



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Designated centres for older people: an analysis of inspection findings during the first 15 months of inspection

9 February 2012

*Safer Better Care*

## About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority established to drive continuous improvement in Ireland's health and social care services.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health, 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 services in Ireland (except mental health services)

**Social Services Inspectorate** — Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services.

**Monitoring Healthcare Quality** — Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users

**Health Technology Assessment** — Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

**Health Information** — Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services

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## Executive Summary

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### 1. Introduction

Since 1 July 2009, the Health Information and Quality Authority (the Authority) has been responsible for the registration and inspection of all designated centres for dependent persons (residential services for older people including nursing homes). This signalled a significant shift from the previous regulatory system which was undertaken by the Health Service Executive (HSE) and involved the inspection and registration of private and voluntary providers of centres only. Whilst mindful of the fact that this was the first time that public (HSE) centres were to be inspected, it was important that the Authority maintained a consistent national approach when carrying out its regulatory activities.

The Authority had a number of key provisions which provided a solid base for undertaking the new regulatory system, including the:

- *National Quality Standards for Residential Settings for Older People in Ireland*, published by the Authority in 2009, which set out what residents living in these centres can expect of the service
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (the Regulations) which gave effect to the regulation of designated centres and were more detailed than the Regulations that had previously been in place.

To ensure that residents enjoyed a good quality of life and availed of safe services, the Authority maintained a resident-focused approach in its inspection activities when assessing how providers met the needs of their residents. In the first cycle of inspections the Authority focused, in particular, on assessing whether the basic structures and systems were in place in the centres to ensure residents were safe and had a good quality of life.

The aim of this report is to provide a retrospective national overview of the findings of the initial inspections from 1 July 2009 to the end of September 2010. It examines how providers responded in addressing breaches of the relevant legislation in this fifteen month period and explores key learnings from this time, for both the Authority and providers.

## **2. Background**

The regulation by the Authority of designated centres that provide residential care for older and dependent people involves the following main activities:

### **Ongoing monitoring of the safety and quality of the service provided for residents**

Monitoring activities are carried out for the purpose of providing ongoing surveillance of the safety and quality of the care provided for residents by a registered provider. Monitoring includes:

- receiving and analysing notifications from a provider regarding significant events
- receiving and analysing unsolicited information from a third party that may give rise to a concern about the service provided at a centre
- undertaking inspections of the centre which may be announced or unannounced, scheduled, triggered or as part of the registration process
- various interactions including meetings that may take place with a provider.

### **Registration of providers**

The purpose of registration is to ensure that only providers who are providing safe services that are of a good quality, enter and remain in the market.

The registration process assesses the fitness of a provider in providing a service for vulnerable older people and all individuals involved in the management of a centre (including the key position of the 'Person in Charge'). It also assesses the compliance of a provider with the Health Act 2007, Regulations and Standards in order to ensure that residents receive safe good care, with a good quality of life within safe and suitable surroundings. Consequently, the registration process is an in-depth examination of all the aspects of a centre's operations. Every provider has to be registered, or a decision made to refuse and cancel the existing registration, by 30 June 2012.

The registration process, and the resulting decision to register or cancel and refuse the existing registration of a provider, are informed by the information ascertained in the ongoing monitoring process.

### **Enforcement Action**

Where there are reasonable grounds to believe that there are serious risks to the health and or welfare of residents in a centre, or there has been a substantial and significant breach of the Regulations as a result of a provider failing in its duty to safeguard a resident(s), then enforcement action may be considered by the Authority. This may result in seeking an urgent order in the District Court to cancel the existing registration of a provider or by means of the prosecution of an offence respectively.

## **2.1 The first wave of regulation**

The establishment of a new regulator in any sector creates a range of challenges both for the regulator and for the services to be regulated. The Authority's key challenges were initially to put in place a fair, consistent and proportionate regulatory system focused on the safety of care and quality of life of residents in centres, and over time, to achieve a shift from a preliminary baseline model of care towards a culture of continuous improvement in the delivery of care and support across the sector.

As part of the initial period of adjustment to the new regulatory environment, providers of care needed to understand the prioritisation of resident-focused, safe care and quality of life. While private and voluntary providers had previously been inspected and registered (albeit under a very different system), public providers had no prior experience of Regulation and therefore had a new challenge to understand and engage with the new environment.

The new regulatory environment inevitably created demands on a number of providers, public and private, to change the way they provided their services and for some that meant upgrading premises and facilities in response to inspection findings and recommendations in order to meet the necessary Regulations.

The Authority's powers to regulate the nursing home sector began at a time of unprecedented pressure on the public finances and the broader economy, creating further compliance challenges for providers. However, the Authority's primary aim was, and continues to be, to ensure that the residents were safe and this took precedence over other challenges for providers.

In the period before the Authority began to regulate residential centres for older people, a nationwide series of seminars for providers was conducted by the Authority to introduce the relevant legislation, Regulations and Standards and to establish the respective roles and mutual expectations of regulator and provider after commencement.

## **2.2 From initial inspections to the journey of registration**

Following the commencement of regulation of these services, the Authority engaged with all providers across the sector, and inspected all centres at least once to establish a baseline understanding of the overall safety of care and quality of life for residents in the centres.

There are currently 574 designed centres for dependent persons in the sector, classified by provider type as follows:

- private – 387 (68%)
- voluntary – 64 (11%) and
- public – 123 (21%).

This report reflects the first fifteen months' actual experience of the operation of the new regulatory environment, in terms of the Authority's application of the Regulations and of providers' responses and follow-through to inspection findings.

The conclusions to be drawn from the experience of the 705 inspections conducted during this period are generally positive, notwithstanding the various challenges for providers in engaging with the new regulatory environment.

During this initial fifteen-month reporting period, most providers engaged fully with the intention of meeting the requirements of the new Standards and Regulations, with generally a high level of follow-through in implementing the recommendations from inspections.

The initial inspection period started well, and more recent inspection experience across the sector highlights a generally constructive cooperation of providers with the Authority in both delivering quality outcomes and in improving standards continuously over time.

### **3. Summary of Findings**

This report summarises and reviews the findings of the initial inspections and of how providers responded in addressing breaches of the relevant legislation in subsequent follow-up inspections.

The information analysed<sup>1</sup> in this report is taken from the action plans of the initial inspection reports and from the follow-up inspection reports, broken down by Regulation and sub-article.

The review of the initial reports shows that:

- The most frequent breaches of the Regulations, affecting over three-quarters of centres, occurred under the Regulation on Premises (which governs the quality and appropriateness of physical accommodation and facilities to residents' needs) which impacted on resident safety and quality of life.
- This was followed by Risk Management Procedures, which affected three-quarters of all centres and has significant implications for residents' safety.
- Other relatively frequently breached Regulations included: General Welfare and Protection, Training and Staff Development, Residents' Rights, and Assessment and Care Plans. Failings in these important areas are key factors in poor quality of life for residents and pose a risk to appropriate care (based on assessed needs) consistently being delivered.

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<sup>1</sup> Following the standard procurement process, the analysis of inspection findings contained in this report was undertaken on the Authority's behalf by Dr Jane Pillinger (researcher and policy advisor).

The review of the follow-up reports shows that:

- over three-quarters of the actions contained in follow-up reports were implemented or partially implemented.
- breaches which could be addressed through relatively straightforward changes to administrative procedures tended to have higher levels of full implementation than those where new systems were required, or where the new Regulations required a large number of essential policies and documents to be drafted and put in place
- in some cases changes to existing practices, such as recruitment of additional staff, resulted in providers adhering to more extensive recruitment processes such as compulsory Garda vetting of staff. This was a substantial additional effort for providers who had not previously required staff to undergo Garda vetting
- under some Regulations, where a lower level of implementation of actions was achieved, such as those in relation to Premises, this was most often due to the significant extent and expense of the changes required.

## **4. Conclusions**

As a regulator, the Authority is constantly challenging and improving the way that we regulate and monitor the health and social care sector to ensure that we are focused on the most important aspects of safety and quality for residents and also to reduce the burden of regulation on providers where possible. This report provides a snapshot in time of the first fifteen months of the regulation of designated centres by the Authority.

Providers of care have been encouraged to develop their structures and processes to be able to respond quickly to issues of serious risk or concerns identified during the inspection process. By enhancing the cooperation between the providers and the Authority, we have increased understanding of how best to provide services and improve standards of care throughout the sector.

While the Authority's focus will continue to be on risk-based monitoring and inspections, there will be an additional emphasis on driving continuous improvement in areas such as regular medication review and management, intake of fluids, avoiding the use of restraints, best practice in care planning and extending the range of activities on offer at each centre. The Authority will continue to work with providers, residents and their relatives to drive safer, better care in designated centres for older people throughout Ireland.

## 1. Introduction

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### 1.1 Introduction

The purpose of regulating designated centres for older and vulnerable people is to ensure that people in these centres receive safe, good quality care and a good quality of life within safe and suitable surroundings in centres that are run and managed by people who are fit to do so.

The regulation of designated centres comprises three core activities:

1. Continuous monitoring of the safety and quality of the service provided to residents which, in addition to receiving and analysing information received from a provider or a third party, includes inspection of the centre.
2. Registration of providers, to ensure that only the providers of safe and good quality services can enter and remain in the sector.
3. Enforcement action: where there are reasonable grounds to believe that there are serious risks to the health and/or welfare of residents in a centre, the Authority may consider enforcement action to cancel an existing registration or to prosecute a significant and substantial breach of the Regulations.

Monitoring designated centres' compliance with the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People Regulations 2009* (as amended), involves a range of activities including onsite inspection. This review of 705 inspection reports comprises the reports from the initial inspection visit to each of the 574 centres in the sector, and the reports from the 131 follow-up inspections undertaken during the 15-month period up to the end of September 2010.

Each of the 574 initial inspection reports contains an action plan outlining the actions to be implemented in order to meet with regulatory requirements. Each of the 131 follow-up reports details how actions set out in the initial action plan have been implemented to ensure full compliance with the Regulations. Each Regulation has one or more sub articles which express the regulatory requirement in greater detail.

It is important to note that the inspection activities outlined above were undertaken by a newly-recruited inspectorate using a newly-developed inspection methodology. The key challenges in the initial 15-month period were to ensure a consistent approach to the interpretation of Regulations and to ensure that inspection findings and action plans were compiled in a consistent manner across all centres.

The inspection framework used for inspections of designated centres was organised across six “domains”, which were focused on the outcomes experienced by residents in centres, and are outlined as follows:

1. **Governance:** the centre is well-organised and managed and complies with the legislative requirements.
2. **Quality of the Service:** residents should receive a good standard of service, appropriate treatment and are treated with courtesy and respect.
3. **Health Care Needs:** residents should receive good quality health care, based on the premise that if people keep as fit and healthy as possible they will have a better quality of life.
4. **Premises and Equipment:** the centre should provide premises and equipment that are safe, secure and suitable.
5. **Communication:** information provided to residents should be relevant, clear and up to date.
6. **Staffing:** staff are competent and recruited in sufficient numbers to meet residents’ needs.

The domains provide a framework for reviewing how the Regulations are being implemented, what breaches exist and in relation to follow-up reports, how actions required in action plans have been implemented. In addition, the framework allows for good practices to be cited in inspection reports under the relevant domains.

The reports were designed to be user friendly so that residents, the public, family members and potential residents can easily understand the quality of life and the quality of care in designated centres. For the purposes of this review, each of the Regulations contained in the Health Act 2007 (*Care and Welfare of Residents in Designated Centres for Older People*) Regulations 2009 (as amended) was allocated under one of the domains. Appendix 1, table 5 sets out the Regulations that are assigned to each domain.

## **1.2 Report methodology**

The methodology for the review involved the collation of data from the action plans of inspection reports and follow-up reports, broken down by Regulation and sub-article.

The data was collected on the breaches of Regulations identified in the action plans in the 574 initial inspection reports and the extent to which they had been implemented in 131 follow-up reports (705 reports in total). This data was collected in the following ways:

- the analysis of the initial inspection reports records the number and percentage of the Regulations (and sub articles) that were breached and the number and percentage of centres breaching the Regulations (and sub articles)
- the analysis of the follow-up inspection reports records the number and percentage of the actions at Regulation level contained in follow-up reports that were implemented or partially implemented, and the number and percentage of centres implementing or partially implementing the actions required at sub article level.

When looking at the percentages quoted in respect of follow-up reports it is important to note that these figures are based on the subset of centres which contained an action in relation to the Regulation (or the sub article), and not on all 131 follow up reports.

## 2. Overview of the report findings

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### 2.1 Designated centres for dependent persons: outline of the sector

Of the 574 reports reviewed in the initial inspection reports, the following shows how they are broken down by inspection type, centre type, year of build and occupancy levels in the charts below.

#### **Scheduled inspection**

Scheduled inspections take place routinely as part of the ongoing monitoring of the safety and quality of the service provided to residents in a centre.

#### **Registration inspection**

As part of the registration process, every centre receives a detailed registration inspection. A registration inspection is also required if there is a change of ownership of a centre and the new provider applies to be registered.

#### **Monitoring inspection**

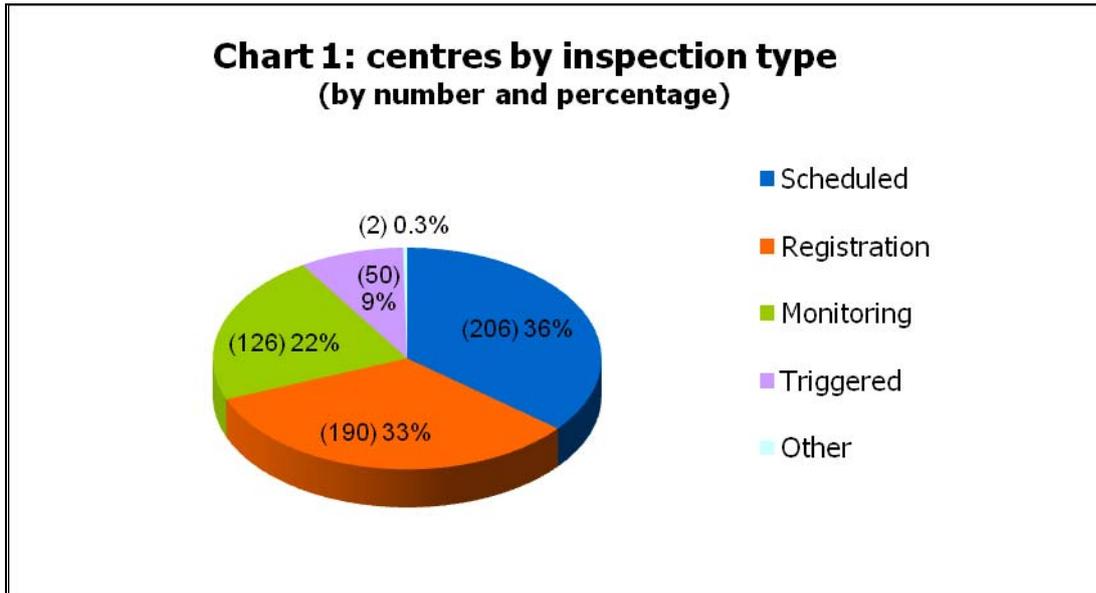
For centres which have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

#### **Triggered inspection**

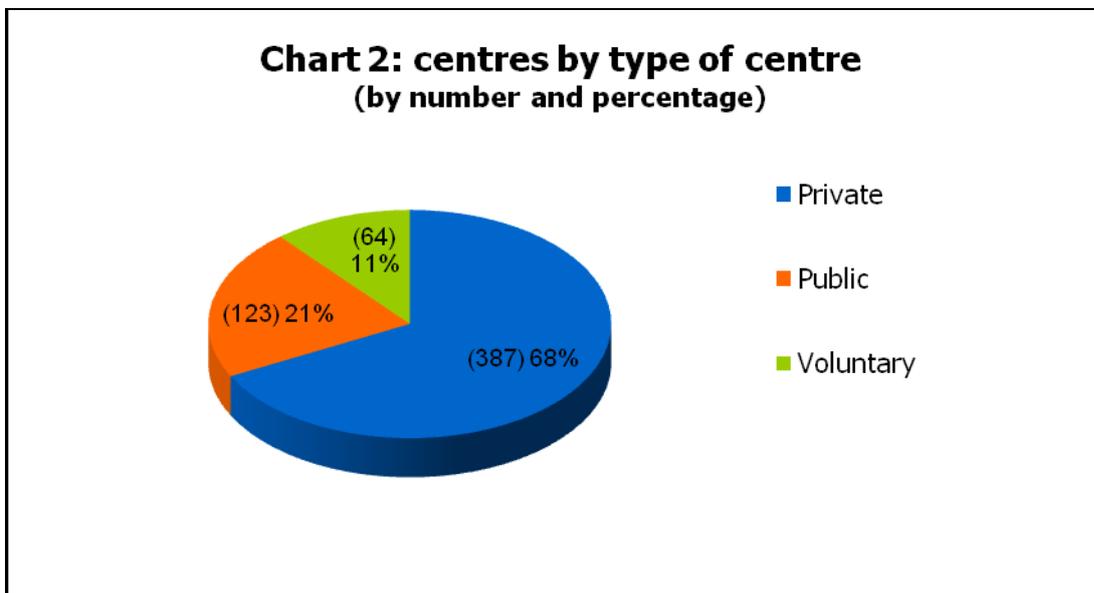
Triggered inspections follow receipt of a concern or notification to the Authority of a potentially significant event affecting the safety or well-being of residents. The triggered inspection allows the inspector to focus on the area of concern indicated by the information received

The reports analysed were Scheduled Inspection Reports (36%), Registration Inspection Reports (33%), Monitoring Inspection Reports (22%), Triggered Inspection Reports (9%) and Other Inspection Reports (<1%).

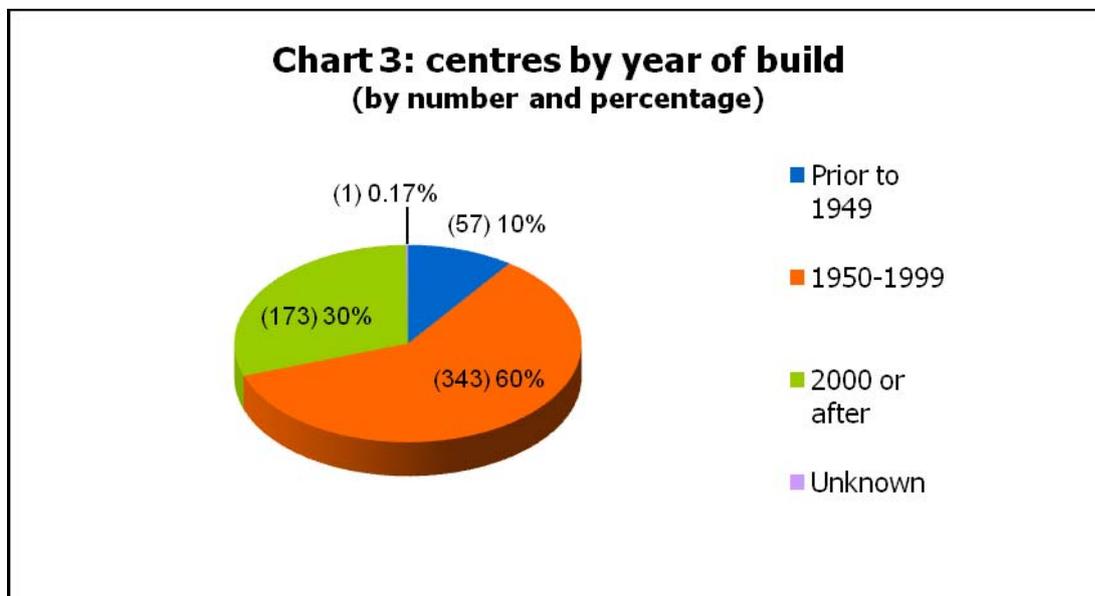
**Chart 1** on the next page shows the breakdown by inspection type.



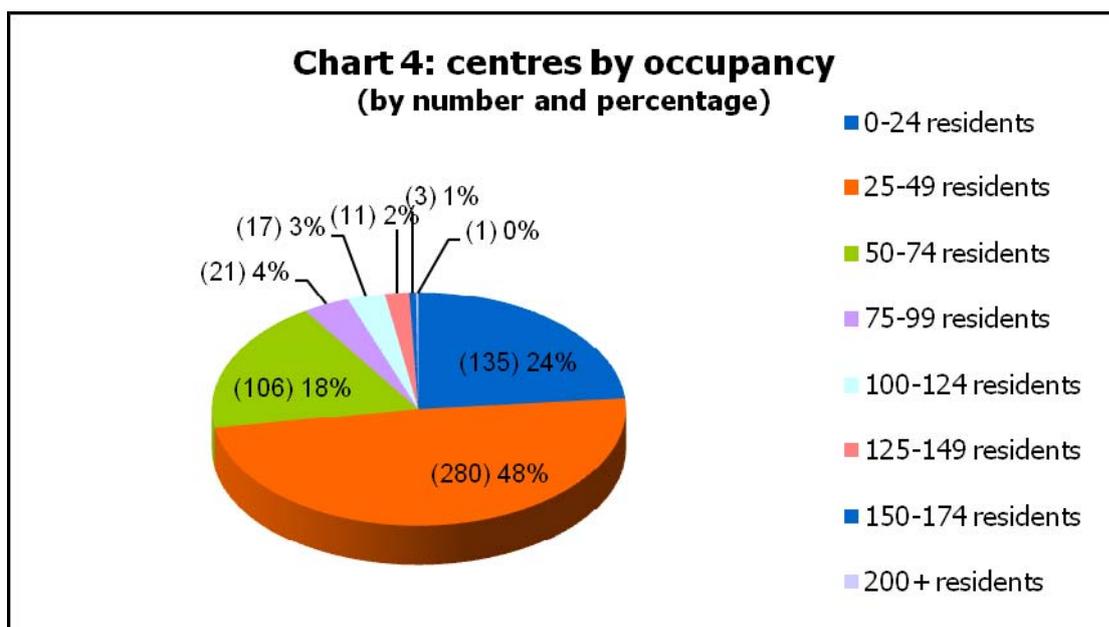
**Chart 2** below shows the percentage of inspection reports by centre type. The type of centres analysed were private designated centres (67%), public designated centres (21%) and centres run by voluntary organisations (11%).



The year of build was a significant factor in analysing the breaches of regulation on Premises. **Chart 3** below shows that 10% of premises were built in 1949 or before, 30% of premises were built on or after 2000 and the overall majority (or 60% of centres) were built between 1950 and 2000.

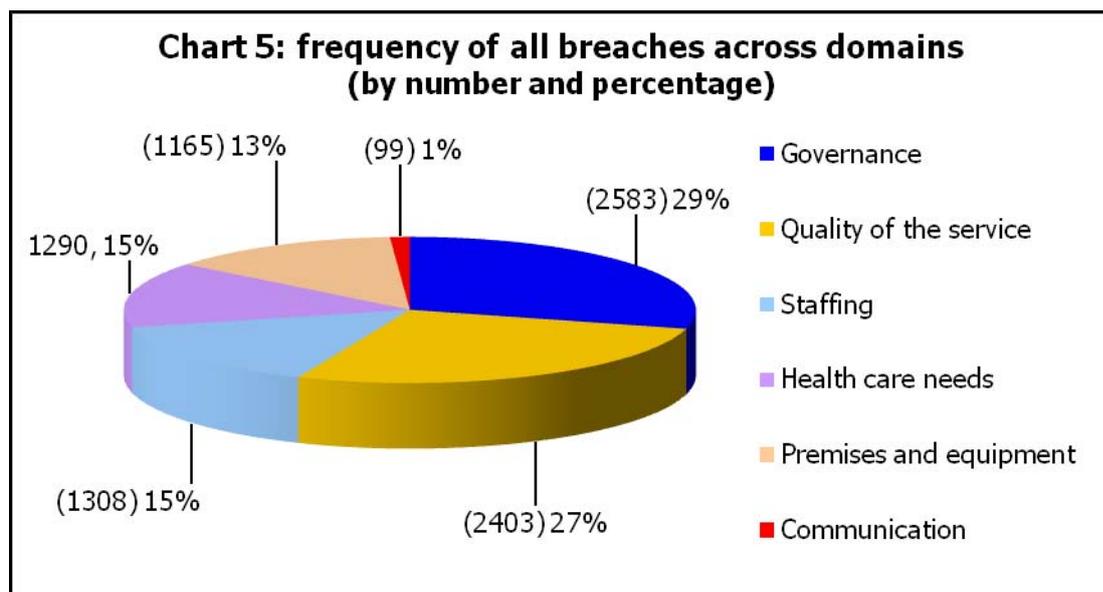


**Chart 4** below shows the percentage of inspection reports analysed by occupancy numbers. The majority of centres had 25 to 49 residents (48%), 24% of centres had under 24 residents, 18% of centres had 50 to 74 residents, 4% of centres had 75 to 99 residents, 3% of centres had 100 to 124 residents, 2% of centres 125 to 149 residents and less than 1% had 150 to 174 residents.



## 2.2 Findings from the action plans in the initial inspection reports

**Chart 5** below shows the distribution of the total percentage of incidences of breaches of the Regulations grouped across the domains. With just under a third of all breaches falling under the Governance domain, this indicates that there are issues in terms of centres being well-run. Following this, over one quarter of all breaches were attributed to the Quality of the Service domain, which can result in a high incidence of poor outcomes for residents.



## 2.3 Findings across each of the domains of the inspection framework

The following summarises the main findings from the initial inspection reports, and the extent to which the actions were implemented in the sample of follow-up reports which contained actions in relation to the specific Regulation (or sub article) under review.

### Governance

#### Action plan analysis:

- Under the fourteen Regulations allocated to the Governance domain, the most frequently breached Regulation was Risk Management Procedures, followed by the Statement of Purpose, Operating Policies and Procedures and Fire Precautions both in relation to the number of centres breaching Regulations and of the total number of breached Regulations.

#### Follow-up analysis:

- Overall two-thirds of actions identified in follow-up reports were implemented.

## Quality of the Service

### **Action plan analysis:**

- Under the ten Regulations allocated to the Quality of Service domain, the Regulations on General Welfare and Protection, Complaints Procedures and Residents' Rights, were the three most-breached Regulations, both in relation to the number of centres breaching Regulations and the total number of Regulations breached.

### **Follow-up analysis:**

- Over 57% of actions contained in the follow-up reports on the Regulations assigned to the Quality of the Service domain were implemented.

## Health Care Needs

### **Action plan analysis:**

- Under the four Regulations allocated to the Health Care Needs domain, the Regulations on Assessment and Care Plans and the Ordering, Prescribing, Storing and Administration of Medicines were the two most frequently breached Regulations, both in relation to the number of centres breaching Regulations and the total number of Regulations breached. The lack of a national or set format for assessment and care planning and the format of care plans were often found to be problematic.

### **Follow up analysis:**

- Just over 50% of actions contained in the follow-up reports for the Regulations assigned to the Health Care Needs domain were implemented.

## Premises and Equipment

### **Action Plan analysis:**

- There was one Regulation assigned to the Premises and Equipment domain. Just under 80% of all centres recorded a breach under the Premises Regulation. This high incidence of centres recording a breach against this Regulation also reflected that inspectors found it easier to make judgments, as assessment was often based on empirical evidence.

### **Follow-up analysis:**

- Less than half of all actions (40%) contained in the follow-up reports on Premises were implemented. This also reflected that, in many cases, the action required major investment to fix.

## Communication

### **Action plan analysis:**

- One Regulation was assigned under the Communication domain. Whilst 15% of all centres recorded a breach under the Communication Regulation it recorded a relatively low level of breaches overall (only 1% of all breaches).

### **Follow-up analysis:**

- Over half (52%) of actions contained in the follow-up reports on the Regulation for Communication were implemented.

## Staffing

### **Action plan analysis:**

- Under the five Regulations allocated to the Staffing domain, the Regulations on Recruitment, followed by Training and Staff Development, were the most frequently breached Regulations, both in relation to the number of centres breaching Regulations and the total number of Regulations breached. The higher incidence of breaches for Recruitment is expected due to the higher standard of documentation required under this Regulation, such as Garda vetting for staff and minimum number of references. Whilst there were a smaller percentage of breaches recorded for Training and Staffing Levels, these issues are critical as they are closely related to governance and are integral to ensuring the safety of residents.

### **Follow-up analysis:**

- Only 40% of the actions contained in follow-up reports on the Regulations under the Staffing domain were implemented.

Table 6 in Appendix 1 shows the breaches of the Regulations (based on the number and percentage of total breaches and the number and percentage of centres with breaches).

Table 7 in Appendix 1 shows the actions contained in the follow-up reports that were implemented in designated centres (based on the percentage of actions implemented or partially implemented for centres).

Sections 3 to 8 inclusive of this report provide a more detailed analysis of the inspection findings under each of the six domains.

## 3. Findings - Governance

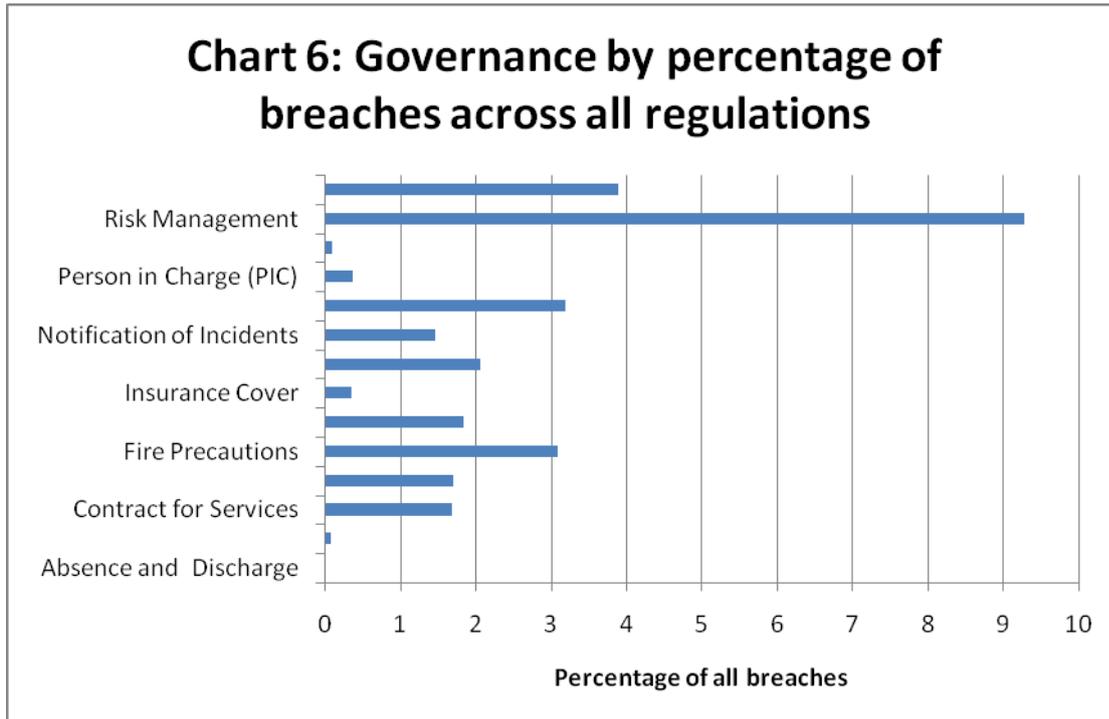
### 3.1 Overview

The Governance domain covers the organisation, management and policies and procedures of designated centres. The objective is to ensure that there is a good quality of service and that risks are managed effectively. Leadership, vision and a positive commitment to quality, the safety of residents and to residents' dignity and rights are essential to continuous quality improvement. The Regulations assigned to Governance under the inspection framework are set out below:

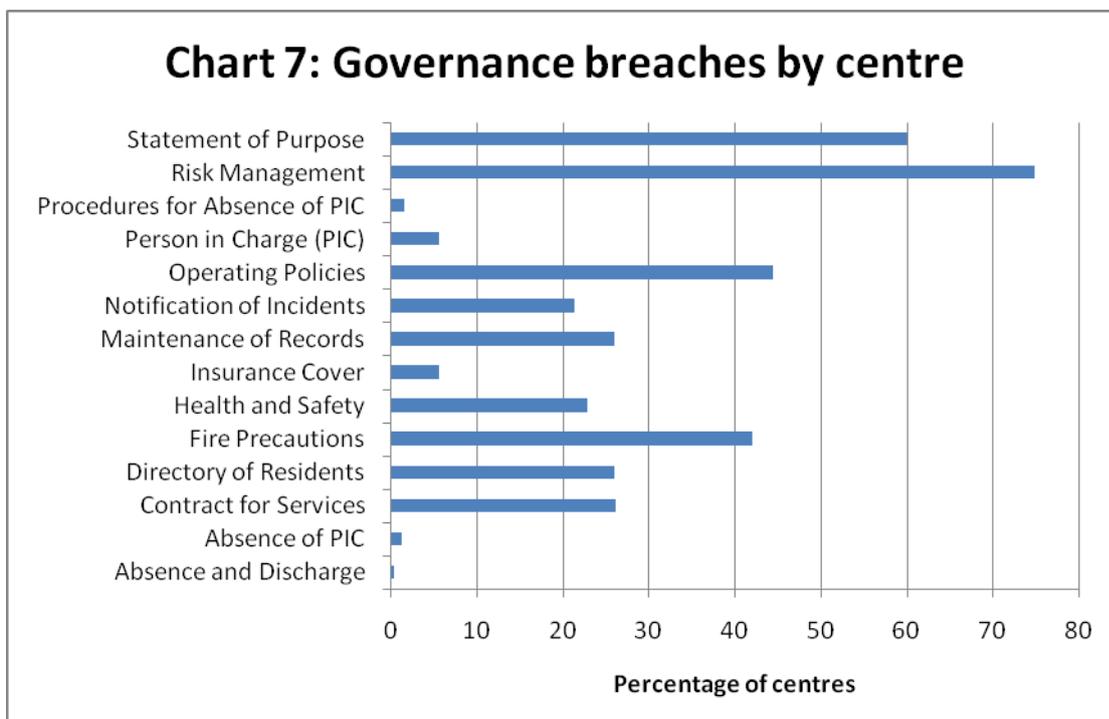
<b>Table 1: Regulations assigned to the Governance domain</b>	
Regulation 5	Statement of Purpose
Regulation 15	Person in Charge
Regulation 22	Maintenance of Records
Regulation 23	Directory of Residents
Regulation 26	Insurance Cover
Regulation 27	Operating Policies and Procedures
Regulation 28	Contract for the Provision of Services
Regulation 29	Temporary Absence and Discharge of Residents
Regulation 30	Health and Safety
Regulation 31	Risk Management Procedures
Regulation 32	Fire precautions and Records
Regulation 36	Notification of Incidents
Regulation 37	Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38	Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

#### **Initial inspection reports: breaches identified in action plans**

**Chart 6** shows the breaches of the Regulations assigned to the Governance domain as a percentage of all breaches. The highest level of breach occurred in the Regulation on Risk Management Procedures, representing 9% of breaches of all Regulations. This is followed by the Statement of Purpose (4%), Operating Policies and Procedures (3%), and Fire Precautions and Records (3%).



**Chart 7** shows the breaches of the Regulations by centre. Again, the most frequently breached Regulations were on Risk Management Procedures (75% of centres), followed by the Statement of Purpose (60% of centres), Operating Policies and Procedures (44% of centres) and Fire Precautions and Records (42% of centres).

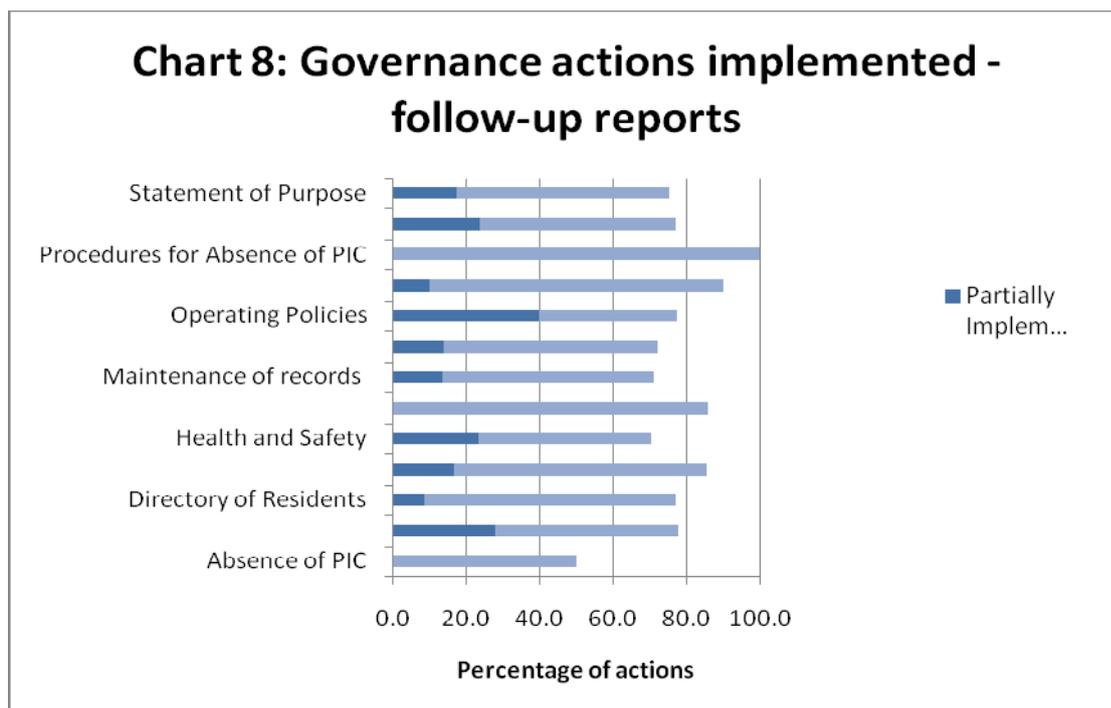


### **Follow-up reports: implementation of actions contained in action plans**

**Chart 8** shows the progress made by centres in implementing the actions contained in the follow-up reports. The highest percentage of actions that were implemented in centres were found under the less frequently breached Regulations such as Procedures for Absence of the Person in Charge, Insurance Cover and the Regulations around the qualifications of the Person in Charge.

The level of implementation for the higher breached Regulations tended to be over 50% of full implementation of actions. There was a noticeably lower level of implementation for Operating Policies and Procedures which recorded only 38% of full implementation, reflecting the difficulty providers had in complying with the numerous new requirements in relation to this Regulation.

Overall, just under two-thirds of all actions (63%) were implemented in the sample of follow-up reports containing actions specific to the Regulations assigned to the Governance domain.



### **3.2 Governance actions and follow-up across relevant Regulations**

The following summarises the main findings from the initial inspection reports and the implementation of the actions for the sample of follow-up reports across the Regulations with the most frequent of breaches. The findings for Regulations with lower levels of breaches are can be found in Appendix 2.

## **Risk Management Procedures**

Comprehensive written policies on risk management must be implemented to identify, minimise and control risks. Policies should cover the identification, recording, investigation and learning from risks, as well as accident prevention and the physical environment. Staff training in the moving and handling of residents is also provided for in the regulation.

### **Initial inspection reports: breaches identified in action plans**

Specifically in relation to risk management, the most common breaches included:

- no comprehensive written risk management policy implemented (occurred in 46% of all centres)
- inadequate or no emergency plan was in place (25% of all centres)
- inadequate policies in place to identify, record, investigate and learn from incidents (17% of all centres)
- inadequate policies to adequately address the identification and assessment of risks and the precautions to control the risks identified (16% of centres).

The high incidence of breaches relating to the lack of a comprehensive risk management policy in the centre is of concern, due to implications for residents' safety. In relation to the lack of policies in place to record and learn from serious incidents or adverse events involving residents, it is important to keep in mind that whilst some providers had started to collect the data they had not yet analysed it.

### **Follow-up reports: implementation of actions identified in action plans**

For the actions contained in the follow-up reports in relation to Risk Management Procedures, the majority of actions were implemented (53%).

In the sample of follow-up reports reviewed, the level of implementation of actions included:

- just over half of the centres with actions in follow-up reports for the comprehensive risk management policy had implemented the required actions. This was a very detailed regulation and centres found it difficult to comply with all requirements. This was reflected in the fact that only half of the sample implemented the actions and a further 26% had only partially implemented the required actions
- in relation to actions required for the emergency plan, only half of the centres fully implemented the required improvements. This reflected the tendency for elements of the emergency plan to be missing, such as identification of a place to take residents should they not be able to re-enter the building
- progress in implementing actions to address the identification and assessment of risks and the precautions to control the risks identified was disappointing; only 48% of centres completed this requirement and only 38%

of affected centres fulfilled the requirement to put policies in place to learn from incidents. The benefit of having such policies in place to inform learning reduces the level of risk to residents and, in turn, increases the level of safety in the centre. A higher degree of implementation would be expected at follow-up stage.

## Statement of Purpose

Ensuring that the Statement of Purpose meets with the stated purpose, aims and ethos of each designated centre is essential if staff, residents and their families are knowledgeable of and can expect that the service they receive meets with the stated purpose.

### **Initial inspection reports: breaches identified in action plans**

Specifically in relation to the Statement of Purpose, the most common breach occurred in relation to an incomplete or lack of a Statement of Purpose cited in 45% of all centres. The Statement of Purpose was a new concept for many centres and whilst the essential components of the Statement of Purpose were listed in Schedule 1 in the Regulations, many centres did not use the Schedule as a basis and subsequently omitted required information.

### **Follow-up reports: implementation of actions identified in action plans**

The majority of actions contained in the follow-up reports in relation to actions specific to the Statement of Purpose were implemented (58%). In terms of the most frequently breached sub article:

- despite the fact that there was a clear list of items to be included in the Statement of Purpose, the follow up report sample showed breaches for this sub article and just over half (53%) of the centres had fully implemented the actions.

## Operating Policies and Procedures

All centres are required to have written and operational policies as a basis for management and control of the operations of the centre.

### **Initial inspection reports: breaches identified in action plans**

Specifically in relation to Operating Policies and Procedures, the highest breaches included:

- inadequate operating policies and procedures and provisions for review as per the Regulations (45% of centres)
- failing to put in place written operational policies and procedures as listed under Schedule 5 of the Regulations (42% of centres).

Although there were many new requirements in relation to the policies required, it is reasonable to expect these policies to be in place as they are essential for the service.

### **Follow-up reports: implementation of actions identified in action plans**

Overall there was a relatively low level of implementation of the actions required in relation to Operating Policies and Procedures in the follow-up report sample, with only 38% of actions specific to this Regulation being implemented which reflected a slow rate of improvement.

Of the implementation of the sub articles:

- only 40% of centres fully addressed the requirement that written operational policies and procedures be put in place.

Whilst all required policies were listed in Schedule 5 of the Regulations and are considered as essential policies, there were a large number of policies required and the high percentage of centres who had only partially implemented the required actions (43%) reflected the ongoing work by providers to meet this.

### **Fire Precautions and Records**

All designated centres have to keep records and take adequate precautions against the risk of fire, including the provision of suitable fire equipment, means of escape, arrangements for detecting, containing and extinguishing fires, evacuations, maintenance of equipment and reviewing of fire precautions.

### **Inspection reports: breaches identified in action plans**

Overall, 42% of centres recorded a breach against the Regulation concerning Fire Precautions and Records. There were a number of sub articles under this Regulation and the highest breaches included:

- lack of suitable fire prevention training for staff (13% of centres)
- low levels of awareness of fire procedures in event of a fire by staff and residents (11% of centres)
- inadequate arrangements for fire evacuation (9% of centres)
- inadequate means of escape in the event of a fire (9% of centres).

The high incidence of breaches recorded against the Fire Precautions Regulation is worrying, as fire is a low probability event which has catastrophic consequences. The fact that just under half of all centres recorded a breach against this Regulation indicates that there is a lack of understanding and compliance with basic safety requirements.

### **Follow-up reports: implementation of actions identified in action plans**

Over two thirds of actions identified in the follow-up reports for this Regulation were fully implemented (69%). Given the high profile that fire-related issues have, it would be expected that the level of implementation would be higher.

Of the implementation of the sub-Regulations:

- only 69% of the centres in the sample required to provide suitable training for staff in fire prevention had completed this requirement had done so. With the high level of risk that non-compliance poses for this Regulation it would be expected that the level of compliance at follow-up stage to be higher than 69%
- similarly, there was a lower than expected level of full implementation for the actions required in relation to making sure staff and residents are aware of fire procedures (50%) and putting adequate arrangements in place for fire evacuation (54%)
- for the small number of centres in the follow-up reports that had actions to ensure that there were adequate means of escape in the event of a fire, there was a high level of full implementation recorded (93% of centres).

## 4. Findings - Quality of the Service

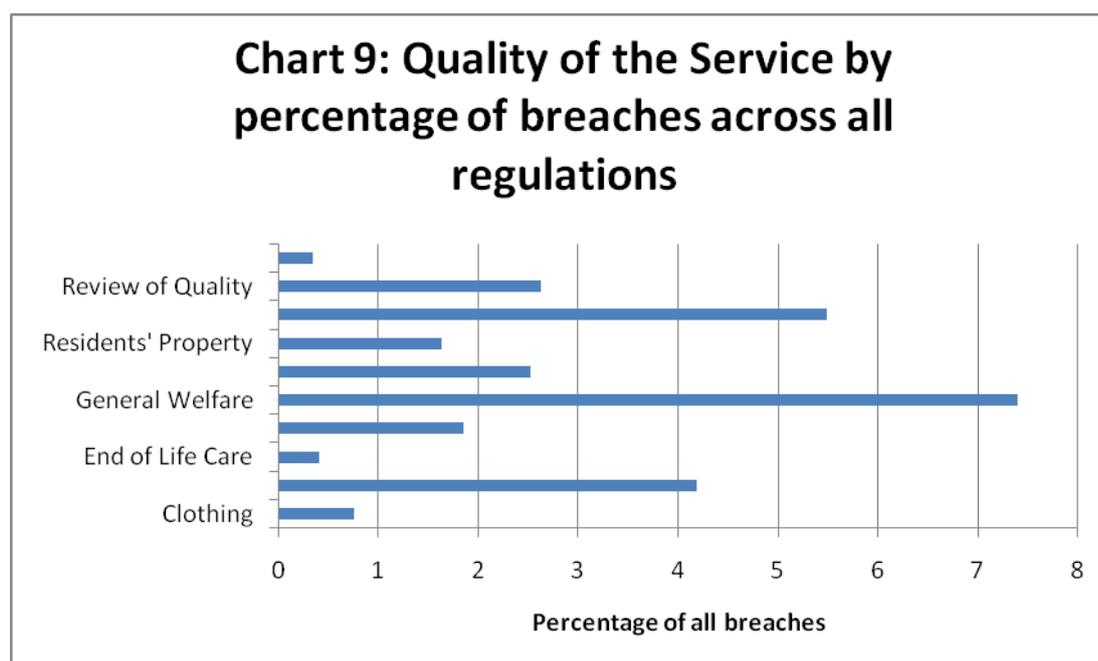
### 4.1 Overview

There are ten Regulations assigned to the Quality of the Service domain. They contain provisions on welfare and protection, resident's personal property, residents' rights, visits, clothing, end of life care, food and nutrition, information to residents, quality and safety of care, quality of life and complaints procedures. The Regulations are set out below:

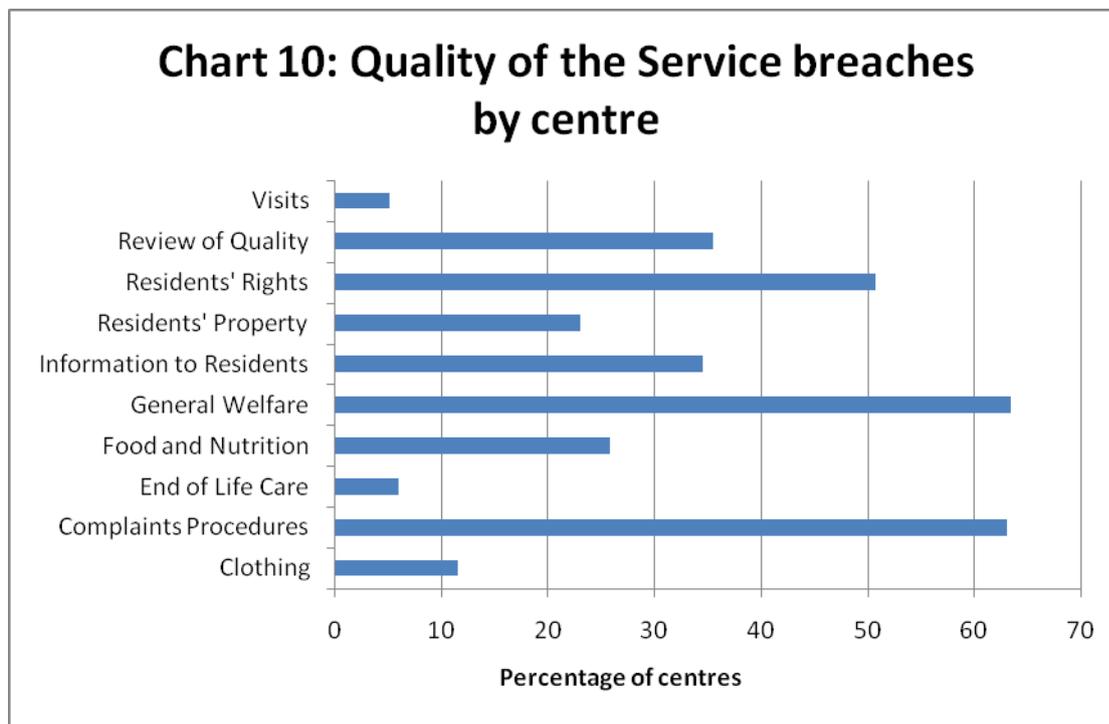
Table 2: Regulations assigned to the Quality of the Service domain	
Regulation 6	General Welfare and Protection
Regulation 7	Residents' Personal Property and Possessions
Regulation 10	Residents' Rights, Dignity and Consultation
Regulation 12	Visits
Regulation 13	Clothing
Regulation 14	End of Life Care
Regulation 20	Food and Nutrition
Regulation 21	Provision of Information to Residents
Regulation 35	Review of Quality and Safety of Care and Quality of Life
Regulation 39	Complaints Procedures

### Inspection reports: breaches identified in action plans

**Chart 9** shows the breaches in the Regulations assigned to the Quality of the Service domain as a percentage of all breaches. The highest breaches occurred for the Regulation on General Welfare and Protection.



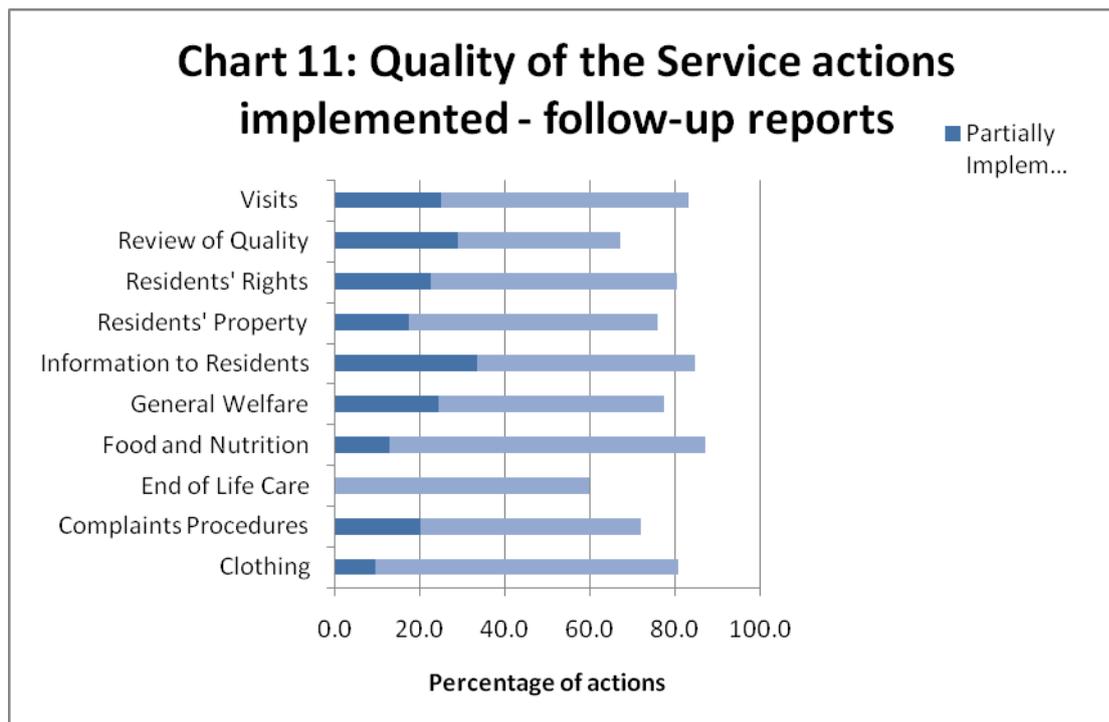
**Chart 10** shows the breaches of the Regulations by centre. Again the highest breaches were found under General Welfare and Protection, where 63% of centres did not meet the requirements. This was followed by Complaints Procedures, where 63% of centres did not meet the requirements, 51% of centres did not meet the requirement on Residents' Rights.



**Follow-up reports: implementation of breaches identified in action plans**

**Chart 11** shows the progress in implementing the actions contained in the follow-up reports. Whilst most Regulations recorded between 50-60% of full implementation of actions, the level of implementation of actions for the Review of Quality and Safety of Care and Quality of Life was noticeably lower with only 39% of actions implemented. Although Food and Nutrition and Clothing both recorded high implementation levels (over 70%), these Regulations also tended to be among the lowest breached Regulations overall.

Overall, the majority (58%) of actions contained in the follow-up reports were implemented under the Quality of the Service domain.



## 4.2 Quality of Service actions and follow-up across Regulations

The following summarises the main findings from the initial inspection reports and the action contained in the follow-up reports across the three most commonly breached Regulations: General Welfare and Protection, Residents' Rights and Complaints Procedures.

### General Welfare and Protection

All reasonable measures are required to be taken to protect each resident from all forms of abuse, including policies and procedures, recording and training for staff for the prevention, detection and response to abuse. This also requires that there is suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs (as set out in their care plan), a high standard of evidence-based nursing practices, appropriate care by a medical practitioner and opportunities for residents to participate in appropriate activities.

### Inspection reports: breaches identified in action plans

In relation to General Welfare and Protection, the most common breaches included:

- inadequate arrangements to prevent residents being harmed or suffering abuse or being placed at risk of harm of abuse (cited in 25% of centres). Considering the high profile of prevention of elder abuse it is worrying that a quarter of centres recorded a breach in relation this Regulation.

- limited opportunities for residents to participate in centre activities (25% of centres).

This is one of the Regulations which has the most effect on residents' lives so it is disappointing to see that a quarter of all centres recorded a breach against this. In particular, inspectors commonly found that activities for residents' with dementia tended to be limited or non-existent in many of the centres that recorded a breach for this Regulation.

### **Follow-up reports: implementation of actions identified in action plans**

For the sample of follow-up reports reviewed, just over half (53%) of the actions cited for the General Welfare and Protection Regulation were implemented.

Regarding the implementation of the most frequently breached sub-Regulations:

- there was a less than satisfactory level of implementation of actions required to address prevention of residents suffering or being placed at risk of abuse, with only two thirds of centres implementing the necessary actions required. Given the extremely important nature of this requirement, there should be 100% full implementation at the follow up stage.
- for the centres that had actions in the follow-up reports to provide opportunities for each resident to participate in activities, half of the centres had implemented this action.

Whilst providing activities that meet the needs of residents can be difficult, it is an important aspect that can lead to a marked improvement in the quality of life for residents in the centre and therefore improvements need to be made. The high percentage of providers who had partially implemented actions (33%) suggests that there is a commitment by providers to achieve the required standards.

### **Residents' Rights, Dignity and Consultation**

Residents' Rights Dignity and Consultation encompasses facilities for the occupation and recreation of residents, freedom to exercise choice, privacy, information about current affairs and local groups and resources, operations conducted with due regard to diversity, arrangements to practice civil, political and religious rights, and for the consultation and participation of residents.

### **Inspection reports: breaches identified in action plans**

In relation to Residents' Rights, Dignity and Consultation, the most common breaches included:

- not providing residents with privacy to undertake personal activities in private (occurred in 23% of centres). Often issues in relation to lack of / or inadequate screens in place for residents was identified during inspection

- inadequate levels of consultation and participation of residents in the organisation of the centre (20% of centres).

### **Follow-up reports: implementation of actions identified in action plans**

The majority of actions (58%) contained in the follow-up reports for the Residents' Rights, Dignity and Consultation Regulation were implemented.

Regarding the implementation of the two most frequently breaching sub articles:

- there was a very good level of improvement noted at follow-up stage in relation to centres who were required to improve privacy arrangements for residents, with 80% of centres fully implementing the required actions which reflected the high priority placed on this by providers
- just under half of centres fully implemented actions that required them to put arrangements in place to facilitate residents' consultation and participation in the organisation of the centre inspectors. Inspectors noted that providers often established residents' committees as a means to address this issue with varying levels of success.

### **Complaints Procedures**

Policies and procedures on complaints are required in all designated centres and there is a requirement to have an independent appeals process in place.

### **Inspection reports: breaches identified in action plans**

- Overall 63% of centres recorded a breach for this Regulation. Ensuring that appropriate Complaints Procedures are in place is important due to the role they have in protecting residents' rights and subsequently this Regulation was a high priority for inspectors to assess compliance with.

Specifically in relation to Complaints Procedures, the most common breaches included:

- inadequate written policies and procedures on the making, handling and investigation of complaints (occurred in 34% of centres) This was a very detailed Regulation and often providers failed to look at the requirements closely enough which resulted in key elements of the policies missing
- no independent appeals policy and procedure (18% of centres). Previously the HSE had dealt with complaints so this was a new concept for providers. There was also some confusion initially in relation to what was meant by "independent"; however, this was clarified by the Department of Health and communicated to providers.

### **Follow-up reports: implementation of actions identified in action plans**

Over half of the actions contained in follow-up reports for this Regulation were fully implemented.

Regarding the two most commonly breached sub articles, the implementation at follow up stage showed:

- only half of the centres with actions in relation to policies and procedures for management of complaints had fully implemented the required improvements. This is lower than expected at follow-up stage given that the Regulation is detailed about what is required to be in place
- there was a better level of implementation for centres required to address their independent appeals policy and process for complaints with 62% of centres implementing this requirement at follow-up stage.

## 5. Findings - Health Care Needs

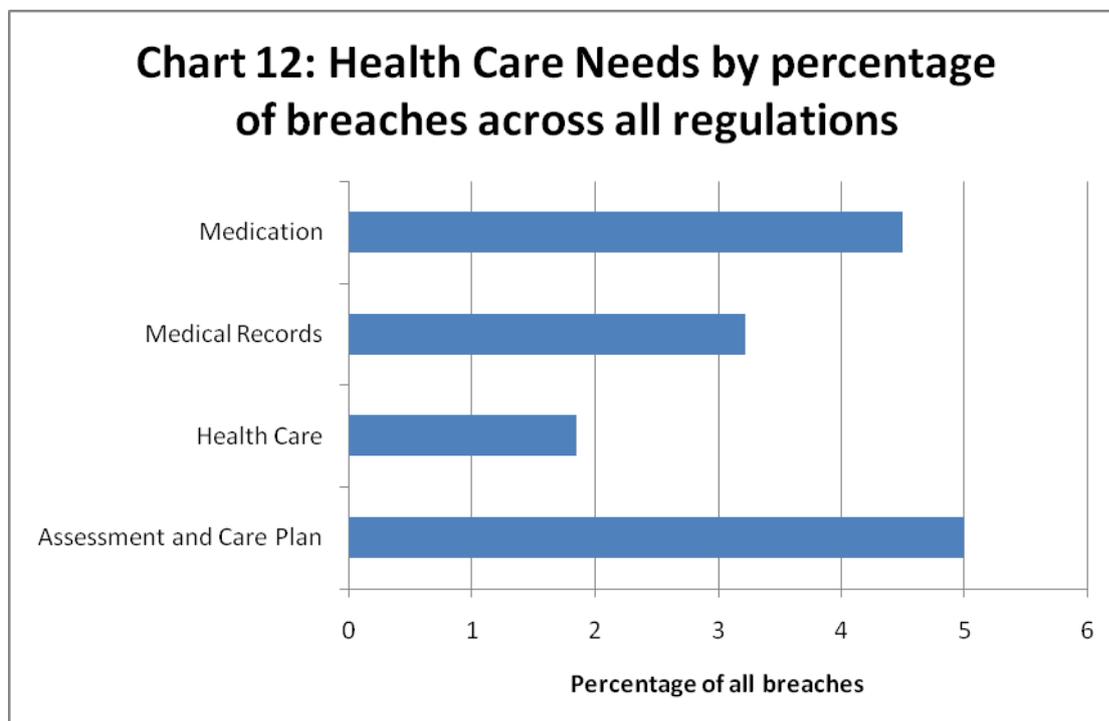
### 5.1 Overview

There are four Regulations assigned to the Health Care Needs domain, covering Assessment and Care Plans, Health Care, Medical Records, and the Ordering, Prescribing, Storing and Administration of Medicines. These Regulations are set out below:

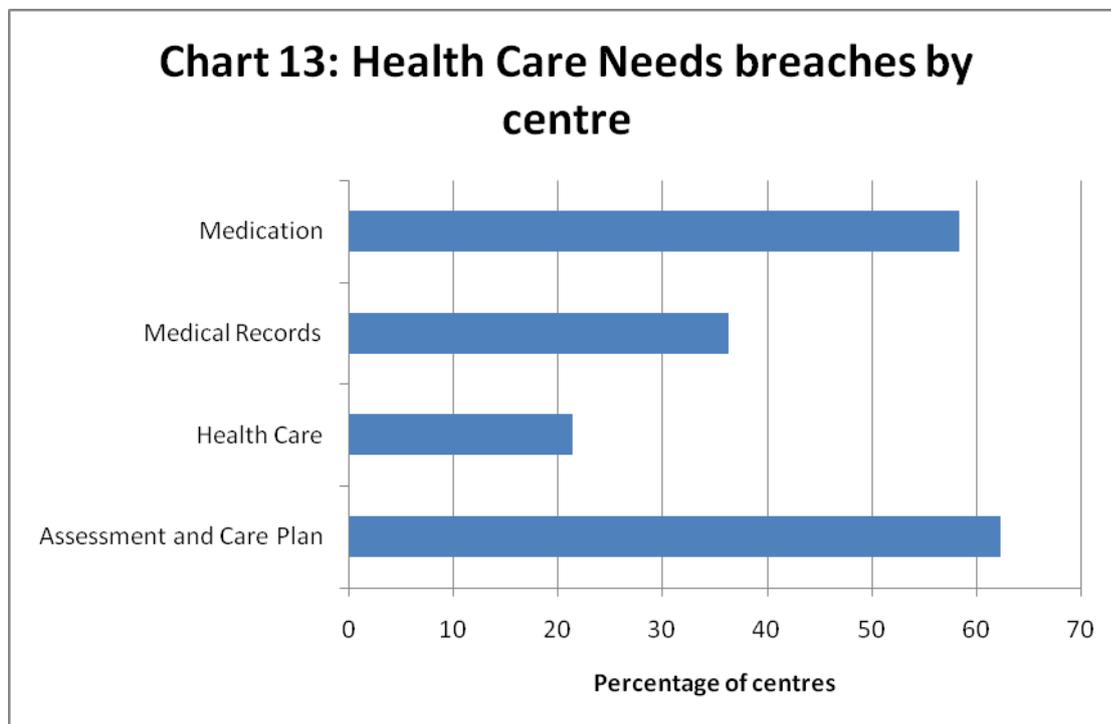
<b>Table 3: Regulations assigned to the Health Care Needs domain</b>	
Regulation 8	Assessment and Care Plan
Regulation 9	Health Care
Regulation 25	Medical Records
Regulation 33	Ordering, Prescribing, Storing and Administration of Medicines

#### **Inspection reports: breaches identified in action plans**

**Chart 12** shows the breaches of the Regulations assigned to the Health Care Needs domain, of which the most frequently breached Regulations were Assessment and Care Plan (representing 5% of all breaches of all Regulations), followed by the Ordering, Prescribing, Storing and Administration of Medicines (representing just under 5% of all breaches recorded).



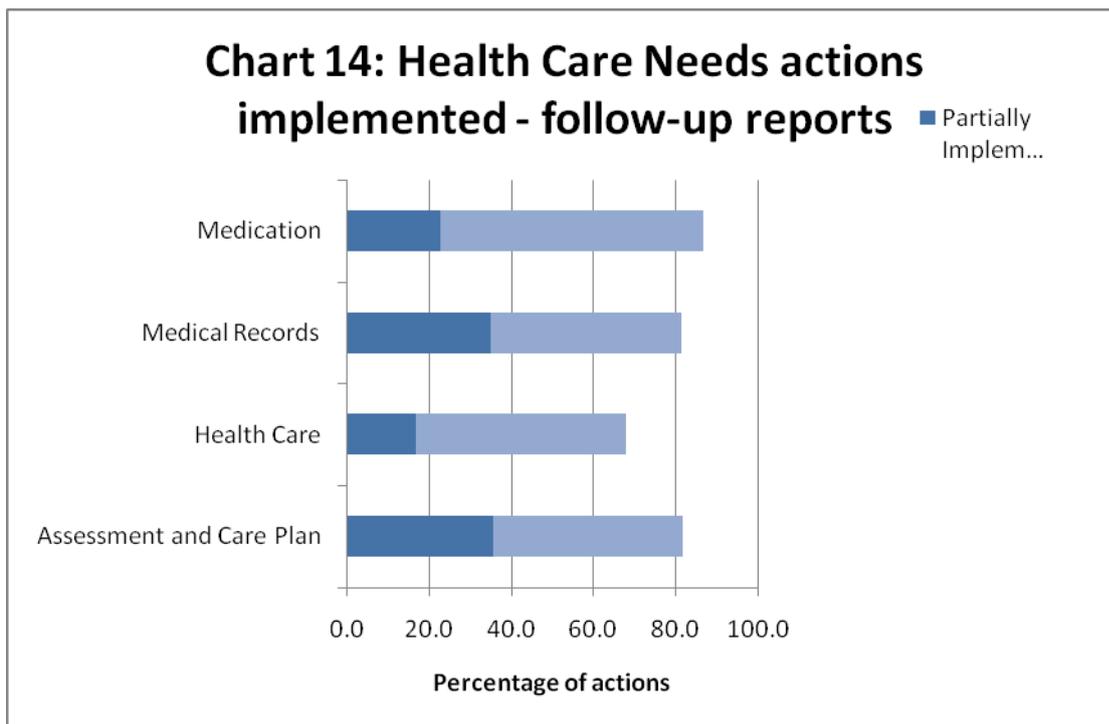
**Chart 13** shows the breaches across centres. Again the most frequent breaches were under Assessment and Care Plans, representing 62% of centres, followed by 58% of centres on the Regulation concerning Ordering, Prescribing, Storing and Administration of Medicines.



**Follow-up reports: implementation of actions identified in action plans**

**Chart 14** on the following page shows the progress in implementing the actions contained in the follow-up reports across the four Regulations assigned to Health Care Needs. The highest level of full implementation (64%) was recorded for Ordering, Prescribing, Storing and Administration of Medicines, which was also one of the most commonly breached Regulations in this domain.

Overall, just over half of the actions contained in the follow-up reports across the Health Care Needs domain were implemented.



## 5.2 Health Care Needs: actions and follow-up across Regulations

The following summarises the main findings from the action plans and actions contained in the follow-up reports, across all four Regulations.

### Assessment and Care Plans

The individual needs of residents are set out in a care plan, which is kept under formal review, revised and produced in consultation with each resident and made available to each resident.

#### Inspection reports: breaches identified in action plans

Specifically in relation to Assessment and Care Plans, the most common breaches included:

- not setting out resident's needs in an individual care plan and agreed with the resident (51% of centres)
- not keeping the care plan under formal review and/or not carrying out reviews at the required frequency (28%).

Inspectors found that care plans were not being reviewed adequately and/or were failing to record whether the review took place. Also, care plans in some centres focused on medical needs, with minimal or no information on residents' personal, social or recreational needs.

### **Follow-up reports: implementation of actions identified in action plans**

Just under half of all actions contained in follow-up reports were implemented for this Regulation.

Of the two most frequently breached sub-articles, the progress made on implementation of actions was promising, however further work is still required:

- whilst 39% of centres fully addressed actions to improve residents' individual care plans and agreed the plans with the resident, the majority of remaining centres demonstrated that they were working towards meeting the requirements. This requirement places a lot of the responsibility on the person in charge and the nursing staff to ensure that the actions are addressed and maintained.
- there was good improvement in implementing changes to keep the care plan under formal review at minimum 3-monthly intervals, with over 60% of centres implementing this requirement.

### **Ordering, Prescribing, Storing and Administration of Medicines**

Policies and practices are required on the ordering, prescribing, storage and administration of medicines, and the disposal of unused or out of date medicines.

#### **Initial inspection reports: breaches identified in action plans**

The most common breach took place in relation to:

- half of all centres did not have appropriate and suitable practices, and written operational policies on the ordering, prescribing, storing and administration of medicines.

There were a range of issues identified during inspection in relation to this such as practices around crushing of medicines, lack of GP signatures when required and issues in relation to the use of prescribing sheets.

#### **Follow-up reports: implementation of actions identified in action plans**

There was a high level of implementation of the actions contained in follow-up reports on this Regulation, with 64% of actions implemented. Given the large amount of guidance and best practice from An Bord Altranais, such levels of improvement are expected.

### **Medical Records**

Designated centres are required to maintain records on restraint, the administration of drugs and medicine and the medical, nursing and (where appropriate) the psychiatric condition in respect of each resident on admission.

### **Inspection reports: breaches identified in action plans**

In relation to this Regulation, the most common breaches included:

- inadequate records on the use, nature and duration of restraint used in respect of each resident (18% of centres). Where restraint was used, there were often gaps in the documentation. In a small number of centres a lot of residents were in restraint. There was a lot of discussion about a range of issues in relation to restraint, such as issues in relation to consent and assessment and looking for alternatives before restraint was used
- inadequate maintenance of records on medical, nursing and (where appropriate) psychiatric condition of each resident on admission (8% of centres). This level of non-compliance is surprising given that there are An Bord Altranais guidelines on records in place so there would be an expectation that this would already be in place and correct.

### **Follow-up reports: implementation of actions identified in action plans**

Just under half of all actions contained in follow-up reports on Medical Records were implemented (46%). There were a high proportion of providers who had partially implemented actions (35%) which reflects providers are doing a lot of work in this area to meet the Regulations but still have some way to go.

Of the most frequently breached sub articles:

- less than half of identified centres in the follow-up sample fully implemented requirements in relation to records regarding restraint (47%) so there remains a substantial amount of progress to be made by providers who have outstanding actions in this area.
- there was high implementation of actions undertaken by providers to address requirements in relation to records of the residents' condition at the time of admission. The majority of these centres implemented this action (54%) whilst the remaining centres partially implemented the action (40%).

## **Health Care**

Designated centres are required to facilitate all appropriate healthcare, support, services and medical care for each resident, the maintenance of all health care referrals and appointments, and to respect and document each resident's rights to refuse treatment.

### **Inspection reports: breaches identified in action plans**

In relation to the Regulation on Health Care the most common breaches included:

- inadequate access to all care services, i.e. physiotherapy, chiropody, occupational therapy, or any other services as required by the resident (cited in 9% of centres). This reflects a wider funding and access issue in the sector and

is an issue in particular for some private centres who are not able to access HSE services such as those listed above as they fall outside of the Fair Deal Scheme. Therefore the options in these circumstances are either that the resident pays privately or the provider pays. Otherwise the resident does not receive the service.

- not facilitating all appropriate health care and support for each resident to achieve the best possible health (9% of all centres). Inspectors found in general that there was good access to General Practitioners and out-of-hours service in general.

### **Follow-up reports: implementation of actions identified in action plans**

Just over half of all actions contained in follow-up reports for this Regulation were implemented.

Of the two most commonly breached sub-Regulations:

- there was limited success among the centres required to put in place access to services (i.e. physiotherapy, chiropody, occupational therapy) required by the resident, with only 44% recording full implementation.
- similarly, just over half of centres fully implemented required actions to facilitate all appropriate healthcare and support to enable each resident to achieve the best possible health (52%), although 22% had partially implemented actions indicating that most providers were attempting to address this.

Overall the relatively low level of full implementation for this important Regulation is worrying, as older people's health needs are complex and the provisions of such services to meet residents' needs are essential to maintain the best quality of life that can be achieved.

## 6. Findings - Premises and Equipment

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### 6.1 Overview

One Regulation was assigned to the Premises and Equipment domain. This Regulation contains a number of detailed sub-articles that require providers of centres to ensure accommodation and facilities are provided that meet the needs of all residents, in relation to accommodation, equipment, kitchen facilities, and the layout and design of buildings.

#### **Inspection reports: breaches identified in action plans**

As a single Regulation, Premises recorded the highest incidence of breaches across all of the Regulations, representing 13% of all breaches recorded. When looked at across centres, 80% of centres did not meet the requirements for this Regulation.

Overall, the year of build was a significant factor, with 88% of premises built in 1949 or before recording a breach of this Regulation, compared to 65% of premises built on or after 2000.

Public centres recorded a higher level of breaches compared to private and voluntary centres (94% of all public centres, 76% of all private centres, and 70% of all voluntary centres). The sub article impacting most on public centres concerned the construction, state of repair, physical design and layout of the premises. This is particularly relevant because many public centres tend to be located in older premises that were built on or prior to 1949.

### 6.2 Premises: action plans and follow-up by sub article

#### **Inspection reports: breaches identified in action plans**

Specifically in relation to the Regulation on Premises, the most common breaches included:

- not providing suitable premises in line with the aims and objectives set out in the Statement of Purpose (40% of centres). The key issues identified in inspection reports concerned lack of visitor space, inappropriate arrangements in place for smoking and issues regarding infection control
- inadequate sluicing facilities (26% of centres). Inspectors often found that the sluicing facilities were located in the laundry thus presenting a risk of cross infection
- inadequate storage for residents' property and possessions (18% of centres). Often the institutional appearance of centres and the lack of space for residents to store possessions was an issue, particularly in multi-occupancy rooms

- the physical design and layout of the premises did not meet with the needs of residents (20% of centres)
- inadequate private and communal accommodation for residents (10%). Again, the size of bedrooms and multi-occupancy rooms was an issue identified on inspection as was lack of suitable outdoor space. Some environments were not suitable for residents with dementia.

**Follow-up reports: implementation of actions identified in action plans**

Overall, just over 40% of all actions contained in follow-up reports for Premises were fully implemented whilst 26% were partially implemented. This is limited progress and reflects the issue that some changes require capital investment, planning permission and a longer period of time to implement.

## 7. Findings - Communication

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### 7.1 Overview

There is one Regulation assigned to the Communication domain, Regulation 11. This Regulation contains five sub-Regulations. Communication is an essential element of a good quality service and essential to the wellbeing, safety and health of residents. The Regulation requires that centres have operational policies and procedures on communication and practices in place to enable residents to communicate and participate. This includes ensuring that residents have access to radio, television, newspapers and other media and access to private telephone facilities.

### 7.2 Action plans and follow-up reports

#### **Inspection reports: breaches identified in action plans**

Overall, there was a very low level of breaches identified in action plans on communication policies, procedures and practices, representing just 1% of the breaches of all Regulations and 15% of all centres recording a breach under the Communication Regulation.

Of the breaches of the sub articles, the more commonly noted breaches were:

- 6% of centres had not put in place written operational policies and procedures on communication
- 5% of centres did not have practices that facilitate and encourage each resident to freely communicate at all times.

#### **Follow-up reports: implementation of actions identified in action plans**

Just over half (52%) of all of the actions contained in the follow-up reports for this Regulation were fully implemented.

In relation to the more commonly breached sub-articles for Communication, the actions that addressed the more practical activities (such as providers who were required to improve how they facilitate and encourage residents to freely communicate at all times) recorded a higher percentage of centres fully implementing the actions (66%) than compared to more written operational policies and procedures requirements (42% implemented).

## 8. Findings - Staffing

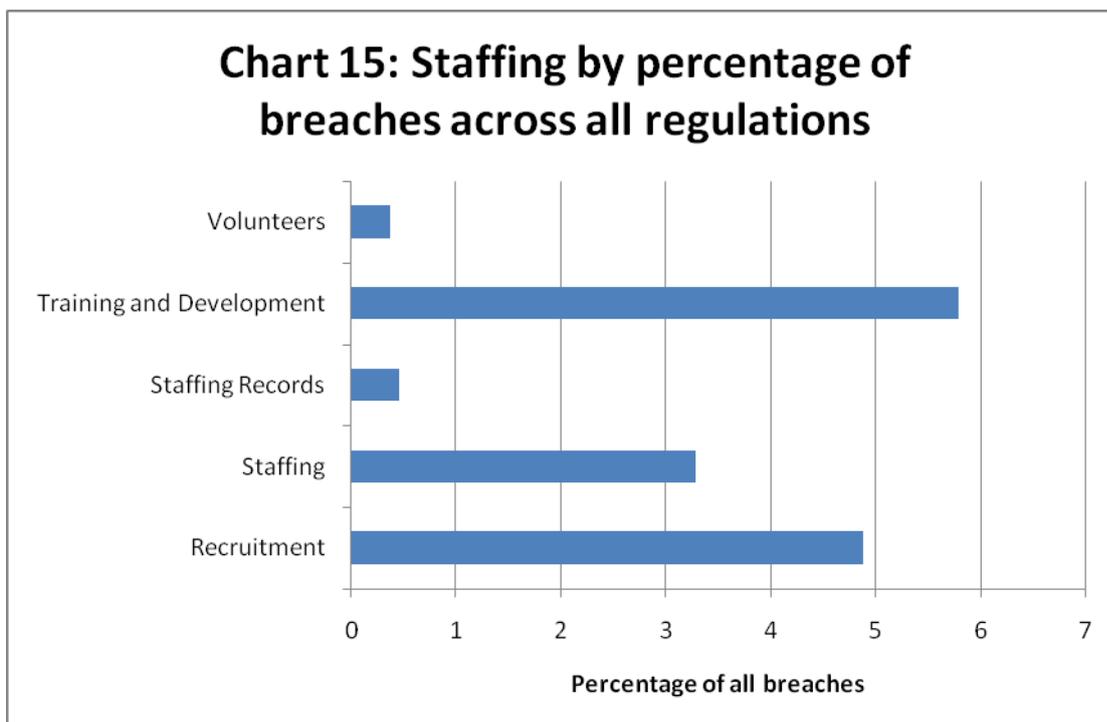
### 8.1 Overview

Five Regulations were assigned to the Staffing domain. These Regulations specify the numbers, qualifications and availability of persons employed in a designated centre, staffing records, recruitment, and training and staff development. The Regulations assigned to the Staffing domain under the inspection framework are set out below:

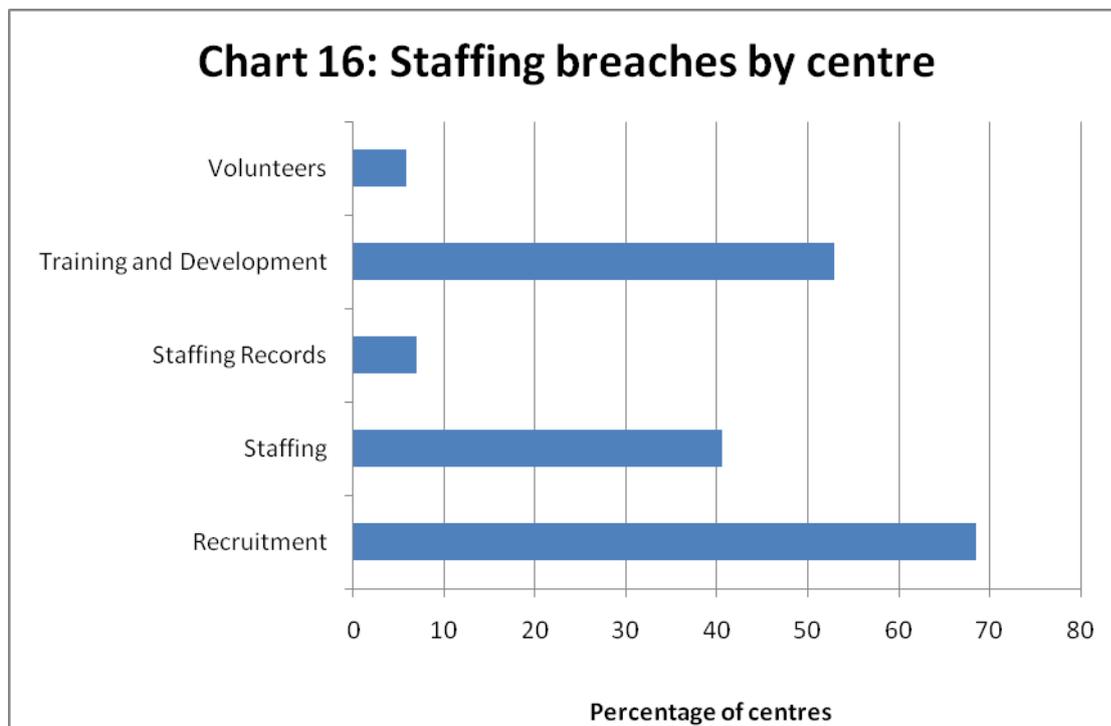
Table 4: Regulations assigned to the Staffing domain	
Regulation 18	Recruitment
Regulation 16	Staffing
Regulation 17	Training and Staff Development
Regulation 24	Staffing Records
Regulation 34	Volunteers

#### Inspection reports: breaches identified in action plans

**Chart 15** shows the breaches of the Regulations assigned under the Staffing domain. The highest numbers of breach occurred in the Regulations for Training and Staff Development and Recruitment, representing 5.79% and 4.89% of all breaches of Regulations recorded.



**Chart 16** shows the breaches of the Regulations by designated centre. Again, the most frequent breach was recorded under the Regulations on Training and Staff Development and Recruitment, representing 53% and 41% of centres.



**Follow-up reports: implementation of breaches identified in action plans**

There has been limited progress in implementing the actions contained in the follow-up reports under the Staffing domain. **Chart 17** shows that a high proportion of actions contained in follow-up reports were implemented under the Regulations on Staffing levels and Training and Staff Development, than the other Regulations assigned to the Staffing domain.

Overall, only 40% of all actions contained in follow-up reports were implemented.



## 8.2 Actions and follow-up across Regulations assigned to the Staffing domain

The following summarises the main findings from the action plans and follow-up reports, across the Regulations with the most frequent breaches. These specifically concern three Regulations on Recruitment, Staffing levels and Training and Staff Development. There was a low level of reporting in action plans and follow-up reports on Staffing Records and on Volunteers.

### Recruitment

Policies, procedures and practices are required for the recruitment of staff, which includes ensuring that all staff are appropriately qualified, fit to work and have been vetted by An Garda Síochána.

#### Inspection reports: breaches identified in action plans

Specifically in relation to Recruitment the most common breaches included:

- inadequate recruitment procedures as required under Schedule 2 of the Regulations (43% of centres). This proved difficult for providers to fully adhere to, due to the documents required to be held for staff some of which were difficult to obtain (such as Garda vetting and three references for staff)
- not putting in place adequate written policies and procedures on the recruitment, selection and vetting of staff (28% of centres). As mentioned above, this took some time for providers to adhere to these new requirements.

### **Follow-up reports: implementation of actions identified in action plans**

Overall, less than half of the actions had been fully implemented. However, the substantial percentage of partially implemented actions (35%) reflects the intention of providers to address the actions but in some cases this may take longer to fully implement due to the nature of the requirements (such as Garda vetting of staff).

## **Training and Staff Development**

This Regulation specifies that staff members have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice, that staff are supervised and that staff are aware of (and have a copy of) the Regulations.

### **Inspection reports: breaches identified in action plans**

The most common breaches for Training and Staff Development included:

- failing to provide staff with access to education and training to enable them to provide care in accordance with contemporary evidence based practice (39% of centres).

### **Follow-up reports: implementation of actions identified in action plans**

Over half of the actions contained in the follow-up reports were fully implemented (53%) and a substantial percentage of the remaining centres (38%) had partially implemented the actions for this Regulation.

Regarding the implementation of the most frequently breached sub article:

- the requirement to provide staff with access to education and training was only fully implemented in under half of the centres (46%) and this should be higher given the importance that well-trained staff have in relation to the quality of care provided to residents.

## **Staffing**

The numbers, qualifications and availability of persons employed in a designated centre are specified in this Regulation as well as the numbers and skill mix of staff and staff rotas.

### **Inspection reports: breaches identified in action plans**

Overall 41% of centres breached this Regulation with the most commonly breached sub-article being:

- failing to ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre (30% of centres).

This is a worrying level of incidence, as staff are the most important resource and can mitigate a poor environment. The issues could also be linked to staff being poorly organised and not having enough time to talk to residents, which can seriously impact on the residents' quality of life.

**Follow-up reports: implementation of actions identified in action plans**

Over half of all actions in the follow-up reports were implemented for this Regulation overall.

Regarding the implementation of the actions for the most frequently breached sub-article:

- the majority of centres who were required to act on requirements to improve the numbers and skill mix of staff to meet the needs of residents, and the size and layout of the centre did implement the actions required (58%). A further 28% of centres partially implemented the actions. This is a good level of improvement and reflects the importance providers placed on addressing the breaches identified.

## 9. Conclusions

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The conclusions to be drawn from the experience of these 705 inspections from July 2009 to end-September 2010 are generally positive, notwithstanding the various challenges presented to the Authority and to providers in operating and engaging with the new regulatory environment. The Authority's registration programme, with its in-depth examination of all aspects of a centre's operations, is now at an advanced stage and is on schedule to have all centres registered, or refused registration, by the end of June 2012.

This report found that the most frequent breaches of the Regulations occurred under the Regulation concerning Premises and Risk Management Procedures, which have implications for residents' safety and quality of life. It is worth noting, however, that inspection reports written since this 15-month period appear to have shown improvement, particularly in the areas of risk management, as there is a greater understanding of the significance of training and staff development and residents' care plans. The challenges around the Regulation concerning Premises continue, due to the extent and expense of changes to the residents' physical environment required for compliance. We are working with providers to assist them in understanding the importance of making the necessary changes to improve the living environments of residents and their quality of life.

More recent inspection experience across the sector highlights a productive cooperation of providers with the Regulator in both delivering quality outcomes and in improving standards of care continuously over time. The Authority will continue to work with providers, residents and their relatives to drive safer, better care in designated centres for older people in Ireland. We intend to use the data gathered during the first fifteen months of the inspection process to inform our work and provide a more streamlined process for registered providers and to enhance the quality of life for residents of the centres.

The Authority would like to acknowledge the contribution of Dr Jane Pillinger, Researcher and Policy Adviser, who was instrumental in the compilation of this report. We would also like to thank the providers and residents who spoke with inspectors throughout the process. We will make this report available to providers, residents and their relatives, so that they can have a say in how improvements can be made throughout the system.

The findings of this report will improve our understanding of how best to provide services and improve standards of care throughout the sector. As a regulator, we are constantly challenging ourselves and others by improving the way that we regulate and inspect the health and social care sector. We will use the learnings from this report to improve our systems and processes in order to work more efficiently and effectively to enhance the quality of life for residents of designated centres.

## Appendix 1: Data tables

**Table 5: Regulations and domain headings**

Regulation Number	Domain Number	Regulation
5	1	Statement of Purpose
6	2	General Welfare and Protection
7	2	Residents' Personal Property and Possessions
8	3	Assessment and Care Plan
9	3	Health Care
10	2	Residents' Rights, Dignity and Consultation
11	5	Communication
12	2	Visits
13	2	Clothing
14	2	End of Life Care
15	1	Person in charge
16	6	Staffing
17	6	Training and Staff Development
18	6	Recruitment
19	4	Premises
20	2	Food and nutrition
21	2	Provision of Information to Residents
22	1	Maintenance of records
23	1	Directory of Residents
24	6	Staffing Records
25	3	Medical Records
26	1	Insurance cover
27	1	Operating Policies and Procedures
28	1	Contract for the Provision of Services
29	1	Temporary Absence and Discharge of Residents
30	1	Health and Safety
31	1	Risk Management Procedures
32	1	Fire Precautions and Records
33	3	Ordering, Prescribing, Storing and Administration of Medicines
34	6	Volunteers
35	2	Review of Quality and Safety of Care and Quality of Life
36	1	Notification of incidents
37	1	Notification of periods when the Person in Charge is absent from a Designated Centre
38	1	Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
39	2	Complaints procedures

**Table 6: Breaches of Regulations**

(1) number and % of total breaches (2) number and % of centres with breaches

Regulation	Total no of breaches (1)	% of total no of breaches (1)	No of centres with breaches (2)	% of centres with breaches (2)
<b>1. Governance domain</b>				
Temporary absence and discharge of Residents	2	0.53	2	0.35
Notification of periods when the Person in Charge is absent from a designated centre	7	0.08	7	1.22
Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre	9	0.1	9	1.57
Insurance cover	32	0.36	32	5.57
Person in charge	33	0.37	32	5.57
Notification of incidents	130	1.47	122	21.25
Contract for services	150	1.7	150	26.13
Directory of Residents	151	1.71	149	25.96
Health and Safety	163	1.84	131	22.82
Maintenance of records	183	2.07	149	25.96
Fire Precautions	273	3.09	241	41.99
Operating Policies and Procedures	283	3.2	255	44.43
Statement of Purpose	345	3.9	345	60.1
Risk Management Procedures	822	9.29	430	74.91
<b>Total</b>	<b>2583</b>	<b>29.19</b>		
<b>2. Quality of Service domain</b>				
Visits	30	0.34	29	5.05
End of Life Care	35	0.4	34	5.92
Clothing	66	0.75	66	11.5
Food and Nutrition	163	1.84	132	25.78
Residents' Personal Property and Possessions	144	1.63	148	23
Information to Residents	222	2.51	198	34.49
Review of Quality and Safety of Care and Quality of Life	232	2.62	204	35.54
Complaints Procedures	370	4.18	291	63.07
Residents' Rights, Dignity and Consultation	486	5.49	362	50.7
General Welfare and Protection	655	7.4	364	63.41
<b>Total</b>	<b>2403</b>	<b>27.16</b>		
<b>3. Health Care Needs domain</b>				
Health Care	164	1.85	123	21.43
Medical Records	285	3.22	209	36.41
Ordering, Prescribing, Storing and Administration of Medicines	398	4.5	335	58.36
Assessment and Care Plan	443	5.01	358	62.37
<b>Total</b>	<b>1290</b>	<b>14.58</b>		
<b>4. Premises and Equipment domain</b>				
Premises	<b>1165</b>	<b>13.17</b>	<b>455</b>	<b>79.27</b>
<b>5. Communication domain</b>				
Communication	<b>99</b>	<b>1.12</b>	<b>86</b>	<b>14.98</b>
<b>6. Staffing domain</b>				
Volunteers	33	0.37	33	5.75
Staffing Records	40	0.45	40	6.97
Staffing	290	3.28	233	40.59

Recruitment	433	4.89	304	68.47
Training & Development	512	5.79	393	52.96
<b>Total</b>	<b>1308</b>	<b>14.78</b>		

**Table 7: Follow-up reports: implemented and partially implemented  
(Number of centres with actions and % of actions implemented)**

Regulation	No of centres with actions	% of actions implemented	% of actions partially implemented	Total of actions fully or partially implemented
<b>1. Governance domain</b>				
Temporary absence and discharge of Residents	0	-	-	
Notification of periods when the Person in Charge is absent from a designated centre	1	100	-	100
Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre	2	50	-	50
Insurance cover	7	85.71	-	85.71
Person in charge	10	80	10	90
Notification of incidents	25	58.1	13.95	72.05
Directory of Residents	28	68.57	8.57	77.14
Contract for services	30	50	27.78	77.78
Maintenance of records	34	57.78	13.33	71.11
Health and Safety	37	46.8	23.4	70.2
Fire Precautions	61	68.7	16.79	85.49
Operating Policies and Procedures	77	37.5	39.77	77.27
Statement of Purpose	79	58.06	17.2	75.26
Risk Management Procedures	88	53.59	23.72	77.31
<b>Total</b>		<b>62.68</b>	<b>19.45</b>	<b>82.12</b>
<b>2. Quality of Service domain</b>				
End of Life Care	7	60	-	60
Visits	9	58.33	25	83.33
Clothing	18	71.42	9.52	80.94
Food and Nutrition	33	74.46	12.76	87.22
Residents' Personal Property and Possessions	39	58.62	17.24	75.86
Review of Quality and Safety of Care and Quality of Life	42	38.46	28.84	67.3
Information to Residents	46	51.51	33.33	84.84
Residents' Rights, Dignity and Consultation	76	58.2	22.38	80.58
General Welfare and Protection	77	53.2	24.35	77.55
Complaints Procedures	87	52.14	20	72.14
<b>Total</b>		<b>57.63</b>	<b>19.34</b>	<b>76.97</b>
<b>3. Health Care Needs domain</b>				
Health Care	30	50.94	16.98	67.92
Medical Records	35	46.29	35.18	81.47
Ordering, Prescribing, Storing and Administration of Medicines	81	64	21.92	85.92
Assessment and Care Plan	91	46.25	35.62	81.87
<b>Total</b>		<b>51.87</b>	<b>27.45</b>	<b>79.32</b>
<b>4. Premises and Equipment domain</b>				
Premises	106	40.17	26.41	66.58

<b>5. Communication</b>				
Communication	21	52.17	30.43	82.6
<b>6. Staffing domain</b>				
Volunteers	7	22.22	22.22	44.44
Staffing Records	7	33.33	11.11	44.44
Staffing	47	52.85	25.71	78.56
Training & Development	76	53.41	34.78	88.19
Recruitment	100	35.46	45.39	80.85
<b>Total</b>		<b>39.4</b>	<b>27.84</b>	<b>67.29</b>

**Table 8: Breakdown of 574 reports reviewed by inspection type, centre type, HIQA regions, year of build and occupancy levels**

<b>Type of inspection</b>	<b>Initial inspection reports - % of centres</b>
Scheduled	36
Registration	33
Monitoring	22
Triggered	9
Other	<1
<b>Centre type</b>	
Private	67
Public	21
Voluntary	11
<b>HIQA region</b>	
Central	34
North	32
South	34
<b>Year of build</b>	
Prior to 1949	10
1950-1999	60
2000 or after	30
<b>Occupancy levels</b>	
0-24 residents	24
25-49 residents	49
50-74 residents	18
75-99 residents	4
100-24 residents	3
125-149 residents	2
150-174 residents	<1

## **Appendix 2: Governance: other frequently breached Regulations**

In addition to the Regulations reported on under the Governance domain, the following lists the other most frequently breached Regulations: Contract for the Provision of Services, Maintenance of Records, Directory of Residents, Health and Safety, the Notification of Incidents and the Person in Charge.

### **Contract for the provision of services**

All designated centres have to agree a contract with each resident within one month of admission, which includes details of terms and conditions with the provider, the services provided and the fees charged.

#### **Inspection reports: breaches identified in action plans**

Specifically in relation to the contract for the provision of services the most common breaches included:

- not including information in the contract of services on residents' care and welfare, services or fees charged (18% of centres) The HSE did not have this in place prior to being regulated by the Authority. Therefore this was a new requirement for them to address. Inspectors noted that often services such as Occupational Therapy and Physiotherapy were not specified as being either included or excluded from the fee.
- not agreeing a contract of care with each resident one month after admission (9% of centres).

#### **Follow-up reports: implementation of actions identified in action plans**

Under this regulation, 78% of actions contained in follow-up reports were implemented or partially implemented (50% implemented and 28% partially implemented).

Regarding the implementation of the most frequently breached sub articles:

- over 80% of centres implemented or partially implemented required actions for the provision of a contract of service that contains required information on fees (59% implemented, 23% partially implemented). This should have been a relatively easy action to address but the difficulties now exist in the context of what services are covered under Fair Deal and the National Treatment Purchase fund
- just over one third of centres fully implemented the Regulation in regards to ensuring a contract of care is agreed with each resident one month after admission, and a further 35% had partially addressed the action. This action

should be relatively straightforward to address as it is primarily a procedural based change rather than requiring any professional judgment.

## **Maintenance of Records**

All designated centres are required to record and maintain the records listed in the legislation, and to make these records available to residents in order to safeguard residents.

### **Inspection reports: actions identified in action plans**

Specifically in relation to the Maintenance of Records the highest number of breaches included:

- incomplete and inaccurate maintenance of residents' and general records (9% of centres)
- records not maintained in a good order and in a safe and secure place (7% of centres). Many centres found it difficult to comply with all of the documentation required by the Regulations and the quality of documentation required by the Authority. Inspectors noted that centres which were very well-organised made this element of the inspection a lot less burdensome.

### **Follow-up reports: implementation of actions identified in action plans**

Over half of all actions were fully implemented (57%) however it is surprising that this figure was not higher given that the actions required were largely administrative.

## **Directory of Residents**

An up-to-date directory of residents is required to safeguard the resident. The directory of residents should include the information specified in the legislation.

### **Inspection reports: breaches identified in action plans**

Specifically in relation to the Directory of Residents the most common breaches included:

- incomplete information contained in the Directory of Residents (14% of centres)
- no up-to-date Directory of Residents in relation to every resident (12% of centres).

This was a requirement in the previous Regulations however the content of the directory did change therefore changes were required in the existing directories.

### **Follow-up reports: implementation of actions identified in action plans**

Overall three quarters of the actions contained in follow-up reports were implemented or partially implemented in relation to the Directory of Residents (69%

implemented and 9% partially implemented). This was reasonable progress given the fact that administrative related actions should be the easiest for providers to address.

## Health and Safety

Written operational policies and procedures on health and safety are required to ensure that health and safety is promoted and protected for residents, staff and visitors.

### **Inspection reports: actions identified in action plans**

Specifically in relation to Health and Safety breaches occurred in relation to not having comprehensive written policies and procedures on health and safety, food safety, of residents, staff and visitors in just over one fifth of centres. There was a generally good level of compliance with this Regulation, which likely reflects the fact that centres are familiar with the other regulatory bodies responsible for assessing their compliance with food hygiene and Safety Statements.

### **Follow-up reports: implementation of actions identified in action plans**

Just over 70% of actions contained in follow-up reports on Health and Safety were implemented or partially implemented (47% implemented and 23% partially implemented).

## Notification of Incidents

Procedures are required for notifying any incidents that occur in a designated centre, including death, infections, accidents, suspected or reported abuse, serious injuries, unexplained absence of a resident, staff misconduct, theft or reported burglary, fire, loss of power, heating or water, an incident where an evacuation took place, and any other areas deemed appropriate by the Chief Inspector.

### **Inspection reports: actions identified in action plans**

Specifically in relation to the Notification of Incidents the most common breaches included:

- not maintaining a record of all incidents (7% of centres). This is an essential tool for maintaining residents' safety and it is worrying that some centres breached this Regulation as it should be part of standard practice and many providers have pre-printed books and well established systems in place
- not giving notice to the Chief Inspector of serious injury to residents (5% of centres). This was a new requirement of the Regulations and it took some time for provider to adjust to the system of notifications and clarification was required from the Chief Inspector in regards to this. However, it is very important to have this in place.

### **Follow-up reports: implementation of actions identified in action plans**

Overall the majority of actions in relation to Notification of Incidents Regulations were fully implemented (58%).

In relation to the sub articles discussed above, there was a good level of improvement by providers required to address failings in issuing notifications to the Chief Inspector of serious injury to residents. The vast majority (80%) fully implemented the required actions and a further 10% partially implemented the actions.

There was less success in the progress at follow up stage for Providers required to maintain a record of all incidents with only 36% of these centres fully implementing this action. This is a concern given the high level of importance this has in respect to residents' safety.

### **Person in charge**

The person in charge of the centre is required to be full-time and is a nurse with a minimum of three years experience in the area of geriatric nursing, within the previous six years.

### **Inspection reports: breaches identified in action plans**

There was a relatively low level of reported breaches of this regulation with 5% of centres not meeting the requirement to have an appropriately qualified person in charge, working full-time with experience of geriatric nursing.

### **Follow-up reports: implementation of actions identified in action plans**

There was good response to required actions by centres with 80% of centres implementing the required action and 10% partially implementing the action.

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