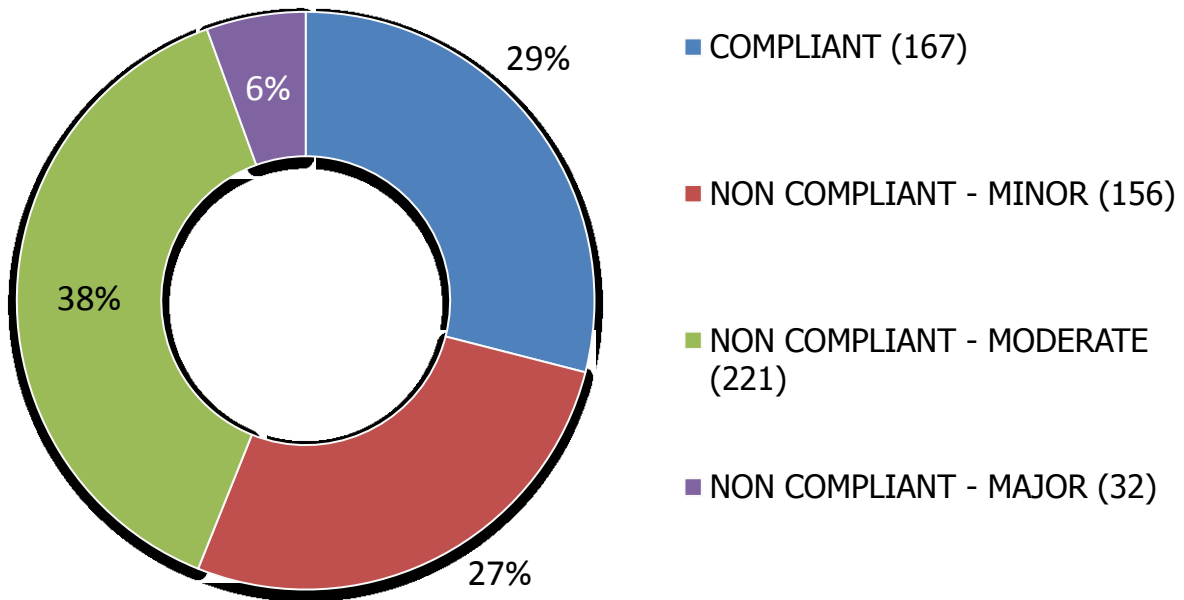
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. The arrangements to meet each resident's assessed needs are set out in an individual care plan that reflect his or her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his or her changing needs and circumstances.<sup>9</sup>

The outcome 'Health and Social Care Needs' was specifically assessed on 576 inspections (81% of inspections). In 29% of these inspections, the centre was found to be fully compliant with the outcome. 'The inspectors' findings are presented in Figure 15.

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<sup>9</sup> The requirements for 'Health and Social Care Needs' are set out in Regulations 5, 6 and 25 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulations 6, 8, 9 and 29 of the 2009 regulations) and in Standards 3, 10, 13, 15, 17 and 18 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Figure 15. Compliance with Outcome 11 Health and Social Care Needs in inspections published in 2014 (number of inspections where this outcome was assessed =576)**



Inspectors required providers or persons in charge to take 805 corrective actions to address 409 non-compliances. This represents 14% of all corrective actions required in inspection reports examined in this section. The outcome 'Health and Social Care Needs' had the second highest number of corrective actions required of any outcome. Fifty nine percent of corrective actions under this outcome related to the requirements for individual assessment and care planning and review. This indicates a need within the sector to move forward from compliance to providing a truly individualised service for each specific resident.

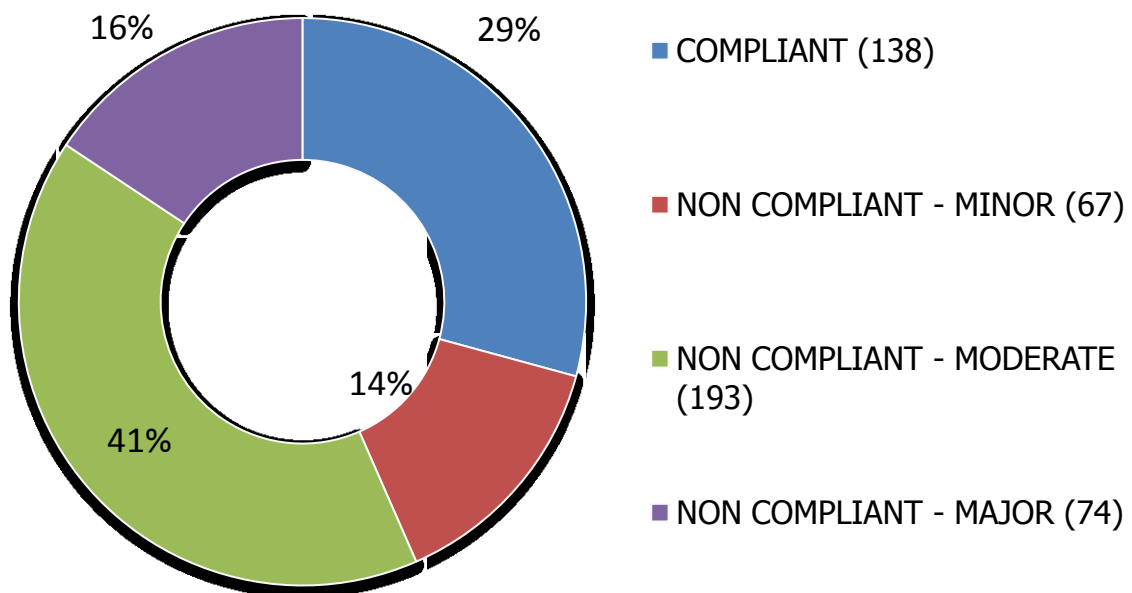
## Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.<sup>10</sup>

The 2013 regulations reformatted the position of the articles dealing with premises, which had been set out in Regulation 19 of the 2009 regulations. The detailed requirements are now covered in a schedule to the 2013 regulations (Schedule 6).

The outcome 'Safe and Suitable Premises' was specifically assessed on 472 inspections (67% of inspections). In 29% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 16.

**Figure 16. Compliance with Outcome 12: Safe and Suitable Premises in inspections published in 2014 (number of inspections where this outcome was assessed = 472)**



<sup>10</sup> The requirements for 'Safe and Suitable Premises' are set out in Regulation 17 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulation 19 of the 2009 regulations) and in Standard 25 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Inspectors required providers or persons in charge of designated centres for older people to take 746 corrective actions to address 334 non-compliances. This represents 13% of all corrective actions required from the inspections examined in this section. The outcome 'Safe and Suitable Premises' had the third highest number of corrective actions required of any outcome and the highest level of major non-compliance. At the commencement of regulation of nursing homes by the Authority in 2009, all providers were advised that full compliance in this area would be required by 1 July 2015.

In March 2013, the Authority issued a regulatory notice which reiterated the requirements for acceptable levels of privacy and dignity through an appropriate living environment, and clearly reinforced the expectations and time frames for compliance. During 2014, we continued to require providers who applied to renew their registration to ensure acceptable levels of privacy and dignity were afforded to residents. This approach will continue throughout the remainder of 2015. Registration applications will be renewed for the number of beds applied for if the premises are suitable and or if the Authority has accepted a costed, funded plan with a timeline that clearly sets out how compliance with physical environment requirements will be achieved. Where providers cannot assure the Authority of compliance by 1 July 2015 or where no plan has been agreed by the Authority, then appropriate conditions will be attached by the Authority to any renewal of registration if granted.

At the end of 2014, 111 centres required work to ensure the physical living environment was of an appropriate standard to protect and promote the privacy and dignity of residents. Of these, 14 were assessed as minor and it was anticipated by the Authority that these would be in compliance before July 2015. However, 97 centres had moderate to major non-compliance levels, with 72 of these centres being provided by the Health Service Executive (HSE).

#### **4.2.4 Theme – Person-centred Care and Support**

Person-centred care and support recognises the capabilities of older people in making informed decisions and it acknowledges their ability to participate in the life of the centre, including making complaints and suggestions for improvements to the service. It promotes older people to maintain their identities by encouraging communication, supporting their individual interests in political, social, and civic life, and allowing residents to maintain control over their daily life, personal property and possessions. Person-centred care and support promotes consideration and respect for residents' dignity, privacy and autonomy.

The person-centred care and support theme covers five outcomes which the Authority inspects against. They are:

- Outcome 13: Complaints Procedures
- Outcome 14: End-of-life Care
- Outcome 15: Food and Nutrition
- Outcome 16: Residents' Rights, Dignity and Consultation
- Outcome 17: Residents' clothing and personal property and possessions.

### **Outcome 13: Complaints Procedures**

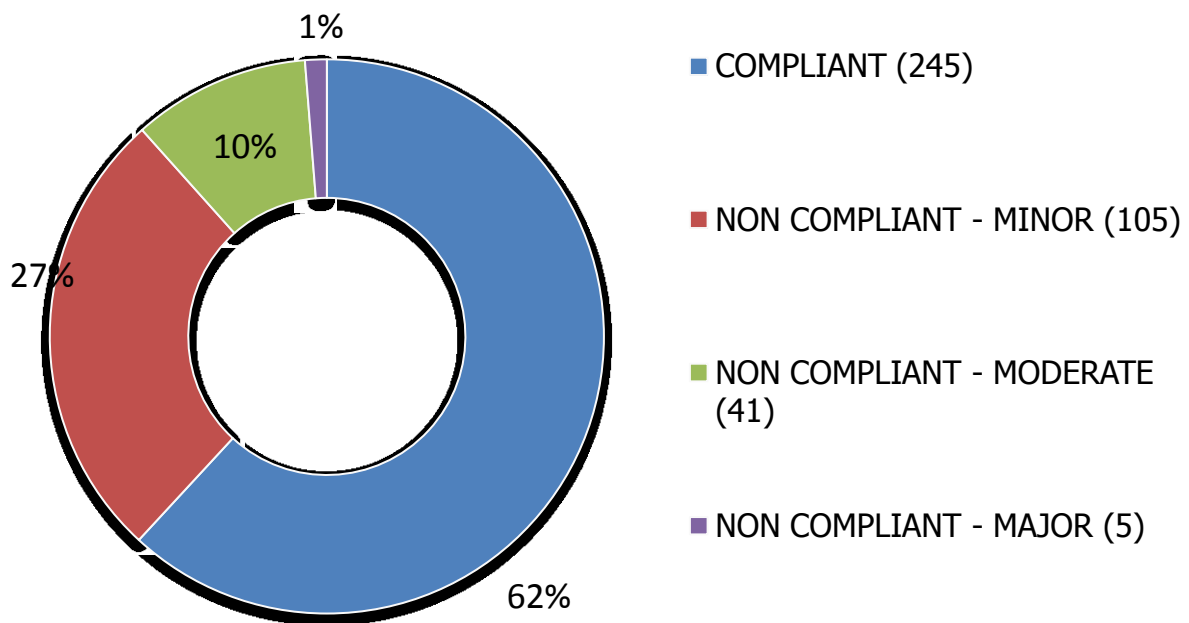
The complaints of each resident, his or her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.<sup>11</sup>

The outcome 'Complaints Procedures' was specifically assessed on 396 inspections (56% of inspections). In 62% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 17. Inspectors required providers or persons in charge to take 232 corrective actions to address 151 non-compliances. The evidence indicates that providers are improving in how they handle complaints.

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<sup>11</sup> The requirements for 'Complaints Procedures' are set out in Regulation 34 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulation 39 of the 2009 regulations) and in Standard 6 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Figure 17. Compliance with Outcome 13: Complaints Procedures in inspections published in 2014 (number of inspections where this outcome was assessed = 376)**



### Outcome 14: End-of-life Care

Each resident receives care at the end of his or her life which meets his or her physical, emotional, social and spiritual needs and respects his or her dignity and autonomy.<sup>12</sup>

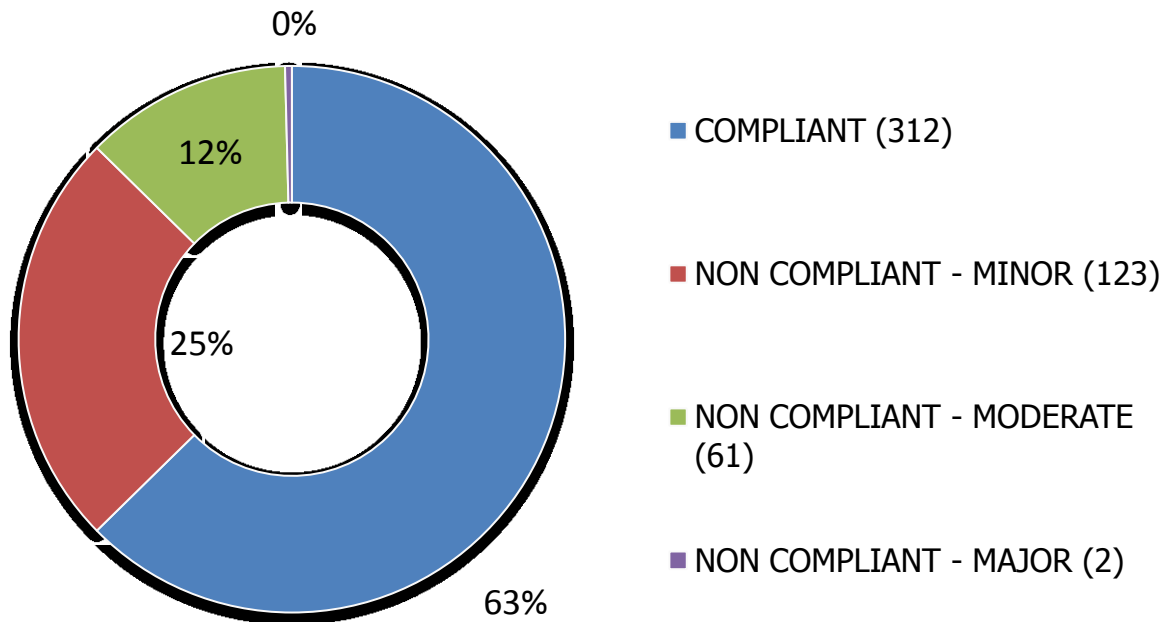
The outcome 'End-of-life Care' was specifically assessed on 498 inspections (70% of inspections). In 63% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 18. Inspectors required providers or persons in charge to take 218 corrective actions to address 186 non-compliances.

The outcome 'End-of-life Care' forms part of the programme of thematic inspections discussed in detail in Section 5 of this report.

<sup>12</sup> The requirements for 'End-of-life Care' are set out in Regulation 13 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulation 14 of the 2009 regulations) and in Standard 16 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.



**Figure 18. Compliance with Outcome 14: End-of-life Care in inspections published in 2014 (number of inspections where this outcome was assessed = 498)**



### Outcome 15: Food and Nutrition

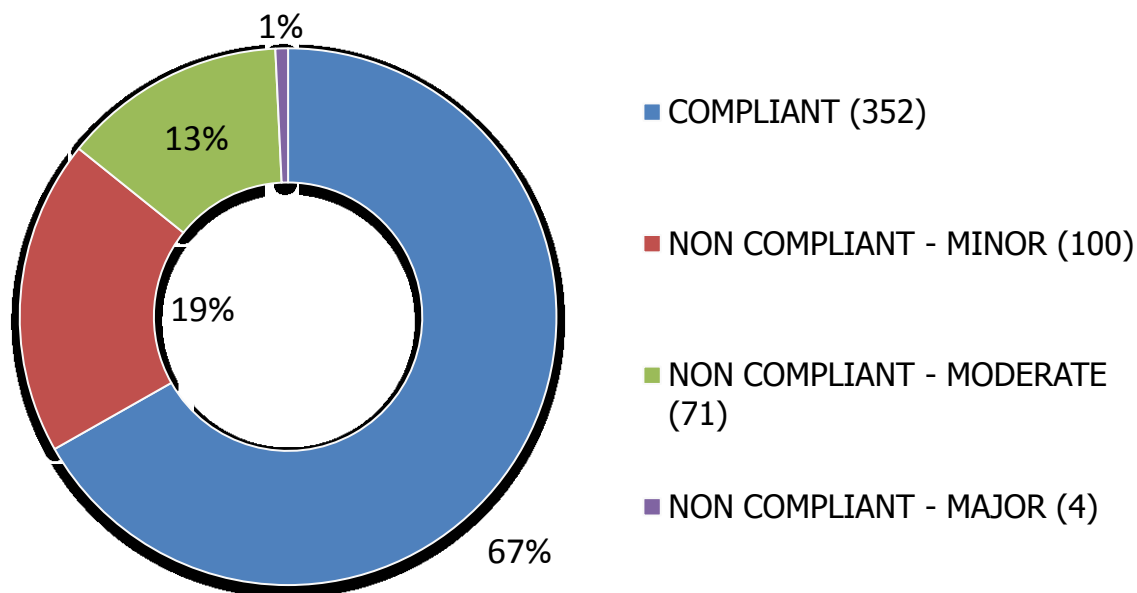
Each resident is provided with food and drink at times and in quantities adequate for his or her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.<sup>13</sup>

The outcome 'Food and Nutrition' was specifically assessed on 527 inspections (75% of inspections). In 67% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 19. Inspectors required providers or persons in charge to take 252 corrective actions to address non-compliances.

The outcome 'Food and Nutrition' forms part of the programme of thematic inspections discussed in detail in Section 5 of this report.

<sup>13</sup> The requirements for 'Food and Nutrition' are set out in Regulation 18 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulation 15 of the 2009 Regulations) and in Standard 19 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Figure 19. Compliance with Outcome 15: Food and Nutrition in inspections published during 2014 (number of inspections where this outcome was assessed = 527)**



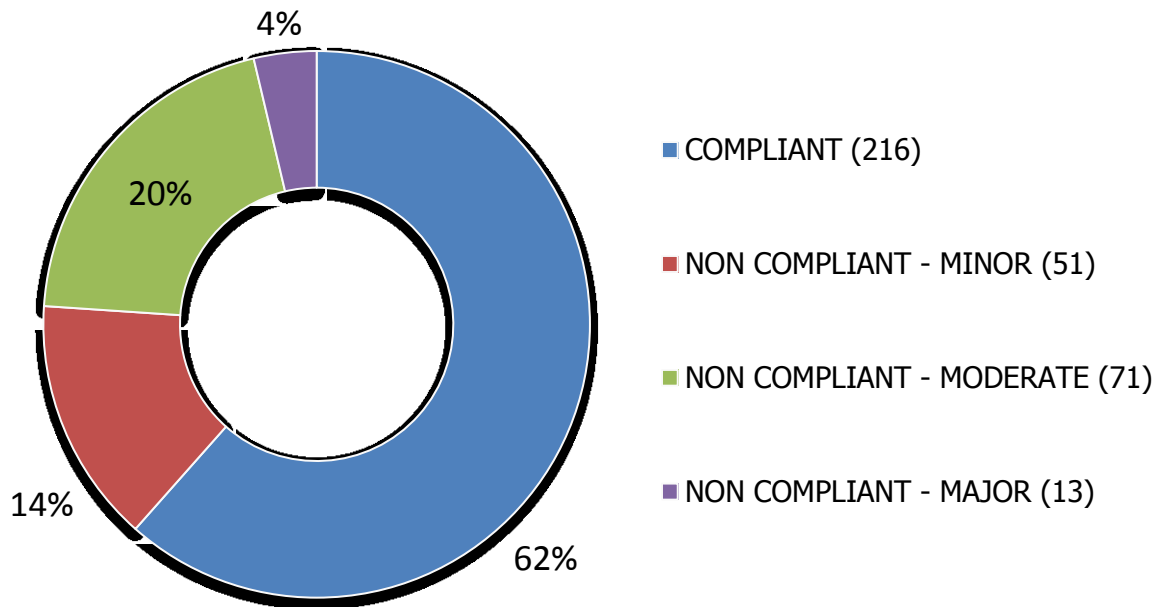
### Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He or she is facilitated to communicate and enabled to exercise choice and control over his or her life and to maximise his or her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.<sup>14</sup>

The outcome 'Residents' Rights, Dignity and Consultation' was specifically assessed on 351 (50%) inspections. In 62% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 20. Inspectors required providers or persons in charge to take 182 corrective actions to address non-compliances.

<sup>14</sup> The requirements for 'Residents' Rights, Dignity and Consultation' are set out in Regulations 9–11 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulations 10–12 of the 2009 regulations) and in Standards 2, 4, 5, 17, 18 and 20 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Figure 20. Compliance with Outcome 16: Residents' Rights, Dignity and Consultation in inspections published in 2014 (number of inspections where this outcome was assessed = 351)**



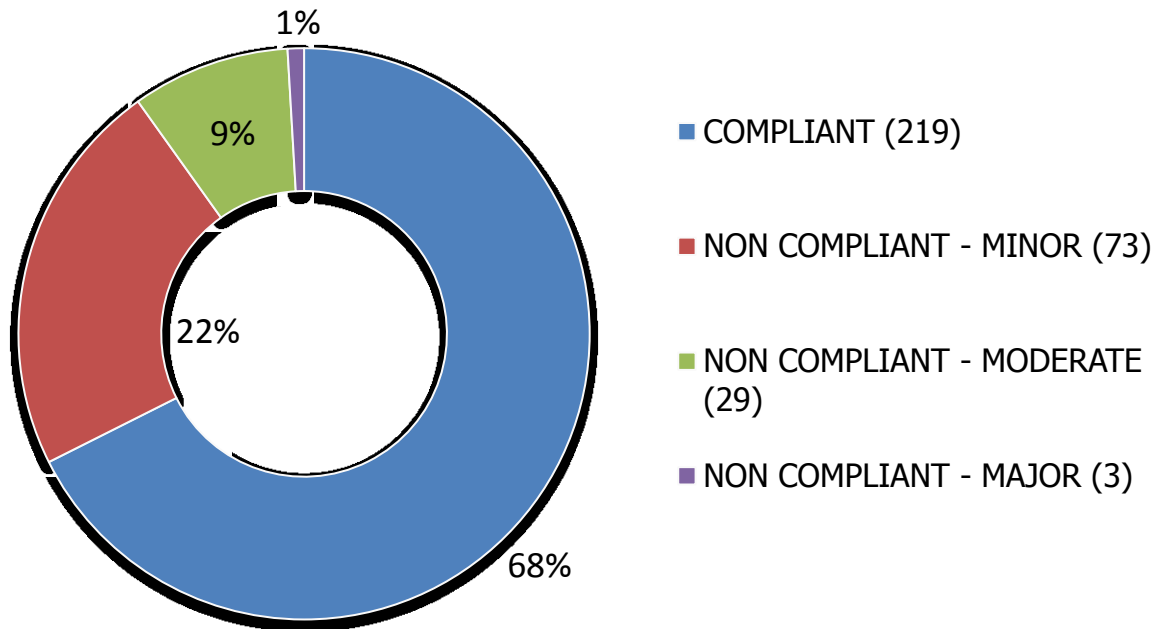
### Outcome 17: Residents' Clothing and Personal Property and Possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.<sup>15</sup>

The outcome 'Residents' Clothing and Personal Property and Possessions' was specifically assessed on 324 inspections (46% of inspections). In 68% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 21. Inspectors required providers or persons in charge to take 114 corrective actions to address 105 non-compliances. The majority of non-compliances involved lack of space for safe storage of residents' personal possessions and also items of resident clothing going missing while being laundered.

<sup>15</sup> The requirements for 'Residents' Clothing and Personal Property and Possessions' are set out in Regulation 12 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulations 7 and 13 of the 2009 regulations) and in Standards 4, 13 and 17 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Figure 21. Compliance with Outcome 17: Residents' Clothing and Personal Property and Possessions (number of inspections where this outcome was assessed = 324)**



#### 4.2.5 Theme – Workforce

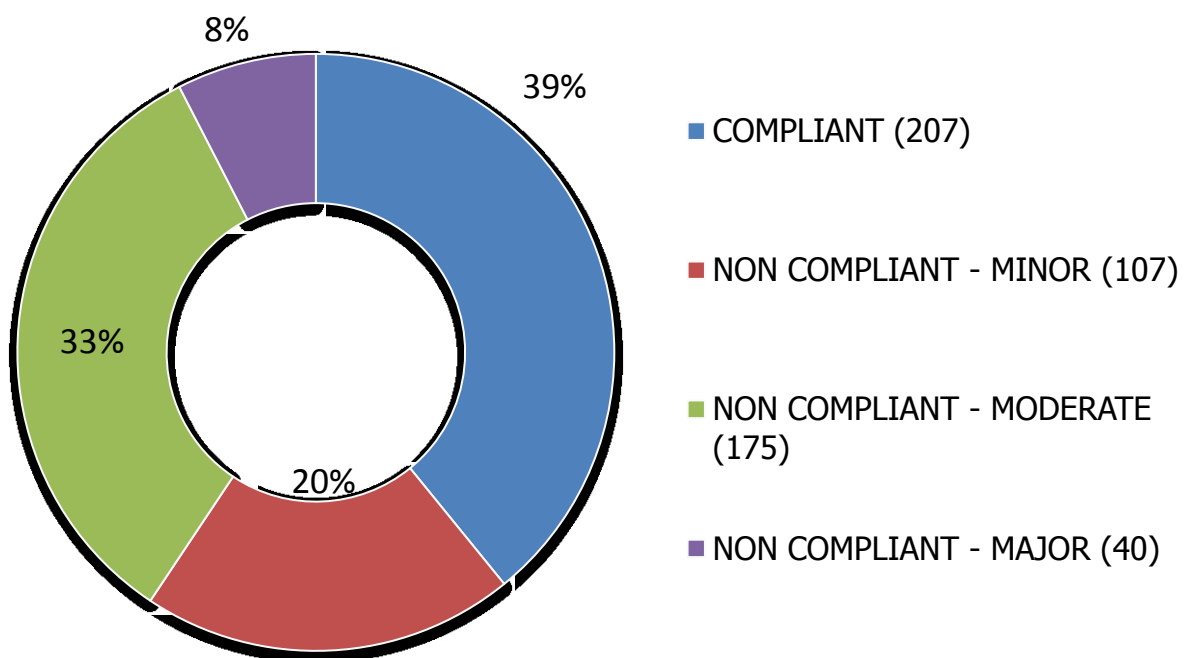
All of the staff involved in the care and support of residents are integral to the delivery of a high-quality, person-centred and safe service. Service providers must have arrangements in place to assure the public, residents and their families, and the workforce that everyone working in the service is contributing to this goal. Safe recruitment practices ensure that staff have the required qualities, skills, and experience to undertake the tasks associated with their roles and responsibilities. Measures are also required to be taken to ensure staff receive appropriate ongoing training, support and supervision so they effectively perform their duties and responsibilities. The workforce theme covers one outcome – Outcome 18: Suitable Staffing

## Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.<sup>16</sup>

The outcome 'Suitable Staffing' was specifically assessed on 529 inspections (75% of inspections). In 39% of these inspections, the centre was found to be fully compliant with the outcome. The inspectors' findings are presented in Figure 22.

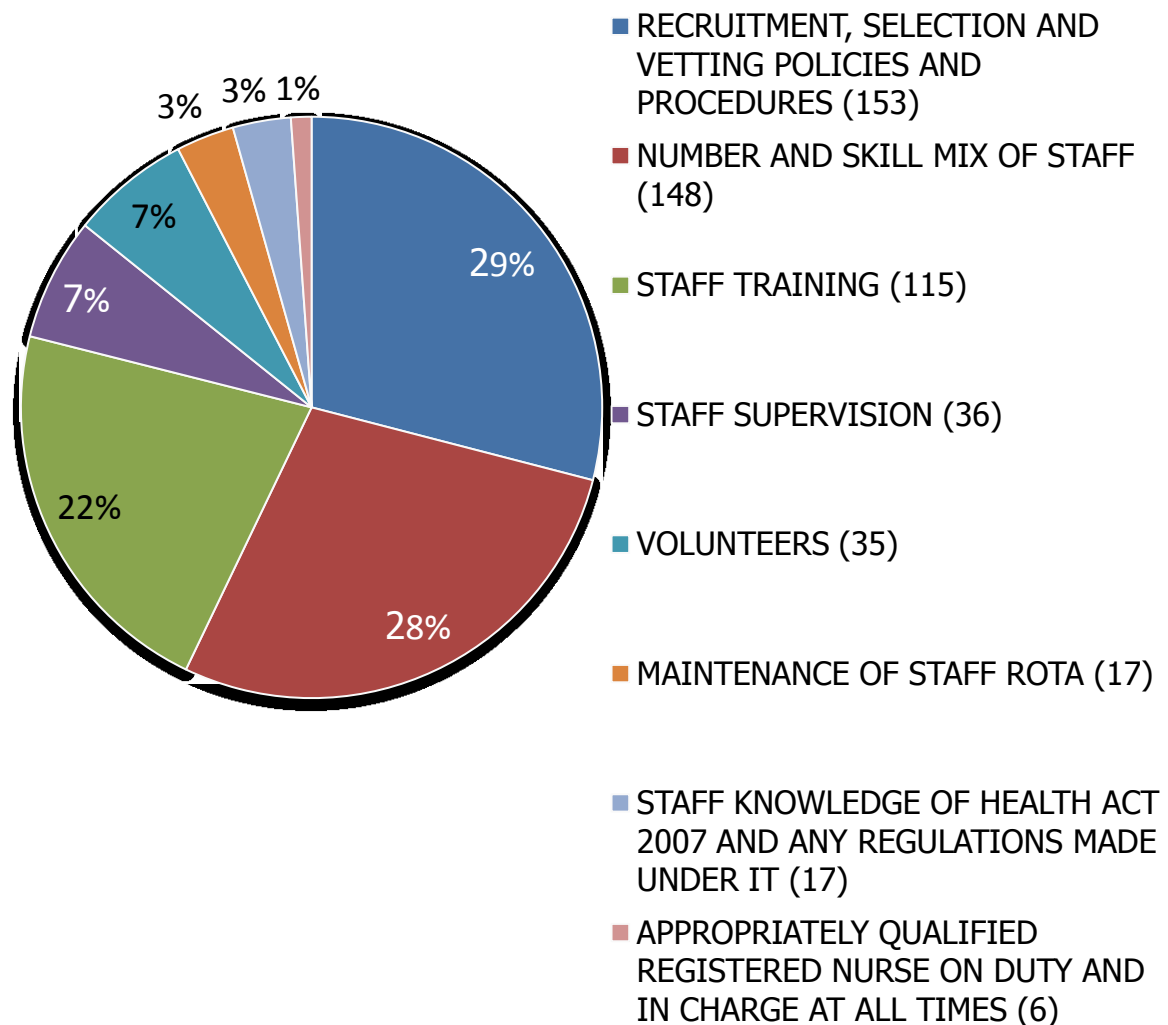
**Figure 22. Compliance with Outcome 18: Suitable Staffing in inspections published during 2014 (number of inspections where this outcome was assessed = 529)**



<sup>16</sup> The requirements for 'Suitable Staffing' are set out in Regulations 15, 16 and 30 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (replacing Regulations 16, 17, 18 and 34 of the 2009 regulations) and in Standards 22, 23 and 24 of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Inspectors required providers or persons in charge to take 527 corrective actions to address 322 non-compliances. Figure 23 presents a breakdown of the 527 corrective actions required by subject matter. The corrective actions required under the outcome 'Suitable Staffing' represent 9% of all corrective actions needed in the inspection reports reviewed. The outcome 'Suitable Staffing' had the fourth highest number of corrective actions required of any outcome. The evidence indicates that providers will need to invest more in the area of recruitment, selection, training and ensuring that an appropriate amount of staff with relevant skill mix are available to support residents.

**Figure 23. Breakdown of 527 corrective actions required under Outcome 18 Suitable Staffing by subject matter**



## **5 Thematic inspection programme**

### **5.1 The Programme**

The Authority carried out a programme of thematic unannounced inspections across designated centres for older people in 2014. The key objective of this programme was to ensure a more intensive focus on specific areas of care in order to drive improvement and so facilitate improved outcomes for residents. The two chosen areas of focus for each thematic inspection of a centre in 2014 were food and nutrition and end-of-life care.

#### **5.1.1 Food and nutrition**

Adequate standards of food and nutrition are crucial for the wellbeing and safety of dependent older persons. Poor nutrition contributes to a number of health problems including constipation, anaemia, osteoporosis, diabetes, heart disease and stroke. Poor diet also contributes to changes in the immune and nervous systems and decline in mental health.

Residents who are admitted to residential centres are usually more debilitated with a complex and increased range of co-morbidities and as a result have increased nutritional care needs.

Nutritional care which recognises the likes and dislikes of each resident and is tailored to meet their individual needs, provided in comfortable homelike environments, can also improve the quality of life for residents.

#### **5.1.2 End-of-life care**

It is important that all older persons are facilitated to live happy and fulfilling lives, enabling them to live out their days in an environment, fashion and approach that satisfies their personal preferences. High-quality residential services for older people should provide effective end-of-life care informed by a palliative care philosophy. This can be achieved through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of symptoms including pain, and physical, psychosocial and spiritual needs.

Good assessment and planning for end-of-life care begins when a resident is admitted to a centre. Good quality end-of-life care is facilitated through early, sensitive discussion and planning about how to care for a person in a way that best reflects their wishes and needs. Incorporating elements of primary and secondary care, it requires a coordinated multidisciplinary approach to facilitate timely access to safe and effective care in a manner that meets the resident's needs. This approach

improves the quality of life of residents and their families facing the problems associated with life-limiting or terminal illnesses.

## **5.2. Thematic inspections in 2014**

Following the 52 thematic pilot inspections undertaken in 2013, a further 43% of designated centres for older people received a thematic inspection by the end of 2014 which focused on the quality of service residents received in relation to food and nutrition and end-of-life care. Inspectors also followed up on some issues from previous inspections. The programme ran alongside the national monitoring and inspections programme for designated residential centres for older people. During the year, 197 centres were inspected under the themes of food and nutrition and end-of-life care (197 centres in total, inspected against both themes). The findings from 195 inspection reports completed at the time of analysis are reported on here.

### **5.2.1 The outcomes**

High-quality care exists to improve outcomes for each individual resident. The thematic inspections focused on gathering evidence to inform judgments on the extent to which providers were in compliance with the following two outcomes:

- Outcome 14: End-of-life Care: Each resident receives care at the end of his or her life which meets his or her physical, emotional, social and spiritual needs and respects his or her dignity and autonomy.
- Outcome 15: Food and Nutrition: Each resident is provided with food and drink at times and in quantities adequate for his or her needs. Food is properly prepared, cooked and serviced and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

### **5.2.2 Guidance and seminars**

In order to facilitate quality improvement, the Authority developed and published evidenced-based guidance on good practice in both areas. The documents produced by the Authority identified the essential elements which would be representative of what should be in place as the foundation for the provision of safe, high-quality care. In January 2014, information seminars for nursing home providers took place in Dublin and Cork, where expert speakers shared their knowledge with over 800 providers and senior staff prior to the start of the inspection programme.

### **5.2.3 The judgment framework**

In order to improve transparency in how we made our assessments, a judgment framework relevant to the two outcomes was made available to providers. This set



out the critical service components required to meet outcomes for residents. The framework contained two judgment descriptions: compliant and non-compliant. These judgment descriptions relate to the impact the non-compliance has on the health, safety and wellbeing of the residents and, as such, reflect the timescales within which non-compliance must be addressed, that is to say, immediately, as a matter of priority, or within a reasonable timescale.

#### **5.2.4 Provider self-assessment and relatives' questionnaires**

As part of the methodology, a self-assessment form for providers was developed to assist them and their staff to reflect on the care they provided to residents, and facilitate action, where necessary, to improve the quality of care received by residents. The self-assessment was aligned to the Authority's judgment framework. This enabled providers to assess and grade their service's compliance with requirements prior to inspection. The final part of the self-assessment included an 'action' section for providers to address any areas for improvement that they identified. The self-assessments were reviewed by inspectors prior to inspection along with other relevant materials.

The Authority also actively sought feedback from relatives via questionnaires and this information was also reviewed prior to inspection.

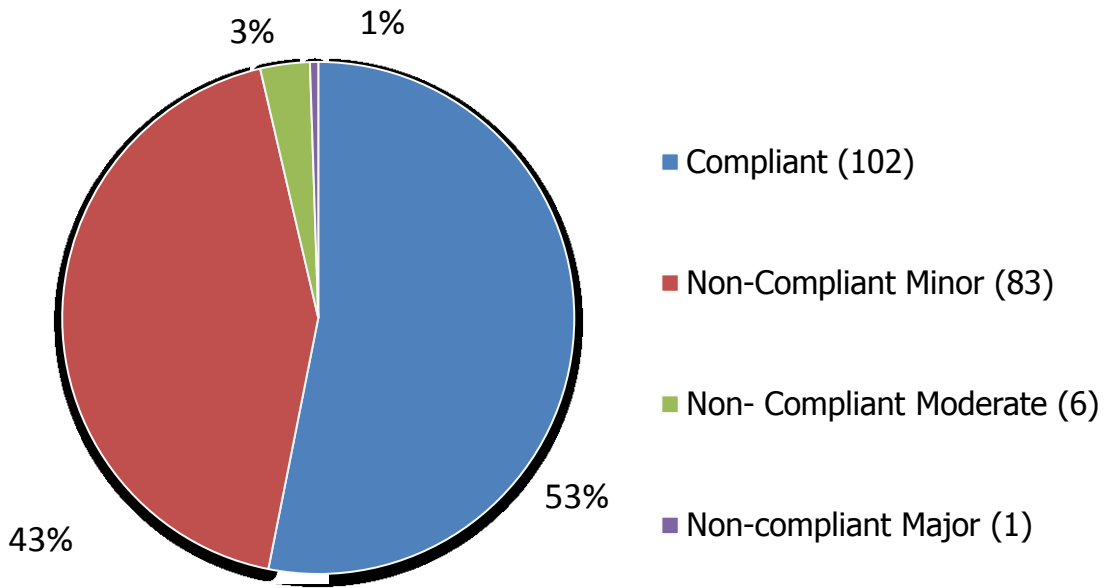
### **5.3 Food and nutrition**

A total of 197 centres were inspected under this outcome. Prior to inspection, approximately 98% of the providers (192) submitted a completed self-assessment on food and nutrition, 53% of whom assessed their service to be compliant in relation to the standard on food and nutrition (see Chart 1). The remaining 47% deemed their service to be non-compliant, of whom six providers deemed their service to be moderately non-compliant and 83 judged their services to have minor non-compliances.◊ Overall, providers used the self-assessment to evaluate and improve the quality of service provided. Those with the major and minor non-compliances in their self-assessments had remedied the deficiencies identified and were found to be compliant when the inspection was carried out.

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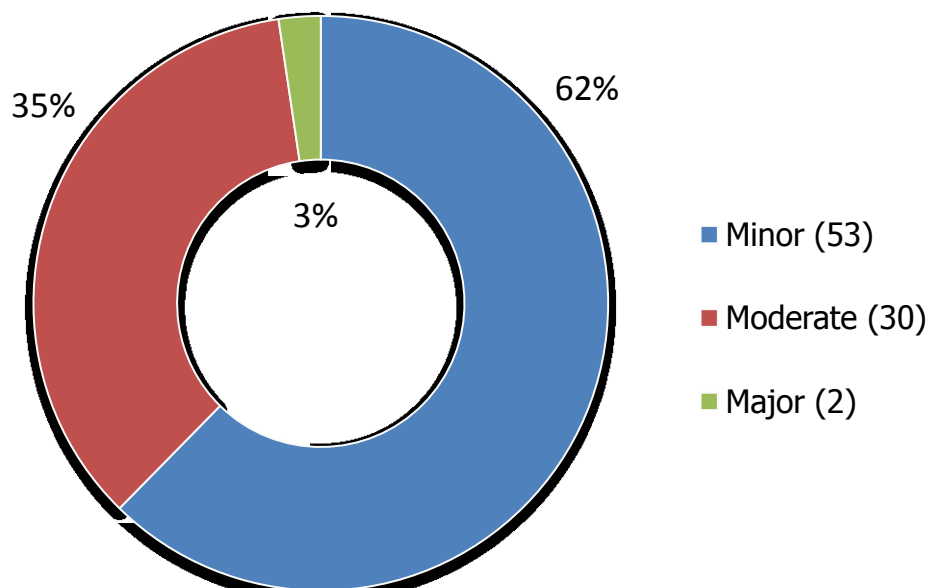
◊ One provider judged its level of non-compliance as major because it did not have a food and nutrition policy. However, at the time of inspection, the policy was in place and was being used by staff to direct care.

**Chart 1. Provider-completed self-assessment findings on food and nutrition (total completed =192)**



Inspectors found that of 195 centres inspected, and the focus of this analysis, 56% of centres (110) were fully compliant in relation to food and nutrition standards. There were two findings of major non-compliance, one of whom had a self-assessed judgment of compliance and the other a self-assessment judgment of minor non-compliance. See Chart 2 below for a breakdown of non-compliances in relation to food and nutrition. Inspectors found 30 moderate non-compliances and 53 minor non-compliances.

**Chart 2. Breakdown of non-compliances found on inspection (total non-compliances = 85)**



### 5.3.1 Essential compliance components

Outcome 15 on food and nutrition requires that the following is achieved:

Each resident is provided with food and drink at times and in quantities adequate for his or her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

In order to support consistent judgments, the Authority inspected Outcome 15 under seven critical components:

1. There is a policy for the monitoring and documentation of nutritional intake.
2. Processes are in place to ensure residents do not experience poor nutrition and hydration.
3. There is access to fresh drinking water at all times.
4. Residents are offered support and enabled to eat and drink when necessary.
5. Food is nutritious, varied and available in sufficient quantities.
6. Food is available at times suitable to residents.
7. Snacks are available throughout the day.

#### Critical component 1

**There is a policy for the monitoring and documentation of nutritional intake.**

All except two of the designated centres inspected had up-to-date policies in place to ensure that residents experienced good nutrition and hydration. Overall, policies met the needs of existing residents. Only four of the policies (2%) required amendment to support residents in relation to specific dietary, religious and cultural needs. This showed significant improvement on the previous year when 21% of policies reviewed did not meet requirements.

Inspectors found that staff members in 174 centres inspected (89%) had received additional training to ensure that they were competent to undertake assessments and meet the diverse nutritional needs of residents. The main topics covered were:

- dysphasia (difficulty in swallowing)
- overview of dietary care in older people
- assessment of malnutrition
- catering in nursing homes
- food hygiene.

A good policy is only useful when put into practice by staff. One centre had a major non-compliance because the policy had not been implemented by staff. In this centre, although nutritional assessments had been undertaken, they did not inform care plans and some residents identified as being at risk did not have appropriate nutritional care plans in place. The care plans lacked sufficient detail to ensure that consistent care was provided. In addition, there was insufficient staff to provide timely assistance and the lack of standardised documentation and monitoring of nutrition presented a risk to residents. The subsequent increase in staffing and other action plans submitted by the provider to remedy these deficiencies were found to be satisfactory.

Four centres had a moderate non-compliance because the policy was not up to date or did not adequately deal with the risks associated with swallowing problems and hydration. Nonetheless, at the time of inspections, residents were found to be well cared for. Three centres were judged to have a minor non-compliance because the policies were found to have some inadequacy or were not fully implemented. In 14 centres, staff did not have adequate knowledge and required additional training in the assessment of malnutrition and swallowing problems, and in meeting the nutritional needs of older persons and the management of residents with diabetes.

## Critical component 2

### **Processes are in place to ensure residents do not experience poor nutrition and hydration.**

The provider self-assessments indicated that all centres had processes in place to ensure that residents did not experience poor nutrition and hydration. Examples of good practice were evident in all of the centres visited. Two internationally recognised validated tools were in use in all centres and staff had been trained in the use of these tools.

Residents' weights were monitored routinely on admission and on a monthly basis, and more often if required. Guidelines were in place to take action when a resident was at risk. Fortification and supplementation of food were very much in evidence and based on individual assessments of needs for each resident. Overall, documentation was well designed and used to support the monitoring of residents' nutritional and fluid intake.

In many centres, staff had effective systems for monitoring weights. These systems facilitate comparisons and the identification of trends, such as weight loss or excessive weight gain. Such systems enable early intervention and can prevent deterioration, and lead to prompt referrals to medical and allied health professionals.

Two centres had moderate non-compliances because residents did not have timely access to dietetic and or speech and language assessments. Inspectors found moderate non-compliances in two centres where the advice of allied health professionals was not reflected in the residents' care plans. In another case, the care plan was not implemented and food intake was not monitored as directed. Six centres had a moderate non-compliance because:

- a resident at nutritional risk did not have a care plan
- care plans were generic and lacked sufficient detail to guide practice
- care plans had not been reviewed as the needs of the residents changed
- residents or their relatives were not consulted about their daily routines or likes and dislikes as part of the nutritional assessment.

Inspectors found a moderate non-compliance in one centre where systems for recording residents' weight did not facilitate comparisons and identify trends such as weight loss to enable early interventions. Fourteen centres were judged to have a minor non-compliance due to minor gaps in care planning, intake records and other documentation.

In the vast majority of centres, menus were displayed in a suitable format, offering residents a choice of suitable meals to meet their individual needs including control over portion size and promotion of healthy eating options. While menus were displayed in all centres, pictorial menus were also used in many centres to assist residents to make an informed choice. In the majority of centres there were good systems of communication between the nurses and the catering staff to ensure that catering staff were updated on any changes and had timely access to information about any new residents who had special dietary needs.

Catering staff often met with new residents to discuss their dietary needs and food preferences. The catering manager or chef routinely attended residents' meetings to ask their views about the food. There was evidence that any issues raised by residents or relatives about food or mealtimes were in the main taken seriously and acted upon.

Good dentition is an important factor in maintaining optimal nutrition. Inspectors found that nurses undertook oral assessments and residents usually had access to dental services in the community and on-site dental services could be accessed for residents when required. Inspectors found that sometimes residents who were less mobile, and who required dental services on site, did not have access to routine dental check-ups. Staff sometimes failed to document oral and or dental care in the residents' care plans.

Overall, residents with diabetes were appropriately monitored and linked to optical, chiropody and specialist diabetic services. In the majority of centres, catering and clinical staff had a good understanding of the specialist needs of residents with diabetes. Inspectors found that where residents did not attend a diabetic service, they were appropriately monitored by the general practitioner (GP) and specialist advice was accessed when required. Inspectors found that three centres had a moderate non-compliance because the management of residents with diabetes was not in line with international best practice.

Moderate non-compliances were found in four centres where residents were not offered choice at mealtimes. This especially impacted on residents who took a pureed diet. Minor non-compliances were found in five centres where residents were unaware that there was a choice on offer at lunchtime. Feedback from residents was not always sought or used to inform service improvements.

Processes in place to ensure that residents did not experience poor nutrition or hydration were not always adequately followed. In 11 centres, inspectors found that residents who were assessed and identified with nutritional risk did not have an adequate nutritional care plan in place to identify interventions to prevent the residents' condition from deteriorating.

### Critical component 3

#### **There is access to fresh drinking water at all times.**

Residents in all except one centre had access to fresh drinking water. The majority of centres had systems in place to replenish water jugs in residents' rooms each day. However, in one centre where many of the residents spent their day either in bed or by their bedside, jugs of water were not available on bed side lockers or tables. Staff provided drinks at mealtimes but were not observed offering fluids at any other times during the day. Following the inspection, action was taken to ensure that residents had access to fresh drinking water and were provided with adequate fluids. Many centres had water stations in communal rooms. Inspectors also saw that providers had put measures in place to improve hydration where residents were offered a variety of hot and cold drinks more frequently. Juices were also made available for residents in lounges and sitting rooms. Some centres had created coffee dock areas where residents and visitors could make and enjoy tea or coffee together.

## Critical component 4

### **Residents are offered support and enabled to eat and drink when necessary.**

In the vast majority of centres, inspectors found that residents were being supported to eat and drink in a balanced and person-centred fashion. Risk assessments were completed on admission to identify residents who were at risk of malnutrition. These assessments were reviewed on an ongoing basis. Nursing assessments detailed each resident's abilities (what they can do independently) and what, if any, assistance they required. Overall, residents were provided with assistive cutlery, cups and plates and non-slip mats to promote independence.

Seating assessments were undertaken and chairs provided to support residents' posture. Referrals were made to dietetic, occupational and speech and language therapists. When community occupational therapists, dieticians and speech and language services were not available, most providers arranged to access this service privately. Residents in two centres did not have appropriate access to occupational therapy assessments. However, following the inspection arrangements were put in place for residents in both centres to access occupational therapy services.

There was sufficient staff on duty to supervise and serve meals and provide appropriate assistance as required. Staff also observed the amount of food and drink taken and completed food intake and fluid balance records when clinically required.

Protected mealtimes are regarded as a positive development to minimise disruptions while resident are having their meals, and remain an important element of safe and effective nutritional care.<sup>‡</sup> Many centres inspected by the Authority during 2014 had introduced protected mealtimes to allow residents to eat their meals without disruption and to enable staff to focus on providing assistance to those residents unable to eat independently. This created a calmer atmosphere in the dining room and meant that medication rounds, visits – apart from visits by relatives who assist with mealtimes – and other activities involving residents were no longer permitted in the dining room at mealtimes. Minor non-compliances were found when a pureed diet was served in a plastic bowl and staff were slow to provide assistance.

A judgment of moderate non-compliance was applied in six centres as there was inadequate staff on duty to provide assistance at mealtimes and the meals were allowed to go cold. Three centres were found to have a moderate non-compliance because staff had insufficient knowledge of the food and nutrition protocols and

<sup>‡</sup> Royal College of Nursing, Nutrition - protected mealtimes. See, [http://www.rcn.org.uk/development/practice/nutrition/improvement\\_actions/protected\\_mealtimes](http://www.rcn.org.uk/development/practice/nutrition/improvement_actions/protected_mealtimes).

policies. There was no system to ensure that food was fortified, while food intake charts were not maintained.

Poor communication was an issue in three centres. In one centre, a resident with special dietary needs was not provided with appropriate food or drink because the advice from the speech and language therapist had not been communicated to the catering staff. In another centre, the supplements recommended by the dietician had not been prescribed by the doctor. In two centres, a risk was identified because the dietician and kitchen staff or nurses and catering staff used different terminology to describe modified consistency diets.

Overall, dining facilities were homely and met the needs of the residents. Outcome 12 (Safe and Suitable Premises) deals with non-compliances that relate to dining facilities. Eight centres were found to have a moderate non-compliance because the dining facilities were too confined to accommodate all residents. In particular, residents with dementia seemed to have a less fulfilling dining experience when dining facilities were not spacious enough. Two centres were found to have a major non-compliance because they had no separate dining room facilities and many of the residents took meals on a tray in bed or by their bedside. Eating in a confined space also presented a risk to the safety and welfare of residents.

### Critical component 5

#### **Food is nutritious, varied and available in sufficient quantities.**

All the centres provided residents with nutritious food that was varied and available in sufficient quantities. Inspection findings therefore verified the providers' own self-assessment in this respect. The majority of centres had rolling four-to-six weekly menus which had been assessed by a dietician to ensure that residents were provided with a varied and nutritious diet. In the majority of centres, it was commonplace for dieticians to meet with catering staff to discuss cooking methods and options for residents who had specific dietary needs. Residents were consulted about their food preferences and where they did not have capacity, family members provided information about food preferences, their likes and dislikes. Menus were also amended as the profile of residents changed.

Inspectors were on site for two meals. They found that meals were hot and wholesomely presented and that residents were offered a choice of food at each meal time, and that individual preferences were readily accommodated. Portion sizes were appropriate and second helpings were offered. Residents who required assistance at meals received this in a sensitive and appropriate manner and independence was promoted. In general, meal times were unhurried and provided opportunity for social interaction. Residents, who required their food to be pureed,



were served this food in individual portions and had a choice of food at the main meal.

All the self-assessment questionnaires indicated that residents were offered choice in relation to their food preferences. However, in nine centres inspectors found that not all residents were offered choice outside of the main meal, and residents who required a modified diet were not always offered the choice available to other residents. For example, in two centres, inspectors found that the arrangements in place for providing meals to residents when a meal had been missed were inadequate. In another centre, the menus had not been evaluated by a dietician to determine if they were nutritious, sufficient and varied. Two centres had a moderate non-compliance because residents who required a modified diet were only given milk pudding each evening. There was no evidence that the preferences of the resident had been actively sought and auctioned. Judgments of minor non-compliance were made when food was found to be nutritious, varied and available in sufficient quantities, but when there was limited choice for residents should they not wish to eat what was on the menu for that particular meal.

## Critical component 6

### **Food is available at times suitable to residents**

Inspectors found that meals were served at times to suit residents in the majority of designated centres inspected. However, there was a pattern in some centres where staff went off duty by 5.30pm and therefore the evening meal was often served too early. In most cases, the residents spoken with agreed that supper was too early. In response, these centres reviewed their arrangements and changed to a later supper time. However, 10 centres were judged to be non-compliant because of the timing of meals, an example being where evening meals were served at 4.15pm to facilitate the staff going off duty rather than the residents' preference. In another centre, the inspector found that the timing of breakfast was an issue. Breakfasts were served before 8am even though some residents preferred a later breakfast. The lack of consultation and choice offered to residents was reflected in the fact that some residents received their breakfast quite early in the morning with some being woken up to receive their meal. The Authority issued actions in all these cases requiring the provider to ensure mealtimes were appropriate to the needs of the residents

## Critical component 7

### **Snacks are available throughout the day.**

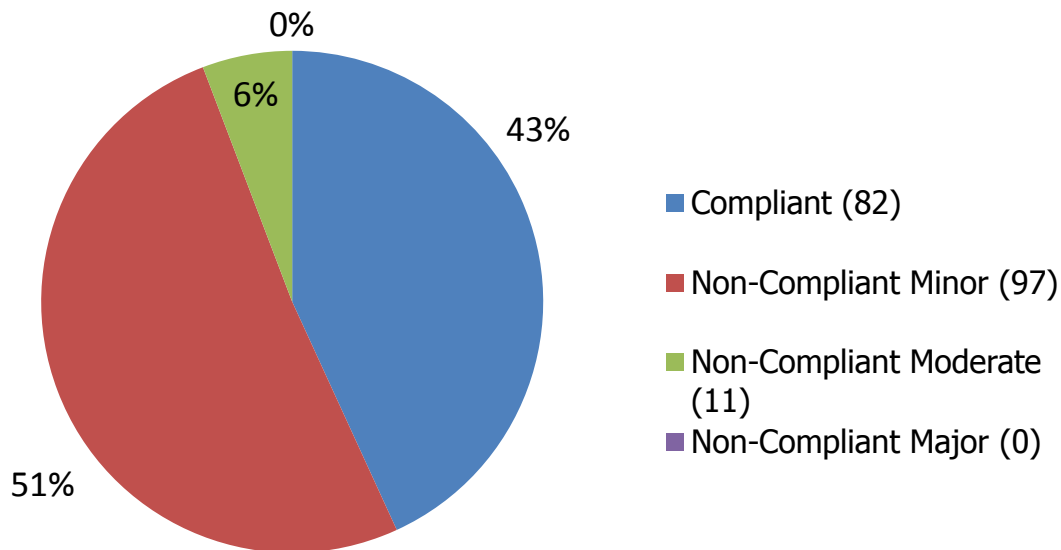
Inspectors found that residents in all the centres inspected had access to nutritious snacks throughout the day and the night. Before they went off duty, it was commonplace for catering staff to leave a supply of nutritious foods such as soups, milk puddings and sandwiches for residents. Staff viewed this as very important for residents who choose to eat a little and often or residents with dementia who may be awake or up and about for periods during the night. Finger foods were also provided for residents who preferred not to partake in a formal meal.

## **5.4 End-of-life care**

The same 197 centres inspected on food and nutrition were also, during the same inspection, inspected on end-of-life care. Prior to inspection, the providers of 190 of the 195 centres included in this analysis submitted a self-assessment on end-of-life care. Less than half (43%, or 82 centres) self-assessed their service to be compliant with the standards and regulations in relation to end-of-life care. One hundred and eight (57%) deemed their service to be non-compliant to different degrees. Eleven providers deemed their service to be in moderate non-compliance, and 97 (51%) judged their services to have a minor non-compliance (see Chart 3).

Overall, providers used the self-assessment to evaluate and improve the quality of service provided and many of those with minor non-compliances in their self-assessments had remedied the deficiencies identified in advance of the inspections.

**Chart 3: Providers' self-assessed findings on end-of-life care (total self-assessments submitted = 190)**

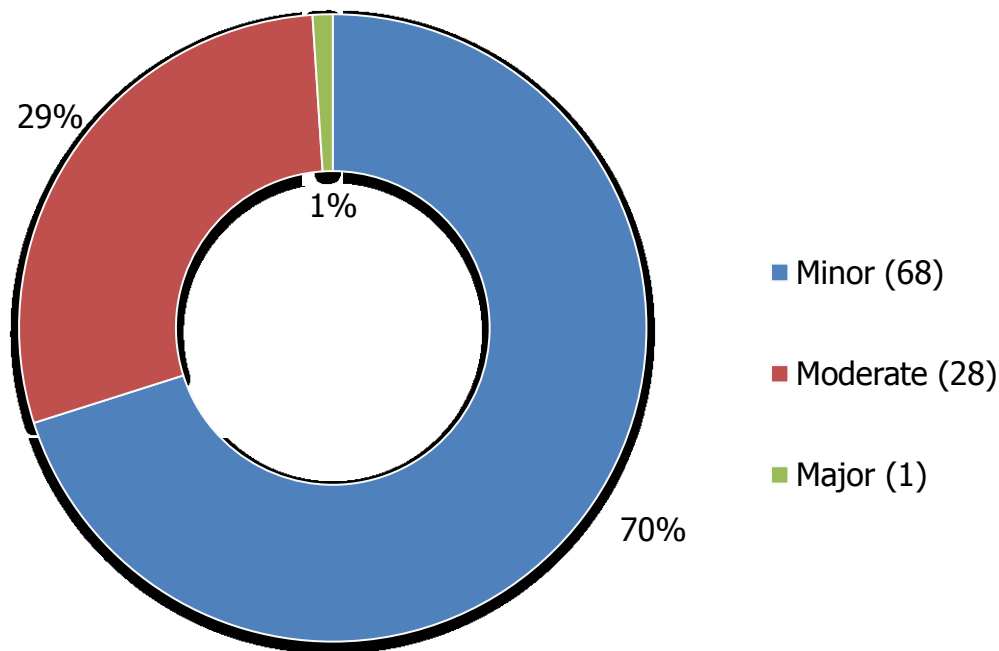


Of the 195 centres in this analysis, inspectors found that 98 centres (50%) were compliant with the standards and regulations in relation to end-of-life care.

Chart 4 on the following page shows a breakdown of non-compliances in relation to end-of-life care in 97 centres. A total of 68 centres (35%) had minor non-compliances and 28 (14%) had moderate non-compliances. One centre had a major non-compliance.

The correlation between the findings on inspection and providers' judgments in relation to end-of-life care was substantial. Some providers had remedied deficiencies and were in compliance at the time of inspection. While the provider of the centre with a major non-compliance had made a judgment of minor non-compliance in the self-assessment, most providers made a realistic assessment of their service and used the Authority's judgment framework appropriately to determine compliance or the grade of non-compliance.

**Chart 4. End-of-life care inspection findings – breakdown of non-compliances (total non-compliance = 97)**



#### 5.4.1 Essential compliance components

Outcome 14 requires that:

Each resident receives care at the end of his or her life which meets his or her physical, emotional, social and spiritual needs and respects his or her dignity and autonomy.

In order to support consistent judgments, inspectors assessed Outcome 14 under five critical compliance components:

1. Care practices and facilities are in place so that residents receive end-of-life care in a way that meets their individual needs and wishes and respects their dignity and autonomy.
2. All religious and cultural practices are facilitated.
3. Family and friends are facilitated to be with the resident when they are dying.
4. Residents have a choice as to the place of death.
5. There is access to specialist palliative care services as appropriate.

## Critical component 1

**Care practices and facilities are in place so that residents receive end-of-life care in a way that meets their individual needs and wishes and respects their dignity and autonomy.**

Overall, residents received appropriate and safe end-of-life care. They had support in making decisions about their care. Generally staff members were experienced, knowledgeable and committed to providing good care outcomes for residents. Providers had used the self-assessment questionnaires to identify areas for improvements and had put action plans in place to address these. Many of the providers had updated their policies and systems to ensure that staff understood and implemented the policies. Inspectors found that considerable work had been done to improve policies in relation to end-of-life care. Only 23 (12%) of policies did not inform all aspects of end-of-life care compared to 44% of policies in centres inspected in the previous year.

Inspectors found that in most of centres inspected (85%), residents, or family members, if appropriate, were given timely information in order to make informed choices about future health events. Significant improvements had been made in advanced care planning and documentation of residents' wishes and preferences. Inspectors found that in 165 of the 195 centres included in this analysis of thematic end-of-life care inspections, residents were given opportunities to discuss their end-of-life care, while residents' wishes and preferences were documented when completing a nursing assessment. There was evidence that this improvement was aided by staff training and the use of advanced planning tools such as the 'Key to Me' and 'Think Ahead' to access more information about residents' preferences and wishes in everyday life as well as their wishes for end-of-life care. Relatives and friends had positive views about the residents' quality of life as well as the quality of end-of-life care.

A pro-active approach to planning end-of-life care in consultation with the resident was a relatively new concept for staff in many of the centres. Although staff provided good end-of-life care to residents and their families, they sometimes lacked the competence and skills to engage residents in discussions about their wishes and preferences for end-of-life care. Thirty centres were judged to have minor or moderate non-compliance because residents didn't have end-of-life care plans, care plans for end of life were developed only when death was imminent, or care plans lacked sufficient detail to guide holistic care. In 34 centres, end of life was not revisited during a care-plan review.

Staff told inspectors that training had helped them to develop the confidence to engage with residents and discuss their future care, including treatment options, hospitalisation, resuscitation and death. This approach meant that end-of-life care was planned when the residents had capacity to input into the planning of their own care. Relatives usually engaged in discussions about end-of-life care and funeral arrangements. But many centres, especially those that participated in programmes such as the Hospice Friendly Hospitals Programme (Irish Hospice Foundation), were on the journey to improving the quality of life and the end-of-life experience for residents.

Residents and their relatives participated in end-of-life discussions with the healthcare team to plan the future healthcare and end-of-life care needs of the resident. Many centres had positive reports of doctors engaging in discussions about planning the management of future health events and end-of-life care. Inspectors also found examples of good practice where residents had an end-of-life care plan which outlined their resuscitation status if they were to have antibiotic therapy to treat infections and if they were to be transferred to hospital if they required acute care.

Clear communication with medical and nursing staff, residents and families is essential when planning the end-of-life care needs of residents. Inspectors found that nursing staff had upskilled in areas such as subcutaneous hydration and symptom management to ensure that appropriate care was being delivered without the resident being transferred to hospital.

## Critical component 2

### **All religious and cultural practices are facilitated.**

In the self-assessment questionnaire, all except two providers reported that the residents' spiritual and religious needs were met. Relatives who completed the next-of-kin survey were satisfied that residents' religious and spiritual needs were met to a high standard.

On almost all inspections, it was found that religious and spiritual needs were appropriately met. Overall, inspectors found that residents who did not belong to a specific faith group had their needs and wishes respected. All the centres, except one, had an altar and other religious symbols (when appropriate) for use when residents were approaching death. The tradition of paying respects to a deceased resident was generally upheld and many centres held annual memorial services for residents who had died during the previous year. Residents and families were invited to participate in these events. In the majority of centres, there was evidence that

personal effects were returned to the family in a respectful manner with due consideration for the families' needs. Despite this, eight centres had a minor non-compliance for failing to maintain an up-to-date inventory of possessions or failing to document the return of possessions to family members.

Two centres were found to have a minor non-compliance because no documented procedure was in place for the care of remains following death. However, the information was communicated verbally and staff interviewed had a good knowledge of how to care for the remains of a deceased resident.

### Critical component 3

#### **Family and Friends are facilitated to be with the resident when they are dying.**

Family and friends were facilitated to be with residents who were at end of life in all the centres visited, which was accommodated by unrestricted visiting for them in all the centres. Inspectors found that visitors in all the centres in these circumstances had access to refreshments, while 182 out of the 195 centres inspected provided overnight napping facilities for visiting family and friends. The type of overnight facilities varied from an armchair or reclining chair or sofa bed in the resident's bedroom, to a specific relatives' room with couches, reclining chairs or a sofa bed.

Inspectors found that all centres provided support to relatives and close friends. The vast majority of relatives, who responded to the next-of-kin questionnaire, rated as 'very good' and 'excellent' the support offered to families. Two centres had a judgment of moderate non-compliance where relatives were not included in discussions about the care their relative received at end of life or following the death of a resident. Minor non-compliance was found where verbal support was not augmented with appropriate bereavement literature.

## Critical component 4

### **Residents have a choice as to the place of death**

The physical environment is an important component in end-of-life care. Relatives valued the provision of a physical space so that residents and their families could have privacy when residents were very ill and at the time of death. The vast majority of the centres inspected had a single room that could be used when a resident was at the final stage of their life. The availability of single rooms at time of death was higher in private nursing homes than in public units, but their availability for end-of-life care was often dependant on occupancy. A judgment of moderate non-compliance was made in 25 centres for failure to ask residents for their wishes in relation to their preferred place of death and failure to make reasonable efforts to procure a single room for residents who expressed a wish for a single room for their end-of-life care.

Some providers upheld the autonomy of residents and ensured that systems were put in place to support residents to return home if this was their wish. However, the majority of residents had multiple complex needs, and family and staff agreed that full-time nursing care was necessary.

## Critical component 5

### **There is access to specialist palliative care services as appropriate.**

Inspectors found that residents in all centres had access to specialist palliative care services when required. The palliative teams were consultant-led and specialist nurses visited residents on site as well as supporting and training staff in order to ensure continuity of care. Some GPs also had specialist experience in palliative care. Staff indicated they had good opportunities to undertake training and they told inspectors they were supported in their roles. In many centres, care assistants had completed the Palliative Care Support Module (Level 5) accredited by the Further Education and Training Awards Council (FETAC). Some nurses had studied at post-graduate level and had been awarded a masters degree or diploma in palliative care nursing, while others had certificates for distance learning courses. The majority had attended short courses which promoted a palliative care approach and had input in relation to symptom management and medications used in end-of-life care. Residents also had access to other specialist services such as medicine for the elderly and psychiatry of later life. Inspectors noted that access to psychiatry-of-later-life services was dependent on geographical location.



Records of residents who had received palliative care indicated that they had received appropriate and compassionate care for their condition. Minor non-compliances were found when end-of-life policies were found lacking in that they did not always guide staff in relation to when to make a referral to the palliative care team.

The availability of sufficient competent staff is crucial to the effectiveness of any palliative care intervention. Six centres had responded positively to findings from previous HIQA inspections and were found to be compliant in relation to suitable staffing. However, 35 centres were judged to be non-compliant in situations where there was insufficient staff on duty or where staff were not adequately supervised, or where staff members were incapable of providing appropriate care. Three were judged to have a major non-compliance because staffing levels were inadequate and presented a significant risk to the safety of residents. Fifteen centres had a moderate non-compliance because the staffing levels and skill mix was found to be less than the best possible at various times during the day or night. In 21 centres inspected, inspectors found that staff required further education or training to provide appropriate care to meet residents' needs.

## **5.5 Other outcomes**

While the thematic inspections focused on standards relating to end-of-life care and food and nutrition, inspectors examined practices that fell under other outcomes, where they had an impact on the quality of care and support provided in relation to end-of-life care and food and nutrition. These issues are covered in section 4 of this overview report.

## **5.6 Food and nutrition and end-of-life care – summary and conclusion**

The aim of the thematic inspections programme was to monitor and promote improvement in the standard of care provided to residents in relation to the two outcomes: food and nutrition and end-of-life care.

The findings indicate that the themed approach facilitated improved outcomes for residents by creating a regulatory structure, process and focus for providers and staff to improve the care provided. Providers and persons in charge used the best practice guidelines and the self- assessment in order to benchmark the quality of their service. The concept of self assessment has proven to be effective in that most providers made a realistic assessment of their service and used the judgment

framework appropriately. They identified aspects of care which were good and also areas that required improvement. Improvement plans were progressed and sometimes completed prior to inspection with many staff and management in the sector networking in order to share resources and learning.

It was evident that providers invested substantially in the provision of training for their staff in relation to both outcomes. Inspectors found that at least 84% of centres were fully or substantially compliant in relation to both outcomes on the days of inspection. This fact provides assurance that the centres inspected were continually improving the care provided to residents with good practice introduced in most centres over the course of the programme.

The above compliance levels – in tandem with feedback from the providers, along with the positive and constructive response to the action plans issued by the Authority as a result of inspection programme – demonstrates the impact and effectiveness of the thematic approach.

It was also evident that services in relation to palliative care provided by the Health Service Executive (HSE) and general practitioners (GPs) supported and improved outcomes for residents across the sector and that the availability of professionals such as dieticians, occupational therapists and speech and language therapists was critical to supporting care delivered to residents.



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