

Regulation of  
Health and Social  
Care Services

# Overview report on the regulation of designated centres for older persons – 2018

August 2019



## 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 and Youth Affairs, HIQA has responsibility for the following:

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



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## Message from the Chief Inspector of Social Services



*Mary Dunnion*

*Chief Inspector of Social Services and Director of Regulation*

The decision of an individual or a family to avail of long-term residential care can be fraught with worry and uncertainty. The regulation of designated centres for older persons, also known as nursing homes, is a key mechanism that aims to provide assurance to society about the safety and quality of the service.

As of 31 December 2018, there were 581 registered nursing homes in Ireland, home to over 31,250 people. The people who live in these settings should expect to receive care that is individualised to their specific needs, and residents, their relatives and their friends should be assured that the management of the centre is of a good standard.

Inspectors of social services inspect nursing homes for the purpose of identifying and addressing poor practice, while at the same time highlighting good practice. We publish the findings of our inspections to inform interested parties and to provide public assurance about the care and welfare of residents and the safety and quality of services.

In my role as Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA), I am pleased to present this annual overview report on the regulation of nursing homes in 2018.

This report covers the period 1 January 2018 to 31 December 2018, and will inform readers about key trends in the nursing home sector; such as areas of care where there is good compliance with the regulations and areas where significant challenges remain in centres, and which are diminishing residents' quality of life and the safety of services.

In line with previous years, this report includes a list of nursing homes which were found to be fully compliant with regulations when they were inspected in 2018. In 2018, 123 centres, or 23% of all centres inspected, were found to be fully compliant.

Consistent with our findings in previous years, many providers are now striving to move beyond compliance with the minimum requirements of the regulations and towards improving quality in line with the *National Standards for Residential Care Settings for Older People in Ireland* (2016). For example, an increasing number of providers are employing dedicated activity staff seven days a week, therefore increasing the variety and quality of social activities available to residents on a daily basis.

Notwithstanding the progress made, there remain a number of significant areas of challenge. In particular, concerns around fire safety and fire evacuation procedures remain an issue of concern. In 2016, we published guidance on fire safety in older people's services to aid providers in achieving compliance with the regulations on fire safety made under the Health Act 2007 (as amended). During 2018, inspectors with expertise in the area of fire safety provided advice and support on fire safety risks and, where a particular concern about fire safety arose, we referred these issues to the relevant fire safety authority.

As highlighted in previous years, the physical environment in a number of nursing homes is not conducive to providing person-centred care in a dignified and safe manner. In 2016, the Minister of Health extended the deadline by which nursing homes have to make certain specific improvements to the physical infrastructure in centres until the end of 2021.<sup>1</sup> These improvements are required in order to ensure that centres meet the basic privacy and dignity requirements in the care and welfare regulations.

In 2018, we found that residents' privacy was not always respected during the provision of intimate care and there continued to be a lack of private, personal space for people to meet and talk with visitors. We also found that providers who had not yet addressed the physical limitations of their premises continued to struggle to achieve compliance with other regulations. This directly reduced the quality of life for residents living in these nursing homes.

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<sup>1</sup> In 2016, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 was amended through Statutory Instrument (SI) 293,<sup>1</sup> thereby allowing registered providers until the end of 2021 to demonstrate compliance with Regulation 17 and Schedule 6 of the 2013 care and welfare regulations.

The requirement to have Garda (police) vetting declarations for all staff and volunteers available in a nursing home for inspection remained an issue of concern in 2018. While the majority of providers were found to be compliant with this regulation; the Health Service Executive (HSE), which accounts for one in five of all registered centres, failed in numerous cases to comply with this regulatory requirement. It is a concern that all providers are not fully compliant with this important and most basic means of keeping people safe.

During 2018, we took appropriate enforcement action where we found poor care for residents. When deciding on what course of action to take, we always place the quality and safety of care of residents in nursing homes to the fore and will not hesitate to promote and vindicate their rights. In our role as a health and social care regulator, we will continue to highlight areas of poor compliance and ensure that providers are improving the service they provide.

In this report, we also continue to highlight the need to reflect on the models of care for older people in order to increase the options available to them should they need care or support. The current system of care is focused on long-term residential care. At a time when the number of nursing home beds available nationally is increasing, there is a trend towards providing nursing homes of increasing size. At the same time, smaller nursing homes — which often provide a more homely environment — are closing voluntarily due to concerns over their financial viability.

It is only when the safety and quality of care is of the highest order in all nursing homes that we can be assured that the care provided to over 31,000 people living in nursing homes in Ireland is of a standard befitting the 21st century. In the years ahead, we will also be increasing our focus on the provision of age-appropriate community-based activities for younger residents who have found themselves living in a nursing home due to the lack of more appropriate care placements for them.

Finally, I want to thank the residents, their families, friends and advocates for their assistance and time given to our inspectors. I also wish to thank the staff and providers of nursing homes for their continued cooperation and engagement with the regulatory process and their ongoing commitment to working with us to provide safe and high-quality care to all residents.



Mary Dunnion

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

## Introduction

This report presents an overview of the findings of the regulation of designated centres for older people (nursing homes) in Ireland throughout 2018 by the Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA). During 2018, inspectors of social services (inspectors) monitored compliance with regulations and national standards in all 581 registered nursing homes, and carried out 542 inspections.

During 2018, inspectors continued to promote a culture of quality, safety and regulatory compliance in nursing homes for the benefit of residents and their families. This report presents an overview of their work undertaken in 2018, as well as providing insight into the impact regulation is having on improving quality and safety in this area. A number of challenges still remain in the areas of safeguarding, governance and upholding residents' rights and dignity.

Nursing homes have been regulated by the Chief Inspector since 2009. Registration is granted for three years, and 2018 saw the end of the third cycle of regulation for most of the country's nursing homes. Many registered providers are now demonstrating high levels of regulatory compliance and are constantly improving their services in line with the *National Standards for Residential Care Settings for Older People in Ireland* (2016). As a result, residents' quality of life is improving.

Further structured engagement with providers and residents was a key initiative for the Chief Inspector in 2018. To this end, a series of regional meetings with registered providers and residents and their relatives were held throughout the year.

In February 2018, the Chief Inspector launched the new-look inspection reports. These reports aim to provide a clearer picture of what it is like for residents to live in the nursing home and the provider's level of regulatory compliance. Inspection reports acknowledge good practice and highlight areas for improvement for a wide and varied audience including; residents, those who might be considering taking up residence in a centre, their relatives, members of the public, staff and owners of centres, and policy-makers.

Regulatory findings for 2018 reflect the maturity of the sector and the large number of registered providers who not only achieve basic compliance with the regulations but also best practice as set out in the National Standards. Moving beyond basic compliance and towards quality improvement in residential care has a positive impact for the people living in nursing homes.

For example in 2018, 123 centres, or 23% of all centres inspected, were found to be fully compliant. Notably six of these centres have been fully compliant for the past

three years, and 14 centres have been fully compliant for two out of the last three years.<sup>2</sup>

This report will address the following areas of improving practice which we have noted throughout 2018; governance and management, the provision of meaningful activities, and the availability of Garda Síochána (police) vetting disclosures. Notwithstanding the progress identified in these areas, this report will also discuss areas of concern and ongoing challenges in the sector — fire safety, ensuring persons in charge have the required qualifications and experience, physical infrastructure and the payment of annual fees.

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<sup>2</sup> Not every centre will have been inspected every year for the last 3 years

## Chapter 1. Profile of designated centres for older people

The profile of designated centres for older people (nursing homes) in Ireland continued to evolve during 2018, culminating by year's end in a total of 581 centres on the public register maintained by the Chief Inspector under the Health Act 2007 (as amended). When closures of other centres are taken into account, this represented an increase of two nursing homes registered in 2018 compared to 2017, and an extra 519 residential places in the system.

In total, during 2018:

- 12 new nursing homes were registered by the Chief Inspector
- 20 centres extended their premises to provide more residential places
- 10 centres voluntarily closed and were removed from the register.

Of the 12 new centres registered by the Chief Inspector:

- eight centres were newly built
- one centre was created by the amalgamation of two existing centres
- four centres replaced four existing centres which had closed (involving a total of 183 residential placements).

As a result of the above changes, the number of residential places marginally increased. On 31 December 2018, there were 31,251 residential places for older people in nursing homes in Ireland, compared to 30,732 at the same time in 2017.

In addition to the above registrations, extensions and closures, 12 centres changed ownership whereby a new legal entity successfully applied to become the registered provider of an existing centre.

### New centres

In 2018, the Chief Inspector registered eight new centres, making an additional 529 residential places for older people available to families. Table 1 details the number and geographical location of those beds and when they were registered. All eight centres are private nursing homes.

**Table 1. Number and location of new residential places registered in 2018 by the Chief Inspector**

Month of registration	Number of residential places	Geographical location
March	18	Limerick
October	99	Wicklow
November	46	Galway
November	41	Limerick
December	27	Donegal
December	40	Donegal
December	95	Wexford
December	163	Dublin
<b>Total in 2018</b>	<b>529</b>	

### Centre size

The trend towards developing and opening centres for older people with a large numbers of beds, or residential places, continued in 2018. While the eight new centres provided 529 additional residential places, 357 of these places (67.5%) were in three of these centres. In contrast to the overall trend, two new centres registered in 2018 had less than 30 beds in each.

In contrast, the average occupancy of the four centres<sup>3</sup> which voluntarily closed and were not replaced was 28 people.

As stated in previous annual reports, smaller nursing homes often epitomise the person-centred ethos of a home for an older person and are generally located near the person's community. The ongoing trend of these nursing homes closing and larger occupancy centres opening, may reflect a change in the ethos of care being provided to residents.

<sup>3</sup> Excluding those centres that closed and were replaced (4) or closed to facilitate amalgamation into one centre (2).

Reasons cited for closure by providers included the sustainability of the financial model underpinning smaller centres, financial implications of achieving regulatory compliance — particularly the requirement to provide improved living space for residents from 2021<sup>4</sup> — and the absence of a successor for the registered provider in some small family-run centres. The profile of nursing homes in Ireland by the number of residential places at the end of 2018 is set out in Table 2 below.

**Table 2. Profile of nursing homes in Ireland by the number of residential places at the end of 2018**

<b>Total size of centres by bed numbers</b>	
<b>Centre size (in bed-number bands)</b>	<b>Number</b>
Less than or equal to 20	38
Between 21 and 40	179
Between 41 and 99	313
Greater than or equal to 100	51
<b>Total number of registered centres</b>	<b>581</b>

The number of centres with 100 or more beds increased to 51 centres, an increase of four between 2017 and 2018. The legislation governing nursing homes in Ireland makes no reference to the number of beds allowed in a nursing home. The largest nursing home in Ireland at present has capacity for 184 people. The Chief Inspector is mindful of the need to ensure that residents receive person-centred care and live in a homely environment, regardless of the size of the centre in which they are living. Therefore, the Chief Inspector has engaged proactively with registered providers within the scope of the current legal framework to promote person-centred care and a homely environment for residents.

### Profile of ownership

Notwithstanding the changes listed above, the profile of nursing home ownership in Ireland remains largely similar to previous years (see Table 3). Nursing homes may be owned and operated by:

- the Health Service Executive (HSE)

<sup>4</sup> In June 2016, the Minister for Health signed a statutory instrument, S.I. No. 293/2016, into law. This extended the time frame, until 2021, for a registered provider to demonstrate compliance with the regulations relating to the physical environment and bedroom sizes.

- HSE-funded bodies under sections 38 and 39 of the Health Act 2004<sup>5</sup>
- private providers.

**Table 3. Ownership profile of nursing homes for older people in Ireland at the end of 2018**

Organisation classification	Number of registered centres	Registered beds
HSE	121	5,880
HSE-funded bodies under Sections 38 and 39 of the Health Act	20	1,124
Private providers	440	24,247
<b>Total</b>	<b>581</b>	<b>31,251</b>

As set out above, the vast majority of centres (76% or 440 of 581 centres) are operated by private providers. Ownership changes over the past couple of years show an increasing trend towards consolidation by a small number of providers owning and operating an increasing number of centres for older people in Ireland. In addition, there are also a number of different legal provider entities which are comprised of the same small number of individuals who operate a multiple of nursing homes.

All of these nursing homes have been registered in accordance with the Act and, in general, demonstrate good regulatory compliance. While this changing profile of ownership of centres for older people in Ireland has not impeded appropriate regulation of individual centres, the current model of ownership can occasionally pose challenges to the Chief Inspector in ensuring that the appropriate legal entity is held to account for the operation of a centre. For example, a nursing home may be registered by an individual company which is part of a larger corporate group of companies.

To ensure that the changing profile of ownership does not impede regulation, the Chief Inspector now requires each provider to nominate a registered provider's representative that can speak for and on behalf of the provider in situations where

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<sup>5</sup> Section 38 of the Health Act 2004 states that the Health Service Executive (HSE) can have an arrangement with a person to provide a health or personal social service on behalf of the HSE. Section 39 of the Health Act 2004 states that the HSE can provide assistance to any person or body providing a similar service to the HSE.

the Chief Inspector has concerns about any aspect of the operation of a nursing home.

If the trend of a small number of owners operating an increasing number of centres and residential places was to continue in Ireland, policy-makers would need to be mindful of the country's dependence on private nursing homes to cater for an increasingly ageing and dependent population — and specifically the country's potential dependence on a smaller pool of large-scale providers.

The Chief Inspector is currently reviewing international studies that have examined the impact of the size of a residential care setting on quality of care indicators and or quality of life indicators, compliance with regulations and the concept of financial viability for 'difficult to replace' providers. The Chief Inspector plans to finalise this review in 2019.

## Chapter 2. Regulation of designated centres for older people

The Health Act 2007 (as amended), associated regulations<sup>6</sup> and nationally mandated standards<sup>7</sup> provide the legal framework which underpins the regulation of designated centres for older people in Ireland (nursing homes). The Act and the regulations set the minimum standard of care that must be provided for people living in these centres in order for registered providers to remain registered and to continue to operate them.

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

Inspectors of social services<sup>8</sup> are appointed to assist the Chief Inspector in registering and inspecting designated residential centres. The team of inspectors who regulate nursing homes is comprised of professionals with expertise and experience in care of the elderly, fire safety, nursing, occupational therapy, physiotherapy and social care.

### Inspection of nursing homes

All nursing homes are subject to inspection by the Chief Inspector. Inspections may be carried out over one or two days depending on the size of the centre and the type of inspection. In 2018, inspectors carried out 542 inspections in 444 centres, meaning that three out of four of all nursing homes in Ireland (76.4% of registered nursing homes) were inspected.

Inspections of nursing homes may be announced or unannounced. Announced inspections are carried out to enable greater participation of residents and relatives in the inspection process by letting them know when inspectors will be present in

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<sup>6</sup> — 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.

<sup>7</sup> *National Standards for Residential Care Settings for Older People in Ireland* (2016).

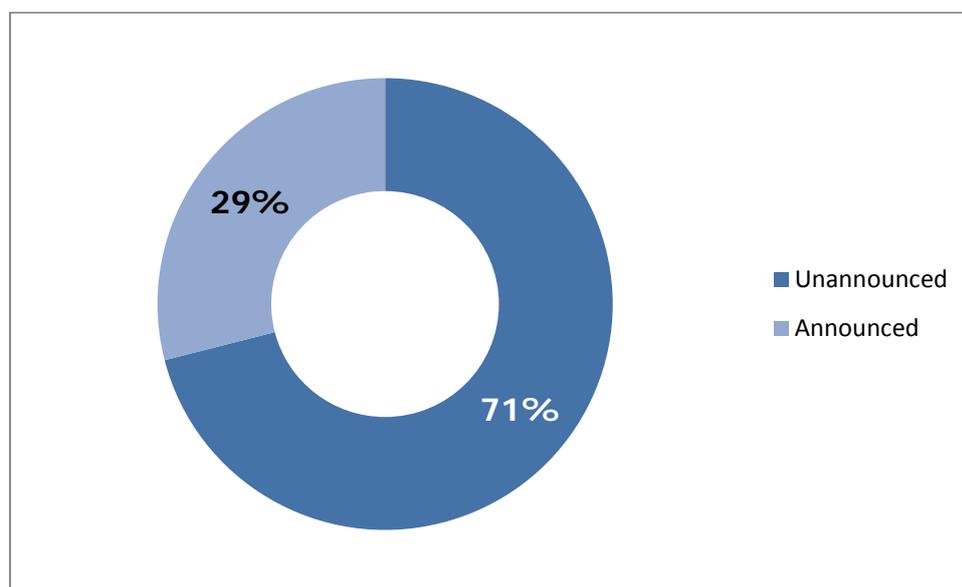
<sup>8</sup> The Older Persons' Team is comprised of 32 people, including the Deputy Chief Inspector, regional managers and inspectors, and supported by regulatory officers and regulatory support officers.

the centre. In response to feedback from relatives, the Chief Inspector extended the announcement period of an inspection from two to four weeks in early 2018. This extension facilitates relatives who need advanced notice in order to make family or work arrangements to allow them to be present during an inspection.

Inspections may also be announced if the inspector requires a particular person to be available during the inspection. In such situations, the announcement period may be reduced to 72 hours.

In 2018, the majority of inspections were unannounced (71%), as illustrated in Chart 1. Unannounced inspections can happen at any time of the day or night on any day of the week.

**Chart 1. Proportion of announced versus unannounced inspections in 2018**



Most of these inspections (418) were carried out to inform an assessment of compliance with the regulations and national standards. The remaining 124 inspections focused on assessing the arrangements in place to assure quality care for residents with dementia and, where necessary, to promote improvement in the quality of this care.

A revised format of reporting inspection findings was introduced in early 2018. Under the previous monitoring system, inspection findings were presented with regulatory compliance grouped under outcomes; an approach that remains in place for dementia thematic inspections. The revised approach to reporting inspection findings presents compliance against individual regulations, thereby providing increased clarity about regulatory compliance to providers and families.

The 542 inspections carried out in 2018 comprised:

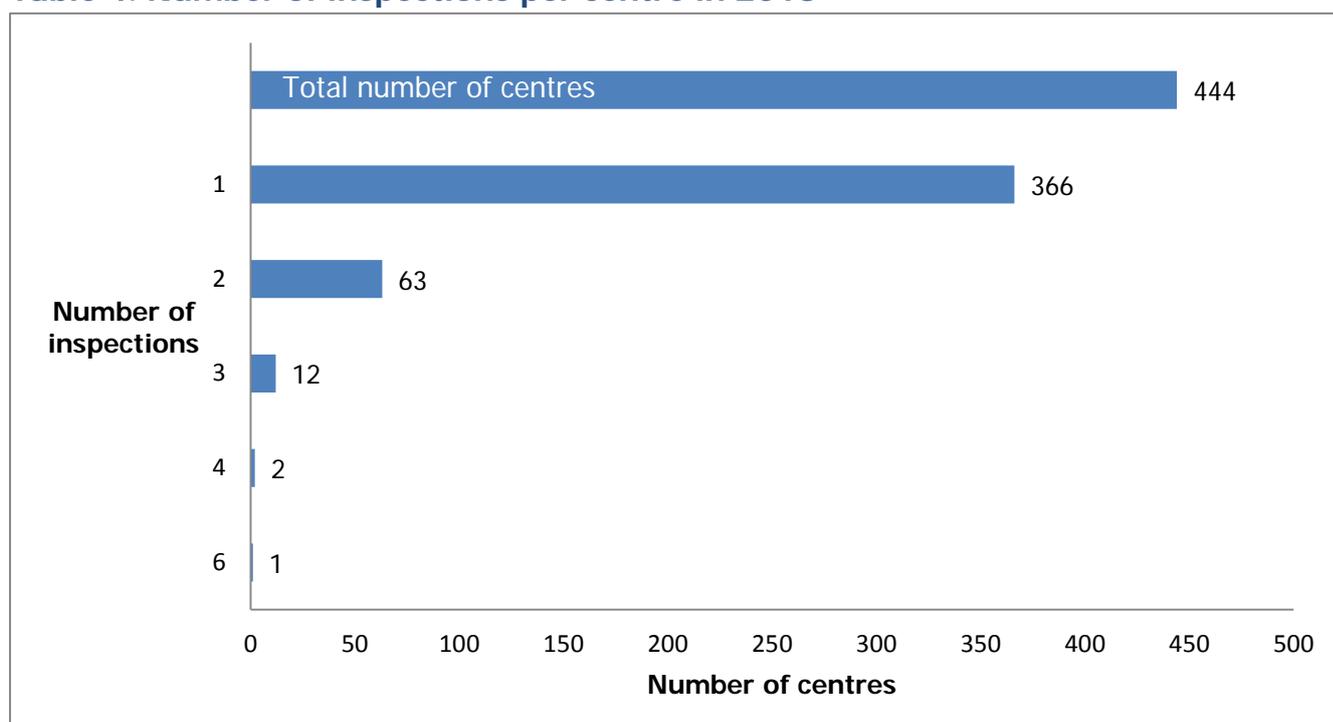
- 66 inspections of centres under the previous monitoring system<sup>9</sup> at the start of the year
- 124 dementia thematic inspections, which aimed to promote improvement in this area of care
- 352 inspections under a revised approach to reporting introduced in 2018.

### Risk-based approach to regulation

Most nursing homes will undergo a maximum of two inspections in any given year. However, where the Chief Inspector is aware of potential risk to the quality of care being provided, inspection activity and engagement with the provider is increased (see Table 4).

In 2018, 15 centres required three or more inspections, representing 3.4 % of all centres inspected in 2018. This figure is up from 2.9% in 2017.

**Table 4. Number of inspections per centre in 2018**



The number of centres which required three or more inspections during 2018 continued to be in a minority and was the same level as the year before. However, it remains a concern that any nursing home would require this level of regulatory

<sup>9</sup> The new approach to monitoring began in February 2018. Therefore, inspections carried out between 1 January 2018 and 5 February 2018 were reported on under the previous monitoring system and inspection reports.

oversight as the role of the provider is to own and safely manage its own day-to-day operational and service risks.

### Regulatory compliance

Regulatory compliance is a prerequisite for securing and maintaining registration. During 2018, inspections of nursing homes found a high level of regulatory compliance in nursing homes, mirroring findings seen in previous years. As part of inspections in these centres, and on an ongoing basis, inspectors of social services check compliance against two sets of regulations referred to as the care and welfare regulations<sup>10</sup> and the registration regulations.<sup>11</sup>

### Dementia thematic inspections

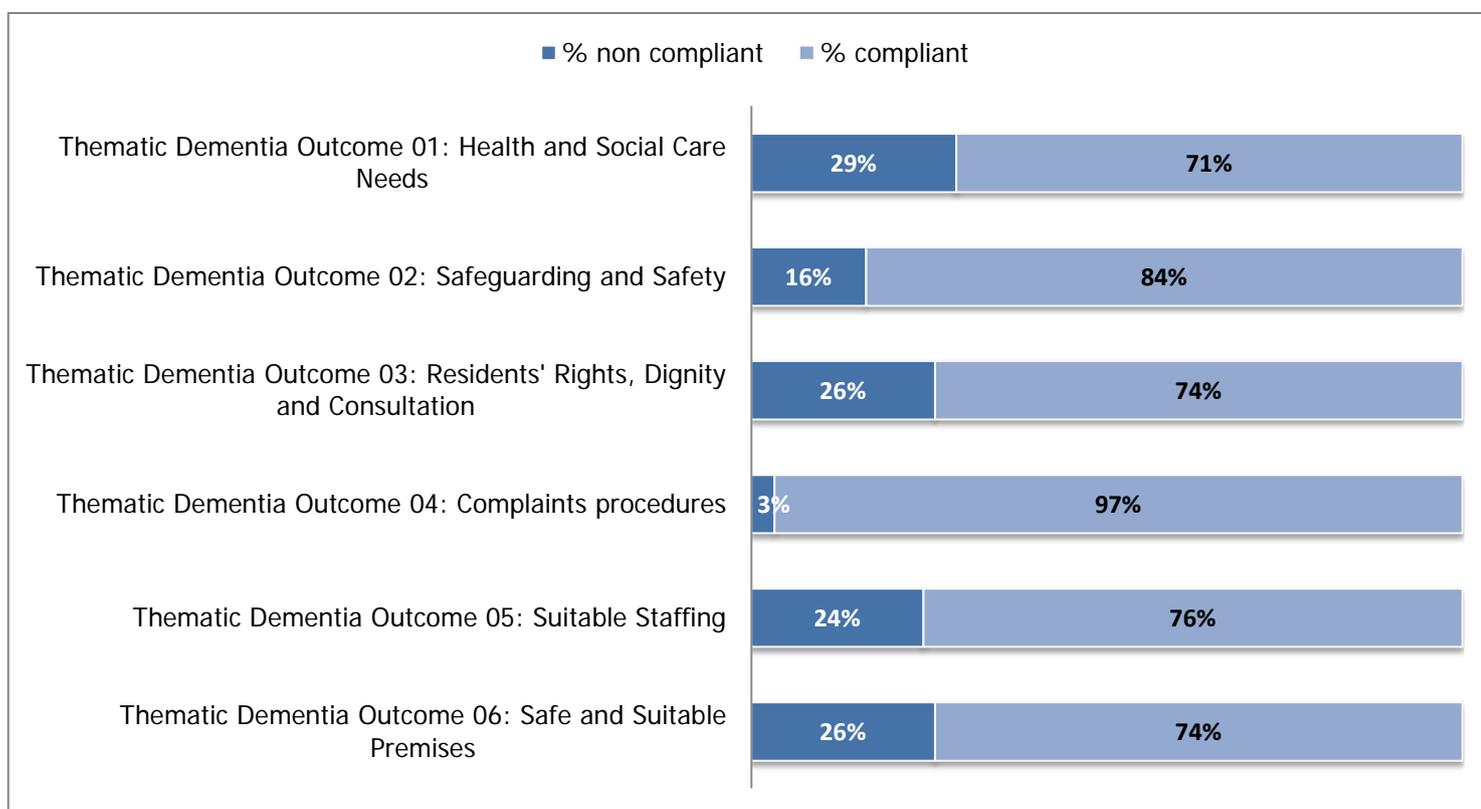
In 2018, inspectors carried out 124 dementia thematic inspections. These inspections focus on the care provided to residents with dementia living in a nursing home, and the findings are presented with regulatory compliance grouped under outcomes. The findings of these inspections indicate that while the majority of centres are providing good quality care to residents with dementia, more work could be done to improve the service provided to this most vulnerable group of residents.

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<sup>10</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

<sup>11</sup> Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

**Table 5. Regulatory compliance reported on dementia thematic inspections**

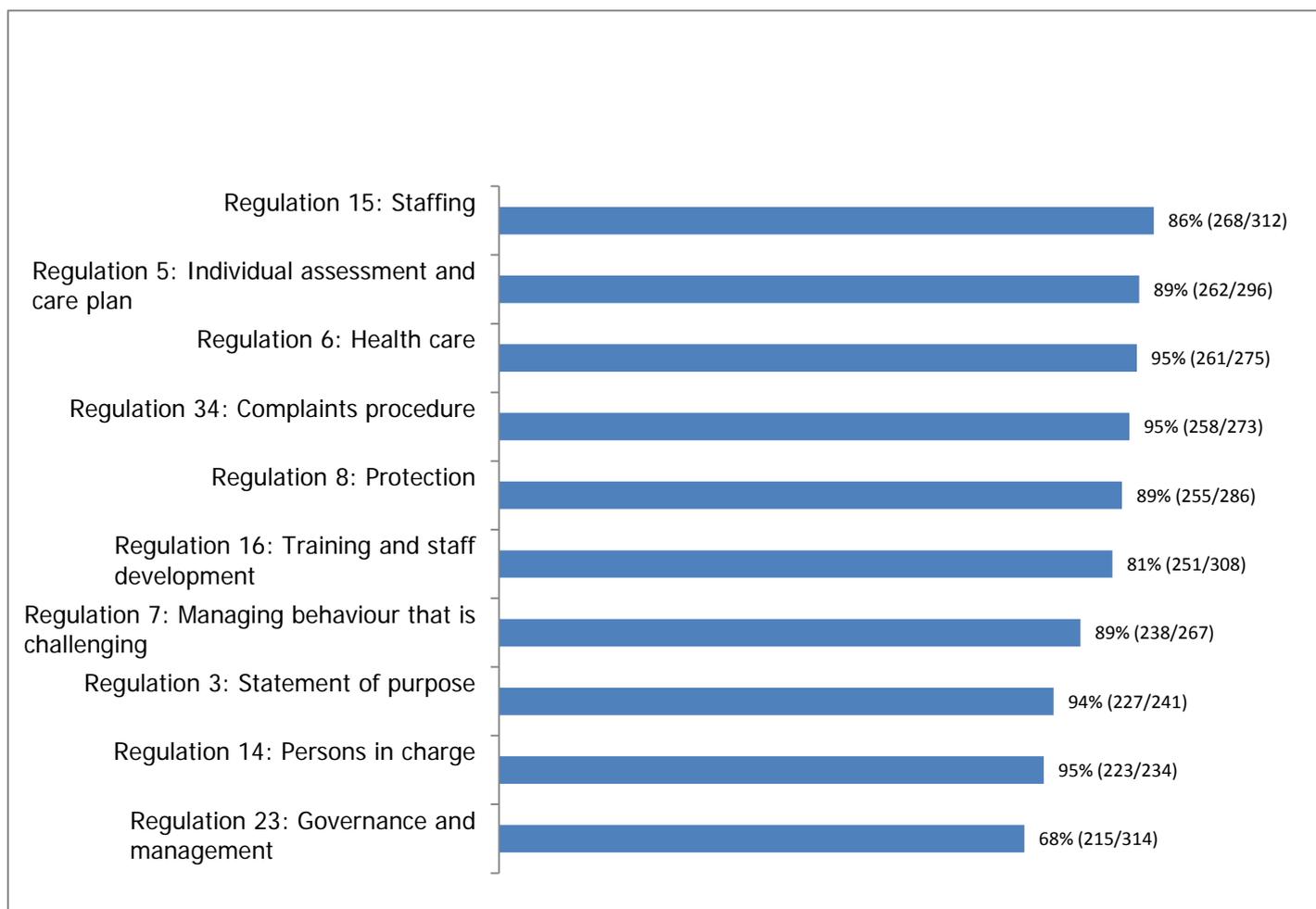


### New format inspection reports

The new format of reporting, introduced in early 2018, provides valuable information about compliance with individual regulations for the care and welfare of residents. This identifies those regulations most consistently complied with and those that are not compliant. It is important to note that the suite of regulations assessed in any given inspection will be determined by the history of regulatory compliance in that centre.<sup>12</sup> Table 6 identifies those regulations most consistently complied with or substantially complied with. Table 7 presents the 10 regulations which providers were most often not compliant with.

<sup>12</sup> Not every regulation will be assessed on every inspection.

**Table 6. Regulations most consistently complied with in 2018**



The table identifies those regulations most consistently complied with or substantially complied with. This number is expressed as a percentage of the overall number of times each regulation was assessed. These numbers are shown in brackets next to the percentage number, for example, Regulation 15 was assessed during 312 inspections and found to be compliant or substantially compliant 268 times.

Table 6 presents compliance as a percentage of the number of times the individual regulations were assessed. The number of times these regulations were assessed reflects the importance inspectors place on reviewing the care and protection of residents, ensuring that the number and skill-mix of staff is appropriate to the assessed needs of the residents, and ensuring that there is a responsive system of governance and management in place in a centre. These reported compliance levels represent sustained efforts by many providers to ensure that the service they deliver provides a high standard of care for residents living in their nursing homes.

**Table 7. Regulatory non-compliance during 2018**

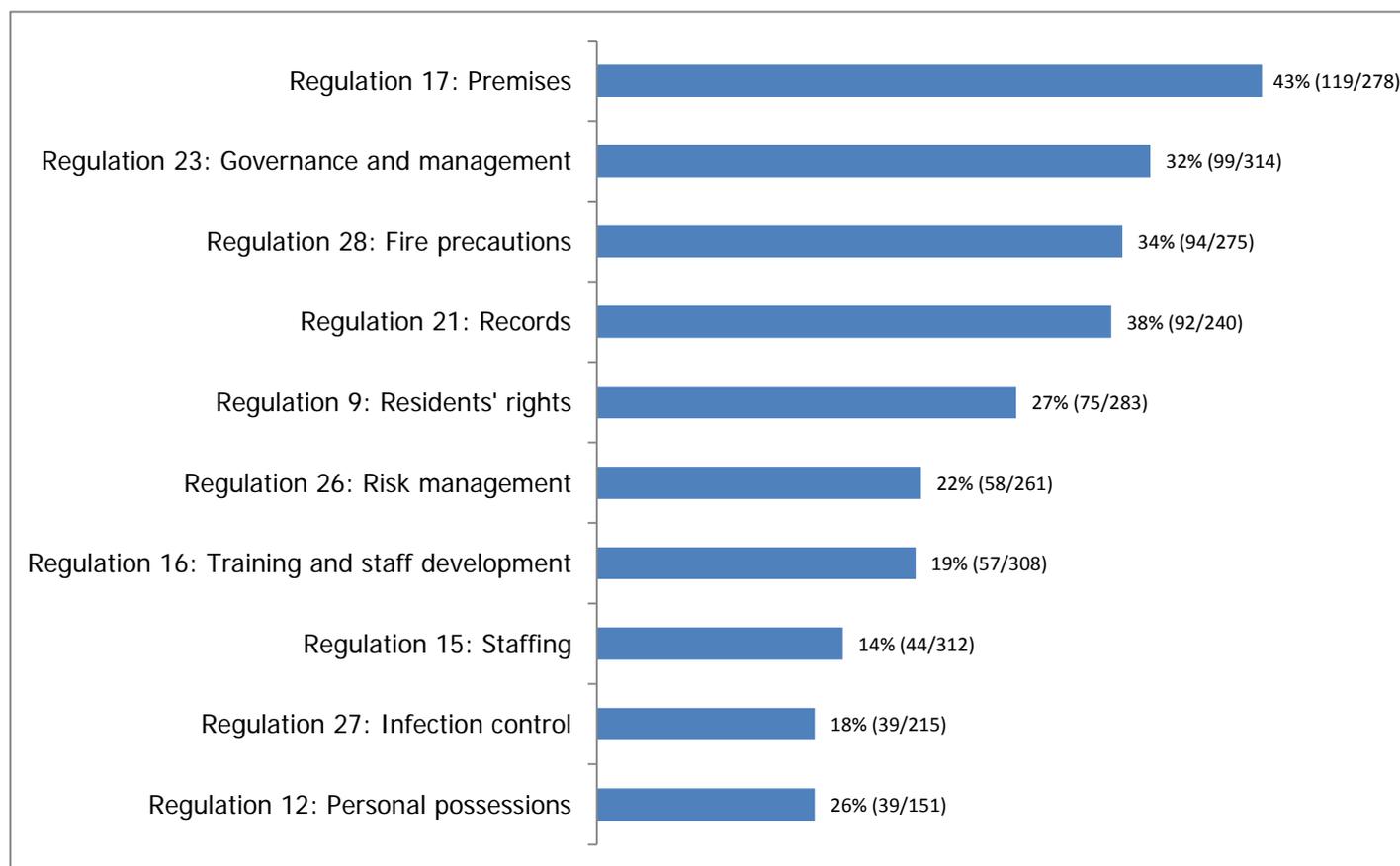


Table 7 presents the 10 regulations which providers were most often not compliant with and the number of times each regulation was found to be not compliant. This number is expressed as a percentage of the overall number of times each regulation was assessed. These numbers are shown in brackets next to the percentage number.

Table 7 demonstrates the number of times individual regulations were assessed and the registered provider or the person in charge was found to be not compliant. Of key concern is the level of non-compliance with Regulation 28 which underpins fire safety in nursing homes. Registered providers are strongly encouraged to take a proactive approach to fire safety and to ensure that they have a relevant, up-to-date fire safety risk assessment of their centres completed by an appropriately qualified person. This topic is addressed further in Chapter 5.

The reported level of non-compliance with Regulation 21 reflects the failure of some registered providers to ensure that prescribed records are retained in the designated centre. Prescribed records include Garda vetting disclosures which are discussed further in Chapter 4.

Notably, Regulation 17 which sets out the expectation that a registered provider shall ensure that the premises of a designated centre is appropriate to the number

and needs of the residents of that centre had the highest reported rate of non-compliance in 2018. Registered providers are reminded that the deadline for demonstrating compliance with this regulation, 31 December 2021, is fast approaching.

The new format of reporting provides the Chief Inspector with a bank of information about compliance with regulations that in the future will be useful in identifying areas that require greater attention or that might benefit from the development of a quality improvement programme. It will also assist with informing national policy.

### List of fully compliant nursing homes when inspected in 2018

As in previous overview reports, nursing homes in Ireland that were found to be compliant with all the regulations when inspected in 2018 are published below. The data is based on all 542 inspections in 2018, and each of these centres had at least one inspection during 2018 where they were assessed as being compliant or substantially compliant in all inspection outcomes or inspected regulations.<sup>13</sup>

In 2018, inspection activity identified 123 nursing homes, listed in Table 8, that were fully compliant with the regulations. A like-for-like comparison between 2017 and 2018 shows that the number of nursing homes in Ireland that were found to be fully compliant with all the regulations when inspected has reduced slightly from 27% in 2017 to 23% in 2018. Notably, among the 123 centres listed below, six centres have featured on the list of those centres deemed to be fully compliant for each of the previous three years; while a further 35 centres were fully compliant on inspections in two out of the past three years.

The ability to achieve and sustain regulatory compliance requires a strong and consistent governance structure that promotes a culture of person-centred care. The Chief Inspector would like to acknowledge the hard work and commitment on the part of all who work in these nursing homes and to encourage others to continue to work towards the level of regulatory compliance in order to improve the lived experience for residents.

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<sup>13</sup> It should be noted that inspection findings reflect what was found in a centre on the day or days of inspection and that the circumstances in the centre that led to these findings can change over time.

**Table 8 List of fully compliant centres in 2018**

<b>Carlow</b>	Cedar House Nursing Home
Borris Lodge Nursing Home	Cherryfield Housing with Care
SignaCare Killerig	Cherryfield Lodge Nursing Home
St Lazerian's House	Clonskeagh Community Nursing Unit <sup>14</sup>
<b>Cavan</b>	Elmhurst Nursing Home
Virginia Community Health Centre <sup>14</sup>	Glebe House Nursing Home <sup>14</sup>
<b>Clare</b>	Griffeen Valley Nursing Home <sup>14</sup>
Ennis Nursing Home	Hamilton Park Care Facility
Riverdale House Nursing Home	Harvey Nursing Home Terenure <sup>14</sup>
St. Theresa's Nursing Home <sup>14</sup>	Kiltipper Woods Care Centre
<b>Cork</b>	Lusk Community Unit
Blarney Nursing and Retirement Home <sup>14</sup>	Marian House <sup>14</sup>
Carechoice Ballynoe <sup>14</sup>	Marian House Nursing Home
CareChoice Clonakilty	Maryfield Nursing Home <sup>14</sup>
Fairfield Nursing Home	Marymount Care Centre <sup>14</sup>
Haven Bay Care Centre	Millbrook Manor Nursing Home
Marymount University Hospital & Hospice	Mount Hybla Private <sup>14</sup>
Skibbereen Residential Care Centre	Mount Sackville Nursing Home <sup>14</sup>
St Joseph's Hospital <sup>15</sup>	Navan Road Community Unit
<b>Donegal</b>	Newtownpark House
Aras Ui Dhomhnaill Nursing Home	Orwell Private <sup>14</sup>
<b>Dublin</b>	Our Lady's Manor
Aclare House Nursing Home <sup>14</sup>	Queen of Peace Centre <sup>14</sup>
Annabeg Nursing Home <sup>15</sup>	Riverside Nursing Home
AnovoCare Nursing Home	Santa Sabina House
Ashbury Private Nursing Home	Simpson's Hospital
Ashford House Nursing Home	St Doolagh's Park Care and Rehabilitation Centre <sup>14</sup>
Beechlawn House Nursing Home <sup>14</sup>	St Mary's Home
Belmont House Private Nursing Home	St. Patrick's Care Centre <sup>14</sup>
Beneavin House	TLC Centre Santry
Brabazon House Nursing Home	<b>Galway</b>
CareChoice Finglas	Áras Ronáin Community Nursing Unit
CareChoice Malahide	Clarenbridge Nursing Home <sup>14</sup>
	Castleturvin House Nursing Home <sup>14</sup>
	Oughterard Manor
	Rosemount House Nursing Home <sup>14</sup>
	<b>Kerry</b>
	Aras Mhuire Nursing Home <sup>14</sup>
	Kenmare Nursing Home 'Tir na nOg'

<sup>14</sup> This centre has been deemed to be fully compliant in two out of the previous three years.

<sup>15</sup> This centre has been deemed to be fully compliant for each of the previous three years.

Our Lady of Lourdes Care Facility <sup>14</sup>
<b>Kildare</b>
Cloverlodge Nursing Home <sup>15</sup>
Craddock House Nursing Home
Elm Hall Nursing Home
Mountpleasant Lodge
Moyglare Nursing Home <sup>14</sup>
Oghill Nursing Home <sup>14</sup>
Parke House Nursing Home <sup>14</sup>
Shalom Nursing Home
TLC Centre Maynooth
<b>Leitrim</b>
Lough Erril Private Nursing Home
<b>Limerick</b>
Adare and District Nursing Home
CareBright Community Centre
Good Counsel Nursing Home
Milford Nursing Home
St Paul's Nursing Home <sup>14</sup>
St. Anthony's Nursing Home
St. Gobnait's Nursing Home <sup>14</sup>
The Park Nursing Home
<b>Longford</b>
Laurel Lodge Nursing Home
Thomond Lodge Nursing Home
<b>Louth</b>
Aras Mhuire Nursing Facility <sup>14</sup>
Carlingford Nursing Home
Moorehall Lodge Ardee
<b>Mayo</b>
D'Alton Community Nursing Unit
St Fionnan's Community Nursing Unit
St. Attracta's Residence
<b>Meath</b>
Beaufort House
CareChoice Trim
Gormanston Wood Nursing Home
Millbury Nursing Home <sup>15</sup>

Woodlands House Nursing Home <sup>15</sup>
<b>Monaghan</b>
Sacred Hearts Nursing Home
St. Mary's Residential Centre
<b>Offaly</b>
Eliza Lodge Nursing Home
Oakdale Nursing Home
<b>Roscommon</b>
Abbey Haven Care Centre & Nursing Home <sup>14</sup>
Drumderrig House
Innis Ree Lodge <sup>14</sup>
Oakwood Private Nursing Home
Shannon Lodge Nursing Home
<b>Tipperary</b>
Ardeen Nursing Home
Cluain Arann Welfare Home & Community Nursing Unit
Willowbrook Lodge
<b>Waterford</b>
Killure Bridge Nursing Home <sup>14</sup>
Waterford Nursing Home
<b>Westmeath</b>
Bethany House Nursing Home <sup>15</sup>
Newbrook Nursing Home
Retreat Nursing Home
Sonas Nursing Home Athlone
Stella Maris Nursing Home
<b>Wexford</b>
Lawson House Nursing Home <sup>14</sup>
Middletown House Nursing Home <sup>15</sup>
<b>Wicklow</b>
Atlanta Nursing Home
Baltinglass Community Hospital
Dargle Valley Nursing Home
Dunlavin Nursing Home <sup>14</sup>
Greystones Nursing Home
Roseville Nursing Home

### Review of regulatory judgments

The Chief Inspector strives to ensure that regulatory judgments are fair, reasonable, based on evidence, comply with relevant statutory provisions and are in line with administrative law and fair procedures. To this end, there is a process to afford providers an opportunity to provide feedback on, and later make a submission on, regulatory judgments made by inspectors and reported in inspection reports.

At the end of each inspection, the inspector provides a broad overview, or feedback, to the on-site management team of the inspection findings. Afterwards, a process is in place which — following the initial feedback — allows a provider to provide formal feedback<sup>16</sup> on what is termed a ‘stage 1’ inspection report. Where the findings of an inspection raise serious concerns about the care and welfare of residents, the Chief Inspector may take regulatory action, in line with the Health Act 2007 (as amended), before the report of the inspection is finalised.

At this point, providers can comment on the regulatory judgments made by inspectors and on the factual accuracy of the report. Later, if a provider remains dissatisfied with the contents of what is termed a ‘stage 2’ inspection report, they can make a formal submission to appeal the regulatory judgments in the report.

Submissions, at this stage, are made by the provider where they believe that they have exhausted the stage 1 report feedback process and the provider believes that the judgment or judgments in the stage 2 inspection report are disproportionate to the evidence provided on the inspection and through the feedback process. A review panel or senior manager will review each submission carefully and subsequently make recommendations for the Chief Inspector’s consideration.

In 2018, submissions were received from providers in relation to 33 judgments in 12 inspection reports. Table 9 sets out the findings of the submissions review process.

Of the 33 regulatory judgments reviewed in submissions, the review panel recommended to the Chief Inspector that 24 judgments were appropriate based on the inspectors’ observations and other available evidence. In the case of the remaining nine judgments, the Chief Inspector changed the judgments to reflect a greater level of regulatory compliance.

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<sup>16</sup> Feedback may include commentary on regulatory judgments if providers believe they are incorrect or not proportionate to the evidence reviewed by the inspector or providers believe there are factual inaccuracies in the body of the stage 1 inspection report.

**Table 9.<sup>17</sup> Regulatory judgment appeals during 2018 and the outcome of those appeals**

<b>Outcome or regulation assessed in inspection of nursing homes</b>	<b>Appealed</b>	<b>Judgment changed</b>	<b>Judgment not changed</b>
Outcome 3: Resident’s rights, dignity and consultation	5	1	4
Outcome 6: Safe and suitable premises	4	0	4
Outcome 1: Healthcare and social care needs	3	1	2
Outcome 5: Suitable staffing	3	0	3
Outcome 2: Safeguarding and safety	2	0	2
Outcome 7: Health and safety and risk management	2	0	2
Outcome 4: Complaints	1	0	1
Outcome 8: Governance and management	1	1	0
Outcome 9: Statement of purpose	1	0	1
Outcome 2 (outcome-18 inspection): Governance and management	1	0	1
Outcome 8 (outcome-18 inspection): Health and safety and risk management:	1	0	1
Outcome 12 (outcome-18 inspection): Safe and suitable premises:	1	0	1

<sup>17</sup> 25 of these judgments were contained in six reports of inspections carried out under our previous monitoring system. The remaining eight judgments were from six new format reports.

<b>Outcome or regulation assessed in inspection of nursing homes</b>	<b>Appealed</b>	<b>Judgment changed</b>	<b>Judgment not changed</b>
Regulation 21: Records	3	2	1
Regulation 8: Protection	1	0	1
Regulation 9: Residents' rights	1	1	0
Regulation 17: Premises	1	1	0
Regulation 23: Governance and management	1	1	0
Regulation 28: Fire precautions	1	1	0
<b>Total</b>	<b>33</b>	<b>9</b>	<b>24</b>

### Escalated and enforcement actions

As already stated in this report, there was a high level of regulatory compliance among providers of nursing homes in 2018. These providers are focused on ensuring that they delivered a quality and safe service which supports residents to enjoy their lives on a day-to-day basis.

However, where there is a significant risk to the rights, dignity, quality of life or safety of residents, or a provider has repeatedly failed to achieve regulatory compliance, or the provider has not demonstrated that they are a fit provider — in line with the Chief Inspector's criteria — the Chief Inspector has a range of actions and enforcement powers available, including:

- issuing the provider with a warning and time frame to come into compliance
- placing conditions on a centre's registration
- cancellation of the centre's registration<sup>18</sup>
- prosecution.

Where necessary and in line with the Health Act 2007 (as amended), the Chief Inspector took enforcement action against a small number of providers in 2018. Such action included issuing warning letters to providers requiring them to take all necessary action to bring their centres into compliance with the regulations. The majority of providers who received such warning letters took the necessary action to improve the quality of the service to people living in the centre and to meet the regulations.

However, some providers required further action, including placing conditions on a centre's registration, such as:

- As of 30 January 2019, the registered provider will have addressed, to the satisfaction of the Chief Inspector, the regulatory non-compliances identified in the inspection report of 9 and 10 October 2018.
- Notwithstanding the requirements placed on the registered provider to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, the registered provider shall take all necessary action to comply with: Regulation 8 Protection, Regulation 14 Person in Charge, Regulation 15 Staffing,

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

Regulation 21 Records, and Regulation 23 Governance and Management to the satisfaction of the Office of the Chief Inspector.

- The six bedrooms (room 10, room 11, room 19, room 20, room 27, and room 18) currently accessible only by steps may only be occupied by independently mobile residents who undergo a professional assessment in relation to their safe use of the steps no less frequently than at four monthly intervals.
- The physical environment will be reconfigured to provide two additional assisted shower rooms as set out in the plans submitted on 1 June 2018. One assisted shower room will be completed by 31 May 2019, the second by 31 December 2021.

Applying additional conditions to the registration of a nursing home makes it clear that the ongoing registration of the nursing home is dependent on the registered provider adhering to the condition.

In 2018, repeated findings of regulatory non-compliance and concern about the care and welfare of residents resulted in the Chief Inspector issuing notices of proposed decision to cancel the registration of two nursing homes and one notice of proposed decision to refuse to renew the registration of another nursing home.

Where notices of proposed decision are issued, the Act affords the provider 28 days to make representations to the Chief Inspector, setting out in writing the action that it will take or intends to take in order to improve the service.

Each centre is closely monitored to validate whether the actions that the provider stated they would take through its written representation has reduced risk in the centre and improved the quality of life of residents. Two providers who received proposed notice of decision in 2018 successfully addressed the issues of concern in their centres. As a result, the notice of proposed decision to cancel the registration of one centre was withdrawn, and a new notice of proposed decision to renew the registration was issued for the other centre.

However, the third provider failed to demonstrate sufficient improvement. Continuing concerns about the care and welfare of residents resulted in the Chief Inspector issuing a notice of decision to cancel the registration of this centre. This notice was challenged by the provider in the district court, and the case was awaiting a hearing at the end of 2018. The centre remains registered in the interim and inspectors continue to inspect it frequently.

## Legal reviews

During 2018, there were a number of issues regarding regulatory non-compliance which were eventually determined by decision of the district court and the high court following legal action.

1. As a result of continued non-compliance with regulations relevant to the governance of a nursing home, a notice of decision was issued to a registered provider attaching additional conditions to the registration of that nursing home in September 2017. The notice of decision was appealed by the registered provider to the district court and subsequently adjourned from time to time in 2018. Following a protracted engagement, the registered provider subsequently withdrew the appeal.
2. In 2018, the Chief Inspector began proceedings before the district court against a provider for operating a nursing home<sup>19</sup> without registration. The proceedings concluded early in 2019 when a plea of guilty was entered to the offence before the court. The provider was convicted under the Act, with a fine of €500 being imposed.
3. The Chief Inspector issued a prosecution in the district court for failure by a registered provider to comply with a request for information made under section 65 of the Health Act 2007 (as amended). This prosecution was challenged by way of a judicial review and was heard in the High Court in 2018. The judgment of the High Court stated: "I have rejected the Applicants interpretation of Section 65 and have concluded that the impugned requests... were lawfully made." The judgment also found that "the scheme of legislation is clear and provides that the regulation of centres for older people is the responsibility of the Chief Inspector". The judicial review was dismissed in its entirety and legal costs of the proceedings were awarded to HIQA. At the time of writing, this judgment was the subject of appeal to the Criminal Division of the Court of Appeal and was due to be heard in October 2019.<sup>20</sup>

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<sup>19</sup> Section 46 of the Health Act 2007 (as amended) prohibits a person from carrying on the business of a designated centre unless it is registered.

<sup>20</sup> Pakenham & ors t/a Carysfort Nursing Home -v- Chief Inspector of Social Services. Available online from: <http://www.courts.ie/Judgments.nsf/0/026252EE8600E2B2802583630042924B>.

## Chapter 3. Areas of improving practice

During 2018, inspectors found a number of areas where practice was improving in nursing homes. These are:

- governance and management
- the provision of meaningful activities
- and Garda vetting.

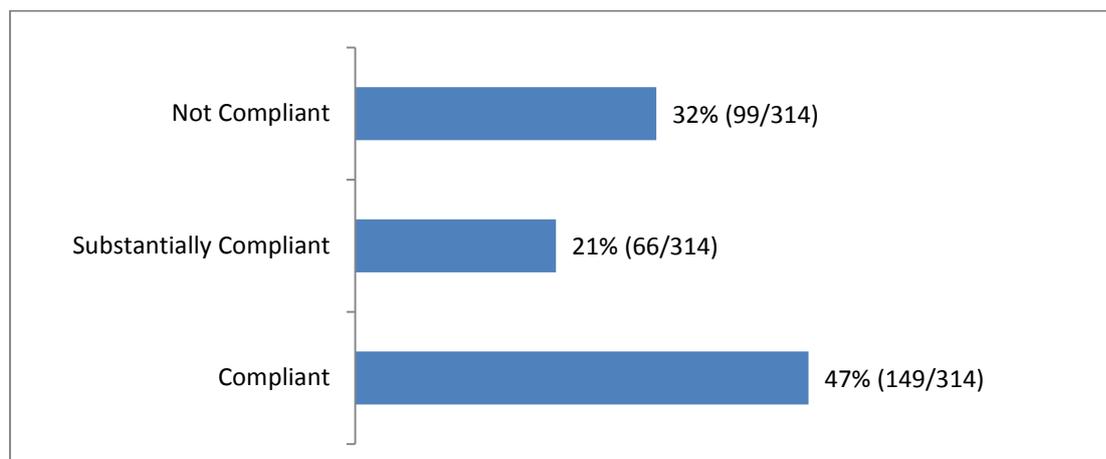
### Governance and management

During 2018, inspections continued to indicate a direct relationship between good governance and leadership, regulatory compliance and good outcomes for people living in the centre. Highly compliant providers demonstrated that they had good governance arrangements in place. They were clear about what they offered, how they provided their services and who had overall accountability for the quality and safety of care. In highly compliant centres, good governance arrangements also acknowledged the inter-dependencies between management, clinical practice and care, and when effectively integrated, resulted in the delivery of high-quality, safe and reliable services.

In recent years, the Chief Inspector has continually reported on the relationship between good governance and management in a centre and sustained regulatory compliance. As listed earlier in Tables 6 and 7, Regulation 23 dealing with governance and management was among the 10 most compliant regulations during 2018, but also appeared in the list of 10 regulations most often found to be non-compliant. These apparently contradictory findings demonstrate the frequency of checks by the Chief Inspector against this regulation in light of the relationship between governance and regulatory compliance.

During 2018, inspectors found that where governance and management was assessed, approximately 30% of inspections (or 99 out of 314) found the centre was not compliant with the regulation on governance (illustrated in Figure 1 below).

**Figure 1. Levels of compliance with Regulation 23: Governance and management during inspections in 2018**



The table shows the number of times Regulation 23 was found to be compliant. This number is expressed as a percentage of the overall number of times the regulation was assessed. These numbers are shown in brackets next to the percentage number.

Effective systems of governance and management are an essential requirement underpinning the regulation of centres for older people. A 'fit' provider, as determined using the Chief Inspector's assessment of fitness processes, has in place an effective system of leadership, governance and management, including:

- a management structure that supports the delivery of safe care in line with legislation
- a well-structured system of governance which includes responsive quality assurance processes
- systems of appropriately delegated responsibility and accountability that supports those employed to manage the service
- adequate resources (including financial and human resources) to ensure the safe and effective running of the centre.

Furthermore, fit providers:

- understand their roles and are committed to safe and high-quality care for residents
- have knowledge of and a full commitment to meeting their legal obligations
- have the competencies of a good manager, that is to say, able to plan, organise implement and assess high-quality care

- demonstrate that public trust and confidence can be upheld
- understand the concept of person-centred care<sup>21</sup>
- can translate the concept of person-centred care from management to front-line staff
- address the challenges around providing social care.

Despite the high levels of compliance with the regulation on governance and management, it is of concern that 30% of centres inspected were found to be non-compliant in this crucial area. Where there are inadequate governance arrangements, invariably the provider struggles to sustainably ensure a high-quality service for residents. Poor governance has a direct adverse impact on the lived experiences of residents. This is a consistent finding across all type of services that the Chief Inspector regulates.

Going forward, the systems of effective governance in nursing homes will remain a critical area of focus in order to promote an open and inclusive culture informed by residents, relatives, staff and external health and social care professionals. In addition, providers must seek out and act on feedback from people using the service, those acting on their behalf, staff and other informed and interested parties, so that they can continually evaluate the service, comply with the regulations and promote ongoing quality improvement.

### The provision of meaningful activities

The regulations require a registered provider to provide residents with facilities for recreation and opportunities to participate in activities they are interested in and in line with their abilities.

In 2018, inspectors found a good level of compliance with the regulations<sup>22</sup> in this area (see Figure 2), which was having a positive impact on the residents' quality of life. In recognition of the importance of ensuring residents have access to meaningful activities, many providers now actively promote a social model of care and have supported staff, through education, to develop new skills to engage in a person-centred manner with residents.

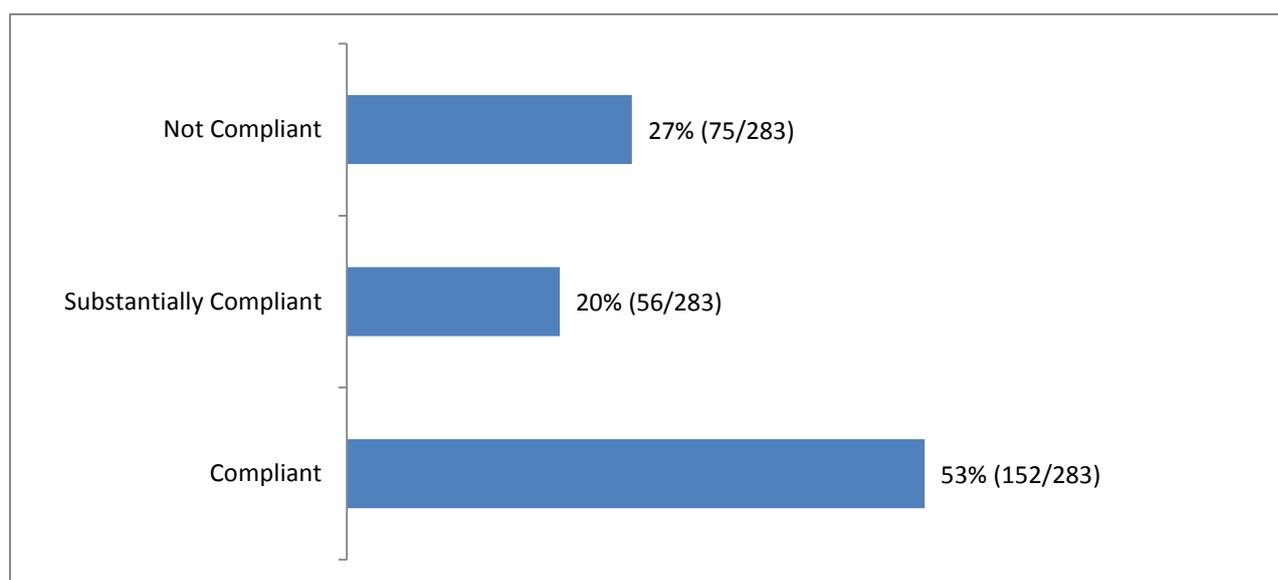
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<sup>21</sup> The philosophy of person-centred care is based on the recognition of the worth of all people using the service, where the intrinsic value of the person is recognised  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3746461/>

<sup>22</sup> Regulation 9 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

In addition, an increasing number of providers are employing dedicated activity staff seven days a week, therefore ensuring that residents in their centres have interesting things to do throughout the week and particularly at the weekends. However, as Figure 2 demonstrates, more than one in every four centres (27.4%) were non-compliant with this aspect of regulation.

**Figure 2. Levels of compliance with Regulation 9: Residents’ rights during inspections in 2018**



The table shows the number of times Regulation 9 was found to be compliant. This number is expressed as a percentage of the overall number of times each regulation was assessed. These numbers are shown in brackets next to the percentage number.

### What are good activity programmes?

Activities are an integral part of life in a nursing home, as they can bring great joy and meaning to the lives of many people living in centres for older people. Activities promote physical and mental wellbeing and support residents to engage socially, both with each other and ideally with members of the communities in which they live. Good activity programmes are:

- age appropriate for all residents who want to be involved, regardless of their varying cognitive and functional ability
- informed by feedback from residents, their families, friends and advocates
- incorporate meaningful occupation and engagement, including organised group activities, small group activities and time spent talking to and being with individual residents

- flexible and amenable to change, depending on variables, such as the residents' moods or even changes in the weather
- include activities which take place within and outside of the centre for older people and support residents in developing and maintaining relationships and links with family and the local community.

### **Non-compliance with regulations on activities**

Providers who failed to provide residents with facilities for recreation — or opportunities to participate in activities in line with their interests and capacities — continued to deploy and embody an out-dated medical model of care. A medical model of care is strongly linked with institutional practices, where routines in the centre are task orientated rather than person centred. In these centres, activities are seen as the responsibility of activity staff only, with care and nursing staff focusing on completing care tasks without making a social connection with the person. In these centres, activities were not provided whenever activity staff were off duty or where the activity staff were required to cover for other staff absences.

Older units, which were not purpose built, often struggle to provide facilities for recreation due to layout; for example, small dining rooms or a lack of recreational space. This can leave residents with no option but to spend most of the day in their bedrooms. In addition, inspections found that the environment in many of these centres was more like a hospital, with little of interest for residents to engage with.

However, new centres have also faced challenges in relation to their design. Many of these have prioritised modern, open plan, communal areas to accommodate up to 30 residents at a time. These spaces are often too busy and noisy, with no smaller rooms available for those residents who struggle to communicate or who wish to have some quiet time alone in a less busy, more peaceful environment.

### **Centres with good activity programmes**

Nursing homes that demonstrated good practice in this area ensured that their activity programmes were developed in conjunction with residents' needs, wishes and interests. In these centres, individual social care plans were developed for residents and these were updated following any change in a resident's ability to participate or expressed interest.

These nursing homes also frequently used communication aids such as 'Life Story' books<sup>23</sup> or 'Rummage Boxes'<sup>24</sup> to help staff to get to know a person who cannot communicate verbally. This helps staff to create opportunities for social engagement and personal connection when undertaking nursing or personal care tasks.

Positive outcomes for residents were evident where the activity staff and care staff in a nursing home worked together to create opportunities for social engagement with residents. For example in one centre, care staff created a sensory experience for a resident at bath time, with soft lighting and the use of essential oils or the resident's favourite body lotion. In some other centres, the social aspect of mealtimes was enhanced with fine dining events and breakfast clubs.

Other providers have incorporated the use of pet therapy. Bird watching or engaging with a pet can provide a low-stimulation activity for residents. Pets require food and exercise, and meeting these needs can give residents a sense of purpose and increase their physical activity. An increasing number of providers have arrangements in place for therapy dogs to visit and some providers have pets that live in the centre including dogs, cats, rabbits and pygmy goats.

The Chief Inspector continues to focus on this area as a means of improving the quality of life for all residents living in nursing homes. In particular, it is important that age-appropriate community-based activities are provided for younger residents who, as a result of an acquired brain injury or other disabilities, are no longer independent and are living in a nursing home.

### Garda vetting

It is of vital importance that people using health and social care services are safeguarded from the risk of harm. An Garda Síochána (police) vetting of staff and volunteers who work with vulnerable people is a key component of safeguarding, ensuring that vulnerable adults can live free from abuse, neglect, harm and exploitation.

From 30 April 2018, registered providers were required to have a vetting disclosure in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for all staff and volunteers working in their centres for older people available for inspection. Prior to this date, this requirement only applied to staff employed after 29 March 2016.

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<sup>23</sup> Life story books are a record of a resident's life in photographs, words, pictures and documents, which remind an older person of their relatives, friends and significant life events.

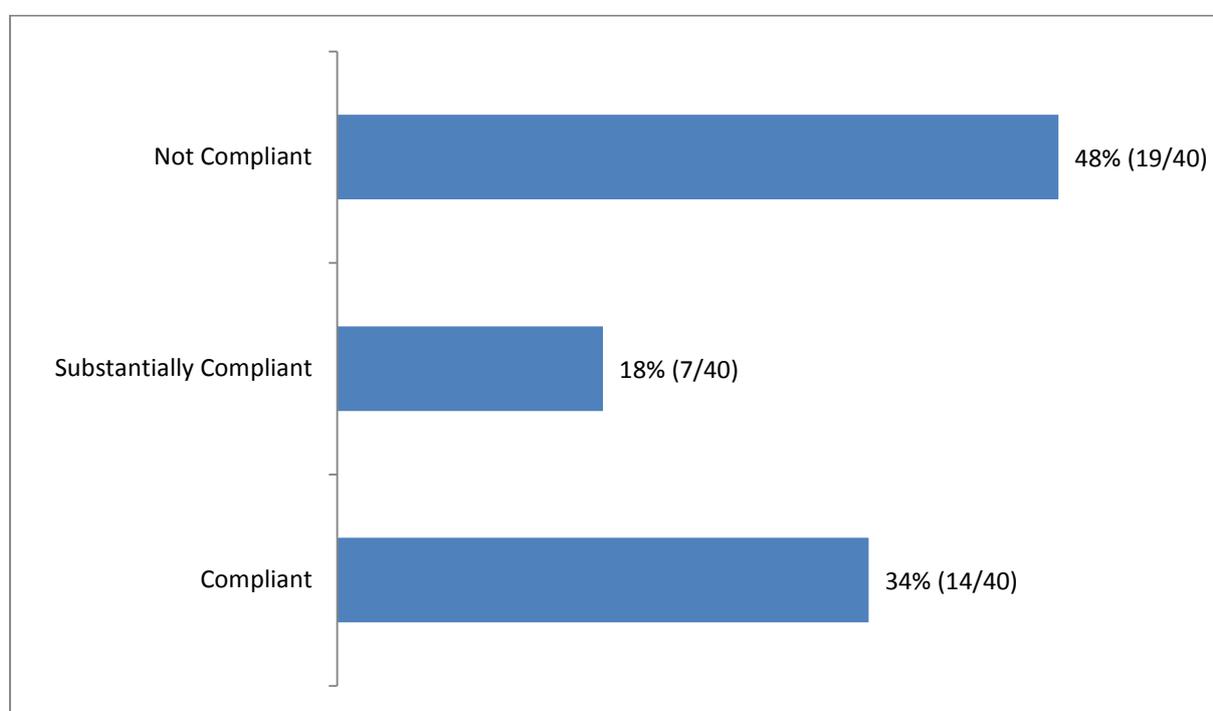
<sup>24</sup> A rummage box is a box filled with items that have meaning to a resident and which evoke happy memories for the resident whenever he or she rummages in the box.

Inspection findings in 2018 showed variable compliance with the requirement to have a vetting disclosure available for inspection in the nursing home.

Inspectors assessed compliance with the requirement to have a vetting disclosure in place in 110 centres during 2018; 80% (88) were compliant demonstrating ongoing improvements in this area.

However, the data shows a discrepancy between findings in centres operated by private providers and those operated by the HSE. In 2018, the HSE — which accounts for one in five registered centres and 5,880 residential places — demonstrated poor compliance with this regulatory requirement.

**Figure 3. HSE compliance with the legal requirement to have Garda vetting in place**



Note: the figures in the chart refer to the inspections carried out in 40 HSE centres in 2018.

Over 50% (21 out of 40) of inspections of HSE centres identified that the HSE was non-compliant with the requirement to have a vetting disclosure available on site for inspection (see Figure 3 for more information). In July 2018, following engagement with the Chief Inspector on this issue, the HSE issued an instruction to all its managers to have such vetting disclosures available on site in each centre for older people. Despite this national instruction, inspectors continued to find HSE centres where vetting disclosures were not available as required during the inspection.

Where inspectors find staff or volunteers working in any centre for older people without the requisite vetting disclosure, an immediate action plan is issued requiring the staff member or volunteer in question to be removed from duty immediately. They should not return to work or volunteer in the centre until such time as there is a vetting disclosure available.

In addition, at the time of writing, the Chief Inspector is exploring ways of sharing this information with the National Vetting Bureau in An Garda Síochána.

## Chapter 4. Areas of concern

During 2018, inspectors found a number of areas of concern in nursing homes. These are:

- fire safety
- physical infrastructure
- person in charge
- and failure to pay annual fees.

### Fire safety

Similar to 2017, non-compliance with fire safety requirements in some centres for older people in 2018 was a major cause for concern for the Chief Inspector.

Compliance with the fire safety requirements of Regulation 28 of the care and welfare regulations was assessed during 275 inspections; finding providers not compliant with the regulation in 94 (34%) of these inspections.

Inspectors of social services with expertise and experience in the area of fire safety provided advice and support to the Older Persons' Team in carrying out inspections and reviewing documentation relevant to fire safety.

Reviewing fire safety in a nursing home focuses on the provider's oversight of all aspects of fire safety. This approach is taken to ensure that the centre's approach to managing fire safety is dynamic and demonstrates an awareness of the capacity of all residents accommodated in a centre at any given time. This is particularly important in relation to being able to safely evacuate the residents and staff from the centre in the event of a fire.

A proactive provider will ensure:

- that fire evacuation plans are reassessed on an ongoing basis and reflect residents' changing needs and dependencies
- fire evacuation drills reflect the lived reality in a centre, with drills occurring to simulate times where the most and least staff are available to assist (for example, simulating both day and night-time fire drills).

The Chief Inspector acknowledges that many centres are accommodated in buildings that were not designed as such and which present significant fire-safety challenges. However, overall responsibility for ensuring fire safety rests with the provider, and good providers will have systems in place to offset any challenges or shortcomings inherent in the fabric or layout of the building which houses the nursing home.

Providers are strongly advised and encouraged to take a proactive approach to having a full fire-safety risk assessment of their centre carried out by independent fire safety experts, acting on their behalf. Any risks identified during such an assessment should be addressed on a priority basis. Providers should support this process with an action plan and reflect these risks in the centre's risk register.

Where the Chief Inspector has had significant concerns regarding fire safety in a centre for older people, these concerns are referred to the relevant local fire authority. As a result of inspections carried out in 2018, four such referrals were made to the appropriate fire authority, in the context of fire-related risk and ensuring the safety of residents.

### Physical infrastructure

Inspectors continued to see centres where residents' rights to dignity and privacy were not upheld in 2018. It is simply unacceptable that some of the most vulnerable people in Ireland continued to live in centres where the care culture allowed residents to spend their entire day confined to bed, with no independence of movement, no access to their own belongings, isolated dining experiences and not being able to join in or observe activities.

In 2016, nursing home providers were given an extended deadline of the end of 2021<sup>25</sup> in which to make certain improvements to the physical infrastructure of nursing homes. Such improvements are required in some centres to provide premises that conform to Regulation 17 and schedule 6 of the care and welfare regulations governing these nursing homes.

Registration is granted for three years. Over the past three cycles of regulation since 2009, inspections have repeatedly found that centres which have not yet addressed the physical limitations of their premises struggle to achieve compliance with other regulations which have a direct impact on the quality of life for residents, including:

- Regulation 9: Residents' rights
- Regulation 11: Visits
- Regulation 12: Personal possessions
- Regulation 13: End of life care

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<sup>25</sup> In 2016, the Health Act 2007 (Care and Welfare of residents in designated centres for older people) Regulation 2013 was amended through Statutory Instrument (SI) 293, thereby allowing registered providers until the end of 2021 to demonstrate compliance with Regulation 17 and Schedule 6 of the 2013 care and welfare regulations.

- Regulation 16: Training and staff development
- Regulation 17: Premises
- Regulation 23: Governance and management
- Regulation 26: Risk management
- Regulation 27: Infection control
- Regulation 28: Fire precautions.

Failing to conform to premises regulations means that the people who live in these centres experience a poor quality of life. In their day-to-day lives, these residents:

- 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
  - select what they want to watch on television
- have very limited privacy during the delivery of intimate and personal care and no protection from noises or unpleasant odours
- cannot personalise their living space
- can only display a small number of personal possessions
- have very limited storage space for their clothes
- have very limited ability to meet and converse with family and visitors in private.

The 2016 statutory instrument did not remove the requirement for registered providers to adhere to any of the other care and welfare regulations. The Chief Inspector has found that some providers have interpreted the extended deadline as negating their responsibility to achieve regulatory compliance and ensure the best possible privacy and dignity of residents in the interim. However, the Chief Inspector considers that the extension afforded to providers in 2016 applies only to the physical premises requirements under Regulation 17 and Schedule 6 of the 2013 care and welfare regulations, and that residents' rights should always be upheld.

Ahead of longer-term investment in the physical infrastructure, significant improvements in the quality of life of residents could be achieved by reducing the number of residents living in some of those centres with a history of continuous

regulatory non-compliance in relation to the physical premises. Specifically, in the context of HSE centres, inspection and monitoring activities indicate vacancy rates of up to 10%. In the context of this vacancy rate the Chief Inspector believes residents' quality of life could be readily improved by:

- a) removing the unused beds and reconfiguring the internal space to enhance the wellbeing of residents
- b) and addressing institutionalised care practices through better staff supervision and support, training and performance management.

There is also capacity to accommodate more residents in nursing homes which do not have the same environmental challenges and where there is a history of good regulatory compliance.

### Person in charge

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 clearly sets out the experience and qualifications required before somebody can be appointed as a person in charge of a nursing home. Since November 2016, anyone taking up the role of a person in charge is required to have not less than three years' experience in a management capacity in the health and social care area, and a post-registration management qualification in health or a related field.

In 2018, the Chief Inspector found that while the vast majority of registered providers are aware of this statutory requirement, others had at times operated a nursing home in the absence of a person in charge who met the above requirements. Given that the person in charge has responsibility for ensuring compliance with over half (51%) of the regulations, failure to appoint a person in charge with the required experience and qualifications is unacceptable and a poor reflection of the fitness of a registered provider.

Responsibility for demonstrating regulatory compliance rests with the registered provider. A 'fit' registered provider will ensure that the role of the person in charge is only filled by a person who meets the above regulatory requirements, but will also ensure that there is effective succession planning in place in the event that the person in charge is unable to continue working.

The Chief Inspector recognises the role of a person in charge as a fundamental part of an effective system of governance and management and, therefore, this will remain an area of focus in 2019.

### Failure to pay annual fees

The Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 require that registered providers pay an annual fee of €183 for each resident for a full calendar year. This annual fee is payable in three equal instalments and becomes due on 1 January, 1 May and 1 September each year in respect of each four-month period.

Each instalment of €61 per occupied residential place is payable by the last day of the calendar month in which the instalment fee falls due. So, for instance, annual fees that fall due on 1 January must be paid by 31 January and so on. Complying with the related regulation is essential for the ongoing registration of the nursing home.

To assist registered providers in meeting this regulatory obligation, HIQA issues a demand for payment based on the numbers of residents accommodated in each centre. Where a provider fails to pay this invoice, a reminder letter is sent. Where the provider fails to respond to the reminder letter, escalated regulatory action by the Chief Inspector follows —see Table 10.

**Table 10. Escalating regulatory action taken when a registered provider fails to pay annual fees**

Regulatory non-compliance	Escalating regulatory action
1 <sup>st</sup> time	Issued with a warning letter
2 <sup>nd</sup> time	Required to attend a warning meeting
3 <sup>rd</sup> time	A notice of proposed decision to attach a condition to the registration of the nursing home will be issued

In 2018, a number of registered providers did not pay their annual fees within the required timelines. These providers were therefore deemed to be non-compliant with the relevant regulation. Table 11 sets out the number of providers deemed to be non-complaint for each four-month pay period and the regulatory action taken as a result. In 2018, 27 warning letters were issued, 15 providers were required to attend a warning meeting and six notices of proposed decisions were issued. Each four-month billing period reflects concluded actions for the period in question.

**Table 11. Non-payment of annual fees and action taken by the Chief Inspector**

<b>Regulatory action as a result of non-payment of fees</b>	<b>Number of providers</b>
Pay period 1 (Jan – April 2018)	
Issued with a warning letter	21
Was required to attend a warning meeting	1
Received a notice of proposed decision to attach a condition to the registration of the nursing home	6
Pay period 2 (May – Aug 2018)	
Issued with a warning letter	2
Was required to attend a warning meeting	11
Received a notice of proposed decision to attach a condition to the registration of the nursing home	0
Pay period 3 (Sept – Dec 2018)	
Issued with a warning letter	4
Was required to attend a warning meeting	2
Received a notice of proposed decision to attach a condition to the registration of the nursing home	0

Failure to pay the annual fee raises concern about the cash flow in a nursing home, its financial viability, and the potential negative impact that any question mark over the centre's future has on the care and welfare of residents. In 2019, regulatory compliance in this area will continue to be enforced.

## Chapter 5. Stakeholder engagement

### Voice of the resident

Residents who live in nursing homes and their families, relatives, friends, and advocates are an invaluable source of information on the day-to-day experience of people living in centres for older people. In order to ensure that our reports accurately reflect the voice, views and experience of the residents, inspectors spend time listening to residents and gathering evidence on their experience of living in the centre. Inspectors also speak to their relatives, friends and advocates.

The lived experience of residents of nursing homes is a key indicator of the safety and the quality of a service. Therefore, inspectors will always attempt to communicate directly with individual residents or a group of residents. Where a resident may not be able to or may choose not to engage with them, inspectors may communicate through an advocate or family member or a member of staff. Inspectors will also gather written feedback from residents and relatives using questionnaires to seek their views on different aspects of day-to-day life in the centre.

### What residents and relatives told us

Overall, feedback from residents and their families in 2018 about life in the centre was mainly positive, with a high priority placed on the quality of staff-resident interactions and the quality and choice of food. However, residents are increasingly identifying concerns about a lack of privacy in multi-occupancy rooms and insufficient access to meaningful and entertaining activities.

In addition to engaging with residents and their families during the course of an inspection, we held four regional information events in 2018 where residents and relatives were invited to a 'A Day For Your Say'. Two of these events were held in Dublin and the others took place in Cork and Galway.

These events were held to give residents, relatives and members of the public a forum to meet with inspectors outside the nursing home where a resident lived and separate to the inspection process where residents and relatives may feel constrained in what they can say. A letter, poster and flyers announcing the public sessions were sent to each nursing home and providers were asked to display them for residents and families.

The majority of the 74 attendees at the four sessions were relatives of residents in residential care at the time. The session was structured to gain insight into their experiences and areas that were of greatest concern to them. The main themes identified by relatives were queries around acceptable staffing levels, communication

with management and staff, contracts of care, how to make a complaint effectively and what is reasonable to expect in terms of the provision of activities in nursing homes.

Attendees also sought clarification on HIQA's role in relation to nursing homes, why HIQA cannot investigate individual complaints and why inspectors carry out announced inspections. All of these issues generated lively debate and some practical suggestions, such as:

- carrying out more out-of-hours inspections
- reducing reliance on providers to notify relatives about announced inspections
- using posters to identify when inspectors are present in a nursing home
- carrying out more unannounced inspections and
- reviewing the HIQA website to make it more accessible.

### What providers told us

During the course of the year, the Chief Inspector engaged with registered providers through regulatory activity and other initiatives. In tandem with the four regional residents and relatives' events, four regional meetings were held for providers. These meetings aimed to facilitate direct communication with providers and managers of centres for older people in a forum outside of the regulation process.

Those attending<sup>26</sup> reported that the meetings gave them a good opportunity to meet with the inspectors of social services and to network with other providers. They also reported that the events afforded an opportunity to clarify issues relevant to the regulation and the registration processes, and helped to keep them up to date with any changes to the processes involved.

Common issues raised by registered providers during these regional meetings — and during inspections and regulatory meetings between the Chief Inspector and providers — included difficulties in accessing community allied healthcare professionals for residents, difficulties accessing support from the HSE safeguarding teams and access to medical card services.

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<sup>26</sup> Attendees at each information event were invited to complete an anonymous evaluation form, with 94% of the submitted evaluation forms indicating overall satisfaction with the event.

### **Diminished access to services covered by the medical card**

In Ireland, recipients of a medical card issued by the Health Service Executive (HSE) are entitled to avail of a range of health and social care services for free, including general practitioner (GP) services, prescribed drugs and medicines — some prescription charges apply — inpatient public hospital services, out-patient services and medical appliances, some personal and social care services, such as public health nursing, and other community care services.<sup>#</sup>

A significant percentage of residents living in nursing homes qualify for a medical card as their weekly income is below the required qualifying thresholds. The community care services that a resident may require, and which they are entitled to avail of, can include physiotherapy, occupational therapy, chiropody, speech therapy, dietitians and social workers. In addition, the HSE provides medical and surgical aids and appliances, such as wheelchairs and walking aids, free of charge to medical card holders.

However, in recent years, providers have reported significant delays and a lack of priority when seeking to access such services on behalf of residents who have a medical card. Such delays have significant consequences for residents of these centres whose health and wellbeing may deteriorate further if they cannot access the therapy they require in a timely manner. The consequences include diminished independence, such as residents unable to get out of bed because a suitable chair, which they would be entitled to receive, has not been provided.

Some providers — in recognition of the regulatory requirement to ensure a resident's healthcare needs are addressed — have secured the services of allied healthcare professionals on a fee-per-session basis which is then passed on to the resident and his or her family. Residents and families are then faced with the choice of paying for the service privately if they can afford it or seeing their relative's health and quality of life deteriorate further.

Residents of centres for older people should not be in any way disadvantaged by virtue of living in a nursing home and services that they could have availed of free of charge in the community should equally be available to them on moving to live in a nursing home. The Chief Inspector has raised this issue at a national level with the HSE and has also informed officials in the Department of Health.

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<sup>#</sup> For further information, see

[https://www.citizensinformation.ie/en/health/medical\\_cards\\_and\\_gp\\_visit\\_cards/medical\\_card.html](https://www.citizensinformation.ie/en/health/medical_cards_and_gp_visit_cards/medical_card.html).

### **Lack of access to safeguarding expertise**

In the wake of the disturbing and abusive practices experienced by some people living in Áras Attracta in Co Mayo, the HSE (the registered provider of this designated centre for people with disabilities) developed a national safeguarding policy. This policy is, however, limited to HSE-operated centres or centres funded by the HSE, and it has not been placed on a statutory footing.

At the time of writing, there is no specific safeguarding legislation in place in Ireland to provide a legal basis for the protection of vulnerable adults outside of the criminal justice system. However, the care and welfare regulations for nursing homes place a duty of care on providers to take all reasonable measures to protect residents from abuse.

Therefore, only managers of and staff working in HSE or HSE-funded centres can access the HSE's Safeguarding Office. Providers of private nursing homes (which make up the majority of nursing homes) do not have access to this office and the expertise it can provide when responding to a potential case of abuse of a resident.

During 2018, registered providers of private nursing homes raised concerns about the absence of a national safeguarding policy and lack of access to the HSE safeguarding teams.

In 2017 the Government approved the development of a national policy on national safeguarding in the health and social care sector and underpinning legislation. In the interim of such legislation or national policies, HIQA and the Mental Health Commission (MHC) have jointly developed *National Standards for Adult Safeguarding* which have been submitted to the Minister for Health and await his approval. HIQA looks forward to the Minister approving this key piece of work, and hopes to see the standards<sup>27</sup> adopted across health, social care and mental health services soon.

National and international evidence consulted as part of the development of these standards was published by HIQA and the MHC in 2018 (Background document to support the development of national standards for adult safeguarding), and is available on the HIQA website.

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<sup>27</sup> National and international evidence consulted as part of the development of these standards was published by HIQA and the MHC in 2018 (Background document to support the development of national standards for adult safeguarding), and is available on the HIQA website.

## Chapter 6. Conclusion

By the end of 2018, there were 581 nursing homes in Ireland registered with the Chief Inspector. These centres provided a home to over 31,000 people. This report has provided a detailed overview of the regulation of such services in 2018, including the areas of care that are improving and areas of concern that require further work.

Inspection findings from 2018 are consistent with findings from previous years in that the majority of nursing home providers are very familiar with the requirements of the regulations. Most providers continue to strive to improve their services beyond basic compliance with the regulations and seek to meet the provisions of the *National Standards for Residential Care Settings for Older People in Ireland*. This has a positive impact for the people living in nursing homes.

While significant progress has been made in a large number of areas, providers must continue to promote improvements to future proof and improve their services on a continuous basis. Notwithstanding the progress identified during the course of the Chief Inspector's work, there are issues which still require attention to ensure the basic requirement of compliance with regulations is met. These areas include privacy and dignity, good governance and fire safety. In addition, safeguarding is a basic function of any health or social care service and all service providers need to take this responsibility seriously. There is a clear obligation on registered providers to have a Garda vetting disclosure available for inspection in the nursing home for all staff and volunteers.

The Chief Inspector will maintain a focus on these areas to ensure that service providers meet the needs of people who live in nursing homes.

Through continued monitoring of performance against the regulations and standards and publicly reporting on findings, the Chief Inspector has provided a transparent assurance mechanism to all stakeholders. Where scope for improvement is identified, this is clearly communicated to providers during inspections and in inspection reports. Where risks to residents are identified, the Chief Inspector acts to ensure that the risk is mitigated.

The Chief Inspector will continue to build upon and improve its monitoring, inspection and regulatory approach. In 2019 and beyond, the inspection programme will be reinforced and expanded to promote ongoing improvement in the best interest of residents. For example, ensuring compliance with the regulations as a minimum requirement, while also encouraging registered providers to stretch their services to meet the provisions of the *National Standards for Residential Care Settings for Older People in Ireland*. The introduction of the enhanced monitoring

approach in 2018 and the commencement of a restrictive practice thematic inspection programme in 2019 are part of this approach.

Furthermore, HIQA will continue to work in collaboration with all stakeholders to address these complex issues in the coming years with the ultimate goal of improving the quality and safety of services for all.





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