



Reach

A newsletter for the family and friends of those living in residential care centres in Ireland



ISSUE 2: 2014

IN THIS ISSUE

HIQA Identified 8,697 Required Improvements at Centres for Older People During 2013

The Health Information and Quality Authority recently published its first annual overview report on the regulation of designated centres for older people.

Phelim Quinn, HIQA's Director of Regulation and Chief Inspector of Social Services, said: "Four and a half years into the regulation of nursing homes in Ireland, the Authority has noted that there have been significant improvements in the safety and quality of care provided to people living in residential care. However, it is clear from this report that there are areas where further improvement is required and we will focus on these areas as part of our continued regulatory activities during 2014."

In 2013 the Authority's inspectors identified 8,697 actions required for compliance with the regulations and National Standards across 565 residential centres.

21% of these actions related specifically to risk management and health and safety. These include putting in place comprehensive risk management policies and dealing with basic elements such as ensuring a centre's ability to identify, record, investigate and learn from serious incidents or untoward events.

Registered providers or persons in charge of designated centres for older people are legally required to notify HIQA without delay of certain adverse or potentially harmful events that have taken place within their centres. The report highlights that HIQA received 5,362 of these notifications in 2013. 79% of them related to serious incidents to residents. 373 notifications were about alleged, suspected or confirmed abuse of any resident and 293 were related to an outbreak of an infectious disease.

To view the summary press release and full report, click [here](#).¹



HIQA Annual Overview Report 2013
Your Chance to Shape the New HIQA Standards
HIQA Supports Quality Improvement Training
Ageing
Lighting for People with Low Vision
The Picture that Said a Thousand Words
Coping with Dementia
Appropriate Staffing Levels
The Centre for the Protection of Older People
Graduate Diploma in Person-Centred Care from UCD School of Nursing
Working on Your Behalf
We Need Your Support
Did You Know?

Your Chance to Shape the New HIQA Standards

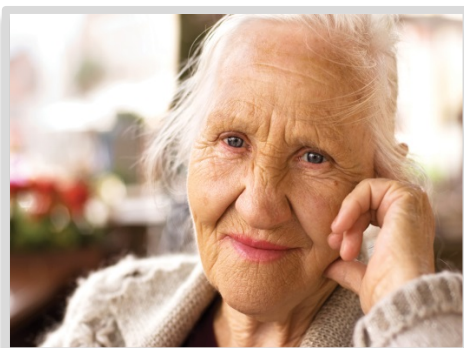
by The Relatives' Panel

Has HIQA made a difference?

The HIQA Standards for nursing homes are five years old this month. What difference have they made, in your experience?

True, HIQA makes the news headlines occasionally as they tackle the worst cases of neglect and bad practice. However, these cases make up only a small fraction of HIQA's work on behalf of nursing home residents.

Over this time period, HIQA has been busy overseeing hundreds of nursing homes and through regular inspections and consistent standards have brought about significant improvements in safety and care quality for older people. Five years on, we have a solid infrastructure in place and have learnt a great deal in the process.



Now focusing on quality of life

Building on this experience, HIQA is now moving forward with new draft standards² that put a greater emphasis on quality of life and respecting and valuing the individuality of each person.



Greater emphasis will be placed on facilitating older people in nursing home care to be as independent as possible and to exercise more personal choice in their daily lives.

This will mean balancing risk against quality and enjoyment of life. In many cases, when older people move into nursing home care, they are forced to conform to the regulations and rules of the nursing home and are no longer able to exercise simple but important everyday choices that make them feel in control of their lives.

While this may result in a safe environment, it often means that the older person feels cut off or institutionalised and simply loses interest in life.

What do you think?

The standards set out HIQA's expectations for the kind of life that we, or our relatives, should have in nursing homes. They are not fantasy. They are achievable. They are what our loved ones deserve.

Do you agree? How do your own expectations compare with HIQA's? Why not have your say? Think of all the older people you know – do it for them. Think of yourself– you may well be living in nursing home care at some point in the future. Do it for your older self!

HIQA is working with relatives

HIQA is working not just for nursing home residents and their families, but *with us*. This is very welcome. It means that relatives have a real say in how nursing home services develop and improve.

A closer partnership

We believe that the new, proposed model of care demands a much closer partnership between relatives and nursing home providers, where information is shared and where we work in partnership to improve our loved one's quality of life.

We need you

HIQA has started a public consultation on the new draft standards for residential care for older people. The Authority wants to hear from all stakeholders, especially residents and their family members. You will have the option of providing feedback online, in writing or if you have any questions, calling the consultation team on 01 8147439³.



Together, we can make a difference

It is only by consulting with all those who have an interest in, or are concerned about, the care of older people in residential care, that we can collectively achieve excellence in standards.

Have a look through the new draft standards². Do not be put off by the size of it, or language used. Read the shorter version.

Your feedback by the 24 September is valuable and will be used to inform HIQA's final standards. Thank you!

HIQA Supports Quality Improvement Training

by Anna Lloyd, HIQA



HIQA is working with the global Institute for Healthcare Improvement (IHI) Open School to provide online, self-paced training in basic Quality Improvement Science (tools and methodologies) to healthcare professionals in Ireland.

The IHI uses qualified and experienced professionals in healthcare quality to develop their courses with all content evidence based.

Over 100 participants from the residential care centre and acute hospital sectors as well as 30 HIQA staff attended a pilot of the programme in 2013.

In 2014, access to the programme has been broadened to include staff from residential services for people with disabilities, the Child and Family Agency, the Dublin Children's Hospital Group, patient advocates and service user representatives and a further cohort of HIQA staff.

This pilot is currently being evaluated with two phases of a three-phase evaluation completed. Over 230 people are enrolled in the 2014 programme.

The training is designed to empower staff and equip them with the knowledge and tools to identify and drive improvements, using analytical tools in their everyday environment.

This will help services to measure their baseline in terms of meeting National Standards as well as implementing changes needed to meet the Standards. It will also provide evidence that they are working towards or meeting the standards.

Ageing

by Brian Leyden

When do you start being old?

Billy Wilder said, "I knew I was getting old when the Pope started looking young." And I love the George Burns' line that "You know you're getting old when you stoop to tie your shoes and wonder what else you can do while you're down there". But the commentator Red Skelton hit on a universal truth when he said that everybody goes through three stages in life: "Youth, middle age and 'You're looking well'."

Throughout my thirties and well into my forties, I inwardly considered myself to be about twenty-seven. After I hit fifty, I had to ratchet up this private sense of my own age to thirty something or thereabouts. And though I'm nowhere close yet, I identify with V.S Pritchett in an essay on being eighty when he says, "I know one thing for certain: I was far, far younger in my thirties than I had been in my twenties, because my heart was fuller at thirty, my energies knew their direction..." A beautiful turn of phrase: "my energies knew their direction."



Lately, I've been spending time with a woman in her nineties. I won't name her because her blood boils at the discrepancy between what she considers her rightful age – the age she feels and believes herself to be – and what her birth certificate declares her true years to be.

Each day sees her battling the usual impediments of age that can daunt even the most determined spirit. But luck and sturdy genes have helped her to hold on to her independence. In a noisy crowded situation, her wits might perhaps get a bit scattered, but in a one-on-one conversation she is perfectly clear and impressively strong-willed about what ageing means for her: which is not to give in to being old at all, ever.



Nevertheless, she was compelled to undergo a competency test for her driving which she passed. Then a doctor's report, insisting her eyesight was defective – she missed ticking a box on a checklist – meant she was prohibited from driving. This came as a terrible blow, especially for someone who lives out in the country by herself. And it is not just being denied the facility to drive to the shops – in truth she couldn't give a damn how the groceries get to her house. What she misses is the freedom to sit into her car and go for a drive on her own at a time of her own choosing or on a whim.

There is a saying that "new drafts kill old men (and women)," and these days my friend's energies are focused on three things: to live in her own home on her own terms; to keep out of hospital; and in particular to avoid getting caught up in care for the elderly.



She is vehemently opposed to institutional models of care whose chief purpose, as she sees it, is to keep old people safe, warm and fed, or as she says, "wrapped in cotton wool". And not for the person's own good either, but to keep the family happy.

True, the elderly need food and shelter and medical care. But the ways in which these needs are being met is, in her view, robbing the elderly of choice and purpose and even of conversation. She takes the sensible view that having things to do is what gives people something to talk about.

And there is a strong case to be made that what keeps a person alert and engaged with life is the knowledge that there are things that won't get done unless they do it themselves – this is what gets us out of bed in the morning, this is what drives us on, knowing that we are responsible for keeping ourselves warm, and food in our stomachs, and the bills paid, and our social rounds going.



In essence, what my friend wants is to keep doing what she has always done, in the full knowledge that keeping her independence has consequences. So when I leave her home after an evening out, for example, I make sure she is safely inside her front door before I go, but afterwards she might go outside again and slip and fall, and with no one superintending her movements she might even meet her death. Yet from her perspective, being responsible for whatever happens is not the price she has to pay for keeping her independence, it is the reward.

So as the mileage on my life-clock keeps rising, I want to be able to take what others might consider foolish chances, to risk setbacks and contend with the consequences. I want to feel the satisfaction that comes from doing things for myself, knowing that the fruits of freedom are sweetest when they are merited. But most of all, I want to go on thinking that if ageing is a certainty, being old is something I'll choose in my own good time.

Brian Leyden is the author of the best-selling memoir *The Home Place*, available through Amazon print on demand and as an ebook. "Ageing" was first broadcast in January 2014 on *Sunday Miscellany*, RTE Radio One.

We thank Brian for his kind permission to reproduce this article.

HOW TO IMPROVE CONTRAST PERCEPTION USING LIGHTING



Task lighting

Consider using task lighting to supplement day light or ceiling lighting.

Remember, if you use ceiling light alone, you could end up working in your own shadow. Task lighting helps to put lighting exactly where it is needed and includes goose-neck, adjustable arm lamps and stick-on lighting.



Examples in the kitchen

- Down-lighting under overhead cupboards make worktops easier to see with stick-on lighting in cupboards.
- Use different coloured delph to distinguish it from the worktop/table.
- Avoid a stainless steel worktop as it causes glare.



Examples in the bedroom

- Goose-neck lighting beside the bed helps with night-time reading.
- Good general lighting in the room – strong wattage bulbs or LEDs (better colour light and longer lasting bulbs).
- Direct light over the shoulder for optimum near vision when reading.
- Choose furnishings with matt finish to prevent glare.



Lighting for People with Low Vision

by Richard Hughes, Optometrist, Woodquay, Galway

With age, the amount of light entering the eye is reduced. It is suggested that there is a threefold drop in transmission between a 60-year-old compared to a 20-year-old eye. This can have the effect of reducing sharpness, contrast perception and colour discrimination.

Good lighting can make a big difference. Too much or too little light can be a problem for a person with reduced vision. It is very important that proper lighting is used for the task you are doing. Avoid too much ambient lighting if watching a bright source, for example, the TV.

Improving contrast

A person with good vision but reduced contrast can struggle with distinguishing large items from their surroundings. Therefore, improving contrast in the home can be of great benefit to patients.

Examples in the home

- Plugs and sockets can be purchased in different colours to make them stand out.
- Use coloured masking tape along switch edges and the edge of worktops/tables to make edges more visible.



- Avoid patterned carpet/flooring so that objects are more easily seen against them and choose matt furnishings to prevent glare.

Examples in the bathroom

- Choose towels with contrasting colours to the toilet/bath so they can be easily located.
- Choose a toilet seat with a contrasting colour to the bowl to make it easier to locate.
- Ensure hot/cold tap colours are easily visible – red and blue.



Tints for glare

Sunglasses are useful on a sunny day. However, the degree of tint may impair visual function indoors or in levels of low illumination.

Wrap-around sunglasses have the additional advantage of reducing unwanted sources from the sides.



We are grateful to Richard Hughes for this informative article.

The Picture that Said a Thousand Words

by Annette Condon

A brilliant yet simple idea in the UK, the Face to a Name campaign, could help transform standards of care for older people.

It was just a small black-and-white picture that made the nurse cry. It showed a beautiful woman, Luisa Forte, in her prime, smiling at the camera but suddenly the nurse saw her patient in a different light. Previously, she had been caring for a patient with early dementia but she was suddenly reminded that Luisa had once been a vibrant, young woman.



Photos: www.facebook.com/facetoaname.com

The patient's daughter, Giovanna Forte, said that the picture transformed the way her mother was cared for.

Face to a Name campaign

When Luisa died, aged 88, last year, Giovanna decided to spread the word. The resultant Face to a Name campaign is designed to help older people, especially those with dementia, retain their identity and dignity when being cared for either at home, in hospital or in a residential care setting.

face to a name
picture me...

A simple but effective idea

The idea is simple – relatives of the resident or patient supply a photograph of them in their heyday. They are also asked to supply a list of three key things about the person, for example their interests, facts or achievements, such as he loves GAA; she has four children; she enjoys reading or has won awards for her gardening.

The photographs help to create a sense of empathy, reminding medical staff that the person with dementia was once like them and lived a normal life with dreams, hopes and aspirations. The campaign is now being used in Yeovil Hospital, as well as a number of hospices and nursing homes across the UK.

For more information on the Face to a Name campaign, visit [Facebook.com/facetoaname](https://www.facebook.com/facetoaname)

This is Me toolkit

Following the same theme, a toolkit, "This is me"², is also available to download from the Alzheimer Society UK website, allowing those with dementia or their relatives to record their needs, interests, preferences, likes and dislikes. The toolkit is designed to be shared with healthcare professionals to personalise and improve standards of care.

This is Me Toolkit⁴

The role of the family

When a person with dementia finds that their mental abilities are declining, they often feel vulnerable and in need of reassurance and support. The people closest to them – especially their family and friends – need to do everything they can to help the person retain their sense of identity, dignity and self-worth.



Photo: www.facebook.com/facetoaname.com

KEY DEMENTIA FACTS

Dementia numbers

Worldwide, an estimated 35 million people have dementia. In Europe alone, around 7 million people are living with dementia. These figures are expected to double every 20 years.



Dementia symptoms

Dementia symptoms include impaired memory, impaired judgment, impaired problem-solving skills, impaired reasoning and impairments in language, communications and social skills. Increasing age is by far, the single, strongest risk factor for dementia.



Dementia impacts

Currently, there is no cure for dementia and people can live for many years after diagnosis. Dementia is a hugely costly public health issue, more than coronary heart diseases, cancer and stroke combined.

To learn more, visit: [Future Dementia Care in Ireland](#)⁵

Coping with Dementia by Joe Boyle

Dementia can affect a person's behaviour. Sometimes a behaviour may emerge due to frustration, discomfort or pain. You may sometimes find your loved one's behaviour confusing, irritating or even upsetting. Remember, your loved one is not being difficult. They cannot help their behaviour – the world has become a confusing place for them.



Understanding dementia and the impact it can have on a person's behaviour can help. Over time, you will develop strategies to help you to cope with behaviour that you find difficult.

Talk to the doctor

It is important that the doctor working with you and your loved one knows about behaviours that emerge and works with you to understand and deal with them.

They will help you to understand the behaviour and explore ways to help to deal with it. In some cases, there may be medications that can help to alleviate some symptoms. In other cases, there may be a reason for a behaviour, such as an undiagnosed infection, which could be causing pain or discomfort.

Get support

Talk to other carers, join a support group or go online. For advice, call the National Alzheimer Helpline at 1800 341 341.

Learn about dementia

Read the Alzheimer Society fact sheets, which will help you to understand and cope with some behaviours that can emerge when a person has dementia.

Not every person with dementia will experience all these behaviours so choose the ones that you feel are relevant to you.



Alzheimer Society factsheets

Factsheet⁶: [Unusual Behaviour](#)
Factsheet⁷: [Aggressive Behaviour](#)
Factsheet⁸: [Wandering](#)
Factsheet⁹: [Hallucinations and Delusions](#)
Factsheet¹⁰: [Sexual Difficulties](#)

As a relative of a person with dementia, I found the material extremely helpful. The better I understand my relative's condition, the more confident I am in discussing her care with healthcare professionals.

If you would like printed copies of these factsheets, contact the national Alzheimer Society Helpline at 1800 341 341 or email helpline@alzheimer.ie.

The Association will also post copies free of charge to family members and friends.

Words and tone

Research suggests that words and tone of voice can help those with dementia. Stay calm. Enjoy the time with your loved one and try to keep a sense of humour as it can lighten some difficult situations!

Speak clearly

Whether you are giving a shower, making a bed or reading from a newspaper, explain what you are doing at each step and how the person with dementia can help. Use yes/no questions whenever possible.

Speak in an age-appropriate way

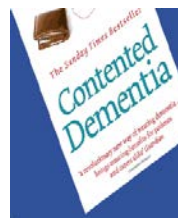
Avoid using baby-talk – "Are we ready for dinner?" Do not speak in a sing-song voice. Research studies show that those with dementia are more likely to become agitated and resist helping if they are spoken to like children.

Address the person by his/her own name and avoid terms like "love" and "pet". They are well intentioned but can sound condescending.

Helpful book

One book that a member of the Relatives' Panel personally found helpful in understanding her mother's condition and calming her was "Contented Dementia" by Oliver James.

According to the book, the recommended guidance is:



Do not ask the person with dementia questions.

Learn from them as the experts on their disability.

Agree with everything they say, never interrupting them.



Appropriate Staffing Levels

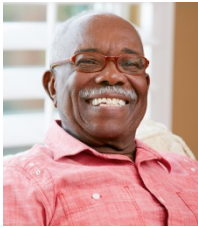
by Joe Boyle

We respond to reader queries about the appropriate staffing levels in residential care centres, particularly at night.

The Standards

The Standards require that there is sufficient appropriately skilled and qualified staff to ensure that services are delivered in accordance with the Standards and the needs of the residents. This is explained as follows:

There must be sufficient staff employed in the centre to ensure continuity of care for the residents. Agency staff and overtime are only used for unforeseen contingencies



At any point in time, the number and skill mix of staff on duty is determined and provided, according to a transparently applied, nationally validated, assessment tool, to plan for and meet the needs of the residents. This is subject to regular review by HIQA.

The staffing numbers and skill mix of qualified/unqualified staff are at all times appropriate to the assessed needs of the residents and the size, layout and purpose of the care setting.

A planned and actual staff rota, showing staff on duty at any time during the day and night, is maintained. At all times, care is supervised by a registered nurse on duty.

The number of registered nurses required is determined by the assessment tool. The number of staff on duty at night-time takes into account fire safety requirements to ensure the safety of residents in the event of fire.

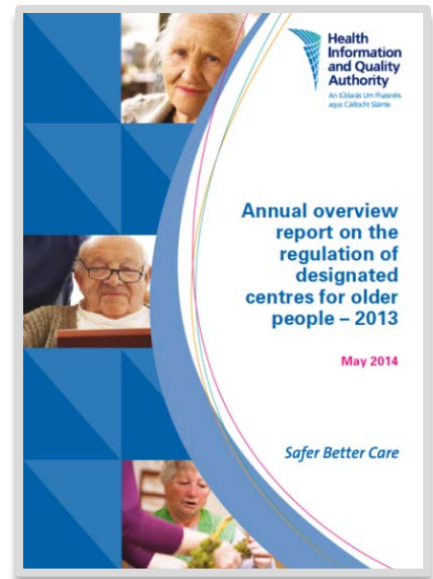
Inspection reports

Inspection reports, as a rule, comment on staffing levels. My understanding is that inspectors expect the residential centre management to use a validated tool to assess the appropriate staffing levels, having regard to dependency levels, the layout of the premises and feedback from staff and residents.



The Leas Cross Commission Report places strong emphasis on the importance of managers conducting proper assessments of the staffing levels required, by reliable means. However, it goes on to lay down an important principle, which is that "since determining appropriate staffing levels is an imprecise science, decisions about staffing levels should err on the side of the residents".

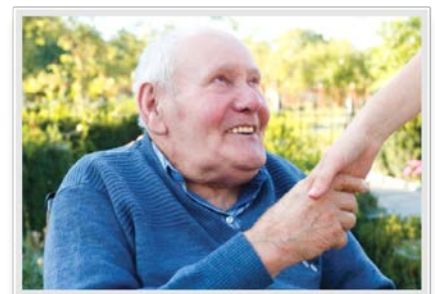
Finally, HIQA tells us that its inspectors found that 60% of the 565 centres inspected in 2013 were not fully compliant with the Standards in respect of staffing matters. Further information is available by clicking [here](#).¹



If you have concerns

If you have any concerns that staffing levels are inadequate, you should address the matter directly in the first instance with the Manager of the Centre.

If you fail to get a satisfactory answer, you should refer the issue to the HIQA Concerns Helpline on 021 240 9646 or via email to concerns@hiqa.ie



ABOUT NCPOP

Established in October 2008, the National Centre for the Protection of Older People (NCPPOP) at University College Dublin was set up in response to the recommendations of the document, "Protecting our Future", a report by the Working Group on Elder Abuse.

Funded by the HSE, the main aim of the Centre is to create a knowledge base of Irish and international research evidence on the occurrence, prevalence and detection of elder abuse in order to contribute to the development of policy and practice.

Until the establishment of the Centre almost six years ago, little was known about the extent and nature of elder abuse in Ireland. Since then, the Centre has published research findings from three large scale national surveys that took place in the community and residential settings, and which have provided seminal data on the prevalence of elder abuse and associated risk factors.

KEY RESULTS NURSING HOME STUDY

27% of respondents had observed another member of staff psychologically abuse a resident.

12% said they had observed another member of staff physically abuse a resident in the preceding year.

FOR MORE INFORMATION

The NCPPOP website is host to an array of resources, reports, publications and useful links. All NCPPOP research reports are available to download from www.ncpop.ie.



The National Centre for the Protection of Older People at UCD

By *Attracta Lafferty, NCPPOP*

In 2010, a study by the National Centre for the Protection of Older People undertook over 2,000 interviews with older people in the community and found that 2.2 per cent had experienced abuse within the previous 12 months, with financial abuse being the most frequently reported type.

In the last issue of *Reach*, we reported on another survey from the NCPPOP, which measured the extent to which over 1,300 nursing and care staff working in residential care settings experienced conflict with residents.

Approximately 57% of staff had observed one or more neglectful acts and 27% had engaged in at least one neglectful act within the preceding year. In addition, approximately a quarter (27%) of respondents had observed another member of staff psychologically abuse a resident and 12% of staff reported that they had observed another member of staff physically abuse a resident in the preceding year.

More recently, as part of the World Elder Abuse Awareness Day (WEAAD) conference hosted in UCD in June, Dr Attracta Lafferty presented new findings from a study undertaken with over 2,300 family carers who provide care to older people living in the community.

The study showed that more than two in five family carers are at risk of developing clinical depression and approximately one third of carers experience moderate to severe carer burden which, in turn, is one of the strongest predictors of potentially abusive carer behaviour.

Two additional studies undertaken highlighted media representations of elder abuse and ageing. The Centre's current programme of research comprises several studies, including two pilot studies of screening tools for the early detection of elder abuse, a study to examine the role of empowerment in the protection of older people and a study to evaluate the effectiveness of HSE elder abuse training.

The Centre also plans to launch a study in the autumn, which will provide interventions to empower older people to self-protect from financial abuse with online resources to be made available around will-making, enduring power of attorney, joint bank accounts and so on. In collaboration with the HSE and the International Network for the Protection of Older People (INPEA), the NCPPOP has hosted five national conferences in UCD to mark World Elder Abuse Awareness Day (WEAAD), which takes place in June each year.

Graduate Diploma in Person-Centred Care from UCD School of Nursing

Care of older people differs from standard adult care as it focuses on issues unique to ageing and there are often multiple presenting care challenges.

The Graduate Diploma Person Centred Care (Older People), available from the UCD School of Nursing Midwifery and Health Systems, focuses on developing specialist knowledge to improve both the care experience of and care outcomes for older people. As the programme is delivered through blended learning, much of the content can be covered remotely without the need to attend face-to-face classes at UCD.



Information Technology

It is essential that you have access to a personal computer and an email account as communication with students is primarily undertaken by email.

Applicants must:

- Hold a Primary Degree, Higher Diploma or equivalent
- Have a minimum of one year's post-registration experience.
- Be working with older people prior to commencing the programme and for the duration of the programme.
- Other criteria to be used in the assessment of the application include number of years of experience, and evidence of ongoing professional development.

FURTHER INFORMATION

Ms. Amanda Phelan
amanda.phelan@ucd.ie
 01 7166482

Ms. Anne Waters
annef.waters@ucd.ie
 01 7166491

Relatives Working on Your Behalf

We represent the voice of older people in residential care and you, their families. All members of the panel have or had loved ones in nursing home care. We recognise the many good practices in place but have also witnessed many areas for improvement.

The Relatives' Panel operates under the auspices of the Safety and Quality Improvement Directorate, part of the Health Information and Quality Authority (HIQA).

HIQA is responsible for the establishment of quality standards and the regular inspection nationwide of both private and public residential care centres (otherwise known as "nursing homes").

New volunteers to the panel are always welcome and can apply by contacting maydogdu@hiqa.ie.

We would particularly welcome representation from the North-West, the Midlands and the South-West regions. As a member, you are asked to attend around four meetings per year, contribute ideas or articles to this newsletter and share your views with HIQA on topics of mutual interest.



The Reach newsletter is produced by relative volunteers – Joe Boyle, Dublin; Annette Condon, Tipperary; Maryrose Gough, Dublin and Siobhan Hurley, Galway – who serve on the National Relatives Panel.

We Need Your Support

We are relatives – just like you. Our mission is to work with HIQA and the providers of residential care centres around Ireland to drive excellence in standards of care for older people.

Share your ideas and questions or write an article

Do you have ideas for inclusion in this newsletter?

Do you have questions?

Would you like to submit a short article?

If so, we would love to hear from you.



Spread the word

If you know friends, neighbours or acquaintances with relatives in residential care centres, please tell them about this newsletter. Help us spread the word!

Get in touch

Email us at maydogdu@hiqa.ie, marking the subject of your email:

Reach – Relative Newsletter Contribution.

Send us a note at:

The National Relatives Panel,
c/o Margaret Aydrogdu,
HIQA,
Safety and Quality Improvement
Directorate,
George's Court, George's Lane
Smithfield, Dublin 7.

Join our mailing list

If you are interested in receiving this newsletter by email or would like to receive back copies, please subscribe by sending your name and email address to the following email, maydogdu@hiqa.ie, marking the subject: **Subscribe to Reach.**

Did You Know?

There are national quality standards in place governing the protection of older people in residential care settings from physical, psychological and financial abuse.

Standard 8: Protection

The nursing home has a policy in place on the prevention, detection and response to abuse with all allegations of any such incidents fully and promptly investigated in accordance with policies and procedures. The nursing home has a policy and procedure on "whistle blowing" and protected disclosure. Staff are aware of who they report concerns to and can do so without fear of adverse consequences to themselves.

All staff members receive induction and ongoing training in:

- Prevention of abuse
- Protection from abuse
- Indicators of abuse
- Responding to suspected, alleged or actual abuse
- Reporting suspected, alleged or actual abuse
- Procedures for protecting residents with particular vulnerabilities.

Standard 9: The Resident's Finances

The nursing home has a clear policy and procedure on the management of residents' accounts and personal property in accordance with national guidelines. Procedures are in place to protect the interest of the resident, including those with impaired cognitive impairment. Where any money belonging to the resident is handled by staff within the nursing home, signed records and receipts are kept. Where possible, they are signed by the resident and/or his/her representative.

The registered provider (the owner of the nursing home) or delegate is appointed by the resident as his/her agent only where no other suitable person is available.

In this case, the registered provider ensures that:

- The Chief Inspector is notified at the time of inspection.
- Records are kept of all incoming and outgoing payments.
- The Department of Social and Family Affairs is given notice at the time of the appointment.
- Secure facilities are provided for the safe-keeping of money and valuables by the resident and on behalf of the resident.
- The centre keeps signed records and receipts of possessions handed over for safekeeping at admission and subsequent to admission, including withdrawals of possessions.

Reporting concerns of neglect or abuse

Any concerns regarding neglect or abuse of older people in residential care centres should be reported immediately to:

- The manager of the relevant care centre (the person responsible for the day-to-day running of the centre and provision of service to residents)
- If you have concerns about elder abuse, visit www.hse.ie/elderabuse, or call the HSE Infoline on 1850 24 1840, and they will put you in contact with a HSE Elder Abuse Officer near you.
- The HIQA Concerns Infoline on 021 240 9646 or via email to concerns@hiqa.ie.

Learn more

For further information, go to: <http://www.hiqa.ie/standards/social/older-people>.

The National Centre for the Protection of Older People has useful information and resources at: www.ncpop.ie

What would you like to see covered in future "Did You Know?" features?

Learn More

HIQA Annual Overview Report:¹

<http://www.hiqa.ie/press-release/2014-05-06-hiqa-identified-8697-required-improvements-designated-centres-older-people->

Link to various versions of the draft older person standards:²

<http://www.hiqa.ie/publications/draft-national-standards-residential-care-settings-older-people-ireland-2014>

Link to providing feedback on the draft older persons standards³

<http://www.hiqa.ie/consultation-draft-national-standards-residential-care-settings-older-people-ireland>

Face to a Name Campaign:

[Facebook.com/facetoaname](https://www.facebook.com/facetoaname)

This is Me Toolkit:⁴

http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1604

Future Dementia Care in Ireland:⁵

http://www.dementia.ie/images/uploads/site-images/future_dementia_care_in_ireland.pdf

Alzheimer Society Fact Sheets: Unusual Behaviour:⁶

<http://www.alzheimer.ie/Alzheimer/media/SiteMedia/HelpLine%20and%20Information%20Resources/B5.pdf>

Alzheimer Society Fact Sheets: Aggressive Behaviour:⁷

<http://www.alzheimer.ie/Alzheimer/media/SiteMedia/HelpLine%20and%20Information%20Resources/B4.pdf>

Alzheimer Society Fact Sheets: Wandering:⁸

<http://www.alzheimer.ie/Alzheimer/media/SiteMedia/HelpLine%20and%20Information%20Resources/B3.pdf>

Alzheimer Society Fact Sheets: Hallucinations and Delusions:⁹

<http://www.alzheimer.ie/Alzheimer/media/SiteMedia/HelpLine%20and%20Information%20Resources/B6.pdf>

Alzheimer Society Fact Sheets: Sexual Difficulties:¹⁰

<http://www.alzheimer.ie/Alzheimer/media/SiteMedia/HelpLine%20and%20Information%20Resources/C13.pdf>

Useful Links

Age Action Ireland	01 4756989	www.ageaction.ie
Alzheimer Society	1800 341341	www.alzheimer.ie
Diabetes Federation	1850 90909	www.diabetes.ie
DSIDC	01 4162035	www.dementia.ie
HSE information on residential care centres	01 4162035	www.myhomefromhome.ie
HSE Infoline	1850 24 1850	www.hse.ie/elderabuse
HIQA	01 8147400	www.hiqa.ie
HIQA Concerns Helpline	021 240 9646 or via email to concerns@hiqa.ie	www.hiqa.ie/standards/social/older-people
Irish Centre for Social Gerontology		www.icsg.ie
National Centre for the Protection of Older People		www.ncop.ie
Parkinson's Association	1800 359359	www.parkinsons.ie
Third Age	046 9557766	www.thirdageireland.ie
Western Alzheimer Society	094 9364900	www.westernalzheimer.ie