



**SUMMARY OF HEALTH
INFORMATION AND
QUALITY AUTHORITY (HIQA)
INSPECTION FINDINGS IN
DESIGNATED CENTRES FOR
OLDER PEOPLE**

Inspections completed during May 2018 to July 2018

TABLE OF CONTENTS

1.0	Executive Summary	2
2.0	Background	3
3.0	Areas of Good Practice	4
4.0	Resident Feedback	5
5.0	Overall Review Findings	6
6.0	Detailed Findings	9
	Dimension 1: Capacity and Capability	
	Regulation 3: Statement of Purpose	9
	Regulation 4: Written Policies and Procedures.....	9
	Regulation 15: Staffing.....	10
	Regulation 16: Training and Staff Development.....	10
	Regulation 19: Directory of Residents	11
	Regulation 21: Records.....	11
	Regulation 23: Governance and Management	12
	Regulation 24: Contract for the Provision of Services	13
	Regulation 30: Volunteers	14
	Regulation 31: Notification of Incidents	14
	Regulation 32: Notification of Absence.....	14
	Regulation 33: Notification of Procedures and Arrangements for periods when Person in Charge is absent from the Designated Centre	14
	Regulation 34: Complaints Procedure	15
	Dimension 2: Quality and Safety	
	Regulation 5: Individual Assessment and Care Plan	16
	Regulation 6: Healthcare.....	16
	Regulation 7: Managing Behaviour that is Challenging	17
	Regulation 8: Protection.....	17
	Regulation 9: Residents' Rights.....	18
	Regulation 11: Visits.....	19
	Regulation 12: Personal Possessions.....	19
	Regulation 13: End of Life.....	20
	Regulation 17: Premises	20
	Regulation 18: Food and Nutrition	22
	Regulation 20: Information for Residents.....	22
	Regulation 25: Temporary Absence or Discharge of Residents.....	22
	Regulation 26: Risk Management	22
	Regulation 27: Infection Control	23
	Regulation 28: Fire Precautions	24
	Regulation 29: Medicines and Pharmaceutical Services	25
7.0	Conclusion	26

1.0 EXECUTIVE SUMMARY

This report by HCI highlights the trends in inspection findings, those being 'Compliant' and 'Not Compliant' as detailed by the Health Information and Quality Authority (HIQA) in reports for residential care settings for older people. The inspections were against the requirements as outlined in the following:

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (S.I.No. 415 of 2013).
- Health Act 2007 (Registration of Designated Centres for Older People) Regulation 2015 (S.I.No. 61 of 2015).

HCI completed a review of fifteen (15) randomly selected HIQA Inspection Reports. All inspections were completed during May 2018 to July 2018.

The review highlighted that Regulation 17 Premises and Regulation 21 Records had findings that carried a Not Compliant Red Risk. Issues identified under these Regulations included:

- Regulation 21: Records (73% Services Not Compliant of the 11 Services reviewed against this Regulation) – Issues included: Confidential information was maintained at the end of some resident's beds; Staff files did not meet the requirements of the Regulations as gaps including Garda Vetting forms, lack of references and gaps in employment were identified.
- Regulation 17: Premises (80% Services Not Compliant of the 10 Services reviewed against this Regulation) – Issues included: Improvements to the design and layout of the sitting room and dining room remained outstanding; General maintenance of the building was required.

Other areas recognised as requiring improvement included:

- Regulation 23: Governance and Management (100% Services Not Compliant of the 15 Services reviewed against this Regulation) – Issues included: Management systems in place did not ensure the service provided was safe, appropriate, consistent and effectively monitored. Audits completed by management did not include a meaningful review of the quality and safety of care or any quality

improvement plans. Management structures were not clearly defined; No annual review was completed regarding the quality and safety of care delivered in the residential home.

- Regulation 28: Fire Precautions (70% Services Not Compliant of the 10 Services reviewed against this Regulation) – There were issues with the installation of a new fire alarm system. There were no assurance the appropriate evacuation procedures were in place for all residents. No sufficient evidence was available to confirm all staff had attended fire training.
- Regulation 4: Written Policies and Procedures (67% Services Not Compliant of the 6 Services reviewed against this Regulation) – Issues included: Policies, procedures and guidelines were not maintained in accordance to Schedule 5 of the Regulations; No reference to current legislation, National Standards or research based best practice; Policies and procedures were not dated and not signed by staff to indicate they understood them.
- Regulation 26: Risk Management (60% Services Not Compliant of the 10 Services reviewed against this Regulation) – Issues included: Hazard identification and assessment of risks in the residential home were not complete; There was concern regarding the number of residents accommodated in one compartment.

An area of good practice was identified in relation to Regulation 14 Person in Charge (100% Services Compliant of the 9 Services reviewed against this Regulation).

The following Regulations were not inspected in the reports reviewed and were therefore not included in the analysis:

- Registration Regulation 6 – Changes to information Supplied for Registration Purposes.
- Registration Regulation 7 – Application by Registered Providers for the Variation or Renewal of Conditions of Registration.
- Registration Regulation 9 – Notice to be given by a Registered Provider of a Designated Centre of Intention to cease to carry on its business and close the Designated Centre.

2.0 BACKGROUND

Effective from the 1st of January 2018, Health Information and Quality Authority (HIQA) implemented the use of the Enhanced Authority Monitoring Approach (AMA) to the regulation of designated centres. This approach implemented changes to the inspection report format, which now reflects:

- Views of the people who use the service (as provided through resident questionnaires and Inspectors communications on-site with residents).
- Capacity and capability of the Registered Provider to deliver a safe quality service (addresses governance, leadership and management arrangements in the centre and how effective they are in assuring that a good quality and safe service is being provided).
- Quality and safety of the service (addresses the care and support people receive and whether it was of a good quality and ensured people were safe).

Another enhancement includes the risk-rating of Regulations deemed Not Compliant within the designated centres. The inspection report format is Regulation driven rather than the previous template which presented the findings under outcomes.

The findings of all monitoring inspections are set out under the four (4) Registration Regulations as detailed within S.I.No. 61 of 2015 and the thirty-two (32) Regulations as detailed within S.I.No. 415 of 2013. The number of Regulations inspected by HIQA in each residential care setting is dependent on the purpose of the inspection.

The compliance descriptors are outlined as follows:

- **Compliant:** A judgment of compliant means the Registered Provider and/or the Person in Charge is in full compliance with the relevant legislation.
- **Substantially Compliant:** A judgement of substantially compliant means that the Registered Provider or Person in Charge has generally met the requirements of the regulation, but some action is required to be fully compliant. This finding will have a risk rating of yellow, which is low risk.
- **Not Compliant:** A judgement of not compliant means the Registered Provider or Person in Charge has not complied with a regulation and

that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk-rated red (high risk) and the Inspector will identify the date by which the Registered Provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of residents using the services, it is risk rated orange (moderate risk) and the provider must take action *within a reasonable time frame* to come into compliance.

Once a judgement of 'Not Compliant' is made, Inspectors will review the risk to residents and will report on this risk as:

- **Red:** There is a high risk associated with the non-compliance.
- **Orange:** There is moderate risk associated with the non-compliance.
- **Yellow:** There is low risk associated with the non-compliance.
- **Green:** There is no risk.

3.0 AREAS OF GOOD PRACTICE

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Table 1 details the Regulation(s) where good practice was identified. Caution is advised when interpreting Table 1 below, as not all of the 15 services reviewed were inspected against each Regulation.

Table 1: Regulations where Good Practice was identified

Dimension	Regulation	No. of Services Inspected against this Regulation of the 15 sample reports
Capacity and Capability	4: Application of Registration or Renewal of Registration (S.I. No 61 of 2015)	2
Capacity and Capability	14: Persons in Charge (S.I. No 415 of 2013)	9
Capacity and Capability	22: Insurance (S.I. No 415 of 2013)	1
Quality and Safety	10: Communication Difficulties (S.I. No 415 of 2013)	3

4.0 RESIDENT FEEDBACK

Resident questionnaires were sent in advance of announced Inspections to allow residents and their representatives to provide feedback regarding living in the residential home. Also, during inspections, HIQA Inspectors where possible spoke with residents to discuss their experience of the service.

Overall, the majority of the feedback received within the fifteen (15) reports reviewed was positive. Feedback included:

- **Care Provided in the Residential Homes:**
 - Residents felt their privacy and dignity was respected, with staff being courteous, and always asking ahead of entering bedrooms or delivering any support required.
 - Residents informed the Inspector they felt they were well supported by all staff in meeting their needs but were also encouraged to be independent as much as possible.
 - Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.
- **Daily Living/Social Activities:**
 - Residents who spoke with the Inspectors were happy with the activities and said they enjoyed the music sessions, exercises and bingo. However, other residents said they would like to see further activities provided as the days and evenings could be long.
 - Residents reported the addition of a seven-seater people carrier was great as it enabled more outings.
 - It was communicated to the Inspectors that Mass was important to the residents.
 - Residents said they were able to continue to be part of the local community, for example, by going out on day trips of visiting family and friends.
- **Space/Premises in the Residential Homes:**
 - Residents identified the garden, walkways, garden furniture and gazebo were in a poor state and were disappointed with this.
 - Residents communicated that they would have liked more space to store personal possessions.
 - Wardrobes provided to some residents were too small to store their personal belongings.
 - Residents detailed that they would like fewer beds in the multi occupancy bedrooms.
- **Identifying a member of staff where issues, concerns or complaints arise:**
 - Residents were aware of who the Person in Charge was and would have no hesitation to make a complaint to them.
 - Residents knew how to make a complaint and they felt it would be addressed.
- **Food and Nutrition:**
 - Most residents were happy with the food and choice provided to them.
- **Safety in the Residential Home:**
 - Residents said they felt safe and well cared for in the residential home.
- **Visitors:**
 - Residents felt the visiting arrangements in place in one residential home were good to support them keeping in touch with family and friends.

5.0 OVERALL REVIEW FINDINGS

The inspection reporting framework used by HIQA is organised into two dimensions. Dimension 1 focuses on Capacity and Capabilities (detailed in Tables 2 and 3 below) with Dimension 2 focusing on Quality and Safety (detailed in Table 4 below). The tables show the percentage of the Services in compliance, or in breach of, the requirements per Regulation for the 15 reports. Key areas that were deemed Not Compliant are highlighted within the tables.

Table 2: Capacity and Capability – Registration Regulations

Dimension	Regulation	Regulation Description	No. of Services inspected against this Regulation of 15 samples	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	4	Application of Registration or Renewal of Registration	2	100 %	0 %	0 %	0 %	0 %	0 %

5.0 OVERALL REVIEW FINDINGS Continued...

Table 3: Capacity and Capability

Dimension	Regulation	Regulation Description	No. of Services inspected against this Regulation of the 15 samples	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	3	Statement of Purpose	8	87 %	13 %	13 %	0 %	0 %	0 %
	4	Written Policies and Procedures	6	33 %	67 %	17 %	0 %	33 %	17 %
	14	Persons in Charge	9	100 %	0 %	0 %	0 %	0 %	0 %
	15	Staffing	13	69 %	31 %	8 %	0 %	23 %	0 %
	16	Training and Staff Development	13	46 %	54 %	16 %	0 %	15 %	23 %
	19	Directory of Residents	9	78 %	22 %	11 %	0 %	0 %	11 %
	21	Records	11	27 %	73 %	9 %	27 %	37 %	0 %
	22	Insurance	1	100 %	0 %	0 %	0 %	0 %	0 %
	23	Governance and Management	15	0 %	100 %	20 %	0 %	60 %	20 %
	24	Contract for the Provision of Services	9	67 %	33 %	33 %	0 %	0 %	0 %
	30	Volunteers	4	50 %	50 %	25 %	0 %	0 %	25 %
	31	Notification of Incidents	10	90 %	10 %	10 %	0 %	0 %	0 %
	32	Notification of Absence	1	0 %	100 %	0 %	0 %	100 %	0 %
	33	Notification of Procedures and Arrangements for periods when Person in Charge is absent from the Designated Centre	1	0 %	100 %	0 %	0 %	100 %	0 %
	34	Complaints Procedure	11	45 %	55 %	37 %	0 %	9 %	9 %

5.0 OVERALL REVIEW FINDINGS Continued...

Table 4: Quality and Safety

Dimension	Regulation	Regulation Description	No. of Services inspected against this Regulation of the 15 samples	Fully Compliant	% of Services Not Compliant	Substantially Compliant	Not Compliant Red	Not Compliant Orange	Not Compliant Yellow
Capacity and Capability	5	Individual Assessment and Care Plan	13	54 %	46 %	15 %	0 %	23 %	8 %
	6	Healthcare	11	82 %	18 %	9 %	0 %	0 %	9 %
	7	Managing Behaviour that is Challenging	13	46 %	54 %	23 %	0 %	23 %	8 %
	8	Protection	11	91 %	9 %	0 %	0 %	9 %	0 %
	9	Residents' Rights	11	46 %	54 %	18 %	0 %	27 %	9 %
	10	Communication Difficulties	3	100 %	0 %	0 %	0 %	0 %	0 %
	11	Visits	10	80 %	20 %	10 %	0 %	10 %	0 %
	12	Personal Possessions	6	67 %	33 %	0 %	0 %	33 %	0 %
	13	End of Life	5	80 %	20 %	0 %	0 %	20 %	0 %
	17	Premises	10	20 %	80 %	20 %	10 %	40 %	10 %
	18	Food and Nutrition	11	82 %	18 %	9 %	0 %	9 %	0 %
	20	Information for Residents	6	83 %	17 %	17 %	0 %	0 %	0 %
	25	Temporary Absence or Discharge of Residents	1	0 %	100 %	100 %	0 %	0 %	0 %
26	Risk Management	10	40 %	60 %	30 %	0 %	30 %	0 %	
27	Infection Control	11	46 %	54 %	18 %	0 %	18 %	18 %	
28	Fire Precautions	10	30 %	70 %	30 %	0 %	40 %	0 %	
29	Medicines and Pharmaceutical Services	8	75 %	25 %	12 %	0 %	0 %	13 %	

6.0 DETAILED FINDINGS

The following provides examples of the 'Not Compliant' findings (including 'Not Compliant Yellow, Orange and Red') and 'Substantially Compliant' findings as detailed within the HIQA Inspection Reports under each of the report dimensions.

Dimension 1: Capacity and Capability

Regulation 3: Statement of Purpose

(13% of Services Not Compliant of the 8 assessed against this Regulation)

• Substantially Compliant:

- The Statement of Purpose did not adequately detail all items listed in Schedule 1 of the Regulations including the following:
 - The information set out in the certificate of registration.
 - The management of the residential home where the Person in Charge was absent from the residential home.
 - An adequate description (either in narrative form or a floor plan) of the rooms in the residential home including their size and primary function.

Regulation 4: Written Policies and Procedures

(67% of Services Not Compliant of the 6 assessed against this Regulation)

• Not Compliant Orange:

- Written Policies and Procedures:
 - The policy for ordering, receipt, prescribing, storing and administration of medicines

to residents was not comprehensively implemented. Several issues were identified regarding transcription which could not assure the health and safety of residents regarding medication management.

- Most of the documents maintained as required in Schedule 5 did not comprise of policies, procedures or guidelines as they did not identify the scope, purpose, or give clear centre-specific direction to staff regarding matters:
 - They did not reference current legislation, National Standards or research-based best practice professional guidelines.
 - They were not dated so it could not be determined if they were reviewed in compliance with regulations.
 - They were not signed by staff to indicate that they had read and understood the documents.

• Not Compliant Yellow:

- Written Policies and Procedures:
 - A review of the policies was required as the due date for the three-year interval review had expired.

• Substantially Compliant:

- Written Policies and Procedures:
 - While written policies and procedures were updated in accordance with the Regulations, they did not reference the most up-to-date Regulations, but this did not negatively impact care and support of residents.

6.0 DETAILED FINDINGS Continued...

Regulation 15: Staffing

(31% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

○ Staffing:

- On the day of the inspection, staffing levels for cleaning and activity were not clearly and accurately rostered. Staffing levels for cleaning were not adequate.
- Staff were not allocated and directed to meet the social care needs of residents, for example, through the provision of activities and for taking residents out to the garden areas.
- The movement of staff between units was an issue.
- Clinical Nurse Managers had no control over the allocation of their staff or the skill-mix as the duty rota was completed by the night staff. Inspectors identified the practice of staff having set rotas was meeting the needs of the staff and not always the needs of the service and the continuity of care for residents.
- At the time of inspection, it was noted that staffing was below the normal staff levels as described in the Statement of Purpose. The Inspector spoke with staff and they said this was usual on most days due to various leaves and inability to secure additional staff. This was discussed at the feedback meeting and management were requested to address this issue, to ensure that appropriate staff numbers and skill-mix were available in line with the statement of purpose, to meet the assessed needs of residents and the safe delivery of services.

• **Substantially Compliant:**

○ Staffing:

- A review of the skill-mix on duty over 24 hours was required, as the Inspector

found that due to gaps in training there was no staff member trained to deliver cardiopulmonary resuscitation (CPR) on duty at all times.

Regulation 16: Training and Staff Development

(54% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

○ Training:

- Training records evidenced gaps in all areas of mandatory training required.
- Issues were identified regrading staff having up-to-date training appropriate to their role and responsibilities to ensure the safety and well-being of residents, for example food hygiene and preparation.

• **Not Compliant Yellow:**

○ Training:

- Overall, the Inspector observed that staff were not adequately supervised to ensure that training was implemented in practice to enable best outcomes for residents (2).
- Staff files reviewed demonstrated that training was not up to date, for example, medication management, safeguarding, challenging behaviour, manual handling and lifting, and health and safety.
- Staff were not informed or had access to the Health Act 2007, Regulations, National Standards or other relevant guidance published by the Government or statutory agencies in relation to the residential home.

• **Substantially Compliant:**

○ Training:

- Some staff had not received mandatory training.

6.0 DETAILED FINDINGS Continued...

- Some staff required updated annual fire safety training.
- Staff required training in responsive behaviour. Inspectors saw that further training dates had been scheduled and the Person in Charge told the Inspectors they were going to continue to provide training in safeguarding on a rolling basis for all staff.

Regulation 19: Directory of Residents

(22% of Services Not Compliant of the 9 assessed against this Regulation)

• **Not Compliant Yellow:**

- Directory of Residents:
 - The Directory of Residents was not available. The document provided only contained details of current residents and not the information required by the Regulations.

• **Substantially Compliant:**

- Directory of Residents:
 - The Directory of Residents was maintained. However, minor gaps were noted in the information specified in paragraph (3) of Schedule 3.

Regulation 21: Records

(73% of Services Not Compliant of the 11 assessed against this Regulation)

• **Not Compliant Red:**

- Schedule 2, 3 & 4 Documents:
 - The residential home had Garda vetting report confirmation forms in place for staff. However, this is not deemed to be a vetting

disclosure in line with the National Vetting Bureau Act and as required by Schedule 2 of the 2013 care and welfare Regulations.

- Inspectors saw confidential information, including responsive behaviour plans, were maintained at the end of some residents' beds.
- The sample of staff files reviewed did not meet the requirements of the Regulations. Assurance was not available that Garda Síochána (police) vetting was in place for all staff as the necessary documentation was not on site as required by the Regulations. Other gaps were also noted such as lack of references and gaps in employment history.

• **Not Compliant Orange:**

- Schedule 2, 3 & 4 Documents:
 - Not all records were accurately maintained, for example staff files and the roster.
 - The Inspector reviewed staff files and found gaps in the documentation with Schedule 2 Regulation requirements.
 - Records relating to Schedule 2, 3 and 4 were not securely maintained:
 - Staff had inappropriate access to staff files, and information on the office computer was not secure.
 - Other records such as the complaints log were kept in the office of the Person in Charge; this office was not secured.
 - A new secure keypad access office was made available. This contained a secure unit to hold residents' files, however, the door to this room was not maintained secure so confidentiality could not be assured.
 - Comprehensive records as required in Schedule 3 were not maintained for each resident, for example,
 - A record of each drug and medicine administered signed and dated by the staff administering the drugs and medicines in accordance with professional guidelines.

6.0 DETAILED FINDINGS Continued...

- A record of medication errors; details of any specialist communication needs of the resident and methods of communication that may be appropriate to the residents.
- Comprehensive records as required in Schedule 4 were not available, for example, the complaints log.
- Some of the documentation and records relating to the management of controlled drugs was not in line with best practice professional guidelines to minimise the risk of errors or near misses.
- Improvement was required to ensure consistent practice when a resident refused to take a prescribed medication. Whenever a resident refused medication 'R' was recorded in the medication administration record but not initialled by the staff member in line with best practice.

• **Substantially Compliant:**

- Schedule 2, 3 & 4 Documents:
 - The Inspector reviewed a sample of staff files and found that some were not complete. For example, three of four files reviewed did not contain a satisfactory history of gaps in employment, as required by the Regulations.

Regulation 23: Governance and Management

(100% of Services Not Compliant of the 15 assessed against this Regulation)

• **Not Compliant Orange:**

- Management:
 - The management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored, required further development.
 - There were issues of non-compliance with

regulatory requirements which indicated to Inspectors that the management system did not fully support a service that was safe, appropriate, consistent and effectively managed.

- The Inspectors identified that there was no clearly defined management structure that identified the full lines of authority and accountability of all the managers roles.
- Based on the cumulative findings of this inspection and notifications submitted by the Registered Provider, the management systems in place were inadequate and could not ensure the delivery of safe appropriate, consistent care to residents.
- A new management team was in place without sufficient supports to effectively manage the service. There appeared to be insufficient resources in place to ensure the delivery of safe, quality care services as staff were not always replaced when on leave.
- Management systems were not in place to provide assurances that the service was safe, appropriate, consistent and effectively monitored. Oversight of the roles and responsibilities as described in the Regulations for the Person in Charge was not demonstrated.
- As residents were not assessed routinely as required in the Regulations, it could not be determined whether the service was delivered in accordance with the Statement of Purpose and in compliance with their conditions of registration.
- The necessary support to facilitate residents' transition from the low dependency service to a service providing full time nursing care was inadequate.
- The Inspector found that the roles, responsibilities and the lines of authority and accountability of each member of the management team were not clear.

○ Audits:

- Audits completed by management to ensure the safety and the quality of care

6.0 DETAILED FINDINGS Continued...

did not include a meaningful review of the quality and safety of care or any quality improvement plans for the service.

- Audits did not demonstrate consistent or effective monitoring of the service.
- The audit programme required further development to ensure that the service provided was safe, appropriate and consistent.
- Audits had been completed on several areas. However, insufficient information was gathered and there was limited evidence of residents' consultation.

○ Annual Review:

- There were no annual reviews of the quality and safety of care delivered in the residential home.
- It was unclear if the annual review into the quality and safety of care was completed as it was not made available to the Inspector.

• **Not Compliant Yellow:**

○ Management:

- There was scope for improvement in the audit process. For example:
 - Issues identified in medication management audits did not inform the near miss and errors medication records to safeguard residents.
 - The infection control audit did not include observation of practice, so it could not be assured that best practice was adhered with to minimise risk of cross infection to residents and staff.

○ Audits:

- The audit schedule was based on the requirements set out in Regulation 23 (d), for example medication management, restrictive practice, nutrition and hydration, infection control and caring for residents with responsive and or distressed

behaviours.

- While some audits influenced and improved practice, others required further consideration to reduce risk and enhance practice.

○ Annual Review:

- The annual review for 2017 was examined and it detailed a review of the quality of care; residents surveys and meetings showed that residents were actively involved in the running of the residential home. However, this was not reflected in the annual review.

• **Substantially Compliant:**

○ Management:

- Some improvement was required in relation to the recording of one of the regular management meetings to ensure all issues were adequately identified, recorded and highlighted to all members of the management team.
- Due to the size, design and layout of the residential home some improvement in staff monitoring arrangements was required, to ensure suitable access to all staff in an effective and timely manner.
- There was some evidence that the residential home may not have adequate resources for the completion of planned premises building works.

Regulation 24: Contract for the Provision of Services

(33% of Services Not Compliant of the 9 assessed against this Regulation)

• **Substantially Compliant:**

○ Contract of Care:

- Contracts of Care did not contain all the

6.0 DETAILED FINDINGS Continued...

necessary information.

- Contracts of Care were in place for each resident. However, they were not always signed or dated by the resident and/or the Registered Provider or their representative.

Regulation 30: Volunteers

(50% of Services Not Compliant of the 4 assessed against this Regulation)

• **Not Compliant Yellow:**

- Volunteers:
 - Volunteers working within the residential home did not have their roles and responsibilities set out in writing.

• **Substantially Compliant:**

- Volunteers:
 - The roles and responsibilities were not set out for one volunteer who performed a key role.

Regulation 31: Notification of Incidents

(10% of Services Not Compliant of the 10 assessed against this Regulation)

Substantially Compliant:

- Notification of Incidents:
 - While notifications were submitted in a timely manner, there were occasions when restraint was used, and it was not comprehensively reported, for example, residents' personal alarms.

Regulation 32: Notification of Absence

(100% of Services Not Compliant of the 1 assessed against this Regulation)

• **Not Compliant Orange:**

- Notification of Absence:
 - The Inspectors were not notified of the absence of the Person in Charge in accordance with the requirements of legislation.

Regulation 33: Notification of Procedures and Arrangements for periods when Person in Charge is absent from the Designated Centre

(100% of Services Not Compliant of the 1 assessed against this Regulation)

• **Not Compliant Orange:**

- Notifying HIQA:
 - HIQA were not notified in a timely manner of the arrangements in place for the period when the Person in Charge was absent from the residential home.

6.0 DETAILED FINDINGS Continued...

Regulation 34: Complaints Procedure

(55% of Services Not Compliant of the 11 assessed against this Regulation)

- **Not Compliant Orange:**

- Complaints:

- The Inspector could not assess whether the requirements set out in the Regulations were met as the complaints log was mislaid and not available for inspection.

- **Not Compliant Yellow:**

- Complaints:

- While complaint records comprehensively described the nature of the complaint, measures for improvement in response to complaints to mitigate the chance of recurrence was not evident.

- **Substantially Compliant:**

- Complaints:

- The complaints policy needed to be amended to include details of the persons nominated for specific roles as required by the Regulations.
- A copy of the complaint's procedure was not on display in a prominent position, as required by the Regulations, to ensure that residents could access it easily.
- The Inspector noted from complaint records viewed, that a resident and/or their representatives had complained about the unsuitability of one of the six bedded rooms. Complainants expressed concerns regarding the lack of personal storage space. In addition, there were complaints recorded in relation to the unsuitability of the three bedded room as it was reported to be too small and gets cluttered. The Person in Charge had highlighted

and escalated these issues as per HSE policy to the Registered Provider representative. However, the Registered Provider representative had not put in place adequate measures required for improvement in response to these complaints.

6.0 DETAILED FINDINGS Continued...

Dimension 2: Quality and Safety

Regulation 5: Individual Assessment and Care Plan

(46% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

- Care Plans:
 - From the sample of care plans reviewed, development was required to ensure sufficient detail was available to guide staff.
 - Residents were not included in the care plan reviews.
 - Care plans and assessments were not always updated in compliance with the regulations or as necessary when the conditions of the residents changed.
 - Incidents were recorded but they did not inform assessments or care plans to enable learning and minimise the risk of recurrence. Incidents were not followed up to ensure the safety of the resident affected, or other residents or staff.
 - A structured transition programme was not in place for residents to support them when their dependency increased.
 - The Inspector tracked files of multiple residents within the residential home and noted that there were major gaps in the files of newly admitted residents. Residents did not have comprehensive assessments carried out and care plans were not in place to guide staff in how to meet the needs of the residents.

• **Not Compliant Yellow:**

- Care Plans:
 - Some care plans reviewed by the Inspector did not have valuable information to inform a holistic approach to the care of residents.

• **Substantially Compliant:**

- Care Plans:
 - There were no regular daily recording in some residents' notes, this was particularly relevant where residents had complex care needs and some of the language used, which was noted by the Inspector, was not person centered.
 - The Inspector saw an audit that had been carried out and some of the recommendations had been implemented. However, some gaps were still evident. This included providing sufficient detail to guide staff and reviewing the care plans as required.

Regulation 6: Healthcare

(18% of Services Not Compliant of the 11 assessed against this Regulation)

• **Not Compliant Yellow:**

- Healthcare:
 - Improvement was required to ensure that medication practices were safe. Drug administration documentation required review to ensure clarity and to mitigate the risk of medication errors.

• **Substantially Compliant:**

- Healthcare:
 - The Inspector found conflicting advice on some drug sheets relating to the crushing of medications. Drug administration documentation required review to ensure clarity and mitigate the risk of medication errors.
 - Generally, nurses initialled that they had given medication in the drug administration record; however, when a resident refused

6.0 DETAILED FINDINGS Continued...

a medication, 'R' was recorded without the nurses' initials, which is not in accordance with professional best practice guidelines.

Regulation 7: Managing Behaviour that is Challenging

(54% of Services Not Compliant of the 13 assessed against this Regulation)

• **Not Compliant Orange:**

- Staff Training:
 - The review of the documentation in place found that the care plans required further detail to guide staff.
 - The Inspector found further development and education for staff was required to ensure that the ongoing requirement for bedrails is appropriately reviewed.
- Bedrails:
 - The residential home had a high number of residents using bedrails at night. There was no evidence that all other alternatives to restraint had been tried to ensure bedrails were the least restrictive form of restraint.
- Recording Incidents of Responsive Behaviours:
 - Incidents of responsive behaviours were recorded in residents' care notes and in the incident log, however, they did not inform care planning for behavioural support strategies to enable positive outcomes for residents and minimise the likelihood of recurrence of such behaviours.
- Consent:
 - Consent forms did not evidence if the decision was made in consultation with the resident.

• **Not Compliant Yellow:**

- Restraint:
 - The Inspector observed there was a proactive response to residents with significant communication needs, this was not implemented consistently.

• **Substantially Compliant:**

- Staff Training:
 - Not all staff had the required training on the day of inspection.
- Care Plans:
 - The Inspector noted care plans did not provide details of possible triggers or intervention to use for individual residents.
- Restraint:
 - Some improvement was required to ensure the use of restraint was in line with national policy. The Inspector reviewed the use of restraint and noted that risk assessments had been undertaken. However, there was no documented evidence that alternatives had been trialled prior to the use of restraint.

Regulation 8: Protection

(9% of Services Not Compliant of the 11 assessed against this Regulation)

• **Not Compliant Orange:**

- Safeguarding:
 - Incidents relating to communication needs were not identified as such; there was no follow-up of incidents to identify triggers and to inform care or to plan care.

6.0 DETAILED FINDINGS Continued...

- As the complaints log was mislaid, the Inspector could not determine if issues raised were followed up, reviewed or whether there was learning from issues to positively influence practice.
- Training records reviewed indicated that not all staff were facilitated to attend training related to the care of older people with responsive behaviours.
- The procedures and practices in place to keep residents' money safe required attention. The residential home had petty cash available, however, this was unsecured and there was no accountability for this, so the residential home funds could not be assured.
- Privacy screens provided visual protection but did not adequately protect the privacy of residents in relation to the conduct of personal activities and communication.
- Residents were limited in their choice of bedroom due to a lack of private accommodation.
- Residents were limited in their choice of sitting area during the day.
- As there was not enough dining space on all units, residents on those units did not always have choice in dining areas.
- The Inspector noted that not every bedroom door was lockable and therefore potentially reduced residents' opportunities to undertake personal activities in private.

Regulation 9: Residents' Rights

(55% of Services Not Compliant of the 11 assessed against this Regulation)

• **Not Compliant Orange:**

- Privacy and Dignity:
 - Findings of non-compliance in relation to residents' rights and dignity included:
 - Use of commodes due to lack of sufficient toilet/shower provision,
 - Dirty toilet areas,
 - Lack of privacy,
 - Inconsistent activity provision,
 - Lack of safe outdoor space,
 - Lack of natural light in main living/communal area,
 - Lack of alternative/choice of areas to sit in during the day outside of the bedrooms.
 - The Inspectors identified a number of areas where residents' rights were not upheld:
 - The right to privacy and dignity: the use of multi-occupancy rooms for up to six residents did not support the receipt of personal care and communication in a manner that protected privacy and dignity.

• **Not Compliant Yellow:**

- Residents Ability:
 - The Inspector found that the appropriate support to facilitate independence and autonomy required further review to ensure care was delivered with regard to residents' ability. For example, at mealtimes the Inspector observed that residents had to ask for help rather than help being offered; fluids were not always put within the reach of residents.

• **Substantially Compliant:**

- Privacy and Dignity:
 - Residents did not have the option to have a bath.
 - There was Closed Circuit Television (CCTV) cameras located at the entrance and a number of internal locations in the residential home. The Person in Charge outlined that CCTV cameras were only used in relation to maintaining the safety of the residents. The Inspector noted there was no publicly displayed sign informing residents and/or visitors that such CCTV cameras were in use in the residential home.

6.0 DETAILED FINDINGS Continued...

Regulation 11: Visits

(20% of Services Not Compliant of the 10 assessed against this Regulation)

• **Not Compliant Orange:**

○ Visitors:

- The Inspector saw many visitors continued to visit residents in the multi-occupancy bedrooms as there were limited private or communal rooms for visiting. These visiting arrangements did not promote the dignity of the residents in the other beds who may require personal care or be trying to sleep/rest, watch television while visitors were in their bedroom.

• **Substantially Compliant:**

○ Visitors:

- Improvements were required to ensure suitable communal facilities were available for residents to receive visitors. For example, aside from the one sitting room there was an oratory room. However, this oratory was not suitable for all residents use as the only seating in this room were church pews which were not adequately accessible for a number of residents to be able to meet their visitors in private.
- The residential home's visiting policy required review as it stated visiting was restricted to certain hours.

Regulation 12: Personal Possessions

(33% of Services Not Compliant of the 6 assessed against this Regulation)

• **Not Compliant Orange:**

○ Storage of Personal Belongings:

- Wardrobes were too small and did not facilitate resident's choice of clothing available to them (2).
- Multi-bedded rooms afforded little space, privacy or room for personal storage. These rooms were generally not personalised as space did not allow.
- There was inadequate space for residents to store their clothes and personal possessions and to have access and control of personal possessions.
- There was inadequate storage in the residential home for residents' personal clothing or belongings. This lack of storage space was also evidenced on the first day of the inspection when the Inspector observed a bag of residents' laundry was stored on the floor beside a resident's bed. The impact of this reduced space was marginally mitigated by the short time frame residents stayed in the residential home. In addition, residents told the Inspector that their relatives brought their laundry home most days so that it generally did not build up. The Inspector noted that this was the case, on the days of inspection.

6.0 DETAILED FINDINGS Continued...

Regulation 13: End of Life

(20% of Services Not Compliant of the 5 assessed against this Regulation)

• **Not Compliant Orange:**

○ End of Life Care:

- There were not enough single rooms in the residential home to facilitate residents to have privacy at end stage of life.
- There were no suitable facilities available for families to spend time alone with residents as they approached end of life. Residents told Inspectors how difficult it is when another resident was at end stage of life in their room.

Regulation 17: Premises

(80% of Services Not Compliant of the 10 assessed against this Regulation)

• **Not Compliant Red:**

○ Premises:

- Significant improvements in relation to the design and layout of the sitting and dining rooms remain outstanding.
 - The height of the skylight window in the current sitting room does not enable residents to see outside when seated or in a standing position.
 - The Inspector noted the sitting room was too warm registering a temperature of 25.8 degrees centigrade at the time of the inspection.
 - Improvement was required to the skylights, including fitting with double glazed units to minimise draughts within the residential home.
 - Although a separate toilet was set aside for catering staff, this was inaccessible as residents' chairs were placed in front

of the entrance door which was in the sitting room.

- A gap between the closed doors to the main entrance also caused a notable draught resulting in heat loss, and a draught when seated in the front hall.

• **Not Compliant Orange:**

○ Premises:

- Areas of non-compliance identified include:
 - Floor levels,
 - Cleaning regimes,
 - Lack of sanitary facilities,
 - Lack of natural light in communal areas,
 - Lack of suitable private visiting areas apart from bedroom space.
- There was an inadequate number of toilets for resident's use, for example, there was just one usable toilet in the female section for eight residents as the second toilet was not fit for purpose because it was so small when a resident used the facility the door could not be closed.
- There was inadequate provision of bathing facilities.
- There was inadequate communal space in one section of the residential home; most residents in these units continued to be seated near their beds for large parts of the day.
- Multi-occupancy bedrooms:
 - Some multi-occupancy bedrooms could not accommodate a bed-side chair or wardrobe alongside residents' beds particularly in the seven bedded room unit and a five bedded room unit.
 - Some multi-occupancy bedrooms and single rooms could only be accessed via other multi-occupancy bedrooms.
 - Some toilet and shower facilities could only be accessed through a series of multi-occupancy bedrooms.
- A number of residents did not have easy access to their wardrobes.
- There was a lack of private space for residents to meet their visitors in private if

6.0 DETAILED FINDINGS Continued...

they wished.

- There was a lack of private rooms to accommodate residents, especially at end-of-life care
- The floor required repair in parts of the residential home.
- Access to the sluice room was through the smoking room; it was not fit for its intended purpose to facilitate best practice and minimise the risk of cross infection.
- The lack of space also reduced the amount of furniture or personal memorabilia that could be accommodated and there was no individual lockable storage available for residents.
- The windows in the bedrooms were not suitable as residents could not see the outside from their beds.
- The design, layout and location of the two sluice areas adjacent to bedded wards continued to be unsuitable and potentially compromised the prevention of cross contamination.
- There was only one television in each of the multi-occupancy bedrooms which did not afford adequate choice for residents.
- There were ramps and hand rails at the entrance to the premises however, the Inspector noted that there were no hand rails or suitable adaptations on any internal corridors.
- The laundry room was unsuitable in the design and layout. For example, the finish of the floor and most of the wall areas was of rough plaster and difficult to clean. There was evidence of cobwebs and stains in a number of hard to reach areas such as behind the washing machines. The laundry room only contained one unsuitable domestic style cold water tap and there was no wash hand basin available for staff use.

• **Not Compliant Yellow:**

○ Premises:

- External grounds available to residents were in a poor state.
- Repair and refurbishment work on the garden furniture and walkways was not identified in the contracts reviewed.
- Sluice room doors were not closing properly to prevent unauthorised access.
- Door wedges and chairs were used to keep fire doors ajar and prevent closure of these doors in the event of a fire. While there were emergency evacuation floor plans in each bedroom, there were none on corridors. In addition, floor plans did not identify one's position in relation to the floor plans, so it would be difficult for anyone to interpret the plans.
- Closed circuit television (CCTV) was in place and a viewing screen was in place in the Person in Charge's office with views of hallways, doors and the main sitting room which encroached on people's dignity.

• **Substantially Compliant:**

○ Premises:

- Some minor redecoration was required to some areas of the premises and one of the outside garden areas required review.
- The Inspector noted that not all rooms used by residents had a call bell facility available for resident's use.

6.0 DETAILED FINDINGS Continued...

Regulation 18: Food and Nutrition

(18% of Services Not Compliant of the 11 assessed against this Regulation)

- **Not Compliant Orange:**

- Food and Nutrition:
 - The Inspector was not satisfied that each resident was offered choice at mealtimes and that food was consistently safely stored.
 - It was noted that the current system is for a member of staff to go to various shops and purchase foods, including high-risk foods such as meat and fish. However, the Inspector noted that although a system was in place to check the temperatures of the food when it arrived at the kitchen, this was not consistently being undertaken.
 - The Inspector noted that choice was not always available to residents, in particular residents who required their meals in a modified consistency.
 - On day one of the inspection, the menu was not on display and a choice was not available to all residents.

- **Substantially Compliant:**

- Food and Nutrition:
 - A review was required to ensure residents with specialist prescribed dietary requirements have their needs met.

Regulation 20: Information for Residents

(17% of Services Not Compliant of the 6 assessed against this Regulation)

- **Substantially Compliant:**

- Resident's Guide:
 - Minor amendments to the Resident's Guide were required to ensure contact information for various services was correct.

Regulation 25: Temporary Absence or Discharge of Residents

(100% of Services Not Compliant of the 1 assessed against this Regulation)

- **Substantially Compliant:**

- Temporary Absence:
 - The Inspector noted gaps in the documentation. All relevant information about the resident was not communicated when a resident was temporarily absent from the residential home.

Regulation 26: Risk Management

(60% of Services Not Compliant of the 10 assessed against this Regulation)

- **Not Compliant Orange:**

- Risk Management:
 - A number of risks had not been identified and addressed. For example:
 - A small number of wedges in use on fire safe doors.
 - The outdoor area was not secure as

6.0 DETAILED FINDINGS Continued...

the gate to the builders' yard was not closed.

- The gate from the back garden was not locked.
- A sloped wooden ramp, adjacent to the small garden, had not been made safe.
- Oxygen was stored in the staff office without appropriate safety signage.
- The call bell system was routinely turned off when residents were downstairs.
- Hazard identification and assessment of risks throughout the residential home was not completed.
- Inspectors still had concerns in relation to the number of residents accommodated in one compartment. This was relayed to the Person in Charge and the Registered Provider's fire and estates personnel.

• **Substantially Compliant:**

○ Risk Management:

- Although risk management procedures were in place, the policy did not meet the requirements of the Regulations. It did not outline the measures and actions in place to control the risks specified.
- Improvement was required regarding the arrangements for the hazard identification and assessment of risks in the residential home. For example, the arrangements for some windows to be unrestricted required review and the risk assessment records of residents who smoked did not quantify the actual level of residual risk associated with the resident smoking.
- Some improvements were required in the hazard identification and assessment of risks in the residential home. Risk assessments were required in relation to the access to cleaning liquids stored on the cleaning trolley and the intermittent unrestricted access to the outside area to the rear of the premises.

Regulation 27: Infection Control

(54% of Services Not Compliant of the 11 assessed against this Regulation)

• **Not Compliant Orange:**

○ Infection Prevention and Control:

- Cleaning routines were not consistent and there was a strong odour noted in some areas on the day of the inspection.
- The duty roster showed that, in general, there were adequate staff to meet the assessed needs of residents, with one exception. There was no cleaner on duty on Sundays cognisant of the size and layout of the residential home to ensure the safety and welfare of residents and staff.
- Cleaning staff had no specific training to ensure the safety of residents and staff, and to minimise the risk of cross infection.
- The Inspector observed cleaning staff did not routinely wear protective gloves when cleaning.
- Cleaning regime for medicine pots did not identify the immersion solution or the date it was prepared in line with best practice guidelines.
- Items were stored inappropriately in sluice rooms, for example, hair dryers, residents' toiletries and creams. There were no storage racks for bedpans, urinals or commode inserts.

• **Not Compliant Yellow:**

○ Infection Prevention and Control:

- There were many facilities throughout the residential home to enable and ensure effective infection prevention and control practices, however, access to and identification of hand wash facilities required attention in line with best practice guidelines and National Standards.
- The annual audit for infection control

6.0 DETAILED FINDINGS Continued...

reviewed systems but did not include an audit of practice to ensure adherence and consistent implementation to the National Standards best practice guidelines to give assurances that risk of cross infection to residents and staff was minimised.

• **Substantially Compliant:**

- Infection Prevention and Control:
 - Some of the cleaning practices as described by some staff were not consistent with the standards for the prevention and control of health care associated infections published by the Authority.
 - In addition, due to the size and design of the laundry, suitable segregation of clean and dirty laundry was not adequately facilitated and therefore potentially posed a risk of cross contamination.
 - A number of areas such as the sluice areas and parts of the laundry room were not designed or laid out to adequately prevent cross contamination.

Regulation 28: Fire Precautions

(70% of Services Not Compliant of the 10 assessed against this Regulation)

• **Not Compliant Orange:**

- Fire Safety:
 - During the inspection there were ongoing issues with the installation of a new fire alarm system in the hospital. An urgent action plan was issued to the Registered Provider to ensure appropriate systems were put in place to ensure effective communication and action in the case of a fire.
 - The fire drills were usually led by the HSE

fire officer, the Inspectors required the residential home staff also organise and run their own internal fire drills at different times of the day and night to ensure staff were familiar with all required processes.

- Although fire safety procedures and servicing records were up to date, sufficient assurance was not available that appropriate evacuation procedures were in place for all residents.
- The Inspector noted fire drills were carried out. However, they tended to be on one side of the building and the Inspector could not find evidence these had taken place to reflect the requirements for the second unit.
- Further improvements were required. For example:
 - Some recommendations identified by staff during drill exercises were not always implemented.
 - Drill practices simulated the evacuation of up to four residents from a room and not the full compartment.
 - There were a number of fire doors which had excessive gaps at the sides and top of the doors which would allow the spread of smoke to areas providing escape for residents and staff.
 - The interim or control measures identified in the risk assessment for residents smoking in the residential home were not appropriately implemented or available.
- Regular fire drills had not taken place and there was no evidence of a recent fire drill undertaken when there was reduced staffing levels in the residential home.
- Emergency lighting had not been serviced on a quarterly basis as required by the Regulations.

○ Training:

- The Inspector could not find sufficient evidence to confirm all staff had attended fire training.

6.0 DETAILED FINDINGS Continued...

- **Substantially Compliant:**

- Fire Safety:
 - There were gaps in fire records such as the documentation of the detail captured during fire drills to inform practice.
 - The weekly testing of the fire alarm was not consistently carried out.
 - A small number of door wedges were in use which posed a fire safety risk.
 - One fire exit door located in the hairdressing room required review; as it was observed to be secured by a push button lock and that did not automatically disengage when the fire alarm sounded.
- Training:
 - Gaps in fire training records were identified.

not individually prescribed as crushed and could lead to errors.

Regulation 29: Medicines and Pharmaceutical Services

(25% of Services Not Compliant of the 8 assessed against this Regulation)

- **Not Compliant Yellow:**

- Medication Management:
 - Following inspection of medication management documentation, the Inspector could not be assured that all prescribed medicines were administered in accordance with the directions of the prescriber.

- **Substantially Compliant:**

- Medication Management:
 - Nurses were administering medications in a crushed format for some residents and although the GP had written a specific instruction to crush medications these were

7.0 CONCLUSION

This report illustrates the new layout of the HIQA inspection reports and details the continuing trends in HIQA findings in relation to residential care settings for older people in meeting the relevant requirements.

The trends show that high risk findings are still evident in the areas of Records and Premises, with many residential homes requiring improvements in key areas such as Written Policies and Procedures, Training and Staff Development, Governance and Management, Complaints Procedure, Managing Behaviour that is Challenging, Resident's Rights, Risk Management, Infection Control and Fire Precautions.

Good practice was identified in relation to Persons in Charge.

Further Information

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