



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Annual overview report on the regulation of designated centres for older people — 2015

April 2016

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent Authority established to drive high quality and safe care for people using our health and social care and support services in Ireland. HIQA's role is to develop standards, inspect and review health and social care and support services, and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the quality and safety of services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- Setting Standards for Health and Social Services — Developing person-centred standards, based on evidence and best international practice, for health and social care and support services in Ireland.
- Regulation — Registering and inspecting designated centres.
- Monitoring Children's Services — Monitoring and inspecting children's social services.
- Monitoring Healthcare Quality and Safety — Monitoring the quality and safety of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- Health Technology Assessment — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- Health Information — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care and support services.

Table of Contents

About the Health Information and Quality Authority	3
Foreword	6
Introduction	7
About this report	8
Summary	9
1.0 Overview of the sector	11
2.0 Number of centres	11
2.1 Number of centres by county	12
2.2 Size of centres by bed numbers	14
2.3 Increase in bed numbers and number of new beds registered	14
3.0 Monitoring and inspection programme	15
4.0 Receipt and review of information about services	15
4.1 Notifications	15
4.2 Unsolicited Information	17
4.3 Inspection activity	18
4.4 Renewal of registration	20
5.0 Key findings	20
5.1 Key areas of compliance	21
5.2 Key areas of non-compliance	22
5.3 Residents' rights	24
5.4 Providers response to non-compliance	24
6.0 HIQA's Thematic Monitoring and Inspection programme	25
7.0 Enforcement and centre closures	26
8.0 Communication and Stakeholder Engagement	27
9.0 Conclusion and next steps for 2016	28

Foreword

Since 2009, the Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided to older persons in centres throughout Ireland. Regulation involves using a framework of standards and regulations against which services should be provided.

The decision of an individual or a family to avail of long-term residential care can be fraught with worry and uncertainty. The regulation of designated centres for older persons is a key mechanism that aims to provide assurance to individuals, their families and the general public. All residents should expect to receive care that is individualized to their specific need and both residents and their relatives should be assured that the management of the centre is of a good standard.

In March 2015, HIQA created a Regulatory Practice Development Unit to coordinate the development and enhancement of regulatory practice and approaches and to ensure that, as a regulator, we continually learn and improve. This new Unit facilitates staff training, professional development and regulatory research to support the continuous development of confident and competent Inspectors and consistent regulatory practice. In May 2015, we commenced a significant project to review the current organizational structure, professional policies, procedures and regulatory practices associated with the Authority Monitoring Approach.

This project will continue throughout 2016 and will result in improved operational processes to include registration, regulatory practice and how we publically communicate our inspection findings to our various stakeholders. Throughout 2016 we will consult and communicate with the relevant stakeholders in relation to possible practice enhancements.

As a public body, HIQA continually seeks ways to reduce regulatory burden so that providers and their staff can spend as much time as possible caring for and supporting residents. In 2015, we introduced an on-line portal system to allow providers to submit some regulatory notifications online, thereby reducing the amount of time providers spend notifying HIQA. The system is also secure and fully traceable.

HIQA welcomes the approval by the Minister for Health of the revised National Quality Standards for Residential Care Settings for Older People in Ireland 2015. These standards will further assist providers of residential care for older people to benchmark and continually improve the quality of service and care provided to residents in their centres.



Mary Dunnion, Director of Regulation, Health Information and Quality Authority

Introduction

A key finding from our work in 2015 is that governance and leadership underpins the quality of care provided to residents. Our reports indicate a direct correlation between the quality of governance and leadership and the compliance levels within each centre. High quality compliant providers demonstrated that they had good governance arrangements in place. They were clear about what they offered, how they provided their services and who had overall accountability for the quality and safety of care. In highly compliant centres, good governance arrangements also acknowledged the inter-dependencies between management and clinical practice and integrated these to deliver high quality, safe and reliable care.

Our inspections in 2015 indicate good levels of care in areas such as protection for older people, end-of-life care and food and nutrition. Areas for improvement include premises, risk management, fire procedures, care planning and medication management. A trend that is noteworthy in 2015 is that 12 new centres and 1046 beds were registered and commissioned into the sector. HIQA welcomes this significant increase in new high quality beds into the sector.

On 04 November 2015, HIQA was notified by the Minister for Health of a significant capital investment plan to ensure all public and voluntary nursing homes are compliant with the National Quality Standards for Residential Care Settings for Older People in Ireland by the end of 2021.

In the coming years ahead, we will continue to place strong emphasis on best practice in dementia care, medication management, fire management, governance and leadership and person-centred care.

John Farrelly, Deputy Chief Inspector

About this report

This report provides an overview of our regulatory programme and findings in designated centres for older persons for the period 1 January 2015 to 31 December 2015. It provides information about the 577 centres that are registered by HIQA as of 31 December 2015.

This report also details our regulatory activity in respect of registration and renewals, inspection, other monitoring activities and necessary enforcement actions carried out in 2015. It also provides an analysis of the key areas of good practice and the areas that require improvement within the sector.

Our processes seek to ensure that the health, wellbeing and quality of life of people in residential care are promoted, protected and improved. In this report we have outlined our evolving approaches to the regulation of older person's services. This reflects the need to use regulation as a mechanism for improvement and to make sure that we are targeting our resources at areas of greatest need and highest risk.

Summary

In 2015, the Health Information and Quality Authority carried out 411 inspections of 343 nursing homes. Of these inspections, 49% were unannounced and 51% were announced. Inspectors assessed compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People (2013) and the National Quality Standards for Residential Care Settings for Older People in Ireland (2009) (referred to in this report as the Regulations and Standards) and made judgments regarding each provider's ongoing fitness to operate a centre.

Fifty-nine percent of all registered centres received an inspection in 2015. Of the centres that received an inspection, 84% received one inspection. Thirteen percent of centres inspected received two inspections, while 3% received three or more inspections. We published 408 inspection reports in 2015 (a further three were published in 2016), which detail 3,610 findings of compliance with regulations and 4,050 non-compliances.

While most centres had an acceptable level of overall compliance with the regulations and standards, it was identified that many needed to improve their approach to governance, the provision of a high quality premises, risk management, fire precautions and staffing levels.

The outcome 'Premises' had the highest number of corrective actions required of any outcome. This indicates a need for providers to invest in the provision of a suitable environment for residents, as many residents continue to be accommodated in large and outdated open-plan Nightingale-style wards, which give residents little privacy and dignity.

The outcome 'Health and Safety and Risk Management' had the second highest number of corrective actions required of any outcome. Nursing home providers must move towards appropriate risk assessment and management to ensure they provide a safe environment that is also cognizant of residents' rights. Other inspection findings indicate that nursing home providers will need to invest more in recruitment and training, and in ensuring that an appropriate amount of staff with relevant skill sets are available to support residents.

Each registration of a nursing home with HIQA expires at the end of a three-year registration cycle. 2015 marked the final point of the second three-year registration cycle. Registration inspections account for the vast majority of HIQA's announced inspections of nursing homes.

Renewing registration confirms to the public that a centre has maintained its fitness to care for older and dependent persons. During 2015, 208 providers were granted a renewal of their registration. A further 48 centres had applied and were awaiting a

final decision.

This overview report sets out an analysis of compliance and the corrective actions required of providers in 2015. These actions reflect deficiencies or areas of non-compliance in services and provide a framework for providers to outline corrective actions aimed at making their service compliant. In many cases, providers took immediate action following inspection to address identified deficiencies.

While this report focuses on the areas requiring improvement, we also found numerous examples of good practice in nursing homes during our inspections, and these are reflected when observed in individual inspection reports, published on HIQA's website, www.hiqa.ie.

The highest levels of compliance related to suitable persons in charge, information provided to residents, food and nutrition, residents' clothing and personal possessions, and safeguarding and safety.

Registered providers and or persons in charge are required by law to notify the Authority without delay of certain adverse events that have happened within their centres. We received 4,155 of these notifications in 2015. We also received 516 items of unsolicited information relating to 272 centres, of which the majority came from relatives of residents.

All information received is acknowledged, logged and risk-assessed along with our findings from inspections to compile a continuously updated risk profile for each centre. The risk profile, in assembling a range of indicators of potential risk, is a core tool in responsive regulation and facilitates our inspection teams to target inspections and to inform the most appropriate regulatory intervention.

Our approach ensures that, any provider who is persistently non-compliant with the Regulations and Standards and who place residents at risk of harm, is identified quickly and faces proportionate and meaningful enforcement action. Three centres that were on the register in December 2014 had closed by December 2015. Formal enforcement procedures were used in the case of two centres.

During 2015, we continued and expanded our programme of themed inspections to focus on the care given to people with dementia that had commenced in 2014. This is a three year programme that will provide valuable information on current practice and the areas for improvement. All of the information contained within this report is used to continually improve and refine our approach to regulation to promote safe, appropriate, person-centred care.

1.0 Overview of the sector

The national population is expected to rise to 5.3 million by 2060, with average life expectancy increasing from 79 to 85 for men and from 83 to 89 for women. It is predicted that by 2020, the number of people over 65 years will be 15% of the total population (The European Commission's Ageing Report 2015).

The percentage of the total population of older people in residential care in Ireland is estimated to be 5%. The Centre for Ageing Research and Development in Ireland anticipates the number of persons requiring nursing home care will increase by at least 59% by 2021. The available number of beds for older people in residential care is just over 30,000. Therefore, in the coming years, there will be an increased requirement for the provision of safe and high quality residential care to older persons in Ireland. As a result of the ageing population, providers of health and social care will have increased opportunities to further develop their existing services to ensure they are tailored to meet individuals' needs and are grounded in international best practice.

2.0 Number of centres

All centres for older people are required to be registered with HIQA. As of 31 December 2015, there were 577 active centres providing 30,106 registered beds in the sector.

There was an increase in the numbers of centres in 2015, from 565 centres with 29,060 beds in 2014 to 577 centres and 30,106 beds in 2015.

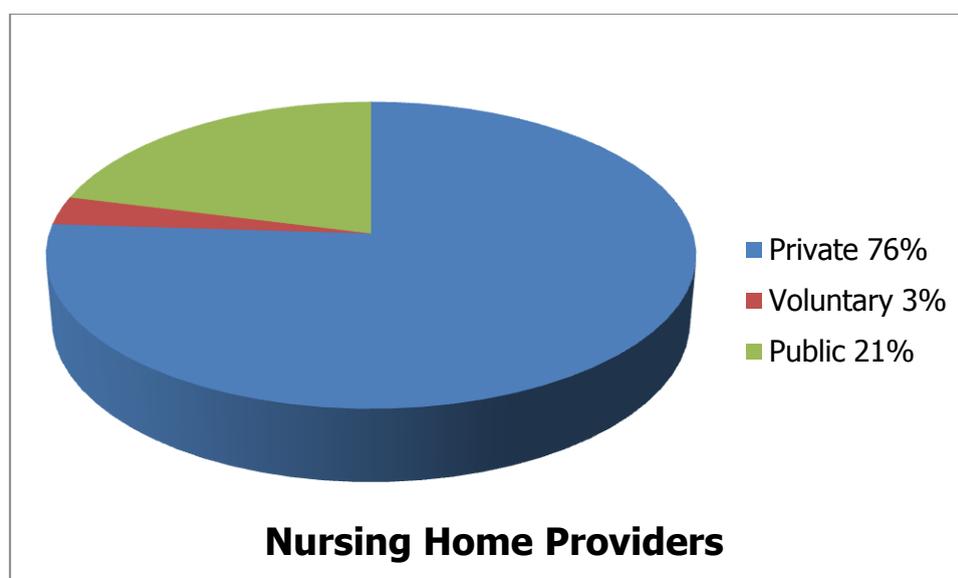
Centres for older people include residential and residential centre-based respite services that are:

- privately operated nursing homes as defined by Health (Nursing Homes) Act, 1990 (private)
- operated by the Health Service Executive (HSE) (public)
- operated by HSE-funded bodies (voluntary).

The vast majority of residential services are provided by private providers with the remainder being managed by the HSE and voluntary organizations. Figure 1 provides a breakdown of the number of centres by provider type in 2015.

¹ Future demand for long-term care in Ireland , Centres for Ageing, Research and Development in Ireland, Oct 2012.

Figure 1. Number and percentage of registered designated centres for older people (by provider type) 31 December 2015



2.1 Number of centres by county

The following table sets out the number of centres in each county in Ireland in 2015, the comparable figure for 2014 and the number of residential beds in each county. It is noteworthy that there is an increase in centres in the Dublin area since 2014 with seven new centres and a decrease in Louth by one centre.

Figure 2. Total number of registered centres/beds by county on 31 December 2015, compared with 31 December 2014

County	Number of centres in 2014	Number of centres in 2015	Number of beds
Carlow	8	8	376
Cavan	11	11	540
Clare	15	15	862
Cork	70	70	3573

County	Number of centres in 2014	Number of centres in 2015	Number of beds
Donegal	23	23	920
Dublin	105	112	7383
Galway	42	42	1828
Kerry	24	24	1009
Kildare	22	23	1562
Kilkenny	17	17	714
Laois	6	6	295
Leitrim	5	6	277
Limerick	26	26	1301
Longford	4	4	288
Louth	14	13	572
Mayo	22	23	999
Meath	19	20	1035
Monaghan	7	8	435
Offaly	11	11	549
Roscommon	14	14	702
Sligo	7	7	396
Tipperary	31	31	1233
Waterford	13	13	774
Westmeath	14	14	616
Wexford	15	16	913
Wicklow	20	20	954
Total	565	577	30,106

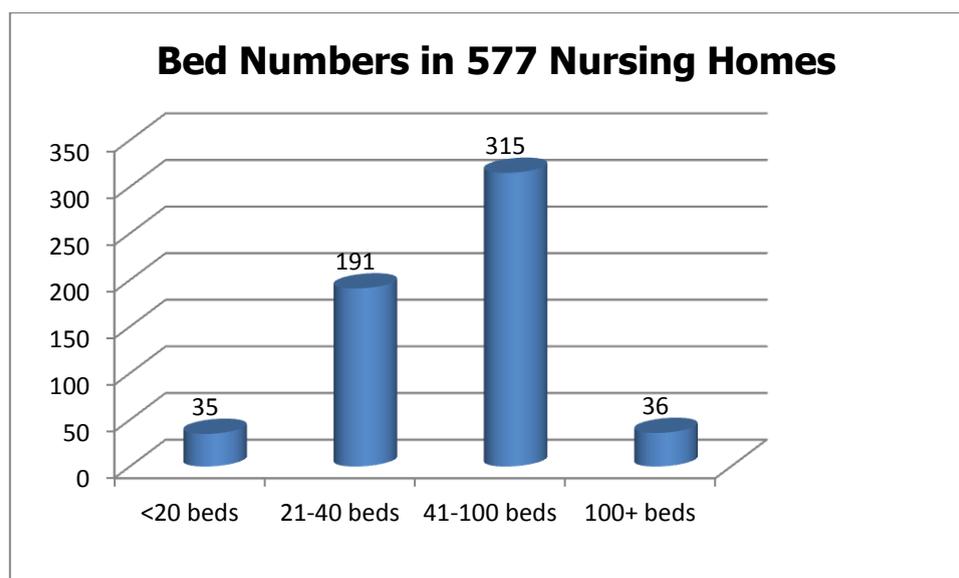
2.2 Size of centres by bed numbers

Overall, the size of centres has not significantly changed from 2014. Figures on 31 December 2015 indicate the following:

- 6% of all centres were registered to care for less than 20 residents
- 33% had between 21 and 40 residents
- 55% were registered to provide care to between 41 and 100 residents
- 6% were centres with over 100 residents.

Further detail of the size of centres is provided in Figure 3 below:

Figure 3. Size of centres by bed numbers



2.3 Increase in bed numbers and number of new beds registered

HIQA specifies the maximum capacity ('number of beds') as part of each centre's conditions of registration. A provider who wishes to change a centre's number of beds must apply to do so through an application for variation of conditions of registration. In 2015, there were 33 applications to vary or remove a condition of registration granted. The majority of applications for variation of conditions of registration relate to an increase or decrease in the number of registered beds.

A provider may also change the centre's number of registered beds at the time of renewal of registration. Before HIQA will increase a centre's number of registered beds, it must be satisfied that the increase in numbers will not negatively impact on

the quality and safety of care provided to residents. The increased number of applications and new beds in the sector reflect the significant amount of older persons requiring care within an ever increasing ageing population.

3.0 Monitoring and inspection programme

This section sets out the regulatory programme for centres for older people that took place during 2015. It is important to note that in addition to carrying out inspections, we gather and receive information from people using the service, from their relatives, from the general public and from the providers themselves in the form of statutory notifications. This approach used by HIQA ensures that all 577 centres are continually monitored by a variety of methodologies including inspection.

The regulation of centres for older people is underpinned by our statutory remit and corporate objectives. HIQA's regulatory approach ensures:

- only providers who are fit to provide a residential service for older people are registered to do so
- HIQA's resources are targeted ensuring the least compliant centres are subject to greater scrutiny and enforcement activity, where necessary
- there is a regulatory focus on quality improvement through the use of thematic inspections.

4.0 Receipt and review of information about services

The receipt and assessment of information is a key monitoring activity. This information informs HIQA of the potential for adverse or potentially harmful events that have or may impact on the health, safety and wellbeing of residents. Information can be requested or required by HIQA (solicited) in the form of notifications or it may be provided to us by members of the public who have a concern or an issue with the care provided to residents (unsolicited). All information received by HIQA is acknowledged, recorded, risk assessed and used to inform further monitoring activity, including inspection, as required.

4.1 Notifications

The Health Act 2007 (Care and Welfare of Older People) Regulations (2013) requires providers and persons in charge of centres to notify us of specified events. These

events include unexpected deaths, loss of power, outbreaks of disease, allegations of abuse, serious injury, fire and staff misconduct.

In well managed centres HIQA is notified in a timely way and actions taken to assure that the event has been adequately addressed by the provider are included in the notification.

During the course of 2015, we received 10,572 regulatory notifications. This demonstrates that the majority of centres are keeping us informed and are compliant with their statutory obligations. These notifications included 6,187 notifications that alert HIQA to potential risks to the health, safety or wellbeing of residents. It should be noted that notifications are a constructive and necessary response by providers and requires them to provide HIQA with an assurance that issues, when required, are being appropriately managed. The number and type of notifications received in 2015 are outlined in Figure 4 below.

Figure 4. Number and type of notifications received in 2015

Description	Number of notifications
Any Unexpected death of any resident, including the death of any resident following transfer to hospital and the circumstances and cause of death when established	916
An outbreak of any notifiable disease	239
An injury to a resident that requires medical and or hospital treatment	*4155
Any unexplained absence of a resident from the designated centre	137
Any allegation of suspected or confirmed abuse of a resident	424

Description	Number of notifications
Any allegation of misconduct by the registered provider or by a member of staff	69
Any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body	5
Any fire, loss of power, heating or water, or unplanned evacuation of the centre	133
When the person in charge proposes to be absent from a designated centre for a continuous period of 28 days or more	77
Return of the person in charge after being absent for a continuous period of 28 days or more	31
Quarterly notifications	4386
Total	10, 572

*There is evidence of over-reporting by centres. Of the 4,155 notifications, a total of 54% required hospital treatment, of which 95% were rated as minor/moderate risk.

4.2 Unsolicited Information

In 2015, HIQA received 516 items of unsolicited information relating to the services provided to older persons in 272 centres. This was a significant reduction since 2014 when 609 items of information were received regarding 303 centres for older people. These figures may indicate that there is an increased public confidence in providers and improved standards of care although a certain level of caution must be exercised when interpreting this information.

Whilst HIQA welcomes this information, the Health Act 2007 (as amended) does not provide HIQA with the legal remit to investigate individual complaints. Therefore, people providing unsolicited information are also advised to make a complaint to the specific service provider. This enables HIQA to examine how the provider dealt with the specific complaint. Importantly, the Regulations stipulate that the provider must have a complaints procedure which is accessible, effective, and ensures all complaints are investigated promptly, fully and properly recorded and that any resident who has made a complaint must not be adversely affected.

As with notifications, all items of unsolicited information are risk rated and appropriate action is taken by HIQA. This response to the receipt of unsolicited information can range from:

- seeking additional information or specific documentation from the provider to demonstrate compliance with the Regulations and National Standards
- requesting an investigation led by the provider
- reviewing how the issue was dealt with by the provider on the centre's next inspection
- scheduling an unannounced inspection to examine any risk indicated by the information received.

In cases where HIQA receives information which suggests that a criminal offence against a resident may have occurred, the matter is always reported to An Garda Síochána (Ireland's National Police Service).

Of the unsolicited information received in 2015, most was received from relatives of residents. Others who contacted HIQA included staff from the centres, residents' advocates, health professionals visiting the centres and residents themselves.

Overall, the unsolicited information received related to the themes of governance and management (including residents' rights, dignity, safeguarding, risk management, complaints and staffing levels) and Health and Social Care (including health and social care needs and medication management).

4.3 Inspection activity

HIQA completed 411 inspections of 343 centres in 2015. At least one inspection took place in 59% of the total number of centres. Of the inspections completed, 49% of inspections were unannounced and 51% were announced, with the majority of the

announced inspections relating specifically to the registration renewal programme. The 411 inspections carried out included:

- 170 'Full 18 outcome' inspections which are inspections that monitor a centre's compliance with all standards and regulations. This type of inspection is typically carried out to inform a registration or renewal decision.
- 94 Monitoring inspections to monitor ongoing compliance with Regulations and standards. A specific number of outcome areas are considered during these inspections, but not the full 18 outcomes.
- 74 Follow-up inspections to assess whether the provider had implemented required actions.
- 56 Single/specific issue inspections based on a notification or on information received.
- 17 Thematic inspections focused on end-of-life care/food and nutrition/dementia care.

Our responsive regulation approach targets our inspection resources at the centres which are the least compliant, or where we have identified potential risk. Of the 343 centres which received a monitoring or registration inspection in 2015, 287 received one inspection, 45 received two and the remaining 10 received three or more inspections.

Figure 5 below lists the numbers and percentages of inspection visits to designated centres on an overall centre basis and as proportions of overall visits.

Figure 5. Number of visits to centres

Number of visits to centres	Number of centres	As a % of centres	Total visits	As a % of visits
1 visit	287	83.67%	287	69.83%
2 visits	45	13.12%	90	21.9%
3 visits	10	2.92%	30	7.3%
4 visits	1	0.29%	4	0.97%
Total	343	100%	411	100%

4.4 Renewal of registration

As part of the three-year cycle of registration and registration renewal, each provider must satisfy HIQA that it is fit to provide the service and that the service complies with the Health Act 2007, relevant National Standards and Regulations that apply to the service.

2015 was the final year of the second three-year registration renewal cycle. For some applications, there may be particular circumstances which require that additional and specific conditions be imposed in order to restrict or limit activity in the best interests of residents. During the year, specific conditions were attached in respect of 70 centres. These conditions generally required restrictions on the number of residents accommodated and or reconfiguration of the design and layout of centres or requiring a provider to improve the design and layout of the centre within a predetermined timeframe.

During 2015, 208 providers were granted a renewal of their registration. A further 48 centres had applied and were awaiting a final decision. These are applications by providers where HIQA was not satisfied that the physical environment in the centres concerned was adequate and had issued a notice of proposal to register with conditions or to refuse registration. A number of providers made representations as per the Health Act 2007 (as amended) and these are being considered.

5.0 Key findings

In order to make the inspection process transparent, all our reports are published and our approach is set out in the assessment and judgment frameworks available on our website www.hiqa.ie.

All centres are monitored on a continuous basis. This monitoring process and the findings from the 343 centres that were actively monitored reassured HIQA that, overall, there were good levels of compliance with the Regulations and Standards across the sector. This gives assurance to residents and their relatives that the vast majority of centres are providing a good standard of care.

The findings are discussed with the aim of providing information to providers, persons in charge and key stakeholders on areas of compliance and good practice and areas requiring improvement in 2016.

It should also help to inform provider's business plans and strategies for developing services and improving the safety and quality of care provided to residents including policy development and training. However, most importantly the findings inform

residents and their families of the main issues influencing the quality of care provided in centres.

5.1 Key areas of compliance

Of the 343 centres inspected, there were 3610 findings of compliance with the Regulations, which is indicative of good levels of care in many areas. The areas with the highest levels of compliance included the provision of appropriate healthcare, food and nutrition and end-of-life care.

It is widely recognized that good governance is a critical aspect of the provision of a high quality, safe service to residents. Fit providers, persons in charge and managers continually look for innovative ways to improve the evolving needs and preferences of residents in their care. Management and leadership include clarity of the aims, objectives and ethos of the service and clear lines of responsibilities across all levels.

A good level of compliance was found with several regulations associated with governance, leadership and management during inspections completed in 2015. These were mostly in line with the findings identified in 2014 reports which demonstrate sustained improvement in some areas.

Providers had continued to keep their statements of purpose and residents' guides updated to reflect their current services and facilities that they offer. These were made available in the centre so that residents and potential residents could understand the type of service they were entitled to receive. In most centres inspected, there continued to be policies and procedures in place for guiding staff on protection of older people and the response required when an allegation or suspicion of abuse occurred. This ensured that residents have greater protection from all forms of abuse.

Residents and relatives have always voiced a desire for clarity on the fees they are charged for the services provided. In 2015, good levels of compliance were found with the requirement to provide residents with contracts for the provision of services. This ensures that residents and their families are informed of the services provided and that, critically for residents, there is clarity and transparency on the charges they are required to pay.

As identified above, providers and persons in charge are responsible for notifying HIQA of specific incidents and there were good levels of compliance with this requirement. This ensures that HIQA can continually monitor incidents in centres and the response of providers to ensure residents' safety is maintained.

There were good levels of compliance found in relation to healthcare. The majority of providers ensured that residents had access to appropriate medical and health care, including a good standard of evidence-based nursing care. It was found that in most cases, residents had access to a doctor of their choice and provision of access to other professionals with additional professional expertise.

There were also good levels of compliance found in ensuring that residents had access and control over their possessions such as clothes and belongings. Residents clothing was laundered regularly and returned to them. Providers and persons in charge were also compliant with making arrangements for residents to receive visitors.

As echoed in the 2014 overview report, high levels of compliance were found with regulations related to end-of-life care and food and nutrition in centres inspected. This level of compliance was supported by the completion of thematic inspections in these areas where providers invested substantially in the training of staff in both of these areas and also completed self assessment tools. Providers were given guidance on best practice in these areas of care. This guidance is publically available on www.hiqa.ie.

5.2 Key areas of non-compliance

Despite the good practices identified above, poor levels of compliance were found in some aspects of governance and management which echo the findings in the 2014 report. Weak governance and management was evidenced, particularly in deficits in premises, risk management, fire precautions, staffing levels and training, assessment and care planning, medication management and residents' rights.

Governance and management includes providing adequate resources, having clear lines of authority and accountability and the completion of annual reviews of the quality and safety of care provided in the centre. There were a total of 308 actions required for this Regulation which was 7% of overall actions required. This suggests that not all providers have clearly defined management systems in place to ensure that the services provided to residents are safe, appropriate, consistent and effectively monitored. Providers are also required to complete an annual review of the quality and safety of care delivered to residents. This review should be an essential aspect of monitoring a centre to allow providers to identify trends and areas for improvement.

In addition, there was improved compliance required with the complaints procedures available for residents and families where they were concerned about aspects of

care. This is required to ensure that residents and their families have access to a robust and trustworthy process when they wish to make a complaint.

During 2015, issues related to premises had the highest number of actions required and the highest level of non-compliance. In summary, there were a total of 418 actions which was 9% of the 4,050 actions required overall. This is in line with the findings in 2014 which identified similar levels of non-compliance. Unfortunately, a high number of residents in the public sector continue to be accommodated in large and outdated open-plan style wards, which give residents little privacy and dignity. HIQA's focus on dignified living space will continue throughout 2016.

Health and Safety and Risk Management also remained a main area of non-compliance in 2015 where there were a total of 395 actions required. Therefore, it appears that for some providers there is a lack of understanding and appreciation of the identification, assessment and control of risk. Improvement was also required in ensuring that providers had arrangements in place for identification, recording, investigation and learning from serious incidents or adverse events involving residents and for responding to major incidents.

Fire safety was the third highest area of non-compliance identified in 2015 and this was also identified as a main area for improvement in 2014. A number of providers were required to improve their arrangements for staff to receive suitable training in fire prevention and emergency procedures, including evacuation procedures. To assist providers and to improve compliance, HIQA published guidance on best practice in fire management in November 2015. This guidance provides clarity on all aspects of this particular Regulation to ensure absolute clarity on requirements such as fire drills, checks, record-keeping and responsibilities of management and staff. Presentations on the guidance were given at seminars and conferences by the specialist inspector for estates and fire safety with a view to increasing awareness and ensuring a high level of understanding. It is therefore reasonable to expect that the compliance to this regulation will increase in 2016.

In relation to staffing levels and training, several providers did not ensure that the number and skill set of staff was appropriate to the assessed needs of residents and the size and layout of the centre. Having adequate staffing levels to meet residents' needs is essential to ensure that there are enough suitably qualified and experienced staff to care for residents at all times of the day and night. It was also found that some staff working in centres did not have access to appropriate training and were not adequately supervised as required by the Regulations. These findings indicate that some providers will need to invest more in the area of recruitment and training to ensure that an appropriate amount of staff with relevant skills and knowledge are available to support residents.

Medicines and pharmaceutical services were identified as another area for improvement in 2015. In 2014, HIQA recruited two specialist inspectors with a background in pharmacology in order to examine the practices in this area and ensure improvements were made to the entire medication delivery pathway. This has resulted in medication specific inspections being carried out in centres where high risk is identified. Guidance was also developed for providers and persons in charge that will assist providers in adhering to best practice entitled Medicines Management Guidance, October 2015.

5.3 Residents' rights

The residents we speak to on inspection come from diverse social and cultural backgrounds. All residents express a wish to continue to engage in social, cultural and occupational activities which have taken a lifetime to develop. While some residents want an active, well-organized social life, others want a level of privacy and independence from others. It was found that there were several actions identified in relation to providing opportunities for residents to participate in activities in accordance with their individual interests and capabilities.

It is noteworthy that specific expertise is essential for staff to explore opportunities for meaningful engagement particularly for residents with late stage dementia. This is an important area for the wellbeing of residents, as the provision of meaningful activities or "something to do" should be seen to be as important as all other aspects of care provision. This should be an ever evolving provision that is tailored to meet residents' individualized needs.

Our inspections in 2015 identified a need for improvement in the provision of individualized assessment and care planning. This is similar to the findings in 2014 which indicated a need within the sector to move to providing a truly person-centred service for each specific resident. The findings across all our inspections strongly suggest that good governance and management systems implemented by appropriate numbers of suitably qualified, committed staff based on the individual needs of each resident are the key components to running a good service.

5.4 Providers response to non-compliance

Providers are expected to address each identified non-compliant area. This is completed through an action plan where providers inform HIQA of the measures they will take to address the non-compliances. In some cases, a breach of one

Regulation may include a number of action plans for the provider to address. The non-compliances in reports are divided into moderate non-compliant and major non-compliant and the judgment framework, which is published on www.hiqa.ie, indicates how judgments of compliance are reached. In 2015, there were a total of 4,050 actions identified in the 411 inspection reports. Figure 6 below illustrates the numbers of non-compliances with Regulations with reports published in 2015 (total of 408 reports – a further three reports were published in 2016).

In the majority of cases, providers gave a smart, measured, achievable, and realistic response to each non-compliance with a specific timeframe for completion. This gives assurances to HIQA that the provider will address the issues to ensure the safety and quality of life of residents is maintained to a good standard. These responses can then be confirmed through request of an update from the provider after a period of time or through a follow up inspection.

Figure 6. Numbers of non-compliances with Regulations required in published reports in 2015

Number of non-compliances with Regulations	Number of reports
No actions required	23
Fewer than 10 actions required	189
10 - 30 actions required	179
More than 30 actions required	17

6.0 HIQA's Thematic Monitoring and Inspection programme

In 2014, we introduced inspections based on particular themes to encourage and facilitate improvement within residential services for older people. 2015 saw the commencement of a three year programme focused on dementia care. This methodology was informed by an expert advisory group and a review of national and international best practice.

Following this, HIQA produced and published a guidance document which identified the essential elements required to provide safe, high quality care to people with dementia. Seminars for 900 providers and persons in charge were facilitated in early

2015 where expert speakers shared their knowledge with service providers prior to commencement of the monitoring and inspection programme.

As part of the methodology, a provider self-assessment was introduced to assist providers and staff to reflect on the care they provided to residents and to facilitate, where necessary, initiatives to improve the quality of care received by residents. The self-assessment was aligned to a judgment framework and an 'action' section for providers to address any areas for improvement that they identified.

In addition to the guidance, self-assessment tools and frameworks, we adapted and published the observational tool used during the inspection. The aim of the observation is for the observer/inspector to step into the shoes of the residents with dementia.

The tool supports services to:

- Enable staff to learn through their own observations
- Reduce long periods of neutral care and eliminate controlling care
- Increase positive connective care
- Put people with dementia at the centre of the service
- Enable more emotional connection between people living and working together.

A quality improvement questionnaire was also developed to assist and encourage providers to identify areas for improvement in caring for people with dementia. All of the documentation can be accessed on www.hiqa.ie. A total of 80 centres were monitored via the completion and return of a provider self-assessment. Focused thematic inspections took place in 14 centres to validate the self-assessment exercise and the remaining centres will be inspected in 2016/17 at which time a comprehensive analysis of findings will occur. The findings of these inspections will provide valuable information on current practice in care for older people with dementia in residential care.

7.0 Enforcement and centre closures

We continually monitor the standard of care delivery within centres by using a range of assessment approaches thus enabling timely and appropriate responsive regulation via a more targeted inspection programme. This ensures that a provider who is persistently non-compliant with the National Standards and Regulations, and

who places residents at risk of potential harm is identified quickly and, if appropriate, faces proportionate and meaningful enforcement action.

HIQA may consider taking enforcement action when there are reasonable grounds to believe that there are serious risks to the health and/or welfare of residents in a centre, or if there is a substantial and significant breach of the Regulations as a result of a provider failing in its duty to safeguard a resident(s).

During 2015, there were three centres that closed. Of these, formal enforcement procedures were used in respect of two centres, where the centre's application to register was refused and the provider was issued with a notice of Cancellation. There was one voluntary closure, where the provider notified HIQA of their intention to cease operating.

8.0 Communication and stakeholder engagement

Throughout 2015, we maintained a significant programme of communication and engagement with various stakeholders and organizations about our existing and developing programmes of regulation and their impact on the quality and safety of services. A number of guidance documents were published in 2015 to help service providers enhance their quality and safety levels, specifically:

- Guidance on Dementia Care for Designated Centres for Older People, February 2015
- Statutory Notifications – guidance for registered providers and persons in charge of designated centres, June 2015
- Medicines Management Guidance, October 2015
- Fire Precautions in Designated Centres, Draft Guidance for Registered Providers and Persons in Charge of Designated Centres for Older People, November 2015
- Provider Portal – User Guide for Providers, December 2015

In 2015, HIQA also initiated a memorandum of understanding with the office of the Ombudsman with a view to sharing information to support both organizations to carry out their statutory remit.

9.0 Conclusion and next steps for 2016

HIQA acknowledges that a significant body of work has been completed, and is ongoing to improve the safety and quality of life for older people in residential care in Ireland. Whilst progress has been made in a large number of areas, providers need to continue to drive improvements to future-proof and improve their services on a continuous basis.

In undertaking inspections across public, private and voluntary residential centres for older people, HIQA has continued to monitor performance against the Regulations and Standards and publically report our findings thus providing a transparent assurance mechanism to all stakeholders. Where scope for improvement is identified, this is clearly communicated to providers during inspections and in inspection reports. Where risks to residents have been identified, HIQA has and will continue to act so that the risk is mitigated.

In 2016, we intend to reinforce and expand our programme of inspections to promote ongoing improvement in the best interest of residents. We will continue to build upon and improve our monitoring, inspection and regulatory approach.

While continuing to process applications for renewal of registration and carrying out monitoring inspections to respond to any identified risk, we will also expand our programme of dementia care thematic inspections with a view to inspecting at least 160 centres in 2016. In tandem with this, we will complete a number of focused inspections on medication, concentrated on centres with the lowest compliance levels.

All our inspections in 2016 will examine some aspect of governance and leadership, with an expectation that each provider has a well-governed and managed service, which continually monitors performance and effectively deploys the necessary resources to facilitate the delivery of high quality, safe and reliable care and support.

We are also fully committed to investing significant resources and emphasis on the provision of Inspector training and development to further consolidate our older person's inspection team. This will include a focus on the continuous improvement of our monitoring approach including the provision of guidance for providers on our regulatory functions such as registration, fitness and enforcement.

We will continue to engage with our key stakeholders in the development of integral aspects of our monitoring approach to ensure that all people working in the sector are organized around and focused on the delivery of high quality care which upholds and vindicates the rights of each individual resident.

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

Phone: +353 (0) 1 814 7400
URL: www.hiqa.ie

© Health Information and Quality Authority 2016