Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

OVERVIEW REPORT

MONITORING AND REGULATION OF OLDER PERSONS SERVICES IN 2020 AND 2021

December 2022

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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Foreword

The last two years have presented many challenges for people due to the COVID-19 pandemic that started in March 2020 in Ireland and continued through a number of waves, and remained ongoing at the end of 2021. The impact on the nursing home sector has been considerable, and has required providers, staff and residents to manage significant challenges. Our report in July 2020 on the impact of COVID-19 on nursing homes in Ireland highlighted the experiences of residents, their relatives and those who are charged with keeping residents safe.[1]

This report presents the findings from the inspection and regulation of nursing homes during this period, including the impact on residents living in nursing homes.

Life changed significantly for us all, especially the most vulnerable in our society, in March 2020. For residents living in nursing homes this meant isolation from their family and friends, with significant restrictions placed on their movements. Some choices and freedoms started to return as the year progressed and continued in 2021, but public health advice continued to evolve reflecting the level of the virus in the wider community.

As the regulator for the sector, the Chief Inspector adapted its regulatory model during this period to effectively monitor the quality and safety of services, and to respond to risk. Our focus throughout the pandemic has been to ensure residents' needs were being met and, where risks were not being managed, to take steps to drive improvement.

With 82% of centres experiencing an outbreak of COVID-19 during 2020, and 91% in 2021, many residents and staff in nursing homes were exposed to the virus, and became unwell. Sadly, many people died due to the virus. Our sympathies go to all those who have lost loved ones and friends during this time.

During these significant challenges, we have seen great strength and resilience in residents, staff and providers of nursing homes, and in many cases an ability to adapt to a very different way of life.

[1] HIQA. *The impact of COVID-19 on nursing homes in Ireland*. HIQA; 2020. Available online from: https://www.hiqa.ie/sites/default/files/2020-07/The-impact-of-COVID-19-on-nursing-homes-in-Ireland_0.pdf.

This overview report outlines some of the main findings from activity across the areas of registration, monitoring and escalation in relation to nursing homes. There were issues brought in to focus due to the COVID-19 pandemic, such as infection prevention and control arrangements and staffing shortages. However, it is of concern that many issues raised in previous years persisted, and in some cases deteriorated further. Examples of these issues include premises, fire safety, and effective governance and management arrangements.

It is acknowledged that many providers continue to have high levels of compliance with the regulations. We have seen many examples of person-centred care and innovation to ensure residents' rights are upheld, and they have a good quality of life. Some examples of these are included in the report.

The registration and regulation of nursing homes continued throughout the pandemic. These processes are in place to ensure nursing homes are fit for purpose and meet the requirements set out in the regulations.

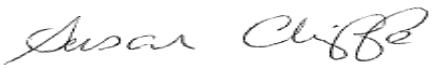
A change to the regulations in relation to premises was due to be enacted in January 2022 and so, many providers were reviewing their premises and carrying out renovations to ensure they would meet the requirements of the updated regulation. Some providers had not made sufficient progress, and inspectors continued to find examples where residents rights' such as privacy, were impacted by poor quality premises. By the end of 2021, many providers had taken steps to address these issues. A range of actions were taken where providers had not shown significant progress with plans to deliver improvements by the deadline, or where plans were not sufficient, and these are described in this report.

Furthermore, the pandemic brought in to sharp focus the need for regulatory reform to ensure that as the regulator of designated centres, the Chief Inspector of Social Services has the legal powers necessary to drive improvement, or take appropriate steps to protect residents when serious risks are identified. We continue to work with the Department of Health to ensure that these reforms are defined and implemented.

We would also like to thank residents, their families, friends and advocates for their feedback about issues impacting their lives. The voice of the resident continues to be at the centre of our work as we monitor services.

Finally, we must acknowledge the impact of people working together to deliver positive outcomes for residents even during the most testing of times. Many people have shown such dedication and commitment to supporting residents of nursing homes through the COVID-19 pandemic.

Carol Grogan
Chief Inspector of Social Services



Susan Cliffe
Deputy Chief Inspector of Social Services

Chapter 1. COVID-19 in Nursing Homes

1.1 Introduction

Throughout 2020 and 2021 the impact of COVID-19 on those living in long-term care residential facilities was immense. The World Health Organization (WHO) identified people living in long-term care facilities as being a particularly vulnerable group in the context of COVID-19. This may, in part, be due to the age profile and comorbidities of people living in residential care facilities.

Public health measures were put in place in Ireland in March 2020 for the whole population. These necessary public health measures impacted every aspect of the lives of nursing home residents and transformed the social model of care that most nursing homes had successfully transitioned to over the previous 10 years.

As each new variant of COVID-19 took hold in Ireland, nursing homes remained at the forefront of the pandemic. The spread of COVID-19 through nursing homes was largely reflective of community-based outbreaks that were reported daily by the Department of Health. Registered providers of nursing homes and their staff worked tirelessly to adapt to the ever changing landscape of the pandemic, implementing the evolving public health advice to keep residents and themselves as safe as possible during this time. The providers of nursing homes and their staff engaged constructively with residents and their families, the Department of Health, the Health Service Executive (HSE) and HIQA for the benefit of those living in nursing homes.

The commencement of the national vaccination programme in December 2020 was the turning point for the global response to COVID-19. Residents and staff in nursing homes were prioritised for vaccination and they responded with very high uptake of the vaccine.

This section of this report provides an overview of the impact of COVID-19 on residents living in nursing homes and how it evolved through 2020 and 2021. However, it is important to note that COVID-19 continues to present a challenge to residents and providers of nursing homes. Despite this, the combined impact of embedded practices directed towards preventing and containing COVID-19 and the high rate of vaccination among staff and residents has allowed the focus to return to ensuring that, in so far as possible, all residents of nursing homes have a high quality of life grounded in a social model of care.

1.2 Reported cases of confirmed and suspected COVID-19

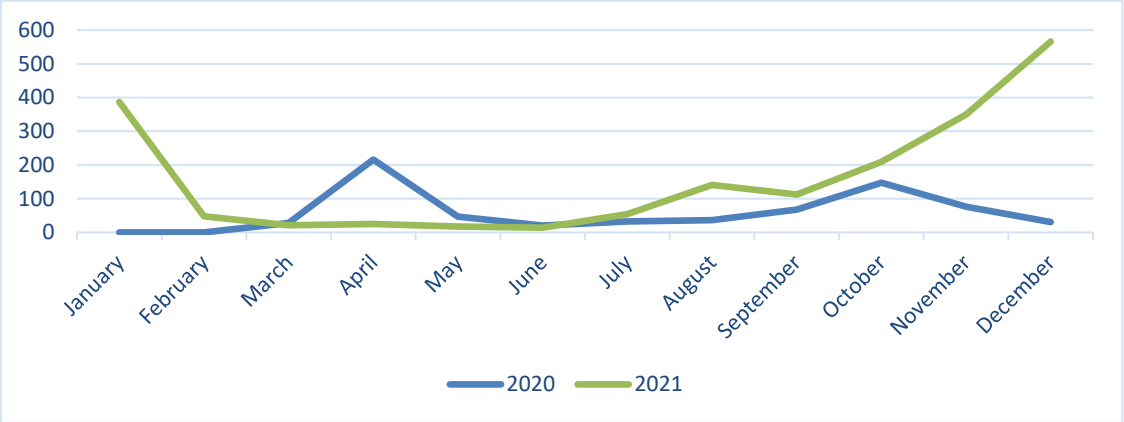
The Heath Protection Surveillance Centre (HPSC) in the HSE collates and publishes definitive data about the number of outbreaks of COVID-19 in the population. The HPSC figures are the authoritive figures in this area.

At the same time, the legislative framework which underpins the regulation of nursing homes requires providers of nursing homes to notify the Chief Inspector of an outbreak of an infectious disease, such as COVID-19. At the beginning of the pandemic the Chief Inspector issued a regulatory notice that required providers to notify her of any case[2] of confirmed or suspected COVID-19 among residents or staff. The purpose of this was to ensure early recognition of a nursing home that might be struggling to cope with an outbreak or might require additional assistance.

Between March 2020 and December 2021, the reporting of COVID-19 in nursing homes reflected the geographical spread of the pandemic in the population as a whole. During that period 91%[3] of nursing homes notified the Chief Inspector of at least one case of confirmed COVID-19 among staff or residents. Some nursing homes had outbreaks that only affected a few staff or residents, while others had outbreaks that affected the majority of the staff and residents living and working in the centre. Between March 2020 and December 2021, only 12 nursing homes did not report a confirmed or suspected case of COVID-19 among staff or residents.

[2] This requirement to notify the Chief Inspector was not based on the HPSC's definition of an outbreak of COVID-19 but was adapted to support the early recognition of a nursing home that may require additional resource. The HPSC data is the definitive data relating to the number of COVID-19 outbreaks in nursing homes.
[3] 91% of privately-owned nursing homes and 90% of statutory centres have reported that at least one resident or staff member in their nursing home had confirmed COVID-19.

Figure 1 - Notifications[4] of confirmed COVID-19 cases submitted between March 2020 to December 2021



1.3 Notifications of deaths in nursing homes

Providers are required to notify the Chief Inspector when a resident in a nursing home dies. Many residents in nursing homes are in receipt of end-of-life care at the time they pass away, but equally some residents will experience an unexpected medical event that may result in death. Providers must notify the Chief Inspector within 72 hours of the unexpected death of a resident, while expected deaths are notified on a quarterly basis.

At the beginning of the pandemic in early 2020, the Chief Inspector issued a regulatory notice that required providers to treat all deaths that may be associated with COVID-19 as an unexpected death. As with the notification of a confirmed or suspected case of COVID-19, this was to ensure early recognition of a nursing home that might require additional assistance in managing an outbreak of the virus or where residents might require additional medical support.

Residents in nursing homes are usually of advanced age and often have multiple comorbidities that place them at an increased risk of dying. In 2019, before the emergence of COVID-19, the Chief Inspector was notified of 7,700 deaths of nursing home residents, of which 709 were notified as unexpected deaths and 6,991 were notified as expected deaths.

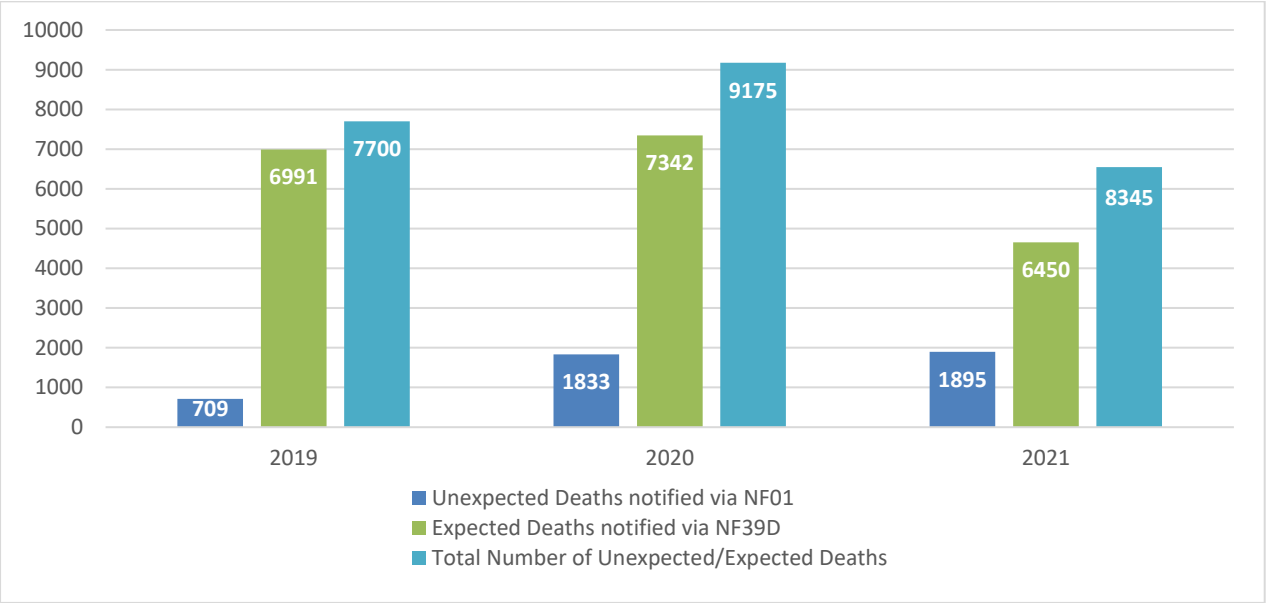
These numbers sadly increased in 2020 and 2021. In 2020, the Chief Inspector was notified of 9,175 deaths of nursing home residents, of which 1,833 were unexpected deaths and 7,342 were reported as expected deaths. In 2021 the Chief Inspector

[4] It is important to note that the number of notifications submitted is not the same as the number of confirmed cases of COVID-19 as one notification may include multiple cases.

was notified of 8,345 deaths of nursing home residents, of which 1,895 were unexpected deaths and 6,450 were reported as expected deaths.

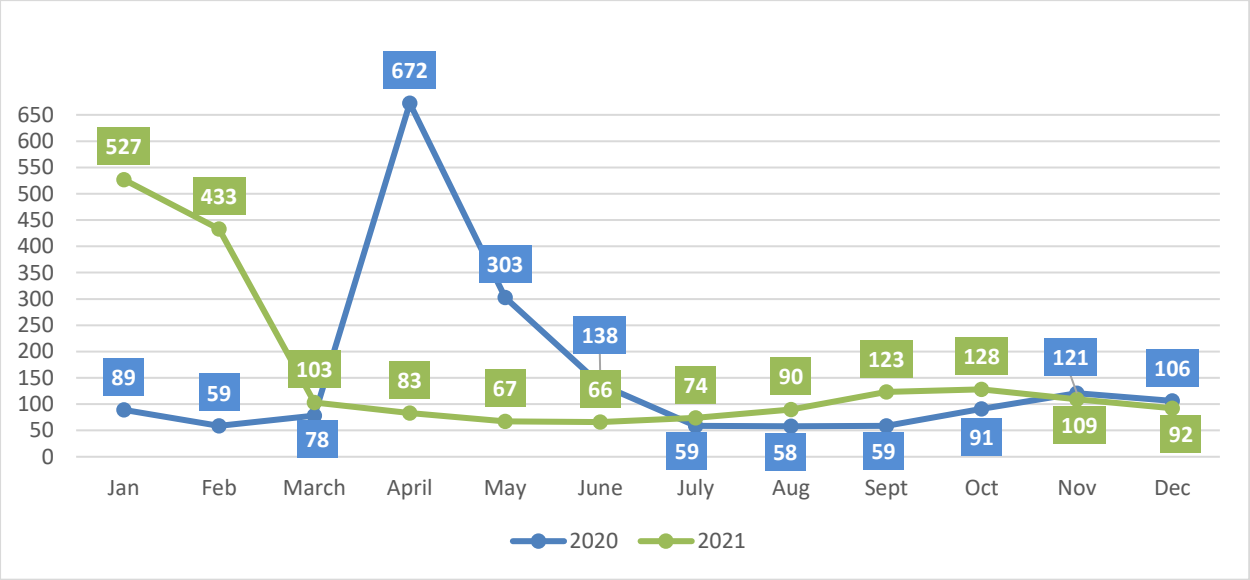
While these annual figures are not the number of residents of nursing homes who died as a consequence of contracting COVID-19, they do illustrate the sad reality for many nursing home residents and their families.

Figure 2 - Expected and Unexpected Deaths Reported in Nursing Homes between 2019 and 2021



A monthly breakdown of unexpected deaths notified to the Chief Inspector shows that the greatest numbers were notified early in the first wave of the pandemic (April and May 2020) and the third wave (November 2020 to June 2021).

Figure 3 - Notifications of unexpected deaths received in 2020 and 2021



While this data focuses on the numbers of deaths occurring in nursing homes, it is also important to reflect on the impact COVID-19 had on people's end of life. This is set out in the section below.

Furthermore, those who work in nursing homes were also significantly impacted by COVID-19 infection, with some experiencing severe illness and unable to return to work for prolonged periods of time. Sadly, the Chief Inspector was also informed of the death of a number of staff who worked in nursing homes.

1.4 The impact of COVID-19 on the lives of residents

In many ways, the experiences of nursing home residents throughout the COVID-19 pandemic mirrored that of wider society. In the earlier waves of the pandemic, before vaccinations began to have a positive impact, residents spoke with inspectors about feeling confused, angry, frustrated and lonely. Residents also spoke about being afraid of what would happen if they, another resident or a staff member tested positive for COVID-19. Some residents told inspectors that they had decided not to leave their rooms until a vaccine was found.

Residents spoke to inspectors about how their lives had changed as a consequence of the measures that were implemented to protect them. Enhanced infection prevention and control measures saw nursing homes become more clinical in nature, with significant changes to the overall environment. Many residents could no longer move freely around the nursing home with residents and staff segregated into

'pods'[5] in an effort to minimise the spread of COVID-19 if it did enter their nursing home. Residents' access to communal and day spaces was restricted, homely furnishings were sometimes removed, signage on walls and floors warned of infection risks and clinical equipment became more prevalent throughout centres.

Residents also spoke at length about the requirement for staff to use personal protective equipment (PPE). Although many residents understood the reason for using it and the protection it afforded them, residents often struggled to hear and understand people who spoke to them while wearing facemasks. After years of moving towards a more homely, social model of care, the pandemic caused an instant reversal to a more medicalised model of care.

Undoubtedly, the single greatest issue for residents was a sense of isolation from families, friends and their wider community. During this time residents could no longer see visitors, and for extended periods of time were isolating in their rooms. For many, this change from normal life was very hard, as usually a strong culture of visiting, linking with family and the wider community is of importance for residents. For providers of nursing homes this meant balancing residents' needs with trying to live with COVID-19 in the safest possible way.

For much of 2020 and the early part of 2021 many residents continued to isolate in their rooms. The resilience and fortitude of nursing home residents is clear in what they told inspectors, with many telling the story of the impact that the COVID-19 pandemic had on them. Many told inspectors that they were playing their part in the wider societal response to COVID-19. Residents spoke sadly about the loss of friends and other residents in their centre and about the impact on their lives, including limits to them moving freely around the nursing home and the impact of national advice restricting visitors. Residents who spoke with inspectors mostly understood why the restrictions were in place, but missed the contact with those most important to them. One resident said "a hug on the big screen does not replace the real thing".

The rollout of the vaccination programme allowed an easing of the restrictions placed on society as a whole. Recognising the medical vulnerabilities and needs of people living in nursing homes, national guidance evolved at a slower pace for nursing homes than the arrangements in the wider community. Managing the

[5] A 'pod' was described by the HPSC as a method to support social interaction between around four people who tend to interact together, on the basis of limiting contact to small and consistent groups to reduce the risk of the spread of COVID-19.

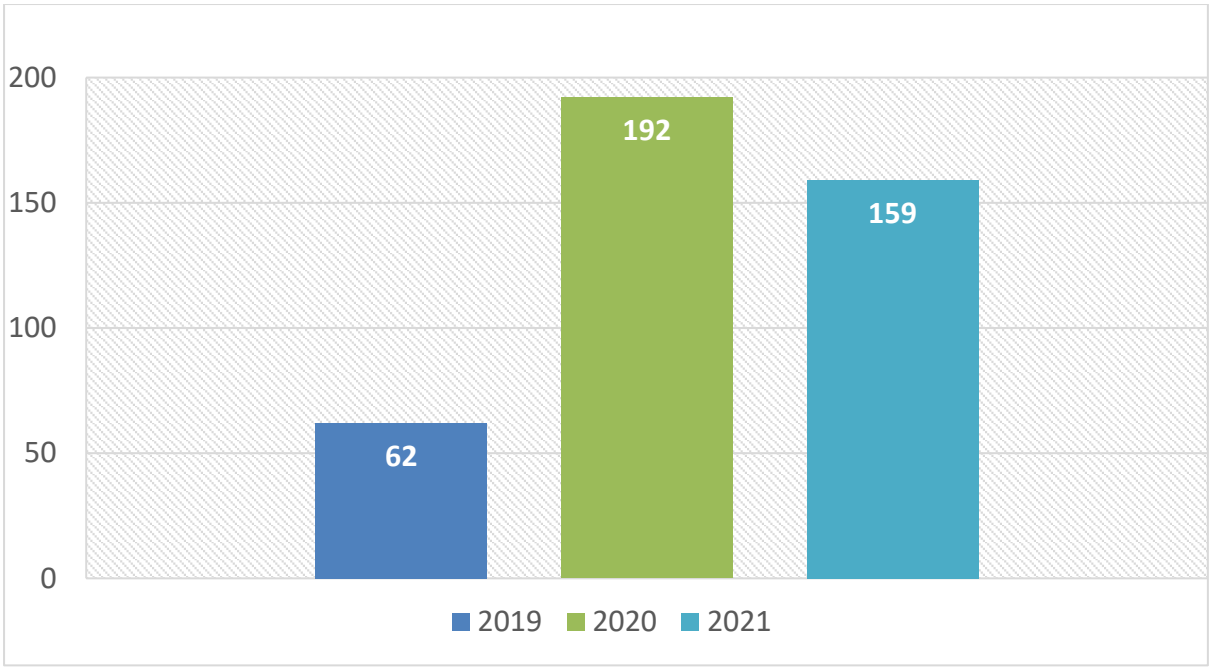
specific risks in nursing homes required vigilance and a range of public health measures to strike the balance between the necessary protective public health measures and the wellbeing of residents and their families. At different stages in 2020 and 2021, and depending on whether there was an outbreak in the centre, residents could have:

- No visitors
- Compassionate visits (for those at end of life)
- One visitor
- Two visitors
- A nominated support person.

In reality, this meant that many residents received end-of-life care without the presence of a loved one to support them and be with them in their final hours. At a time when significant numbers of residents in individual nursing homes died over very short periods of time, cultural end-of-life norms were no longer possible. Some relatives and friends remain traumatised by the experience of watching through a bedroom window as a loved one passed away. Others describe their worries that their family member may have passed away alone or may not have received the care they needed. Providers and staff of nursing homes were also severely impacted by their experiences at this time.

There were multiple versions of the guidance on visiting between March 2020 and December 2021. This often resulted in different interpretations from providers, and sometimes a lag in the implementation of updated guidance. During this time there were increased calls to HIQA with families and friends raising concerns about being unable to visit a nursing home.

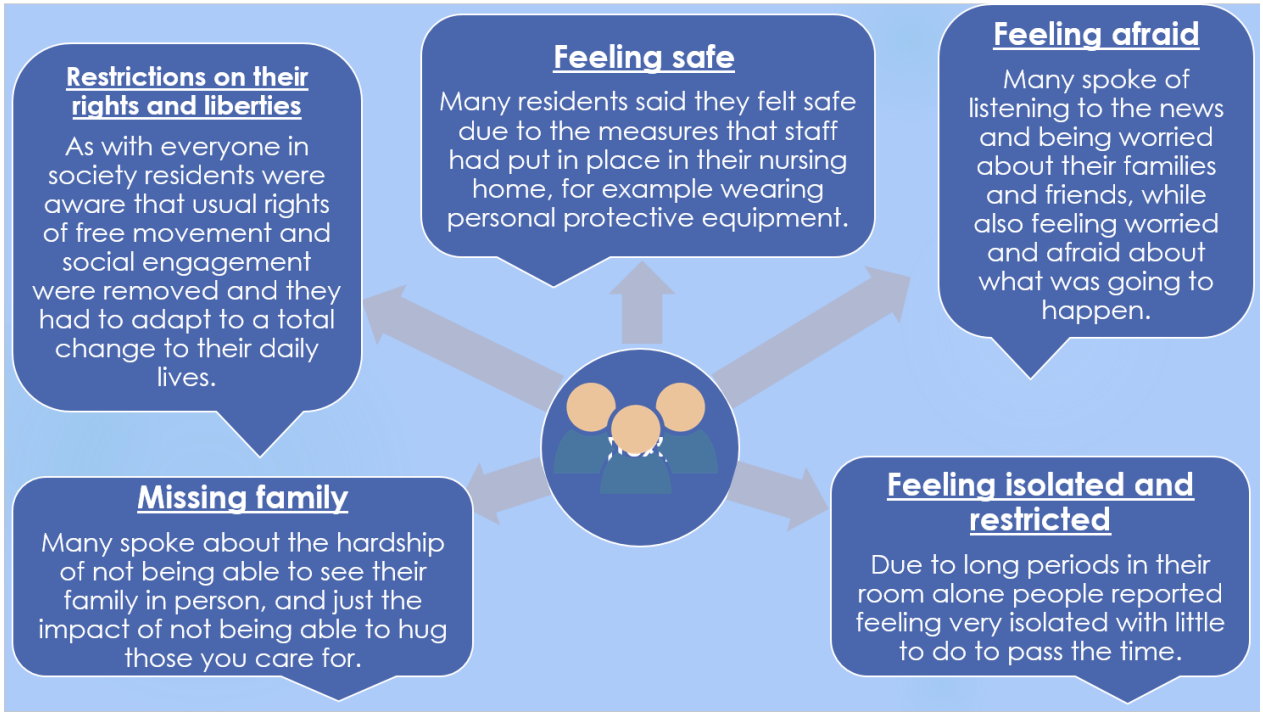
Figure 4 - Unsolicited information with concerns relating to visiting



Many residents spoke about the social isolation they felt as a result of the reduced and changed contact with family and friends. They also spoke about the efforts that the providers and staff made to ensure that they were supported to keep in contact with families and friends using phone and video calls, as well as text messages. Where the premises was suitable, relatives and friends were supported to have 'window visits'. While they were not the same as face-to-face contact, they did allow for some level of contact between residents and the people important to them.

Hearing first hand the experiences of residents, their families and providers was central to our inspection process. During this time inspectors made a particular point of listening to residents, their families and providers. Inspectors spoke with residents in nursing homes to listen to their experiences and hear about the care and support being delivered to them. They also observed the care and support being delivered. Figure 5 below presents the common themes expressed by residents.

Figure 5 - Common themes expressed by residents



Inspectors reflected the views of residents in our inspection reports and, to support shared learning, inspectors reflected good practice where it was observed. Where visiting was not facilitated in line with guidance at that particular time of the pandemic, inspectors engaged with providers to advise them of the requirement to balance the management of COVID-19 with residents' rights in line with the current guidance at the time. The Chief Inspector was able to use the information gathered through inspection to inform public health, the Department of Health and the HSE about the impact that visiting restrictions were having on residents in order to assist the national effort to normalise visiting in nursing homes.

Chapter 2. Supporting the national response to COVID-19 in nursing homes

2.1 Introduction

Since March 2020 the Chief Inspector has kept the monitoring approach to nursing homes under review. To ensure the safety of residents, regulation had to be adaptable to the changing public health guidance and waves of the pandemic.

HIQA and the Chief Inspector contributed to the work of emerging committees in the Department of Health which were set up when the virus, later known as COVID-19, emerged in Europe. This engagement prioritised the dissemination of the limited available pathological information, identifying vulnerabilities within the Irish health and social care services and determining what supports were required to support health and social care services in dealing with the pandemic.

At the same time HIQA made a formal offer to the HSE, at a national level, to have inspectors assist in liaising between nursing homes and the HSE. This offer was grounded in the recognition of the fact that there was no established relationship between the HSE and the private sector who were providing nearly 80% of nursing home care.

As well as increased contact with and monitoring of nursing homes, other actions during the pandemic included:

Prioritisation of new registration applications

- New registration applications were prioritised to ensure new residential facilities that met the requirements of the regulations were able to commence operation.

An 'Infection Prevention and Control Hub' support service was established

- The Hub was staffed by HIQA inspectors with extensive experience in infection prevention and control who offered support, guidance and training including on:
    - outbreak preparedness
    - outbreak management advice (for example, resident placement, cohorting and special measures where isolation was not possible, transmission and standard precautions)

- understanding HSE advice and its applicability to specific centres
- general support on infection control issues.

The total number of calls received up to July 2020 was 617, the majority of which were general infection control queries. The majority of the queries (54%) related to designated centres for older people (nursing homes).[6]

Information sharing

- Regulatory information notices were issued by the Chief Inspector aimed at enhancing the flow of information.

Contact Tracing

- Between March and June 2020, HIQA assisted the HSE with contact tracing as part of the national response to COVID-19. This involved training approximately 80 staff to take calls, contact positive cases and give them advice, collating details of close contacts and phoning the close contacts to give advice. An operational team was set up to ensure that staff were trained, and the service was updated, managed and coordinated as part of the wider national contact tracing resource.

Development and publication of Guidance

- In April 2020, HIQA published a regulatory assessment framework which aimed to support nursing homes that were free from COVID-19 to prepare for an outbreak of COVID-19 and put in place the necessary contingency plans.
- In September 2020, HIQA published an assurance framework developed against the *National Standards for infection prevention and control (IPC) in community services* (2018). This framework comprised guidance, a self-assessment tool and a quality improvement template to support providers in their efforts to protect against the risk of outbreaks and to manage outbreaks when they occurred.
- In September 2021, HIQA published a focused assessment judgment framework and guidance against Regulation 27: Infection control to support and guide providers in implementing good infection prevention and control practices. Regulation 27 requires registered providers to ensure that

[6] A full review of the work done by the Hub, and the main issues they provided advice on, can be seen in the document 'A review of the queries to HIQA's infection prevention and control hub' on www.hiqa.ie.

procedures, consistent with the *National Standards for infection prevention and control (IPC) in community services* (2018), published by HIQA, are implemented by staff.

Webinars

- The infection prevention and control team ran four webinars in 2020, on "COVID 19 – An assurance framework for registered providers". They were attended by nearly 700 representatives from nursing homes.

Following the publication of guidance and assessment frameworks to Regulation 27: Protection against infection, five webinars were held during September and October 2021 for registered providers and senior managers in designated centres with 791 attendees.

Campaign of recruitment to increase the number of inspectors

- The COVID-19 Nursing Homes Expert Panel recommended an increase in the frequency of on-site inspections of nursing homes. An ongoing campaign of recruitment has been in place to increase the numbers of inspectors to facilitate an increased frequency of inspections.

As previously reported,[7] at the onset of the pandemic inspectors began contacting each designated centre by phone specifically to see if any additional assistance could be provided. Subsequently, providers of nursing homes were formally contacted on a regular basis by an inspector of social services to assess how they were coping, the welfare of the residents, any concerns they had, and any deficits identified in their ability to sustain a safe, high-quality service. At the end of 2021 this practice of the daily review of notifications received and contact with providers remained in place though the necessity for such contact had significantly reduced.

At the beginning of the pandemic, the greatest challenge for providers of nursing homes was that at the same time that their residents were presenting with COVID-19 they were experiencing the sudden absence of large numbers of staff who were also testing positive for the virus or being classed as close contacts of a positive case. At that time, the process for testing residents and staff for COVID-19 was in its infancy, and the timeline for taking swabs and receiving results further impacted on the availability of staff to provide care. Other key challenges for providers at this time were access to a secure supply chain for the unprecedented amount of PPE

[7] The impact of COVID-19 on nursing homes in Ireland July 2020 available at https://www.hiqa.ie/sites/default/files/2020-07/The-impact-of-COVID-19-on-nursing-homes-in-Ireland_0.pdf.

now required, and access to a level of expertise in infection prevention and control not normally required in a residential setting.

The Chief Inspector worked with senior management within the HSE to establish a communication pathway that would facilitate daily escalation of the numbers of cases of confirmed and suspected COVID-19 among staff and residents in nursing homes and requests for practical assistance required by individual nursing homes. By the end of 2021, the requirement to escalate requests for assistance had significantly reduced and there were well established systems in place for providers to access testing for residents and to maintain the required supplies of PPE.

2.2 Inspection methodology

Following engagement with experts in infection prevention and control and a review of our inspection methodology, inspections of nursing homes recommenced at the end of May 2020. The decision to recommence inspections was grounded in the need to ensure that residents were in receipt of the best possible care in line with evolving guidance issued by the HPSC, to identify any evolving issues which could be used to inform the national response and to provide assurances to families and friends of those living in nursing homes and the wider public.

2.3 Joint working with other agencies

The Chief Inspector met regularly with key stakeholders including the Department of Health, the HSE, Nursing Homes Ireland and advocacy services. The purpose of these meetings was to identify issues impacting the care of residents in nursing homes, escalate requests for support for individual nursing homes and to share information for the purpose of supporting the sector.

Arrangements were put in place to share information with the HSE relating to the numbers of residents and staff notified to us as testing positive for the virus, and the number of deaths of residents to support a wider understanding of the day-to-day impact of the pandemic on nursing homes and the people who lived in them.

2.4 COVID-19 Nursing Homes Expert Panel recommendations

The National Public Health Emergency Team (NPHET) recommended that an Expert Panel on Nursing Homes be set up to examine the complex issues surrounding the management of COVID-19. The group of experts met to review evidence and engage with key stakeholders. In the final report, *The COVID-19 Nursing Homes Expert Panel Report* published on 19 August 2020, a range of recommendations

were made, including that relevant Government departments ensure that sufficient resources are assigned to ensure the recommendations were implemented.

The Expert Panel's key findings and recommendations related to:

- Nursing home procedures
- Staffing levels and skill-mix
- Communication across the health system
- Oversight and guidance
- Future preparedness
- The need for a revised model of care for nursing homes
- Representation and advocacy
- End-of-life care.

Following publication of the report an implementation oversight team (IOT) was established by the Department of Health to oversee the implementation of the recommendations. HIQA was represented on this team by the Chief Inspector, Deputy Chief Inspector and the Head of the Regulatory Practice Development Unit. Twenty-seven of the recommendations in the report fell partly or fully within the remit of HIQA and or the Chief Inspector as the regulator of social care services. Many of the recommendations were either fully or partially implemented by the end of 2021 with the remaining recommendations assigned to established pathways when the IOT was disbanded early in 2022.

A second working group was established to review the legislation underpinning the regulation of nursing homes and advise on any changes required. Initially the work of this group focused on changes to the Health Act 2007, the primary legislation underpinning the regulation of designated centres and HIQA's functions. Although primarily focused on the legislative framework for nursing homes it is acknowledged and accepted that many of the required changes will also have implications of designated centres for people with disabilities.

The final report of the IOT, published in May 2022, provided an update on all 88 of the recommendations that had been made by the Expert Panel, and also marked the transition into a further phase focused on establishing new structures into mainstream practice.

Chapter 3. Profile of designated centres for older people

Designated centres for older people (nursing homes) are a vital part of services for older people, providing a safe place to live for nearly 32,000 people in Ireland. Nursing homes provide for the health and social care needs of vulnerable people who are no longer able to live in their own home.

A vibrant, reliable and trusted nursing home sector is essential as the country moves to reform the health and social care sector under Sláintecare and to ensure that vulnerable people know that they have the option of living in a nursing home where they will be safe and well cared for if their needs can no longer be met at home.

3.1 Ownership of nursing homes

The Chief Inspector maintains a public register of all registered nursing homes in the State. This publicly available register provides the name and address of all nursing homes and the legal entity[8] that is registered to operate the nursing home.

At the end of 2021, the vast majority (77%) of nursing homes were owned and operated by private providers with the remainder owned and operated by the HSE or HSE-funded bodies under sections 38 and 39 of the Health Act 2004. The percentage of beds owned and operated by private providers is slightly higher at 80%, a figure which can be explained by the number of larger nursing homes operated by private providers.

The profile of ownership of nursing homes and nursing home beds is set out in Table 1 below. There have been some changes to this profile over the last couple of years which are largely attributable to the COVID-19 pandemic and new regulations which came into effect on 1 January 2022.

[8] The legal entity registered to operate the nursing home may be a sole trader, a partnership, a company, an unincorporated body or a statutory body.

Table 1 - Profile of ownership of nursing homes and nursing home beds at the end of 2019, 2020 and 2021

	2019		2020		2021	
Provider Type	Number of Centres	Number of Beds	Number of Centres	Number of Beds	Number of Centres	Number of Beds
Health Service Executive (HSE)	122 (21%)	5,864 (18%)	113 (20%)	5,596 (17%)	111 (20%)	5,322 (17%)
HSE - funded bodies under Sections 38 and 39 of the Health Act 2004	20 (3%)	1,123 (4%)	17 (3%)	978 (3%)	17 (3%)	946 (3%)
Private Providers	443 (76%)	24,981 (78%)	443 (77%)	25,517 (80%)	439 (77%)	25,574 (80%)
Total	585	31,968	573	32,091	567	31,842

3.2 Number of nursing homes and nursing beds

On 31 December 2021, there were 567 registered nursing homes with 31,842 registered beds. The number of nursing homes reduced in 2020 and 2021 while the number of beds increased slightly in 2020 before reducing again in 2021. Since 2019 the number of nursing homes has reduced by 18 and the number of beds has reduced by 126.

Table 2 - Number of centres and beds available in 2019, 2020 and 2021

Year	Number of centres	Number of beds
2019	585	31,968
2020	573	32,091
2021	567	31,842

The COVID-19 pandemic impacted the number of nursing homes with the HSE repurposing a number of their nursing homes to function as step down units, COVID-19 response units or other short-term care facilities. In addition, in advance of changing regulations which came into effect on 1 January 2022, some providers began reviewing their premises and in some cases reducing the number of beds as a means of complying with the new regulations. The next section provides more detailed information about the number of new nursing homes, additional beds, the number of closed nursing homes and reductions in nursing home beds.

New nursing home beds

In 2020 and 2021, new nursing home beds became available through the registration of 14 new nursing homes and extensions to 44 existing nursing homes. New nursing homes provided 921 new beds while extensions to existing nursing homes accounted for a further 534 beds. Two designated centres registered new beds in both 2020 and 2021.

Five new HSE nursing homes (four in 2020 and one in 2021) replaced existing outdated facilities and although included in the above numbers should be considered as replacement beds rather than new beds.

Table 3 - The number of new nursing homes and additional beds

Year	New nursing homes	Number of beds	Extensions to existing nursing homes	Number of beds	Total new/ additional beds
2020	11	668	28	462	1,130
2021	3	253	16	172	425

The majority of new beds registered between 2020 and 2021 were located in the Dublin area, with an increase of 750 beds, including seven centres which accounted for 566 of these beds. In 2020 and 2021 there were no new beds registered in seven counties: Carlow, Cavan, Laois, Leitrim, Longford, Offaly and Roscommon. Registered providers cited the funding model as a key factor in the chosen location for new nursing home beds.

Closed nursing home beds

The removal of registered beds from the system occurs through the closure of a nursing home or a reduction in the number of beds in an existing nursing home.

Table 4 - The number of nursing home closures and reduction in available beds

Year	Nursing home closures	Number of beds	Number of beds closed in nursing homes	Number of beds	Total closed/ reduction in beds
2020	21	764	33	171	935
2021	9	189	62	474	663

Of the 30 nursing homes that closed between the beginning of 2020 and the end of 2021:

- Twenty-five centres closed voluntarily
- Five centres were closed by the Chief Inspector
    - three centres were closed under Section 51[9] of the Health Act 2007
    - two centres were closed under Section 59[10] of the Health Act 2007.

Fifteen of the registered nursing homes which closed voluntarily were owned and operated by the HSE. As previously stated, in 2020 in response to the COVID-19 pandemic the HSE repurposed a number of nursing homes to function as step down units, COVID-19 response units or other short-term care facilities.[11] Registered providers for the remaining 10 centres which closed cited a number of reasons for the closure such as concerns about financial viability, the stress of coping with the pandemic, that operating a nursing home was not an attractive career proposition for the next generation and, in some cases, recognition that their premises would not be compliant with the revised regulations which would be effective from 1 January 2022.

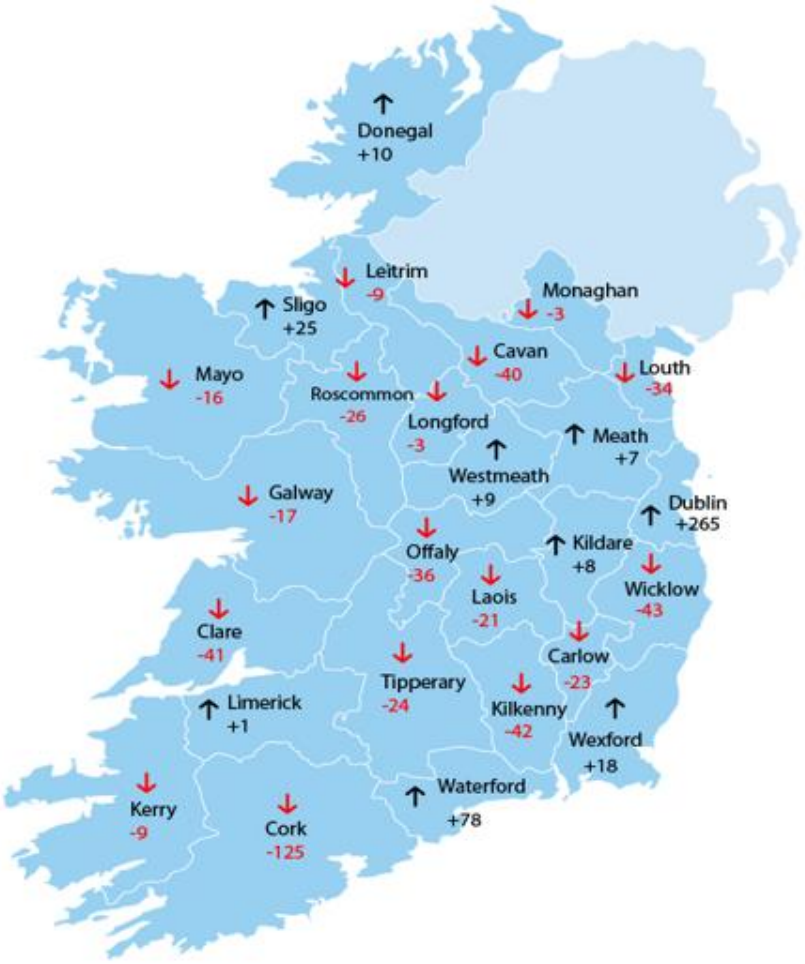
Of the three occasions that the Chief Inspector used Section 51 of the Health Act 2007 to close a nursing home, the reasons set out were that registered providers were not operating the nursing homes in compliance with the relevant regulations.[12] Therefore the Chief Inspector was not satisfied that residents living in these nursing homes were safe and well cared for. On two occasions the Chief Inspector successfully applied to the District Court for an order, under Section 59 of the Health Act 2007, to cancel the registration of a nursing home because the Chief Inspector believed there was a risk to the life, or a serious risk to the health or welfare, of the residents living in these nursing homes.

[9] Section 51 states that the Chief Inspector may cancel the registration of a designated centre if there are grounds. The relevant grounds are set out in the act under s51(2).
[10] Section 59 states that the Chief Inspector may apply to the District Court for an order cancelling the registration of a designated centre where there the Chief Inspector believes on reasonable grounds that there is a risk to the life, or a serious risk to the health or welfare, of the persons resident in a designated centre.
[11] Such repurposed units are no longer subject to regulatory oversight by the Chief Inspector; instead, HIQA's Healthcare Directorate will monitor their compliance with the *National Standards for Safer Better Healthcare* (2012).
[12] Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Figure 6 - Net increase or decrease in nursing home beds per county from January 2020 to December 2021

↑ Increase in beds from January 2020 to December 2021

↓ Decrease in beds January 2020 to December 2021



The figure above shows how the preceding information relating to new registrations, extension and closures impacted the total number of nursing home beds in each county. The total number of available beds in 17 counties decreased between the beginning of 2021 and the end of 2022, while the total number of beds available in the remaining nine counties increased. The greatest increase in available nursing home beds occurred in Dublin while the greatest decrease occurred in Cork.

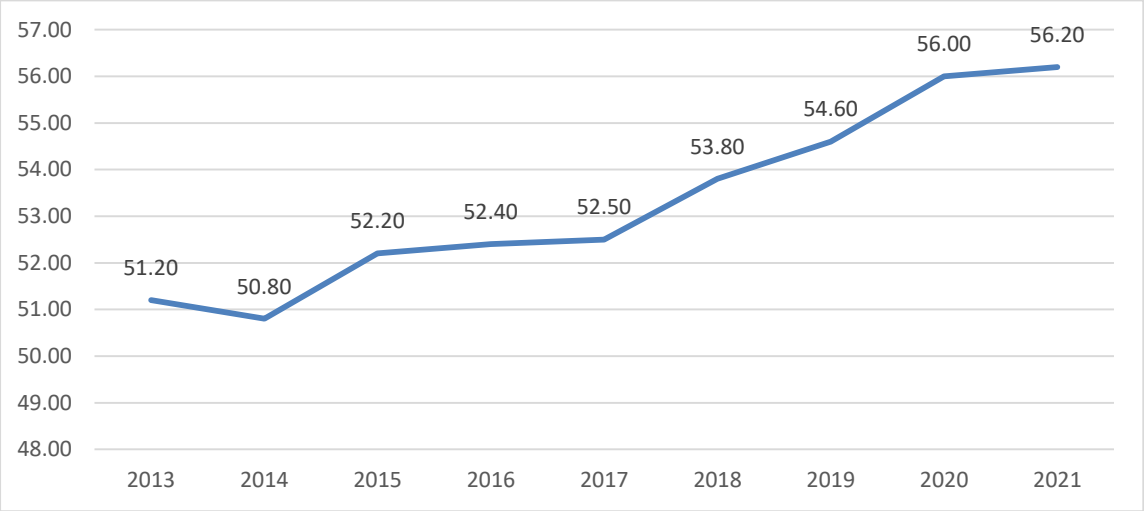
Figure 7 below shows the number of available registered nursing home beds per county at the end of 2021.

Figure 7 - Total number of registered beds per county at the end of 2021

3.3 Centre Size

The last two years have seen further incremental increases in the size of the average nursing home as defined by the number of beds. This is a continuation of the previously reported trend underpinned by the construction of larger nursing homes and extensions to existing nursing homes to increase their available beds. Figure 8 shows the increase in the average number of registered beds in a nursing home since 2013.

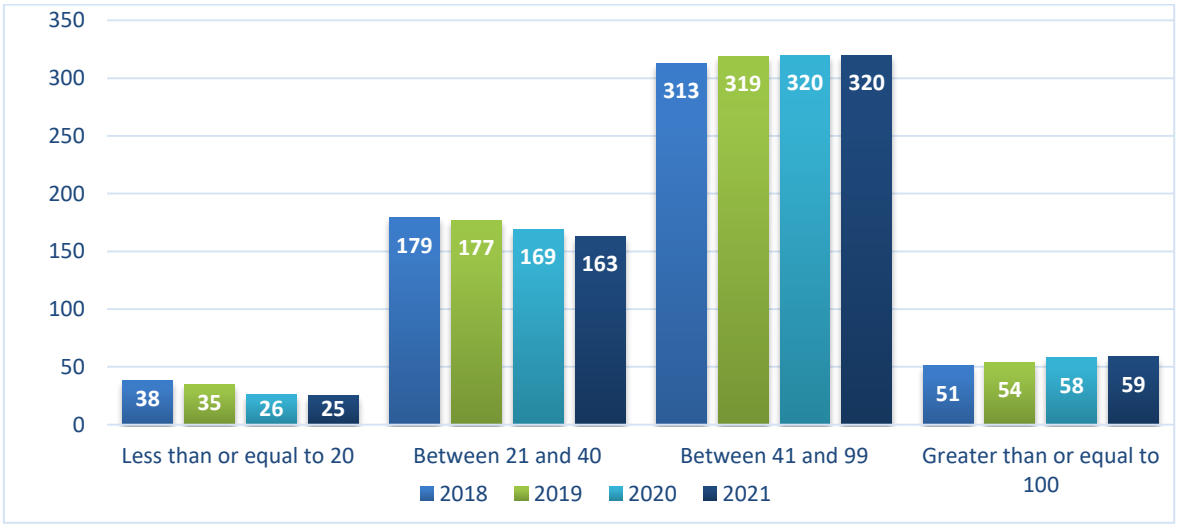
Figure 8 - Average number of beds from 2013 to 2021 nationally



The largest nursing home at the end of 2021 had 184 beds while the average number of beds per centre was 56.2.

Figure 9 provides a breakdown of nursing homes categorised by the number of beds at the end of 2021 and also shows the ongoing trend to increasing size. There are now 59 nursing homes nationally with more than 100 beds which is an increase of eight since 2018, and the number of nursing homes with more than 41 beds has increased by 15 (364 to 379) over that time frame. In contrast, the number of nursing homes with 40 or less beds has reduced from 217 to 188, a reduction of 29 over the same time frame.

Figure 9 - Bed ranges for all nursing homes between 2018 and 2021



These figures show the ongoing trend of smaller nursing homes closing which has been raised in previous overview reports. Smaller nursing homes cite difficulties in terms of financing and resources as reasons for ceasing operations. Undoubtedly the COVID-19 pandemic and premises regulations which came into effect on 1 January 2022 have also had an impact. This is regrettable because smaller nursing homes can be very homely due to the layout and smaller number of residents accommodated there. The loss of a nursing home may also mean that older people in need of residential care have to travel further in order to receive that care. This has knock-on effects for residents particularly in terms of visitors, social activities and links to their preferred general practitioner or pharmacy.

Currently there is no limit on the size of a nursing home that a registered provider can build or apply to register. This ongoing trend towards bigger nursing homes is in contrast to the national policy for de-congregation of social care services.[13]

Any consideration of this information on the number of nursing homes, location and size of nursing homes should be informed by national policy which seeks to promote older people accessing the care they need in their locality. The numbers of nursing home beds cannot simply be viewed as a national total of available beds and nor should the optimum size of a nursing home be defined by economies of scale. Some local communities simply do not have a population size that will support a large nursing home. A sustainable model of residential care for older people that includes a funding model which is agile and can adapt and respond to the ever-evolving social care sector to include different models of nursing home care should be considered to ensure the sector can continue to meet the needs of current and future residents.

[13] Health Service Executive. Time to Move On from Congregated Settings: A Strategy for Community Inclusion. Dublin: Health Service Executive; 2011. Available online from: https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf.

Chapter 4. Regulation of Designated Centres for Older People

4.1 Introduction

The Health Act 2007 (as amended), associated regulations[14] and nationally mandated standards[15] provide the legal framework which underpins the regulation of designated centres for older people (nursing homes) in Ireland. 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 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 HIQA under section 8(1)(b) of the Act, when registering and inspecting such centres.

Day-to-day regulatory oversight of nursing homes is achieved through inspection, receipt and review of solicited and unsolicited information and, where required, escalating regulatory action. Inspectors of social services are appointed to assist the Chief Inspector in registering and inspecting designated residential centres. The team of inspectors who regulate nursing homes comprises 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.

This section of the report sets out our regulatory oversight of nursing homes during 2020 and 2021, providing information on inspections, information received and reviewed and escalating regulatory action taken.

[14] 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.
[15] *National Standards for Residential Care Settings for Older People in Ireland* (2016).

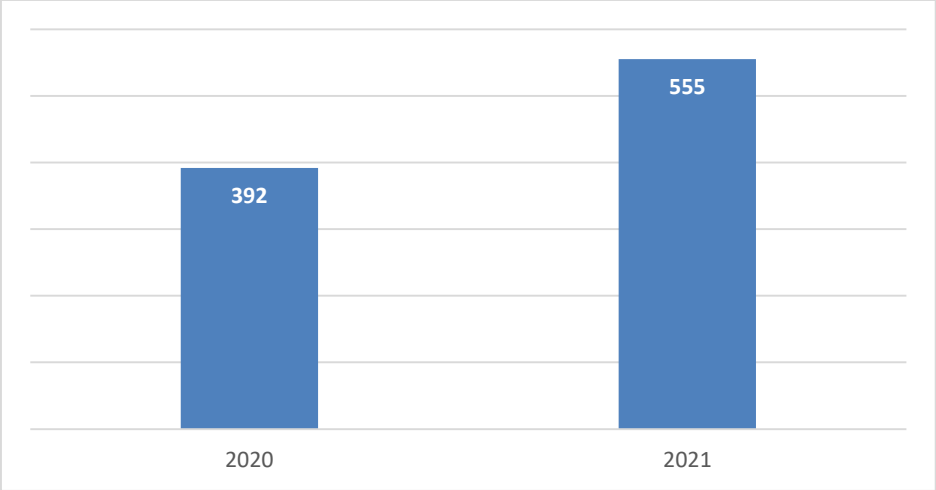
4.2 Inspections

Inspections of nursing homes by inspectors are a well-established practice carried out for the purpose of ensuring that residents are safe, well cared for and living their best lives. With the exception of a brief period between 13 March 2020 and 26 May 2020 where inspections were paused, inspections of nursing homes continued through all waves of the pandemic to date. From March 2020, inspection practices were constantly reviewed to protect residents, ensure compliance with prevailing public health advice, and to reduce in so far as possible the risk to inspectors who were carrying out the inspections.

Number of Inspections

Any registered nursing home can be inspected by inspectors 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. Figure 10 sets out the number of inspections of nursing homes in 2020 and 2021.

Figure 10 - Total number of inspections completed in 2020 and 2021



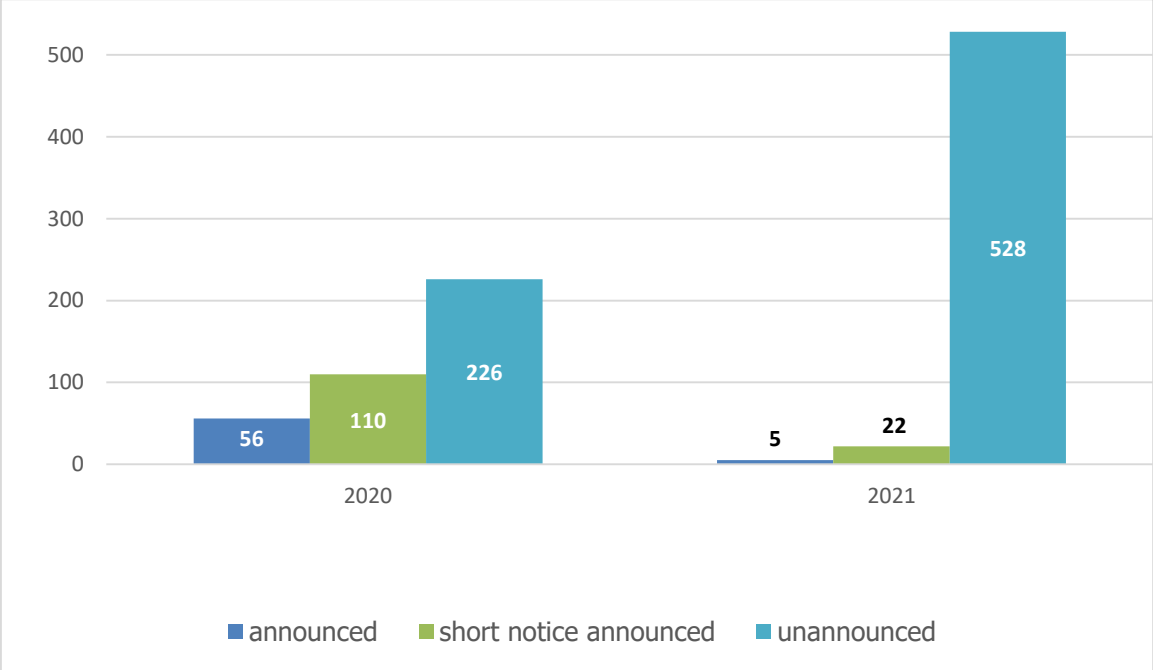
4.3 Announced and unannounced inspections

Prior to COVID-19, inspections of nursing homes were a mixture of announced or unannounced inspections. Announced inspections were carried out to enable greater participation of residents and relatives in the inspection process by giving them four weeks' notice of when inspectors would be present in the centre. Inspectors could also carry out a short-term announced inspection if they required 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 could be reduced to 72 hours. Unannounced inspections can happen at any time of the day or night on any day of the week without any advance notice to the registered provider.

During the COVID-19 pandemic, there were lengthy periods where public health restrictions meant that there were no visitors to nursing homes. This meant that there was little value in announcing an inspection as those who were meant to benefit from the announcement were unable to attend and meet inspectors. In addition, feedback from residents, families, advocacy groups and policy-makers was that there is a preference for unannounced inspections to ensure inspectors see what residents experiences are like without preparation for their arrival as a means of obtaining a true sense of day-to-day life in a nursing home. Figure 11 sets out the move from a range of announced and unannounced inspections in 2020 to 95% of inspections being unannounced in 2021.

Figure 11 - Number of announced and unannounced inspections in 2020 and 2021



4.4 Centres Requiring Additional Inspections

Before COVID-19 and the recommendations of the COVID-19 Nursing Homes Expert Panel, most nursing homes were inspected once every 12 to 18 months. A single

nursing home might have been inspected twice in the same year if after the first inspection:

- Information of concern was received which necessitated a second inspection
- The initial inspection identified findings of concern which the registered provider was required to address
- The registered provider applied to increase the number of registered beds or make other changes to their premises.

On an annual basis, a small number of nursing homes required more than two inspections to ensure that residents were safe and in receipt of the best possible care. In 2020 six centres required three or more inspections with that figure increasing to 13 in 2021. Such a level of inspection reflects concerns at the time for the care and welfare of residents, and concerns about the provider's ability to manage the centre effectively.

In addition, during 2020 and 2021 a single inspection of 23 nursing homes was conducted over several days with inspectors returning to the nursing homes on a number of occasions over a two-to-three week period to ensure that the registered provider was taking the action required to ensure the safety of residents. Such inspections usually coincided with a large outbreak of COVID-19 where the needs of residents increased significantly at the same time as the registered provider and their staff also contracted the infection reducing the resources available.

Where high levels of non-compliance are identified during inspections, a review of the risk is undertaken and a decision is made about what regulatory action is relevant to drive improvement and ensure the safety of residents in the nursing home. More detail on escalating regulatory action taken in 2020 and 2021 is set out below.

4.5 Publication of inspection reports

As previously stated, 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. The publication of a report of an inspection is a key step in promoting the safety and quality of services through the sharing of information. It also plays a role in maintaining public confidence that there is effective oversight of the sector.

A report of an inspection will reflect information gathered by the inspector(s) from a range of sources. Inspectors speak with the residents (and sometimes their visitors), staff and management teams. They observe the practices in the centre, and review

documents and records. All of this information is used to write a report setting out the findings of the inspection and the regulatory judgments. In 2020, 361 reports of inspections of nursing homes were published and this number increased to 499 in 2021.

A report goes through several stages before being published. Following receipt of a stage 1 report, the provider has the opportunity to provide feedback and identify any factual inaccuracies. The inspector will review the feedback and where appropriate make any changes to the report before issuing a stage 2 report to the provider. Subsequently a provider may request a review of the regulatory judgments contained in the stage 2 report in a process referred to as a submission.

The Chief Inspector received 17 submissions in 2020, all in relation to reports of nursing homes inspection reports; one additional submission was separately received in relation to a children's service. The number of submissions received by the Chief Inspector increased to 28 in 2021 of which 25 related to nursing homes. While the number of submissions received represents a year-on-year increase, it still remains low relative to the total number of inspections completed and reports published.

Table 5 - Number of submissions in relation to nursing homes compared to number of inspections (percentage of submissions relative to number of inspections)

2020		2021	
Number of Inspections	Number of Submissions	Number of Inspections	Number of Submissions
392	17 (4.3%)	555	25 (4.5%)

Table 6 - Number of regulatory judgments reviewed in relation to nursing homes

Year	Number of regulatory judgments within the 17 submissions	Number of requests out of scope[16]
2020	116	49
2021	96	11

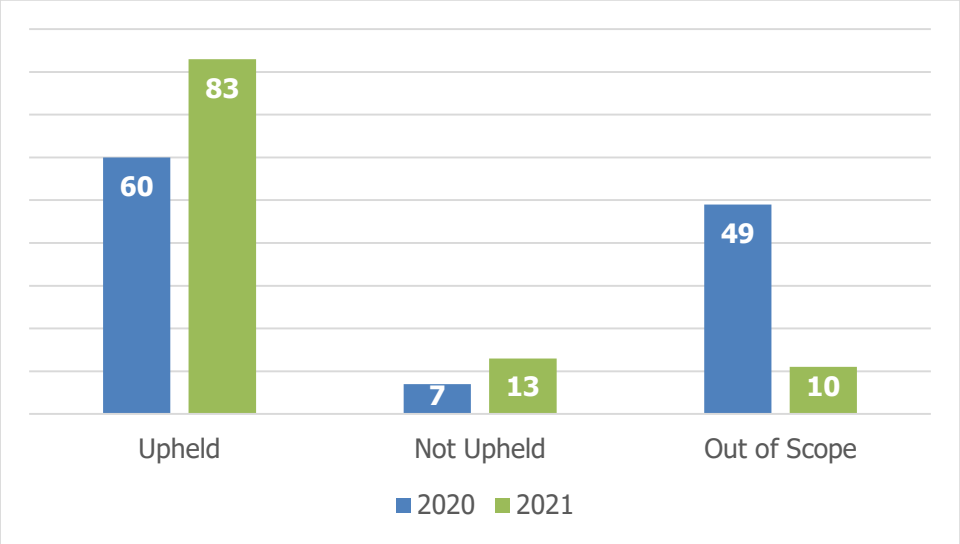
The 116 regulatory judgments that were challenged in 2020 related to 25 out of the 35 older persons care and welfare regulations, with regulatory judgments related to governance and management, infection prevention and control, and training and staff development being among the most frequently challenged. In 2021, the 106 regulatory judgments that were challenged related to 21 out of the 35 older persons care and welfare regulations, with similar regulatory areas as the year before being the most frequently challenged.

2021 saw a reduction in the number of challenges of judgments made against Regulation 28: Fire precautions compared to the previous two years. In January 2021, HIQA published its Fire Safety Handbook for providers, and during June and July hosted webinars on the handbook for providers. In 2021, there were only three regulatory judgments against Regulation 28: Fire precautions challenged and all were upheld. This compares to eight challenges in 2020 and seven in 2019.

The submissions process allows for a regulatory judgment to be changed or remain the same. While the level of non-compliance can be increased, this did not occur in 2020 or 2021.

[16] A request to review a regulatory judgment may be deemed to be out of scope for a number of reasons, for example when it is made without completing a compliance plan, the judgment was not included in the feedback process, or commentary not related to the judgments in the report. A full list can be seen in the guidance at https://www.hiqa.ie/sites/default/files/2019-06/Making-a-submission-to-Chierf-Inspector.pdf.

Figure 12 - Results of submissions appeals in relation to nursing homes in 2020 and 2021



Following a review of regulatory judgments the inspection report is amended if necessary and a stage 3 report (a finalised report) is issued to the registered provider advising that they will be notified in due course with the date of publication. At the end of 2021, two stage 3 inspection reports of inspections carried out in June 2020 and November 2020 continued to be subject to ongoing judicial reviews in the High Court and could not be published at that time.[17]

4.6 Receipt and review of solicited and unsolicited information

As previously stated, the receipt and review of solicited and unsolicited information is a key component of the day-to-day regulatory oversight of nursing homes.

Solicited Information - Notifications

Solicited information largely comprises notifications that registered providers and persons in charge are required to submit to the Chief Inspector. There are three broad categories of notifications:

[17] Following withdrawal of judicial review proceedings, a report of inspections carried out in June and November 2020 were published in May 2022 and October 2022 respectively.

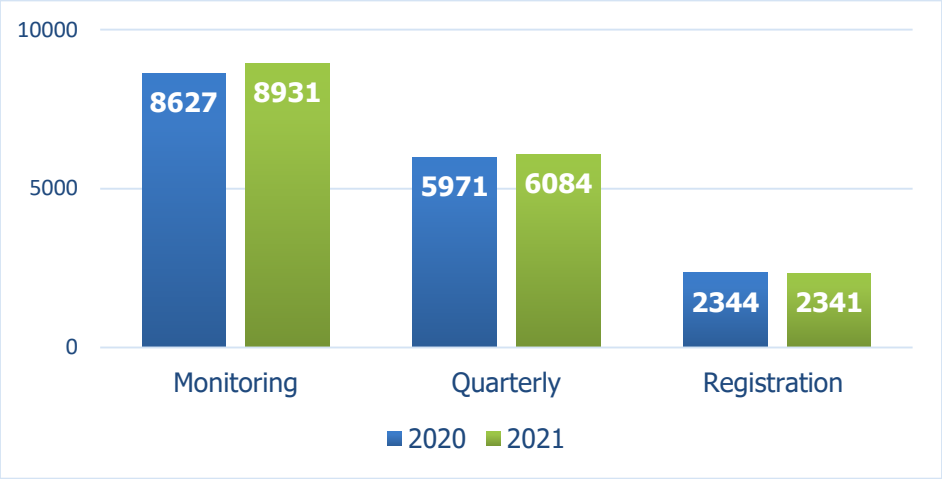
- Monitoring Notifications
    - The person in charge must notify the Chief Inspector, within three working days, when any one of ten types of event[18] occur in the centre.
- Quarterly Notifications
    - The person in charge must the notify the Chief Inspector on a quarterly basis when any one of the five types of event[19] occur in the centre.
- Registration Notifications
    - The registered provider is required to notify the Chief Inspector of any changes to the information supplied for the purpose of registration. This includes changes to persons in charge, persons participating in management and the changes to personnel in registered provider entities.

All received notifications are reviewed and risk assessed and inform our regulatory actions. During 2020, we received 18,477 notifications from nursing homes, while in 2021 the number of notofications received was 17,927.

[18] The unexpected death of any resident, any fire, any loss of power, heating or water, any incident where an unplanned evacuation took place, an outbreak of any notifiable disease, any serious injury to a resident that requires immediate medical and or hospital treatment, any unexplained absence of a resident, any allegation of abuse of any resident, any allegation of misconduct by the registered provider or by a member of staff, any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body.

[19] Any occasion when restraint was used, any occasion on which the fire alarm equipment is operated other than for the purpose of fire practice, drill or test of equipment, a recurring pattern of theft or burglary, any death other than those notified as unexpected deaths.

Figure 13 - Receipt of information - Notifications

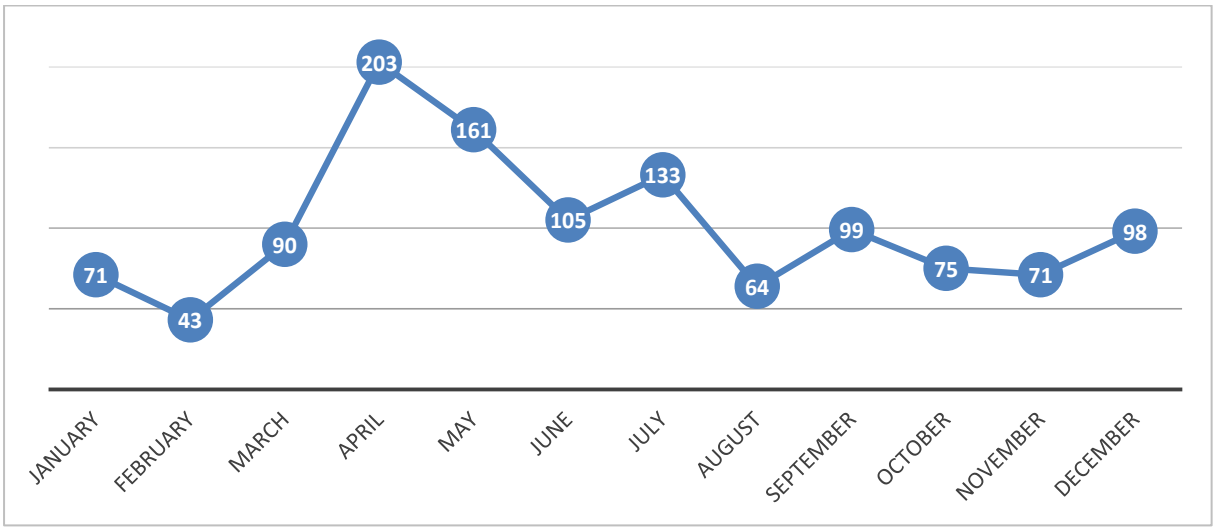


This represents an overall increase of 3,095 notifications since 2019, with the most notable increase seen in monitoring notifications.

Unsolicited Information

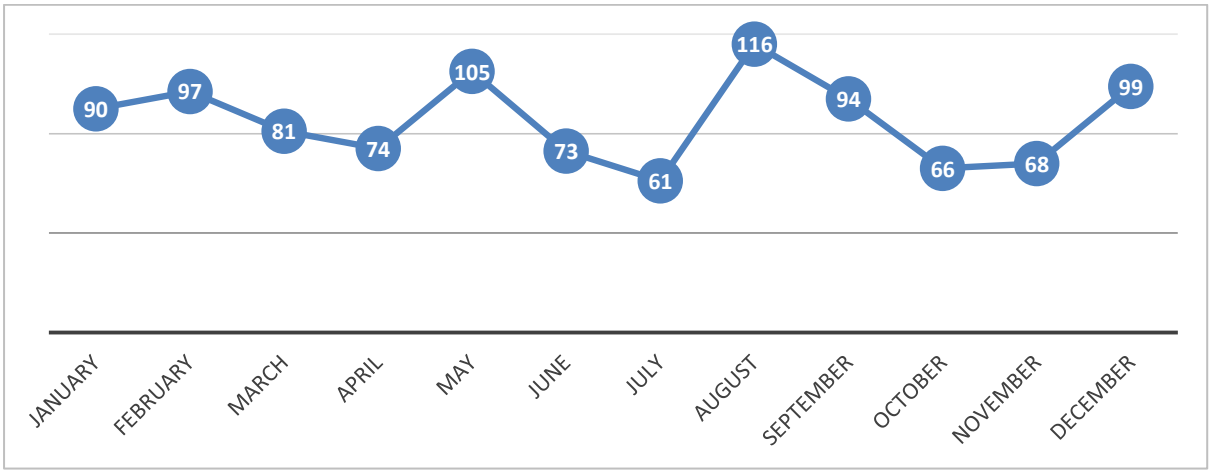
Unsolicited information may be submitted to our information handling centre from a range of sources including residents, their relatives and members of the public. Although we do not investigate individual complaints, all unsolicited information is reviewed as it may indicate a requirement to review the overall system of care in a nursing home. During 2020, we received 1,213 pieces of unsolicited information relating to nursing homes, a 59% increase on the 711 received in 2019. In 2021 we received 1,024 pieces of information.

Figure 14 - Items of unsolicited information received per month in 2020



The highest numbers of unsolicited information with concerns were received during the initial phase of the pandemic from families worried about their relatives living in nursing homes, seeking information about accessing the nursing homes and what practices should be in place.

Figure 15 - Items of unsolicited information received per month in 2021



Most of the unsolicited information received was in relation to the following areas of care:

- Quality of care, including general welfare and development
- Safeguarding
- Residents' rights
- Infection prevention and control measures
- Governance and management
- Communication
- Staffing, training and development
- Complaints handling.

The majority of people who contacted HIQA about care and services being delivered in nursing homes were relatives of residents. Of the 1,024 pieces of information received in 2021, just over 3% (34) were received from residents, 54% (556) were from relatives and 18% (183) were from employees or staff in nursing homes. HIQA also received 251 (25%) pieces of information from 'others' including members of the public, HSE teams and advocates.

While we do not have a remit to investigate complaints, as the regulations place this responsibility on the provider, we do review all information we receive and consider its impact on people who use the service. We can use the information in a number of ways to establish if a service is safe, effective, caring, and well managed. If we

believe that those responsible for providing a service may not be compliant with the necessary regulations or national standards, we can take a number of actions in response, including requesting information, using the information at the next inspection, or planning a risk-based inspection.

4.7 Escalation and Enforcement Actions

During the unprecedented challenge of caring for a very vulnerable population during a global pandemic, the vast majority of providers and their staff continued to provide high-quality care for their residents and a service that was compliant with the regulations. However, in a small number of cases information received and the findings of inspections raised concern about the care of residents requiring a more focused approach to addressing areas of concern and non-compliance with the regulations.

Part 8 of the Health Act 2007 sets out the tools for enforcement available to the Chief Inspector. An explanation of our enforcement powers are set out in the Regulation Handbook – a guide for providers and staff of designated centres.[20] The guidance sets out a stepped approach to how the Chief Inspector will respond to regulatory non-compliance in nursing homes where there are increasing concerns about the care and welfare of residents. Most issues were addressed by meeting with a provider to inform them that we are concerned about the care of residents and any specific risk(s) identified by inspectors, and asking the provider to explain how they will address the issues. Unsurprisingly, given the challenge of operating a nursing home in the midst of a pandemic, common themes at provider meetings in 2020 and 2021 were adequate staffing levels, appropriate infection prevention and control arrangements, premises and overall governance and management of a nursing home. Most providers responded appropriately to the issues raised and no further action was required.

[20] https://www.hiqa.ie/reports-and-publications/guide/regulation-handbook

However, where such engagement does not achieve improved care of residents, the Chief Inspector may take action such as:

- Attaching or varying conditions of registration (Section 51)
- Cancellation of the centres registration
    - Section 51[21] cancelling a centre's registration
    - Section 59[22] seeking a District Court order for cancellation of registration
- Prosecution.

These are outlined in more detail below.

Table 7 - Section 50, 51 and 59 actions in 2020 and 2021

Action	2020	2021
Section 50 Attach a restrictive condition (application to register or renew)	76	79
Section 50 Notice to refuse		2
Section 51 Notice to attach a condition	0	6
Section 51 Notice to vary a condition	0	1
Section 51 Notice to cancel	1	5
Section 59 Cancellation	2	0

Attach or vary conditions of registration

Where serious issues are not addressed within agreed timelines the Chief Inspector may attach an additional condition[23] to the registration of a nursing home or vary an existing condition. In general, such conditions will set out action to be taken by the registered provider and a time frame within which that action must be taken.

[21] Section 51 states that the Chief Inspector may cancel the registration of a designated centre if there are grounds. The relevant grounds are set out in the act under s51(2).
[22] Section 59 states that the Chief Inspector may apply to the District Court for an order cancelling the registration of a designated centre where there the Chief Inspector believes on reasonable grounds that there is a risk to the life, or a serious risk to the health or welfare, of the persons resident in a designated centre due to an act of failure or neglect on behalf of the provider.
[23] Section 50 of the Health Act 2007 is used to attach or vary conditions of registration at the time of registration renewal while Section 51 is used mid regulatory cycle.

Additional restrictive conditions of registration may be attached to the registration of a centre when the registration is being renewed (Section 50) or mid-regulatory cycle if issues of concern are identified (Section 51).

In 2021, the Chief Inspector utilised Section 51 to attach an additional condition to the registration of six nursing homes:

- Four providers were required to employ a person in charge who meets the criteria set down in Regulation 14: Person in charge
- One provider was required to address identified issues of non-compliance
- One provider was prohibited from using an internal room with only a sky light as bedroom accommodation.

The Chief Inspector also utilised Section 51 to reduce the number of residents which could be accommodated in a nursing home.

In all of the above cases the registered providers can apply to have the additional condition removed when they have complied with it or when it is no longer appropriate.

Section 50 Notice to refuse an application to register or renew registration

In 2021, one registered provider's application to register a nursing home was refused and one registered provider's application to renew registration was refused. Both refusals were on the grounds that the registered provider did not demonstrate that they would or could comply with the relevant regulations and as a consequence the Chief Inspector could not be sure that residents who would live in these homes would be safe and well cared for.

Section 51 Notice to cancel the registration of a nursing home

On three occasions (one in 2020 and two in 2021) the Chief Inspector used Section 51 of the Health Act 2007 to cancel the registration of a nursing home. As required by Section 51 in each case the registered provider was issued with a notice of proposed decision to which they had a right of reply. In all three cases the Section 51 cancellations were uncontested, and in all three cases the HSE oversaw the orderly closure of the nursing home.

In addition, three other providers of a nursing home were also issued with Section 51 notices to cancel their registration for repeated failures to comply with relevant regulations. In all three of these cases the registered provider made representations to the notices of proposed decision setting out the action they would take to improve

the care of residents and comply with the regulations. All three[24] notices remained in place at the end of 2021 with the registered providers afforded additional time before a decision would be made to either proceed to notice of decision to cancel the registration or withdraw the notice of proposed decision.

Section 59 cancellation

On two occasions during 2020 the Chief Inspector believed that on reasonable grounds there was a serious risk to the health and welfare of residents living in a nursing home. On both occasions an application made to the District Court for an order cancelling the registration of those centres was granted. The HSE took over the day-to-day operation of both centres, and provided support to residents and their families in finding new nursing homes. The two centres were then closed.

Prosecution

The Chief Inspector prosecuted one registered provider for failing to comply with a request for information issued in line with Section 65[25] of the Health Act 2007 (as amended).

Legal actions involving the Chief Inspector and nursing homes

As previously reported,[26] since 2017 there has been a notable increase in legal proceedings regarding nursing homes. In 2020 and 2021, such proceedings included the following:

1. Four notices of decisions issued by the Chief Inspector were appealed in the District Courts.
2. Four providers sought judicial review of a decision of the Chief Inspector in the High Court.
3. Two urgent applications in the District Court to cancel registration.
4. One prosecution.

[24] At the time of writing this report, two of the three notices of proposed decision to cancel registration had been withdrawn as the registered provider had taken the required action to improve the care of residents.
[25] Section 65 of The Health Act 2007 (as amended) states that a registered provider of a designated centre shall submit to the Chief Inspector such information at such time as the Chief Inspector considers necessary to enable the Chief Inspector to carry out the Chief Inspector's functions.
[26] Overview report on the regulation of designated centres for older persons – 2019. Available at https://www.hiqa.ie/sites/default/files/202012/DCOP_Overview_Report_2019.pdf.

1. **Appeals to the District Court** (Section 57 of Health Act 2007)

Midleton Community Hospital

The Chief Inspector issued a Notice of Decision to renew the registration of Midleton Community Hospital, a designated centre for older people, in December 2019. Upon taking effect, the decision would reduce the number of residents the provider could accommodate from 53 to 48 persons. The Chief Inspector saw fit to impose conditions reducing the number of residents in certain rooms in the designated centre to ensure the privacy and dignity needs of the existing and future residents were met through the adequate provision of space and as required under the Care and Welfare regulations. The HSE appealed the Chief Inspector's decision to the District Court, however, this appeal was withdrawn by the HSE in July 2020, following which the decision of the Chief Inspector took effect and the centre was registered to accommodate 48 residents.

Clonakilty Community Hospital

The Chief Inspector issued a Notice of Decision to renew the registration of Clonakilty Community Hospital in December 2019. Upon taking effect, the decision would reduce the number of residents the centre was registered to accommodate from 122 to 114 residents. The Chief Inspector saw fit to impose conditions reducing the number of residents in certain rooms in the designated centre to ensure the privacy and dignity needs of the existing and future residents were met through the adequate provision of space and as required under the Care and Welfare regulations. The HSE appealed the Chief Inspector's decision to the District Court, however, this appeal was withdrawn by the HSE in September 2020 following which the decision of the Chief Inspector took effect and the centre was registered to accommodate 114 residents.

Leopardstown Park Hospital

A Notice of Decision was issued by the Chief Inspector in October 2020. The Decision granted the application of the registered provider to renew the registration of the designated centre subject to certain conditions. The registered provider appealed the conditions relating to the reduction of the number of persons that would be accommodated in the designated centre. The registered provider subsequently notified the Chief Inspector of its intention to withdraw the appeal and the appeal was struck out by the District Court in September 2020 following which the decision of the Chief Inspector took effect.

St. Joseph's Centre
A Notice of Appeal under the Health Act 2007 was issued by a registered provider of a designated centre for older persons against a decision of the Chief Inspector to impose registration conditions in February 2020. The Notice of Decision, the subject of the Appeal, was subsequently withdrawn by the Chief Inspector and a new Notice of Decision issued to the registered provider. In July 2020, the Appeal was formerly withdrawn by the registered provider in the District Court and legal costs were awarded to the registered provider in respect of the bringing of the appeal.

2. Judicial Review

Silvergrove Nursing Home
A Notice of Decision to cancel the registration of a designated centre for older people was issued by the Chief Inspector in October 2018 under Section 51 of the Health Act 2007. The provider appealed the decision of the Chief Inspector to the District Court and challenged the decision in the High Court by way of judicial review. The District Court appeal was put on hold pending the outcome of the judicial review proceedings. The High Court rejected the claims made by the registered provider and refused to grant the reliefs sought in the judicial review. This judgment was appealed by the registered provider to the Court of Appeal and subsequently withdrawn in October 2020 as was the notice of appeal to the District Court. HIQA was awarded its costs for defending the case.

Sonas Nursing Home
In November 2020, leave to apply for judicial review was granted by the High Court to a registered provider of designated centre for older persons in respect of the regulatory judgments of the Chief Inspector in an inspection report. A stay on publication of the inspection report was granted pending the determination of the proceedings. Certain orders were made by the High Court in 2021 which were appealed to the Court of Appeal. These appeals and the judicial review proceedings were subsequently struck out by order of the Court of Appeal in May 2022 following the making of a payment by the registered provider towards the Chief Inspectors legal costs. Thereafter, the inspection report was published.

Clara Nursing Home
Leave to apply for judicial review was granted by the High Court in June 2021 to the registered provider of a nursing home to challenge certain decisions of the Chief Inspector with regard to an inspection report. The High Court also granted

a stay on publication of the inspection report dated 17 November 2020 pending the determination of proceedings. A number of reliefs were sought by the Applicant in the judicial review. The proceedings were subsequently struck out by order of the High Court in October 2022 following the making of a payment by the registered provider towards the Chief Inspectors legal costs. Thereafter, the inspection report was published.

Powdermills Nursing Home and Care Centre
These judicial review proceedings were issued by the Applicant, a registered provider of a designated centre for older people in December 2019. The registered provider sought orders from the High Court to quash the decisions reached in the inspection report arising from an inspection of the designated centre. The case has been adjourned generally and the registered provider will be required to list the case to reactivate the proceedings.

3. **Urgent Applications to Cancel Registration** (Section 59 of the Health Act 2007)

Donore Nursing Home
In May 2020, the Chief Inspector issued an urgent application to cancel the registration of a nursing home on the grounds that there was a risk to life, or serious risk to health or welfare of residents because of the acts, failure to act or negligence of the registered provider. Following a hearing of the evidence, the District Court granted orders cancelling the registration of the designated centre and directing the HSE to make alternative arrangements for the residents.

Oaklands Nursing Home
The Chief Inspector issued an application to cancel the registration of a designated centre for older persons on grounds that there was a risk to life, or serious risk to health or welfare of residents because of the acts, failure to act or negligence of the registered provider. Evidence was heard in the District Court in November 2020 and an order was made to cancel the registration and direct the HSE make alternative arrangements of the residents.

4. **Prosecutions**

Criminal Prosecution for an Offence under Section 79 Health Act 2007
The Chief Inspector issued a summons for prosecution in March 2018 against Breda Packenham & Edward Packenham Partnership, trading as Carysfort Nursing Home, the then registered provider of Carysfort Nursing Home, for

failure to discharge a duty to which registered providers are subject. Specifically, the registered provider failed to submit pertinent information requested by the Chief Inspector under Section 65 of the Health Act 2007, such information being required by the Chief Inspector to inform her registration functions under Section 41 of the Health Act 2007.

Following previously reported unsuccessful judicial review proceedings,[27] the criminal prosecution proceeded against the registered provider and was heard in the District Court in March 2020. A plea of guilty was entered by one of the defendants of the registered provider partnership to the prosecution summons before the court. The defendant was convicted by the District Court and required to pay a fine in the sum of €500. This concluded the case.

[27] The registered provider challenged the decision of the Chief Inspector to prosecute for failure to comply with Section 65 of the Health Act 2007 by way of judicial review in the High Court. The judicial review challenge was dismissed in its entirety and legal costs were awarded in favour of the Chief Inspector. The Breda Packenham & Edward Packenham Partnership, trading as Carysfort Nursing Home appealed the High Court judgment to the Court of Appeal, however, the appeal was withdrawn in November 2019.

Chapter 5. Inspection Findings

5.1 Introduction

Inspections of nursing homes are carried out by appointed inspectors of social services in accordance with section 43[28] (1) and (2) of the Health Act 2007 (as amended). Inspections of nursing homes will predominantly focus on compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

5.2 Compliance Data

Although there are 34 such regulations, not all regulations are assessed on each inspection. The specific regulations assessed on each inspection will be informed by:

- Regulatory history
- Trending of solicited or unsolicited information received since the last inspection
- Solicited or unsolicited information received which may have triggered the inspection
- Relevant sectoral information.

The number of regulations that are assessed on an individual inspection will be informed by the perceived risk, size of the nursing home, the number of inspectors and length of time since the previous inspection.

Since 2018, the Chief Inspector has compiled data on compliance with individual regulations. Table 8 presents the number of times each regulation was assessed over the course of the 555 inspections of nursing homes in 2021.

[28] **Section 43**.
(1) The Authority, in accordance with *section 26*, may appoint the number of persons as it may determine to assist the chief inspector in the performance of the chief inspector's functions and—
(*a*) the persons appointed shall be known as Inspectors of Social Services, and
(*b*) are referred to in this Act as "inspectors".
(2) An inspector shall perform the functions of the chief inspector, to the extent the chief inspector may determine, and, in performing those functions to that extent, the inspector has the same powers and duties as the chief inspector has in performing his or her functions under this Act.

Table 8 - the number of times each regulation was assessed in 2021

Regulations	Number of times assessed in 2021[29]
Regulation 03: Statement of purpose	175
Regulation 04: Written policies and procedures	213
Regulation 05: Individual assessment and care plan	510
Regulation 06: Health care	504
Regulation 07: Managing behaviour that is challenging	287
Regulation 08: Protection	254
Regulation 09: Residents' rights	505
Regulation 10: Communication difficulties	31
Regulation 11: Visits	418
Regulation 12: Personal possessions	124
Regulation 13: End of life care	119
Regulation 14: Persons in charge	211
Regulation 15: Staffing	526
Regulation 16: Training and staff development	509
Regulation 17: Premises	409
Regulation 18: Food and nutrition	120
Regulation 19: Directory of residents	74
Regulation 20: Information for residents	27
Regulation 21: Records	278
Regulation 22: Insurance	50
Regulation 23: Governance and management	537
Regulation 24: Contract for the provision of services	97
Regulation 25: Temporary absence or discharge of residents	47
Regulation 26: Risk management	382
Regulation 27: Infection control	524
Regulation 28: Fire precautions	406
Regulation 29: Medicines and pharmaceutical services	161
Regulation 30: Volunteers	9
Regulation 31: Notification of incidents	291
Regulation 32: Notification of absence	7
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the design	6
Regulation 34: Complaints procedure	469

[29] Number of inspections where compliance with this regulation was assessed.

It is important to note that some regulations were assessed infrequently, for example Regulation 30: Volunteers, reflecting the absence of volunteers in nursing homes over 2021. Similarly, the assessment of compliance with regulations 32 and 33 could only take place where such events actually occurred.

A provider may be judged to be compliant, substantially compliant or not compliant with each assessed regulation. The combined findings of the 555 inspections of nursing homes in 2021 paint a picture of a high levels of regulatory compliance with providers of nursing homes compliant or substantially compliant with 85% of the assessed regulations.

Figure 16 - Overall Levels of Compliance for all Regulations

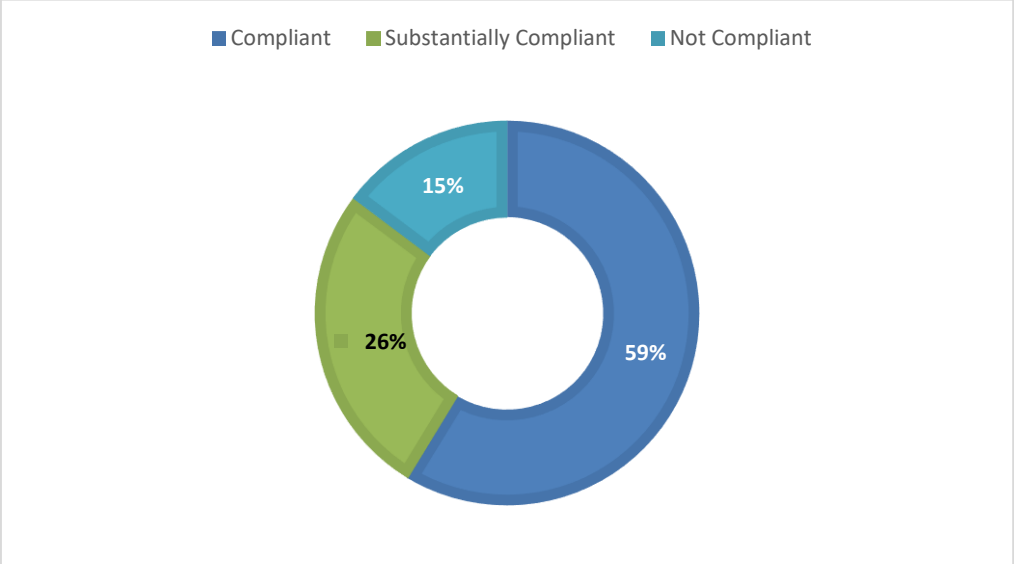


Table 9 provides regulation specific compliance levels as reported across all inspections in 2021. This data helps to provide a broad overview of the level of compliance across the nursing home sector and identifies areas where providers are performing well and also areas requiring improvement.

Table 9 - Regulation specific compliance information

Regulations	Compliant	Substantially Compliant	Not Compliant
Regulation 03: Statement of purpose	60%	37%	3%
Regulation 04: Written policies and procedures	74%	21%	5%
Regulation 05: Individual assessment and care plan	52%	35%	13%
Regulation 06: Health care	84%	11%	5%
Regulation 07: Managing behaviour that is challenging	67%	24%	8%
Regulation 08: Protection	85%	8%	6%
Regulation 09: Residents' rights	51%	34%	15%
Regulation 10: Communication difficulties	90%	6%	3%
Regulation 11: Visits	91%	8%	1%
Regulation 12: Personal possessions	55%	31%	15%
Regulation 13: End of life care	87%	11%	2%
Regulation 14: Persons in charge	88%	5%	7%
Regulation 15: Staffing	67%	17%	16%
Regulation 16: Training and staff development	53%	32%	15%
Regulation 17: Premises	20%	47%	33%
Regulation 18: Food and nutrition	72%	22%	7%
Regulation 19: Directory of residents	84%	12%	4%
Regulation 20: Information for residents	93%	4%	4%
Regulation 21: Records	45%	39%	17%
Regulation 22: Insurance	98%	0%	2%
Regulation 23: Governance and management	27%	38%	35%
Regulation 24: Contract for the provision of services	73%	22%	5%
Regulation 25: Temporary absence or discharge of residents	74%	26%	0%
Regulation 26: Risk management	76%	19%	5%
Regulation 27: Infection control	27%	46%	27%
Regulation 28: Fire precautions	21%	43%	36%
Regulation 29: Medicines and pharmaceutical services	50%	30%	20%
Regulation 30: Volunteers	89%	11%	0%
Regulation 31: Notification of incidents	68%	20%	12%
Regulation 32: Notification of absence	100%	0%	0%
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the design	100%	0%	0%
Regulation 34: Complaints procedure	75%	17%	8%

As set out above, some regulations are assessed more often than others. Consideration of compliance with each regulation should be calibrated by the frequency of assessment. Notably, over 70% of inspections included an assessment of compliance with 11 key regulations which directly impact the care and quality of life of residents, including:

- Regulation 5: Individual assessment and care plan
- Regulation 6: Health care
- Regulation 09: Residents' rights
- Regulation 11: Visits
- Regulation 15: Staffing
- Regulation 16: Training and staff development
- Regulation 17: Premises
- Regulation 23: Governance and management
- Regulation 27: Infection control
- Regulation 28: Fire precautions
- Regulation 34: Complaints procedure.

Regulation 13: End of life care is also considered an important regulation for assessment. The fact that this regulation was assessed on 121 inspections reflects the fact that compliance with this regulation is normally[30] assessed if a resident is in receipt of such care during an inspection.

[30] In a small number of cases compliance with this regulation may be assessed retrospectively if information has been received which raises concerns about the systems in place to support residents in receipt of end-of-life care.

Table 10 - Percentage compliance with 11 regulations assessed on more than 70% of inspections in 2021

Regulations	Compliant	Substantially Compliant	Not Compliant
Regulation 05: Individual assessment and care plan	52%	35%	13%
Regulation 06: Health care	84%	11%	5%
Regulation 09: Residents' rights	51%	34%	15%
Regulation 11: Visits	91%	8%	1%
Regulation 15: Staffing	67%	17%	16%
Regulation 16: Training and staff development	53%	32%	15%
Regulation 17: Premises	20%	47%	33%
Regulation 23: Governance and management	27%	38%	35%
Regulation 27: Infection control	27%	46%	27%
Regulation 28: Fire precautions	21%	43%	36%
Regulation 34: Complaints procedure	75%	17%	8%

While it is understood the impact of COVID-19 on nursing homes has been significant, it is of concern that the regulations most frequently found to be not compliant remain very similar to previous years, namely:

- Regulation 28: Fire precautions
- Regulation 23: Governance and Management
- Regulation 17: Premises.

In addition, in 2021 Regulation 27: Infection control was added to this list.

5.3 Areas of good practice

Acknowledging good practice in nursing homes is important as it illustrates how many registered providers are delivering a good service and it is also a means by which to share good practice. 2020 and 2021 were difficult for providers of nursing homes and their staff who were at the coalface of the challenge posed by the pandemic.

Over the last two years inspectors observed many instances of good practice which are set out here. It is notable that, notwithstanding the significant challenges associated with the COVID-19 pandemic, there were many examples of good practice and innovations to support residents to have a good quality of life.

5.4 What residents told inspectors

The majority of residents who spoke with inspectors expressed their thanks and gratitude for the care and support that had been provided to them by the staff working in their nursing home. Residents credited staff with helping them to recover from infection with COVID-19. They aslo told inspectors that staff had worked hard to protect them, care for them and help them to maintain contact with their families.

Meaningful Activities

Providers demonstrated a lot of innovation around the provision of meaningful activities for residents during the pandemic. Along with the rest of the population, residents in nursing homes were restricted in their movements, and at times were isolated in their own rooms with no access to the communal areas. While there was an initial focus on supporting the increased infection prevention and control arrangements in the nursing homes, staff quickly recognised that social isolation presented as great a risk to residents as did the pandemic. Providers employed additional staff to support social engagement and to create meaningful occupation for residents. Depending on the restrictions there were many examples of one-to-one support to carry out specific activities such as accessing secure outdoor spaces or simply spending time with residents in their bedrooms. Social bubbles were established to facilitate social interactions and engage in games, discussions and craft projects while reducing the risk of a large outbreak in the nursing home. Many residents described how this gave them something to look forward to, and kept them occupied.

Knockrobin Hill Care Home
Activity staff had employed creative initiatives during the initial lockdown period to ensure residents had access to recreational activities, for example, each resident was provided with an activity workbook filled with puzzles, pictures and quizzes. A USB storage key was distributed to each resident also which had been preloaded with gentle exercises, songs, meditation music to assist with sleep, prayers and reflections and recorded greetings from their families. These were provided to all residents to use in their rooms when cocooning and continued to be used by residents.

Navan Road Community Unit
There were numerous activities for residents to choose from including a 1950s style reminiscence room, a room decorated as a pub, and a reminiscence car provided residents with a visual experience of travelling through towns and villages in Ireland and abroad including areas that were known to them.

St. Joseph's Home
The centre had set up an activities TV station which live streamed exercises, mass from the centre's chapel, activities and live music to each resident's bedroom. This meant that residents in the isolation area were also able to access the activities and felt a little more connected to their routine. Residents spoke about the exercises and watching their peers being interviewed on particular days of the week for the TV channel. One of the residents was the centre's DJ and many residents enjoyed having a request made for them over the TV station. Residents had also put in requests to thank the staff including the catering staff if the food had been particularly good.

Craddock House Nursing Home
Each resident was provided with a 'pocket' hug which consisted of an uplifting poem and a painted heart that residents could keep as a positive reminder of friends and family. Staff were resourceful in thinking of activities to do while restrictions were in place. They used corridors to host some activities so residents could watch from their door, mass and activities classes were streamed into their bedrooms on the television, and arts and craft projects were left for residents to do in their rooms. A pen-pal service had been set up and letters from the local schools and businesses were displayed in the lounge area. There were friendly competitions such as a 'bake off' between the two lounge areas.

Links with the wider community

Through the inspections and links with providers we were informed on many occasions of how communities came together to support the residents and staff of the nursing homes, including:

- Gifting technology such as tablets and mobile phones. These were donated by companies, families and community groups to support residents to keep in contact with their loved ones

- Gifts such as food hampers and flowers were sent to residents
- Local food establishments donated food for residents and or staff
- Local drive-bys where a parade of cars would pass the entrance to the nursing home waving flags and beeping horns
- School children wrote letters to residents in their local nursing home
- Singers and choirs performed in the car park or outside areas to provide entertainment for residents.

Bethany House Nursing Home
The provider arranged for some of the residents (those able) to fly by helicopter above their previous homes; they also arranged for some residents to go around the village by tractor. A weekly newsletter was issued to families detailing and showing photos of what residents had done each day of the week. During mass restrictions, they travelled virtually to many churches around Ireland (logged online), and residents discussed the differences and their own memories. Residents took part in a local arts festival and held fundraising activities; the Great Irish Bake Off sale, or wearing odd socks day, or knitting hats for the local charities.

5.5 Areas of concern

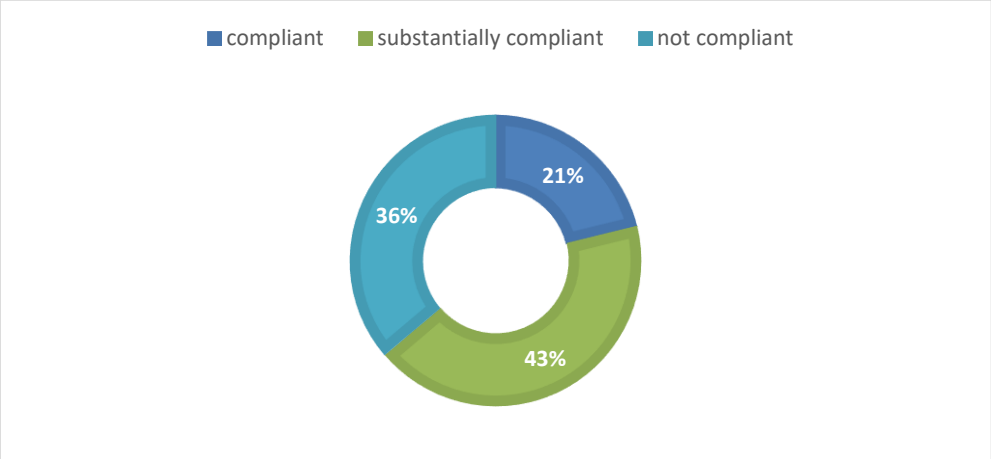
There are a number of aspects of care and quality of service that require further discussion and this chapter will set these out. In 2021, our team had particular concerns in four key areas:

- Fire safety
- Governance and management
- Premises
- Infection control.

5.6 Regulation 28: Fire Precautions

While many providers are aware of all aspects of fire safety and achieved substantial or full compliance with this regulation (64%), it remains the case that all providers are responsible for assessing the adequacy of fire safety in their services and must not rely on inspectors to review their performance and identify fire safety risks and improvements that are required to ensure the safety of residents.

Figure 17 - Regulation 28: Fire Precautions compliance in 2021



Common issues identified on inspection include:

- Inadequate precautions against the risk of fire
- Inadequate means of escape
- Lack of suitable arrangements for evacuation of residents taking in to account the building layout and needs of residents.

There is no acceptable level of risk in relation to fire safety, and the Chief Inspector continues to take this issue very seriously. Where issues are identified, most providers take appropriate steps to ensure the risk is assessed by a competent person and make improvements in a time bound manner. Where necessary, escalation pathways are followed, and referrals are made to relevant organisations, such as the local fire authorities.

In January 2021, HIQA published *The Fire Safety Handbook – A guide for providers and staff of designated centres.* The Chief Inspector produced this handbook to help both existing and intended providers to meet their fire safety obligations under the Health Act 2007 (as amended), relevant regulations aligned to this Act and relevant national standards related to fire safety.

Following the publication of the Fire Safety Handbook, three webinars were held during June and July 2021 for providers and senior managers of nursing homes with an attendance of 547 people.

Where fire safety risks are identified, providers of nursing homes may be required to undertake their own fire safety risk assessment in order to ensure that they have a complete view of the totality of fire safety risks in their centre. While it is accepted that works to improve fire safety can take time, providers are required to take a risk-based approach to any identified issues ensuring that the deficits that present the greatest risk to the safety of residents are addressed first and in a timely fashion.

Delays in improving fire safety in some centres can be attributed to COVID-19. Prolonged national lockdowns and COVID-19 outbreaks combined to create a situation whereby contractors were either unavailable or unable to enter nursing homes. In addition supply chain difficulties also had an impact and providers reported difficulties in sourcing fire doors and other items required. Notwithstanding these understandable delays, it is the responsibility of all registered providers to ensure residents in their centres are protected from the risk of fire and, where there are any such delays, alternative action to mitigate the risk to residents must be taken.

5.7 Regulation 23: Governance and Management

We continue to find that the quality of governance and management arrangements in nursing homes impact directly on the quality of life for residents and is a key indicator for the overall performance of a service.

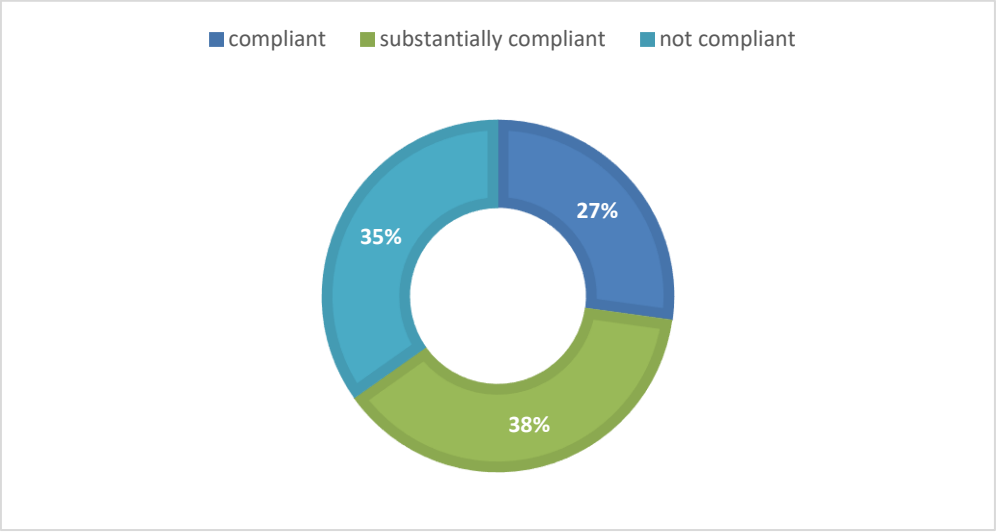
It is recognised that providers were under unprecedented pressure during the pandemic, however, strong and effective governance systems have been shown to be key in preparing for and managing outbreaks when they occur.

Where providers have effective systems in place, we see the following features:

- Clear management structures where each person understands their role
- Clear systems in place to oversee all aspects of the service (clinical and non-clinical)
- Risk identification, escalation and response processes
- Quality improvement plans to address the ongoing development of services
- A commitment from the top of the organisation to providing person-centred care
- Succession planning arrangements to ensure key roles covered at all times.

As providers reflect on the experiences of 2020 and 2021, there is an opportunity to now build systems for the future that take into account the learning from the pandemic and ensure that risks are identified, with plans in place to manage outbreaks and other challenges that may occur.

Figure 18 - Regulation 23: Governance and management in 2021



The registered provider (the provider) is an important governance concept as it clearly defines the 'person' that is legally responsible for the care and welfare of residents in a nursing home. It is the foundation stone of the systems in place for

the governance and management of individual nursing homes. The provider of a nursing home means the person whose name is entered in the Chief Inspector's register as the person carrying on the business of the designated centre. The 'person' may include a sole trader, a partnership, a company or an unincorporated body. It also names the people that the Chief Inspector must engage with in relation to any serious issues which may arise.

Recent years have seen some consolidation of nursing home providers with an increasing number of nursing homes operated by a smaller number of providers. At the end of 2021, the 567 nursing homes on the Chief Inspector's register were operated by 383 providers. This compares to the end of 2020 when 573 number of nursing homes on the Chief Inspector's register were operated by 392 providers.

Table 11 - number of nursing homes and registered providers

Year	Nursing Homes	Registered Providers
2020	573	392
2021	567	383

However, these figures do not tell the full story of the governance and management of nursing homes in Ireland today. In reality, many of the individual companies that are registered providers are owned and operated by a smaller number of larger corporations.

Some corporations recognise this and have engaged proactively with the Chief Inspector, although they are not reflected on the Chief Inspector's register nor are they required to engage with the Chief Inspector in relation to the day-to-day running of the nursing home.

Being part of a larger group of nursing homes can have advantages such as economies of scale, flexibility of staffing models and sometimes enhanced resilience. This was seen during the COVID-19 pandemic when nursing homes which were part of a larger group had access to a greater pool of staff than smaller standalone nursing homes.

However anecdotal information suggests that many of the larger corporations that own registered provider companies are financed from other jurisdictions. This is not information that is available to the Chief Inspector nor does the current registration process require proof of financial viability. A potential vulnerability of this model is

that failure of one of these larger corporations could impact a significant number of nursing homes and more importantly a large number of residents. If one such group was to experience financial difficulties such that they are no longer able to operate their nursing homes than the legislation requires the HSE to make alternative arrangements for the residents of each affected nursing home. The larger the group, the greater the number of nursing homes and the larger the number of impacted residents.

In advance of greater consolidation across the sector, it may be timely to consider whether it is possible to strengthen the current legislative framework which underpins the governance of management of nursing homes with a view to insulating the sector from the impact of future financial shocks.

Notification of changes to the Registered Provider

Changes to the people who comprise a registered provider can be a reflection of changing personnel or changing ownership of nursing homes as the sale of a nursing home may be effected through the sale of the company that is the registered provider. Table 12 reflects the changes in company directors, partners and committee members notified to the Chief Inspector in 2020 and 2021.

Table 12 - Registration Notifications – Changes to Registered Provider Stakeholders

Notification Type	2020	2021
Change of Company Personnel	206	165
Change of Partner	0	0
Change to Manager or Chairperson of unincorporated Body	3	7
Change to Membership of Unincorporated Body	8	13
Total	217	185

As set out above, the registered provider is an important concept in the nursing home sector as it names the people that the Chief Inspector must engage with in relation to any serious issues which may arise. Knowledge pertaining to the people that comprise a registered provider is also important in the assessment of any prevailing risk in a centre.

Regulation 6(4)[31] states that the registered provider should give 8 weeks' notice in writing to the Chief Inspector, including where a change is proposed. The use of the word proposed in the regulations means the provider should tell us about the changes 8 weeks ahead of them being implemented, whether they are fully agreed at that time or not.

In 2020, three registered providers failed to notify the Chief Inspector that there had been changes to the registered provider within the time frame required by the regulations. This number increased to 13 in 2021. In some cases the change of personnel did not become apparent until an application to renew registration was received. While changes to the registered provider are often a legal process, the information can be received by the Chief Inspector in confidence, where there are commercial sensitivities. In the absence of appropriate notification, the register maintained by the Chief Inspector will continue to reflect those partners or committee members who may no longer be associated with the registered provider.

5.8 Regulation 17: Premises

In November 2015, Regulation 17: Premises[32] was amended and providers of nursing homes were afforded additional time (until 1 January 2022) to ensure that their premises comply with the amended regulation.[33]

In the five years since the regulations were revised, many current[34] providers, whose premises would not be compliant, took a proactive approach to renovating or extending their premises. Other providers reduced the number of residents living in their nursing home in order to reconfigure the premises.

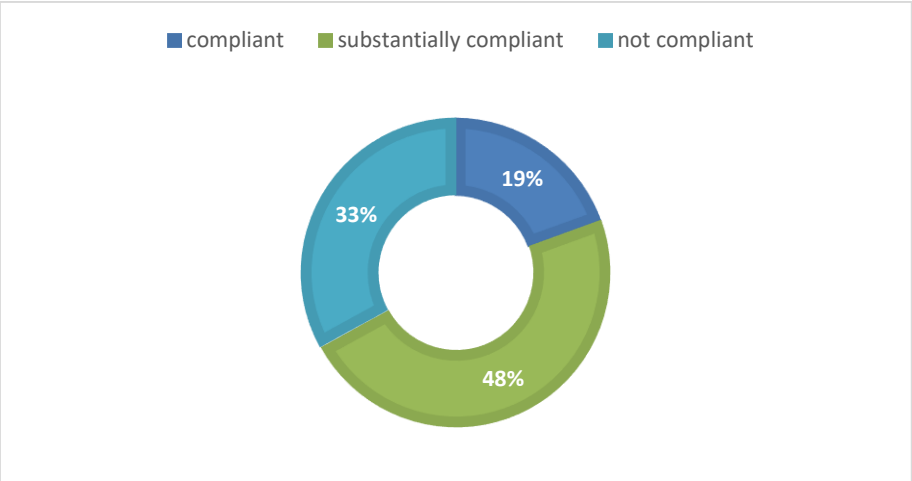
Undoubtedly maintenance and renovations of some nursing homes were impacted by national lockdowns, impaired supply chains and a cautious approach to re-opening nursing homes to external contractors. In addition, the stepping down of announced inspections in 2020 and 2021 may also have had an impact as announced inspections of nursing homes aligned to the end of a regulatory cycle and

[31] Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.
[32] The applicable regulation is Regulation 17 on Premises and Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
[33] This extension was effected through the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016, a Statutory Instrument referred to as S.I. 293.
[34] Some centres, where the financial model underpinning the nursing home did not support the level of investment required to achieve compliance, closed.

the provider's application to renew registration were often triggers for renovating and redecorating a nursing home.

Figure 19 reflects compliance and non-compliance with Regulation 17, prior to the amendment taking effect as a provider whose nursing home did not meet the amended regulations could not be found to be non-compliant before it came into effect on 1 January 2022.

Figure 19 - Compliance with Regulation 17: Premises at the end of 2021



The day-to-day reality for residents living in a nursing home that is not compliant with Regulation 17 is that they:

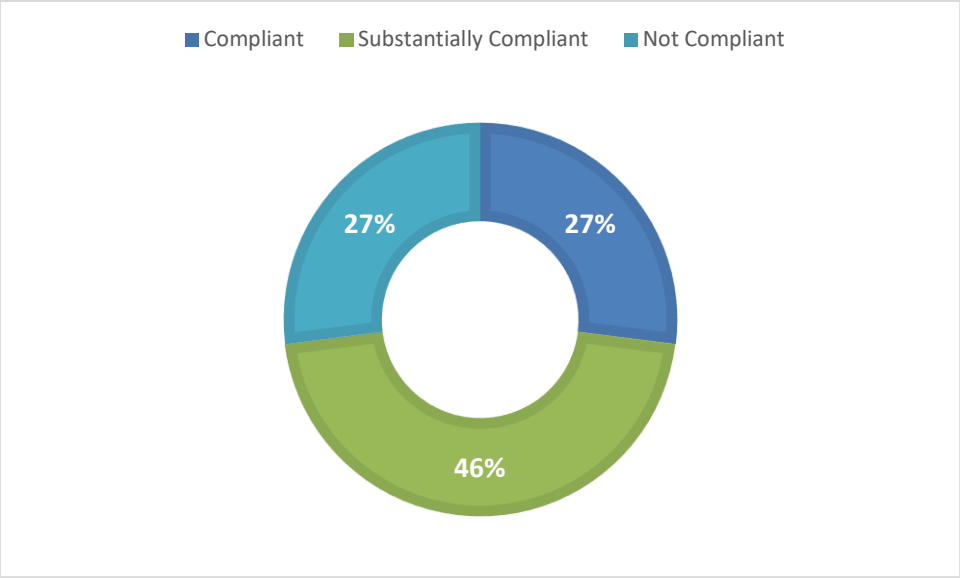
- Often live in an institutional environment where they cannot, for example, choose the time they want to get up, the time they want to eat their meals or indeed select what they want to watch on television
- Cannot personalise their living space, can only display a small number of personal possessions and have very limited storage space for their clothing
- Have very limited ability to meet and converse with family and visitors in private
- Have very limited privacy during the delivery of intimate and personal care and no protection from noises or unpleasant odours
- May have to enter the private space of another resident to access their wardrobe, a sink or to enter a bathroom.

In order to achieve compliance with Regulation 17, from 1 January 2022 providers will have to ensure that:

- Each resident in a bedroom has an area of not less than 7.4 m^2 of floor space, which shall include the space occupied by a bed, a chair and personal storage space
- No bedroom has more than four residents other than a high dependency room which shall not have more than six residents
- There is adequate sitting and recreational space other than a resident's private accommodation
- Dining facilities for all residents which can cater to the number of residents concerned but not necessarily for all residents at the same sitting
- Toilets, including toilets which are easily accessible by, and in close proximity to, but not necessarily en-suite with the bedrooms of every eight residents.

5.9 Regulation 27: Infection Control

Figure 20 - Compliance with Regulation 27: Infection control at the end of 2021



Regulation 27: Infection control requires providers of nursing homes to ensure that procedures, consistent with the *National standards for the prevention and control of healthcare-associated infections* (2017) published by HIQA are implemented by staff. The *National Standards for infection prevention and control (IPC) in community services* (2018) are the current national standards relevant to nursing homes.

These standards in turn set the expectation that available clinical practice guidance, including guidelines from the HSE and the HPSC, is implemented.

The COVID-19 pandemic focused attention on infection prevention and control measures in place in nursing homes requiring providers of nursing homes to take additional measures to keep residents safe. Although experienced in monitoring for and treating common infections such as Meticillin-Resistant *Staphylococcus aureus* (MRSA), winter vomiting bug or influenza, COVID-19 presented unprecedented challenges for providers and staff.

As detailed on page 18, HIQA published guidance documents on three occasions between April 2020 and September 2021 which aimed to assist providers in developing contingency plans before an outbreak of COVID-19, to protect against the risk of outbreaks and to manage outbreaks when they occurred. Providers and persons in charge were also invited to attend webinars in 2020 and 2021 where inspectors of social services with expertise in infection prevention and control provided updates on the most recent guidance issued by the HPSC and shared the findings of recent inspections.

In assessing compliance with Regulation 27, inspectors look for evidence that nursing homes have implemented the HPSC's guidance on infection prevention and control in residential care facilities with a focus on effective cleaning practices, suitable equipment for staff and proper management of laundry and waste.

In July 2020,[35] reported non-compliance with Regulation 27 was at 50%. There were many findings where routine infection prevention and control measures were not being followed. The providers of nursing homes were challenged in their efforts to maintain proper infection prevention and control standards due to staff shortages and the layout of the physical premises. A lack of access to expertise in infection prevention and control was considered to be a contributory factor.

Regulation	Compliant	Substantially Compliant	Not Compliant
Regulation 27: Infection control	27%	23%	50%

[35] The impact of COVID-19 on nursing homes in Ireland July 2020.

To support registered providers and designated centres during this public health emergency, supports and resources have been made available by the HSE at different times during the pandemic including access to

- The crisis management teams in each HSE Community Health Organisation (CHO) area, including infection prevention and control specialists
- PPE for staff working in nursing homes
- Public health advice
- Testing and results
- Specialist medical input such as gerontology
- Staffing supports including agency staff and the voluntary re-deployment of staff to nursing homes.

In 2021, compliance with Regulation 27 was assessed as part of 524 inspections with regulatory compliance significantly improved on the 2020 reported findings.

Regulation	Compliant	Substantially Compliant	Not Compliant
Regulation 27: Infection control	27%	46%	27%

These figures show that the percentage of non-compliant providers has reduced while the number of substantially compliant providers has increased. Although welcome, these findings show that further improvements are required to increase the numbers of providers who are fully compliant with Regulation 27.

Providers of nursing homes continue to balance the need to have effective infection control measures in place while maintaining a social model of care commensurate with a residential setting. Nursing homes are not acute healthcare facilities and nor should they operate as such. The Chief Inspector is committed to working with all nursing home providers to ensure that the impact of infection control measures strike the correct balance between keeping people safe and promoting a good quality of life.

As previously reported in 2020, HIQA has formally requested that the Minister for Health, through the Department of Health, review and strengthen components of the Health Act 2007 (as amended) and associated regulations governing the operation of nursing homes. The interim changes proposed by HIQA aim to ensure that registered providers can detect, manage and respond in a sustainable way to any public health emergency. In addition, the changes which HIQA has proposed would allow the Chief Inspector to hold registered providers to account for failings in the management of public health emergencies and enhance protections for residents

living in nursing homes and other designated centres. At the end of 2021, such regulatory reform was still under discussion with no changes made to the regulatory framework at that time.

Chapter 6. Conclusion

The nursing home sector was significantly impacted by the COVID-19 pandemic during 2020 and 2021. At the time of preparing this report, the pandemic remained ongoing and continues to have a significant impact of the lives of people who live in nursing homes, and the staff and providers who offer them care and support.

It is important that providers remain vigilant and do everything they can to protect vulnerable people from the virus. Providers must continue to ensure that nursing homes are ready to respond to any outbreaks, and ensure steps are taken to be as prepared as possible for the risk of outbreaks of COVID-19 and other infections. This includes but is not limited to:

- Consistent implementation of standard infection control measures
- Effective governance and management arrangements
- Robust contingency plans, which are kept under review and adaptable
- Sufficient staffing, with measures in place to respond to outbreaks
- Ensuring residents' rights are recognised and promoted
- Clear communication strategies with residents, their families and staff teams.

The findings of this report should be read in the context of the reality of living or working in a nursing home during unprecedented times. The sad reality that lies behind these facts and figures is that many residents died during this time while many others were seriously ill. Residents were also isolated from families and friends for prolonged periods of time at a time when such supports were needed more than ever. Many people continue to mourn the loss of loved ones who died during the pandemic, unfortunately at a time when their families were unable to be with them. These families are now grieving the loss of their loved ones under such difficult circumstances.

The rollout of the national vaccination programme brought new hope and optimism to residents and their families. As a result, by the end of 2021 nursing homes were beginning the process of opening up again with residents, staff and wider society hopeful that the worst impact of the pandemic is behind us.

The evidence presented in this report tells a mostly positive picture. It is a fact that some nursing homes in the midst of an outbreak of COVID-19 which impacted residents and staff needed extensive support during this time in order to continue to care for their residents. The vast majority of these nursing homes reverted to providing quality care when the outbreak passed.

Most nursing homes are providing a good service to residents as set out in the individual reports of nursing home inspections published throughout the year. The majority of providers and their staff are focused on delivering good quality care. The voice of the resident as reflected in these reports shows a high level of satisfaction with the care they receive, with the majority of residents very complimentary of staff and management in nursing homes.

That being said the experiences of the last two years have reiterated the need to properly plan and set a course for how older people should receive care into the future. The vulnerabilities of the current one-size-fits-all model, exposed by the pandemic, requires further discussions on 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. HIQA and the Chief Inspector will continue to work with the Department of Health and other Government departments to progress the legislative and regulatory reforms included in the Programme for Government.

This report also shows persisting trends in terms of non-compliance in the areas of fire safety and the suitability of outdated buildings in terms of providing good quality, person-centred care. A failure to improve compliance in these areas must also be seen in the context of the pandemic. Works to improve fire safety and the premises may have been delayed as contractors were unavailable during national lockdowns and unable to enter nursing homes during an outbreak. However, the time for planning renovations has passed as providers were required to be compliant with the regulation governing premises from the beginning of 2022.

In addition, the last two years have shone a light on infection prevention and control practices in nursing homes. The Chief Inspector will continue to review the service being provided to residents in nursing homes and work with providers to ensure that necessary infection control measures are balanced with the need to maintain a homely environment for residents.

As we continue to regulate nursing homes, we remain convinced that the long-term future of the provision of nursing home care should be grounded in:

- Reform of the Health Act 2007 to take account of the changing landscape in health and social care services
- A comprehensive review of the current regulations pertaining to social care services in Ireland, and the establishment of a regular review process

- A framework that makes a clear distinction between the purchaser and provider of services along with clear governance and accountability arrangements
- Consideration to be given for the development of a comprehensive, integrated social care policy that considers social care in its totality alongside Sláintecare.

The Chief Inspector will continue its monitoring, inspection and regulatory programme to ensure that all nursing homes provide a good service to their residents, and that residents receive the care that they need.

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