



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte



Annual overview report on the regulation of designated centres for older people – 2013

May 2014

Safer Better Care



About the Health Information and Quality Authority

The Health Information and Quality Authority (the Authority or 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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Chief Inspector's overview

The decision of an individual or a family to avail of long-term care in a nursing home or residential care centre (officially known as designated centres¹) can be fraught with anxiety and uncertainty, with one of the biggest anxieties relating to the quality and safety of care that will be provided within the centre.

The regulation of designated centres for older and dependent persons is one key mechanism that aims to provide assurance to individuals and their families. Since 2009, the Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided in designated centres in Ireland. This means that a framework of standards and regulations against which services should be provided is in place.

Another key assurance mechanism is the registration and monitoring of the quality and safety of those services by HIQA as the State's health and social care regulator. The requirement to provide assurance on issues of quality and safety of services now and into the future is further emphasised by the changing profile of our population.

According to Central Statistics Office figures, the number of people aged over 65 years and those aged over 85 years increased by 14.4% and 21.6% respectively between 2006 and 2011 – a rate faster than our EU neighbours. This has the resulting impact that an increasing number of people within that age group will need some form of long-term care – possibly residential care – into the future.

Within this population levels of frailty and complexity of medical needs are also increasing, meaning that there is a growing need to ensure that where care is provided in a residential setting, it reflects a 21st century standard and is underpinned by robust evidence-based practice.

These emerging population trends and vulnerability profiles mean that the State is becoming increasingly reliant on assurance being provided on the quality and safety of services by HIQA.

In this report we have published for the first time an overview of our regulatory programme in designated centres. It spans the period 1 January 2013 to 31 December 2013 and provides information about the 566 designated centres that were registered by the Authority as of 31 December 2013.

The report also outlines our evolving approaches to the regulation of services. This reflects the need to use regulation as a mechanism for improvement and to make sure that we are targeting our resources at areas of greatest need and highest risk.

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

Our processes, therefore, seek to ensure that the health, wellbeing and quality of life of people in residential care are promoted, protected and improved.

It was with this drive for improvement in mind that during 2013 we introduced the concept of thematic inspections in areas where we believed that focused attention would help drive quality and safety within the sector.

In 2013 the areas for focused attention were end-of-life care and food and nutrition. These inspections were carried out as a pilot programme in 52 designated centres.

Overall, our findings within the pilot provide us with assurance that the centres inspected show signs that they are continually improving the care provided to residents in the areas of food and nutrition and end-of-life care. Good practice in both thematic areas was observed in the majority of centres inspected and our inspectors noted improvements in most centres following inspection.

The feedback from service providers and the inspection findings both demonstrated a positive impact through the use of the thematic approach. As a result of this pilot we will be applying the same methods to all remaining designated centres in 2014, with a view to identifying further inspection themes for 2015 based on our knowledge of the services.

This report also details our regulatory activity in respect of registration, inspection, other monitoring activities and necessary enforcement actions carried out in 2013. It provides an analysis of the action plans arising from our inspections of centres.

2013 marked the beginning of the second three-year registration cycle for designated centres for older people. Renewing providers' registration is a public confirmation that they have maintained their fitness to carry on the business of running a nursing home.

During 2013 we processed 82 registration-related applications. Fifty two of these applications were in respect of registration renewals, as each registration expires at the end of the three-year registration cycle. The remainder related to new registration and amendments to the details and status of current centres.

Our inspections take place to assess providers' continuing compliance with the regulations and standards and to gather evidence on which to make judgments regarding the ongoing fitness of the provider.

In 2013 we carried out 814 inspections of 565 centres, 78% of which were unannounced, while 22% were announced. These inspections can take place on any day and at any time of the day.

In outlining the outcomes of the inspections, this report sets out an analysis of the action plans contained in 697 inspection reports published in 2013. In the main these action plans reflect deficits or areas of non-compliance in services and provide a framework for providers to outline prescribed actions aimed at making their service compliant.

The 697 reports represent all reports of inspections of residential care centres for older people published in 2013, other than the reports published as part of the pilot programme of thematic inspections. We inspect and report under a maximum of 18 outcomes, each of which is a statement of what is expected in a service when the relevant standards and regulations are met.

The analysis of action plans in this report is set out under the five themes:

- Governance, leadership and management, under which 1,119 required actions were specified
- Safe care and support (2,726 required actions)
- Effective care and support (2,943 required actions)
- Person-centred care and support (959 required actions)
- Workforce (950 required actions).

In many cases the providers' responses to inspection findings included measures already taken immediately following inspection to address non-compliances. It should be noted that there are also numerous examples of good practice found across designated centres. These are reflected in our published reports.

Two key areas of note within this report relate to the number of issues identified in health and safety and risk management, and medicines management in designated centres.

In respect of health and safety and risk management, this outcome was specifically examined by inspectors on 97% of the inspections. Inspectors identified 1,807 actions required to address non-compliance under this outcome in 417 of the centres inspected. This represents 21% of all actions required across a significant percentage of designated centres.

In respect of health and safety, 90% of actions required a number of providers to put in place policies and procedures covering the health and safety of residents, staff and visitors. This included updating and reviewing the centres' safety statement and reviewing existing policies and procedures that were not sufficiently centre specific.

Some examples noted within the report show that in relation to fire safety precautions, 27% percent of actions highlighted deficits in areas such as fire drills and practices, ensuring that staff and residents are aware of the procedures to be followed in the event of fire. Also included were the preparations of personal escape plans for individual residents. Eighteen per cent of the actions required the provider to ensure that staff had suitable training in fire prevention.

In respect of risk management, 50% of actions required providers to improve their risk management policies for centres with fundamental elements such as ensuring the centre's ability to identify, record, investigate and learn from serious incidents or untoward events.

Some common actions highlighted related to the management of access to specific areas of the centre, ensuring proper storage of equipment, and to provision of call-bells in named locations. In addition, deficits were also noted in some centres' risk assessments on issues such as the opening of windows and the arrangements in place for residents who smoke.

On the issue of medicines management, further deficits were noted as requiring action in 325 of the centres inspected. These actions related to providers being required to put in place practices and written operational policies on ordering, prescribing, storing and administering to residents, handling and disposing of unused or out of date medicines and ensuring that staff working within centres were familiar with these policies.

Registered providers or persons in charge of designated centres for older people are required by legislation to notify us without delay of certain adverse or potentially harmful events that have taken place within their centres.

We received 5,362 of these notifications in 2013. We also received 355 items of unsolicited information relating to 213 centres during 2013, most of which came from concerned relatives of residents. All of this information was risk assessed by our inspectors who consider any risks arising from the information and in turn engage the most appropriate regulatory intervention.

The Authority uses this information and the outcomes of our inspection work to inform and plan for our future regulatory activity, such as the selection of topics for our ongoing programme of thematic inspections. Findings on inspections, such as those presented in this report, also inform the guidance we produce to assist providers to improve the quality of services. In 2013, we issued guidance and regulatory notices on issues such as risk management, residents' finances, statement of purpose, the use of restrictive behaviours, end-of-life care and the provision of intimate care.

The Authority's approach to responsive regulation ensures that those providers who are persistently non-compliant with the standards and regulations, and who place service users at risk of harm, are identified quickly and face proportionate and meaningful enforcement action.

Formal enforcement procedures were used in respect of one centre in 2013, when a decision to cancel registration of the centre was issued in January 2013. In this case the provider consented to the decision of the Authority.

In the main the Authority found that services were compliant with regulations and standards, although certain areas, such as medicines management and risk management, were highlighted as challenging areas in 2013.

During 2014 we will extend our programme of thematic inspections of food and nutrition and end-of-life care in an effort to further drive improvements in these areas.

In line with the outcomes of our inspection programme and any other concerns we received we will ensure that the programme continues to focus on service areas that require improvement in 2014 and 2015.

2014 will also see the introduction of new care and welfare regulations for centres, and, at the same time, revised standards are also being produced by the Authority. All of this activity, along with a commitment to continued improvements in our regulatory approaches, affirms our commitment to ensure that the rights and experiences of older persons in residential care are protected and improved.



Phelim Quinn

Director of Regulation and Chief Inspector of Social Services

SECTION 1: INTRODUCTION

1.1 Introduction

The Health Information and Quality Authority (the Authority or HIQA) is responsible for regulating and scrutinising the quality and safety of adult and children's health and social care services across Ireland. The Regulation Directorate of the Authority encompasses the office and role of the Chief Inspector of Social Services and operates in two distinct sections:

- the regulation of adult social care services, and
- the regulation and scrutiny of healthcare and children's services.

The adult social care section has regulated designated centres for older and dependent people since 2009, and the regulation of designated centres for children and adults with disabilities started in November 2013.

This report provides an overview of the regulatory programme for designated centres for older people during 2013. It primarily sets out how we met our business plan objectives to:

'conduct regulation programmes of health and social care services so that those services are driven to continuously improve, and in turn better safeguard people and achieve improved outcomes for service users'

'regulate effectively and efficiently and ensure that its outcomes and impact on policy are communicated to all relevant stakeholders'.

1.2 Stakeholder engagement

In line with our business objectives, we continued to work closely during 2013 with diverse groups of people in the execution of our functions. These stakeholders included:

- people who use health and social services
- their family and friends
- carers
- the public
- health and social care professionals
- public, private and voluntary providers
- the Department of Health
- other national and international partners.

Effective stakeholder engagement continues to be a key aspect of improving services for older people in Ireland. It is a value-adding activity which contributes to effective regulation, risk management, learning and innovation. It also helps us to identify emerging issues and opportunities for improving the safety and quality of services, and for improving our own performance.

We engaged with a number of national advocacy groups including Age Action Ireland, the Alzheimer's Association and Third Age. We continued to engage with individual providers, Nursing Homes Ireland and the Health Service Executive. A key aspect of this was a number of provider seminars which took place in Dublin and Cork where expert speakers shared their knowledge with providers prior to the commencement of the pilot programme of thematic inspections.

Other key engagement was undertaken with the Irish Hospice Foundation, the All Ireland Institute of Palliative Care, the Irish College of General Practitioners, the Irish Association of Funeral Directors, the Association of Chief Fire Officers, the National Dementia Services Information and Development Centre, the Irish Association of Speech and Language Therapists, the Irish Nutrition and Dietetic Institute and the Irish Society for Clinical Nutrition and Metabolism.

We continued to engage with other regulators to facilitate collaboration in areas of joint strategic and operational interest, and avoidance of duplication of effort and unnecessary regulatory burden on providers. This included engagement with the Health and Safety Authority, the Mental Health Commission, the Pharmaceutical Society of Ireland, the Medical Council and the Nursing and Midwifery Board of Ireland (NMBI).

1.3 Public reporting

The Authority strives at all times to maintain openness and accountability by publicly sharing information about the nature and outcomes of its work. The findings related to its regulatory activity are published on the Authority's website (www.hiqa.ie).

Inspection reports for individual designated centres are made available on the Authority's website as soon as possible after inspection for all stakeholders to read.

SECTION 2: THE REGULATORY PROGRAMME – OVERVIEW

2.1 The regulatory programme

Section 41 of the Health Act 2007 (the Act) sets out the functions of the Chief Inspector within the Authority, one of which is to regulate the quality of service provided in designated centres for older and dependent people and children and adults with disabilities. This function is carried out through the processes of registration, continuous monitoring primarily through inspection of services, and, where necessary, the application of its powers of enforcement.

Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards, the National Quality Standards for Residential Care Settings for Older People in Ireland, which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

2.1.1 Registration

Registration is a process through which individuals and services are assessed in respect of their fitness to provide services defined within legislation and regulations. As part of the registration and registration-renewal process, the provider must satisfy the Authority that she or he is fit to provide the service and that the service is in compliance with the Act and the relevant standards and regulations that apply to the service.

Section 4.1 sets out our regulatory activity in respect of registration in 2013.

2.1.2 Monitoring

Registration relates to a judgment of fitness at a specific point in time. It is the monitoring process that underpins continuing fitness and compliance and ultimately promotes continuous improvement and service-user safety. It is the responsibility of the provider and all persons involved in the management of the centre to demonstrate that the centre is operating in compliance with the standards and regulations.

All information – whether received during or between inspections – is reviewed to ensure a targeted regulatory approach. Specific monitoring interventions will depend on the type and level of risk posed to residents of designated centres and the seriousness of any non-compliance, our primary concern being to protect the health, safety and wellbeing of residents.

The following monitoring activities inform the Authority's judgment in relation to a provider's compliance with the relevant standards and regulations.

Inspection

Inspection is a critical component of ongoing monitoring. The majority of inspections are unannounced. The only exception relates to those inspections that are carried out to inform a decision of registration or registration renewal. Judgments are made and reported on based on the relevant standards and regulations that describe what high-quality safe services should look like and what they aim to achieve for residents, when standards and regulations are met.

Section 4.2 sets out the number and type of inspections carried out in 2013.

The different types of inspection are:

- **'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.

The type and frequency of inspection is based on knowledge of the centre, the provider's history of compliance, whether information indicates that there is a risk to residents, and whether, in line with a proportionate, risk-based model of regulation, another monitoring intervention is more appropriate, such as a requirement for the provider to provide more detailed information or to carry out a provider-led investigation.

Thematic inspections

The process of regulation of services provides opportunities to work with providers with a focus on continuous improvement.

Over a three month period, starting mid-September 2013, the Authority carried out a pilot programme of thematic inspections with a view to their full roll-out across designated centres for older people in 2014. The key objective of this approach is to enable a more intense focus on specific areas of service provision. For the pilot programme, the two chosen areas of focus were end-of-life care, and food and nutrition.

The methodology used in the pilot programme actively supported and encouraged improvement. The Authority clearly set out expectations of providers in a series of seminars, and developed and published evidence-based, good practice guidance on the two areas chosen.

The guidance documents identified the essential elements which a designated centre must have in place as the foundation for the provision of safe, high quality care in the two areas. Self-assessment questionnaires were devised and providers were asked to assess their service and take actions to improve their service prior to inspection fieldwork. The Authority then inspected and reported on the performance of each of the centres in relation to both outcomes.

Section 6 sets out the methodology and findings of the pilot programme of thematic inspections in 2013.

Review of action plans

While inspection findings provide a key source of information in respect of ongoing fitness and compliance, a related monitoring activity looks at the extent to which providers have the capacity, capability and willingness to speedily remedy deficits outlined in the action plans issued with their inspection reports.

When non-compliance has been identified on inspection, it is described in the inspection report and the actions required by the provider to comply with the standards and regulations are set out in an action plan. The provider is given two weeks to return the completed action plan. The completed plan describes the actions he or she proposes to take or have taken to achieve compliance.

On receipt of the completed action plan, the inspector assesses whether the actions proposed by the provider are adequate to sufficiently address the non-compliance. The inspector also considers whether the time frames set by the provider are acceptable.

Underpinning the inspector's judgment of the action plan will be whether the actions proposed by the provider are appropriate to the specific failings identified by the inspector, and the extent to which the actions are specific, measurable and will take place in a reasonable time. Continued non-compliance may form the basis of future regulatory action.

Section 5 describes the number and type of actions that providers were required to take following on from the inspection reports published in 2013.

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 people who have a concern or an issue with a service (unsolicited). All information received by the Authority is logged, risk assessed, and used to inform what further monitoring activity, including inspection, is required.

Section 4.4 describes the number and nature of notifications received by the Authority during 2013, and Section 4.5 sets out the number and nature of unsolicited information received during 2013.

2.1.3 Enforcement

The Authority's approach to responsive regulation ensures that those providers who are persistently non-compliant with the standards and regulations and who place service users at risk of harm are identified quickly and face proportionate and meaningful enforcement action.

It is recognised that the assessment and management of risk are inherent elements in the day-to-day operation of designated centres. However, the Authority's role is not to manage these risks but instead assess the impact of the risk on the safety and or wellbeing of service users and to take necessary action.

During 2013 the Authority developed a new enforcement policy. This policy sets out a stepped approach to responding to identified risk, including, where necessary, issuing immediate action plans, formal meetings with providers, increased monitoring, issuing of improvement notices, and the application of its powers of enforcement, as set out in legislation.

In 2013 formal enforcement procedures were used in respect of one centre. A decision to cancel registration of the centre was issued in January 2013. In that case, the provider consented to the decision of the Authority.



SECTION 3: THE RESIDENTIAL CARE SECTOR FOR OLDER PEOPLE

3.1 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
- Health Service Executive (HSE)-operated residential centres for older people, or
- residential centres for older people operated by HSE-funded² bodies.

All designated centres for older people are required to be registered with the Authority. The Authority maintains two registers, one for private and one for public designated centres. These registers are available on our website (www.hiqa.ie).

As of 31 December 2013, there were 566 designated centres for older people on the registers. The majority of these (75%) were privately-operated nursing homes. The remainder were HSE-operated centres (20%) and centres operated by bodies in receipt of HSE funding (5%).

Table 1. Centres by type of provider as of 31 December 2013

Provider type	Number of centres	Percentage of centres
Centres operated privately on a for-profit or not-for-profit basis	426	75%
Centres operated by the Health Service Executive	115	20%
Centres operated by Health Service Executive-funded bodies	25	5%
Total	566	100%

² Generally, bodies funded under Section 38 and 39 of the Health Act 2004.

3.2 Number of registered beds in centres

The Authority specifies each centre's maximum capacity as part of the centre's conditions of registration. A provider who wishes to increase the number of beds provided in the centre must apply to do so. Before it will grant the application, the Authority must be satisfied of the provider's ability to care for additional residents without diminishing the safety or quality of the care provided.

As of 31 December 2013, the total number of beds in designated centres was 28,785. The majority of these (74%) were in privately-operated nursing homes. The remainder were in HSE-operated centres (21%) and centres operated by bodies in receipt of HSE funding (5%).

Table 2. Number of beds in centres operated by each type of provider as of 31 December 2013

Provider type	Sum of maximum beds	Percentage of beds
Centres operated privately on a for-profit or not-for-profit basis	21,332	74%
Centres operated by the Health Service Executive	6,151	21%
Centres operated by Health Service Executive-funded bodies	1,302	5%
Total	28,785	100%

3.3 Number of registered centres by county

For residents, the location of the designated centre can impact significantly on their quality of life, allowing them to maintain contacts and interests in their local communities and facilitating regular visits from family and friends.

As of 31 December 2013, 19% of all designated centres were located in Dublin. These settings provided 23% of all registered beds. If the bordering counties of Meath, Kildare and Wicklow in the greater Dublin area are included, this accounted for 29% of all centres and 34% of all registered beds. Outside the greater Dublin area, the counties with the most designated centres were Cork (12%) and Galway (8%). These counties were also the counties outside of the greater Dublin area with the most residential beds – 12% and 6% respectively.

Figure 1. Registered centres for older people by county as of 31 December 2013 (total centres = 566)

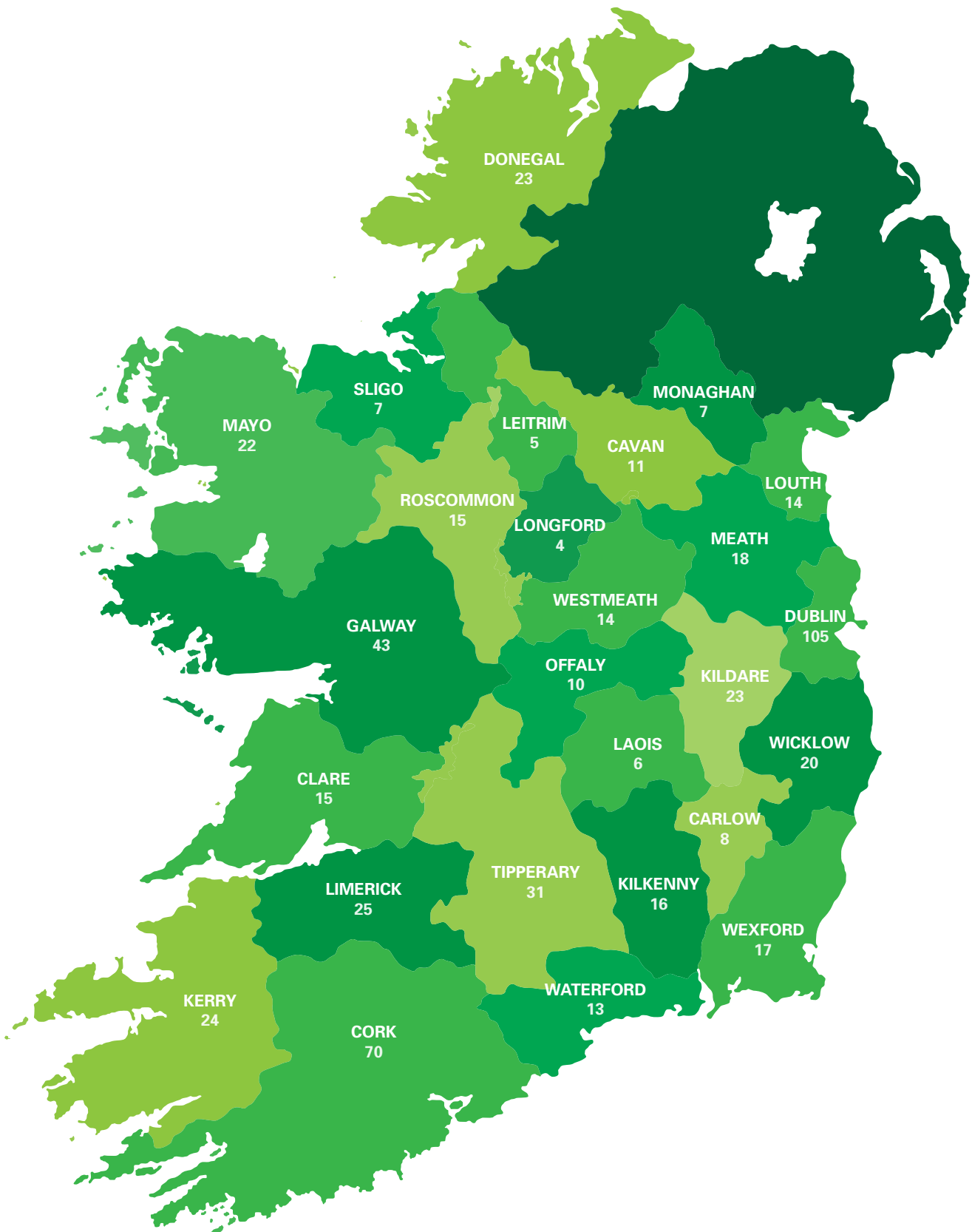
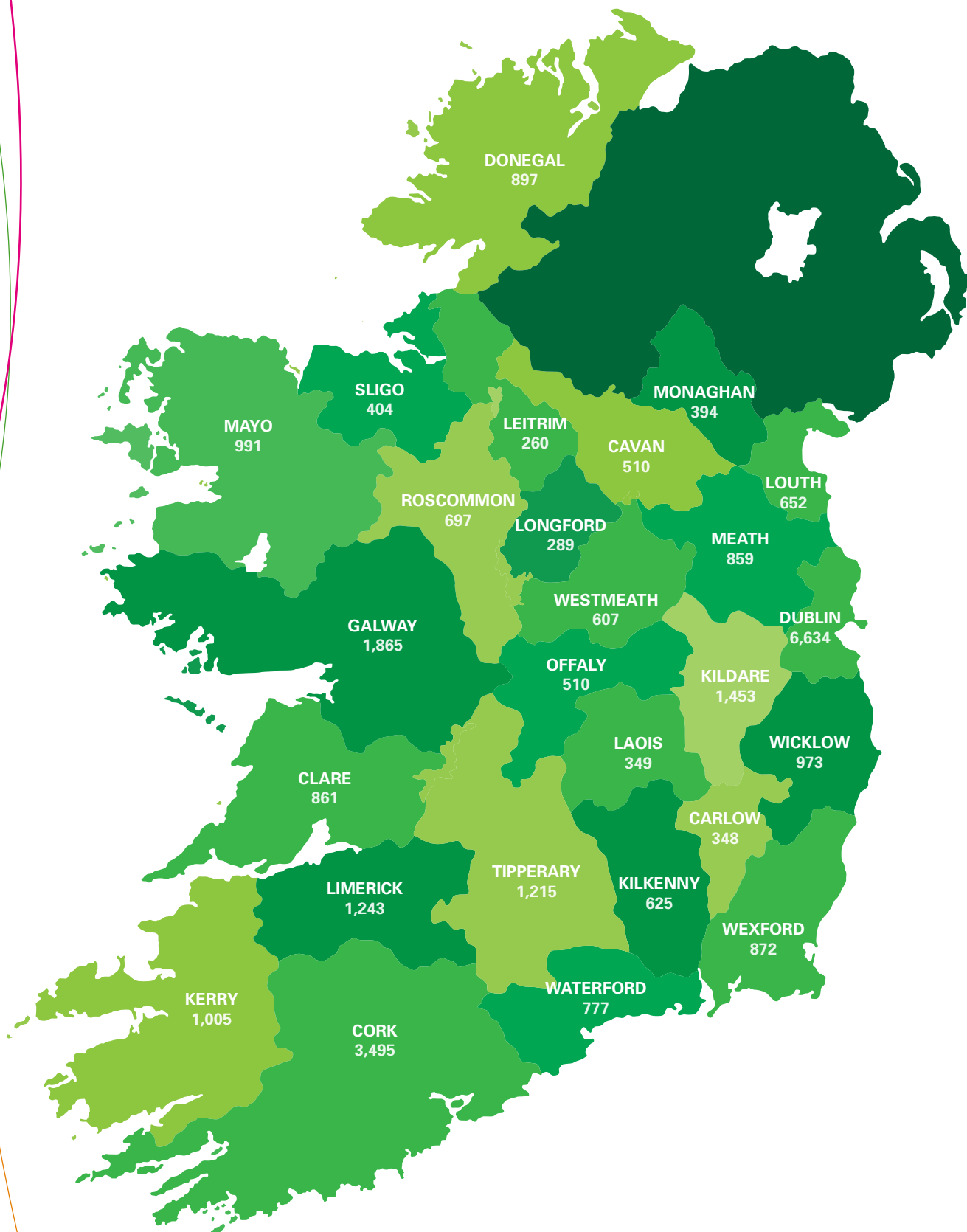


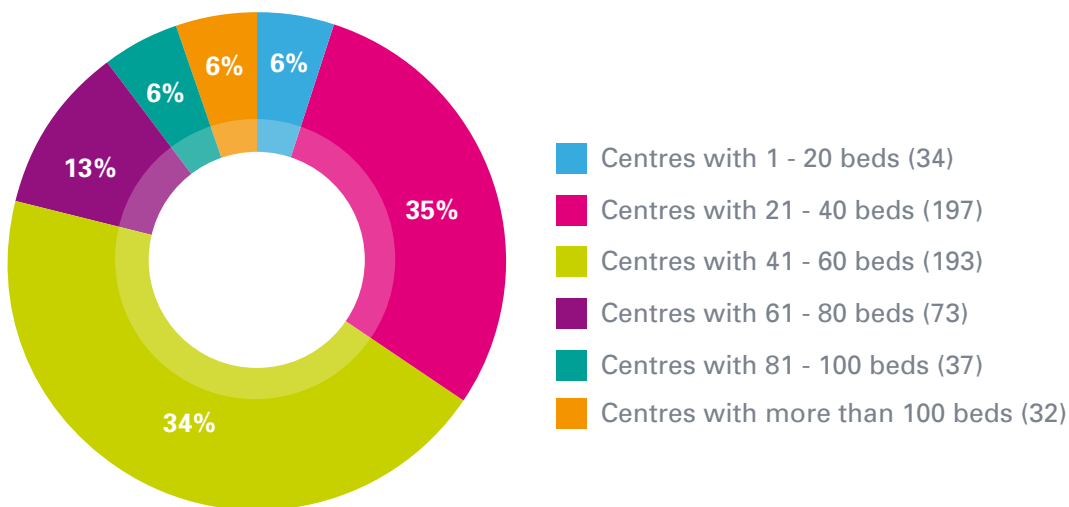
Figure 2. Number of registered beds in centres for older people as of 31 December 2013 (total beds = 28,785)



3.4 Size of registered centres

An analysis of the registration details of all centres shows that 69% of centres have a maximum number of beds that falls within the range of 21 to 60 beds. Seventy two per cent of privately-operated centres have a maximum number of beds within this range, compared to 60% of centres operated by the HSE or by HSE-funded bodies.

Figure 3. Designated centres by number of registered beds as at 31 December 2013 (total centres = 566)

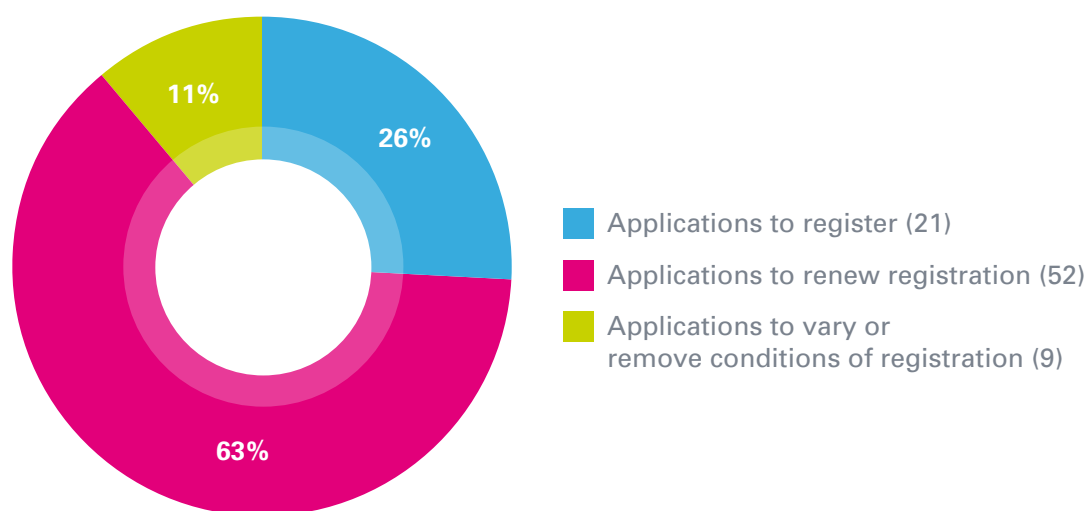


SECTION 4: REGULATORY ACTIVITY

4.1 Registrations processed in 2013

The second three-year registration cycle for designated centres for older people started in 2013. During 2013 the Authority processed 82 registration-related applications. Fifty two of these applications were in respect of registration renewals, as each registration expires at the end of the three-year registration cycle.

Figure 4. Registration applications processed during 2013 by type (total applications = 82)



4.1.1 Registration renewals

Renewing a provider's registration is a public confirmation that the provider and others involved in the management of the centre have maintained their fitness to carry on the business of running a designated centre. The number of registration renewals that take place in any year is dependent on the expiry date of existing registrations. Fifty two providers were granted a renewal of their registration during 2013.

Under Section 50(2) of the Health Act 2007, different conditions may be attached to the registration of a designated centre. Conditions are attached to ensure the safety and welfare of existing and new residents. They govern each centre's operation during the registration period. Failing to comply with the conditions of registration are grounds for cancellation of the designated centre's registration.

All applications for registration are granted with general conditions attached. These conditions require that designated centres operate at all times in accordance with the Act, the relevant regulations and National Standards, all other relevant legislation, and in accordance with the service description set out in the centre's statement of purpose. Two further conditions that apply to all designated centres for older people require that:

- only persons aged 18 years or older are accommodated at the designated centre
- each designated centre is registered for the accommodation of a specific number of residents.

For some applications there may be particular circumstances which require that additional and specific conditions be imposed in order to restrict or limit activity. This is done in the best interests of residents. Specific conditions are only imposed for the purpose of ensuring that the needs of people who use the service are met, and where there is evidence to support imposition of the condition. During 2013 specific operational conditions were attached in respect of three centres.

4.1.2 New applications to register

Twenty one new applications to register were granted in 2013.

- Six applications for the registration of new centres were granted in 2013 (five of which commenced the process of registration during 2012).
- Four applications to register involved a change of provider for existing centres that had been registered.
- Two related to applications that were refused in 2012, and were subsequently granted in 2013 following re-application.
- Nine applications were in respect of a change of legal entity.

4.1.3 Applications to vary or remove conditions of registration

Under Section 52 of the Health Act 2007, in certain situations a provider may apply to vary or remove a condition of registration due to a change of circumstances. Applications to reduce the maximum number of residents accommodated were granted in respect of two centres and applications to increase the maximum number of residents accommodated were granted in respect of seven centres (resulting in an increase of 65 beds in total).

In some cases, depending on the increase involved, applications were subject to a phased schedule of increasing bed capacity in the interests of both existing and new residents. One of the seven applications also included an application to increase the size of the dining room in the centre.

4.2 Inspections conducted in 2013

The Authority conducted 814 inspections of 565 designated centres for older people between 1 January and 31 December 2013. This figure includes thematic inspections, discussed in Section 6.

As discussed in Section 2, there are five types of inspections and not all monitor compliance against every outcome. The type and frequency of inspection and the outcomes identified for assessment are based on knowledge of the centre, the provider's history of compliance, the time since the last inspection, whether information received indicates a risk to residents, or whether the inspection is to inform a registration or registration renewal decision.

Figure 5 shows that the majority 460 (57%) of inspections conducted in 2013 were monitoring inspections where between 6 and 10 outcomes were inspected, while 149 (18%) inspections were 18 outcome inspections. The remainder (25%) were follow-up, single-issue or thematic inspections.

Figure 5. Inspections conducted in 2013 by inspection type (total inspections = 814)

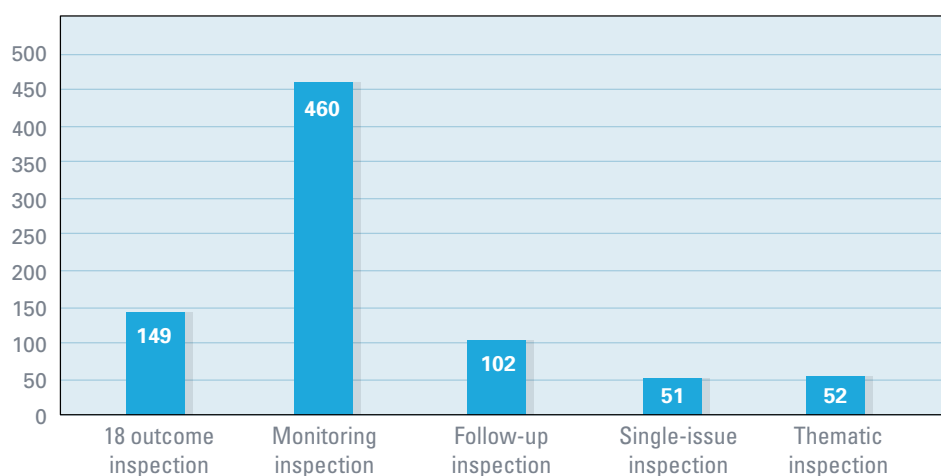


Figure 6 provides the breakdown of inspections conducted in 2013 according to whether they were announced or unannounced. All but two 18 outcome inspections were announced in advance and were conducted to inform registration decisions. The majority of other inspections (78%) were unannounced.

Figure 6. Inspections conducted in 2013 – announced and unannounced (total inspections = 814)

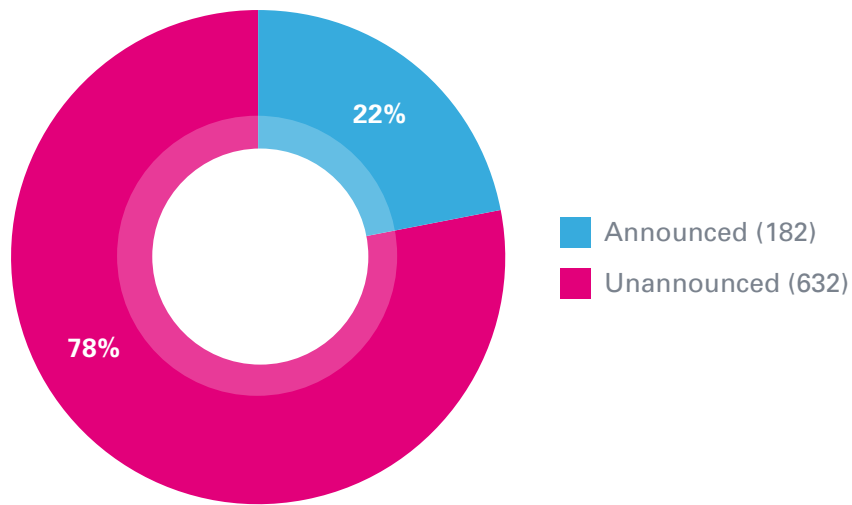
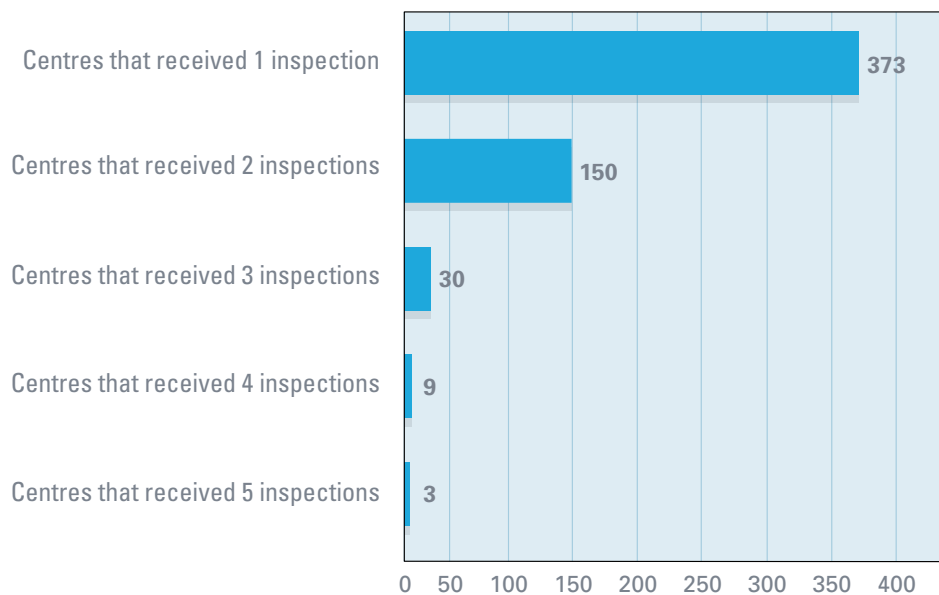


Figure 7 shows the number of inspection visits that individual centres received in 2013. The majority of centres received one inspection.

Figure 7. Frequency of inspection in 2013 (total inspections = 814)



4.3 Number of inspection reports published in 2013

In total, the Authority published 727 reports of inspections of designated centres for older people in 2013. Of those, 697 reported on the on-going regulatory programme for designated centres for older people. Section 5 provides an analysis of the action plans contained in these reports. In addition, the Authority conducted a three-month pilot programme of 52 thematic inspections which started in September 2013. This programme resulted in the publication of a further 30 inspection reports in 2013, and the remainder were published in January 2014. Section 6 provides a summary of all inspection findings from the thematic inspections.

4.4 Notifications received in 2013

Legislation requires providers to notify the Chief Inspector of specified incidents which occur in the designated centre³ without delay. The specific incidents are:

- the death of any resident under the age of 70 including the circumstances of the resident's death
- outbreaks of any infectious disease
- any serious injury to a resident
- any unexplained absence of a resident from the designated centre
- any allegation of suspected or confirmed abuse of any resident
- and any allegation of misconduct by the registered provider or any person who works in the designated centre.

The purpose of these notifications is to alert the Authority to potential risks to the health, safety or wellbeing of residents. The Authority received 5,362 of these notifications from providers in 2013 (see Table 3).

3 Regulation 36(2) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, as amended.

Table 3. Notifications under Part 9, Regulation 36(2) received during 2013

Description	Number of notifications	Number of centres notifications relate to
Notification of the death of any resident under the age of 70 including the circumstances of the resident's death	184	126
Notification of an outbreak of an infectious disease	293	198
Notification of any serious injury to a resident	4,246	525
Notification of any unexplained absence of a resident from the designated centre	171	99
Notification of any alleged, suspected or confirmed abuse of any resident	373	195
Notification of any allegation of misconduct by the registered provider or any person who works in the designated centre	95	59

Upon receipt, notifications are risk assessed by the inspector assigned to the centre. As part of the assessment the inspector considers the impact and the likelihood of any risk arising from the incident, together with the centre's regulatory history. The inspector's response to a notification can range from reviewing the notification at the next inspection, requesting additional information or documentation from the provider, or scheduling an inspection visit. 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.

In addition, the Authority receives quarterly reports on the occurrence of certain events in the centre⁴, and notifications of periods when the person in charge is absent from the centre and of the arrangements in place during the absence.

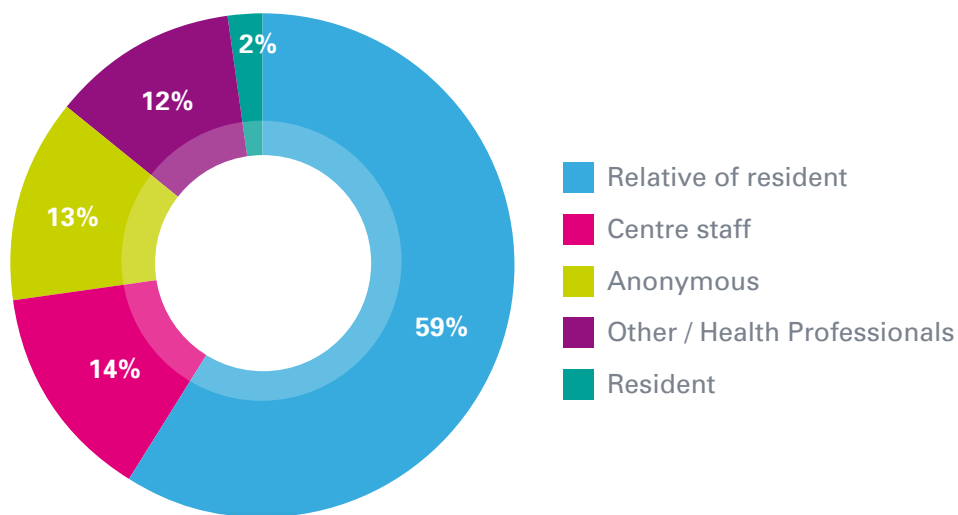
4 Regulation 36(4) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, as amended.

4.5 Unsolicited information received in 2013

The Authority regularly receives unsolicited information, the majority of which comes from concerned relatives of residents. The Authority is not a complaints body and does not adjudicate on individual issues. However, all unsolicited information received by the Authority is logged and risk assessed and is used to inform the most appropriate regulatory intervention. 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 a provider-led investigation, reviewing how the issue was dealt with by the provider on the centre's next inspection, or scheduling an inspection visit to examine any risk indicated by the information received.

The Authority received 355 items of unsolicited information on 213 designated centres for older people in 2013. The majority (59%) of the information was received from relatives of residents (see Figure 8). Other sources of information were centre staff, health professionals visiting the centre in the course of their work, and residents themselves. The subject matter of the information received related to concerns about the quality and safety of care (70%), staffing (16%), and other matters (14%) such as fees, discharge decisions and contracts of care.

Figure 8. Sources of unsolicited information received during 2013



SECTION 5: OUTCOMES FROM THE REGULATORY PROGRAMME – ANALYSIS OF ACTION PLANS

5.1 Introduction

This section sets out an analysis of the action plans contained in 697 inspection reports published in 2013. This represents all reports of inspections of residential care centres for older people published in 2013, other than those published as part of the pilot programme of thematic inspections, the findings of which are discussed in Section 6⁵.

Inspection findings are set out in detail in inspection reports. Where non-compliance has been identified on inspection, it is set out in an action plan in the inspection report. The action plan identifies each action that must be taken by the provider to address the non-compliance identified in the report. The provider is required to return a detailed response, within two weeks, which outlines the measures that have, or will be taken to bring the centre into compliance. On receipt of the completed action plan, the inspector assesses whether the actions proposed by the provider will sufficiently address the areas of non-compliance in an acceptable time frame.

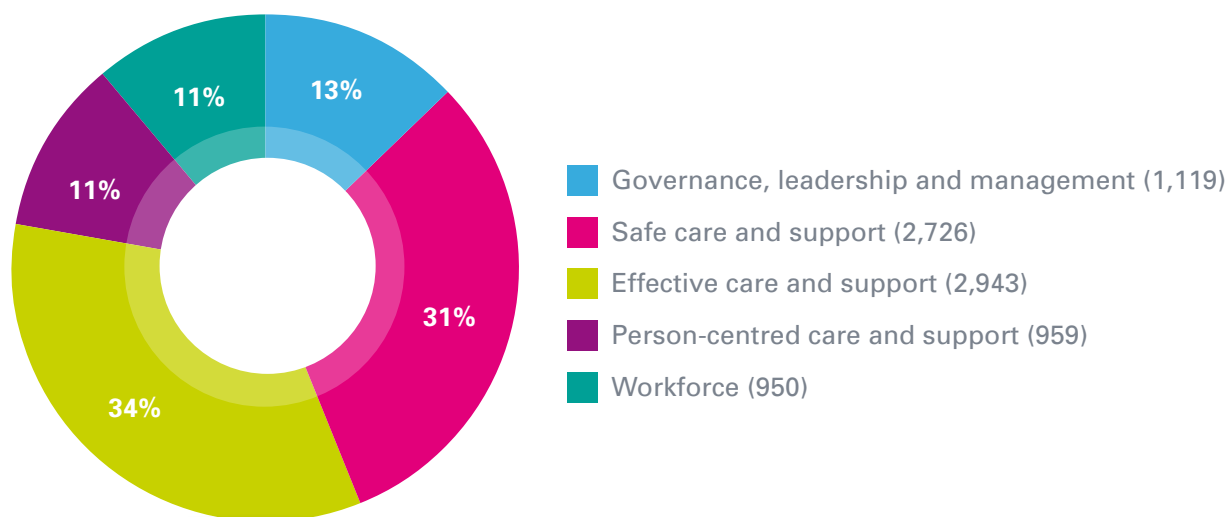
The Authority inspects and reports under a maximum of 18 outcomes. Each outcome is a statement of what is expected in a service when standards and regulations are met. Outcomes are grouped under five themes:

- Theme 1: Governance, leadership and management
- Theme 2: Safe care and support
- Theme 3: Effective care and support
- Theme 4: Person-centred care and support
- Theme 5: Workforce.

5 The fieldwork for the 52 thematic inspections started mid September 2013 and was conducted over three months. Thirty of the inspection reports were published in 2013 and the remaining 22 were published in January 2014. Section 6 contains an analysis of findings from all 52 inspections.

Figure 9 provides a breakdown by theme of the actions required following the inspections.

Figure 9. Actions required for compliance under each theme following the inspection (total actions required = 8,697)



The following section provides an analysis of the number and nature of actions that were required for compliance under the relevant outcomes under each theme.

5.2 Theme 1: Governance, leadership and management

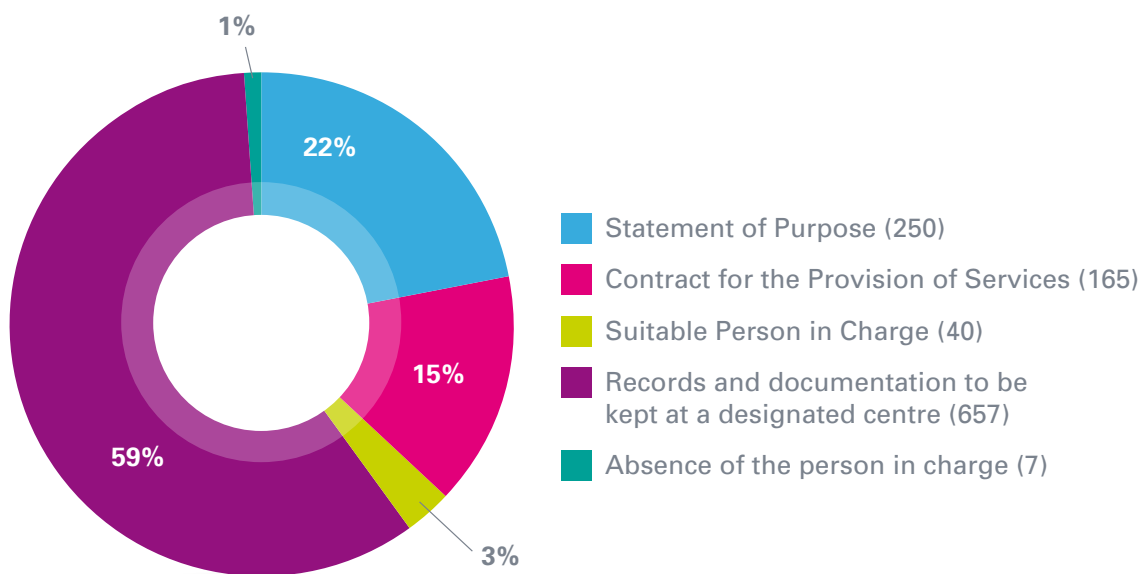
Many providers of designated centres for older people provide only one residential care service. However, while the arrangements in place for the governance, leadership and management of centres will reflect the size and complexity of the provider organisation, in all cases it requires clarity about the aims, objectives and ethos of the service being delivered, clear lines of accountability within the service, between teams, between individual staff members, and, if applicable, within the wider organisation. It also requires robust policies, procedures and practices that are fully understood, implemented and monitored within the service, and the maintenance of accurate, up-to-date and accessible records.

The governance, leadership and management theme covers five outcomes. Each outcome is supported by regulations and the National Standards. Those outcomes are:

- Outcome 1: Statement of Purpose
- Outcome 2: Contract for the Provision of Services
- Outcome 3: Suitable Person in Charge
- Outcome 4: Records and Documentation to be Kept at a Designated Centre
- Outcome 5: Absence of the Person in Charge.

The governance, leadership and management theme accounted for 13% of the total number of actions required in the inspection reports analysed, as outlined in Figure 9 on the previous page.

Figure 10. Actions required for compliance under the leadership, governance and management theme (total actions under this theme = 1,119)



5.2.1 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 residents⁶.

The Authority issued guidance on the statement of purpose in November 2013. It contains explanations of concepts, illustrative examples and a template intended to assist providers to comply with regulations and standards. The guidance is available on www.hiqa.ie⁷.

Compliance with this outcome was specifically examined by inspectors in 66% of the inspections. Inspectors identified 250 actions required to address non-compliances under this outcome in 139 centres.

Just over half of the actions under this outcome were required because the centre's statement of purpose did not contain specific elements such as registration details for the centre, details of the centre's staffing complement, organisational structure, range of needs that the centre is intended to meet, number and size of rooms in the centre and other matters listed in Schedule 1 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

5.2.2 Outcome 2: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged⁸.

Compliance with this outcome was specifically examined by inspectors on 52% of the inspections. Inspectors identified 165 actions required to address non-compliances under this outcome in 134 of the centres inspected.

Nearly three quarters of actions under this outcome were required because the full details of the services to be provided, and the fees to be charged, were not set out in the residents' contracts. Omissions mainly arose where services or items not included in the weekly fee were not fully detailed.

6 The requirements for Statement of Purpose are set out in Regulation 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 28 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

7 <http://www.hiqa.ie/system/files/publications/Guidance%20on%20Statement%20of%20Purpose.pdf>

8 The requirements for 'Contract for the provision of services are' set out in Regulation 28 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standards 1 and 7 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

5.2.3 Outcome 3: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service⁹.

Compliance with this outcome was specifically examined by inspectors in 92% of the inspections. Inspectors identified 40 actions required to address non-compliances under this outcome in 31 centres.

Many of the actions under this outcome were required because the person in charge was not full-time, as required by the regulations. Other actions were required because arrangements for deputising when the person in charge was not present were not fully in place, or were not fully communicated to staff and residents. A number of actions were required because the person in charge was not sufficiently involved in governance, direction and oversight of the service.

5.2.4 Outcome 4: Records and Documentation to be Kept at a Designated Centre

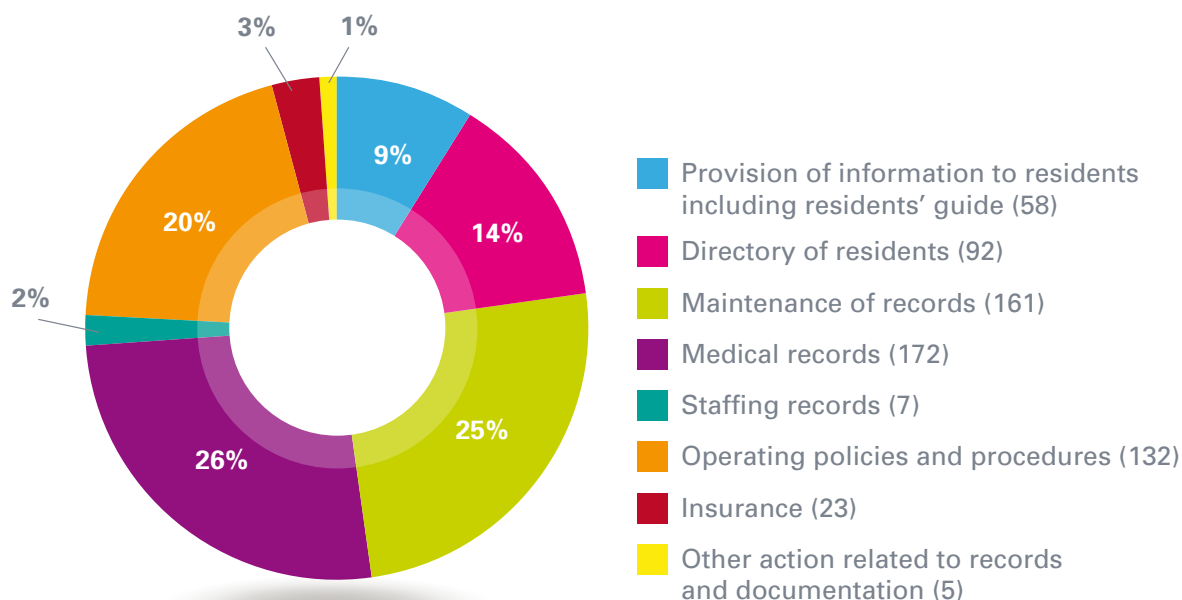
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the regulations¹⁰.

Compliance with this outcome was specifically examined by inspectors on 49% of the inspections. Inspectors identified 657 actions required to address non-compliances under this outcome in 246 of the centres inspected (Figure 11).

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

10 The requirements for 'Records and documentation to be kept at a designated centre' are set out in Regulations 21–27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standards 1, 29 and 32 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

Figure 11. Breakdown of actions required under the outcome records and documentation to be kept in a designated centre (total actions under this outcome =657)



5.2.5 Outcome 5: Absence of the Person in Charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his or her absence¹¹.

Compliance with this outcome was specifically examined by inspectors on 34% of the inspections. Inspectors identified seven actions required to address non-compliances under this outcome in six of the centres inspected.

Four of the actions under this outcome were required because the provider had failed to notify the Chief Inspector of the procedures and arrangements for periods when the person in charge was absent from the centre. One action was required because the provider had failed to notify the Chief Inspector of the absence of the person in charge and two actions were required because the provider had failed to notify the Chief Inspector of the return of the person in charge after a period of absence.

¹¹ The requirements for 'Absence of the person in charge' are set out in Regulations 37 and 38 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 27 of the National Quality Standards for Residential Care Settings for Older People.

5.3 Theme 2: Safe care and support

In safe residential services there are effective measures in place to 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 safety 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.

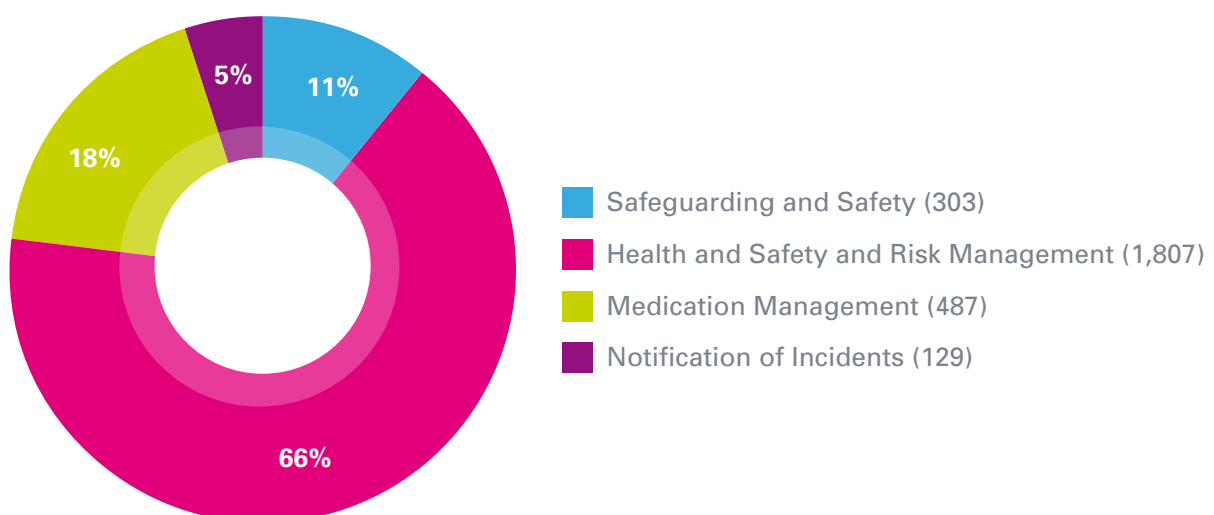
Managing risk requires staff to be vigilant against risks to the health and safety and wellbeing of all in the centre. Where accidents and other adverse events occur, they are recorded, responded to appropriately and notified to the Authority.

The safe care and support theme covers four outcomes:

- Outcome 6: Safeguarding and Safety
- Outcome 7: Health and Safety and Risk Management
- Outcome 8: Medication Management
- Outcome 9: Notification of Incidents.

Thirty one per cent of actions required in all of the inspection reports analysed related to safe care and support. The majority of these actions (66%) were to address identified deficiencies in health and safety, fire precaution and risk management.

Figure 12. Actions required for compliance under the safe care and support theme (total actions under this theme = 2,726)



5.3.1 Outcome 6: 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 abuse¹².

The Authority issued guidance on residents' finances in November 2013. It contains explanations of concepts and good practice principles intended to assist providers to comply with regulations and standards. The guidance is available on hiqa.ie¹³.

Compliance with this outcome was specifically examined by inspectors on 94% of the inspections. Inspectors identified 303 actions required to address non-compliance under this outcome in 174 of the centres inspected.

Thirty five per cent of the actions under this outcome required the provider to put in place policies and procedures for the prevention, detection and response to abuse. This included circumstances where an existing policy had not been reviewed within the required time frame, where an existing policy was not sufficiently centre-specific, or did not cover identified areas.

Sixty per cent of actions required the provider to put in place all measures, including staff training, to prevent residents being harmed, suffering abuse, or being placed at risk of harm or abuse. In most cases this action was required where some staff had not received training in adult protection. Providers were also required to address weaknesses identified in procedures for the receipt, management and recording of residents' finance and possessions.

5.3.2 Outcome 7: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected¹⁴.

The Authority issued guidance on risk management in November 2013. It contains explanations of concepts, processes and illustrative examples intended to assist providers in complying with regulations and standards. The guidance is available on www.hiqa.ie¹⁵.

12 The requirements for 'Safeguarding and Safety' are set out in Regulation 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standards 8 and 9 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

13 <http://www.hiqa.ie/system/files/publications/Finance%20Guidance.pdf>.

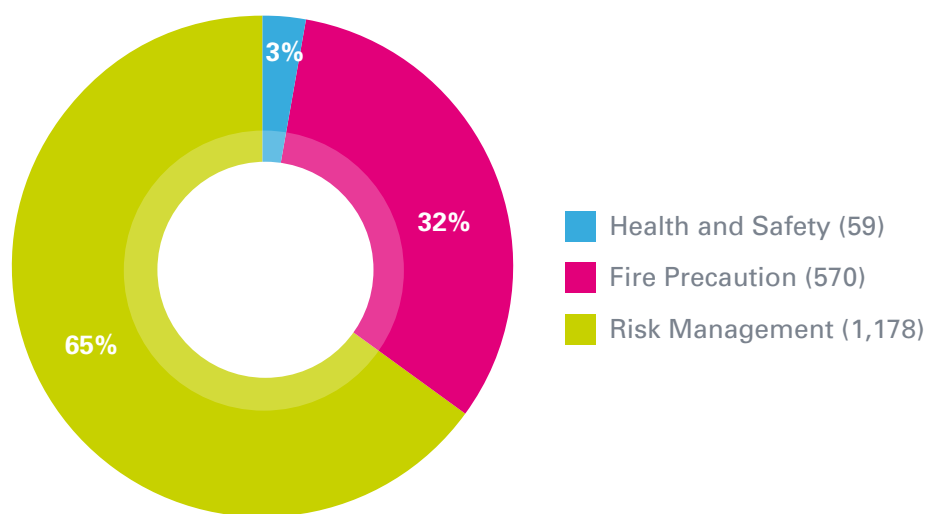
14 The requirements for 'Health and Safety and Risk Management' are set out in Regulations 30–32 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standards 26 and 29 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

15 <http://www.hiqa.ie/system/files/publications/Guidance%20on%20Risk%20Management.pdf>.

Compliance with this outcome was specifically examined by inspectors on 97% of the inspections. Inspectors identified 1,807 actions required to address non-compliances under this outcome in 417 of the centres inspected.

This represents a significant 21% of all actions required in the inspection reports analysed.

Figure 13. Breakdown of actions required under the outcome health and safety and risk management (total actions under this outcome = 1,807)



Fire precaution: 27% of actions relating to fire precaution required the provider to ensure, by means of fire drills and practices, that staff and residents were aware of the procedures to be followed in the event of fire. This included the preparation of personal escape plans for individual residents. Eighteen per cent required the provider to ensure that staff had suitable training in fire prevention.

Health and safety: 90% of actions relating to health and safety required the provider to put in place policies and procedures covering the health and safety of residents, staff and visitors. This included updating and reviewing the centre's safety statement and reviewing existing policies and procedures that were not sufficiently centre-specific.

Risk management: 50% of actions relating to risk management required the provider to put in place a comprehensive risk management policy throughout the centre, and to ensure it contained the precautions in place to control specific risks, and to identify, record, investigate and learn from serious incidents or untoward events.

Twenty six per cent of actions required the provider to take specific measures to prevent accidents to anyone in the centre or on the grounds of the centre. Some common actions were to manage access to specific areas of the centre, to ensure proper storage of equipment, and to provide call-bells in named locations.

In addition to these, there were actions that required the provider to conduct a risk assessment on a specific issue such as the opening of windows in the centre, the arrangements in place for residents who smoke and the placement of call-bells in the centre. Five per cent of actions required the provider to put in place an emergency plan and a further 5% required the provision of staff training in manual handling.

5.3.3 Outcome 8: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management¹⁶.

Compliance with this outcome was specifically examined by inspectors on 95% of the inspections. Inspectors identified 487 actions required to address non-compliance under this outcome in 325 of the centres inspected.

The actions under this outcome required the provider to put in place practices and written operational policies on ordering, prescribing, storing and administering medicines to residents, and on handling and disposing of unused or out of date medicines and to ensure that staff are familiar with these policies.

5.3.4 Outcome 9: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector¹⁷.

The process followed by the Authority upon receipt of a notification of a significant event is detailed in Section 4, together with the number of each type of significant event notification received in 2013. Notification forms and guidance on their completion and the time frames for their return are available on www.hiqa.ie.

Compliance with this outcome was specifically examined by inspectors on 60% of the inspections. Inspectors identified 129 actions required to address non-compliances under this outcome in 84 of the centres inspected.

16 The requirements for 'Medication Management' are set out in Regulation 33 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 14 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

17 The requirements for 'Notification of Incidents' are set out in Regulation 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standards 29, 30 and 32 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

Fifty nine per cent of actions under this outcome required the provider to notify the Chief Inspector of significant incidents in the centre.

5.4 Theme 3: 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 and agreed with the residents.

They put in place robust, evidence-based assessment tools, and have a system of care planning review that ensures that plans are reviewed. The review is carried out in consultation with the resident, so as to consistently support him or her to achieve the best quality of care and quality of life attainable as his or her circumstances and needs change.

They support the resident to obtain the medical and healthcare services they require to enjoy the best possible health. They also support the 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.

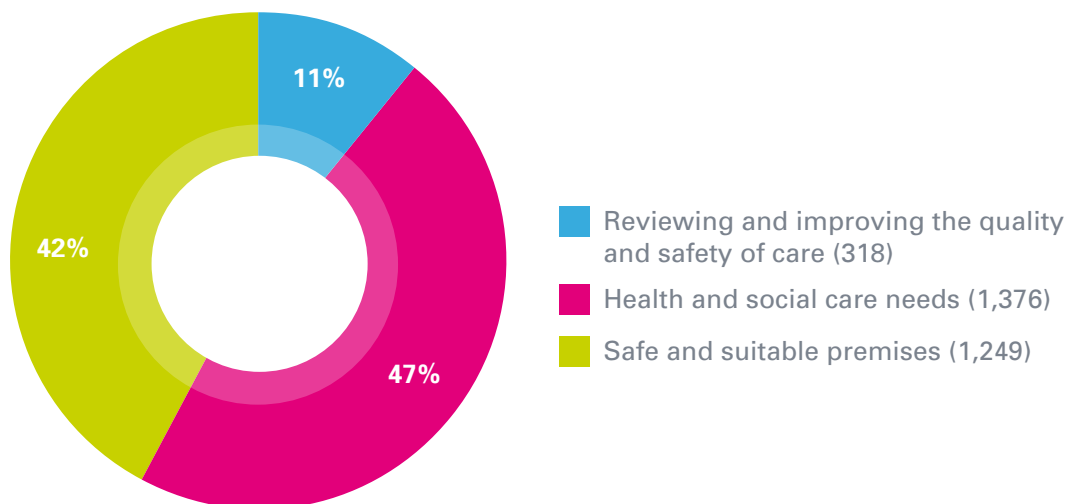
Effective care and support also involves providing suitable premises that meets the needs of the individual residents and the objectives of the service as set out in the statement of purpose.

The effective care and support theme covers three outcomes. Each outcome is supported by regulations and the National Standards.

- Outcome 10: Reviewing and Improving the Quality and Safety of Care
- Outcome 11: Health and Social Care Needs
- Outcome 12: Safe and Suitable Premises.

The effective care and support theme accounted for 34% of the total number of actions required in the inspection reports analysed.

Figure 14. Actions required for compliance under the effective care and support theme (total actions under this theme = 2,943)



5.4.1 Outcome 10: Reviewing and Improving the Quality and Safety of Care

The quality of care and experience of the residents are monitored and developed on an ongoing basis¹⁸.

Compliance with this outcome was specifically examined by inspectors on 52% of the inspections. Inspectors identified 318 actions required to address non-compliances under this outcome in 156 centres.

Sixty one per cent of the actions under this outcome required the provider to establish or improve systems for reviewing and improving the quality of care, including through the effective use of clinical data to help identify trends and inform improvement.

¹⁸ The requirements for 'Reviewing and improving the quality and safety of care' are set out in Regulation 35 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 30 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

5.4.2 Outcome 11: Health and Social Care Needs

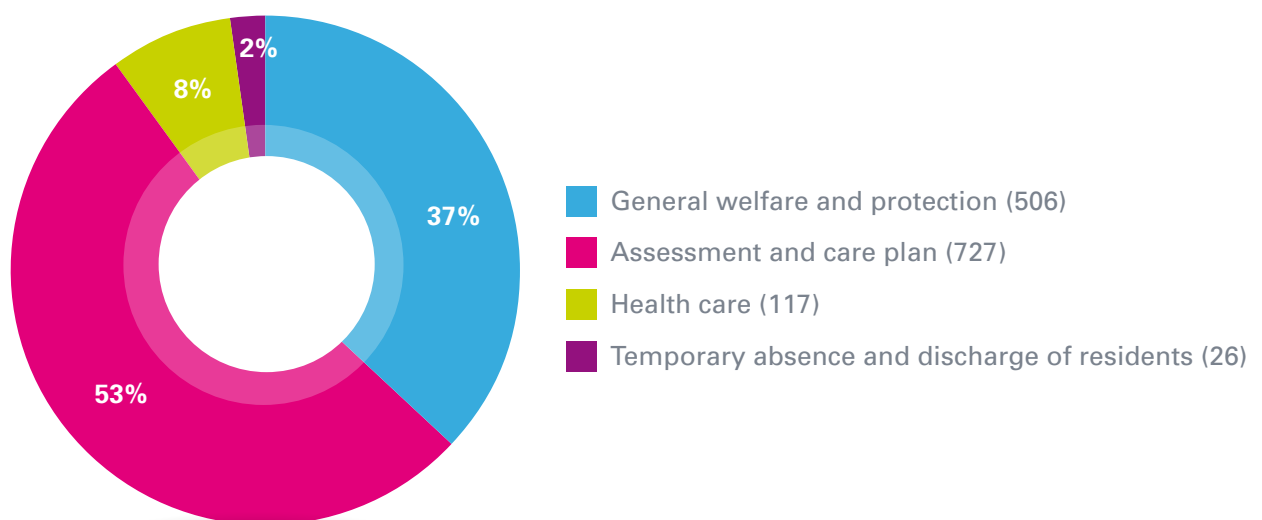
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, which 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 circumstances¹⁹.

In 2011 the Department of Health published *Towards a Restraint-Free Environment in Nursing Homes*²⁰. The purpose of this policy document is 'to outline a national policy on the promotion of a restraint-free environment in designated centres for older people'. This policy will inform revised regulations and standards for residential care settings for older people.

The Authority issued guidance on restrictive procedures in November 2013 which contains definition of terms and principles of good practice. The guidance is available on www.hiqa.ie²¹.

Compliance with this outcome was specifically examined by inspectors on 97% of the inspections. Inspectors identified 1,376 actions required to address non-compliance under this outcome in 381 of the centres inspected.

Figure 15. Actions required under the outcome of health and social care needs (total actions under this outcome = 1,376)



19 The requirements for 'Health and Social Care Needs' are set out in Regulations 6, 8, 9 and 29 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and standards 3, 10, 13, 15, 17 and 18 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

20 *Towards a Restraint Free Environment in Nursing Homes*, Department of Health (2011) available on http://www.dohc.ie/publications/pdf/trfe_english.pdf?direct=1 (accessed on 3 March 2014).

21 <http://www.hiqa.ie/system/files/Restrictive-Procedures-Guidance.pdf>.

Twenty one per cent of actions under this outcome required the provider to provide residents with a high standard of evidence-based nursing practice. Areas commonly identified as requiring such practice were falls management, use of restraint, wound care, and management of residents with epilepsy.

Twenty nine per cent of actions under this outcome required the provider to set out each resident's health and social care needs in a care plan agreed with the resident based on accurate, appropriate and adequate assessment of need.

Twenty five per cent of actions under this outcome required the provider to ensure that each resident's care plan was kept under formal review, residents were notified of the review and were consulted as part of the review.

Seven per cent of actions under this outcome required the provider to facilitate access to all appropriate healthcare services including physiotherapy, chiropody and occupational therapy.

5.4.3 Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre are suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order²².

Compliance with this outcome was specifically examined by inspectors on 76% of the inspections. Inspectors identified 1,249 actions required to address non-compliances under this outcome in 324 of the centres inspected.

Twenty one per cent of actions under this outcome required the provider to ensure the physical design of the premises meets the needs of each resident. This included instances where the layout of multi-occupancy rooms did not meet the needs of the residents, generally because they were too small or did not have adequate screening to meet the privacy needs of the residents.

Eleven per cent of actions required the provider to ensure there was adequate space, separate to residents' private accommodation, for dining, sitting and recreation and where residents could meet visitors in private.

Eleven per cent of actions required the provider to provide sufficient numbers of lavatories and wash-hand basins, baths and showers. Ten per cent of actions required the provider to ensure that there was suitable storage in the centre. This storage was required for equipment and for the residents' personal possessions and property.

22 The requirements for Safe and Suitable Premises are set out in Regulation 19 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

5.5 Theme 4: Person-centred care and support

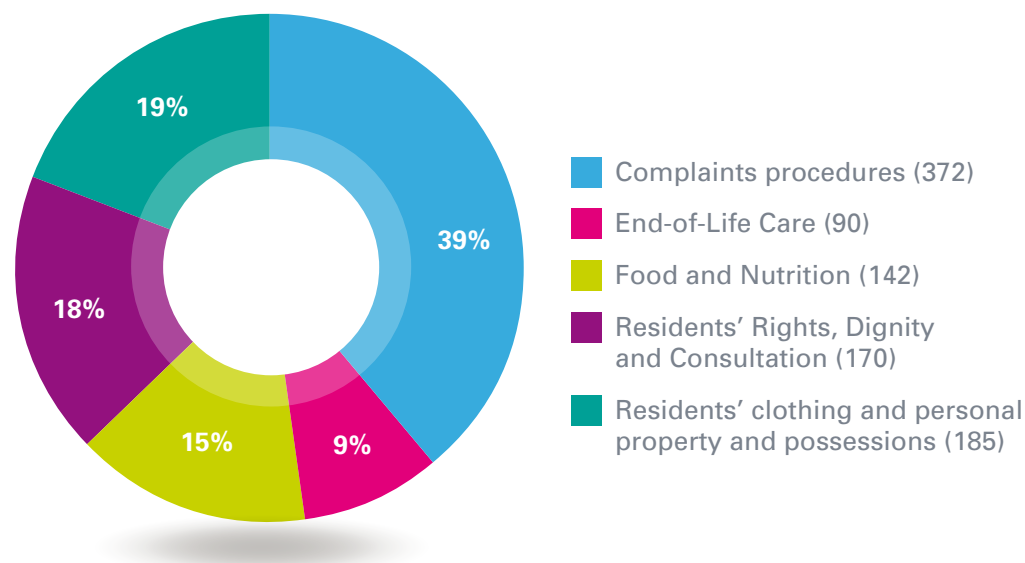
Person-centred care and support recognises the capabilities of older people in making informed decisions and acknowledges their ability to participate in the life of the centre, including making complaints and suggestions for improvements to the service. It promotes older people to maintain their identities by encouraging communication, supporting their individual interests in political, social, and civic life, and allowing residents to maintain control over their daily life, their clothes, and 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. Each outcome is supported by regulations and the National Standards. The outcomes 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.

The person-centred care and support theme accounted for 11% of the total number of actions required in the inspection reports analysed.

Figure 16. Actions required for compliance under the person-centred care and support theme (total actions under this theme = 959)



5.5.1 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 procedure²³.

Compliance with this outcome was specifically examined by inspectors on 66% of the inspections. Inspectors identified 372 actions required to address non-compliance under this outcome in 157 of the centres inspected.

Thirty six per cent of actions under this outcome required the provider to ensure the person nominated to deal with complaints maintains a record of all complaints detailing the investigation and the outcome of the complaint and whether or not the complainant was satisfied. Ten per cent of the actions required the provider to ensure the complaints procedure contains an independent appeals procedure. Fifteen per cent related to the role of the person nominated to oversee the independent appeals procedure in ensuring that records of all complaints are being maintained according to the regulations.

5.5.2 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 autonomy²⁴.

As part of its pilot programme of thematic inspections, the Authority issued regulatory guidance for designated centres for older people on end-of-life care requirements. The guidance is available on www.hiqa.ie²⁵.

Excluding the thematic inspections (detailed in Section 6), compliance with this outcome was specifically examined by inspectors on 39% of the inspections. Inspectors identified 90 actions required to address non-compliances under this outcome in 62 of the centres inspected.

Forty one per cent of actions under this outcome required the provider to put in place written operational policies and procedures around end-of-life care. Nineteen per cent required the provider to identify and facilitate each resident's choice as to the place of death, including the option to return home.

23 The requirements for 'Complaints procedures' are set out in Regulation 39 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 6 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

24 The requirements for 'End-of-Life Care' are set out in Regulation 14 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 16 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

25 [http://www.hiqa.ie/system/files/End Of Life Care Provider Guidance.pdf](http://www.hiqa.ie/system/files/End%20Of%20Life%20Care%20Provider%20Guidance.pdf).

The majority of remaining actions required the provider to ensure that end-of-life wishes were discussed with the resident and documented in accordance with the centre's operational policies and procedures.

5.5.3 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 discreet and sensitive manner²⁶.

As part of its pilot programme of thematic inspections, the Authority issued regulatory guidance for designated centres for older people on food and nutrition requirements. The guidance is available on www.hiqa.ie²⁷.

Excluding the thematic inspections (detailed in Section 6), compliance with this outcome was specifically examined by inspectors on 43% of the inspections. Inspectors identified 142 actions required to address non-compliances under this outcome in 74 of the centres inspected.

Thirty per cent of actions under this outcome required the provider to implement a comprehensive policy and guidelines for monitoring and documenting residents' nutritional intake. Sixteen per cent required the provider to ensure that residents who, due to infirmity or other causes, require assistance with eating and drinking receive appropriate assistance.

Thirty nine per cent required the provider to ensure that each resident is provided with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each resident's individual needs. In most cases this action was required due to a lack of choice, particularly for residents on special diets.

26 The requirements for 'Food and Nutrition' are set out in Regulation 15 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standard 19 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

27 <http://www.hiqa.ie/system/files/Food-Nutrition-Provider-Guidance.pdf>.

5.5.4 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 independence²⁸.

The Authority issued guidance on intimate care in November 2013. It provides principles and examples of positive approaches and practical considerations for providing intimate care and is intended to assist providers to comply with regulations and standards. The guidance is available on www.hiqa.ie²⁹.

Compliance with this outcome was specifically examined by inspectors on 40% of the inspections. Inspectors identified 170 actions required to address non-compliance under this outcome of the centres inspected. There is significant overlap between the compliance requirements for this outcome and outcomes 11 and 12. Residents' occupation and recreation needs are assessed as part of the individual residents' care planning and residents' privacy needs are covered to an extent in the layout of the premises and particularly in relation to multi-occupancy rooms.

Forty five per cent of the actions under this outcome required the provider to provide residents with privacy to the extent that residents are able to undertake personal activities in private. Fifteen per cent required the provider to put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.

5.5.5 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 residents³⁰.

28 The requirements for Residents' Rights, Dignity and Consultation are set out in Regulations 10, 11 and 12 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and standards 2, 4, 5, 17, 18 and 20 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

29 <http://www.hiqa.ie/system/files/publications/Guidance%20on%20Intimate%20Care.pdf>.

30 'Residents' clothing and person property and possessions' are set out in Regulations 7 and 13 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standards 4, 13 and 17 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with this outcome was specifically examined by inspectors on 37% of the inspections. Inspectors identified 185 actions required to address non-compliances under this outcome in 115 of the centres inspected.

Forty three per cent of the actions under this outcome required providers to maintain an up-to-date record of each resident's personal property that is signed by the resident. Twenty nine per cent required providers to put in place written operational policies and procedures relating to residents' personal property and possessions.

5.6 Theme 5: 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 be able to assure the public, residents and their families, and the workforce that everyone working in the service is contributing to a high quality and safe service. Safe recruitment practices ensure that staff have the required qualities, skills, and experience to undertake the tasks associated with their roles and responsibilities and they receive support and supervision to ensure that they perform their job to the best of their ability.

The workforce theme covers one outcome – Outcome 18: Suitable Staffing.

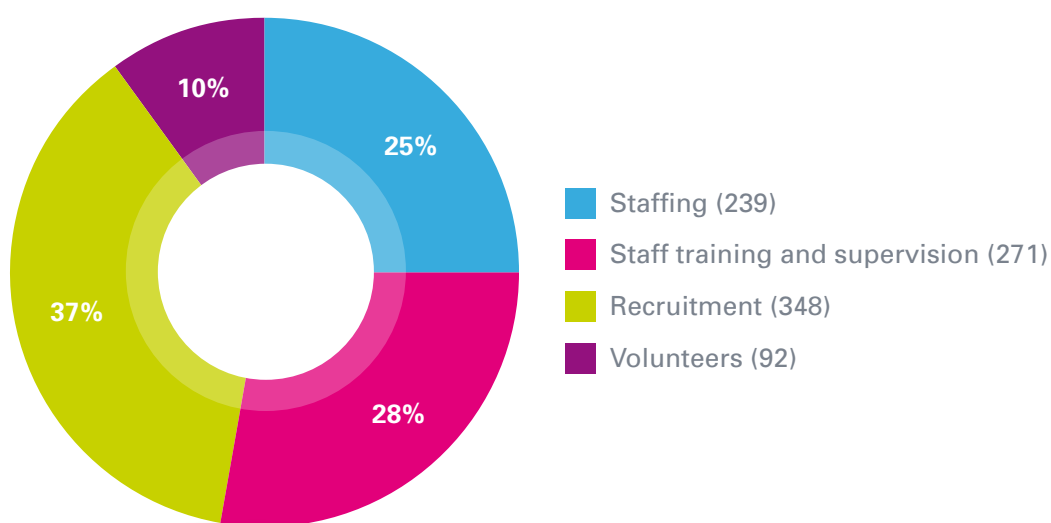
5.6.1 Outcome 18: Suitable Staffing

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 practice³¹.

Compliance with this outcome was specifically examined by inspectors on 98% of the inspections. Inspectors identified 950 actions required to address non-compliances under this outcome in 342 of the centres inspected.

31 The requirements for 'Suitable staffing' are set out in Regulations 16, 17, 18 and 34 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and Standards 22, 23 and 24 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

Figure 17. Actions required under the outcome suitable staffing (total actions under this outcome = 950)



The regulations³² set out the requirements that apply to staff in designated centres for older people in relation to proof of identity, Garda Síochána vetting, evidence of qualifications, current registration status (in respect of nursing and social care professionals), employment history, references and evidence of physical fitness for the job that they are to perform in the centre.

Thirty seven per cent of the actions required under this outcome were related to recruitment procedures and the need to ensure that no staff members are employed unless full and satisfactory information and documents specified in the regulations have been obtained.

Sixteen per cent of actions required the provider to ensure that staff members had access to education and training to enable them to provide care in accordance with contemporary evidence-based practice. Some of the areas where staff required training included care planning, wound management, nutrition, falls management, management of behaviour, management of epilepsy, and infection control and prevention.

32 Schedule 2 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

5.7 Summary of actions required

The information in Table 4 was extracted from action plans relating to inspection reports published in 2013.

Table 4. Summary of the number and nature of actions required following from inspections published in 2013

Theme	Outcome	% of inspections where outcome was specifically examined	Number of actions required	% of total actions required
Governance, leadership and management	1: Statement of Purpose	66%	250	3%
	2: Contract for the Provision of Services	52%	165	2%
	3: Suitable Person in Charge	92%	40	0%
	4: Records and Documentation to be Kept at a Designated Centre	49%	657	8%
	5: Absence of the Person in Charge	34%	7	0%
Safe care and support	6: Safeguarding and Safety	94%	303	3%
	7: Health and Safety and Risk Management	97%	1807	21%
	8: Medication Management	95%	487	6%
	9: Notification Incidents	60%	129	1%

Table continues on next page

Table 4 continued

Theme	Outcome	% of inspections where outcome was specifically examined	Number of actions required	% of total actions required
Effective care and support	10: Reviewing and Improving the Quality and Safety of Care	52%	318	4%
	11: Health and Social Care Needs	97%	1376	16%
	12: Safe and Suitable Premises	76%	1249	14%
Person-centred care and support	13: Complaints Procedures	66%	372	4%
	14: End-of-Life Care	39%	90	1%
	15: Food and Nutrition	43%	142	2%
	16: Residents' Rights, Dignity and Consultation	40%	170	2%
	17: Residents' Clothing and Personal Property and Possessions	37%	185	2%
Workforce	18: Suitable Staffing	98%	950	11%
	Total		8,697	100%

By their nature action plans relate to practices that are not compliant with the regulations and standards, and as such require the provider to take appropriate action to address non-compliances and improve practice within a reasonable time frame.

As stated in the introduction to this section, the provider is required to return a detailed response, within two weeks, which outlines the measures that have been, or will be, taken to bring the centre into compliance. In many cases the providers' response outlines the measures that have already been put in place since the inspection to address the areas of non-compliance.

Where areas of non-compliance were judged to pose a significant risk to residents at the time of inspection, providers were issued with an 'immediate action plan', and as such were required to take immediate action to mitigate the risk identified within a stated time frame.

The extent to which providers have shown a willingness and capacity to address issues is a key component of fitness and therefore a key consideration when they apply for registration renewal.

The information provided above shows that there are 'core' outcomes which the Regulation Directorate of the Authority judges to be of particular significance in ensuring that residents receive a service that is safe, well managed, and meets individual needs. To that end the outcomes that are most consistently inspected against include:

- whether there is a suitable person in charge and that staff are competent and able to carry out their duties in a manner that meets residents needs
- that residents receive safe care and that their health and social care needs are met, including that medication management is to a high standard
- that the environment is safe and risks are managed
- and that residents reside in a premises that is comfortable and provides for their privacy and dignity.

This is not to suggest that the other outcomes are less important, but rather that without certain measures in place, the centre's capacity to ensure positive outcomes for residents is greatly restricted.

The Authority uses this information to inform regulatory activity. Findings on inspection, such as those presented in this report, also inform the guidance we produce (as outlined in Section 5) to assist providers to improve the quality of service they provide. It will also inform our ongoing programme of thematic inspections.



SECTION 6: THEMATIC INSPECTION PROGRAMME

6.1 The programme

This section of the report sets out **an analysis of the findings** from the first thematic inspections conducted by the Authority over a three-month period starting mid September 2013.

The Authority initiated a pilot programme of thematic inspections in September 2013 with a view to a full roll-out across all designated centres for older people in 2014. The key objective of this approach was to test a more intense focus on specific areas and outcomes to drive and facilitate an improvement approach thus facilitating improved outcomes for residents. The two chosen areas of focus were end-of-life care, and food and nutrition.

6.1.1 Food and nutrition

Adequate standards of food and nutrition in residential care are crucial for the wellbeing and safety of dependent older persons. Residents who are admitted to residential centres are usually more debilitated, have a complex and increased range of comorbidities and as a result may have increased nutritional care needs.

As activity levels in dependent older people decrease calorie requirements lessen and if insufficient food is eaten the level of nutrients in the diet may become depleted³³. 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.

When the standard of nutritional care in a centre is high, the risk of malnutrition is identified on admission and appropriately addressed. Unless the illness is too advanced, malnutrition can be treated and the health and general wellbeing of the resident is likely to improve. Care informed by a knowledge of and an awareness of the likes and dislikes of the resident, that is tailored to meet their individual needs, provided in comfortable homelike environments, can also improve the quality of life for residents.

6.1.2 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 a 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 approach improves the quality of life of residents, and their families, facing the problems associated with life-limiting or terminal illnesses. This can be achieved through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and physical, psychosocial and spiritual needs (WHO, 2011³⁴).

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 best 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 residents' needs.

The pilot thematic inspections were supported by an advisory group of external experts that provided expertise, guidance and training to support the inspection programme. The Authority particularly appreciates the contribution of Dr Kathy McLoughlin of the Irish Hospice Foundation and Elizabeth Archer, specialist dietician in older persons services of the Irish Nutrition and Dietetic Institute.

6.2 Monitoring approach

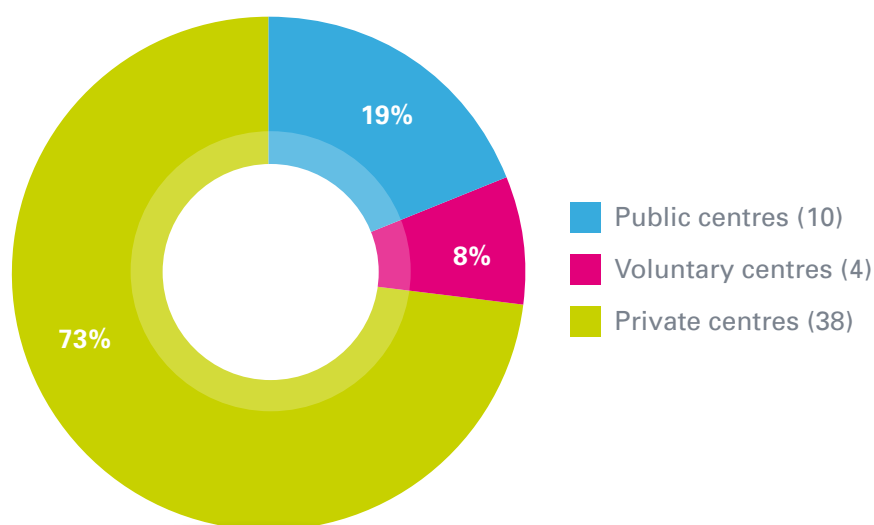
Thematic inspections were carried out over a three-month period starting in mid September 2013. They focused on the quality of service residents in designated centres for older people received in relation to food and nutrition and end-of-life care. The programme ran alongside the national monitoring and inspections programme for designated centres.

6.2.1 The sample

Fifty two centres were identified for inclusion in the pilot (see Figure 18). The sample chosen reflected the provider type, service complexity and also ensured an even geographical spread to include rural and urban centres.

34 World Health Organization (2011). Palliative care for older people: better practices. Edited by Sue Hall, Hristina Petkova, Agis D. Tsouros, Massimo Costantini and Irene J. Higginson. Available online: http://www.euro.who.int/__data/assets/pdf_file/0017/143153/e95052.pdf. Accessed at time of preparation of this report.

Figure 18. Centres that received a thematic inspection during 2013 (total centres inspected = 52)



6.2.2 The outcomes

High quality care improves outcomes for service users. 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/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.

6.2.3 Guidance and seminars

In order to facilitate quality improvement, the Authority developed and published evidenced-based guidance on good practice in the areas of food and nutrition and end-of-life care. The documents identified the essential elements which would represent what a designated centre should have in place as the foundation for the provision of safe, high quality care in these two areas.

Provider seminars took place in Dublin and Cork where expert speakers shared their knowledge with providers prior to commencement of the pilot.

6.2.4 The judgment framework

In order to optimise transparency in how we made our assessments of the services, 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 also assisted inspectors to be increasingly consistent in the way in which they made their assessments of compliance with standards and regulations.

The framework contained two judgment descriptors: 'compliant' and 'non-compliant'. When non-compliance is identified, the impact on residents is assessed and judged to be major, moderate or minor. These judgment descriptors 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, immediately, as a matter of priority, or within a reasonable timescale.

6.2.5 Provider self-assessment and relatives questionnaires

As part of the methodology a provider self-assessment was introduced to assist providers and 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 judgment framework. This enabled providers to assess and grade their service compliance prior to inspection. The final part of the self-assessment included an 'action' section for providers to address any areas for improvement that they had 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 reviewed prior to inspection.



6.3 Food and nutrition – findings

Prior to inspection, 45 providers had self-assessed their service to be compliant in relation to the Standard on food and nutrition. The remaining seven providers deemed their service to be non-compliant, two of whom graded their level of non-compliance as moderate and five judged their services to have minor non-compliances.

Overall, providers used the self-assessment to evaluate and improve the quality of service provision and those with minor non-compliances in their self-assessments had remedied the deficits identified and were found to be compliant when the inspection was carried out.

Inspections found that over half of centres inspected (30 of the 52 centres) were fully compliant in relation to food and nutrition as set out in Figure 19. There were no findings of major non-compliance; seven moderate non-compliances and 15 minor non-compliances (see Figure 20).

Figure 19. Inspectors' findings on centres' compliance under the outcome Food and Nutrition (total centres inspected = 52)

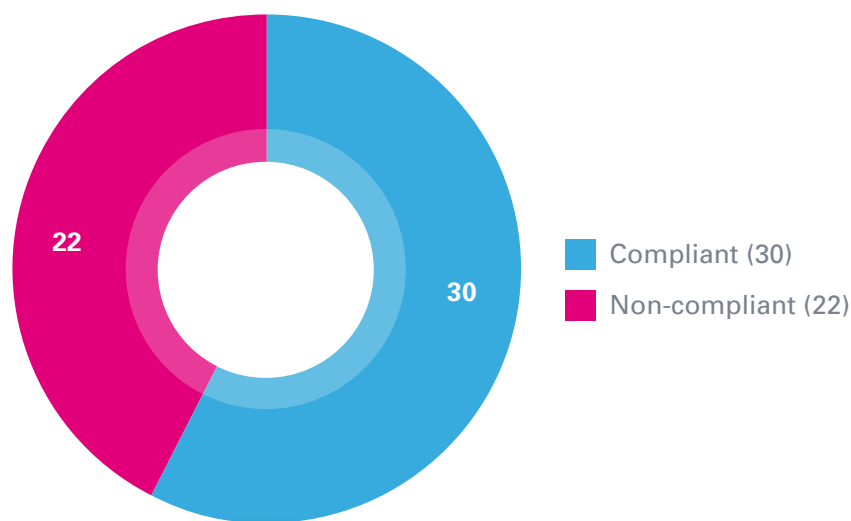
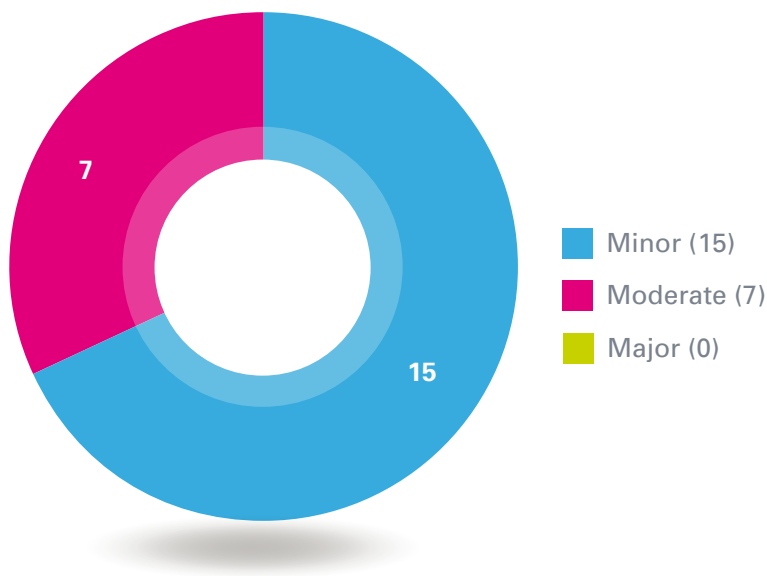


Figure 20. Breakdown of non-compliances
(total non-compliances = 22)



6.3.1 Essential compliance components

Outcome 15 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, inspectors 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.

The report now sets out the findings under these seven components.

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

Forty seven of the 52 centres inspected in the pilot had up-to-date policies in place to ensure that residents experienced good nutrition and hydration. Overall, policies met the needs of existing residents. However, 11 of the policies required amendment to support residents in relation to specific dietary, religious and cultural needs.

Inspectors found that staff members in 43 of the centres inspected had received additional training to ensure that they were competent to undertake assessments and meet the diverse nutritional needs of residents. In the majority of centres, education was provided by private pharmaceutical companies. 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.

In two centres the food and nutrition policy was under review and still in draft stage. In another centre the policy did not adequately deal with risks relating to residents who had swallowing difficulties. In three centres staff did not have adequate knowledge and required additional training in the assessment of malnutrition and swallowing problems.

Eight centres were judged to have minor non-compliances because the policies were found to have some inadequacy or were not fully implemented or, when specialist assessment and advice was provided it was not always documented in the care plan to ensure that consistent care was provided.

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

The provider self-assessments indicated that all 52 centres had processes in place to ensure that residents did not experience poor nutrition and hydration. This was verified on inspection where the processes in four centres were found to require improvement. 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 improved systems for monitoring weights in order to facilitate comparisons and identify trends such as weight loss or excessive weight gain to enable early intervention and prevent deterioration leading to prompt referrals to medical and allied health professionals.

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 used in many centres, and in some centres staff presented residents who had cognitive impairment with ready plated meals in order for them to make a choice at meal times. 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 met with new residents to discuss their dietary needs and food preferences. The catering manager/chef routinely attended residents' meetings to elicit 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.

Staff members were trained to assist residents who had difficulty swallowing. There was evidence that dental care was enhanced in many centres where nurses routinely undertook oral assessments, while residents in 47 of the 52 centres had access to dental services in the community, or on site if required.

Overall, residents with diabetes were appropriately monitored and linked to optical, chiropody and specialist diabetic services. Catering and clinical staff had a good understanding of the specialist needs of residents with diabetes. In the self-assessment questionnaires, three providers stated that residents did not have access to specialist diabetic services but inspectors found that where residents did not attend a diabetic service, they were appropriately monitored by the general practitioner, and specialist advice was accessed when required.

Minor non-compliances were found in two centres where residents were not offered choice or were unaware that there was a choice on offer at lunchtime. In three centres, residents who required a modified diet were not offered the same choice as other residents and feedback from residents was not always used to inform service improvements.

There was some evidence that access to community dietetic, speech and language and occupational therapy services required improvement in some areas. Where access to these services was slow, providers had secured private services for residents. Residents in two centres did not have appropriate access to speech and language assessments.

In another area, providers accessed dietetic services privately because there was a four-year waiting list to see a publicly-funded community dietician.

In one centre residents had to attend the emergency department in the local hospital in order to have a swallowing assessment. This created a moderate non-compliance requiring priority action. In another centre where the majority of residents had problems with eating or swallowing and 68% of residents required a modified consistency diet, the inspector found that residents had no access or input from the services of a dietician in the three months prior to inspection.

Processes in place to ensure that residents did not experience poor nutrition or hydration were not always adequately followed. In five of the 52 centres inspected, inspectors found that residents who were assessed and identified with nutritional risk did not have a nutritional care plan in place to identify interventions to prevent the residents' condition from deteriorating.

There is access to fresh drinking water at all times.

Residents in all 52 centres had access to fresh drinking water. The majority of centres had systems in place to replenish water jugs in residents' rooms each day. Many centres had water stations in communal rooms. Inspectors also saw that providers had put measures in place to improve hydration such as introducing an extra 'drinks round' in the afternoon where residents were offered a variety of hot and cold drinks. 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.

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

In 48 of the 52 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. In all but two of the centres inspected, residents had occupational therapy assessments and 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 dietitians and speech and language therapists. Inspectors found that all but three of the centres inspected had timely access to a dietetic service and residents in all but two centres had appropriate access to speech and language therapy. When community occupational therapist, dietitians and speech and language services were not available, the majority of providers arranged to access this service privately.

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. Many centres had introduced protected mealtimes – this meant that visits and other activities involving residents were no longer permitted in the dining room at mealtimes so that residents were not interrupted while eating.

However, in a small number of centres, the administration of medication often fell outside this rule and residents often had their meals interrupted in order to take medications. Other minor non-compliances found included staff putting plastic aprons on residents, without consulting, engaging or requesting the permission of the resident.

A judgment of moderate non-compliance was applied in one centre as there was inadequate staff on the floor to provide assistance at mealtimes. In another centre a resident with special dietary needs was not provided with appropriate food or drink to meet their needs.

Good dentition is an important factor in maintaining good nutrition. Inspectors found that mobile residents usually had access to dental services in the community and on-site dental services could be accessed for less mobile residents. However, this service was not available in three of the 52 centres inspected. Inspectors also found that staff sometimes failed to document dental care in care plans.

Five of the 52 centres inspected were found to have dining facilities which were too confined and did not meet the needs of the residents. A judgment of minor non-compliance was made where building works to extend the dining facilities were in progress. However moderate non-compliance was found in four centres when the dining facilities were too small to accommodate all residents.

Residents with dementia especially seemed to have a less fulfilling dining experience when dining facilities were too confined. In one case, eight residents who did not have access to a communal table had a solitary dining experience. Eating in a confined space also presented a risk to the safety and welfare of residents.

Food is nutritious, varied and available in sufficient quantities.

Inspection findings verified the providers' self-assessments in that all the centres provided residents with nutritious food that was varied and available in sufficient quantities. 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, nutritious diet. 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.

The inspection methodology required inspectors to be on site for two meals. Inspectors found that meals were hot and attractively presented and that residents were offered a choice of food at each meal time and 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 that required their food to be modified, pureed for example, 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. However, in six centres inspectors found that not all residents were offered choice outside of the main meal and residents who required modified diet were not always offered the choice available to other residents as not all foods were suitable for modification.

Judgments of minor non-compliance were made in relation to keeping records up to date and ensuring that timely assistance was given to residents to ensure their breakfast was still hot by the time they began to eat it.

Food is available at times suitable to residents.

Inspectors found that meals were served at times to suit residents in 42 of the 52 centres inspected as part of the pilot programme. In centres where staff went off duty by 5:30pm, the evening meal was often served around 4:30pm. In the majority of cases the residents agreed with this practice and then received a supper later in the evening.

Inspections in five of the centres noted that the timing of breakfast reflected a lack of consultation and choice around breakfast times, with breakfast being served quite early in the morning, and some residents being woken up in order to facilitate this.

Snacks are available throughout the day.

Inspectors found that residents in all 52 centres inspected had access to nutritious snacks throughout the day and the night. It was commonplace for catering staff before they went off duty 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.

Fourteen of the centres had facilities for residents to prepare and cook food themselves. These facilities were often used for therapeutic baking or for visitors and residents to prepare and enjoy food together.

6.4 End-of-life care – findings

Prior to the inspections, the providers of 25 of the 52 centres self-assessed their service to be compliant with the National Standards and regulations in relation to end-of-life care. The remainder (27) deemed their service to be non-compliant, two of whom graded their level of non-compliance as moderate but the majority judged their services to have a minor non-compliance.

On inspection, inspectors found that 23 centres were compliant, 26 had minor non-compliances and three had a moderate non-compliance (see Figure 21). There was a substantial correlation between the findings on inspection and providers' judgments of the quality of service they provide in relation to end-of-life care. The vast majority of providers made a realistic assessment of their service and used the judgment framework appropriately to determine compliance or the grade of non-compliance. Figure 22 provides a breakdown of non-compliances found on inspection.

Figure 21. Inspectors' findings on centres' compliance under the end-of-life care outcome (total centres inspected = 52)

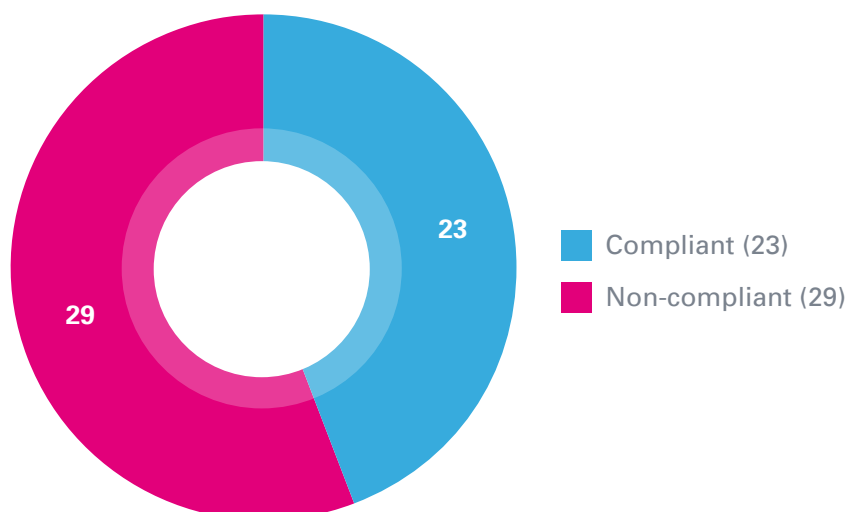
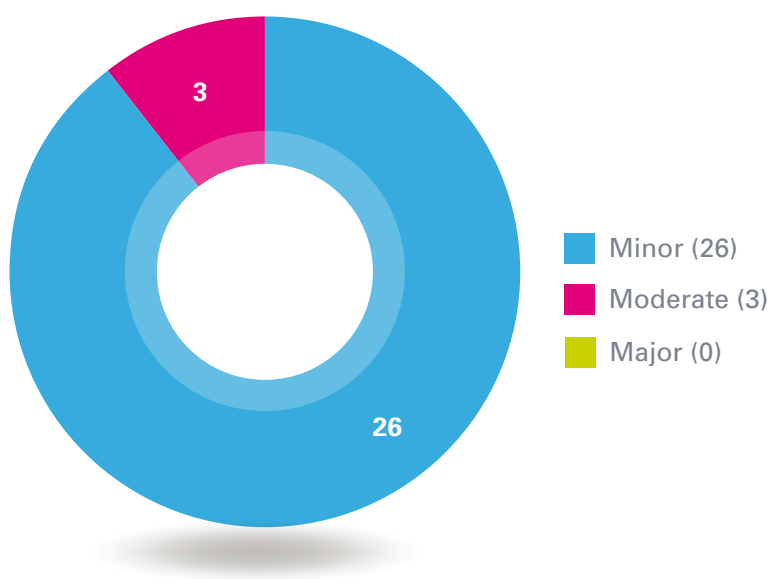


Figure 22. Breakdown of non-compliance
(total non-compliance = 29)



6.4.1 Essential compliance components

Outcome 15 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.

The report now sets out the findings under these five components.

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 and generally staff members working in designated centres were experienced, knowledgeable and passionate about 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 23 policies did not inform all aspects of end-of-life care, or in cases where practices had been improved, the policy had not been updated to reflect this.

Inspectors found that in 51 of the 52 centres inspected in the pilot, residents, or family if appropriate, were given timely information in order to make informed choices about future health events. However, only 31 of the centres included residents' wishes and preferences when completing a nursing assessment. In 33 centres residents were given opportunities to discuss their end-of-life wishes. There was evidence that these aspects of care was improving with many centres using tools such as the 'Key to Me' to access more information about residents, including their preferences and wishes in everyday life. 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 often lacked the competence and skills to engage residents in discussions about their wishes and preferences for end-of-life care. This aspect of care was often ignored during a nursing assessment or during a care plan review.

The majority of staff told inspectors they did not want to upset the resident by talking about death. This approach meant that an end-of-life care plan was only created when death was imminent, when the resident's capacity to input into planning their own care was often compromised and relatives usually engaged in discussions about end-of-life care. But many centres, especially those that participated in programmes such as the hospice friendly programme (Irish Hospice Foundation), were on the journey to improving the quality of life and the end-of-life experience for residents.

Some centres reported that it was a challenge to engage some doctors 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 transfer to hospital if they required acute care. Relatives participated in end-of-life discussions with the healthcare team to plan the future healthcare and end-of-life care needs of their relative.

Clear communication with medical and nursing staff, residents and families is essential. Inspectors found that notwithstanding the above, decisions were clearly documented in medical notes in 44 centres.

All religious and cultural practices are facilitated.

Forty one providers reported that residents had access to an oratory or a quiet room to pray or to sit in silence. Relatives who completed the next-of-kin survey were satisfied that residents' religious and spiritual needs were met to a high standard.

Inspectors found that religious and spiritual needs were met to a high standard in 50 of the 52 centres inspected. In two centres the inspector recommended that the policy be revised to meet the diverse faith needs of future residents. However, overall, inspectors found that residents who did not belong to a specific faith group had their needs and wishes respected.

All 52 of the centres had an altar and other religious symbols (when appropriate) for use when residents were approaching end of life. 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 all 52 centres, personal effects were returned to the family in a respectful manner with due consideration for the families' needs. Four 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.

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

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 dying in all of the 52 centres inspected. This was accommodated by unrestricted visiting in all the centres. Inspectors found that visitors in all the centres had access to refreshments and all but four centres provided overnight facilities. 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. One hundred and eighty (60%) of the 302 relatives who completed the next-of-kin survey stated that they had been facilitated to stay overnight.

However, 49 (16%) said they were not facilitated in staying overnight. The majority said that overnight accommodation was not necessary, because they lived locally or their relative had died unexpectedly. Three relatives said overnight accommodation was not offered or suggested, and they would have stayed if they had been offered accommodation.

Inspectors found that all but two centres provided adequate support to relatives and close friends. Of the relatives who responded to the next-of-kin survey, 215 (68%) stated that they were offered support and the vast majority rated as 'very good' and 'excellent' the support offered to families.

Over one quarter (27%) stated that families had not been offered support. Almost two thirds (62%) were given an opportunity to provide feedback on the end-of-life care that they and the deceased resident had experienced. The majority of relatives praised the service and support they received.

Four relatives expressed disappointment that the head nurse or doctor had not met with the family after the resident's death.

Residents have a choice as to the place of death.

International evidence highlights the physical environment as 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. Forty seven of the 52 centres inspected had a single room that could be used when a resident was at the final stage of life. The availability of single rooms at time of death was slightly higher in private nursing homes than public units, but their availability for end-of-life care was often dependant on occupancy. Almost a quarter of centres inspected (12 centres) did not have a single room available on the day of inspection.

The next-of-kin survey indicated that 66% of deceased residents (250) had a single room for end-of-life care. An analysis of the reasons offered as to why 16% of deceased residents (59) did not die in a single room (See table 5) shows that almost a quarter did not want to be in a single room. In cases where single room availability depended on occupancy, there was no room available for 19% (11) deceased residents.

One public unit where five relatives commented on the non-availability of a single room had addressed this and refurbished a twin room to create a room for end-of-life care. The room had a mobile altar, kitchenette facilities and a sofa bed for relatives.

Table 5. Reasons why residents were not provided with a single room

Reason(s) for no single room	No of responses	Percentage of responses
Resident did not want a single room	14	24%
No single room available	11	19%
Died unexpectedly	18	31%
Died in hospital	9	15%
No room offered	2	3%
Don't Know	5	8%
Total	59	100%

The findings of the next-of-kin survey revealed that almost half (48%) the residents wished to live out their lives in the residential centre or nursing home. Over one quarter (27%) wished to return to their family home but their wishes were not accommodated because the majority had complex needs which could not be met in the community. Inspectors spoke with residents and many of them were satisfied to end their days in the nursing home but some of them also expressed a wish to return back to their home.

Analysis of the 45 self-assessment questionnaires where this field was completed shows that 928 residents died in a two-year period. Seven hundred and fifty two (81%) died in the nursing home. One hundred and seventy one (18%) died in an acute hospital, three (0.3%) died in a hospice, and five (0.5%) returned to their community to spend their final days at home. Table 6 details the reasons why residents' wishes to return home were not accommodated.

Table 6. Reasons why residents did not return home

Reason(s) why residents did not return home	Number of responses	Percentage of responses
Needs were too complex	57	58%
Inadequate community supports	12	12%
Death was sudden	15	15%
Don't know	6	6%
Family did not support it	4	4%
Lived alone	1	1%
Other	4	4%
Total	99	100%

The majority of residents had multiple complex needs and family and staff agreed that full-time nursing care was necessary. However, 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.

There is access to specialist palliative care services as appropriate.

Inspectors found that residents in all of the 52 centres inspected 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 general practitioners 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 Further Education and Training Awards Council (FETAC). Some nurses had studied at postgraduate level and had been awarded a 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. An example of this was the Community Liaison Team based in Connolly Hospital, Dublin, which provided a service to residents on site or in the hospital thus reducing the need to access services through the emergency department.

Records of residents who had received palliative care demonstrated 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.

Common symptoms at the end of life include pain, feeling very tired, coughing, and shortness of breath, rattle, delirium, and fever. In the next-of-kin survey, participants were asked to rate the management of symptoms on a scale of 1-10, one representing poor care and 10 being excellent care. Three quarters of respondents rated the management of symptoms, including pain, as 'excellent'. Two respondents felt their relatives' pain was poorly managed, primarily relating to a delay in administering pain relief, and one respondent was dissatisfied with the overall management of symptoms.

The availability of sufficient competent staff is key to the effectiveness of any palliative care intervention. Seven centres were judged to be non-compliant in relation to Outcome 18 (Suitable staffing) in situations where there was insufficient staff on duty or where staff members were incapable of providing appropriate care. Three were judged to have less than optimal staffing levels at various times during the day or night. In three centres inspectors found that staff required further education or training to provide appropriate care to meet residents' needs.

6.5 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. In the main, these issues related to care planning, premises and staffing and the vast majority (42) were minor non-compliances.

Six judgments were categorised as moderate non-compliances under other outcomes. Three moderate non-compliances related to premises (Outcome 12), two because inadequate communal space posed a moderate risk to the safety and welfare of residents and a third because screening in a shared bedroom did not provide privacy for the residents. Failure to address residents' identified needs in care planning led to two moderate non-compliances under Outcome 11 (Health and social care needs).

Finally a judgment of moderate non-compliance was made because there was insufficient staff to meet the assessed needs of residents in one centre and in another centre residents' records were not stored securely.

6.6 Provider feedback

The Authority issued 52 quality improvement questionnaires to providers, with 23 providers (44%) returning completed questionnaires. One hundred per cent of respondents agreed that the methodology and inspection process was clear and transparent. They identified the information seminars, guidance and self-assessment questionnaires as particularly useful.

Ninety one per cent of respondents stated that the process led to service improvements and that the approach was beneficial as it identified gaps that could be rectified to enhance resident care, the provider self-assessment being particularly helpful in identifying areas of strengths and weakness.

6.7 Summary and conclusion

The aim of the thematic inspections was to monitor and promote improvement in the standard of care provided to residents in relation to two outcomes: food and nutrition and end-of-life care. Overall, the findings provide assurance that the centres inspected are continually improving the care provided to residents. Good practice in both areas was observed in all centres inspected. The inspectors noted improvements in most centres prior to, during, and following inspection.

Feedback from the providers indicates – along with the positive and constructive response to the action plans issued by the Authority as a result of inspection programme – the impact and effectiveness of the methodology. Overall, 59 action items were issued to 43 of the 52 centres inspected. The action plans most commonly issued related to:

- the implementation of comprehensive policies which are based on best practice
- the development of care plans in response to an identified risk
- timely prescribing and availability of medications to provide effective symptom relief
- timely engagement with residents to plan future health events and end-of-life care preferences
- the provision of adequate dining space for all residents
- the provision of appropriate bedroom facilities to provide dignity for residents and their families at end of life
- improved access to public allied health services.



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