



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation of
Health and Social
Care Services

Overview report on the regulation of designated centres for older persons – 2019

December 2020

Safer Better Care

About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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Message from the Chief Inspector of Social Services



Mary Dunnion

Chief Inspector of Social Services and Director of Regulation

This report outlines our findings from the inspection and regulation of nursing homes during 2019. It should be noted that this period predates the emergence of the COVID-19 pandemic in Ireland and the devastating impact it has had on residents, their families, staff and providers of nursing homes in the country. While this report does not specifically detail findings in relation to COVID-19,¹ given the gravity of the pandemic, we highlight relevant issues that have a bearing on our understanding of the preparedness and vulnerability of nursing homes to manage a public health emergency of such magnitude throughout this report.

As of 31 December 2019, there were 585 registered nursing homes in Ireland, home to over 31,969 people. The people who live in these settings should expect to receive care that is individualised to their specific needs, and residents, their relatives and their friends should be assured that the management of the centre is of a good standard and compliant with relevant regulations.

This year also marked a decade of nursing home regulation by the Chief Inspector. We have witnessed many changes during that period, such as the changes in the profile of nursing home ownership and trend towards consolidation. There are now more nursing home providers with multiple facilities than there were 10 years ago. Similarly, smaller nursing homes are closing down, and the newer ones that open are significantly larger in terms of bed numbers.

Since the commencement of regulation there has been an expectation that providers would upgrade their physical premises to bring them into compliance with the

¹ A specific report on COVID-19 in nursing homes entitled 'The impact of COVID-19 on nursing homes in Ireland' is available on www.hiqa.ie.

regulations. While many providers have already done this, there are a number of providers that have not. Despite the extension of the initial deadline from 2015 to 2021, some providers still do not have comprehensive time-bound plans in place to ensure that they will meet this deadline. Our inspectors continue to find instances of poor premises that have knock-on effects for good quality care of residents living in these nursing homes.

This overview report outlines some of the main findings of our work in nursing homes in 2019. As in previous years, we have published a list of nursing homes that were found to be fully or substantially compliant with regulations during inspections carried out last year. This is to acknowledge the good work of many providers and committed staff. In 2019, we also observed improvements in the area of residents' rights and access to social activities. This is a welcome development as it means a better quality of life for people living in nursing homes and signals a shift away from a medical model of care delivery. Undoubtedly, the emergence of COVID-19 has eroded some of this progress in 2020, but we will continue to advocate for a social model of care and will encourage providers to re-double their efforts to combat residents' loneliness and feeling of isolation as we navigate a path through this pandemic.

This report also describes areas for improvement and it is frustrating that we continue to see the same issues year after year. In 2019, the provision of adequate fire protection measures continued to present challenges for some providers. This is an area of high risk and we continue to refer issues we identify to local area fire authorities where appropriate. We also continue to find nursing homes where the facilities are not conducive to modern care practices and which, at this stage, should have implemented interim measures to ensure residents' rights to privacy and dignity are upheld.

Last year, we also sought to strengthen our engagement with residents and their loved ones and capture their voices. We revised our resident questionnaires to improve the information we collect and can make available to inspectors before they carry out an inspection. The voice of the resident continues to be a central feature in all of our inspection reports, reflecting our focus on ensuring that care is always person centred. This will continue in spite of the many challenges we all face, and I would also like to thank residents, their families, friends and advocates for the assistance and time which they give to our inspectors when they visit their homes and for attending our engagement events during 2019.

Finally, we continue to engage with the Department of Health to progress a reform of the regulatory framework and to raise our concerns in relation to the implementation status of the national capital plan. These are key developments in

improving safety and quality of life for residents, and we look forward to progressing this in the coming year.

A handwritten signature in black ink, appearing to read 'Mary Dunnion'. The signature is written in a cursive style with a large initial 'M'.

Mary Dunnion

Chief Inspector of Social Services and Director of Regulation
Health Information and Quality Authority

Chapter 1. Profile of designated centres for older people

Designated centres for older people (nursing homes) continue to be a large component of the overall sector providing services to older people in Ireland. At 31 December 2019, there were a total of 585 registered nursing homes. The nursing home sector continues to grow in terms of bed capacity, providing an additional 718 beds in 2019 compared to 2018.

In total, during 2019:

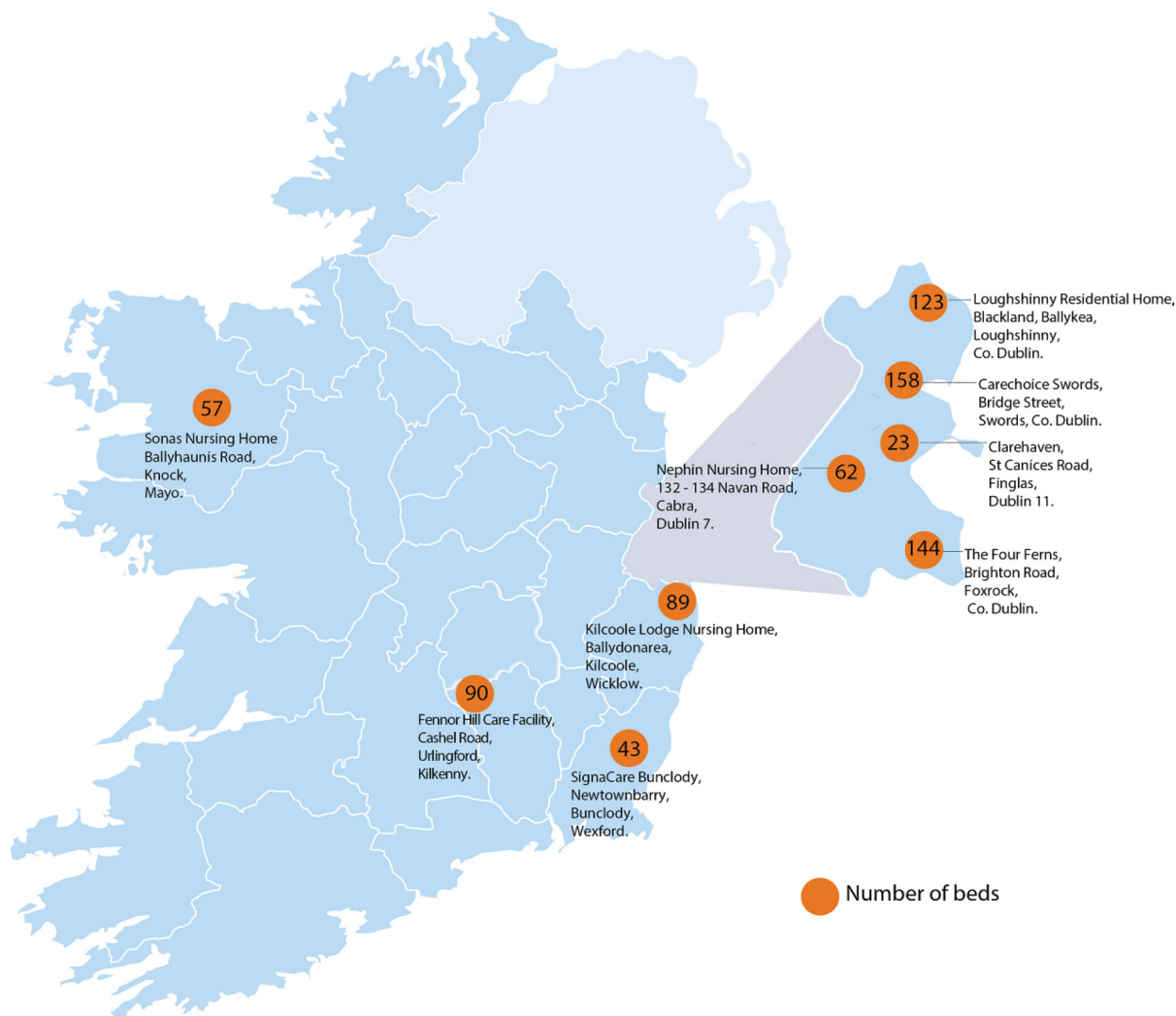
- 10 new nursing homes were registered by the Chief Inspector
- 14 centres extended their premises to provide more residential places
- five centres closed voluntarily and were removed from the register
- one centre closed when its application to renew registration was refused.

New nursing homes

A total of 10 new nursing homes were registered by the Chief Inspector in 2019, providing an additional 789 beds. This is a positive development as the new centres are generally purpose-built facilities, with a majority of single-occupancy en-suite bedrooms and ample space for circulation and socialising among residents, staff and visitors. This is in contrast to some of the older stock of nursing homes that have multi-occupancy rooms and are challenged by inadequate toilet and or bathroom facilities and small communal spaces. Figure 1 shows the distribution of new nursing homes throughout the country.² The majority new nursing homes registered in 2019 are located in Dublin and Leinster.

² Nine of the 10 new centres were green field sites and did not include a reconfiguration or extension of existing centres, as such Figure 1 shows the nine green field sites.

Figure 1 — Location of new nursing homes registered in 2019



Centre size

As noted in previous reports, there continues to be an upward trend in the size of nursing homes. This is evident in the average number of beds per centre and also in the size of new nursing homes applying for registration. In 2019, the largest nursing home in the country had 184 beds.

The average number of beds has increased in each of the last five years and now stands at 54.6 nationally (see Figure 2).

Figure 2 — Average number of beds from 2013 – 2019 nationally

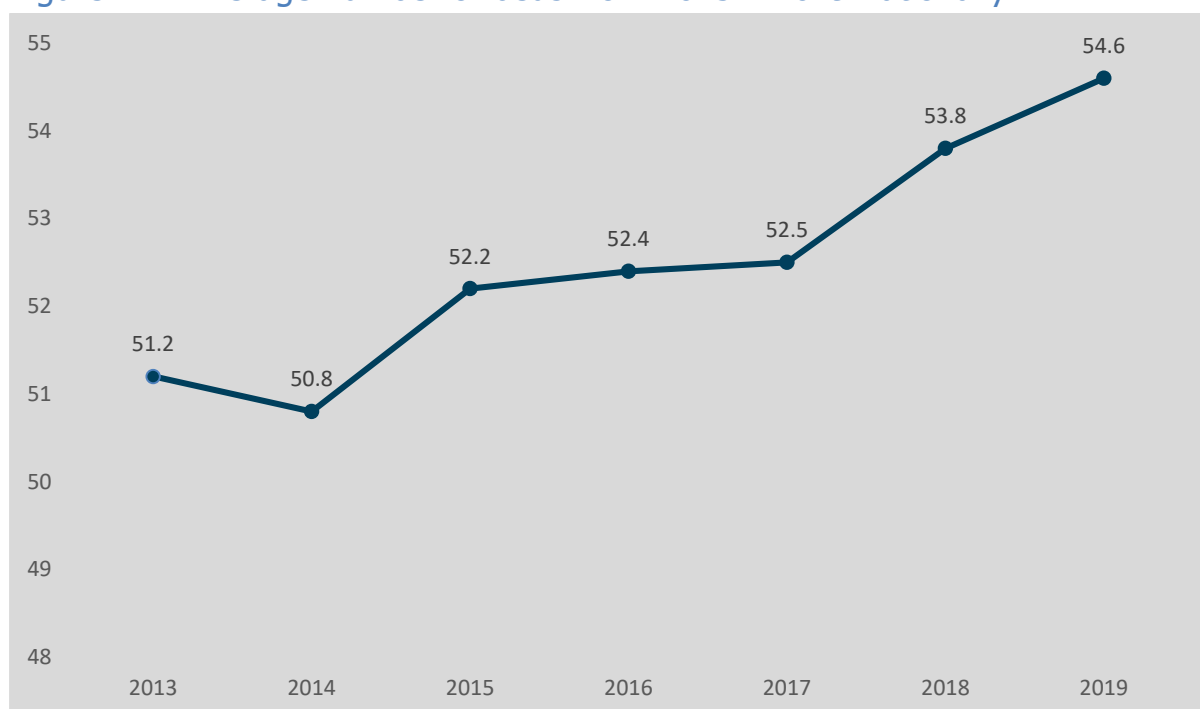






Table 1 below sets out the range of bed numbers in the system as at the end of 2019 and compares this with data from 2018. The clear trend in the sector is a move away from smaller centres towards larger facilities with more beds in them.

Table 1 — Bed number ranges for all nursing homes

Centre size (in bed number ranges)	2018	2019
Less than or equal to 20	38	 35 ³
Between 21 and 40	179	 177 ⁴
Between 41 and 99	313	 319
Greater than or equal to 100	51	 54
Total number of registered centres	581	585

Previous overview reports have also highlighted the reduction in smaller nursing homes. Smaller nursing homes cite difficulties in terms of financing and resources as reasons for ceasing operations. This is regrettable, as smaller nursing homes can be very homely and the loss of a nursing home sometimes means that older people in need of residential care have to travel further in order to receive care. This has

³ Three nursing homes with bed numbers less than or equal to 20 closed in 2019.

⁴ Two nursing homes with bed numbers between 21 and 40 closed in 2019.

knock-on effects for residents, particularly in terms of visitors, social activities and links to their preferred general practitioner (GP) or pharmacy.

Profile of ownership

Notwithstanding the changes listed above, the profile of nursing home ownership in Ireland remains largely similar to previous years (see Table 2). Nursing homes are owned and operated by:

- private providers
- the Health Service Executive (HSE)
- HSE-funded bodies under Sections 38 and 39 of the Health Act 2004 (hereafter referred to as 'Section 38/39 bodies').

Table 2 — Ownership profile of nursing homes for older people in Ireland at the end of 2018

Organisation classification	Number of registered centres	Registered beds
Private providers	443	24,981
HSE	122	5,864
Section 38/39 bodies	20	1,124
Total	585	31,969

As set out above, the vast majority of centres (76% or 443 of 585 centres) are operated by private providers. Ownership changes over the past number of years show an increasing trend towards consolidation by a small number of providers that own and operate an increasing number of nursing homes in Ireland. In addition, there are also a number of different legal provider entities which are comprised of the same small number of individuals who operate a multiple of nursing homes. This is reflective of changes in the profile of nursing home ownership, where existing national registered providers are exiting the market and new international providers are entering the market.

All nursing homes have been registered in accordance with the Health Act 2007 (as amended) and, in general, demonstrate good regulatory compliance. While this changing profile of ownership of nursing homes in Ireland has not impeded appropriate regulation of individual centres, there are some difficulties in relation to accountability. More specifically, there is a concern that directors in some companies are changing without submitting the required notification to the Chief Inspector. The regulations⁵ require a registered provider to give at least eight weeks' notice of any change to the directors of a company to the Chief Inspector. Failure to do so is not

⁵ Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

only a breach of these regulations, but also creates a problem in the context of identifying those legally responsible for the care and welfare of residents living in these nursing homes. In the event that the Chief Inspector is required to take escalation or enforcement action, it is conceivable that in the absence of appropriate notification this enforcement action could be taken against individuals who do not have legal responsibility for the nursing home.

Chapter 2. The Voice of the Resident

The Chief Inspector commenced the regulation of nursing homes in 2009. In the 10 years since then, inspectors have spoken with many residents and their families about what it is like to live in a nursing home. This chapter sets out what we have heard in 2019 and how we have sought to consult and engage with nursing home residents and their families and friends.

Putting people who use services at the centre of what we do

Central to our approach to regulation is a commitment to put the people using the service at the centre of what we do. In practice, this means that we seek the views of people who use the service and, where appropriate, their families and friends. We also spend time in designated centres using approved 'observation tools' such as the Quality of Interactions Schedule (QUIS) to observe how residents are supported in their day-to-day lives.

We provide questionnaires for residents and their families in advance of announced inspections — these questionnaires can also be accessed from our website at any time and sent to us. The questionnaires provide a valuable insight into how people are experiencing care in nursing homes and inspectors use them to inform their inspection approach. When residents and their families provide feedback on a nursing home, we include that in our published reports. When they raise issues with us, we use that information to shape how we carry out our inspections, such as what regulations we focus on.

While we have always spoken with people who use services during our inspections, since 2018 we have further enhanced our engagement. We asked providers, residents and their families at our stakeholder engagement sessions for their views on how we could make improvements to how we work. We received a lot of very useful information and suggestions and as a result of this feedback we made a number of changes, including:

- giving more notice of announced inspections so residents and their families know we will be visiting,
- improving our resident questionnaires,
- including a section for residents' views and experiences in our reports entitled "What residents told us and what inspectors observed",
- and providing information for residents and their families on how they can make a complaint and what they should expect in response when making a complaint.

Letting residents and their families know when we will be in the centre

When we are carrying out an announced inspection, we send a poster to the nursing home for them to display in a prominent place announcing the date inspectors will be in the centre. In 2018, we increased the amount of notice we give to providers for announced inspections from two weeks to four weeks so they can inform residents and their families, allowing families and friends to make arrangements to be at the centre to meet with our staff.

In addition, following further feedback received in our stakeholder engagement meetings which were attended by residents and their families, we also now display a poster when we are in a centre doing any type of inspection confirming we are there and inviting people to speak with us. As a result, more residents and relatives now seek out the inspectors on an inspection to bring issues to our attention.

Getting the views of people who use the service and their families

On every visit to a centre, inspectors spend time walking around the centre speaking to people who are living in the centre, or sitting quietly observing in different areas for periods of time. We speak with people where they feel comfortable, sometimes in communal areas and on other occasions in private. We ask people about their experience of living in the centre and listen to what they want to tell us. Questions we ask may include:

- Are you comfortable in the centre?
- Do you receive the support you need to meet your needs?
- Do the staff know you, and respond when you need them?
- Do you feel safe?
- If you have any concerns, do you know who to speak to?

Inspectors gather the feedback from residents and their families, and tell the provider the main themes, but not the exact detail of the information shared and who provided it. This is to ensure residents feel comfortable sharing information with us, whether it is positive or is highlighting areas that may need to be improved.

To improve our resident questionnaires, we followed guidance to ensure people would be able to understand the document. This includes using plain English, pictures to explain the words, and colour throughout. The questionnaires have been well received, and many providers have started using them to carry out their own internal review of people's experience of their service. The questionnaires can be viewed [here](#).

Review of a sample of questionnaires

In order to better illustrate the types of issues raised in questionnaire responses, we analysed a selection of questionnaires received in 2019. We selected 12 centres

where we had an announced inspection and randomly selected four questionnaires from each.

Of the questionnaires reviewed:

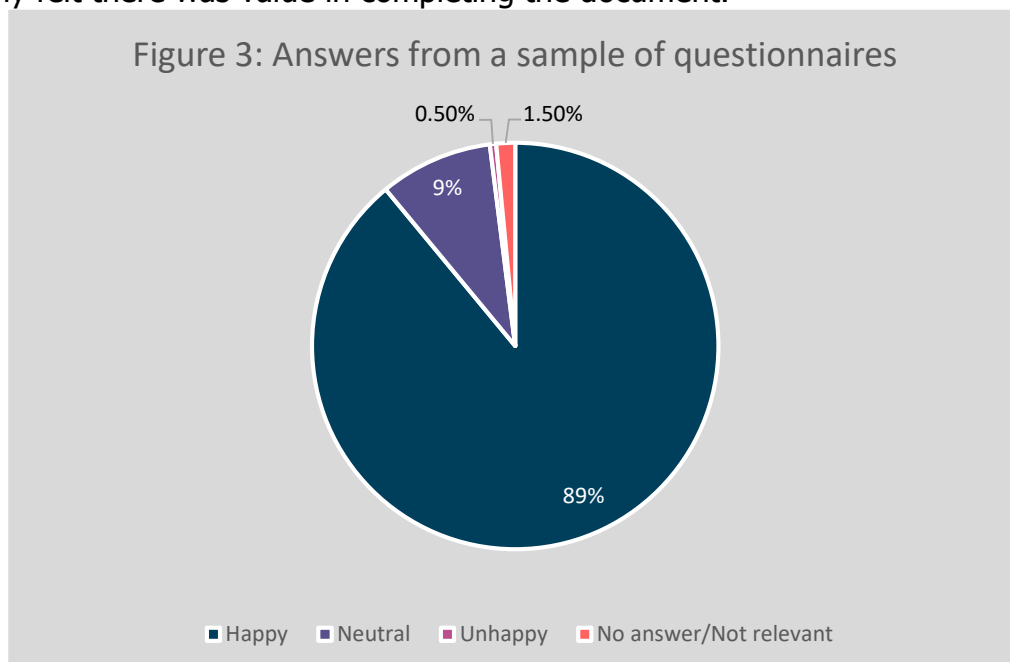
- 30% had been completed by a resident,
- 55% were completed by relatives or friends,
- and 15% were completed by staff members with, or on behalf of, residents.

The questions cover a broad range of topics and allow the respondent to select one of four multiple-choice answers.

- Happy
- Neutral
- Unhappy
- Not applicable.

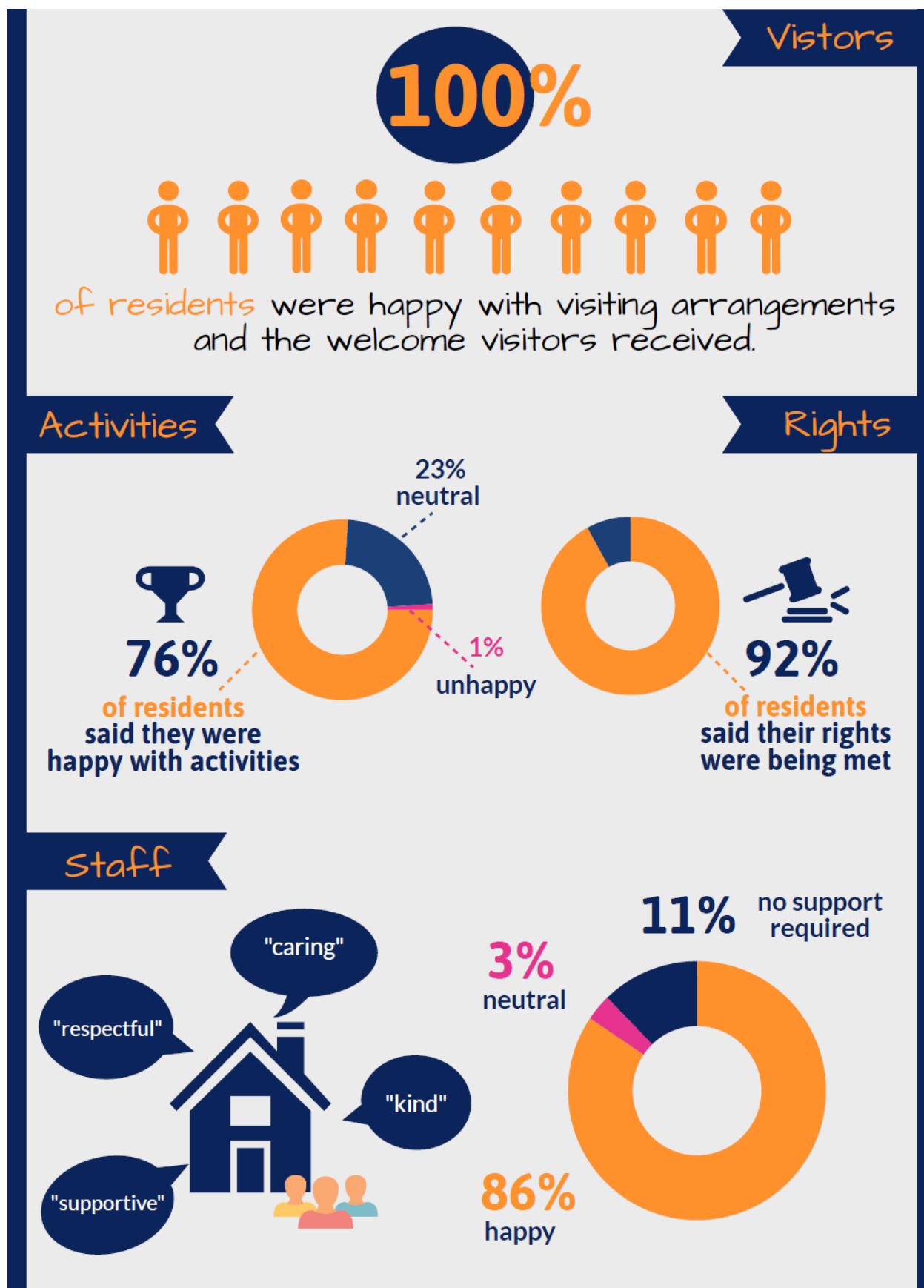
Overall, 89% of residents answered happy to the questions asked, 9% were neutral, 0.5% were unhappy and 1.5% did not answer the question or said it was not relevant to the resident.

We found that 71% of residents found the questionnaire useful to complete, 12% felt it was not useful and 17% did not answer this question. It is a positive that so many felt there was value in completing the document.



Some respondents answered that they were 100% satisfied with some arrangements, including arrangements for visitors in the centre. When asked about their satisfaction in relation to activities, 76% of respondents reported they were happy with arrangements. The remaining 23% said they felt neutral about this. We will consider this feedback in planning our future thematic inspection programmes.

The following graphic sets out the issues we sought residents' feedback on and the replies we received from this sample.



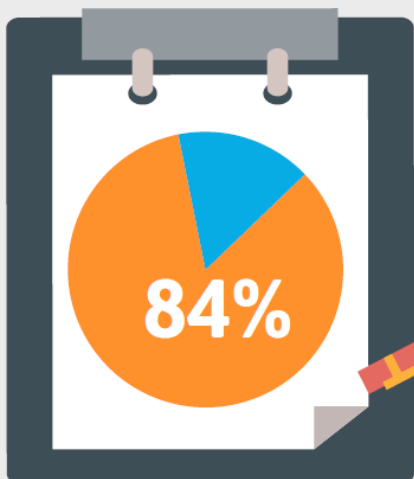
Complaints

10%



of residents had made a complaint and all were happy with how it was dealt with.

Care plan

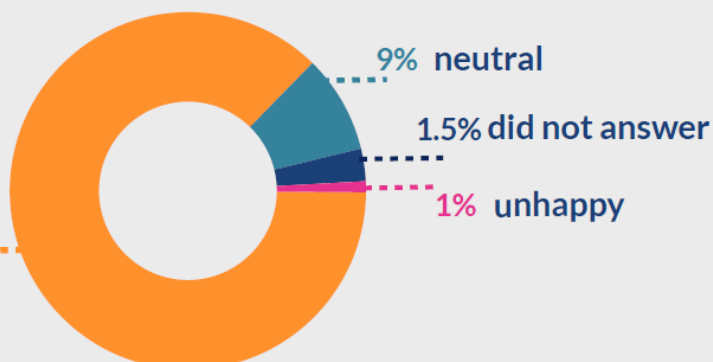


of residents were aware of their care plan

Food and mealtimes



88.5%
of residents said they were happy with food



NOTE: This data is taken from a random sample of questionnaire responses from 12 nursing homes, a total of 48 questionnaires.

Stakeholder engagement



Pictured in Dublin Castle at a HIQA session for nursing home owners in 2019, from left to right, are: Sonia McCague, HIQA Inspector who sadly passed away in 2020; Teresa Moran, resident at St Gabriel's Nursing Home, who told us about how she participates in life in her nursing home, and Cathy Glennon activity staff member in St Gabriel's Nursing Home.

In 2019, we continued our programme of meeting with various providers, persons in charge, and residents and their relatives around the country to inform them of our work. This is an important part of our work as it allows for interaction outside of the environment of a nursing home and outside of the context of an inspection. We held five events across the country in Cork, Dublin, Cavan, Athlone and Kilkenny in 2019. All of these events were well attended by registered providers and persons in charge of nursing homes.

We also met people who lived in a nursing home and relatives or friends of people living in nursing homes in separate sessions. While attendance by residents and relatives increased from the previous year, it still remained very low relative to the number of people who live in nursing homes. We will continue to focus on improving our engagement with these key stakeholders.

The events saw presentations from a wide range of HIQA staff on important topics such as infection control in the community, our restrictive practice thematic

programme, and a human rights-based approach to care. The Deputy Chief Inspector, with responsibility for older people's services, Susan Cliffe was present at each event to answer questions from the floor. In addition, at each regional event, two registered providers were invited to present to the meeting on an area of good practice in their centre that had been noted by inspectors on a recent inspection.

Undoubtedly, the highlight from all of these events was the presentation from Teresa Moran, a 103-year old resident of St Gabriel's Nursing Home in Dublin. Ms Moran spoke about her participation in the running of the nursing home, including her role as a member of the committee which works to improve the quality of end of life care in the centre. She spoke about the importance of staying involved in activities and in participating in the residents' forum which provides input on the day-to-day running of the nursing home.

Chapter 3. Regulation of designated centres for older people

The Health Act 2007 (as amended), associated regulations⁶ and nationally mandated standards⁷ provide the legal framework which underpins the regulation of designated centres for older people in Ireland (nursing homes). The Act and the regulations set the minimum standard of care that must be provided for people living in these centres in order for registered providers to remain registered and to continue to operate them.

The Act directs that the Chief Inspector, an employee of the Health Information and Quality Authority (HIQA), is responsible for maintaining a public register of nursing homes and for the registration and inspection of these centres. The Act requires that the Chief Inspector assesses whether a provider will comply or is complying with the regulations and any standards set by the Authority under section 8(1)(b) of the Act, when registering and inspecting such centres.

Inspectors of social services⁸ are appointed to assist the Chief Inspector in registering and inspecting designated residential centres. The team of inspectors who regulate nursing homes is comprised of professionals with expertise in regulation and experience in either care of the elderly, general nursing, fire safety, infection prevention and control, occupational therapy, physiotherapy or social care.

Inspections of nursing homes in 2019

Any registered nursing home can be inspected by inspectors of social services at any time. Inspections may be carried out over one or two days depending on the size of the centre and the type of inspection. In 2019, inspectors carried out 547 inspections in 457 centres, meaning that more than three out of every four (78.1%) nursing homes were inspected.

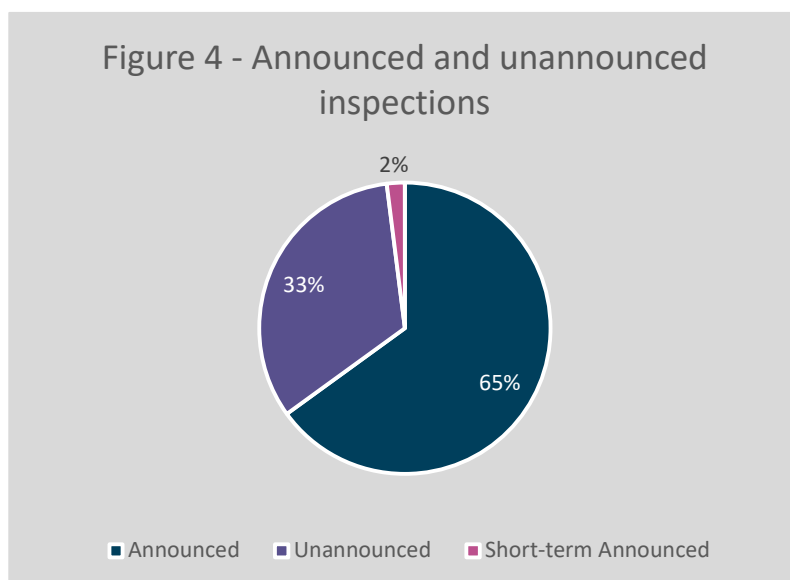
Inspections of nursing homes may be announced or unannounced. Announced inspections are carried out to enable greater participation of residents and relatives in the inspection process by letting them know in advance when inspectors will be present in the centre. The announcement period is generally four weeks. Inspections

⁶ — Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
— Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016
— Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

⁷ National Standards for Residential Care Settings for Older People in Ireland (2016).

⁸ The Older Persons' Team is comprised of 32 people, including the Deputy Chief Inspector, regional managers and inspectors, and supported by regulatory officers and regulatory support officers.

may also be short-term announced if the inspector requires a particular person to be available during the inspection, such as a senior manager or someone representing the registered provider. In such situations, the announcement period may be reduced to 72 hours.

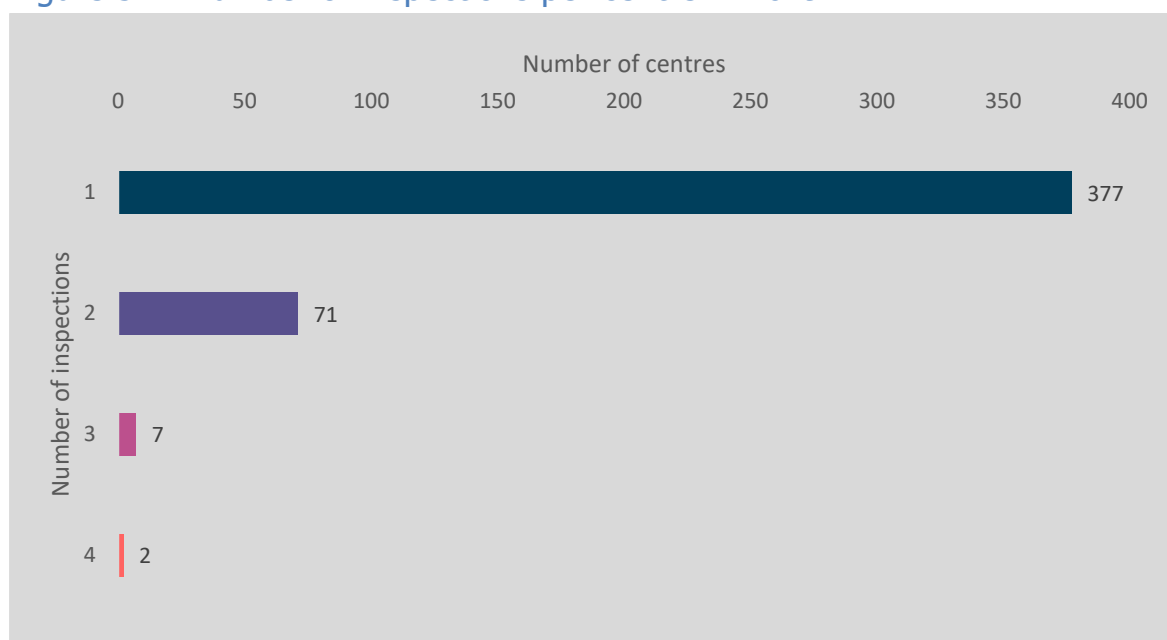


In 2019, the majority of inspections were unannounced (65%), as illustrated in Figure 4. Unannounced inspections can happen at any time of the day or night, on any day of the week. The majority of inspections (402) were carried out to inform an assessment of compliance with the regulations and national standards. The remainder, comprising 145 inspections, were focused on thematic inspection programmes that target specific areas of care for quality improvement. In 2019, we continued our programme of thematic inspections focused on dementia care, with 102 inspections carried out. We also introduced a new form of thematic inspection which looks at the use and management of restrictive practices in nursing homes. These inspections assess whether residents are permitted to make choices, and whether they are subject to undue restrictions, in their daily lives. This can include environmental restrictions, such as locked doors or limited access to garden space, as well as physical restrictions that include the inappropriate use of bedrails or lap belts. We carried out 42 restrictive practice thematic inspections in 2019. Further details on both thematic programmes are set out later in this chapter.

Risk-based approach to regulation

Inspection activity is focused on areas of highest risk, including fire safety, governance and management, residents' rights, personal possessions and premises, or where we have concerns about the health and wellbeing of residents. This means that we will carry out more inspections in high-risk centres and less in centres that have demonstrated a good track record in terms of compliance.

Figure 5 — Number of inspections per centre in 2019

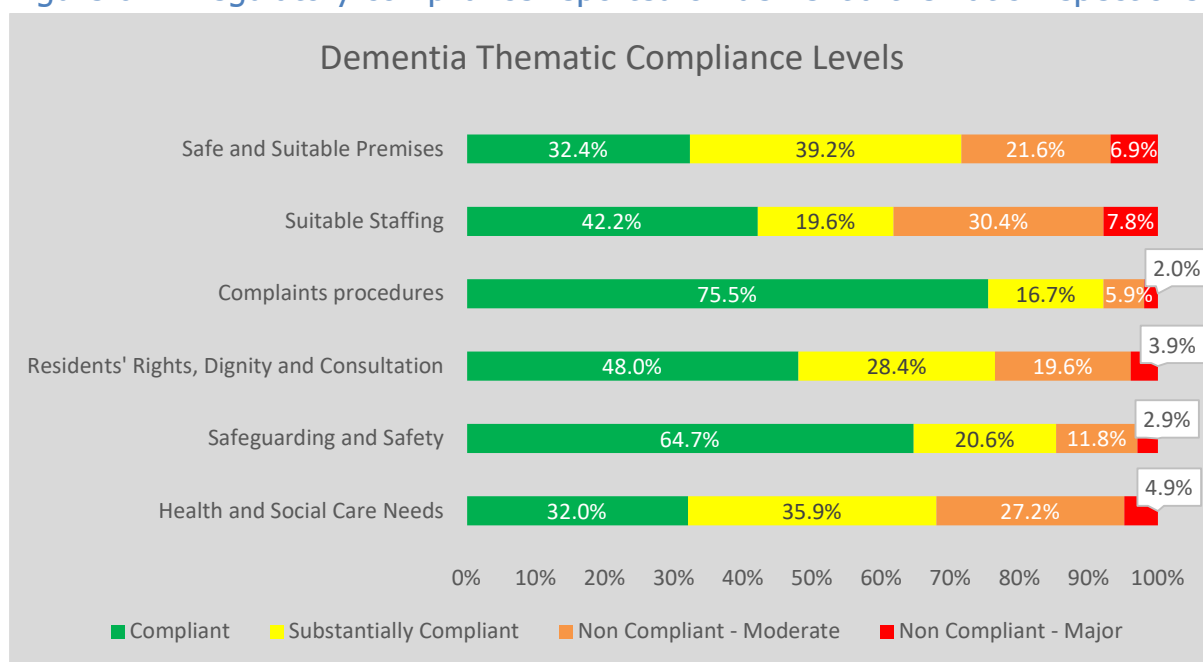


As shown in Figure 5 above, the majority of nursing homes required one inspection in 2019. However, nine centres required three or more inspections, representing 2% of all centres inspected during the year. The number of centres which required three or more inspections continued to be in a minority and was lower than in 2018. However, it remains a concern that any nursing home would require this level of regulatory oversight as it is the responsibility of the provider to safely manage its day-to-day operational and service risks.

Dementia thematic inspections

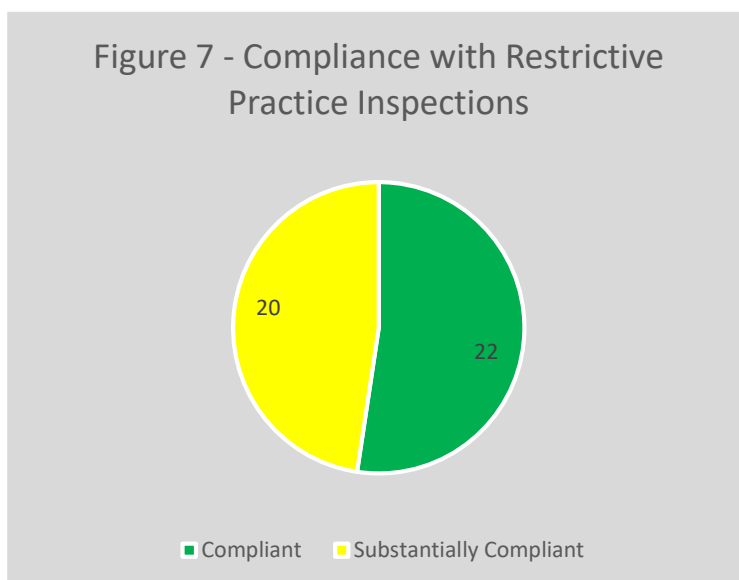
In 2019, inspectors carried out 102 dementia thematic inspections. These inspections focus on the care provided to residents with dementia living in a nursing home. Dementia causes problems in the brain and can affect memory, thinking, language and the ability to carry out everyday tasks. As such, residents with dementia have particular needs while living in nursing homes. The findings of these inspections indicate that while the majority of centres are providing good quality care to residents with dementia, more work could be done to improve the service provided to this most vulnerable group of residents.

Figure 6 — Regulatory compliance reported on dementia thematic inspections



Restrictive practice thematic inspections

The restrictive practice thematic programme assessed compliance against the *National Standards for Residential Care Settings for Older People in Ireland (2016)* to drive continuous quality improvement for the benefit of people living in nursing homes. Only centres with a good history of regulatory compliance were chosen for one of these inspections which focus entirely on the national standards.



While there are circumstances where the use of restrictive practices may be unavoidable and necessary to ensure a person’s safety or the safety of others, restrictive practices are an infringement of a person’s fundamental rights to personal liberty and bodily integrity. We carried out 42 inspections of this type in nursing homes in 2019, with generally positive findings. Of the nursing homes inspected, 22

centres were found to be compliant⁹ and 20 were substantially compliant.¹⁰ This indicates that there is a high level of awareness of the need to reduce or eliminate the use of restrictive practices. However, some providers are still working towards balancing residents' rights to autonomy and liberty with the need to ensure the health and safety of residents. Feedback from providers suggests that the focus on this area and the supporting documents and guidance produced by the Chief Inspector has improved understanding in this important area. It is expected that improvements will continue in this area to benefit residents.¹¹

Regulatory compliance

Regulatory compliance is a prerequisite for securing and maintaining registration. During 2019, we continued to find nursing homes with a high level of regulatory compliance, mirroring findings seen in previous years. As part of inspections in these centres, and on an ongoing basis, inspectors of social services assess compliance against two sets of regulations referred to as the care and welfare regulations¹² and the registration regulations.¹³

High-level compliance data

Changes to inspection practices in 2018 means that we now have greater detail on compliance with individual regulations. These changes also mean that inspectors can choose which regulations to assess for individual inspections, allowing them to target individual areas that may require improvement or where previous findings were poor. Figure 8 identifies those regulations that had the highest rates of compliance (that is, were more often found to be compliant or substantially compliant). Figure 9 presents the 10 regulations with the highest rates of non-compliance and shows a comparison rate for 2018. This data help to provide a broad overview of the level of compliance across the nursing home sector and identifies areas where providers are performing well and also areas requiring improvement.

⁹ A finding of compliance indicated that residents enjoyed a good quality of life where the culture, ethos and delivery of care were focused on reducing or eliminating the use of restrictive practices.

¹⁰ A finding of substantial compliance indicated that residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.

¹¹ The programme of restrictive practice thematic inspections is suspended at the time of writing. This is due to a combination of staff shortages and a greater focus on inspections related to COVID-19.

¹² Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

¹³ Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Figure 8 — Regulations with highest level of compliance in 2019 and the equivalent rate in 2018

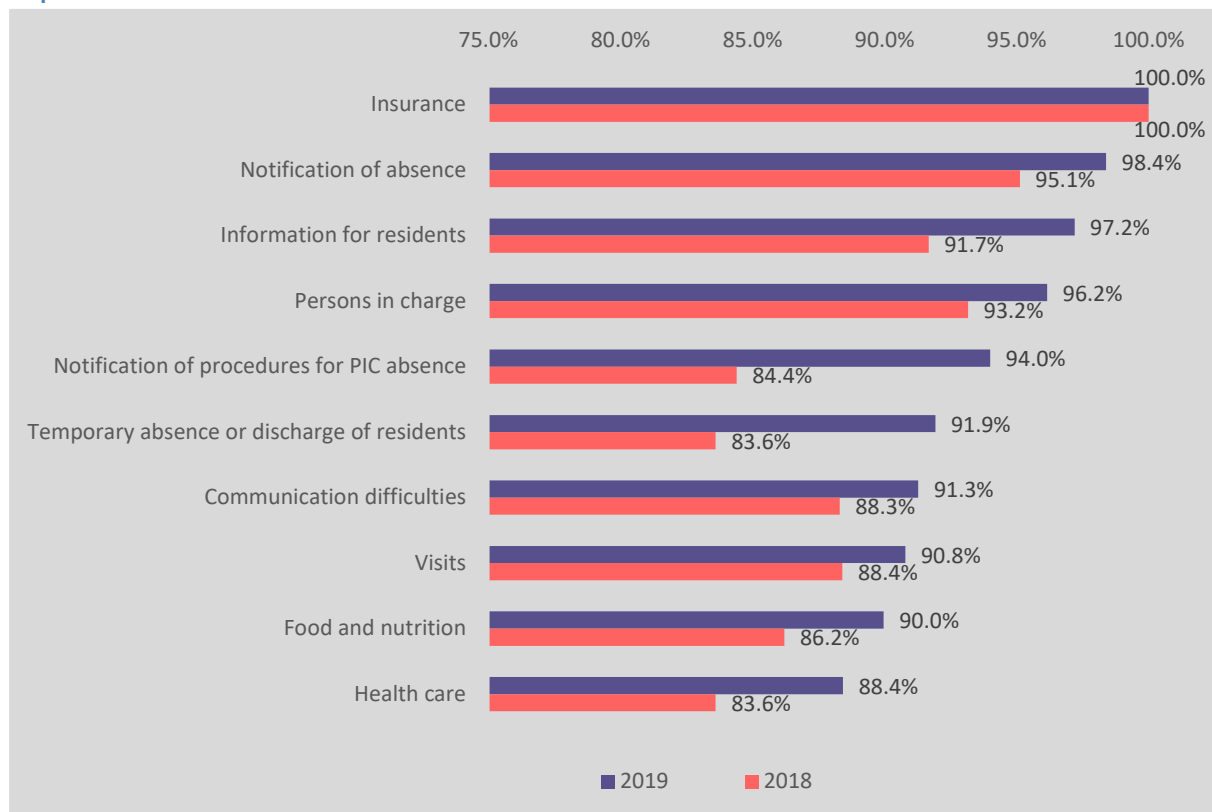


Figure 8 presents compliance as a percentage of the number of times the individual regulations were assessed during the course of 2019. These reported compliance levels represent sustained efforts by many nursing homes; it is particularly encouraging to see high levels of compliance in important areas of care such as end-of-life care and communication.

Figure 9 — Regulations with highest level of non-compliance in 2019 and the equivalent rate in 2018

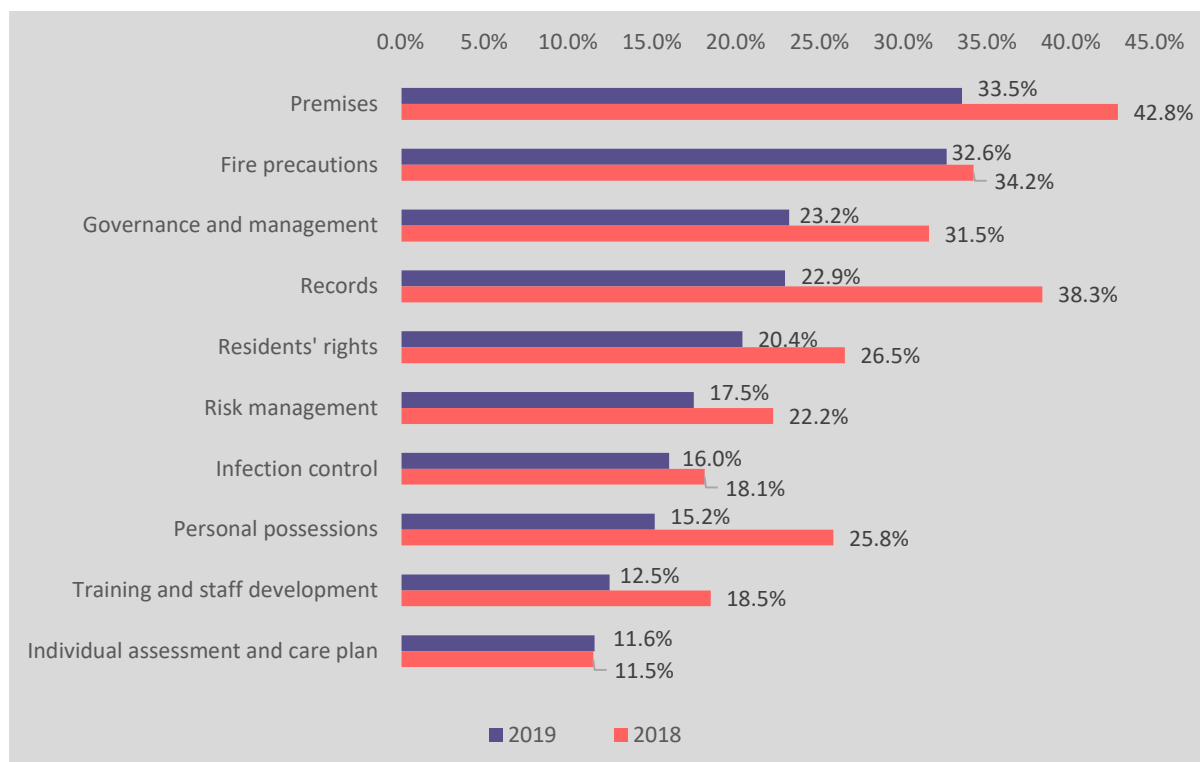


Figure 9 represents the percentage of times a regulation was assessed as not compliant. It is a source of concern that the same regulations appear on this chart year after year. As always, governance and management features highly on the list of non-compliant regulations. Acknowledging that compliance with this regulation has improved by 9% over the last 12 months, these findings still that nearly one in four providers did not have effective management arrangements in place with identified lines of authority and accountability to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Undoubtedly, the impact of the current COVID-19 pandemic has further evidenced the fundamental importance of effective and robust systems of management in every nursing home regardless of size.

The issue of poor physical environment in a number of nursing homes continues to create difficulties. While the impact of poor premises, non-compliance with regulation 17, was often seen through the lens of residents’ rights, access to personal possessions and to a lesser extent their impact on infection prevention and control in 2019, the COVID-19 pandemic has prioritised the focus on infection prevention and control. In particular, the additional challenges and infection control risks posed by large multi-occupancy bedrooms, bedrooms that are too small for the number of residents who live in them, limited numbers of accessible resident bathrooms and toilets, inadequate communal and dining spaces and insufficient

storage space. It was anticipated that all issues related to sub-standard premises would be addressed by the end of 2021 as set out in Statutory Instrument 293. However, it is currently unclear whether this will be achieved, as some centres have yet to apply for planning permission where their improvement plans are based on extensions or building a completely new centre. This is particularly a significant issue for some of the HSE provided and funded services. Now more than ever, providers need to review their current premises and consider where resident safety can be improved through a reduction in the numbers of residents living in a centre in advance of any new builds or extensions.

We also continue to see unacceptably high levels of non-compliance in terms of fire precautions in nursing homes. This is an area of high risk that compromises residents' safety in the event of a fire. We continue to refer these issues to local area fire authorities where appropriate.

However, compliance rates for all regulations have improved when compared with 2018. For example, compliance with the temporary absence or discharge of residents was 91.9% in 2019 compared with 83.6% in 2018. Rates of non-compliance have also decreased, for example for premises (42.8% in 2018 as against 33.5% in 2019) and records (38.3% in 2018 as against 22.9% in 2019).

A fuller discussion of regulatory non-compliance and its impact on residents will be set out in Chapter 5.

List of fully compliant nursing homes when inspected in 2019

In all of our inspection reports and publications we seek to draw attention to good practice and positive findings in nursing homes. It is important to emphasise that the vast majority of nursing homes provide high-quality care to residents as evidenced in inspection findings. As per previous overview reports, we have provided a list of nursing homes that were either compliant or substantially compliant with all of the regulations that were assessed on inspection. This is a good indicator of the quality of a service and also a sign that the registered provider has effective governance and management systems in place to ensure residents experience a good quality of life. In 2019, there were 118 nursing homes that were found to be compliant with all regulations assessed (see Table 3).

Table 3 — List of registered nursing homes who were fully compliant centres in 2019^{14 15}

Carlow	Beneavin Manor
Hillview Convalescence & Nursing Home	Brabazon House Nursing Home
SignaCare Killerig [‡]	CareChoice Malahide [♦]
Sonas Nursing Home Tullow	Carechoice Swords
St Fiacc's House [♦]	Catherine McAuley House
Cavan	Clearbrook Nursing Home [♦]
Esker Lodge Nursing Home [♦]	Croft Nursing Home
Oak View Nursing Home	Dalkey Community Unit for Older Persons
Clare	Fingal House Nursing Home
Athlunkard House Nursing Home	Glebe House Nursing Home [‡]
Cratloe Nursing Home	Glengara Park Nursing Home [♦]
Ennistymon Community Hospital	Holy Family Residence
St. Theresa's Nursing Home [‡]	Howth Hill Lodge [♦]
Cork	Lisheen Nursing Home [♦]
Amberley Home and Retirement Cottages	Lusk Community Unit [♦]
Ballincurrig Care Centre	Marymount Care Centre [‡]
Blarney Nursing and Retirement Home [‡]	Meath Community Unit
Glendonagh Residential Home	Newpark Care Centre
Mount Alvernia Hospital	Orwell Private [‡]
Oaklodge Nursing Home	Our Lady's Manor [♦]
Rosenalee Care Centre	Rush Nursing Home
St Luke's Home	St Doolagh's Park Care and Rehabilitation Centre [‡]
Youghal and District Nursing Home	St Gabriel's Nursing Home [♦]
Donegal	St John's House
Beach Hill Manor Private Nursing Home	St Pappin's Nursing Home
Brentwood Manor Private Nursing Home	St. Gladys Nursing Home
Larissa Lodge Nursing Home	Talbot Lodge Nursing Home
	Terenure Nursing Home
	TLC City West
	Galway
	Mountbellew Nursing Home
	Nightingale Nursing Home
	Portumna Retirement Village
	Kerry
Dublin	Aperee Living Tralee
Aclare Nursing Home [♦]	Aras Mhuire Nursing Home [‡]
Altadore Nursing Home	Heatherlee Nursing Home
Anam Cara [♦]	Ocean View Nursing Home
Ashbury Private Nursing Home [♦]	
Beechfield Manor Nursing Home	
Belmont House Private Nursing Home [♦]	Our Lady of Fatima Home

¹⁴ ‡Centres that were deemed to be compliant or substantially compliant for each of the previous three years.

[♦]Centres that were deemed to be compliant or substantially compliant on inspections in two out of the past three years.

¹⁵ It should be noted that inspections are a reflection of a point in time in a nursing home and that conditions may change. This list is also a reflection of compliance with the regulations, and the current pandemic has highlighted the limitations of the current suite of regulations that govern nursing homes.

Kildare	Rathkeevan Nursing Home
Larchfield Park Nursing Home*	Villa Marie Nursing Home
Suncroft Lodge Nursing Home*	Waterford
Kilkenny	Carechoice Dungarvan*
Archersrath Nursing Home	Westmeath
Mooncoin Residential Care Centre	Cluain Lir Community Nursing Unit
Sacred Heart Nursing Home	Maple Court Nursing Home
St Joseph's Supported Care Home	Moate Nursing Home
Laois	Portiuncula Nursing Home
Community Nursing Unit Abbeyleix	Roselodge Nursing Home
Droimnin Nursing Home	St Camillus Nursing Centre
Limerick	Wexford
Good Counsel Nursing Home	Cherry Grove Nursing Home
Milford Nursing Home	Wicklow
Louth	Cairnhill Nursing Home
Blackrock Abbey Nursing Home	Dunlavin Nursing Home [‡]
Dealgan House Nursing Home	Eyrefield Manor Nursing Home*
St Mary's Hospital	FirstCare Nursing Home - Earlsbrook House
St Oliver Plunkett Community Unit	Roseville Nursing Home*
Sunhill Nursing Home	St Columban's Nursing Home*
Mayo	Tara Care Centre
Brookvale Manor Private Nursing Home	
Sonas Nursing Home Belmullet	
Meath	
Boyne Valley Nursing Home	
Kilmainhamwood Nursing Home	
Ratoath Manor Nursing Home	
St Colmcille's Nursing Home	
St Columban's Retirement Home	
St Elizabeth's Nursing Home*	
Monaghan	
Mullinahinch House Private Nursing Home	
St. Mary's Residential Centre*	
Roscommon	
Aras Mhathair Phoil	
Drumderrig House	
Tipperary	
Acorn Lodge*	
Ardeen Nursing Home*	
Bramleigh Lodge Nursing Home	
Padre Pio Nursing Home	

The data above is based on all 547 inspections carried out in 2019, and each of the 113 centres listed had at least one inspection during the year where they were assessed as being compliant or substantially compliant in all inspection outcomes or

inspected regulations.¹⁶ However, it should be noted that the current global pandemic has highlighted that the regulations, particularly around infection control staffing and premises, are insufficient to provide protection to residents. While a centre may be meeting the regulation in this area, stronger regulations are needed to ensure adequate protections are afforded. The Chief Inspector has raised this issue with the Department of Health and Oireachtas.

Nursing homes that had a fully compliant inspection but a previous inspection in 2019 that was not fully compliant are not included in the table.

A like-for-like comparison between 2018 and 2019 shows that the number of inspections where nursing homes were found to be fully compliant with all the regulations has reduced slightly from 23% in 2018 to 21.5% in 2019. Notably, among the 113 centres listed in Table 3, nine centres have featured on the list of centres deemed to be fully compliant for each of the previous three years; while a further 25 centres were fully compliant on inspections in two out of the past three years.

All of the nursing homes listed above should be commended for their diligence in providing a high-quality service. The Chief Inspector would like to acknowledge the hard work all of the nursing home staff and management that produced these good outcomes for residents. It should also be noted that if a nursing home does not appear on the list above, that may be due to the fact that it did not have an inspection during 2019. Inspection reports for all nursing homes can be accessed by visiting www.hiqa.ie.

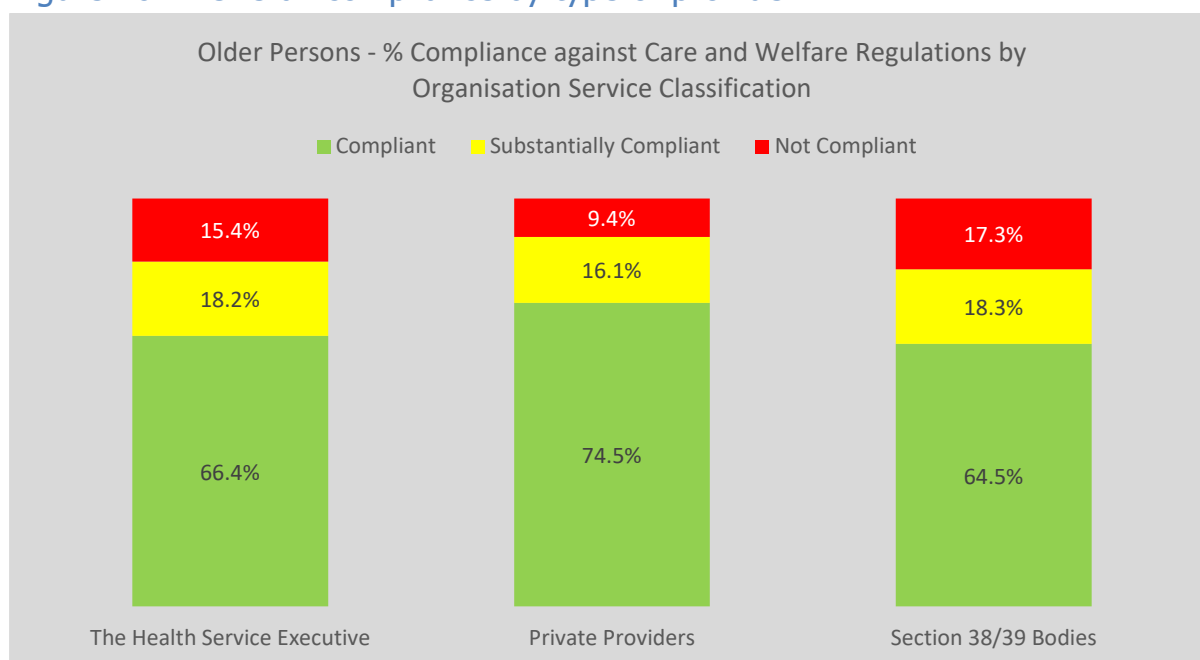
Registered provider type and compliance levels

Our data allow for analysis of how different types of registered providers perform in terms of regulatory compliance. There are three categories of registered provider: private, statutory and Section 38/39 bodies.

Private registered providers operate on a for-profit basis and some companies own several nursing homes. Statutory nursing homes are those owned and operated by the Health Service Executive (HSE). The Section 38/39 bodies are comprised of a range of not-for-profit operators that may also typically receive financial support from the HSE in the form of Section 38 or 39 assistance. The overall compliance rates set out for each of these types of registered providers are set out below in Figure 10.

¹⁶ It should be noted that inspection findings reflect what was found in a centre on the day or days of inspection and that the circumstances in the centre that led to these findings can change over time.

Figure 10 — Overall compliance by type of provider



While statutory and Section 38/39 providers are largely similar in terms of compliance rates, compliance levels were higher in nursing homes operated by private providers in 2019. This gap in compliance rates likely reflects the issues of poor premises that is a common feature in statutory and Section 38/29 centres. Poor premises also impacts on the quality of life and rights of residents, including a lack of personal space and access to personal possessions. The Chief Inspector will continue to monitor this area closely.

Review of regulatory judgments

HIQA inspectors gather a lot of information while visiting nursing homes. They speak with residents, relatives and staff, make notes on care practices they observe, and review documentation and records related to resident care. Inspectors use all of this information to form judgments on compliance and produce an inspection report which is published. Great care is taken to ensure that all compliance judgments and inspection reports are fair, balanced and supported by evidence which the inspector has collected and analysed.

There are occasions where a nursing home will be unhappy with the findings of an inspection. They may take issue with the content of the report or with the compliance judgments. In recognition of this, there is a process to afford registered providers an opportunity to provide feedback on, and later make a submission on, regulatory judgments made by inspectors and reported in inspection reports.

In 2019, we received 12 submissions¹⁷ from nursing home providers. One of the 12 did not fall within scope of a submission and was precluded from consideration. Of the remaining submissions, two related to dementia thematic inspection reports and nine were regarding regular inspections. The details of each submission against specific regulations are set out below in Table 4.

Table 4 — Regulatory judgment appeals during 2019 and the outcome of those appeals

Regulation	Number of challenges	Results of submission panel review	
		Regulatory judgment unchanged	Regulatory judgment changed
Regulation 5: Individual Assessment and care plan	1	Regulatory judgment unchanged	
Regulation 9: Residents' Rights	2	One regulatory judgment unchanged	One regulatory judgment of substantially compliant changed to compliant
Regulation 15: Staffing	3	Two regulatory judgments unchanged	One regulatory judgment changed from not compliant to substantially compliant
Regulation 17: Premises	4	Four regulatory judgments unchanged	
Regulation 23: Governance and Management	2	One regulatory judgment unchanged	One regulatory judgment changed from not compliant to substantially compliant
Regulation 26: Risk Management	1	One regulatory judgment unchanged	
Regulation 27: Infection Control	1	One regulatory judgment unchanged	
Regulation 28: Fire Precautions	2	One regulatory judgment unchanged	One regulatory judgment changed from not compliant to compliant

¹⁷ In 2019, HIQA published 571 inspection reports.

Regulation 34: Complaints procedure	1	One regulatory judgment unchanged	No change
Submissions on dementia thematic inspection reports			
Regulation	Number of challenges	Results of submission panel review	
		Regulatory judgment unchanged	Regulatory judgment changed
Outcome 1: Health and Social Care	1	Upheld	No change
Outcome 7: Risk management	2	1 upheld and 1 not upheld	A judgment of moderate non- compliant was increased to major non-compliant

Escalation and enforcement actions

As already stated in this report, there was a high level of regulatory compliance among providers of nursing homes in 2019. There are also a significant number of nursing homes that are providing a good service and yet are challenged in terms of the physical environment. However, there are a small number of nursing homes that were found to be providing a poor quality service in 2019 and who were subject to escalation and enforcement activities. Typically, this means that the nursing home has failed to take action where non-compliances have been identified and the Chief Inspector has concerns about the fitness of the registered provider.

Part 8 of the Health Act 2007 sets out the tools for enforcement available to the Chief Inspector in the event of a non-compliant registered provider with the regulations under the Act, including:

- issuing the provider with a warning and time frame to come into compliance
- placing conditions on a centre's registration
- cancellation of the centre's registration¹⁸
- prosecution.

¹⁸ Cancelling the registration of a designated centre is the most significant power available to the Chief Inspector and is only exercised as a last resort.

The enforcement powers of the Chief Inspector are limited. The current legislation sets out only two options available where a centre is not meeting the regulations:

- Apply to cancel the registration or attach conditions to the registration under section 51 of the Health Act 2007, as amended, a process takes at least three months to effect if the registered provider does not exercise their right to challenge the decision in a district court or to seek a judicial review in the High Court.
- Apply to cancel the registration or attach conditions to the registration under section 59 of the Health Act 2007, as amended, a process that requires the Chief Inspector to show that there is a risk to the life, or a serious risk to the health or welfare, of the persons resident in the nursing home.

Section 51 of the Act can take a significant amount of time to enact, whereas section 59 sets a high threshold to be met for the immediate closure of a centre. These powers are limited by the inability to issue improvement and or compliance notices,¹⁹ akin to what HIQA has in the regulation of ionising radiation.

In 2019, where necessary, and in line with the Health Act 2007 (as amended), the Chief Inspector took enforcement action against a small number of providers. Such actions included issuing warning letters to providers requiring them to take all necessary action to bring their centres into compliance with the regulations. There were 30 warning letters issued during the course of 2019, primarily relating to the late payment of fees. There are also occasions where registered providers are required to attend a meeting with inspectors in order to discuss concerns relating to non-compliances. There were 73 such meetings held in 2019.

In addition, in 2019 there were 22 nursing homes that had restrictive conditions placed on their registration. Some of the restrictive conditions applied included:

- The first floor of the designated centre cannot be used to accommodate residents or used for any other purpose until such time as the centre has been inspected by inspectors of social services and both the ground floor and the first floor are found to be in full compliance with Regulation 28.
- On the occurrence of any vacancy in the designated centre, room 6 will be reduced to twin occupancy.
- The physical environment in the designated centre must be extended as outlined in the plans submitted to the Chief Inspector on 23/04/2019.

¹⁹ As available - Under Part 5 of the European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure ionizing Radiation).

- Bedroom number 6 and 9 may only be occupied by residents of low dependency (not requiring assistive equipment to mobilise or transfer) who undergo a professional assessment in relation to their dependency level at three monthly intervals.

Applying additional conditions to the registration of a nursing home makes it clear that the ongoing registration of the nursing home is dependent on the registered provider adhering to the condition. In 2019, repeated findings of regulatory non-compliance and concern about the care and welfare of residents resulted in the Chief Inspector issuing notices of proposed decision to cancel the registration of two nursing homes; and deciding to refuse to renew the registration of one other centre.

The Act affords a provider a minimum of 56 days to effect a two stage mechanism of appeal to any decision made by the Chief Inspector. In Stage 1, a provider can make representation to a notice of proposed decision from the Chief Inspector within 28 days setting out in writing the action that they will take or intends to take in order to improve the service and appealing the decision. In Stage 2, a provider can appeal a notice of decision from the Chief Inspector in the district court within 28 days. The decision is 'stayed', that is the status quo remains, until such time as a district court judge decides the case.

When representation is received in response to a notice of proposed decision, the centre in question is closely monitored to validate whether the actions that the provider stated they would take through its written representation has reduced risk in the centre and improved the quality of life of residents.

In 2019:

- One nursing home that received a proposed notice of decision in 2019 successfully addressed the issues of concern in their centre. As a result, the notice of proposed decision to cancel the registration of centre was withdrawn.
- Another centre that was issued with a proposed decision to refuse its application to renew registration closed voluntarily.

Legal actions involving the Chief Inspector and nursing homes

Since 2017, there has been a notable increase in the resources that the Chief Inspector has had to devote to legal proceedings regarding nursing homes. To date, such proceedings can be categorised as follows:

1. A provider may appeal a decision of the Chief Inspector in the District Court
2. A provider may seek a judicial review of a decision of the Chief Inspector in the High Court

3. The Chief Inspector may for reasons specified in the Health Act 2007, as amended, prosecute a provider.

During 2019, the Chief Inspector was involved in all three of these categories of legal action. These cases are outlined below.

Chief Inspector of Social Services v Breda Pakenham and Edward Pakenham, Breda Pakenham and Edward Pakenham Partnership trading as Carysfort Nursing Home

Carysfort Nursing Home, Co. Dublin, was the subject of a High Court judgment in January 2019. Concerns around a number of issues were raised by inspectors following inspections of Carysfort Nursing Home in late 2017 and early 2018. Due to the nature and extent of these concerns, a referral was made by the Chief Inspector to the Chief Fire Officer. The Chief Fire Officer conducted an inspection of the centre and also had concerns for fire safety.

The provider, when requested, failed to provide the Chief Inspector with pertinent information regarding the Chief Fire Officer's report. Failure to comply with a request for information under Section 65 is deemed a criminal offence under the Health Act 2007. A summons for prosecution against the provider was issued by the Chief Inspector in March 2018. The provider was given leave to challenge the decision of the Chief Inspector to prosecute in April 2018 by the High Court. This case was heard by the High Court in November 2018 and the High Court delivered its judgment in January 2019. The provider's judicial review challenge was dismissed in its entirety and costs were awarded in favour of HIQA.²⁰

Silvergrove Nursing Home Limited v Chief Inspector of Social Services and HIQA

A notice of decision to cancel the registration of Silvergrove Nursing Home, Co. Meath, was issued by the Chief Inspector in October 2018 under Section 51 of the Health Act 2007. The decision was informed by the Chief Inspector's opinion that the registered provider was not a fit person to be the provider of the designated centre or to participate in its management. The provider appealed the decision of the Chief Inspector to the District Court.

By order dated 14 January 2019, the High Court granted the provider leave to apply for judicial review of the Chief Inspector's decision. In the judicial review, the

²⁰ The provider appealed the judgment of the High Court to the Court of Appeal, however, withdrew the appeal in October 2019. Following the withdrawal of the appeal to the Court of Appeal by the provider, the District Court prosecution could proceed and was determined in March 2020. One of the providers pleaded guilty to the offence, was convicted under the Health Act 2007 and was fined €500.

provider sought to quash the decision of the Chief Inspector and also sought a number of declarations on certain matters related to the decision, including:

- a declaration that the Chief Inspector had failed to specify the grounds and or reasons for the decision
- the Chief Inspector had failed to comply with the principles of fair procedures in making the decision
- that the Chief Inspector was not entitled to rely on previous inspection reports to inform the decision
- that the Chief Inspector had no function to inspect and register designated centres during certain dates between 2014 - 2017
- that the decision was invalid.

The High Court rejected the arguments made by the provider and refused to grant any of the reliefs sought in the judicial review. HIQA was awarded its costs for defending the case.²¹

Chief Inspector of Social Services v Hillcrest Nursing Home Limited

The Chief Inspector became aware in November 2018 that the registered provider of Hillcrest Nursing Home, Co. Donegal, had commenced the operation of a second nursing home in the absence of registration. Section 46 of the Health Act 2007 prohibits the operation of a designated centre unless the centre is registered and Section 79 of the Health Act 2007 deems contravention of Section 46 as an offence. The Chief Inspector commenced a criminal prosecution against the provider in December 2018 for breach of the Health Act 2007. The proceedings were heard by the District Court in March 2019. The provider pleaded guilty to the offence, and was convicted and fined €500.

²¹ This judgment was initially appealed to the Court of Appeal but the appeal was subsequently withdrawn.

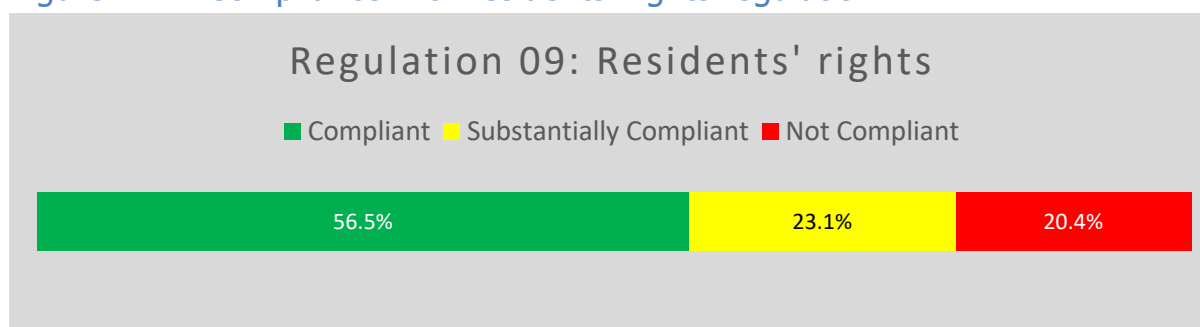
Chapter 4. Areas of good practice

Acknowledging good practice in nursing homes is important. It serves as an illustration that many registered providers are delivering a good service and it also shares good practice. In 2019, we observed many instances of good practice which are set out in this chapter.

The provision of meaningful activities

Many nursing home providers have made a concerted effort to move away from a more medically weighted model of care towards a more social model. Traditionally, nursing homes were often seen as merely an extension of a hospital, with highly-routinised practices around visiting, mealtimes and activities. A social model means that nursing homes become less clinical in nature, with more emphasis on social activities and community engagement for the residents. Inspectors have observed continuous improvements in this area. However, non-compliance is still relatively high in this area (see Figure 11), but it has reduced from 27% in 2018 to 20% in 2019. It should also be noted that non-compliance with the regulation on residents' rights is often a reflection of the lack of privacy and dignity afforded to residents in substandard premises.

Figure 11 — Compliance with residents' rights regulation



Inspectors found many examples of nursing homes that had employed innovative and novel ideas to provide meaningful activities for their residents. Below is a sample of some of these initiatives. It is imperative that all nursing homes learn from these good examples and make further efforts to enhance the provision of activities for residents.

Staff had introduced a pets corner which included Pygmy goats and Shetland pony visits weekly. The activity staff in the nursing home work closely with the clinical staff to plan interventions with animals for residents that had responsive behaviours.

St. Colmans Residential Care Centre, Co Wicklow

Noting that many of the residents were from farming backgrounds, the nursing home introduced a chicken coop and four hens that were incubated in the centre. The residents reported a sense of ownership in having watched the chicks hatch. Residents were also engaged in painting the chicken coop.

Strathmore Lodge Nursing Home, Co Kilkenny

A less-invasive movement sensor device was installed. This was fitted to the bedroom wall opposite the bed and is activated by the resident sitting up or moving. The call-bell alerted staff at the nurses' station, but there was no alarm sounding in the room to disturb the resident. This was an effective measure to supervise residents discretely in order to ensure their safety.

Fennor Hill Care Facility, Co Kilkenny

Some residents told staff that they wished to have a commode in the room at night rather than using the communal bathroom. The nursing home made arrangements to provide tailor-made covers for these commodes which gave them the appearance of chairs. This was done in the interests of the residents' privacy and dignity. The provider had also ensured that the covers were made of wipeable material in order to ensure good infection control procedures.

Heatherfield Nursing Home, Co Meath

Staff undertook a wide-ranging survey of residents and their relatives to ask how their environment and lived experience could be enhanced. One important theme emerged: the importance of social engagements and being involved in the community. An intergenerational project called 'Memory Lane' was commenced in conjunction with the local primary school which saw children visit the nursing home.

Ennistymon Community Hospital, Co Clare

A 'tool box talk' was set up as a means to have staff or invited speakers give a presentation on a chosen topic. Topics are chosen in consultation with residents and the activity staff make information available in a variety of means to suit individual communication needs and preferences. Topics covered include: 'Keeping your brain healthy'; 'Dignity in care'; 'Charter of rights'; 'Keeping Active – Physical Exercise'.

Kiltipper Woods Care Centre, Co Dublin

Chapter 5. Areas of concern

There are a number of aspects of care and quality of service that require further discussion and this chapter will set these out. In 2019, HIQA had particular concerns in four key areas:

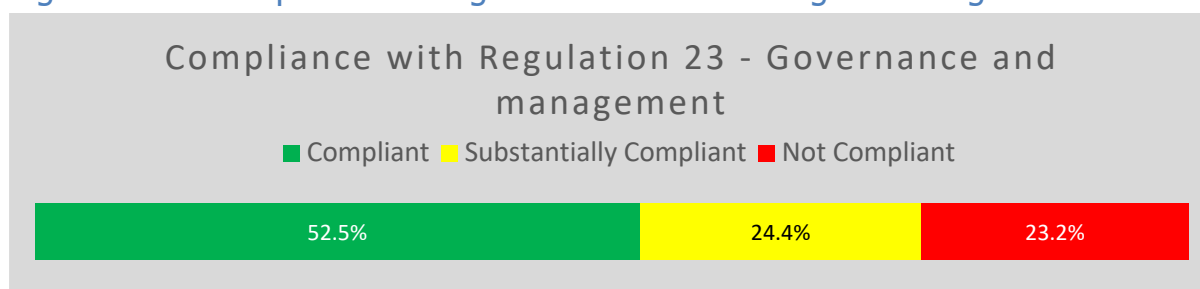
- governance and management.
- person in charge
- fire safety
- premises.

Governance and management

Compliance with this regulation is a key indicator for the performance of a nursing home. It is very disappointing to find non-compliance with this regulation as a recurring trend. Quite simply, the registered provider is the entity legally responsible for the safety and welfare of residents. When a registered provider cannot demonstrate clear lines of authority and accountability with effective monitoring and quality assurance, this typically leads to a service that cannot sustainably deliver good quality care and good outcomes for residents.

As previously stated in 2019, the level of compliance with the governance and management regulation has improved slightly from the previous year (see Figure 12). However, it is a concern that inspectors continue to find high levels of non-compliance with this important regulation.

Figure 12 — Compliance with governance and management regulation



For this year’s report we analysed what other regulations are found to be not compliant when a nursing home is found to be not compliant with the governance and management regulation. This offers an indication of the types of issues that have an impact on residents when a service is not well run. Table 5 below shows the level of non-compliance against several key regulations in those centres where governance and management is found to be not compliant.

Table 5 — Aligned rates of non-compliance when governance and management is not compliant

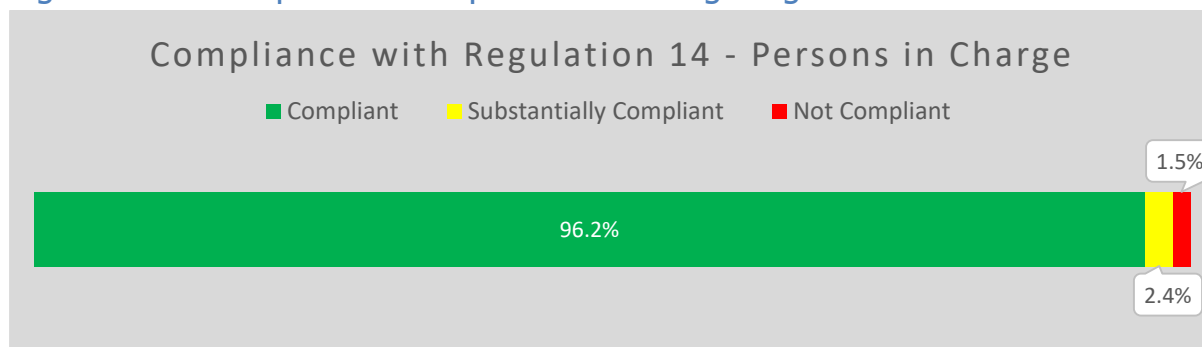
Regulation	% not compliant
Fire precautions	12%
Premises	10%
Residents' rights	9%
Risk management	7%
Staffing	7%
Training and staff development	6%
Infection control	5%

This table shows that a failure to be compliant in governance and management means that a registered provider is increasingly likely to be non-compliant in other very important aspects of quality and safety. For example, good practice in terms of the number of staff per resident number and acuity, the cleanliness of a centre, upholding residents' rights (such as to privacy) their ability to detect and respond to risk and implement infection control are key to ensuring the safety of residents and providing a care environment which is fit for purpose. It also highlights that where governance and management is found to be not compliant, fire precautions is the regulation that is most often also found not compliant.

Person in charge

The person in charge plays a key leadership and governance role within a nursing home. It is a role which is specified by the regulations and requires a registered provider to appoint a person with the requisite skills and experience to manage and direct care for older people. The person in charge is key in ensuring the quality and safety of a service and is responsible for clinically assuring residents receive excellent care delivered by registered nurses and carers. The regulations set out the minimum experience and qualifications that a person in charge should have in order to be appointed to the role. The level of compliance with this regulation in 2019 was high compared with other regulations, coming in at 96% for the year (see Figure 13).

Figure 13 — Compliance with persons in charge regulation



Notwithstanding the high rate of compliance, all nursing homes should be at 100% compliance for this regulation to ensure a service is well managed. The Chief Inspector is focused on ensuring that all persons who hold the role of person in charge meet the minimum regulatory requirements of:

- at least three years in the last six years' experience of nursing older people
- not less than three years' experience in a management capacity in the health and social care area
- and a post-registration qualification in health or a related field.

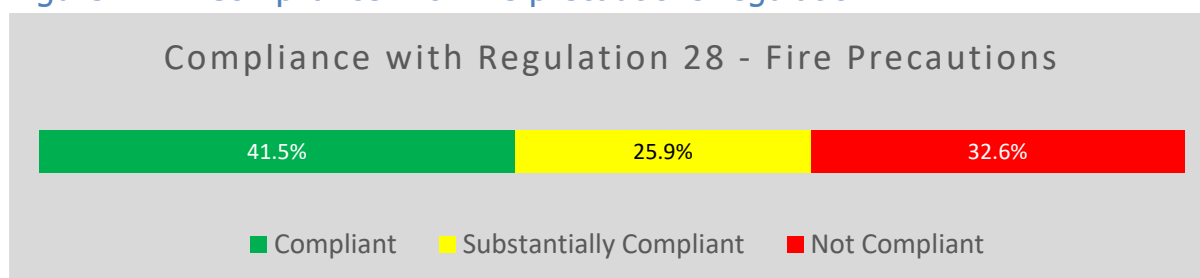
Only then can a provider be assured that a person in charge has the necessary knowledge, competence and experience to fulfil the vitally important role. In addition to the mandatory requirement to appoint a person in charge who complies with the regulations, providers are strongly encouraged to ensure that they have effective succession plans in place in the event that the person in charge leaves the centre or is unable to work for any reason.

Fire safety

Non-compliances with fire-related regulations were a significant issue in 2019, mirroring similar concerns outlined in previous overview reports

Regulation 28 sets out a range of measures and arrangements for the prevention and detection of fire, and fire safety safety in nursing homes. This regulation was assessed in 311 nursing homes in 2019. Our inspectors found a high level of non-compliance with this regulation at 32.6% (see Figure 14).

Figure 14 — Compliance with fire precautions regulation



Although the rate of non-compliance decreased slightly when compared to 2018 (34%), there are a number of areas where the non-compliances are repeated:

- poor senior management oversight of appropriate fire safety measures
- absence of suitable risk identification systems to identify and manage fire safety risks
- excessively large fire compartments for horizontal evacuation leading to poor outcomes from fire evacuation drills
- inadequate measures for containing fire
- inadequate means of escape for residents and staff.

It is acknowledged that the provision of adequate fire safety measures — particularly those that require additional equipment or modifications to structures and buildings — are costly and time-consuming for registered providers. Nonetheless, there is no acceptable level of risk when it comes to fire safety and the Chief Inspector has treated this issue with the utmost seriousness. The majority of registered providers addressed the non-compliances within the required time frames. However, some providers did not and significant escalation and enforcement action was required.

For example, two providers with similar findings in terms of non-compliance responded in very different ways. One designated centre accepted the findings of the inspector and worked with inspectors to implement measures to reduce the immediate risk and submitted a clear compliance plan with acceptable time frames in which the fire safety improvement works would be completed. The provider regularly updated inspectors with regard to progress, and a follow-up inspection found that the provider had progressed the works in line with their compliance plan and the centre was subsequently found to be in compliance with Regulation 28.

In contrast, the second provider failed to address the significant fire safety risks to the residents living in the designated centre. Initially, the provider challenged the authority of the Chief Inspector to find a provider not compliant with fire safety and also challenged the competence of the relevant inspectors, one of whom had expertise and experience in fire safety and estates. A follow-up inspection found that the provider had not carried out a fire safety risk assessment as requested by inspectors or any other action to ensure the safety of residents. The provider was

issued with a warning letter and a proposal to add a restrictive condition to the centre's registration. The condition required the provider to vacate the first floor of the premises thereby reducing the occupancy of the centre.²² This was to ensure the safety of the residents who were accommodated on the first floor of the building and to allow the significant structural works to be completed. The provider was also informed that failure to address the fire safety non-compliances might lead the Chief Inspector to take steps to cancel their registration. Inspectors also engaged with the local fire authority who upheld their findings and took enforcement action in relation to the identified issues.

The provider subsequently instructed a competent person to complete a fire safety risk assessment of the premises. The findings of the risk assessment mirrored the findings of the two monitoring inspections carried out by inspectors. The provider proceeded to complete an extensive programme of structural works to address the fire safety concerns. When the works were completed, the provider submitted a letter of fire safety compliance issued by a competent person.

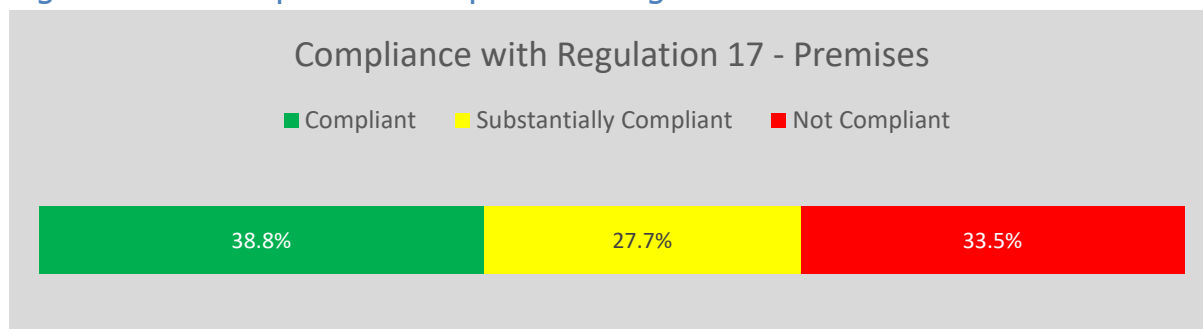
In both examples, the outcome achieved ensured that residents living in the designated centres were safe in the event of a fire emergency. However, the processes to achieve that outcome were very different. One provider demonstrated a commitment to the safety of residents whereas the other initially failed to act, leading to a delay in addressing significant risks to residents and the staff.

Premises

Inspectors continued to find problems with the physical environment of nursing homes across the country in 2019. This does not simply mean that residents are living in old centres that are in need of extensive repair or refurbishment. More importantly, it means that care cannot be provided in a dignified manner and residents have limited personal space and insufficient privacy — for example, when using the toilet and meeting their relatives, eating their meals and storing their precious personal effects. The level of compliance with this regulation in 2019 is set out in Figure 15 below.

²² The risks were such that two residents living on the first floor had to be transferred to another nursing home while the works in the centre were carried out. The Chief Inspector will only require the relocation of residents in a situation where a provider fails to mitigate the risk to residents in the immediate term.

Figure 15 — Compliance with premises regulation



Problems with the physical environment in many nursing homes has been a persistent issue for many years. However, it is encouraging that the rate of non-compliance is down on the same figure for 2018 (42.8%). In 2016, the regulations were updated, by way of Statutory Instrument 293, to permit additional time for nursing homes to remedy premises-related issues. The deadline for compliance in this area was extended to 31 December 2021. While many providers have carried out works or are in the process of doing so — something which is borne out by the improvement in compliance between 2018 and 2019 — others continue to be challenged in this regard. As it stands, there is growing concern that some providers will not be compliant with the regulations by the end of 2021. Indeed, a small number of providers have yet to finalise their plans to effect the changes or apply for planning permission where this is required.

The Chief Inspector will continue to monitor this situation closely and take action where appropriate. The Chief Inspector also strongly encourages such providers to review their service and consider other ways of improving the quality of life of resident. For example, by reducing the number of residents sharing rooms, providing adequate wardrobes and storage beside the resident’s bed, ensuring there is privacy during visiting, having a bathroom near a resident’s room; and making attractive and welcoming dining facilities available.

Chapter 6. Conclusion

2019 marked 10 years since the commencement of regulation in nursing homes. The findings from inspections carried out 2019, as outlined in this report, show continuing increased compliance in the sector. Most nursing homes are providing a good service to residents, and compliance rates have been observed to improve year-on-year in many key areas. Due to the sustained improvement in compliance with the regulations over the past number of years, HIQA has turned its attention to thematic inspections to drive quality improvement in important aspects of care such as dementia care and restrictive practices.

We have included the voice and feedback of residents in our inspection reports in 2019, as well as building on engaging with them outside of the inspection process. Inspectors endeavour to speak with as many residents as possible while on inspection, as well as speaking with residents' families and loved ones in order to build a picture of what it is like to live in a nursing home. We also seek to gather the views of residents through questionnaires that are sent out in advance of inspections. In general, residents report a high level of satisfaction with the care they receive and are very complimentary of staff and management in nursing homes.

Notwithstanding the above, there continues to be persistent trends in terms of non-compliances in key regulations nationally. These are concentrated around problems with fire safety, governance and management, and the suitability of outdated buildings in terms of providing good quality, person-centred care. It is critical that providers address these issues and make every effort to meet the deadline of 31 December 2021 to meet the new standards in terms of physical premises. We will continue to engage with all relevant stakeholders to monitor progress on this very important issue.

The nursing home sector in Ireland has changed considerably in terms of the size of new centres and consolidation over the past 10 years. The average number of beds per centre nationally continues to increase and new centres that apply to be registered are larger. Moreover, these new centres are largely concentrated in the east of the country, particularly in Dublin. At the same time, smaller centres are closing across the country, presenting a challenge to rural communities. There is also evidence of consolidation in the sector, with a small number of owners providing a growing number of nursing homes.

While there is nothing necessarily negative about these developments, the COVID-19 pandemic in 2020 has brought into sharp relief the need to properly plan and set a course for how older people should receive care into the future. This should encompass a discussion of the types of care available to older people, as well as

how the nursing home sector is structured and optimised to deliver good outcomes for residents.

The Chief Inspector will continue to highlight this and other issues to ensure that nursing home residents receive safe and good quality care, and to promote quality improvements across the sector.



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