



Health Information and Quality Authority (HIQA)

Review of Regulatory Inspection Process -

Designated centres for older people

Final Report

08 June 2026

forv/s
mazars

Contents

1.	Background to this report	3
1.1	Introduction	3
1.2	Evolution of the regulation of nursing homes	3
1.3	Background to the regulatory inspection process	5
1.4	Structure of the report	7
1.5	Acknowledgements	8
2.	Summary review outcomes	9
2.1	Overall review conclusion	9
2.2	Summary review recommendations	11
3	Review scope and approach	15
3.1	Objectives and scope of the review	15
3.2	Review approach	15
3.3	Reporting	17
4	Detailed review observations, conclusions and actions identified	18
	Appendices	45
	Appendix I: Key terms and abbreviations used in this report	45
	Appendix II: Terms of Reference	46

1. Background to this report

1.1 Introduction

In June 2025, RTÉ Investigates aired a programme which showed, in named nursing homes, revelations of serious concerns including fundamental care failings and shortcomings in terms of basic care and support to residents. Issues raised in the programme included unacceptable staff practices in terms of care and support, staff shortages, inadequate supplies, and an apparent absence of supervision and oversight of care. In response to the issues aired in the RTÉ programme, HIQA had extensive engagement with both the Minister for Health and the Minister of State for Older People. Key issues considered included the need to provide appropriate independent assurance on HIQA's regulatory processes and to ensure that there is a clear understanding of HIQA's regulatory role and how that is communicated and understood by the wider public.

The Minister of State for Older People initiated a review of the Chief Inspector's regulatory processes, and the independent review was undertaken by Forvis Mazars, with specific reference to designated centres for older people, otherwise known as nursing homes. The Audit Risk and Governance Committee (ARGC) of HIQA oversaw the work of Forvis Mazars for this review to ensure the review was delivered within the agreed terms of reference. Once the report is finalised, it will be made available to the Board of HIQA and forwarded to the Minister of Health and the Minister of State for Older People.

The primary objective of this review is to independently assess the Chief Inspector's regulatory process within the current legal framework and to make recommendations as appropriate to the ARGC, to include:

- the quality and consistency of the regulatory process as it applies to residential nursing homes and including the lived experience of residents;
- the adequacy and application of measures in place by the Chief Inspector to assess governance, management, culture, behaviour, staffing and supervision in nursing homes;
- the Chief Inspector's approach to and use of all solicited and unsolicited information, including statutory notifications and protected disclosures, to inform the assessment of regulatory compliance and overall safety and quality under existing legislation;
- the adequacy of regulatory tools available to the Chief Inspector having regard to the changing policy and operational landscape within which nursing home care is delivered.

The review scope and approach are detailed in Section 3 of this report.

1.2 Evolution of the regulation of nursing homes

Introduction

Regulation of Designated Centres for Older People (nursing homes) in Ireland has undergone major transformation since it was first established in 2009, under the Health Act 2007 as amended. The Chief Inspector, within the Health Information and Quality Authority (HIQA) became the independent regulator of all public, private and voluntary nursing homes, marking a fundamental shift, where heretofore, only the private sector was subject to regulation. The establishment of HIQA, including the Office of the Chief Inspector, brought independent oversight and accountability to the delivery of residential care to older people.

Evolution of Regulations (2009 – 2026)

In the early inspections of nursing homes following the establishment of HIQA, many nursing homes were found to have institutional models of care, poor premises, overcrowding and practices that limited residents' autonomy. Over

time, regulation drove significant improvements in safety, governance and the physical environment. Inspections, registration requirements and the introduction of the *National Standards for Residential Care Settings for Older People (2016)* raised the bar and required providers to deliver person-centred care.

The COVID-19 pandemic deeply affected the sector, exposing vulnerabilities around infection control, staffing and governance, but also led to a greater emphasis on *National Standards for Infection Prevention and Control (2018)* and *National Standards for Adult Safeguarding (2019)*. The Department of Health introduced legislative and regulatory reforms following learnings from the impact on the sector. The recent updates to the Chief Inspector's regulatory powers included:

- Additional enforcement powers with specific reference to the introduction of a compliance notice which can be appealed to the district court;
- Shortening the time frame to give effect to enforcement actions;
- Powers to investigate specific individual incidents in residential settings;
- Power to seek ongoing monitoring information from providers to support and enhance surveillance and ongoing monitoring between inspections.

HIQA's more recent regulatory approach is seeking to focus more closely on quality of life and human rights-based outcomes for residents.

Changing Profile of Nursing Home Ownership

One of the most striking changes since 2009 has been in ownership patterns. Initially, Ireland's nursing home sector consisted of a mix of private, voluntary (often religious or charitable) and public (HSE-operated) providers. Over the 17 years since, several trends have emerged:

- **Sectoral Shift.** – In 2023 private and voluntary operators provided five times more beds than public facilities with voluntary and HSE-owned centres declining both in number and capacity.
- **Consolidation.** – Many smaller family-run community-based homes have closed, while large private groups and investment backed companies, including some owned by international investment funds or holding firms have expanded their footprint in Ireland.
- **Loss of smaller local homes.** – HIQA's 2024 Report on 15 years of Regulation noted a clear move towards larger centres with more beds, particularly in urban areas.

These structural changes came with new accountability challenges. Where ownership lies with parent or holding companies, often located outside Ireland, it becomes legally challenging to hold these parent entities accountable for regulatory failing at individual nursing home level. The Chief Inspector's remit applies to the registered provider, the legal entity that operates the nursing home, rather than the corporate group or ultimate owner.

This legal separation creates potential gaps in responsibility, accountability and financial transparency, particularly when decisions about staffing, budgets and closures are made at group level, but regulatory accountability for the nursing home lies with the registered provider. In cases of insolvency or regulatory non-compliance, the Chief Inspector cannot hold anyone other than the registered entity to account, even where the evidence indicates that strategic and financial decisions are made elsewhere.

Through its engagements with the Department of Health and in published documents, HIQA has highlighted the need for greater corporate transparency, fit person assessments at group governance level and contingency planning to protect residents in the event of corporate restructuring, sale or closure.

The evolving ownership landscape presents one of the most complex challenges facing the regulatory system – how to ensure that the legal framework can be better aligned to the business reality of ownership so as to properly safeguard residents' rights, care and support needs.

Human Rights and the Focus on Resident Outcomes

Since 2018, the Chief inspector has put a greater emphasis on embedding a human rights-based approach to care. HIQA aligns its standards and inspections with Instruments such as:

- The United National Convention on the Rights of Persons with Disability (UNCRPD);
- The European Convention on Human Rights (ECHR);
- The Universal Declaration of Human Rights (UDHR).

This approach emphasises dignity, autonomy, participation and equality. Critically, it seeks to reframe older persons as active participants in their care. Inspectors not only assess the safety of homes, but the regulations and standards seek to focus more on residents’ outcomes, the lived experiences of community engagement, privacy, independence and freedom from restrictive practices.

Safeguarding

HIQA has prioritised adult safeguarding to prevent abuse and neglect in care settings. Since the publication of the *National Standards for Adult Safeguarding (2019)*, the Chief Inspector has placed greater emphasis on:

- Resident empowerment and decision-making capacity;
- Reduction of restrictive practices;
- Ensuring transparent complaints management systems;
- Ensuring residents are active participants in their care.

The next stage of reform supported by the Health (Miscellaneous Provisions) Act 2024 and the Patient Safety (Notifiable Incidents and Open Disclosures) Act 2023, will strengthen the Chief Inspector’s powers and integrate safeguarding more deeply into everyday regulation.

Conclusion

Over the last 17 years, the regulation of nursing homes in Ireland has progressed, from a focus on minimum safety requirements towards a more comprehensive rights-based approach that prioritises safeguarding, dignity and overall wellbeing. This review highlights potential for further work by HIQA in terms of current regulatory framework and specific regulatory enhancements to continue this journey towards improving outcomes.

Concurrently, the transition in ownership models, from local-rooted community-based providers to large corporate entities, has introduced increasingly complex regulatory challenges. In order to effectively respond to the demands of an ageing population, the regulatory framework must continue to evolve, ensuring robust assessment of the fitness of all parties both at local operational levels and within broader corporate governance and financial structures. Ultimately, these efforts are essential for ensuring that older people receive care that is not only safe, but appropriate, person-centred and responsive to their individual needs.

1.3 Background to the regulatory inspection process

Designated centres for older people (nursing homes)

During 2024 and 2025, the following nursing homes were registered by the Chief Inspector:

Nursing homes	2024	2025
Centres as of 31 December	548	545
Registered Beds as of 31 December	32,370	32,408

The provider ownership profile has evolved with more than 75% of nursing homes being managed by privately owned providers (or more than 80% of bed capacity), with the remainder being managed by the Health Service Executive (HSE) or publicly funded by the HSE as section 38 or 39 providers under the Health Act 2004.

The role of HIQA and the Chief Inspector

HIQA, as an independent statutory body established under the Health Act 2007, as amended, has through its legal functions of setting standards and the Chief Inspector’s regulatory activities sought to deliver on its core

objective of promoting safe and quality services to residents and service users of nursing homes. HIQA develops person-centred standards and guidance, and has a role in carrying out national service-user experience surveys in conjunction with the Department of Health and the HSE.

The Chief Inspector is responsible for the registration and inspection of residential services for older people. The Chief Inspector is an employee of HIQA and is accountable to the Oireachtas. The Chief Inspector is required to maintain a register of nursing homes, and to monitor compliance of those designated centres with the regulations and standards set by HIQA. HIQA appoints inspectors to assist the Chief Inspector in the performance of their duties. The Chief Inspector's monitoring and inspection activities include ensuring that providers of nursing homes have the systems, structures and processes in place to mitigate risks associated with the quality and safety of services provided to residents, and to promote and enable safe and effective care for residents.

The role of providers of nursing homes

Under current regulations, the providers of nursing homes are required to ensure that adequate systems, structures and processes are in place so that residents receive care of the highest quality. Providers and their staff are responsible for the safety and care of residents, and should have clear and capable governance and management structures in place underpinned by effective leadership and positive organisation culture. Such structures should equip their staff and facilities with the tools needed to ensure adequate oversight and service delivery. Providers are also required to monitor person-centred care and support provided to residents, to identify and act on improper behaviour.

The role of regulation

Regulation provides a framework for ensuring that providers have adequate arrangements in place to deliver services to residents that are of a required standard of quality and safety while respecting the human rights and dignity of residents. Routine regulatory oversight is implemented through a variety of monitoring activities, including the registration and renewal process, inspections, receipt and review of solicited and unsolicited information. Regulations also provide for a mechanism to act when things go wrong. Where inspectors identify instances of inadequate care and support, this can result in regulatory action being taken. There are a range of regulatory tools available to the Chief Inspector and these are set out below.

The regulatory framework applicable to nursing homes

The regulatory framework applicable to nursing homes consists of the following:

- Health Act 2007, as amended;
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended;
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015, as amended;
- The National Standards for Residential Care Settings for Older People in Ireland 2016;
- The National Standards for infection prevention and control in community services 2018;
- The National Standards for Adult Safeguarding 2019.

The regulatory activities and powers of the Chief Inspector

Under section 46(1) of the Health Act 2007, as amended, any person carrying on the business of a designated centre can only do so if the centre is registered under the Act and the person is its registered provider. The registration process includes an assessment of fitness of the registered provider and of key persons participating in the management of the centre.

The Chief Inspector utilises a range of regulatory activities as part of their role in monitoring compliance with regulations and standards. The purpose of monitoring is to assess compliance with the Health Act 2007, as amended, with the regulations and the national standards by gathering information and evidence and reviewing and risk rating this information to inform regulatory judgments. It includes inspection, review of information

submitted by the designated centres and information held about the centre and ongoing review of solicited and unsolicited information. All this is taken into account when assessing compliance.

Where required, the Chief Inspector takes escalation and enforcement measures. The aim of the Chief Inspector is to regulate for improvement. But where a registered provider fails to comply with a requirement of the Act, the regulations or standards, and does not demonstrate sustained improvements, the Chief Inspector will take action based on the seriousness of the breach and the risk posed to residents.

A proportionate approach is taken when providers do not comply with their regulatory requirements. When other means of ensuring sustained compliance with the regulations and standards have failed, such as a cautionary or warning meeting with the providers or a warning letter, enforcement action may be taken.

Enforcement actions include refusing registration, imposing new conditions, varying or removing conditions of registration or cancelling registration. In certain circumstances, the Chief Inspector may also take a criminal prosecution. This review identified evidence of this graduated approach to the use of escalation and enforcement actions.

Receipt of information

Information in respect of providers of nursing homes can be received from the public, staff, residents or their families. Providers are legally required to make notifications in respect of certain identified events or incidents at a designated centre with prescribed reporting timeframes and templates in place - these are referred to as statutory notifications. (see page 32 for details of the number received per annum). In addition, concerns from relatives, residents or interested parties or staff, are submitted to HIQA through a range of available contact points. Since the implementation of the Protected Disclosures Act 2023, all complaints received from workers in a work-related context are deemed to be potential protected disclosures. HIQA, and the Chief Inspector, have specific timelines in place for review and action (if required) of information received, whether solicited or unsolicited.

Inspections

Inspection activity, as applicable to nursing homes, is primarily designed to assess a provider's compliance with the regulations and standards. Inspectors determine those regulations to assess during each visit on a risk basis and use lines of enquiry to assess provider compliance against the minimum requirements as set out in the applicable regulations. Each inspection results in a report outlining a provider's compliance levels and if required, the provider details a compliance plan to address any improvement areas.

Inspections are primarily unannounced to ensure an accurate reflection of the lived experience of residents can be observed. Announced inspections are carried out during a registration cycle primarily for the purpose of informing residents and their relatives of such visits and to enable opportunities for them to be present and engage with inspectors. Inspections can be targeted (based on specific risks or concerns), routine or thematic (based on identified standards), and each provider is subject to at least one inspection per year. Details of inspection activities are included in Section 4 of this report.

1.4 Structure of the report

This report has been structured in the following way:

- Section 1: Background to this report
- Section 2: Summary review outcomes
- Section 3: Review scope and approach
- Section 4: Detailed review observations, conclusions and actions identified
- Appendices

1.5 Acknowledgements

We would like to acknowledge the significant contribution to our review of the HIQA Board, Audit, Risk and Governance Committee and staff, the Chief Executive Officer (CEO), the Chief Inspector of Social Services, HIQA and Chief Inspector staff and all of the stakeholders we met, and thank them for their time and effort provided to support to our review.

2. Summary review outcomes

2.1 Overall review conclusion

We found that fundamentally, the Chief Inspector's regulatory inspection processes are effective. We have also identified a number of areas where HIQA and the Chief Inspector could enhance and strengthen their regulatory processes and arrangements. In addition, we have identified a number of regulatory changes for consideration by HIQA and the Department of Health which would further strengthen the work of HIQA and the Chief Inspector in enabling improved outcomes and experience for nursing home residents.

Our overall view is that the Chief Inspector's regulatory inspection processes are effective in delivering on its statutory registration and inspection remit within the current regulatory framework as applicable to nursing homes. We found that the Chief Inspector's registration and inspection activities follow a standardised and consistent approach, in line with regulations and standards determined by the Minister for Health, in a fair and proportionate manner.

In carrying out their activities, the Chief Inspector places reliance on a scheme of delegation and inspectors are guided by a breadth of systems, tools, templates, guidance, process documentation and training, supported by effective record keeping for regulatory information, actions and in terms of reporting systems. We noted a clear flow of information for each centre whereby centre registration status, receipt of solicited and unsolicited information, inspection activity, case review, regulatory activities and decisions undertaken, and risk assessments relating to each step are recorded systematically and regularly reviewed.

The details of the discussion and the conclusions of this review are set out in Section 4 of this report and are aligned with the Terms of Reference of the review. The actions and recommendations arising from the discussion in Section 4 are set out thematically to ensure clarity on the areas for action. This summary of our findings is captured within those themes.

In relation to the voice of the resident, the review found that the Chief Inspector has a range of effective mechanisms for engaging with and gathering the views of residents. We recommend that the inspection approach to culture and staff behaviour within nursing homes be strengthened, particularly in relation to its impact on the lived experience of residents.

We have also recommended that the use of data analytics and technology be strengthened to enhance the regulatory oversight and monitoring surveillance. This would allow for enhanced trend analysis of information relating to nursing homes and also strengthen the use of information received about nursing homes through notifications and information received from the public through the concerns helpdesk. With specific reference to protected disclosures, we have recommended that HIQA reviews the effectiveness of the measures implemented to ensure consistent compliance in relation to timelines for the management of protected disclosures.

In relation to notifications, we are recommending that the guidance to providers is reviewed to ensure that they retain responsibility for care and support. In addition, we recommend that providers are requested to monitor key indicators of safe and effective care, such as changes in a provider's financial capacity, staffing or resident profile as part of their 6-monthly review required by the regulations.

We have identified opportunities for the Chief Inspector to further enhance the existing regulatory inspection processes. Thematic inspections have been an effective way to promote best practice in relation to specific aspects of care that directly impact on residents. These are focused inspections which use best practice indicators contained in the National Standards. We have recommended that the Chief Inspector consider increasing these types of inspections as a means to promoting best practice in key areas of care. However, we are also recommending that the Chief Inspector review the criteria for these inspections to ensure they are used appropriately and consistently, and also explore whether the judgment descriptors remain appropriate in both routine and thematic inspections in terms of public perception and understanding.

Furthermore, we are recommending that there is a review of the staffing capacity and capability to allow the Chief Inspector to respond appropriately to the changing profile and operating context of nursing homes.

We have also made recommendations in relation to how HIQA and the Chief Inspector can strengthen the information that is available for residents, families and the public. This includes a review of how information on the website better informs residents, families and the public of regulatory work in progress, but not yet published, or any other relevant information available to the Chief Inspector about the nursing home's regulation status. We have recommended that HIQA examines whether it can facilitate registration by residents and service users for update notifications when changes to registration details of a centre or inspection activities are published, as well as making the register of designated centres more accessible to residents and in a format that it is easily understood. We reviewed the timelines from inspection to publication and found that they are comparable or better than a number of other regulators both nationally and internationally and note the recent improvements in publication timelines. In line with good practice, we recommend that the timelines are subject to ongoing review while having regard for the principles of natural justice and right of reply.

We found that the Chief Inspector's regulatory processes and approaches appropriately place significant emphasis on holding providers to account as the primary responsibility for safe and effective care rests with providers. This includes the approach taken across inspections, registration activity, and the various regulatory activities and decisions progressed in respect of centres and providers. It is also important that the regulatory approach places a primary focus on how providers assure themselves that the care and supports are safe, effective and person centred.

While inspections include assessment of culture and behaviour as part of the assessment of governance and management, the requirements for establishing and maintaining appropriate cultures and behaviours are not clearly addressed in existing regulations. There is also a need to ensure that regulations, as well as standards enable an appropriate focus on outcomes for residents, and include a specific emphasis on culture and behaviour.

The regulatory framework must continue to place the focus on providers as the accountable persons and in this context it must also recognise the emerging owner arrangements with parent companies. There is a trend towards nursing home providers being part of a group structure. The parent companies within such group structure cannot be held to account by the Chief Inspector under current legal arrangements. A key recommendation is a legal requirement for the Chief Inspector to be able to hold parent companies of registered providers to account. We have also recommended the introduction of risk assessment trends across all nursing homes within a group company structure and how providers determine appropriate staffing levels.

Another emerging trend is where nursing home provider companies are sold but the registered provider is unchanged and the Chief Inspector may not be notified until after the fact. This creates a concern as to the fitness of the provider and their directors where some or all of the directors have changed.

We have confirmed that the Chief Inspector places significant emphasis on safeguarding matters during registration, inspection and in thematic inspections undertaken in respect of centres. We recognise the importance of current work being undertaken by the Department of Health in relation to Adult Safeguarding Legislation which will further underpin the regulatory framework in relation to safeguarding.

During our review, we considered the use of legal powers by the Chief Inspector within the current regulatory framework and how the framework could be changed to strengthen the powers of the Chief Inspector. We observed a clear transition pathway between monitoring and inspection activity, escalation and enforcement. We found that escalation is based on clear evidence which is reviewed proportionately and consistently and with consideration of pro-activeness of the provider or the urgency of actions required. There is evidence of escalation arrangements in place which include targeted inspections, requiring providers to implement compliance plans, requesting provider assurance reports, conducting warning meetings and referral of information to third parties. There is also evidence that the Chief Inspector has a range of regulatory tools available to make decisions, including varying or removal of registration conditions, issuing compliance notices, proceeding to prosecution or cancellation of registration.

We have recommended that consideration be given to legal mechanisms by which the Chief Inspector can require third parties to make relevant information available for the purposes of the Chief Inspector's function, including if necessary, an Order from the Court, as well as recommending that the jurisdiction for the Chief Inspector's decisions be moved from the District Court to the High Court.

With the recent introduction of legislative changes to reduce the timelines for the imposition of registration conditions, the use of a condition to restrict admissions has proved effective in safeguarding residents, while also imposing a financial penalty on the income from the nursing home until the issues are resolved. It also serves to protect staff within nursing homes and enable them to operate safely. Furthermore, it is our view that the compliance notice has the potential over time to be very useful in requiring the provider to take specific actions. As the compliance notice is fully operationalised, the Chief Inspector will be able to evaluate its effectiveness compared to other enforcement tools. On the specific issue on the imposition of fines or other penalties, it would be important to weigh up the potential impact of the financial penalty on the behaviour of the provider. Factors that would need to be considered include:

- A statutory framework will be required to enable the introduction of a system of fines;
- The monetary value of the fine - this will be informed in part by Court jurisdiction issues;
- The potential impact on resident care; and
- The ease of which they can be applied.

We are recommending that further consideration is given to such measures by HIQA and the Department of Health.

Also, in relation to strengthening the regulatory framework, and mindful of the changing nature of the nursing home and other sectors, the ongoing expansion in the remit of the Chief Inspector and previous challenges to the role of the Chief Inspector within HIQA, we are recommending that the statutory arrangements for HIQA and the Chief Inspector be explored by HIQA and the Department of Health.

Our detailed observations, conclusions and recommended actions are included in Section 4 of this report.

2.2 Summary review recommendations

We have made the following recommendation arising from this review:

Number	Recommendation
<p>Recommendation 1</p>	<p>HIQA and Chief Inspector - Voice of the Resident</p> <p>HIQA and the Chief Inspector should explore further mechanisms by which both the Chief Inspector and the provider can capture and review the:</p> <ul style="list-style-type: none"> • Lived experiences of residents. • Culture and leadership within the designated centre as experienced by residents and their families. • Experience of staff working in nursing homes including in relation to the culture and leadership within the nursing home, and the impact on residents.
<p>Recommendation 2</p>	<p>HIQA and Chief Inspector - The use of information</p> <p>HIQA and the Chief Inspector should explore:</p> <ul style="list-style-type: none"> • Strengthening the use of data analytics and technology to support enhanced regulatory oversight, monitoring surveillance and trend analysis of centres and across nursing home groups.

Number	Recommendation
	<ul style="list-style-type: none"> • Reviewing the guidance for providers for notifications of certain incidents to ensure that providers retain responsibility for resident care and support. • Requesting that providers include key indicators of safe and effective care such as changes in provider's financial capacity, staffing, or resident profile as part of their 6-monthly review required by the regulations. • Reviewing the effectiveness of the measures implemented to ensure consistent compliance in relation to timelines for management of protected disclosures.
<p>Recommendation 3</p>	<p>HIQA and Chief Inspector - Optimising the current regulatory processes and approach</p> <p>HIQA and the Chief Inspector to review the current inspection arrangements and deployment of inspection staff, to include consideration of:</p> <ul style="list-style-type: none"> • Expansion of use of thematic inspections to embed best practice on safe and effective care and support for residents. • Review the Chief Inspector criteria for carrying out thematic inspections to ensure they are applied consistently and are effective. • Review the judgment criteria for thematic and regulatory inspections to ensure their appropriateness and that they are easily understood. • Review of inspector capacity and capability to allow the Chief Inspector to respond appropriately to the changing profile and operating context of nursing homes.
<p>Recommendation 4</p>	<p>HIQA and Chief Inspector - Information for Residents, Family and the Public</p> <p>HIQA in its review of their website and publication of reports should:</p> <ul style="list-style-type: none"> • Consider how best to facilitate registration by residents and service users and families for update notifications when changes to registration details of a centre or inspection activities are published. • Consider whether it can effect further improvements in turnaround times for inspection reports, having regard to regulatory requirements. • Make the register of designated centre more accessible to residents and families and in a format that it is easily understood. • Consider how information on the HIQA website can better inform residents, families and the public on the respective roles of the provider and the regulator, on current regulatory status of centres, to include conditions of registration, inspection activities planned or in progress, actions taken by the Chief Inspector following inspections and any other relevant information about the current status of the nursing home's overall compliance levels. • Review guidance on provider compliance plans to give clearer information for residents and families on the actions being taken by provider to improve the quality of care.

Number	Recommendation
<p>Recommendation 5</p>	<p>HIQA, Chief Inspector and Department of Health - Strengthening the regulatory framework</p> <p>HIQA and the Chief Inspector should work with the Department of Health to consider how the legislative framework can be strengthened to address the emerging governance and management issues and also culture and behaviour issues within the nursing home sector to enable a further shift towards improved outcomes as follows:</p> <ul style="list-style-type: none"> • Enable the Chief Inspector to scrutinise parent companies of nursing home groups' governance and financial status and their impact on individual provider standards of care and support. • Ensure that the registration process can fully address changes in ownership and/or directors of the provider during a registration cycle. • Ensure all persons with a material interest in the designated centre can be vetted as to their fitness, and held accountable as appropriate for relevant governance and management of individual centres. • Explore how financial fitness of private and voluntary providers could be assessed. • Develop group-level company risk assessment to identify patterns of non-compliance and risk across nursing homes within the group. • Further explore the potential effectiveness of additional regulatory powers such as the imposition of fines. • Ensure an increased focus on indicators of outcomes for residents within the regulations including an emphasis on staff culture and behaviour. • Place the primary focus on providers to monitor culture and behaviour and evaluate care and support as well as strengthening the Chief Inspector's ability to assess this through the regulatory process. • Progress the development of adult safeguarding legislation. • Progress the work underway by the Department of Health on an appropriate, standardised staffing framework for nursing homes.
<p>Recommendation 6</p>	<p>HIQA, Chief Inspector and the Department of Health - Optimal Functioning of the Office of Chief Inspector</p> <p>HIQA and the Chief Inspector should work with the Department to explore the statutory requirements for the continued optimal functioning of HIQA and the Chief Inspector in the context of the changing complexity of the provider landscape and the expanding function of the Chief Inspector. Specifically consideration should be given as to whether:</p> <ul style="list-style-type: none"> • The appointment of experts within budgeted resources by HIQA or the Chief Inspector can be simplified.

Number	Recommendation
	<ul style="list-style-type: none">• There are adequate legal provisions, such as seeking a court order, which would allow the Chief Inspector to require third parties to provide information that is relevant and essential to the Chief Inspector's regulatory remit.• Judicial oversight of regulatory decisions should be moved to the High Court.• The statutory arrangements for HIQA and the Chief Inspector should be reviewed.

3 Review scope and approach

The Minister of State for Older People initiated a review of the Chief Inspector's regulatory processes, and the independent review was undertaken by Forvis Mazars, with specific reference to designated centres for older people, otherwise known as nursing homes. The Audit Risk and Governance Committee (ARGC) of HIQA oversaw the work of Forvis Mazars to ensure the review was delivered in line with the terms of reference. Once the report is finalised, it will be made available to the Board of HIQA and forwarded to the Minister of Health and the Minister of State for Older People.

3.1 Objectives and scope of the review

The primary objective of this review was to independently assess the regulatory process within the current regulatory framework with consideration of the in-scope areas below. We have made recommendations, as appropriate, to the Audit, Risk and Governance Committee and for review and consideration by the Minister. The scope of this review included examination of the following key themes. Specifically, we considered whether:

- a) HIQA's regulatory process and approach are adequately designed to reflect the voice of the resident, including in relation to resident experience and the quality of care received;
- b) The regulatory inspection process, as applicable to registered designated centres, is in line with the current legislative framework and follows a standardised approach in practice, including the approach to planning and undertaking inspections, and to determining findings and required actions;
- c) The regulatory processes and approaches are adequately designed to assess leadership, culture and behaviour within registered designated centres;
- d) The regulatory processes and approaches enable effective review and response to all safeguarding issues within registered designated centres for older people;
- e) The regulatory inspection process and approach are adequately designed to assess safe and appropriate staffing and supervision levels within registered designated centres;
- f) There is a clear and consistent process for receipt, review and response of statutory notifications for registered designated centres in line with the current legislative framework and consideration will be given to additional statutory notifications that may be required including in relation to staffing;
- g) The HIQA Authority Monitoring Approach (AMA) enables effective receipt, review of and response to information received from the public and from protected disclosures in respect of registered designated centres;
- h) There is a robust and standardised process to facilitate the transfer of information derived from inspection activity, solicited information and unsolicited information to other statutory agencies as appropriate;
- i) The arrangements for updating information on registered designated centres on the HIQA website are optimal; and consideration will be given to providing the up-to-date compliance status of the registered designated centres at the time of publication of the inspection reports;
- j) The current regulatory levers are adequate to hold registered designated centres and parent companies to account including consideration of the effectiveness of measures such as the imposition of fines;
- k) The current regulatory levers are adequate in terms of effecting consistent compliance having regard to national and international regulatory best practice.

3.2 Review approach

This review was delivered in line with the Forvis Mazars review methodology and the specific approach developed for each review, which in this case included the following as applicable to nursing homes:

- Requesting and reviewing documentation applicable to the regulatory inspection processes of the Chief Inspector function, including but not limited to policies and procedures, guidance materials, standard operating procedures, handbooks, tools, templates, standards, reports, surveys and publications;

- Completing workshops and detailed walk-throughs with key individuals involved in the regulatory inspection processes;
- Review of sample inspections including thematic and regulatory inspections, notifications (solicited and unsolicited), regulatory activities and decisions and validation of these to supporting documentation and recording in primary HIQA systems;
- Review of timelines for reporting on inspections in other comparable national regulators;
- Detailed process analysis and challenge of process steps against regulations, standards and best practice observed in other regulators;
- Analysis of regulatory inspection process activities and trends, and validation of regulatory inspection activity data and statistics received;
- Discussion, confirmation and challenge of regulatory inspection processes with the Chief Inspector, inspectors, HIQA management and staff, and key stakeholders;
- Meetings with external stakeholders to discuss the primary scope objectives from the perspective of providers and residents, and to provide validation or challenge in respect of the information, documentation and explanations provided to us during this review;
- Legal review and analysis of aspects requiring legal consideration and input, as well as benchmarking the regulatory construct between HIQA and the Chief Inspector and regulatory powers available to the Chief Inspector against other regulatory bodies in Ireland.

We have performed appropriate work to consider whether appropriate policies, procedures and processes have been designed and are in operation, to ensure achievement of in-scope process objectives.

Our review work consisted of an initial examination of the legislative and policy framework applicable to HIQA's regulatory inspection process, followed by detailed review and analysis of HIQA's regulatory inspection process steps, its conclusions and judgments. We have reviewed HIQA's regulatory inspection process for the purpose of determining adequacy, consistency and quality (based on the in-scope areas outlined above) and confirming the process is applied in practice.

As part of our review, we had meetings and discussions with:

- HIQA Board Chair
- HIQA ARGC Chair
- HIQA Chief Executive
- Chief Inspector
- Deputy Chief Inspector Older Persons
- HIQA Director Healthcare Regulation
- HIQA Director Health Information and Standards
- Representatives of the Older Persons team
- HIQA Head of Legal Services
- External stakeholders including nursing home provider representative organisations, Health Service Executive (HSE) and relevant advocacy services, specifically:
 - Nursing Homes Ireland;
 - Céile Care;
 - The Alliance;
 - SAGE Advocacy;
 - HSE Older People Operations;
 - Patient Advocacy Service;

- National Advocacy Service.
- Senior and Junior counsel input on specific legal matters.

This report has been prepared for HIQA and for the Minister for Health and the Minister of State for Older People (the Minister) and is intended to support both parties in assessing the regulatory inspection process as applicable to nursing homes.

Our review was focused on specific areas (as detailed in Section 3.1) and is a point in time indication of the regulatory inspection process for consideration by both Ministers and HIQA. Our work, unless otherwise indicated, included the review and analysis of information and documentation provided to us by the HIQA Executive including the CEO, the Chief Inspector and their team, the HIQA regulation team and the Board, as well as discussions with these parties and with key stakeholders, and validation (on a sample basis) of the regulatory inspection process currently in place. In terms of enabling independent assessment of the Chief Inspector process, we also engaged with key external stakeholders to HIQA relevant to this review and sought input from junior and senior counsel on specific legal matters.

Forvis Mazars assumes no responsibility in respect of or arising out of or in connection with the contents of this report to parties other than HIQA, the Minister for Health and the Minister of State for Older People. If others choose to rely in any way on the contents of this report, they do so entirely at their own risk. This report may not be copied, circulated or referred to in correspondence or discussions with any other person without our prior permission, save for the reporting structure set out in Section 3.3. We provide no guarantees that all significant matters relating to the regulatory inspection processes as applicable to nursing homes are disclosed in this report. Whilst we are not aware that the report is to be used as part of any potential legal proceedings, we reserve the right to amend the layout, observations and conclusions set out in this report, prior to any submission in any potential legal proceedings.

3.3 Reporting

Upon completion of scope items a) to k), Forvis Mazars met with key contacts as nominated by the HIQA ARGC and management and the Chief Inspector to discuss the findings of the review and to ensure the factual accuracy of preliminary review outcomes and recommendations. A report was prepared by Forvis Mazars and presented to the HIQA's ARGC to ensure that it was delivered within the Terms of Reference. When finalised, the report will be made available to the Board of HIQA and forwarded to the Minister of Health and the Minister of State for Older People.

Forvis Mazars does not agree or accept any responsibility in respect of this report, its contents and conclusions, to any parties other than HIQA and the Minister.

4 Detailed review observations, conclusions and actions identified

This section contains our detailed observations, conclusions and actions identified following the review completed in respect of each item a to k as set out in the Terms of Reference. Each subsection covering an item from the Terms of Reference includes a:

- *rationale* to detail why the item was included in the Terms of Reference,
- *background* to detail an understanding of the area under review,
- the *evidence basis* which informed our conclusion under each item,
- our *conclusion*, and
- *key actions* identified from each subsection.

a) HIQA's regulatory process and approach are adequately designed to reflect the voice of the resident, including in relation to resident experience and the quality of care received

Rationale

This ensures that the experiences, views and outcomes of residents remain central to HIQA's regulatory approach and the assessment of quality and safety of care.

Background

In considering whether HIQA's regulatory process and approach are adequately designed to reflect the voice of the resident, we have reviewed aspects of the Chief Inspector's approach during inspection and regulatory activities, as well as the approach outside such activities.

The Chief Inspector's approach to inspection of designated centres includes lines of enquiry that underpin the regulations, and these include substantial elements focussing on the quality and safety of care received. It is noted that announced inspections, in particular, include the use of questionnaires to residents which provide an opportunity to obtain direct views from residents across relevant service-related topics. An online survey is also always available for residents and their families to complete, which can provide useful feedback in respect of any provider. Inspectors are required to spend 90% of the time on-site in a designated centre within the service area of that centre, and inspectors are also required to speak directly to residents to obtain feedback on their experiences within the designated centre.

Inspection reports are required to contain a section referred to as "what residents told us", and contain details on residents' experiences of living in the centre which are based on resident discussions, inspector observations during the inspection visit, discussions with staff, observations on the physical centre environment and responses to questionnaires (if used).

The Chief Inspector also carries out thematic inspections as part of its Authority Monitoring Approach (AMA) framework, in circumstances where it is considered that relevant nursing homes are meeting the minimum standards as defined by the regulations. Thematic inspections are designed to gather information from residents and service users to promote improvements in the safety and quality of services in line with national standards or guidance. The evidence shows that the criteria in place to make decisions around whether thematic inspections should be carried out, as well as the consistent application of such criteria, can be improved.

In addition to the regulatory monitoring approach followed in respect of nursing homes, HIQA and the Chief Inspector also make use of other methods to gather feedback from residents and service users. In prior years, regional provider, resident and stakeholder events were held to give different parties within the residential care framework for older people an opportunity to interact directly with the regulatory inspection teams. The Office of the

Chief Inspector also has regular engagement with several stakeholder and advocacy groups, including nursing home provider representative organisations and advocacy services for residents of nursing homes.

HIQA also leads a joint initiative with the Department of Health and the Health Service Executive in the form of the National Care Experience Programme. This programme has a suite of surveys that capture the experiences of people using relevant social services, with the aim to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The most recent related national surveys which were published included the National End of Life Survey 2023 – asking bereaved people about the care provided to a family member or friend and their loved ones in the last months and days of their life, including residents of nursing homes – and the Nursing Home Experience Survey 2022 which presented findings from the experiences of nursing home residents and their relatives.

The first National Nursing Home Experience Survey took place in 2022, in response to a recommendation made in the COVID-19 Nursing Homes Expert Panel Report. This survey offered residents in a representative sample of 53 nursing homes, and their relatives and friends, the opportunity to share their experiences of nursing home care in Ireland. The survey was carried out in-person with nursing home residents, while their relatives and friends had the option to complete a hardcopy survey questionnaire or to complete the survey online. A total of 718 residents and 943 relatives and friends took part.

Overall, 90% of residents and 87% of residents and friends reported a good or very good experience. Residents were particularly positive about the living environment and the staff and caregivers who cared for them. Areas for improvement included the involvement of residents in decision making, food provided in the nursing home, and the availability of staff to discuss residents' worries and fears with them. The second National Nursing Home Experience Survey is due to be implemented by the National Care Experience Programme in 2027.

Evidence basis

We have confirmed the following:

- The regulatory inspection process itself is underpinned by lines of enquiry which require inspectors to assess a substantial breadth of evidence-based objectives concerning the quality of care received by residents.
- The regulatory inspection approach results in inspectors spending the majority of their time on-site at a designated centre in the primary service area (i.e. 90%), while inspectors also spend adequate time talking to residents and centre staff to ensure the voice of the resident is captured.
- The regulatory inspection approach is supported by the use of online and site visit specific questionnaires to residents (the latter for announced visits only), as well as other methods for residents and their relatives to provide unsolicited feedback in respect of a centre.
- The use of announced designated centre visits during inspections and therefore the use of resident questionnaires is limited in nature, with announced inspections only making up approximately 5% of all nursing home inspections during 2025. No questionnaire is available for staff as an alternative feedback method, although provider staff can and do provide unsolicited feedback and protected disclosures to HIQA and the Chief Inspector through separate channels of communication.
- Regulatory inspection reports and supporting notebooks maintained by inspectors adequately detail what residents had to say based on resident discussions and inspector observations.
- Feedback is obtained from residents of nursing homes outside of the regulatory inspection process.
- The Chief Inspector has regular engagement with nursing home provider representative organisations and advocacy services for residents of nursing homes, and in previous years held regional events for residents, providers and other stakeholders.
- HIQA's leadership of the National Care Experience Programme together with the Department of Health and HSE enables periodical national surveys which obtains feedback from residents and their relatives with the aim to improve the quality of care provided to residents. The first National Nursing Home Experience Survey took place in 2022, in response to a recommendation made in the COVID-19 Nursing Homes Expert Panel

Report. The second National Nursing Home Experience Survey is due to be implemented by the National Care Experience Programme next year with work in this regard already under way.

Conclusion

We are satisfied that HIQA's regulatory process and approach are adequately designed to reflect the voice of the resident, and that this process and approach includes the assessment of the resident experience and quality of care received.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector should explore further mechanisms by which both the Chief Inspector and the provider can capture and review the:
 - Lived experiences of residents.
 - Culture and leadership within the designated centre as experienced by residents and their families.
 - Experience of staff working in nursing homes including in relation to the culture and leadership within the nursing home, and the impact on residents.

b) [The regulatory inspection process, as applicable to registered designated centres, is in line with the current legislative framework and follows a standardised approach in practice, including the approach to planning and undertaking inspections, and to determining findings and required actions](#)

Rationale

This is important to ensure inspections are carried out consistently, fairly and in accordance with the regulatory framework.

Background

Authority Monitoring Approach

We understand that under the Health Act 2007 as amended, the functions of HIQA are to promote the safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public, and that the functions of HIQA are to monitor compliance with standards set by the Authority. The Chief Inspector's role, as set out under the Health Act 2007, as amended, is to register and inspect designated centres to assess compliance with regulations set by the Minister. The Chief Inspector discharges these roles and functions as applicable to nursing homes through a risk-based approach for monitoring, inspection and enforcement. This approach is detailed in the Authority Monitoring Approach (AMA). The AMA is HIQA's documented risk-based approach which applies across all of its regulatory and inspection functions to ensure standardisation of approach.

Inspector guidance and training

In addition to the documented AMA, detailed inspector guidance and training are made available to inspectors which include but are not limited to:

- The approach to be followed in respect of making a risk-based selection of regulations to cover as part of each inspection;
- Reviewing and updating the centre risk profiles based on a variety of information available to inspectors, for example previous inspections, information received (solicited and unsolicited), registration details, trend analysis and the progress in respect of current or previous regulatory and enforcement activities;
- The link between the risk profile of centres and inspection focus, regulatory actions and decision making and the deployment of inspector resources accordingly;

- Requirements relating to inspection scheduling, which occurs on a risk basis and with each provider to receive at least one inspection per annum;
- Decision making (on a risk basis) between announced and unannounced inspection visits, and routine, targeted or thematic inspections;
- Consideration of lines of enquiry relating to relevant regulations or standards subject to inspection, as well as the assessment and judgment of compliance levels to be exercised in a fair and proportionate manner;
- Documentation of inspection evidence and maintaining a notebook;
- Quality assurance provisions in respect of inspection fieldwork and reporting;
- Engagement with a provider, residents and staff during inspection activity and the structure of the onsite visit;
- Guidance in respect of inspection reporting on conclusions, including focus on the voice of the resident, but also making clear assessments as to whether a centre is in compliance with relevant regulations or standards, or not, and whether a compliance plan is required.

Inspections are scheduled to take place over a day or more. This approach is flexible in that inspections can be scheduled for more days as required, and where this is warranted by risk or the size of the centre, and ultimately the number of days allocated to individual inspections has a ceiling having regard to inspector capacity.

We note that in general, inspectors make a risk-based selection of regulations that would be examined for each inspection, and that typically less than half of the 34 regulations are covered during individual inspection visits. In recent years, nursing homes have grown in size so that the demands on inspector time while on-site have increased in many visits. Typically it requires more than one inspection day to ensure that there is adequate coverage of all areas of the centre. In this context of a changing profile, size and complexity of nursing homes, consideration should be given to the inspector resources and number of days allocated to individual inspections to ensure adequate coverage during centre visits.

Inspection activities

We confirmed that the following inspection activities took place during 2024 and 2025.

Table 1: Nursing home Inspections by Announcement Type

Inspections by Announcement Type	2024	2025
Unannounced	707	715
Announced	126	39
Short-Notice Announced	7	3
Total Inspections Nursing homes	840	757

Table 2: Nursing home Inspections by Inspection Type

Inspection by Inspection Type	2024	2025
Nursing home Risk Inspection	173	146
RED 18	385	414
RED 5.5	133	54
Infection Prevention Control	27	32
New Applicant	7	7
Thematic - Restrictive Practice	115	58
Thematic - Adult Safeguarding	0	46
Total Inspections Nursing homes	840	757

Table 3: Nursing home Inspections per Centre

Number of Inspections per Centre	2024	2025
1 inspection	321	378
2 inspections	199	151
3 inspections	30	17
4 inspections	5	3
5 inspections	0	1
6 inspections	0	0
7 inspections	0	0
8 inspections	0	0
9 inspections	1	1

In accordance with the AMA, the Chief Inspector primarily focussed on completing unannounced inspections in nursing homes to ensure that inspectors can observe the service provision as part of the daily routine within centres. In relation to inspection type, during 2025 around 18% of all nursing home inspections focused on a theme or standard, including restrictive practices, infection prevention and control, and safeguarding practices.

Escalation and enforcement

Monitoring / inspection activity may be followed by escalation and enforcement actions, facilitated by risk outcomes of monitoring / inspection activity and case reviews when required. Regulatory escalation occurs based on the impact of risk-rated monitoring / inspection outcomes on service provision to residents, based on clear evidence, which is reviewed proportionately and consistently, and with consideration of the pro-activeness of the provider or urgency of actions required.

A range of regulatory actions are available to the Chief Inspector if escalation is required on foot of regulatory inspection activity outcomes. These include carrying out targeted inspections, requiring a provider to complete and implement a compliance plan, completing cautionary or warning meetings and issuing warning letters to providers, requesting a provider assurance report, issuing a request for information and informing relevant third parties of high-risk information.

The Chief Inspector can take a number of enforcement actions in respect of the providers of nursing homes, including varying or attaching restrictive registration conditions, a statutory requirement to provide information, issuing a compliance notice, proceeding to prosecution for breaches of the Health Act 2007 as amended, or cancellation of registration.

Table 4 below demonstrates the detail of *escalation activities* undertaken by the Chief Inspector during 2024 and 2025.

Table 4: Nursing home Escalation activities undertaken

Escalation Activity	2024	2025
Provider Assurance Reports Requested	107	162
Cautionary Meetings	80	51
Warning Meetings	44	40
Warning Letters Issued	18	21
Section 65 Requests for Information	0	0
Section 51 Notices of Decision to Attach or Vary Conditions	13	12
Section 51 Notices of Decision to Cancel	8	0
Section 58 District Court Order to Enforce Certain Decisions	0	0
Section 59 District Court Order to Cancel	1	1

Escalation Activity	2024	2025
Section 60 Ex Parte Interims Orders	0	0
Section 78A Compliance Notices*	N/A	0
Section 79 Offences under the Health Act	0	0

* In 2025, amendments were made to the Health Act 2007, as amended, which included provisions relating to the powers of the Chief Inspector such as the reduction in time for representation, appeals to decisions of the Chief Inspector from 28 days to 14 days, and also the introduction of Compliance Notices. The reduced timelines for registration related decision making have proven an effective way in addressing issues of concern in nursing homes and has reduced the requirement for such measures as Compliance Notices. The Chief Inspector is currently examining the most effective use of the Compliance Notices in light of the other changes to the powers of the Chief Inspector.

Recording

Regulatory inspections and activities across nursing homes are recorded in the Prism IT system. The flow of information for each centre includes centre registration status, receipt of solicited and unsolicited information, inspection activity, case review, regulatory activities and decisions undertaken, and risk assessments relating to each step being recorded and regularly reviewed.

Evidence basis

We have confirmed the following:

- The AMA is supported by guidance, process detail, assessment-judgment frameworks and lines of enquiry which are aligned to relevant regulations and standards as applicable to nursing homes, and which enables providers and inspectors to understand the compliance framework, as well as consistency in its application.
- Regulatory inspection activities in respect of nursing homes ensure that each centre receives at least one inspection per annum, with over 30% receiving more than one visit. This compares favourably with regulators in other jurisdictions. We reviewed four health and social care regulators in other jurisdictions and found that in two jurisdictions, the frequency of inspection was similar to the Chief Inspector's and in two other jurisdictions, the frequency of inspection is significantly less than that undertaken by the Chief Inspector. The existing inspector capacity, expanding centre sizes and breadth of regulations result in some limitations being placed on inspection coverage per visit.
- Arising from 757 inspections, 633 compliance plans were put in place for nursing homes during 2025 (2024: 724) which were reviewed and monitored by inspectors in respect of centres under their remit.
- The average timeframe from inspections to publication of reports is around 3 months (60 working days), which we consider reasonable in the context of the inspection activities carried out, the need for regulatory activity, engagement with residents and providers, and reporting output. The current regulatory framework stipulates report response times and the Chief Inspector has to apply the principles of fair procedures and natural justice in the report finalisation process, including facilitating a right of reply for providers. We also noted that this publication timeframe compares favourably to other Irish regulators, with two examples where we reviewed sample timeframes from inspection date to reporting showing inspection report publication timeframes of between 5 and 8 months.
- The current regulations for older persons have been subject to a number of regulatory changes including those identified by HIQA, and these were aimed at strengthening the regulatory processes applied by the Chief Inspector. At this point, given the changes in the operating environment of the nursing home sector and national policies including around safeguarding and a human rights focus, we consider it timely to now consider a further review of the regulatory framework in conjunction with HIQA and the Chief Inspector, to ensure that it assesses outcomes for residents, as well as matters relating to process within nursing homes, that it adequately reflects the operating environment in terms of parent companies and nursing home groups and its powers are fully aligned with the changing policy and operational environment. It is appreciated that this is a significant undertaking and we recommend that HIQA works with the Department to determine the priorities to ensure that HIQA and the Chief Inspector have the necessary regulatory levers within the current operating environment and also that the regulations are focused further on outcomes for residents.

- The three primary National Standards as applicable to nursing homes have not been updated for several years. HIQA has confirmed that these have been prioritised for review in conjunction with the Department within the context of its annual Business Planning process and the review is currently in progress.
- Lines of enquiry followed by inspectors cover a broad range of applicable topics in line with the regulations and standards, but do not cover certain aspects such as financial capacity, culture and behaviour and staffing in adequate detail, due to some limitations in the existing regulations and standards. Also given the evolving profile of providers and potential for legal challenge, it is important that matters relating to culture and behaviour are embedded in the regulatory framework including fitness assessment and parent company oversight.
- Regulatory inspection outputs are followed by escalation activities on a risk basis, and we have seen evidence of how the available regulatory activities and decisions are consistently utilised to achieve improvements in the quality and safety of services to residents.
- Thematic inspections are undertaken in specific circumstances where it is deemed that providers meet the minimum regulatory compliance requirements. We have noted that the criteria in place to make decisions around whether thematic inspections should be carried out, as well as the consistent application of such criteria, can be improved. The judgments used for thematic and regulatory inspections should be reviewed to ensure that they continue to be appropriate.
- The regulatory inspection approach can be enhanced through strengthened monitoring surveillance, through the enhanced use of technology and data analytics. Such surveillance should be underpinned by agreed mandatory information / notification requirements to be made available to the Chief Inspector, with a specific focus on information relevant to safety or risk within the centres, for example changes in resident profile or turnover of staff. The development of the new regulatory system alongside the leveraging of the new HIQA data analytics function will allow the Chief Inspector to strengthen the analysis of centre specific data over time and facilitate early identification of any material changes or trends in areas such as operating context or profile of residents.
- Risk events relating to individual centres, and related actions taken, are routinely captured and reviewed within reasonable timeframes.
- Inspectors undergo broad and graduated training regularly, and with the use of new technologies record keeping should be centralised and reporting automated in respect of training assessment and completion to support ongoing oversight of training requirements across the overall regulation team.
- Inspection reports currently use different judgments for regulations and thematic-based inspections, and the understanding and interpretation of these judgments require review.
- Nursing home registration status, receipt of solicited and unsolicited information, inspection activity, case review, regulatory activities and decisions undertaken, and risk assessments relating to each step are being recorded in the Prism system and regularly reviewed.

Conclusion

We are satisfied that HIQA's Authority Monitoring Approach (AMA) allows for a standardised and consistent approach to monitoring compliance with standards set by the Authority and inspection of nursing homes respectively. We have confirmed that this approach, which includes planning and undertaking inspections, and determining findings and required actions, is followed in respect of nursing homes, and implemented in a fair and proportionate manner. Our review also confirmed that the regulatory inspection process is based on the regulations and standards determined by the Minister.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector should explore:
 - Strengthening the use of data analytics and technology to support enhanced regulatory oversight, monitoring surveillance and trend analysis of centres and across nursing home groups.

- HIQA and the Chief Inspector to review the current inspection arrangements and deployment of inspection staff, to include consideration of:
 - Expansion of use of thematic inspections to embed best practice on safe and effective care and support for residents.
 - Review the Chief Inspector criteria for carrying out thematic inspections to ensure they are applied consistently and are effective.
 - Review the judgment criteria for regulatory and thematic inspections to ensure their appropriateness and that they are easily understood.
 - Review of inspector capacity and capability to allow the Chief Inspector to respond appropriately to the changing profile and operating context of nursing homes.

c) [The regulatory processes and approaches are adequately designed to assess leadership, culture and behaviour within registered designated centres](#)

Rationale

This is to ensure that the Chief Inspector within HIQA is enabled to assess whether the leadership and organisational culture support safe, respectful and person-centred care.

Background

The Chief Inspector's report entitled 15 Years of Regulating Nursing Homes, as well as Annual Overview Reports produced by the Chief Inspector, continuously make reference to the clear relationship between good governance and management in a centre and sustained quality and safe service delivery, and ultimately compliance with regulations and standards. Effective governance and management structures, and the right culture and behaviour within centres, create an environment where there is a focus on care for the resident, and to enable early response and effective action, where this is not the case.

As part of this element of the review, we considered the role of the provider in establishing and maintaining strong leadership, culture and behaviour within a centre, as well as how these aspects are assessed through regulatory processes and approaches, in particular fitness assessments and regulatory inspection activity.

Provider profile and role

The registered provider of a nursing home is defined as the 'person' legally responsible for the care and welfare of residents. The Chief Inspector has recently reported that around three quarters of providers are privately owned, with the remainder being publicly funded centres. We have noted that currently the Chief Inspector can only legally engage with the company registered as the provider of a nursing home.

Fitness assessments

The Chief Inspector has a legal responsibility for the registration of nursing homes, and as part of the registration and periodic renewal process, fitness assessments of the leadership and governance structures take place. Fitness assessments may also arise in the ongoing inspection and monitoring activity due to risk events occurring (for example, changes in management of a centre) which could prompt the requirement to conduct or renew fitness assessments.

Fitness assessments take place by the Chief Inspector or inspectors in respect of the provider, the person in charge (required under the regulations to have the requisite skills and experience to manage and direct care of the residents) and people participating in management of the centre.

Table 5 below demonstrates the fitness assessments carried out during 2024 and 2025 in respect of nursing homes.

Table 5: Fitness Assessments

Fitness Assessments	2024	2025
Registered Provider Fitness Assessments	163	155
Person in Charge Fitness Assessments	338	328
Person Participating in Management Fitness Assessments	268	347

Regulatory inspection activity

A key part of the Chief Inspector’s role is to conduct inspections in respect of nursing homes to assess compliance with regulations determined by the Minister. The guidance to inspectors and the practical approach taken by inspectors places a significant emphasis on leadership and governance of centres. Leadership, governance and management are core components of determining a centre’s risk profile, making compliance assessments against the regulations and whether further regulatory activities or decisions are required. The inspection approach requires consideration of governance structures, risk identification, taking action and accountability, resources, policies and procedures and the use of information by centre management. Inspection reports also contain a section on the capacity and capability of a centre, which considers and comments on the leadership, governance and oversight of a centre, actions taken, service delivery and resourcing, compliance with regulations and responsiveness to the needs of residents.

Evidence basis

We have confirmed the following:

- Providers of nursing homes are responsible for establishing the leadership and culture within centres. The regulatory process seeks to ensure the structures, systems and processes are in place to provide high-quality and safe care to residents, and the environment to call out inadequate or inappropriate behaviours.
- As part of the registration and periodic renewal process for nursing homes, the Chief Inspector carries out a range of fitness assessments in respect of the provider, person in charge and people participating in management of a centre (at least once every three years). These fitness assessments are substantially focussed on the leadership, governance, and oversight of a centre, as well as on the capacity and capability of centre management to sustain the structures, processes and procedures that would provide the required care outcomes for residents while maintaining compliance with regulations and standards.
- It is not currently mandatory for providers to undertake culture and behaviour assessments as part of the registration and renewal cycles, and therefore assessment of the outcomes of culture and behaviour assessments within centres is not currently considered as part of registration activities. This would strengthen the obligation on providers to demonstrate their commitment to and would also provide clear evidence of their assessment of culture and behaviour in their centres.
- Requirements around culture and behaviour or the assessment thereof by providers to establish clear accountability in this regard are not currently explicitly prescribed in regulations or National Standards.
- We have seen clear evidence that the regulatory inspection activity undertaken by the Chief Inspector follows adequate lines of enquiry to assess leadership, governance and management arrangements in place in nursing homes. While the areas examined include references to culture and behaviour in centres, enhanced regulatory provisions, focused on outcomes for residents with an emphasis on culture and behaviour, would place the primary focus on providers to identify issues and also strengthen the ability of the Chief Inspector to assess culture and behaviour through the regulatory process.

Conclusion

We have concluded that the Chief Inspector in their regulatory processes and approaches as applied to nursing homes, places significant emphasis on leadership, management and governance in centres. This includes the approach taken across inspections, registration activity, and the various regulatory activities and decisions progressed in respect of centres and providers. The requirements for establishing and maintaining appropriate

cultures and behaviours are not explicitly addressed in existing regulations and we noted that it may be challenging for inspectors to assess cultures and behaviours in centres in isolation or at a point in time during inspection visits. There is a need for culture and behaviour assessments within centres to be legally mandated, requiring providers to do self-assessments in the first instance, and for regulations to be updated to allow the Chief Inspector to review the outputs from such assessments.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector should work with the Department of Health to consider how the legislative framework can be strengthened to address the emerging governance and management issues and also culture and behaviour issues within the nursing home sector to enable a further shift towards improved outcomes as follows:
 - Ensure an increased focus on indicators of outcomes for residents within the regulations including an emphasis on staff culture and behaviour.
 - Place the primary focus on providers to monitor culture and behaviour and evaluate care and support as well as strengthening the Chief Inspector's ability to assess this through the regulatory process.
- HIQA and the Chief Inspector should explore further mechanisms by which both the Chief Inspector and the provider can capture and review the:
 - Culture and leadership within the designated centre as experienced by residents and their families.
 - Experience of staff working in nursing homes including in relation to the culture and leadership within the nursing home, and the impact on residents.

d) [The regulatory processes and approaches enable effective review and response to all safeguarding issues within registered designated centres for older people](#)

Rationale

The provider is required to notify the Chief Inspector of incidents of abuse. This allows the Chief Inspector to assess how a provider identifies, responds and reviews safeguarding concerns so that residents are protected from harm or abuse. This also allows for effective regulatory oversight and risk management.

Background

Legal framework

HIQA and the Chief Inspector defines safeguarding as the measures that are put in place to reduce the risk of harm, promote and protect people's human rights and their health and wellbeing, and empower people to protect themselves (as detailed in the National Standards). We understand that HIQA supports the work of the Department of Health in progressing adult safeguarding legislation in Ireland and that it believes that the responsibilities of service providers in this regard should be reflected in such legislation.

We noted that the regulations applicable to nursing homes which form the basis of inspection activity, set the minimum standards for safe and quality care to residents. In addition, the national standards make clear reference to aspects of care responsiveness, human rights, safety and wellbeing of residents, as well as accountability for the provision of such care.

Registration and inspection activity

The Chief Inspector undertakes a periodic assessment of the safety of facilities and services to residents as part of registration activity, and annual and risk-based inspections place emphasis on quality and safety of services to

residents, particular safeguarding issue identification and response, and this is commented on in inspection reports. In addition, the Chief Inspector has developed specific inspection activity around safeguarding which is used to promote the prevention, recognition and responsiveness to safeguarding matters within nursing homes. These thematic inspections are carried out around 6 key principles: empowerment, rights-based, proportionate, prevention, partnership and accountability. The Chief Inspector has also recently implemented a safeguarding specific review which is used when safeguarding issues are notified through solicited and unsolicited information received in respect of a centre. We note that during 2025 a total of 46 adult safeguarding specific inspections were undertaken (6% of total inspections).

It is noted that inspection activity and registration assessments are point in time activities, and do not take away the provider's responsibility for establishing the correct cultures and behaviours, leadership and oversight that is required to be in place for the protection of residents on a daily basis. Providers are responsible for identifying and reacting to safeguarding issues, and there are legal provisions in place for making notifications (as covered in a separate section of this report) when safeguarding incidents are identified.

Response to safeguarding matters

Safeguarding matters must be reported to the Chief Inspector and HIQA by providers through statutory notifications (solicited information), upon which the Chief Inspector takes action commensurate with the urgency of the issue and the impact on residents. Information received from residents, their families, workers or the public (unsolicited information) are another important source of safeguarding information. We noted that the top category of unsolicited information received in respect of nursing homes, as reported in the Chief Inspector's bi-annual reports, relates to safeguarding matters within centres. Where solicited or unsolicited information is received regarding safeguarding matters within a centre, inspectors assess and risk rate such information and may undertake urgent targeted or thematic inspections where this is warranted.

Where the relevant information is assessed to be of low risk, the Chief Inspector may take regulatory action, for example, requesting further information from providers or requiring a provider assurance report. Where required, the inspector may also impose more immediate regulatory escalation. The outcomes of such activities may also be reported to external third parties, including the Gardaí, where this is warranted, and providers are required to put in place required actions within a timeline that addresses the urgency of the matters identified. This is further discussed in Section 4 of this report. We note that work is currently being undertaken by the Department of Health in relation to Adult Safeguarding Legislation which will further underpin the regulatory framework in relation to safeguarding.

Evidence basis

We have confirmed the following:

- The approach taken in respect of assessments and lines of enquiry by the Chief Inspector during registration and inspection activity include a clear emphasis on safeguarding matters.
- The approach taken by inspectors when conducting onsite visits include lines of enquiry around regulatory themes (for example) of safe, person-centred care, the health and wellbeing of residents, safety and comfort of residents, nutrition, medical care needs and protection from harm.
- The approach taken during inspection activity vary from a detailed emphasis on safeguarding as part of safeguarding thematic inspections, to more limited coverage in the case of routine regulations-based inspections.
- Where the Chief Inspector identifies safeguarding concerns within designated centres for older people, through inspection outcomes or the receipt of information, a clear regulatory response is activated in a risk-based and proportionate manner. This may result in further targeted or thematic inspection activity, more immediate regulatory action, regulatory escalation and potential reporting to relevant third parties.

Conclusion

We have confirmed that the Chief Inspector places significant emphasis on safeguarding matters within nursing homes during registration, regulatory inspection and thematic-based approaches taken in respect of centres. While the primary National Standards applicable to older persons include specific safeguarding standards for centres, the legislative requirements imposed on providers require enhancement to ensure that the regulatory processes and approaches enable effective review and response to all safeguarding issues within nursing homes. This is particularly relevant given the operating landscape and the potential for litigation in response to regulatory enforcement by the Chief Inspector.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector to review the current inspection arrangements and deployment of inspection staff, to include consideration of:
 - Expansion of use of thematic inspections to embed best practice on safe and effective care and support for residents.
- HIQA and the Chief Inspector should work with the Department of Health to consider how the legislative framework can be strengthened to address the emerging governance and management issues and also culture and behaviour issues within the nursing home sector to enable a further shift towards improved outcomes as follows:
 - Progress the development of adult safeguarding legislation.

e) [The regulatory inspection process and approach are adequately designed to assess safe and appropriate staffing and supervision levels within registered designated centres](#)

Rationale

This is to ensure that providers have sufficient staffing levels relative to resident numbers and profile and appropriate supervision arrangements in place to meet residents' needs safely and effectively.

Background

Legal framework

The legal requirement is with the provider through the person in charge of the centre to determine the appropriate staffing and qualification mix within a centre. The national standards applicable to nursing homes provide for requirements in respect of staff management, training, development and care requirements, although these are not reflected in the regulatory requirements.

Registration and inspection activity

The Chief Inspector's regulatory inspection activity in respect of nursing homes places a focus and emphasis on staffing and staff conduct, as well as supervision, insofar as this is covered within the applicable regulations. This approach extends to lines of enquiry during inspections such as (but not limited to):

- Staff oversight by management and interaction between management and staff;
- Resource planning (including rotas) and the adequacy of staff to provide required care, support and activities to residents;
- Evidence of staff training, skills, guidance and development considered;
- Staff continuity, handover and recruitment;

- Supervision arrangement over staff, including appraisal and supervision records, and review of whether policies and procedures are implemented in practice;
- Culture of openness and inclusiveness, and response to feedback from staff;
- Staff interaction and communication with residents and reaction to incidents that occur;
- Understanding by staff of the needs, rights, and supports required by residents;
- Competency and confidence of staff in different service areas.

Inspectors are clear that inadequate staffing levels, inadequate supervision and/or inadequate training and experience of staff have a direct impact on safe delivery of services to residents. Such incidents are expected to be immediately escalated through regulatory activities available to inspectors, including to the provider and third parties, if warranted.

Evidence basis

We have confirmed the following:

- The current regulations applicable to safe and appropriate staffing in nursing homes are limited and effectively place the responsibility for determining this with individual providers, without the provision of an objective national standard against which can be monitored and acted upon by the Chief Inspector.
- The Department of Health is at an advanced stage of developing a safe staffing and skills-mix framework for the nursing home sector which will provide clear guidance to service providers in the sector for objectively determining the required resource models for providing high-quality and safe care to residents.
- The regulatory inspection process implemented by the Chief Inspector includes review and assessment of staff planning and oversight, resource adequacy, staff training, skills assessment and development, staff competency and capacity, and the culture observed within centres.
- The existing registration assessments undertaken by inspectors in respect of assessment of safe and appropriate staffing levels are impeded by the absence of a clear benchmark for such an assessment.

Conclusion

We are satisfied that the regulatory inspection process implemented by the Chief Inspector extends to a range of safe and appropriate staffing assessments. The assessment would be strengthened by the introduction of a safe staffing framework which would enable a more standardised and objective framework for the Chief Inspector to assess adequacy of staffing and would place the onus firmly on the provider to satisfy themselves that the staffing is adequate in respect of nursing homes insofar as the regulations provide for this.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector should work with the Department of Health to consider how the legislative framework can be strengthened to address the emerging governance and management issues and also culture and behaviour issues within the nursing home sector to enable a further shift towards improved outcomes as follows:
 - Enable the Chief Inspector to scrutinise parent companies of nursing home groups' governance and financial status and the impact on individual provider standards of care and support.
 - Progress the work underway by the Department of Health on an appropriate, standardised staffing framework for nursing homes.

- f) There is a clear and consistent process for receipt, review and response of statutory notifications for registered designated centres in line with the current legislative framework and consideration will be given to additional statutory notifications that may be required including in relation to staffing

Rationale

The provider and person in charge are required to notify the Chief Inspector of certain information. This provides assurances that the Chief Inspector receives this information in a timely manner, and that the information is reviewed promptly and managed consistently so that relevant information is available for regulatory oversight and risk management.

Background

We understand that statutory notifications as applicable to nursing homes, relate to legally required notifications made by the providers of designated centres to the Chief Inspector in respect of certain registration related and monitoring events. As noted earlier in this report, the regulatory inspection process and approach gives a point in time indication of the capacity and capability of a provider to deliver quality and safe services to residents. Statutory notifications therefore provide a very useful and important monitoring control to the Chief Inspector in between inspections and registration assessments.

Statutory notification requirements

The types of required *monitoring notifications* are prescribed in regulations and include the following:

- NF01 Unexpected death
- NF02 Outbreak of notifiable diseases
- NF03 Serious injury or incident – death or hospitalisation
- NF05 Unexplained absence of resident
- NF06 Incident of alleged or confirmed abuse
- NF07 Allegation of misconduct by provider or staff
- NF08 Person in charge subject of review by professional body
- NF09 Loss of power, heating, water, unplanned evacuation
- NF39 Quarterly notifications for:
 - Restrictive practices used
 - Unplanned operation of fire equipment
 - Recurring pattern of theft or burglary
 - Non-serious injury to resident
 - Death other than notified in NF01
- NF40 6-Monthly notification for:
 - When no notifications were required for incidents listed above.

The types of *registration notifications* that are required to be submitted by providers of nursing homes include:

- NF30 Change in Person in Charge (with prescribed information) – 10 days
Absence of Person in Charge – 1 month in advance
Return of Person in Charge – within 3 days
- NF31 Change in management (with prescribed information) – 28 days
- NF33 Change of company personnel, name, contact info – 8 weeks in advance
- NF35 Ceasing business / closing centre – 6 months in advance
- NF36 Change of partner/(ship) – 8 weeks in advance
- NF 37 Change of member and unincorporated body contact information - 8 weeks in advance
- NF60 Declaration of bed occupancy – at 15 Jan, 15 May and 15 Sep.

Reporting and understanding

We have noted that detailed guidance is available to providers in respect of each type of statutory notification and under what circumstances each type of notification should be made and when. Templates and an online portal are also available to providers to make such notifications. We have identified that the number of statutory notifications made by providers in respect of nursing homes are quite substantial, as follows:

Table 6: Annual nursing home statutory notifications made by providers

Receipt of Information	2024	2025
Notifications Received (Solicited Information)*	21,818	20,074

*We understand that the reduction year on year relates to amendments to the regulations effective from 31st March 2025.

Evidence basis

We have confirmed the following:

- Service providers have access to detailed guidance in respect of making statutory notifications, the circumstances under which such notifications are required, and the tools and online facilities available for reporting purposes.
- The Chief Inspector has implemented defined timelines for review and risk assessment of each notification, and each such notification requires a risk-based determination of response.
- Higher risk events are subject to regulatory action and/or escalation decisions which follow a proportionate and consistent decision-making process.
- The existing regulations applicable to nursing homes do not make provision for reporting or escalation to the Chief Inspector of any significant deterioration or material changes in key factors that would affect the safety and wellbeing of residents, including financial or staff capacity, and resident profile.
- A very substantial number of statutory notifications are received annually from centres, but the vast majority of such notifications receive a low risk rating, requiring no further action. The threshold for making such notifications is not specified in the regulations and the Chief Inspector currently reviews each notification and determines whether action is required and the nature of such action.

Conclusion

We have confirmed that there is a clear and consistent process in place for receipt, recording, review and response to statutory notifications received from providers of nursing homes. The notifications are set out in applicable regulations and the types of risk incidents that providers have to report on include monitoring notifications or registration notifications.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector should explore:
 - Reviewing the guidance for providers for notifications of certain incidents to ensure that providers retain responsibility for resident care and support.
 - Requesting that providers include key indicators of safe and effective care such as changes in provider's financial capacity, staffing, or resident profile as part of their 6-monthly review required by the regulations.

g) The HIQA Authority Monitoring Approach (AMA) enables effective receipt, review of and response to information received from the public and from protected disclosures in respect of registered designated centres

Rationale

This is to ensure that concerns brought to HIQA's attention by residents, families or the public or information received from workers through protected disclosures are reviewed in a timely manner and acted upon to support resident safety and quality of life and hold providers to account for the quality and safety of care for residents.

Background

Unsolicited information

HIQA has implemented dedicated contact points whereby any person can raise a concern in respect of a nursing home via email, fax, phone, letter or in person. The contact information is available on HIQA's website as well as in published materials including a booklet aimed at providing information on how to raise concerns, the relative contact points and other avenues for concerns where it is not a matter within the Chief Inspector or HIQA's remit. We noted that potential unsolicited information can be received from residents, the public, service users, centre staff, the media or public officials.

As is the case with statutory notifications, specific timelines are in place for the receipt, review and risk assessment of all concerns received, and for making decisions in respect of the appropriate (regulatory) response. The information received is firstly logged / recorded and classified in respect of the applicable regulation(s) and whether it may be considered a protected disclosure. On foot of information received and dependent on the relevant risk rating assigned, the actions subsequently taken can vary from closing a particular concern, to requesting additional information from the relevant registered provider, requesting a plan from the provider in respect of how the issue identified will be addressed, undertaking targeted inspections and/or referring the information to another appropriate statutory agency.

Table 7 below provides details of the number of unsolicited information received in respect of nursing homes during 2024 and 2025.

Table 7: Nursing home receipt of unsolicited information

Receipt of Information	2024	2025
Unsolicited Information Received*	1,021	1,154
*includes Protected Disclosures		

We noted that around one third of these concerns raised resulted in a moderate or high risk rating, which prompted further information and re-assurance sought from providers, and/or triggered inspections. The majority of unsolicited information over these two years was received from relatives of residents, via phone or email, and we observed that concerns raised are acknowledged, reviewed and actioned within a reasonable timeframe.

For all concerns raised, including Protected Disclosures, we noted that in line with the core principles of the Protected Disclosures Act, HIQA and the Chief Inspector seek to preserve the anonymity of the reporting person so as to promote reporting of unsolicited information. The Protected Disclosures policy and procedure set out the specific circumstances where anonymity may need to be waived in order to address the concern or to refer to another body and how the reporting person is advised.

Protected Disclosures

We note that the Minister for Public Expenditure, National Development Plan and Reform has, under Section 7(2) of the Protected Disclosures Act 2014, as amended, prescribed the Chief Executive Officer of the Health Information and Quality Authority (HIQA) as an appropriate recipient of disclosures of relevant wrongdoings relating to all matters relating to the standards of safety and care of persons receiving health and social care services in the public and voluntary healthcare sectors and social care services in the case of the private healthcare sector, as provided for by the Health Act 2007.

In line with the requirements of the protected disclosures legislation, HIQA has an external reporting channel and procedure for workers to make a report of a relevant wrongdoing to the CEO of HIQA, as a prescribed person. HIQA has in place a dedicated team that considers all unsolicited information including PDs and has a policy, procedure and SOP in place to ensure that HIQA meets its legal obligations in this matter.

Since the commencement of the Protected Disclosures (Amendment) Act 2022 on 1 January 2023, HIQA has, following consultation with the Information Commissioner and in line with legal advice, deemed that all concerns raised to HIQA by workers in a work-related context including employees in nursing homes, would be assessed as a potential protected disclosure. Table 8 below provides information on the number of concerns received in respect of nursing homes, which were classified as protected disclosures during 2024 and 2025. Such concerns would heretofore have been deemed unsolicited information.

Table 8: Nursing home receipt of protected disclosures

Receipt of Information	2024	2025
Protected Disclosures Received	177	214

The treatment and response in respect of protected disclosures follows a similar process to that for general unsolicited information. HIQA has included additional steps in line with the Protected Disclosures Act to ensure that there are appropriate protections in place for the discloser and on how the information is to be treated and secured within HIQA systems. HIQA also confirmed in its Annual Board reports and published Annual Reports that it has processed protected disclosure reports in line with the requirements of the Protected Disclosures Act 2014, as amended.

Evidence basis

We have confirmed the following:

- HIQA has adequate dedicated communication channels and independent oversight arrangements in place for the receipt of unsolicited information, including in respect of protected disclosures, and ensures that this information is adequately logged, recorded, classified, acknowledged and managed within a reasonable timeframe.
- Concerns received are reviewed and adequately risk assessed and responded to within a range of regulatory activity options available to inspectors and in line with the risk levels determined.
- The process and approach in place in respect of the receipt of and response to protected disclosures from workers via an external channel facilitated by HIQA, are adequate and in line with prescribed protections in the Protected Disclosures Act 2014 as amended. On the timelines, we note that HIQA has reviewed the timelines and identified a small number of non-compliances against the provisions of the Act.. It has put measures in place to ensure consistent compliance.
- HIQA, as a systems regulator, investigates protected disclosures received through the external channel as part of its regulatory inspection processes, and effectively treats the provider as the respondent. In line with the Act, it does not disclose any detail that might reveal the identity of the reporting person. In circumstances where it is necessary to do so for the purpose of investigating a serious harm or making a referral to another relevant agency, the reporting person is advised accordingly.
- HIQA's policy, procedures and practices uphold the principle within the Act of protecting the anonymity of the reporting person, as far as practicable at every stage of the process. HIQA does not discuss the detail of any PD in any of its reports to the Board, in its published reports or in response to media or other queries, nor does it disclose information that might reveal the identity of the reporting person.
- While the scope of the Terms of Reference does not include the investigation of any individual Protected Disclosure, the review confirms that Protected Disclosures received are treated in accordance with the HIQA policy and procedures.

Conclusion

We are satisfied that HIQA has an adequate and effective process and approach in place for the receipt, review and response to information received from the public and from protected disclosures in respect of registered nursing homes.

Key actions from this section

- HIQA and the Chief Inspector should explore:
 - Reviewing the effectiveness of the measures implemented to ensure consistent compliance in relation to timelines for management of protected disclosures.

h) [There is a robust and standardised process to facilitate the transfer of information derived from inspection activity, solicited information and unsolicited information to other statutory agencies as appropriate](#)

Rationale

This facilitates effective information sharing between relevant agencies to safeguard residents and ensure the relevant agencies have appropriate information so that they can fulfil their legislative remit.

Background

Process to facilitate transfer of information to other statutory agencies

Internal guidance is available to detail the circumstances within which inspectors, the Chief / Deputy Chief Inspector and HIQA transfer information on foot of inspection and information review activities to other statutory agencies. The process of making such decisions requires review and approval, and recording within the Prism system where a record of referrals is maintained. Such referrals can range from making a decision when an inspection activity is in progress, when an inspection report is being published, in both cases subject to the risk rating and urgency of the matters identified, to informing relevant statutory agencies of concerns arising from information received when this has been subject to review and risk assessment. In each case of a referral, the provider is also informed that such a referral has been made. Table 9 below provides an indication of the referrals to external agencies made in respect of nursing homes during 2024 and the period to 1 July 2025.

Table 9: Nursing home referrals to other agencies

Referrals to Other Agencies	As of 31 December 2024	As of 31 December 2025
An Garda Siochana	30	36
Central Bank	1	0
Charities Regulator	0	1
Data Protection Commissioner	9	11
Department of Social Protection	2	0
Fire Authority	9	7
Food Safety Authority	2	7
Health and Safety Authority	8	36
HSE Adult Safeguarding	1	3

Referrals to Other Agencies	As of 31 December 2024	As of 31 December 2025
Medical Council	0	1
National Garda Vetting Bureau	0	1
Nursing and Midwifery Board of Ireland	0	6
Office of the Protected Disclosures Commissioner	0	1
Office of the Public Appointments Commission	0	1
Residential Tenancy Board	0	1
Revenue	2	2
Workplace Relations Commission	12	17

The above table does not include further notifications to external parties of a more predefined nature, for example notifying the Department of Health when an inspection has resulted in a high risk rated report, or notifying the HSE where there has been a cancellation of registration of a particular centre.

Memoranda of Understandings and Data Sharing Agreements with external bodies

We also noted that HIQA has a range of memorandums of understanding (MOUs) and data sharing agreements with a number of external bodies. The purpose of these arrangements is to set out the respective roles and responsibilities of HIQA and each body in the context of cooperation between the organisations and to make provision for the sharing of information while adhering to statutory provisions in this regard. These arrangements include, but are not limited to the following:

- Office of the Ombudsman for Children
- Office of the Ombudsman
- Nursing and Midwifery Board of Ireland
- Pharmaceutical Society of Ireland
- Dental Council
- The Office of the National Confidential Recipient
- Environmental Protection Agency
- Charities Regulatory Authority
- Mental Health Commission
- Health and Safety Authority
- Medical Council.

Evidence basis

We have confirmed the following:

- Where such transfers are required, there is a clear process of decision making, approval, recording and transfer of information to other statutory agencies.
- HIQA has a range of memorandums of understanding and data sharing agreements in place with other statutory agencies which provides a framework for cooperation and sharing of information.

Conclusion

We are satisfied that HIQA and the Chief Inspector have robust and standardised processes in place to enable consistent transfer of information from inspection activities and receipt of solicited and unsolicited information to other statutory agencies.

Key actions from this section

We have not identified actions under this scope area.

- i) [The arrangements for updating information on registered designated centres on the HIQA website are optimal; and consideration will be given to providing the up-to-date compliance status of the registered designated centres at the time of publication of the inspection reports](#)

Rationale

This supports transparency and public confidence by ensuring accurate, up-to-date information on compliance is available and accessible for residents, families and the public.

Background

We have identified that the primary information in respect of nursing homes that is published on the HIQA website relates to the Chief Inspector's register, and inspection reports for centres. Information in respect of individual centres can be accessed through the "Find a Centre" function on the website.

Registration details

HIQA's website contains the registration details of registered centres which clearly describes a snapshot of the centre type (for example older people), contact details and maximum occupancy. Further navigation displays more registration details of each centre, such as current registration status, registered provider, person in charge, all relevant contact details, first registration and registration expiry dates, as well as any applicable registration conditions. A user of the information can also view a downloadable PDF containing this information, and the same information can be accessed on a phone and tablet which are perhaps the more likely viewing sources for residents and service users and families. The HIQA website contains useful information in respect of nursing homes, and there are facilities and contact details available to request further information.

Inspection reports

We noted the detailed inspection reporting guidance in place for inspectors, as well as guidance around quality assurance processes over reports, both within the office of the Chief Inspector and exercised by the Communications Team. Each completed report is subject to a meeting to review and approve clearance of inspection reports for publication, before inspection reports are published on the HIQA website. Such clearance meetings consider the risk ratings of reports, whether any third-party notifications may be required, whether the registration status of the centre has changed and whether ongoing legal proceedings should be considered. The meetings are generally attended by the Deputy Chief Inspector or delegate, Heads of Programme, regional managers, inspectors and Communications Team. Inspection reports are published once inspections are completed and inspection judgements are cleared.

It was noted that the Chief Inspector has introduced changes to reduce the timeline for publication. Our review confirms that the process from inspection to publication takes approximately 3 months (60 working days). This includes compliance with timelines specified in the legislation to enable fair procedures in terms of right of reply. During this time, the website user is unaware of any ongoing inspection activity, or other regulatory action which may delay publication of a report.

Up-to-date compliance status

The Prism IT system records information in respect of individual nursing homes and it is a very important source of information to the Chief Inspector and inspectors in respect of the compliance and risk status of centres. This information may be open to interpretation and misunderstanding of complexities, if viewed without proper context, or may still be subject to verification by the caseholding inspectors. Therefore, such information is not made available to service users or the public.

Each published inspection report contains a compliance table in respect of those regulations that were assessed on inspection, as well as a compliance plan from the provider to address any areas where the centre was found to be non-compliant or substantially compliant in any of the areas assessed. The recent reduction in turnaround times from inspection visits to publication of report has also meant that report findings and recommendations are more likely to still be relevant when published. From review of the steps between inspection and publication, it is unlikely that further material reductions in turnaround time can be achieved given the requirements in terms in respect of fair procedures and the principles of natural justice including the right of reply. Notwithstanding this, it would be good practice to continually keep turnaround times under review. We also noted that the reduced publication timeframe compares favourably to that for other Irish regulators, with two examples where we reviewed sample timeframes from inspection date to reporting showing inspection report publication timeframes of between 5 and 8 months. Notwithstanding this we have identified some opportunities for improving the information to the public about the inspection status of individual nursing homes and these are set out below.

Information on HIQA, Chief Inspector and provider roles

We have observed that the distinction between HIQA's, the Chief Inspector's and provider roles under the Health Act 2007 as amended are set out in detail across the various guidance, policies and reports published by HIQA and the Chief Inspector. From the perspective of a resident, service user or the general public however, this distinction may not be clear, as this audience is less likely to study the detailed guidance documents and reports available. We have not identified a clear description of these roles within inspection reports or contained in simplified terms in respect of individual centres or in general on the HIQA website.

Statutory register

As required under the Health Act 2007 as amended, the Chief Inspector maintains a register of nursing homes. This includes each registered centre's details on registration status, occupancy, person in charge, persons participating in management, the registered provider and conditions attached to registration. The register is available on HIQA's website in downloadable spreadsheet format, but is difficult to read and difficult to access information in this format due to the volume of information contained and way it was laid out.

Evidence basis

We have confirmed the following:

- Website users are able to access adequate registration information, as well as inspection history in respect of a centre for the last 3 years.
- We were able to easily navigate to individual centres and view the information sought, and there were further options available to request further information, if needed.
- The information published and user experience of the HIQA website can be further enhanced to enable residents and service users and families, in particular, to obtain easier access to information relevant to them.
- The Chief Inspector has significant further information available in respect of the current risk and compliance status of individual centres, but the publication of inspection reports provides the most effective indication of a centre's compliance status based on the compliance tables and compliance plans contained in the published inspection reports.

Conclusion

We are satisfied that the registration and inspection report details published on HIQA's website in respect of nursing homes provide a comprehensive set of information which are relevant to residents, service users and the

public. Further enhancements can be made to the information contained on the HIQA website to ensure that website communications are optimal and fully up to date.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA in its review of their website and publication of reports should:
 - Consider how best to facilitate registration by residents and service users and families for update notifications when changes to registration details of a centre or inspection activities are published.
 - Consider whether it can effect further improvements in turnaround times for inspection reports, having regard to regulatory requirements
 - Make the register of designated centre more accessible to residents and families and in a format that it is easily understood.
 - Consider how information on the HIQA website can better inform residents, families and the public on the respective roles of the provider and the regulator, on current regulatory status of centres, to include conditions of registration, inspection activities, planned or in progress, actions taken by the Chief Inspector following inspections and any other relevant information about the current status of the nursing home's overall compliance levels.
 - Review guidance on provider compliance plans to give clearer information for residents and families on the actions being taken by provider to improve the quality of care.

j) [The current regulatory levers are adequate to hold registered designated centres and parent companies to account including consideration of the effectiveness of measures such as the imposition of fines](#)

Rationale

This is important to ensure the Chief Inspector has all the necessary regulatory and enforcement tools available to hold providers accountable for non-compliances that impact on the safety and quality of life for residents.

Background

For this aspect of the review Terms of Reference, Forvis Mazars obtained independent external legal advice upon which our observations, conclusions and actions identified are based.

Holding registered designated centres (providers) to account

The Chief Inspector has a range of regulatory levers at their disposal to hold registered providers to account. These include varying, attaching or adding conditions of registration in respect of nursing homes, enforcement of a decision, compliance notices, restricting admissions to nursing homes or cancelling registration by way of attached conditions to registration, or urgent cancellation where there is a serious risk to residents. All of the levers have the potential for a significant commercial impact on providers and therefore can be used to enable delivery of improved outcomes for residents. Such measures are designed to protect residents as well as to promote consistent compliance and this is an important consideration in assessing the impact of individual regulatory levers.

The Health Act 2007 also sets out various criminal offences applicable to nursing homes, including an offence for a registered provider who fails to discharge a duty to which the registered provider is subject to under a specific provision of the regulations. Therefore, the Chief Inspector may bring prosecutions against providers for an infringement of the regulations.

In considering the appropriate regulatory approach, the Chief Inspector has to be mindful of the impact on residents and the safety and quality of their care within affected centres. We understand that this consideration results in the Chief Inspector taking a graduated approach to escalation and enforcement, with the initial emphasis being on engagement with providers in respect of any identified failings and making a plan for improvement through

inspections, provider meetings and formal communications and reports. Inspectors currently generally receive good cooperation and engagement from providers, and there does not appear to be a case at this time for a significant shift towards the use of criminal enforcement measures. This will need to be kept under review having regard to the changing landscape and overall policy context. Also in this regard, the recent introduction of Compliance Notices were added as part of 2025 amendments to the Health Act 2007. When fully operationalised, these will provide a further escalatory action for the Chief Inspector.

Financial fitness

The 2007 Act does not provide guidance on the issue of fitness generally or financial fitness, other than with respect to the Chief Inspector's role in assessing the fitness of the provider and persons in management. As nursing homes are growing in size and smaller nursing homes are finding it difficult to maintain financial viability, it may be timely to review the fitness provisions in the 2007 Act.

Holding parent companies to account

We noted that the existing regulatory framework does not include provision for HIQA and/or the Chief Inspector to meaningfully engage with parent companies of providers or nursing home groups, or to hold these parent companies or nursing home groups to account as appropriate in terms of escalation or enforcement measures. The Chief Inspector's legal remit only relates to registered providers.

Individual accountability

In respect of the question as to whether there should be greater individual accountability such as the prosecution of directors, we note that the 2007 Act does include provision for prosecution of senior individuals within a provider where the offence has been committed by a body corporate and the individuals may be personally prosecuted through their consent, approval or neglect. These provisions have their use in the regulatory sphere for cases where offences have been committed and it is necessary to hold an individual to account.

The provisions do not however extend to parent companies and, as it stands, the Chief Inspector has no legal remit to hold parent companies to account for any potential failings in services provided by the provider. We note that the Chief Inspector has no legal remit with respect to group entities or umbrella companies, or structures where the ownership of the provider is one or more steps removed. This means that changes in ownership of a provider, or indeed the structures and capacity of that ownership, may not directly affect the registration status of the provider company. A similar challenge exists in respect of the directors of parent companies. This presents a clear challenge in holding the owners of the centre to account in respect of the care provision to residents. Such powers therefore need to be reviewed in the context of proposed changes to the legislation with respect to parent companies.

Administrative sanctions and fines

We observed that much of the regulatory engagement between the Chief Inspector and providers takes place against a backdrop whereby conditions are imposed on providers at registration, there is a potential to remove or vary conditions to effect consistent compliance, and cancellation of registration is the ultimate sanction. Because of the implications of cancellation of registration on residents and families as well as on the provider, the Chief Inspector seeks to secure compliance through the use of other tools such as addition of conditions to the registration including the restriction of admissions. With the recent reduction in timelines for the application of such restrictions it is proving to be an effective remedy. It is noted that in addition to effecting compliance, it seeks to keep residents safe pending improvement. It also protects staff in terms of operating safely.

We were asked to consider the merits of the imposition of sanctions / fines for regulatory non-compliance, as can be seen in administrative sanctions procedures. Typically, the use of fines arises in a fundamentally different model of enforcement. These can be useful in spheres of activity where there are fewer barriers to entry – i.e. where there is no licencing/registration system. In such scenarios, it may make sense to be able to impose a punitive sanction for wrongdoing. There are a number of key considerations in the introduction of fines including the following:

- The imposition of sanctions / fines would require a statutory framework around judicial confirmation and appeal processes, which can be highly complex and subject to significant resourcing.

- The value of the fines in terms of effecting compliance will be informed by the Court's jurisdiction.
- The impact of fines in terms of resident welfare.
- The impact of fines on different provider types would also need to be considered carefully.

Evidence basis

We have confirmed the following:

- The publication of inspection reports acts as an appropriate lever to promote regulatory compliance.
- The current regulatory levers available to the Chief Inspector include attaching or varying conditions of registration in respect of nursing homes, restricting admissions to nursing homes or cancelling registration, are being used to good effect to hold providers to account and to achieve the desired outcomes from regulations.
- The Chief Inspector has to date followed a graduated regulatory approach in a fair and proportionate manner with consideration of the impact of escalatory action on residents and the care provided to them. This approach appears to be effective and has received good cooperation from providers, but the Chief Inspector has the ability to further escalate and/or prosecute providers if this becomes necessary.
- We believe that with the recent regulatory change in relation to timelines for the attaching of conditions to registration, the use of levers such as restrictions to admissions are an effective penalty. In addition to their financial impact, which is ongoing, such conditions also seek to maintain the safety of residents in a centre and protect the staff until the provider can implement and demonstrate improvements in compliance.
- The Chief Inspector is currently examining the most effective way in which Compliance Notices (introduced in 2025 as part of the Health Act 2007) can be applied. The Chief Inspector has indicated that they believe this lever when fully operationalised has the potential to be an effective regulatory tool in bringing regulatory issues to a head where appropriate.
- The requirements for assessing financial fitness of registered providers could be more clearly defined in legislation, and also the process that allows the Chief Inspector or HIQA to appoint experts to assist the Chief Inspector in delivering their functions, should be simplified.
- The imposition of sanctions or fines in other regulatory regimes seems to be effective where there is no licencing/registration system. The imposition of fines would require a statutory framework. The associated resourcing requirement with the administration of fines would need to be considered. The introduction of fines would also apply to other sectors under the Chief Inspector's remit and would require careful consideration from a policy perspective.
- The existing regulatory framework does not contain adequate provisions to enable the Chief Inspector to hold parent companies of providers or nursing home groups to account.
- The 2007 Act does make adequate provision for the prosecution of senior individuals in the provider in certain circumstances for cases where offences have been committed and it is necessary to hold an individual within the provider to account.

Conclusion

Our view, which is informed by the legal review and advices received, is that the current regulatory levers are only adequate to hold registered providers to account. Such legal provisions do not extend to parent companies for which the Chief Inspector has no legal remit in respect of any meaningful engagement, and there is a clear case for this position to be reviewed as part of regulatory reform recommended in this report. The administration of fines would require significant resourcing and overheads which would need to be considered. The introduction of fines would also add complexities for the nursing homes sector and such fines would also apply to other sectors under the Chief Inspectors remit.

The introduction of fines would need further review by the Department having regard to matters such as ease of introduction, potential impact on resident care, and wider policy considerations.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector should work with the Department of Health to consider how the legislative framework can be strengthened to address the emerging governance and management issues and also culture and behaviour issues within the nursing home sector to enable a further shift towards improved outcomes as follows:
 - Enable the Chief Inspector to scrutinise parent companies of nursing home groups' governance and financial status and their impact on individual provider standards of care and support.
 - Ensure that the registration process can fully address changes in ownership and/or directors of the provider during a registration cycle.
 - Ensure all persons with a material interest in the designated centre can be vetted as to their fitness, and held accountable as appropriate for relevant governance and management of individual centres.
 - Explore how financial fitness of private and voluntary providers could be assessed.
 - Develop group-level company risk assessment to identify patterns of non-compliance and risk across nursing homes within the group.
 - Further explore the potential effectiveness of additional regulatory powers such as the imposition of fines.

k) The current regulatory levers are adequate in terms of effecting consistent compliance having regard to national and international regulatory best practice

Rationale

This ensures that the regulatory and enforcement tools available to the Chief Inspector are adequate and in alignment with national and international standards and best practice.

Background

For this aspect of the review Terms of Reference, Forvis Mazars obtained independent external legal advice upon which our observations, conclusions and actions identified are based.

A review of international regulatory best practice was not undertaken based on external legal advice that the legal aspects of the review should be rooted in the Irish legal context that would not apply to international regulatory jurisdictions.

Role of HIQA and the Chief Inspector under the Health 2007 Act as amended (the 2007 Act)

HIQA's role under the 2007 Act is to perform functions assigned to it and to further its stated object to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public. Insofar as HIQA's functions are relevant to the regulation of nursing homes, those functions include the setting of standards on safety and quality relating to nursing homes, its functions to further its objectives and to carry out statutory investigations. HIQA has no role in the monitoring of compliance of nursing homes as this function is reserved for the Chief Inspector who is appointed by HIQA (subject to Ministerial approval) and their terms and conditions are set by HIQA. HIQA also appoints inspectors to assist the Chief Inspector in the performance of their functions. The Chief Inspector is an employee of HIQA, as are the inspectors assisting in carrying out their work.

The functions of the Chief Inspector under the 2007 Act are to establish and maintain one or more registers of designated centres, and to register and inspect designated centres to assess whether the registered provider is in compliance with the regulations and standards, if any, set by HIQA. The Chief Inspector's registration decisions in respect of nursing homes are subject to a right of appeal before the District Court. In addition to the oversight provided by the District Court in relation to the Chief Inspector's registration decisions, the 2007 Act also requires the Chief Inspector to give a general account of their activities to Oireachtas Committees when requested to do so.

The independent judgment of the Chief Inspector in carrying out their functions is an important principle and the legislative framework provides for such independence. What is also apparent from a review of the 2007 Act is that HIQA and the Chief Inspector are required to engage in different roles when it comes to regulation of nursing homes.

Powers of enforcement

It is noted that the first interaction between the Chief Inspector and the registered provider arises during the registration process when the Chief Inspector reviews the provider's application and assesses their fitness and that of management and the facilities in the provision of care to residents. Thereafter, the primary manner of assessment and monitoring compliance with regulations and standards is through the inspection process. Each inspection results in a detailed inspection report and a compliance plan is put in place where a provider has actions to take on foot of an inspection.

The vast majority of the functions of inspection and assessment of compliance take place without the use of any hard enforcement measures but, instead, through the registration process and then through monitoring and on-site inspections followed by inspection reports and compliance plans. The risk based approach to regulation adopted seeks to drive improvement for residents and bring providers into compliance through a graduated use of enforcement measures. Where these have not worked and a more stringent approach is required, the Chief Inspector has invoked powers to seek immediate cancellation of the registration of nursing homes, subject to the careful management of the impact on vulnerable residents. In practice, the Chief Inspector follows the application of a graduated set of regulatory levers, as required by risk and circumstances. The consequences of unfavourable published inspection reports, allied to the ultimate threat of closure if there is significant or continued non-compliance, act as significant motivating factors for registered providers to remain in compliance with regulations and standards.

In 2025, amendments were made to the 2007 Act which included provisions relating to the powers of the Chief Inspector such as the reduction in time of 28 days to 14 days for representations to be made by a registered provider to a proposed regulatory decision, appeals to the courts of decisions of the Chief Inspector. These amendments mean that the decisions of the Chief Inspector can take effect in a quicker time frame for the benefit of residents. The amendments also introduced Compliance Notices as an additional power for the Chief Inspector. This recent inclusion of provision for issuing legal Compliance Notices will also provide further enforcement powers in those circumstances where non statutory compliance notices are deemed ineffective.

Appointment of experts

Given the complex and changing operating landscape, the Chief Inspector may require, from time to time, to avail of specialist financial, clinical and operational expertise to inform their regulatory functions. An example of this could be the assessment of financial fitness in the context of complex corporate structures as referenced earlier in this section. Having the requisite expertise is important in determining the appropriate regulatory action or decision. Under 2007 Act, the Chief Inspector can only appoint such additional experts with consent from HIQA and the Minister for Health, with further consent required from the Minister for Finance in respect of their remuneration and allowances. This approach seems unusually challenging, particularly in a context where such expertise might be required at short notice and where there is a risk to the safety and welfare of residents.

Role of the District Court

Judicial oversight over the Chief Inspector's regulatory decisions currently resides in the District Court, but there is a low quantum of litigation and a very consequential nature of these decisions. In this context, it is also noted that District Court decisions do not create precedent, and the potential sanctions to be applied are lower than in the High Court. We also observe that in light of ongoing High Court proceedings, the effectiveness of evidence gathering tools should be further reviewed to ensure that there is an effective measure for gathering evidence relevant to the execution of the Chief Inspector that may be held by third parties.

Evidence basis

We have confirmed the following:

- The main legal instruments of registration, assessment and inspections are functioning well against the backdrop of a range of regulatory activities and decisions at the Chief Inspector's discretion.
- The recently added Compliance Notices will become a useful additional enforcement power in those areas where existing regulatory and non-statutory actions are less effective. The reduced timelines for registration-related decision making have proven an effective way in addressing issues of concern in nursing homes and have reduced the requirement for such measures as Compliance Notices. The Chief Inspector is currently examining the most effective use of the Compliance Notices in light of the other changes to the powers of the Chief Inspector.
- Judicial oversight over the Chief Inspector's regulatory decisions currently resides in the District Court, but there is a low quantum of litigation and a very consequential nature of these decisions. In this context, it is also noted that District Court decisions do not create precedent, and the potential sanctions to be applied are lower than in the High Court.
- The Chief Inspector has no powers to gather evidence relevant to the Chief Inspector's functions from third parties that may hold such information. Further review of the 2007 Act may be required to consider whether the Chief Inspector should have powers to compel the provision of information to the Chief Inspector where it is relevant to the regulation of nursing homes and the safety and welfare of residents.
- Having reviewed the construct of roles between HIQA and the Chief Inspector it is noted that the regulatory framework seeks to preserve the independent judgment of the Chief Inspector. This is a well-established principle in regulatory practice. We have compared the construct of roles with other comparable regulatory bodies, and we have noted some unique characteristics in relation to the diverse functions and reporting requirements of HIQA and the Chief Inspector.
- The objective of HIQA is to promote the safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public. The Chief Inspector's regulatory remit is subject to significant ongoing expansion. In addition, there have been significant changes to the provider landscape and ownership of nursing homes. These changes make it an opportune time to review the statutory framework for HIQA and the Chief Inspector.

Conclusion

Our view, which is informed by the legal review and advice received, is that the current regulatory levers in terms of effecting consistent compliance with regulations and standards can be improved. The Chief Inspector's current powers of enforcement appear to be adequate and effective. Informed by legal review and advice, we are also of the view that the statutory arrangements between HIQA and the Chief Inspector and the judicial oversight over regulatory decisions require review to ensure that they meet ongoing requirements of a rapidly changing and complex landscape and also having regard to the expanding functions of the Chief Inspector.

Key actions from this section

We have identified the following actions under this scope area:

- HIQA and the Chief Inspector should work with the Department to explore the statutory requirements for the continued optimal functioning of HIQA and the Chief Inspector in the context of the changing complexity of the provider landscape and the expanding function of the Chief Inspector. Specifically consideration should be given as to whether:
 - The appointment of experts within budgeted resources by HIQA or the Chief Inspector can be simplified.
 - There are adequate legal provisions, such as seeking a court order, which would allow the Chief Inspector to require third parties to provide information that is relevant and essential to the Chief Inspector's regulatory remit.
 - Judicial oversight of regulatory decisions should be moved to the High Court.
 - The statutory arrangements for HIQA and the Chief Inspector should be reviewed.

Appendices

Appendix I: Key terms and abbreviations used in this report

Designated centres for older people – nursing homes under the registration and inspection remit of the Chief Inspector

Regulations – as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015, as amended.

Standards – as set out in the National Standards for Residential Care Settings for Older People in Ireland 2016, the National Standards for infection prevention and control in community services 2018 and the National Standards for Adult Safeguarding 2019.

Chief Inspector – The Chief Inspector of Social Services as defined in the Health Act 2007 as amended.

Inspectors – appointed by HIQA to assist the Chief Inspector in their functions under the 2007 Act.

HIQA – Health Information and Quality Authority.

2007 Act – Health Act 2007 as amended.

Centres – Designated centres for older people.

Providers – Registered providers of designated centres for older people.

AMA – Authority Monitoring Approach.

MAP – Monitoring Approach Plan.

Appendix II: Terms of Reference

Introduction

In June 2025, RTÉ Investigates aired a programme which showed, in named nursing homes, revelations of serious concerns including fundamental care failings and shortcomings in terms of basic care and support for residents including staff shortages, inadequate supplies care and an apparent absence of supervision and oversight of care. In response to the issues aired in the RTÉ programme, HIQA had extensive engagement with the Minister for Health and the Minister of State for Older People, to ensure that a clear understanding of HIQA's regulatory remit and processes is communicated and understood, and that all further clarifications in respect of its regulatory inspection process can be provided. The Minister of State for Older People initiated the independent review of HIQA's regulatory inspection process. The independent review will be carried out by Forvis Mazars.

The primary focus of this review is to provide independent assurance over the quality and consistency of HIQA's regulatory inspection process, the adequacy of measures in place by HIQA to assess the culture, behaviour, staffing and supervision in nursing homes, HIQA's reporting and notification responsibilities and approach under existing legislation, and the application of regulatory tools available to HIQA.

The review scope and approach are detailed below.

Objectives and Scope of the Review

The primary objective of this review is to independently assess HIQA's regulatory inspection process within the current regulatory framework with consideration of the in-scope areas below, and to make recommendations as appropriate to the Audit Risk and Governance Committee ("ARGC") and the Board of HIQA. The scope of this review will include examination of the following key themes. Specifically it will consider whether:

- a) HIQA's regulatory process and approach are adequately designed to reflect the voice of the resident, including in relation to resident experience and the quality of care received;
- b) The regulatory inspection process, as applicable to registered designated centres, is in line with the current legislative framework and follows a standardised approach in practice, including the approach to planning and undertaking inspections, and to determining findings and required actions;
- c) The regulatory processes and approaches are adequately designed to assess leadership, culture and behaviour within registered designated centres;
- d) The regulatory processes and approaches enable effective review and response to all safeguarding issues within registered designated centres for older persons;
- e) The regulatory inspection process and approach are adequately designed to assess safe and appropriate staffing and supervision levels within registered designated centres;
- f) There is a clear and consistent process for receipt, review and response of statutory notifications for registered designated centres in line with the current legislative framework and consideration will be given to additional statutory notifications that may be required including in relation to staffing;

- g) The HIQA Authority Monitoring Approach (AMA) enables effective receipt, review of and response to information received from the public and from protected disclosures in respect of registered designated centres;
- h) There is a robust and standardised process to facilitate the transfer of information derived from inspection activity, solicited information and unsolicited information to other statutory agencies as appropriate;
- i) The arrangements for updating information on registered designated centres on the HIQA website are optimal; and consideration will be given to providing the up to date compliance status of the registered designated centres at the time of publication of the inspection reports;
- j) The current regulatory levers are adequate to hold registered designated centres and parent companies to account including consideration of the effectiveness of measures such as the imposition of fines;
- k) The current regulatory levers are adequate in terms of effecting consistent compliance having regard to national and international regulatory best practice.

Review Approach

This review will be delivered in line with the Forvis Mazars review methodology and the specific approach developed for each review, which in this case will include workshops and detailed walk-throughs with key stakeholders, documentation review detailed process analysis and validation. We will perform appropriate work to consider whether appropriate policies, procedures and processes have been designed and are in operation, to ensure achievement of in-scope process objectives.

Our review work will consist of an initial examination of the legislative and policy framework applicable to HIQA's regulatory inspection process, followed by detailed review and analysis of HIQA's regulatory inspection process steps, its conclusions and outcomes. We will review HIQA's regulatory inspection process for the purpose of determining adequacy, consistency and quality (based on the in-scope areas outlined above) and confirm the process applied in practice. During the course of our work, we may identify other significant areas which may require appropriate review. On this basis, the scope of our review may be amended to reflect such findings, subject to prior discussion and agreement with HIQA.

Key HIQA Contacts

- Angela Fitzgerald – Chief Executive
- Sean Egan – Director of Healthcare Regulation
- Finbarr Colfer – Chief Inspector Designate
- Susan Cliffe – Deputy Chief Inspector
- Ciara McShane - Deputy Chief Inspector

Reporting

Upon completion of scope items a) to k), Forvis Mazars and the key contacts as nominated by HIQA will meet to discuss the findings of the review and to finalise preliminary review outcomes and recommendations. Subsequent to the completion of this meeting a draft report will be prepared by Forvis Mazars and presented to the HIQA ARGC.

Forvis Mazars will report to the ARGC and the Board of HIQA for this review. Following the approval of the HIQA Board, the report will be made available to the Minister for Health, and the Minister of State for Older People with recommendations contained therein.

Forvis Mazars does not agree or accept any responsibility in respect of this report, its contents and conclusions, to any parties other than HIQA.

Timeline

The proposed timeline below is based on the assumption that the review objectives and scope can be substantially completed across an eight-week period. Where additional work is required outside of this period, this will be discussed and agreed with HIQA as appropriate.

Review Phasing	Responsibility	Envisaged Timeline
Step 1 – Agree scope	<ul style="list-style-type: none"> Forvis Mazars Partner and Director HIQA Management and ARGC 	By 15 October 2025
Step 2 – Identify key risks and confirm existing processes – [scope a to k]	<ul style="list-style-type: none"> Forvis Mazars Partner and Director HIQA nominated contacts 	By 10 November
Step 3 – Walkthroughs and validation of process – [scope a to k]	<ul style="list-style-type: none"> Forvis Mazars Director and team member HIQA nominated contacts 	By 21 November
Step 4 – Evaluation, review and analysis – [scope a to k]	<ul style="list-style-type: none"> Forvis Mazars Director and team member HIQA nominated contacts 	By 19 December
Step 5 – Closing consultation with HIQA teams	<ul style="list-style-type: none"> Forvis Mazars Director and team member HIQA nominated contacts 	By 8 January 2026
Step 7 – Review outcomes and recommendations – [scope a to k]	<ul style="list-style-type: none"> Forvis Mazars Partner and Director HIQA Management 	By 16 January 2026
Step 8 – Draft Report	<ul style="list-style-type: none"> Forvis Mazars Partner and Director HIQA Management ARGC 	By 23 January 2026
Step 9 – Final Report	<ul style="list-style-type: none"> Forvis Mazars Partner and Director HIQA Management ARGC HIQA Board 	By 28 January 2026*

*Note on timeline: This was a complex review that required careful analysis and assessment of policies, procedures and processes and the evidence basis for same. The review required signification examination of the legislative and policy framework applicable to HIQA’s regulatory inspection process, followed by detailed review and analysis of HIQA’s regulatory inspection process steps, its conclusions and judgements. As the review progressed, complexities in regulations required further examination and a number of policy and legal clarifications were required, and the decision to include stakeholder engagement was also a very important aspect of this review.

Forvis Mazars in Ireland is a leading international audit, tax, advisory and consulting firm. Operating as a united partnership, Forvis Mazars works as one integrated team, leveraging expertise, scale and cultural understanding to deliver exceptional and tailored services in audit, assurance, tax, consulting, financial advisory, corporate finance and financial outsourcing. With over 950 staff across offices in Dublin, Galway, Cork and Limerick, the Irish firm draws on the expertise of more than 40,000 professionals to assist major international corporates, SMEs, financial institutions and public bodies in achieving their strategic and business goals.

forvismazars.com/ie