

Stephen Donnelly TD  
Minister for Health  
Department of Health  
Block 1 Miesian Plaza  
50-58 Lower Baggot St  
Dublin 2

26 November 2020

Ref: PQ/EMcC/SD/20201126

Dear Minister,

Further to your letters dated 27 October 2020 and more recently 23 November 2020 I am happy to provide an update on the range of initiatives and issues raised in both letters.

In respect of your request to provide case studies as they relate to the suggested amendments to the regulatory frameworks, these case studies have now been shared with Departmental officials as requested. HIQA remains committed to work with the Department as required to progress the required reforms.

In respect of an update to your request for a risk assessment of all nursing homes, this work is ongoing and has progressed significantly. The Chief Inspector of Social Services has set out in a report appended to this letter (Appendix 1) the outcomes of this ongoing exercise.

I want to assure you that liaison with the HSE in relation to identified risk within all long-term residential services is ongoing with the Community Services Directorate, as well as with Public Health teams and the HPSC. This engagement is further detailed in the appended report of the Chief Inspector. To note, a further high level engagement with the Interim Director of Community Services is scheduled for 8 December, at which the findings of the ongoing assessment and required response will be further discussed.

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With reference to Dealgan House and HIQA's ongoing communication with a number of the bereaved relatives, I have set out in a further appendix (Appendix 2) the nature and volume of our engagement with the relatives. This includes details of our initial interaction with the relatives in advance of the May 2020 inspection, as well as the release of significant amounts of information under FOI. To date, the only information withheld relates to a small amount of information that is exempted as it is commercially sensitive or contains personal information.

Where it has been possible, we have redacted or removed information from the records to provide access to the remainder of the record. Details of the information refused are highlighted in an attached schedule.

While we remain committed to providing support and information to the relatives, you will appreciate that as HIQA has been notified as a named party in three separate legal actions being taken by the relatives, as a state agency we must be cognisant that any correspondence or interactions we have or make in relation to Dealgan House Nursing Home have been framed within this legal context.

I trust that the attached updates and schedules provide you with assurance on our work to date on these important issues. Should you require any further clarification, please do not hesitate to contact me.

Yours sincerely,



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**PHELIM QUINN**  
**Chief Executive**

Cc Kathleen MacLellan  
Mary Dunnion

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**Report of the Chief Inspector**  
**Health Information and Quality Authority**

**26 November 2020**

**Introduction**

The current unprecedented COVID-19 pandemic has had an enormous impact on residential services. While prevention is the gold standard, experience to date is that where the incidence of COVID-19 is high in a community, *all nursing homes in that community are at a very high risk of an outbreak developing.*

Registered providers of nursing homes are currently working to prevent COVID-19 from entering their nursing home while at the same time working to ensure they have robust systems in place to identify, respond, manage and control a COVID-19 outbreak if it were to happen.

On 30 March 2020, I communicated with the Department of Health and the Health Services Executive identifying a number of (a) issues which could classify nursing homes at high risk in the context of effectively managing a COVID-19 outbreak and (b) identifying 212 nursing homes of *potential* high risk.

At that time two key areas of risk were identified which would potentially challenge a provider to effectively manage and control a COVID-19 outbreak:

1. the legal entity that was the registered provider  
And
2. Specified areas of regulatory non-compliance.

The following table lists the number of nursing homes, per county, notified on 30 March as being potentially high risk (column A). This data further identifies the number which subsequently report an outbreak (column B) including the percentage of nursing homes, previously notified, that reported an outbreak (column C).

County	A	B	C
	No. of notified centres (per county)	No. of notified centres that reported an outbreak (per county)	% of notified centres that reported an outbreak (per county)
Carlow	1	1	100%
Cavan	3	2	67%
Clare	4	3	75%
Cork	37	25	68%
Donegal	16	12	75%
Dublin	19	18	95%
Galway	16	10	63%
Kerry	9	7	78%
Kildare	9	9	100%
Kilkenny	9	3	33%
Laois	2	2	100%
Leitrim	2	2	100%
Limerick	10	9	90%
Longford	1	1	100%
Louth	2	1	50%
Mayo	8	6	75%
Meath	5	3	60%
Monaghan	1	1	100%
Offaly	6	6	100%
Roscommon	7	2	29%

County	A	B	C
	No. of notified centres (per county)	No. of notified centres that reported an outbreak (per county)	% of notified centres that reported an outbreak (per county)
Sligo	4	2	50%
Tipperary	10	5	50%
Waterford	5	1	20%
Westmeath	2	1	50%
Wexford	6	5	83%
Wicklow	7	6	86%
<b>Grand Total</b>	<b>201<sup>1</sup></b>	<b>143</b>	<b>71%</b>

## Methodology

This paper seeks to develop a picture of the current nursing homes on the Chief Inspector's register, to build on that information previously and combine it with our experience since this pandemic began. In doing so, I will quantify the numbers of nursing homes where regulatory concerns still exist regarding their capability to identify, respond, manage and control an outbreak of COVID-19.

HIQA has already identified the urgent need to review and enhance a number of key care and welfare regulations and enforcement powers across all residential settings<sup>2</sup>. The Nursing Home Expert Group have made 86 recommendations which are at various stages of implementation.

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<sup>1</sup> 11 of the 212 centres notified on 30 March 2020 as potentially high risk have since closed.

<sup>2</sup> Suggested interim amendments to the Health Act, 2007 as amended and the regulations for designated centres for older people and adults and children with a disability issued by the Board of HIQA to the Minister of Health dated 25 June 2020

In addition there has been significant guidance and education, increased public health support and financial support made available to the nursing home sector.

Notwithstanding these very welcome initiatives, based on regulatory evidence and business intelligence, four key factors will consistently effect a provider's capacity and capability to effectively manage and control a COVID-19 outbreak - these include;

1. Type of registered provider
2. Number of beds as a measure of the size of a centre
3. **Current** compliance with six key regulations
4. A provider's regulatory **history**.

### 1. **Type of registered provider**

A registered provider of a nursing home can be a sole trader, a partnership, a company, an unincorporated body or the statutory body that is the Health Service Executive (HSE). Each of these entities can operate as standalone services or as part of wider group structures.

*Standalone services do not have access to the same level of resources that group structures have and are therefore less resilient in the face of an outbreak of COVID-19*

There are 571 designated centres (nursing homes) on the Chief Inspector's register:

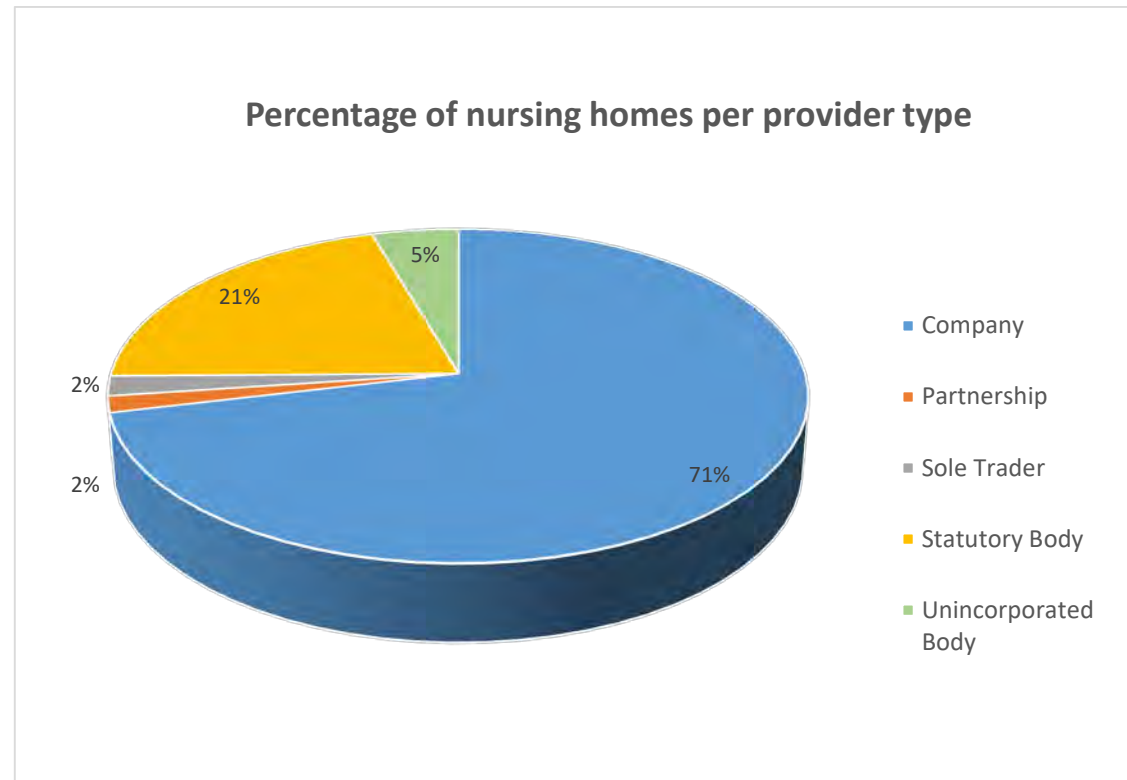
- 11 centres are operated by Sole Traders
- 9 centres are operated by Partnerships
- 407 centres are operated by Companies
- 26 centres are operated by Unincorporated Bodies

- 118 centres are operated by the HSE.

Nursing homes operated by sole traders and partnerships are particularly vulnerable, as they are often the older and smaller nursing homes with management structures that are grounded in one or two people who often fulfill the role of both provider and person-in-charge.

The same issue arises in nursing homes where the registered provider is a company, and the management of the centre is comprised of one or two directors who may also fill the role of person-in-charge. Whilst these nursing homes are often very homely person centered facilities, they can be very challenged to adequately prepare for and manage an outbreak of COVID-19.

The following chart illustrates the percentage of nursing homes per provider type



I would consider that **potentially** 273 of the 571 registered nursing homes can be described as standalone centres, each without access to the supports of a larger group and at risk in the event of a COVID-19 outbreak.



## 2. Current regulatory compliance

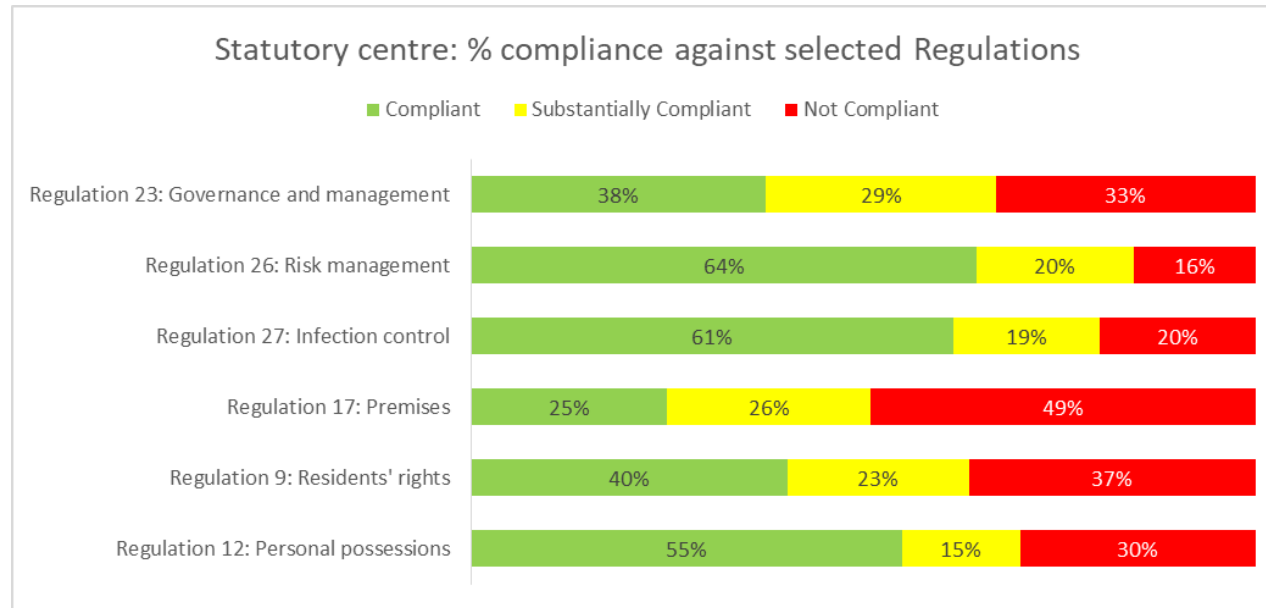
I identified regulatory non-compliance with 6 key care and welfare regulations as a key barometer. Consistent regulatory non-compliance with some or all of these regulations will challenge any registered provider to effectively manage a COVID-19 outbreak. These 6 regulations include;

- Regulation 23 - Governance and Management
- Regulation 27 - Infection Control
- Regulation 26 - Risk Management
- Regulation 17 - Premises
- Regulation 9 and 12 (residents rights and personal possessions)<sup>3</sup>.

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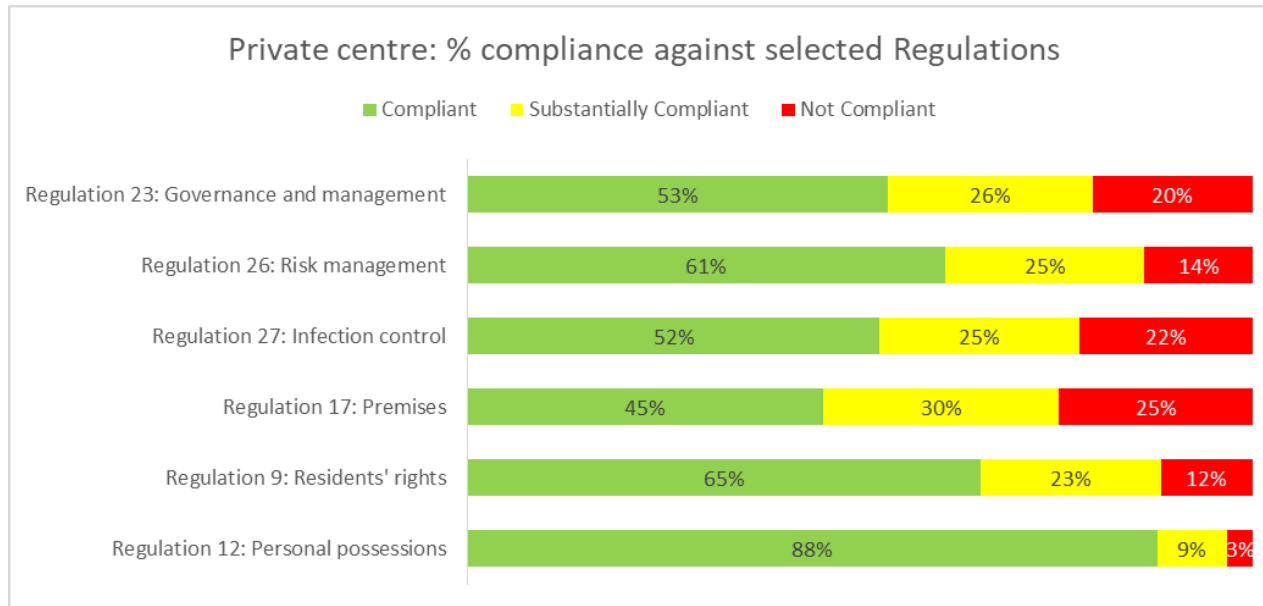
<sup>3</sup> Regulatory noncompliance with these regulations predominately relate to poor infrastructure and limited personal space contributing to a challenge in controlling the spread of infection

The following chart illustrates the level of compliance with key regulations for statutory<sup>4</sup> nursing homes



<sup>4</sup> Centres operating under Section 37 and Section 38 of the Health Act 2004 in addition to centers operated by The Health Service Executive.

The following chart illustrates the level of compliance with key regulations for privately<sup>5</sup> owned nursing homes.



I would consider of the 571 nursing homes currently registered, **potentially** 170 are of moderate to high risk in the event of a COVID-19 outbreak.

<sup>5</sup> A Nursing Home as per Health (Nursing Homes) Act 1990

### 3. Size of the Centre

Recent experience would suggest that the size of a nursing home may be a measure of their ability to cope in the face of an outbreak of COVID-19. That is not to say that while only small nursing homes have felt the impact of COVID-19, some large private and statutory centres have had major outbreaks with many residents sadly passing away, however these centres for the most part have been more resilient and required less support for shorter periods of time.

Smaller centres have less staff on any given shift and have a smaller pool of staff to call on in an emergency. Smaller centres may also have less communal space, limiting the ability of staff and residents to socially distance, and the ability of a provider to divide the centre into pods with staff and residents.

I would consider of the 571 nursing homes currently registered, **potentially** 187 (9-40 beds) are of high risk and 333 (41-100 beds) are of moderate risk in the event of a COVID-19 outbreak.

### 4. Long term view of regulatory compliance

The nursing home sector has been regulated for 10 years and the Chief Inspector has a significant knowledge of the regulatory compliance of individual providers.

I would consider of the 571 nursing homes currently registered, potentially 16 are of high risk and 54 are of moderate risk in the event of a COVID-19 outbreak.

### Recent inspection history

Regulation is a dynamic process and as a consequence, the risk rating assigned to any nursing home can change at any time. Since May 2020, 190 risk based inspections have been undertaken.

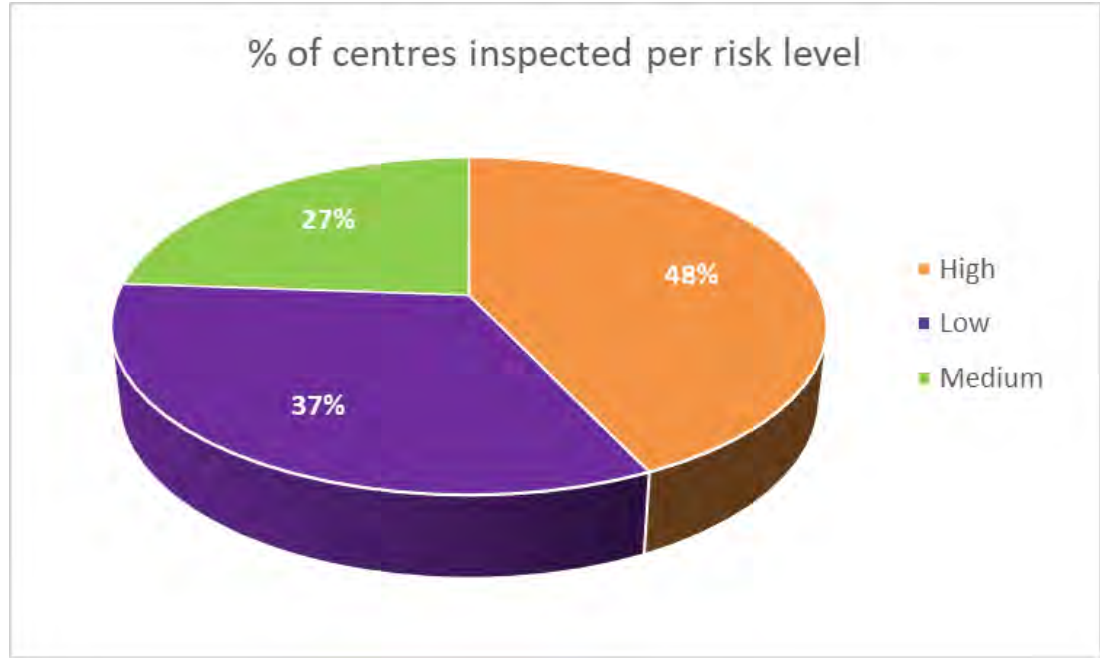
These inspections continue to address areas of regulatory non-compliance, focusing on the Infection Prevention and Control and contingency arrangements a provider has in place to recognize, respond, manage and control a COVID-19 outbreak. For example, on recommencing inspections in May 2020, we focused on nursing homes that were deemed to be high risk at that time. Taking a sample of the first **five** centres inspected;

- **Two** private nursing homes have had their registration cancelled under section 59 of the Health Act 2007
- Two voluntary centres were found to be compliant and the overall risk levels of the centre was reduced to low
- One statutory facility remains high risk due to the physical premises, an issue which pre dates COVID-19, this centre has a follow up inspection scheduled this year and has been escalated to the HSE.

Cognisant of the dynamic aspects of regulation and service delivery, it is critical that a percentage of nursing homes who have not had regulatory 'feet on the ground' inspections in the last year are always included in our inspection schedule (depicted as low risk in the chart below).

These inspections are conducted in line with the Health Act 2007 as amended, the *limitations of this regulatory framework* have previously been discussed with the Department of Health.

The following chart illustrates the percentage of nursing homes inspected since 27 May 2020, per risk level



## Regulatory Response

It is critically important for all stakeholders to understand that regulation is a dynamic process, and a nursing homes regulatory risk rating can increase or lessen dependent on the circumstances at any given time. Therefore it is incumbent upon the Chief Inspector in HIQA to have adequate resources and a reciprocally responsive regulatory process in place that will;

- Immediately engage with the Registered Provider
- Gather evidence to mitigate any immediate risk to residents
- Conduct a regulatory inspection and gather evidence of compliance to mandated regulations
- Direct the registered provider to address areas of regulatory non-compliance within a defined timeframe
- Re-inspect to determine the adequacy of the registered provider's response and risk mitigation.

Where necessary

- Initiate any enforcement powers determined within the Health Act 2007 as amended.

And with particular reference to this *Public Health Emergency*

- Escalate any known actual or potential risk in relation to a provider capacity to effectively respond to a COVID-19 outbreak to the Interim National Director of Community Services, the Assistant National Director for Older Persons, the HPSC and the relevant regional Public Health and HSE CHO areas.

In the context of this Public Health Emergency - to support the above regulatory processes, each morning Inspectors of Social Services

- Review the daily NFO1 and NFO2<sup>6</sup> trackers a registered provider is mandated to return to the Chief Inspector
- Contact each nursing home with a confirmed or suspected COVID-19 case and/or unexpected residents deaths - assessing their current status and capacity to manage the COVID-19 outbreak. Confirm they are supported by Public Health and operating in line with their advice. Review their regulatory history (to include the aforementioned criteria), escalate as appropriate for HSE CHO area support
- Review by the inspector with case holding responsibility for the nursing home and schedule a risk inspection as appropriate
- The Chief Inspector<sup>7</sup> issues a daily cumulative report to include nursing homes of actual or potential risk requiring HSE support to the National Director of Community Services, the Assistant National Director for Older Persons, the HPSC and the relevant regional Public Health areas.

In addition, specific to this *Public Health Emergency*, service provider guidance has been developed and shared across the nursing home sector some of which include;

- Infection Prevention and Control helpline
- Infection Prevention and Control guidance
- Contingency planning guidance

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<sup>6</sup>NFO1 – report on unexpected death. NFO2 - report of the number of confirmed and suspected residents and staff with COVID-19

<sup>7</sup> Deputizing arrangements to include a scheme of determination is in place to address unexpected and or planned leave



- A suite of regulatory notices
- A series of service provider and managers webinars covering infection prevention and control and aligned issues.

In addition;

- A HIQA recruitment campaign is underway to appoint additional inspectors with infection prevention and control expertise to support our regulatory work across all residential services
- A business case has been submitted to the Department of Health by HIQA to seek sanction for additional staff to implement the Nursing Home Expert Panel recommendations.

### Aggregate risk profile

By combining criteria 1-4 with an aligned risk score provides a comprehensive view of the **potential** ability of any nursing home to withstand an outbreak of COVID-19.

**As of 25 November 2020**, I would consider of the 571 nursing homes currently registered, **potentially** 85 are of high risk and 306 are of moderate risk and in the event of a COVID-19 outbreak.

The following table identifies the number/percentage of nursing homes and the corresponding risk level. This is separated into two tables;

#### (A) Private nursing homes

Risk Level	Private centres	% of private centres
High	54	12%
Medium	238	54%
Low	148	34%

(B) Statutory nursing homes

Risk Level	Statutory centres	% of statutory centres
High	31	24%
Medium	68	52%
Low	32	24%

**Planned risk focused inspection schedule**

The Chief Inspector has reduced the number of registration regulatory inspections to increase the availability of inspectors of social services to respond to COVID-19 regulatory risk. This has of course necessitated a change in inspection methodologies and a strict adherence to Public health guidance. Therefore, the majority of inspections now require 2 inspectors and a reduced amount of time on site.

Worryingly there is increased challenge from providers evidenced in numerous submissions challenging our regulatory findings and judgments, several legal challenges and as of this week, 1 Judicial Review. This disturbing trend for the most part relates to inspectors of social services assessing a provider's level of compliance to *Regulation 27 to include assessment of their compliance with national guidance and policy*. Furthermore these emerging legal challenges are by necessity diverting precious inspector resources.

Notwithstanding, as already detailed, the mandatory NFO1 and NFO2 returns, registered providers will be risk rated daily. Thereafter, risk based inspections will be scheduled in line with the Health Act 2007, as amended. Specific to this public health emergency, the daily status reports and risk escalations will continue to be sent to all the relevant agencies. Inspectors of social services will remain in telephone contact with the relevant CHO area crisis management team leads.

In the wider context, risk based inspections with a particular focus on Infection Prevention and Control and a provider's COVID-19 contingency arrangements will continue to be assessed across the wider nursing home sector. In addition to the aforementioned, targeted risk inspections within current resources are carrying out an average of 30 inspections per month. This inspection activity will increase when we receive additional sanction to increase our number of inspectors.

Moreover, the appointment of two Infection Prevention and Control inspectors due to commence in December 2020 will further enhance our ability to respond to this Public Health Emergency and further target our resources where they are most needed.

## **Appendix 2**

### **Communication with Bereaved Relatives, Dealgan House**

#### **Introduction**

The Information Handling Centre (Concerns) of HIQA has had contact from 23 relatives relating to 20 residents from Dealgan House Nursing Home since April 2020. Of these, 17 of the residents had passed away either in Dealgan House or Our Lady of Lourdes Hospital while two residents remained in the care of Dealgan House, and another was in Our Lady of Lourdes Hospital.

The relatives contacted the concerns team either by email and or by phone and each of the families were offered an opportunity to speak with a member of the team to discuss their experience of the Nursing Home. Two of the families contacted HIQA in April, thirteen in May, six in June and one in October (following publication of the inspection report).

A member of the concerns team listened to their experience, enquired about their experience both before and during the pandemic, and signposted them to where they could get their specific questions answered, which included the registered provider. The role of the Ombudsman was also outlined. Each of the families were provided with a copy of our information booklet with contact links for support agencies (see attached). The families the team spoke with in April, May and June were distressed and not keen to engage with the Registered Provider.

All of this unsolicited information was acknowledged and logged by the concerns team and reviewed by an inspector to establish if the information received indicated a risk to the safety, effectiveness, and management of the service, and the day-to-day care the residents received.

#### **Further contact with families**

Six of the families who had contacted HIQA and whose relative(s) had passed away, were written to on 15 May 2020 and offered an opportunity to meet with the inspection team in advance of the risk based inspection on 28 and 29 May 2020. The purpose of the meeting was to talk through the information they had provided to HIQA and to give the family member an opportunity to raise any other concerns they may have had in relation to the care of the resident, all of which would inform the lines of enquiry of the inspection. Four relatives agreed to meet with the inspectors and this was facilitated via zoom.

On 17 June 2020, the families that had been in contact with HIQA were alerted to the availability of the Hospice Bereavement service and the Patient Advocacy Service.

These contact details were corrected on 30 June following a meeting with PAS and the Department of Health when HIQA was made aware that the PAS service was not currently available.

On 09 July 2020, the Chief Inspector wrote to 15 of the bereaved families offering her condolences on the death of the resident, acknowledging the information the relatives had raised during their contact with HIQA and, in relation to the concerns they had raised, setting out HIQAs combined regulatory findings following 50 inspections of nursing homes.

On 11 September 2020, HIQA were made aware that the PAS service was available for residents and families of Dealgan House and an email was issued to all of the families alerting them to the availability of this service.

On 23 October 2020, 18 families were notified that the inspection report following the inspection of the centre in May 2020 was being published and a copy of the report was attached. Three families were subsequently made aware on 17 November that the follow-up report was being published and a copy of that report was attached.

### **Indication of Legal challenge**

HIQA has been notified as a named party in three separate legal actions being taken by the relatives of residents who died of COVID-19 in Dealgan House Nursing Home. HIQA has been cognisant of this and any correspondence or interactions we have or make in relation to Dealgan House Nursing Home has been framed within this legal context. As such, HIQA is mindful of our own legal advice as it relates to meetings with parties who are involved in such actions.

### **FOI requests**

To date, HIQA has had two FOI requests from relatives of residents who passed away in Dealgan House.

A large number of records relating to HIQA's engagement with Dealgan House Nursing Home, and HIQA's response to the outbreak of COVID-19 in Dealgan House earlier this year, have been released under the Freedom of Information Act 2014 and in the interest of openness and transparency was also issued to another relative who had been in correspondence with the CEO.

These records contain the following for the period 13 March 2020 to 30 May 2020:

- Correspondence between HIQA and Dealgan House, RSCI, HSE, and the Department of Health (records no. 1 -80)
- Notes of phone calls between HIQA and Dealgan House (record no. 81)
- Notification forms submitted by Dealgan relating to COVID-19 outbreak (records 84 -88)

- Quality Assurance Reports compiled by HIQA based on phone calls to Dealgan House (records 89- 90)
- Update to HIQA Board (record 90)
- Correspondence between Chief Inspector, Mary Dunnion, and Director of Community Operations in HSE, David Walsh, regarding COVID-19 outbreaks in designated centres (records 92.a -92e)

Some information was not released as it constituted commercially sensitive or personal information. Where possible, this information was redacted or removed from the records to provide access to the remainder of the record. The information which was refused is highlighted in the attached schedule.

The second FOI request received this week relates to the time period 01 May 2020 – 01 November 2020. The scope of the second request is similar to the above request - seeking correspondence/ phone notes of interactions between HIQA and Dealgan House, RSCSI Hospital Group, HSE CEO, Minister for Health, and NHI, regarding Dealgan House.

## **Conclusion**

Five of the families have contacted the concerns team on numerous occasions from their first contact to date with additional queries, seeking an update on the inspection report or clarifying the role and remit of HIQA. All of these issues have been addressed with the relatives by the concerns team by phone and or email. One relative has corresponded with the Chief Inspector and three relatives have been in contact with the CEO of HIQA seeking additional regulatory information. Responses to these families have been issued from the relevant office. In addition three TDs (Deputies Fergus O'Dowd, Ruairi O'Múrchu and Gerald Nash) have been in contact with HIQA to make representations on behalf of relatives of residents of Dealgan House.

**Attachments:** HIQA Information booklet and FOI schedule



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte



# We want to hear from you

How to provide feedback or make a complaint about  
residential services for older persons



2019



# an independent organisation

The Health Information and Quality Authority (HIQA) is an independent organisation that promotes safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.





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## Health and social care services

- should welcome the opportunity to learn from the experience of people using their service, both good experiences and experiences that could have been better.
- should respond to feedback and try to put things right where people using their service communicate concerns to them.

# About this booklet

This booklet explains what to do if you, a family member or someone acting on your behalf wants to give feedback or make a complaint about care or treatment in a nursing home.

If you have had a good experience in a health or social care service or you have a concern about a service, we would like you to tell us. While HIQA is unable to investigate individual complaints about a health or social care service under the Health Act 2007, we listen to what you have to say and use your feedback to establish if the information received indicates a risk to the safety, effectiveness, and management of the service, and the day-to-day care residents receive.



**For many, the thought of making a complaint can be off-putting, but this booklet aims to help make the process easier for you.**

## **This booklet gives advice on:**



**How to  
make a complaint  
or provide feedback**



**What to do  
if you are not happy  
with the response**

**It also provides information on organisations that can support you, free of charge, see [section 4](#).**

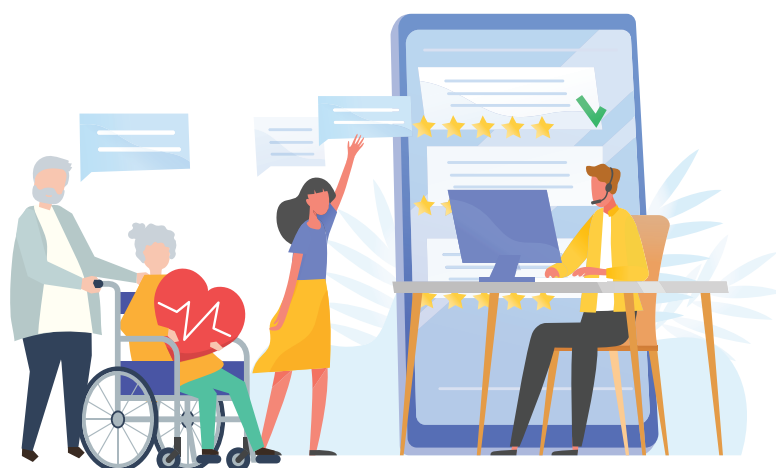
# 1 | Sharing feedback on your care with HIQA

Phone  
021 240 9646

Online  
[www.hiqa.ie](http://www.hiqa.ie)

Email  
[concerns@hiqa.ie](mailto:concerns@hiqa.ie)

Post  
HIQA, George's Court,  
Smithfield, Dublin 7,  
D07 E98Y



## We would like you to tell us about

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your experience of health and social care services, both good experiences and experiences that could have been better.

[The privacy notice](#) on our website sets out how we process all personal identifiable information that we generate and hold in the course of our work.



While HIQA is unable to investigate individual complaints about a health or social care service under the Health Act 2007, we will listen to what you have to say. We can use your feedback in a number of ways to establish if a service is safe, effective, caring, and well managed.

# What do we do with your feedback?

Your feedback will be reviewed by an inspector, which allows us to:



## Register and renew

Make decisions when we register and renew registration of nursing homes



## Complaints

Consider how well providers handle complaints and concerns and use them as an opportunity for improvement



## Track

what is happening in health and social care services



## Identify

any trends or patterns that indicate something unacceptable may be happening



## Ensure

services continue to meet essential standards of care

If we believe that those responsible for providing a service may not be compliant with the necessary regulations or national standards, we can take a number of actions in response:

### Planned inspection

Use the information at the next inspection planned for the service

### Look for more information

Ask the responsible person for more information on the general issues of concern (not related to an individual person, patient, resident or child)

### Request a plan

Request the responsible person to provide a plan on how they will address any identified issues

### Risk-based inspection

Carry out a risk-based inspection or a focused inspection to assess the quality and safety of care provided to those using the service.



In serious cases, we may consider using our legal powers where there is strong evidence that people are at immediate risk.

## 2 | Sharing feedback on residential services

If you are unhappy with care or treatment you have received you have the right to make a complaint, to have that complaint investigated and to be given a full and prompt reply.

By law, all health and social care services must have a procedure for dealing efficiently with complaints. The person or organisation that is providing a service is responsible for investigating your concern.

### If you have a complaint, you could first:



Speak with the staff providing the care who may be able to resolve your concern at this point



Ask the service for a copy of their complaints procedure



This booklet also gives information on what to do if you are not happy with the response to your complaint.

## Keep a record of your complaint



It is usually a good idea to keep a record by writing down who you spoke with, what you said, and what they said. The service you complain to should let you know how long it will take to investigate your complaint and respond to you.

## When you make a complaint or communicate your concerns to a health or social care service, they must:

### Acknowledge

acknowledge your complaint or concern

### Look into

look into and investigate your complaint or concern

### Update

let you know what they found

### Respond

respond to you in a timely manner



See [section 4](#) for organisations that can provide you with support and advice free of charge.

## Sharing feedback on publicly-funded residential services

Some residential services for older people are provided by the HSE. If you would like to provide feedback about the care or treatment you have received from a publicly-funded service you can contact the service directly, talk

to the person delivering the care or ask to speak with a manager. This gives them the chance to try and put things right for you, listen to your concerns and identify any areas that can be improved upon.

### HSE Confidential Recipient:

The Confidential Recipient can examine concerns raised to:



**Advise**

and assist individuals on the best course of action to take to raise matters of concern.



**Assist**

with the referral and examination of concerns.



**Ensure**

that these matters are appropriately addressed by the HSE and its funded agencies.



The Director General of the HSE appointed Leigh Gath as the Confidential Recipient.



## The HSE Confidential Recipient



This is an independent person appointed by the HSE to receive concerns and allegations of abuse, neglect or bad practice concerning adults with disabilities and/or older persons who receive services funded by the HSE or their Providers.

However, the Confidential Recipient cannot respond to concerns regarding patients or hospitals – unless the concern involves an older person who happens to be in hospital at the time of making contact with the Confidential Recipient.

You can contact the Confidential Recipient by:



Phone

1890 100 014 /  
087 665 7269



Email

[leigh.gath@crhealth.ie](mailto:leigh.gath@crhealth.ie)

**WEBSITE**

[Office of the  
Confidential Recipient](#)



Post

Leigh Gath, Confidential Recipient for Vulnerable Persons, HSE Vocational Training Centre, Dooradoyle, Limerick

## Office of the Ombudsman

The Ombudsman can examine complaints from people who feel they have been unfairly treated by a public service provider.

The Office can examine complaints against most organisations that deliver public services, including publicly-funded health and social care services and private nursing homes.

**If you are not happy with the outcome of your complaint or how it was dealt with, you can contact the Office of the Ombudsman.**



Before you contact the Ombudsman it recommends that you should first try to resolve your complaint with the relevant service provider.

## the ombudsman



The Ombudsman cannot look into a complaint if it is made more than 12 months after you initially complained of the action or you became aware of that action, unless there are very special circumstances.

### You can contact the Ombudsman in the following ways:

#### Phone

01 639 5600

#### Email

[info@ombudsman.ie](mailto:info@ombudsman.ie)

#### Post

The Office of the Ombudsman,  
6 Earlsfort Terrace, Dublin 2,  
D02 W773

#### Website

[www.ombudsman.ie](http://www.ombudsman.ie)



While the Office of the Ombudsman can examine complaints about private nursing homes it is unable to investigate claims relating to private health services.

### 3

## Providing feedback to other organisations

Matters of a suspected criminal nature should be reported to An Garda Síochána.



**An Garda Síochána**  
Ireland's National Police & Security Service

**You can contact the Gardaí in the following ways:**

#### Phone

your local garda station or via the  
Garda Confidential line  
1800 666 111

#### Website

[www.garda.ie](http://www.garda.ie)

For details of how to contact your local Garda Station visit  
[www.garda.ie/en/Contact-Us/Station-Directory](http://www.garda.ie/en/Contact-Us/Station-Directory)



In emergency situations always dial 999 or 112.

## Mental health services

If you have a concern in relation to mental health services you should contact the Mental Health Commission, as they regulate and monitor mental health services. Under the Mental Health Acts 2001- 2018, the Mental Health Commission does not have a statutory remit to manage individual complaints about mental health services.



They will use this information when inspecting services, and also endeavour to signpost individuals to the relevant agency who can best manage their complaint or can support or advocate for them while their complaint is being investigated.

### You can contact the Mental Health Commission in the following ways:

#### Phone

01 636 2400

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#### Post

The Mental Health  
Commission, Waterloo  
Exchange, Waterloo  
Road, D04 E5W7

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#### Email

[info@mhcirl.ie](mailto:info@mhcirl.ie)

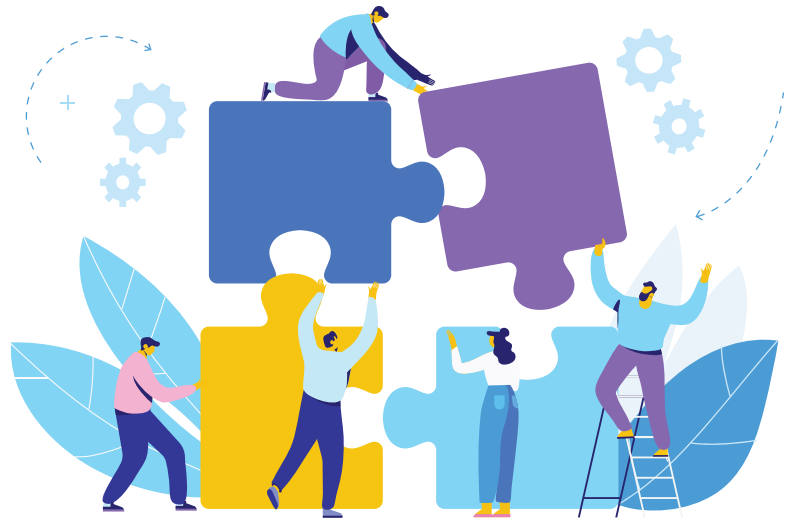
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#### Website

[www.mhcirl.ie](http://www.mhcirl.ie)

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## 4 | Support with providing feedback or making a complaint



### Making a complaint can be a difficult experience

There are a number of organisations that can give you helpful advice and support. Having an advocate may be helpful. An advocate is someone who can represent your views or act on your behalf when seeking information or making complaints.



Some advocacy organisations are listed here. Further information can be found on the HIQA website, [www.hiqa.ie](http://www.hiqa.ie)



### **Inclusion Ireland:**

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#### **Promotes advocacy for people**

with an intellectual disability, particularly self-advocacy. Further information can be found at:

[www.inclusionireland.ie](http://www.inclusionireland.ie)



### **Citizens Information:**

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#### **Is the statutory body**

which supports the provision of information, advice and advocacy on a broad range of public and social services. Further information can be found at:

[www.citizensinformation.ie](http://www.citizensinformation.ie)



### **Irish Patients Association:**

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#### **Advocates for the needs of patients**

to be paramount, while working in partnership with health providers. Further information can be found at:

[www.irishpatients.ie](http://www.irishpatients.ie)



### **Legal Aid Board:**

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#### **Provides legal advice**

and representation in court. The Legal Aid Board also provides family mediation services. Further information can be found at:

[www.legalaidboard.ie](http://www.legalaidboard.ie)



### **Health complaints.ie:**

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#### **Provides information**

to make a complaint or give feedback about health and social care services. This website has been developed for people who use health and social care services in Ireland, as well as for their families, care givers and advocates. Further information can be found at:

[www.healthcomplaints.ie](http://www.healthcomplaints.ie)



### **Sage Advocacy:**

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#### **Is a support and advocacy service**

for vulnerable adults, older people and healthcare patients. Further information can be found at:

[www.sageadvocacy.ie](http://www.sageadvocacy.ie)



### **National Advocacy Service for People with Disabilities:**

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#### **Provides an independent, confidential and free representative advocacy service**

that works exclusively for the person using the service. Further information can be found at: [www.citizensinformationboard.ie/en/services/advocacy](http://www.citizensinformationboard.ie/en/services/advocacy)

## How to

# 5 | Contact us

HIQA has a Concerns Team who can assist you with providing feedback to HIQA.





## HIQA's Concerns Team

Our dedicated Concerns Team will also advise you on other organisations or supports, as outlined in this booklet, which may be able to help you.



### You can contact HIQA's Concerns Team in the following ways:

#### Phone

021 240 9646

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#### Email

[concerns@hiqa.ie](mailto:concerns@hiqa.ie)

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#### Post

Concerns, HIQA,  
George's Court,  
Smithfield,  
D07 E98Y

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#### Website

[www.hiqa.ie](http://www.hiqa.ie)

#### Online form

[www.hiqa.ie/get-touch/report-concern-or-give-feedback](http://www.hiqa.ie/get-touch/report-concern-or-give-feedback)

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# Thank you

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**HIQA - Freedom of Information  
Schedule of Records: Summary of Decision Making**



**FOI Request Reference**      **FOIR 045 020**

**Internal Review Date**      **01 September 2020**

**Internal Reviewer**      **Bob Hennessy**

**Decision due no later than**      **21 September 2020**

Rec. No	Brief description and date of record	File Ref	No. of pages	Third Party involvement Y/N	Internal Review Decision: Grant/Part Grant/Refuse	Basis of Refusal: Section of Act	Reason for Decision	Public Interest Considerations (for and against release)	Record Edited/ Identify
1	Email and attachments	1.200406 EF(DH) to MC Case email 1	3	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
3	Email from public health	3.200406 EF(DH) to MC email 1_Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
3	Email from public health	3.200406 EF(DH) to MC email 1_Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted

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6	Email re support	6.200413 EF(DH) to MC re support email 1	3	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
7	Email re support	7.200413 EF(DH) to MC re support email 2	2	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
8	Email re support	8.200413 EF(DH) to MC NH email 3	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
10	Response email related to above refused emails	10.200413 PWK to SC re NH email	4	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
11	Email re Rota	11.200416 EF(DH) to MC Rota email 1_Redacted	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt
12	Attachment Rota	12.200416 EF(DH) to MC Rota att a REFUSE	8		Refuse	37(1) Personal Information	See decision letter	See decision letter	
11	Email re Rota	11.200416 EF(DH) to MC Rota email 1_Redacted	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Yes link to attachment removed - included as
13	Email update	13.200420 RF to SC email 1 1751 REFUSE	2		Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
15	Email re Daily update	15.200420 MC to EF PRISM 249 email 1018_Redacted	3	y	Part grant	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
15	Email re Daily update	15.200420 MC to EF PRISM 249 email 1018_Redacted	3	y	Part grant	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
19	Attachment to RCSI	19.200420 EmcC to RCSI re DH mail 2 attach a	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	

## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



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20	Email	20.200421 COB to PQ MrPQ email with attach	2	y	Part grant				Yes link to attachment removed - included as separate record
21	Email attachment from RCSI to HIQA CEO	21.200421 COB email attach 1 IC to PQ let REFUSE	1		Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
22.	Email re phone call	22.200421 RF to HIQA PRISM 249 0850_Redac	1	y	Part grant	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
20	Email	20.200421 COB to PQ MrPQ email with attach	2	y	Part grant	Yes link to attachment removed - included as separate record (refused).			
21	Email attachment from RCSI to HIQA CEO	21.200421 COB email attach 1 IC to PQ let REFUSE	1	y	Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
22	Email re phone call	22.200421 RF to HIQA PRISM 249 0850_Redac	1	y	Part grant	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
23	email updates	23.200421 MC to AC email 1 1128	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
24	email updates	24.200421 RF to MC email 2 w attach 1314	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
25	email updates	25.200421 RF to MC email 3 1402	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
26	email updates	26.200421 MC to RF email 4 1415	2	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
27	Email updates	27.200421 EF(DH) to HIQA email 1635	2	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted

## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



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28	Daily tacker email	28.200421 EF(DH) HIQA Daily Tracker 1803 REFUSE	2		Refuse	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	
29	Daily tacker email	29.200423 EF(DH) Daily Tracker REFUSE	2		Refuse	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	
28	Daily tacker email	28.200421 EF(DH) HIQA Daily Tracker 1803 REFUSE	2	y	Refuse	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	
29	Daily tacker email	29.200423 EF(DH) Daily Tracker REFUSE	2	y	Refuse	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	
30	Email and attachments	30.200423 EF(DH) to MC OFF DUTY email	1	y	Part grant	37(1) Personal Information	See decision letter	See decision letter	Exempt information redacted
31	Email	31.200423 EF(DH) to MC RE Cleaning email	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	Exempt information redacted
32	Email and attachments	32.200423 EF(DH) to MC Staff Det email REFUSE	1		Refuse	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	
33	Email re off duty roster	33.200427 EF(DH) to MC OFF DUTY email 1 redac	1	y	Part grant	37. Personal Information			Yes link to attachment removed - included as separate record (refused). Exempt
34	Attachment off duty roster	34.200427 EF(DH) to MC OFF DUTY att a REFUS	5		Refuse	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	

## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



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35	Email re off duty roster	35.200427 EF(DH) to MC OFF DUTY email 2_Redacted	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt
36	Attachment off duty roster	36.200427 EF(DH) to MC OFF DUTY mail 2 att REFUS	3		Refuse	37. Personal Information			
37	Email response from HIQA	37.200427 MC to EF(DH) email 3_Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	Exempt Information redacted
32	Email and attachments	32.200423 EF(DH) to MC Staff Det email REFUSE	1	y	Refuse	36.1(b) Commercially sensitive information 37(1) Personal Information	See decision letter	See decision letter	
33	Email re off duty roster	33.200427 EF(DH) to MC OFF DUTY email 1 redac	1	y	Part grant	37. Personal Information	Yes link to attachment removed - included as separate record (refused).		
34	Attachment off duty roster	34.200427 EF(DH) to MC OFF DUTY att a REFUS	5	y	Refuse	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	
35	Email re off duty roster	35.200427 EF(DH) to MC OFF DUTY email 2_Redacted	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	Yes link to attachment removed -
36	Attachment off duty roster	36.200427 EF(DH) to MC OFF DUTY mail 2 att REFUS	3	y	Refuse	37. Personal Information	See decision letter	See decision letter	
37	Email response from HIQA	37.200427 MC to EF(DH) email 3_Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	Exempt Information redacted
39	Email re roster	39.200429 EF(DH) to MC Off Duty email_Redac	1	y	Part grant	37. Personal Information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt
40	Email attachment on roster att a REFUSE	40.200429 EF(DH) to MC Off Duty att a REFUSE	1		Refuse	37. Personal Information	See decision letter	See decision letter	
39	Email re roster	39.200429 EF(DH) to MC Off Duty email_Redac	1	y	Part grant	37. Personal Information	See decision letter	See decision letter	Yes link to attachment
40	Email attachment on roster att a REFUSE	40.200429 EF(DH) to MC Off Duty att a REFUSE	1	y	Refuse	37. Personal Information	See decision letter	See decision letter	

## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



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41	Email re staffing arrangements	41.200430 EF(DH) to MC Staff email 1631	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal Information	See decision letter	See decision letter	
42	Email re Roster and attachment	42.200506 EF(DH) to MC Roster email 1006 REFUSE	1	y	Part grant	37. Personal Information	See decision letter	See decision letter	
43	Email re Covid 19 update	43.200507 EF(DH) to MC update email 1051	3	y	Part grant	37. Personal Information	See decision letter	See decision letter	
44	Email to HIQA from DH	44.200511 EF(DH) to MC email 1 REFUSE	6		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
45	Email to HIQA from DH	45.200511 EF(DH) to MC email 2 REFUSE	8		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
46	Additional email to HIQA from DH	46.200511 EF(DH) to MC email 3 REFUSE	9		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
47	HIQA response re information provided to HIQA	47.200515 DCOP RST to DH email 1 1634 REFUSE	2		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Email attachment included as separate record below (granted).
49	Email re Roster and attachment	49.200515 EF(DH) to MC Off dut with att_Redac	1	y	Part grant	37. Personal information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt
50	Email attachment roster	50.200515 EF(DH) to MC Off duty att b REFUS	1		Refuse	37. Personal information	See decision letter	See decision letter	
51	Email response and original email out from HIQA	51.200518 EF(DH) to AW email with att_Red	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record
44	Email to HIQA from DH	44.200511 EF(DH) to MC email 1 REFUSE	6	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	



## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



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45	Email to HIQA from DH	45.200511 EF(DH) to MC email 2 REFUSE	8	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
46	Additional email to HIQA from DH	46.200511 EF(DH) to MC email 3 REFUSE	9	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
47	HIQA response re information provided to HIQA	47.200515 DCOP RST to DH email 1 1634 REFUSE	2	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Email attachment included as separate record below (granted).
49	Email re Roster and attachment	49.200515 EF(DH) to MC Off dut with att_Redac	1	y	Part grant	37. Personal information	See decision letter	See decision letter	
50	Email attachment roster	50.200515 EF(DH) to MC Off duty att b REFUS	1	Y	Refuse	37. Personal information	See decision letter	See decision letter	
51	Email response and original email out from HIQA	51.200518 EF(DH) to AW email with att_Red	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
52	Email attachment re update	52.200518 EF(DH) to AW att a REFUSE	2	Y	Part grant	37. Personal information	See decision letter	See decision letter	
53	Email and attachments	53.200518 RF to MS email with attachments REFUSE	2	Y	Part grant	37. Personal information	See decision letter	See decision letter	
54	Email acknowledgement	54.200518 MS to RF email with att_Redacted	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Yes link to attachment removed - as out of scope Exempt Information redacted.

**HIQA - Freedom of Information  
Schedule of Records: Summary of Decision Making**



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55.	Email response to outgoing HIQA request	55.200520 EF(DH) to DCOP email attach_Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt
54	Email acknowledgement	54.200518 MS to RF email with att_Redacted	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Yes link to attachment removed - as out of scope Exempt Information redacted
55	Email response to outgoing HIQA request	55.200520 EF(DH) to DCOP email attach_Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt Information
57.	Email attachment re strategy	57.200520 EF(DH) to DCOP b REFUSE	15	y	Part grant	37. Personal information	See decision letter	See decision letter	
59	Email re roster	59.200520 EF(DH) to MC Roster email 1_Redac	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt
60	Email attachment re roster	60.200520 EF(DH) to MC re attach a REFUSE	1		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
59	Email re roster	59.200520 EF(DH) to MC Roster email 1_Redac	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Yes link to attachment removed -
60	Email attachment re roster	60.200520 EF(DH) to MC re attach a REFUSE	1	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
61	Email and attachment	61.200520 RF to MS email 3 with att REFUSE	3	y	Part grant	37. Personal information	See decision letter	See decision letter	Exempt Information redacted

## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



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Internal Review Date      01 September 2020

Internal Reviewer      Bob Hennessy

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62	email attachment	62.200520 RF to MS email 3 a REFUSE	3	y	Part grant	37. Personal information	See decision letter	See decision letter	
65	Email to HIQA from DH re IPC	65.200525 EF to MC IPC email and attach_Redacted	3	y	Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record (refused). Exempt
66	Email to HIQA from DH re IPC attachment a	66.200525 EF to MC IPC a REFUSE	1		Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
67	Email to HIQA from DH re IPC attachment b	67.200525 EF to MC IPC b REFUSE	13		Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
68	Email re occupancy	68.200525 EF to MC Occupancy email 1 REFUSE	1		Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
69	Email re rosters and attachment	69.200525 EF to MC Rosters Part 1 and att REFUSE	3		Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
70	Email re rosters and attachment	70.200525 EF to MC Rosters Part 2 and att REFUSE	1		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
65	Email to HIQA from DH re IPC	65.200525 EF to MC IPC email and attach_Redacted	3	y	Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	Yes link to attachment removed -
66	Email to HIQA from DH re IPC attachment a	66.200525 EF to MC IPC a REFUSE	1	y	Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
67	Email to HIQA from DH re IPC attachment b	67.200525 EF to MC IPC b REFUSE	13	y	Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
68	Email re occupancy	68.200525 EF to MC Occupancy email 1 REFUSE	1	y	Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	
69	Email re rosters and attachment	69.200525 EF to MC Rosters Part 1 and att REFUSE	3	y	Refuse	36.1(b) Commercially sensitive information	See decision letter	See decision letter	

**HIQA - Freedom of Information  
Schedule of Records: Summary of Decision Making**



<b>FOI Request Reference</b>	<b>FOIR 045 020</b>	<b>Internal Review Date</b>	<b>01 September 2020</b>
<b>Internal Reviewer</b>	<b>Bob Hennessy</b>	<b>Decision due no later than</b>	<b>21 September 2020</b>

Rec. No	Brief description and date of record	File Ref	No. of pages	Third Party involvement Y/N	Internal Review Decision: Grant/Part Grant/Refuse	Basis of Refusal: Section of Act	Reason for Decision	Public Interest Considerations (for and against release)	Record Edited/Identify
70	Email re rosters and attachment	70.200525 EF to MC Rosters Part 2 and att REFUSE	1	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
71	Email and attachments re family communications	71.200525 EF(DH) to MC Comm mail and att REFUSE	2	y	Part grant	37. Personal information	See decision letter	See decision letter	Exempt Information redacted
72	Email re update	72.200525 SC to PWK email 1 REFUSE	1		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
73	Email response from HSE re update	73.200525 PWK to SC email 2 REFUSE	2		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
74	Email response from HIQA re update	74.200525 SC to PWK email 3 REFUSE	2		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
72	Email re update	72.200525 SC to PWK email 1 REFUSE	1	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
73	Email response from HSE re update	73.200525 PWK to SC email 2 REFUSE	2	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
74	Email response from HIQA re update	74.200525 SC to PWK email 3 REFUSE	2	y	Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
75	Email from HIQA to EF	75.200525 MC to EF mail REFUS	2	y	Part grant	37. Personal information	See decision letter	See decision letter	Exempt Information redacted
77	Email from HIQA to RCSI	77.200420 SC to PD mail 1 REF	1	y	Part grant	37. Personal information	See decision letter	See decision letter	Exempt Information redacted
79	Email from HIQA to EF	79.3200515 DCOP to EF(DH) mail 1	1		Part grant	36.1(b) Commercially sensitive information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record

## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



**FOI Request Reference**      **FOIR 045 020**

**Internal Review Date**      **01 September 2020**

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Rec. No	Brief description and date of record	File Ref	No. of pages	Third Party involvement Y/N	Internal Review Decision: Grant/Part Grant/Refuse	Basis of Refusal: Section of Act	Reason for Decision	Public Interest Considerations (for and against release)	Record Edited/Identify
79	Email from HIQA to EF	79.3200515 DCOP to EF(DH) mail 1	1	y	Part grant	36.1(b) Commercially sensitive information	See decision letter	See decision letter	Yes link to attachment removed - included as separate record
80	Email from HIQA to EF attachment	80.200515_AW to EF(DH) att a REF	2	y	Part grant	37. Personal information	See decision letter	See decision letter	Exempt Information redacted
81.	Records of phonecalls between HIQA and Dealgan House.	81a-d.Phone Calls HIQA Dealgan 4 docs	2	y	Part grant	37. Personal information	See decision letter	See decision letter	Exempt Information redacted
82.	NF01 List REFUSE	82.NF01 List REFUSE	NA		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
83.	NF01 Forms refused collectively		NA		Refuse	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	
84	NF39 List_Redacted	84.NF39 List_Redacted	1		Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
85	NF39 A form 200522 Redacted	85.NF39 A form 200522 Redacted	6		Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
86	NF39 D form 200526 Redacted	86.NF39 D form 200526 Redacted	8		Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
87	NF02 List 200407 Redacted	87.NF02 List 200407 Redacted	1		Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
88	NF02 form 200407_Redacted	88.NF02 form 200407_Redacted	3		Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
89	DH QA report 200330 Redacted	89.DH QA report 200330 Redacted	2		Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
90	DH QA report 200429 Redacted	90.DH QA report 200429 Redacted	2		Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted

## HIQA - Freedom of Information Schedule of Records: Summary of Decision Making



<b>FOI Request Reference</b>	<b>FOIR 045 020</b>	<b>Internal Review Date</b>	<b>01 September 2020</b>
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Rec. No	Brief description and date of record	File Ref	No. of pages	Third Party involvement Y/N	Internal Review Decision: Grant/Part Grant/Refuse	Basis of Refusal: Section of Act	Reason for Decision	Public Interest Considerations (for and against release)	Record Edited/Identify
82	NF01 List REFUSE	82.NF01 List REFUSE	NA	y	Refuse	36.1(b) Commercially sensitive information 37. Personal	See decision letter	See decision letter	
83	NF01 Forms refused collectively	NA	Refuse	y	36.1(b) Commercially sensitive information 37.	See decision letter	See decision letter		
84	NF39 List_Redacted	84.NF39 List_Redacted	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
85	NF39 A form 200522 Redacted	85.NF39 A form 200522 Redacted	6	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
86	NF39 D form 200526 Redacted	86.NF39 D form 200526 Redacted	8	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
87	NF02 List 200407 Redacted	87.NF02 List 200407 Redacted	1	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
88	NF02 form 200407_Redacted	88.NF02 form 200407_Redacted	3	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
89	DH QA report 200330 Redacted	89.DH QA report 200330 Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
90	DH QA report 200429 Redacted	90.DH QA report 200429 Redacted	2	y	Part grant	36.1(b) Commercially sensitive information 37. Personal information	See decision letter	See decision letter	Exempt information redacted
91	200424_KL to HIQA Board update	91.200424_KL to HIQA Board update	1	y	Grant				
92	** additional records previously release as part of another	92.a.-d. MD to SW	1	y	Part Grant	36.1(b) Commercially sensitive information 37. Personal	See decision letter	See decision letter	Exempt information