



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# OVERVIEW REPORT

## MONITORING AND REGULATION OF OLDER PERSONS SERVICES IN 2022

December 2023



*Safer Better Care*

# About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

# Contents

About the Health Information and Quality Authority (HIQA).....	2
Opening remarks .....	4
Chapter 1. Profile of designated centres for older people.....	6
1.1 Ownership of nursing homes .....	6
1.2 Number of nursing homes and nursing home beds.....	7
1.3 Notified Occupancy Levels .....	14
1.4 Nursing home size.....	15
Chapter 2. Regulation of designated centres for older people .....	17
2.1 Introduction.....	17
2.2 Inspections .....	18
2.3 Receipt and review of solicited and unsolicited information .....	26
2.4 Escalation and enforcement action .....	29
2.5 Legal actions involving the Chief Inspector and nursing homes .....	31
Chapter 3. Rights of people living in nursing homes .....	33
3.1 Hearing the voice of residents to drive improvement .....	33
3.2 Overview of key rights-based regulations.....	36
3.3 Regulation 5: Individual assessment and care plan.....	36
3.4 Regulation 7: Managing Behaviour that is challenging (responsive behaviour) .....	37
3.5 Regulation 8: Protection .....	39
3.6 Regulation 9: Residents' rights .....	40
3.7 Regulation 12: Personal possessions .....	44
Chapter 4. Closure of nursing homes.....	45
Chapter 5. Areas of continued focus.....	49
5.1 Regulation 23: Governance and management .....	49
5.2 Regulation 28: Fire precautions.....	53
5.3 Regulation 17: Premises .....	54
5.4 Regulation 27: Infection control .....	55
Chapter 6. Stakeholder engagement .....	60
6.1 Engagement with registered providers, persons in charge and persons participating in management .....	60
6.2 Engagement with key stakeholders .....	61
Chapter 7. Conclusion .....	62

## Opening remarks

This overview report presents the main findings from the inspection and regulation of nursing homes during 2022. At the beginning of the year, the country was starting to emerge from the restrictions that had been in place at the height of the COVID-19 pandemic and there were fewer outbreaks in the nursing homes. As we moved to the end of 2022, nursing homes were generally returning to pre-pandemic arrangements and residents were telling inspectors that they were relieved to get back to normality, especially to see their families and friends without restrictions.

The data presented in this report reflects information gathered from registration activity, inspections and other monitoring activities carried out by inspectors of social services in the Health Information and Quality Authority (HIQA). In line with the recommendation of the COVID-19 Nursing Homes Expert Panel, throughout 2022 we increased the size of our inspection team. This means the number of inspections we carried out in 2022 was 726, an increase of 171 inspections from 2021. As a result, the majority of nursing homes were inspected at least once during the year.

Throughout 2022, we have seen a continued trend of smaller nursing homes closing. While the closures have been across the country, more rural areas have been most impacted. We have included the data on closures from the last five years to show the disproportionate impact on some counties, especially in the west of the country. When nursing homes in communities close, there is a significant impact on the residents who live in the centre, and for those who are making the decision to move to a long-term care facility. For example, it can result in people having to travel out of communities that are familiar to them, and it can be further for families and friends to travel to visit.

While a number of services have closed, the overall number of beds available in the sector has remained broadly similar. This can be explained by new centres being registered, and the addition of extensions, and extra beds, to existing services.

We are also seeing a change in the ownership of nursing homes in Ireland. Over the last few years we have seen individual ownership of nursing homes reduce, and an increase of 'provider groups' taking over the operation of nursing homes.

In 2022, in response to the COVID-19 restrictions faced by residents in nursing homes, we again focused on the rights of residents using services. This report sets out the findings in relation to a selection of regulations that are directly about the care and support provided to residents, and how their rights are upheld in services. While we have seen improvement in compliance for some regulations, we did see the level of non-compliance rise in relation to residents' rights. This included issues like not having access to activities and occupation, lack of privacy in multi-occupancy

bedrooms, and in some cases, residents not being able to make choices, either in relation to their daily routine, or in wider life decisions.

To support providers and encourage improved outcomes for residents, we continue to work with providers to drive improvement. There has been a continued focus on quality improvement across nursing homes by some registered providers, and there is improved compliance with the regulations overall in 2022, compared with 2021. However, significant issues persist in relation to the premises, fire safety, and infection prevention and control arrangements in a number of services.

An update to the regulations in relation to the premises took effect at the beginning of 2022, and while many registered providers had taken the necessary action to meet the updated requirements in relation to personal space, not all had achieved compliance with the regulation when inspections took place.

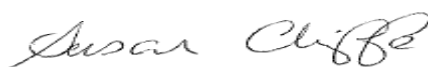
We continue to identify that where there are effective governance and management arrangements in place, nursing homes have higher levels of compliance with the regulations and better outcomes for the people who live in them. Our stakeholder engagement through 2022 focused on providing information to support effective governance and management arrangements, this included a number of webinars on topics such as fire safety, and also infection prevention and control. We were able to return to face-to-face stakeholder engagement, and took the opportunity at the four events held nationally to focus on the rights of residents living in nursing homes.

As we go forward, we will continue to advocate for residents, and work with the Department of Health on the key areas highlighted in this report and a wider review of health and social care services.



---

**Carol Grogan**  
**Chief Inspector of Social Services**



---

**Susan Cliffe**  
**Deputy Chief Inspector of Social Services**

# Chapter 1. Profile of designated centres for older people

Designated centres for older people (nursing homes) provide accommodation and health and social care for people whose needs can no longer be met in their own homes. Some people may take up residence in a nursing home for a short period of time while recovering from an illness, following medical interventions, or while waiting for their own homes to be adapted ready for their return. While the majority of people living in nursing homes are elderly, some people with high levels of support needs who are under 65 also live in nursing homes. Residents who are under 65 may have a physical and or intellectual disability requiring nursing care for a specific reason.

## 1.1 Ownership of nursing homes

At the end of 2022, the ownership of nursing homes remained largely the same as it was for the previous two years. Private providers owned and operated 77% of designated centres, with 81% of the nursing home beds. The HSE owned 20% of the nursing homes and 16% of the beds, while HSE-funded centres owned and operated the remaining 3% of nursing homes, accounting for 3% of the beds.

While the percentage of ownership of nursing homes has remained largely the same over the last four years, as set out in Table 1 below, the percentage of beds provided by private providers has slowly increased. Private providers now provide 81% of the beds, up from 78% in 2019 while the percentage held by the HSE has reduced from 18% in 2019 to 16% in 2022.

**Table 1 – Profile of ownership of nursing homes and nursing beds at the end of 2019, 2020, 2021 and 2022**

Year	2019		2020		2021		2022	
Provider Type	No. of Centres	No. of Beds	No. of Centres	No. of Beds	No. of Centres	No. of Beds	No. of Centres	No. of Beds
Health Service Executive (HSE)	122 (21%)	5,864 (18%)	113 (20%)	5,596 (17%)	111 (20%)	5,322 (17%)	111 (20%)	5,067 (16%)
HSE - funded bodies under Sections 38 and 39 of the Health Act 2004	20 (3%)	1,124 (4%)	17 (3%)	978 (3%)	17 (3%)	946 (3%)	17 (3%)	921 (3%)
Private Providers	443 (76%)	24,981 (78%)	443 (77%)	25,517 (80%)	439 (77%)	25,574 (80%)	429 (77%)	25,686 (81%)
<b>Total</b>	585	31,969	573	32,091	567	31,842	557	31,674

## 1.2 Number of nursing homes and nursing home beds

On 31 December 2022, there were 557 registered nursing homes with 31,674 registered beds. Since 2019 the number of nursing homes has reduced by 28 and the number of beds has reduced by 295. While a number of nursing homes have closed over the last four years, new nursing homes have opened which replace the beds lost through these closures. Extensions to existing nursing homes also reduced the overall number of beds removed from the sector.

**Table 2 – Number of centres and beds available per year from 2019 to 2022**

Year	Number of Centres	Number of Beds
2019	585	31,969
2020	573	32,091
2021	567	31,842
2022	557	31,674

### New nursing home beds

In 2022, new nursing home beds became available through the registration of four new nursing homes and extensions to 25 existing nursing homes. New nursing homes provided 448 new beds while extensions to existing nursing homes accounted for a further 285 beds.

**Table 3 – Number of new nursing homes and additional beds between 2019 and 2022**

Year	New Nursing Homes	Number of Beds	Extensions to Existing Nursing Homes	Number of Beds	Total New/ Additional Beds
2019	10	771	20	242	1,013
2020	11	668	28	462	1,130
2021	3	253	16	172	425
2022	4	448	25	285	733

### Closed nursing home beds

The removal of registered beds from the system occurs through the closure of a nursing home or a reduction in the number of beds in an existing nursing home. In 2022, there was also an ongoing trend which has seen a number of the smaller nursing homes closing across the country.

**Table 4 – Number of nursing home closures and reduction in available beds in 2022**

Year	Nursing Home Closures	Number of Closed Beds	Number of Centres that Reduced Beds	Number of Reduced Beds	Total Closed/ Reduction of Beds
2019	6	145	26	150	295
2020	21	764	33	171	935
2021	9	189	62	474	663
2022	14	414	69	473	887



Of the 14 nursing homes that closed between January and December 2022:

- Twelve centres closed voluntarily having notified the Chief Inspector of their intention to cease the operation of the designated centre and close the centre.
- One centre closed when the registered provider did not renew its registration.
- One centre was closed by the Chief Inspector under Section 51 of the Health Act 2007.

All of the registered nursing homes which closed in 2022 were owned and operated by private providers. Registered providers for the centres which closed cited a number of reasons for the closure such as concerns about financial viability, staffing difficulties, burnout after two years of coping with the COVID-19 pandemic and a recognition that operating a nursing home was not an attractive career proposition for the next generation. Regulation was also cited as a reason for a small number of closures, with registered providers acknowledging that their premises did not comply with fire safety requirements or the revised regulations which came into effect from 1 January 2022.<sup>1</sup> In such cases registered providers reported that the cost of bringing their premises into compliance could not be supported by their business model.

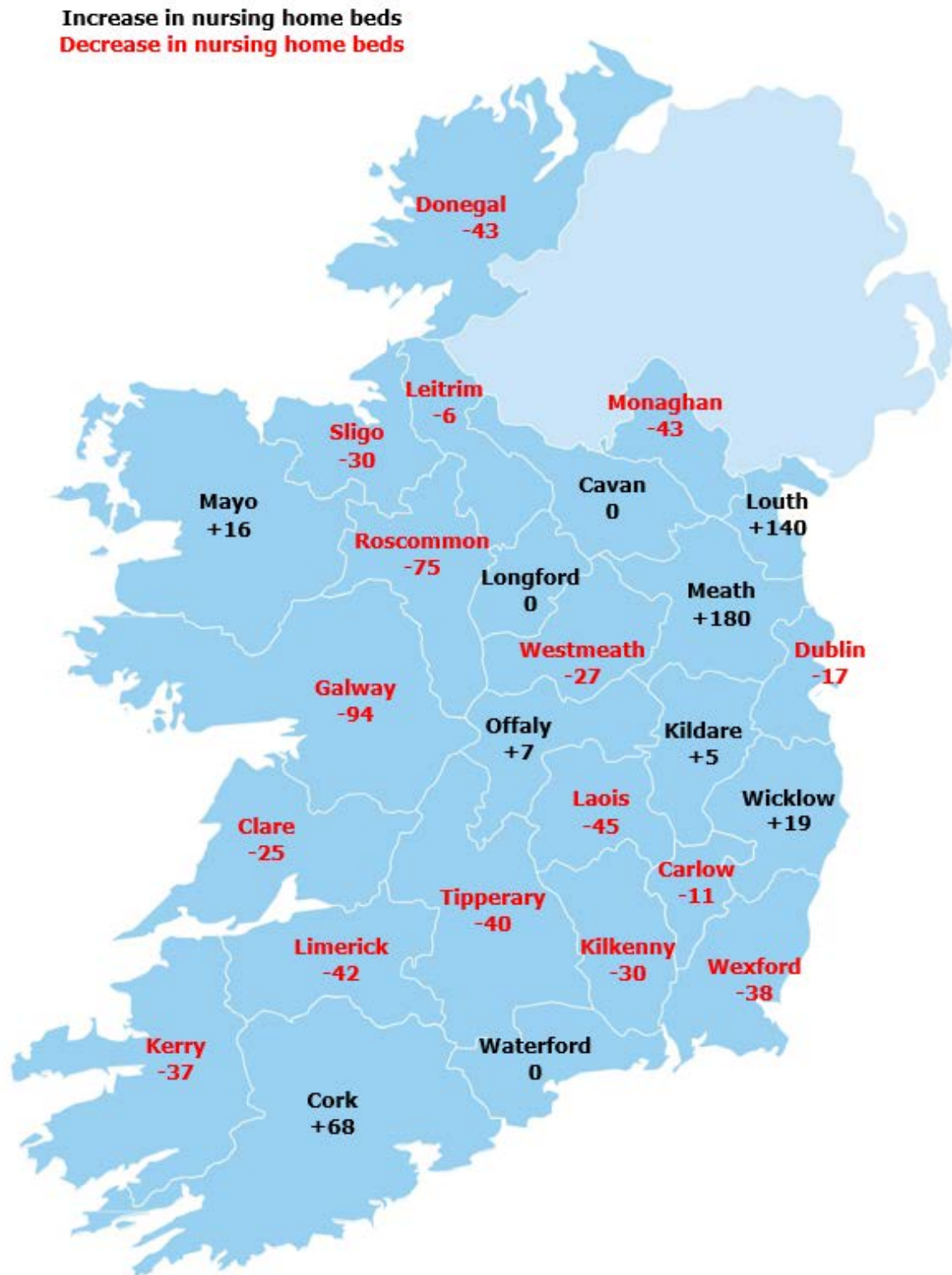
On the one occasion that the Chief Inspector used Section 51 of the Health Act 2007 to close a nursing home, the reasons set out were concerns about the fitness of the registered provider and that the business of the designated centre was not carried out in accordance with the requirements or conditions imposed by or under the Health Act 2007 as amended and the regulations. This action was taken as the Chief Inspector was not satisfied that residents living in this nursing home were safe and well cared for.

During the year, 69 nursing homes reduced the number of beds they provided. While there were a number of different reasons for this, the majority related to providers making the decision to reduce the occupancy of bedrooms to ensure residents had 7.4m<sup>2</sup> of space, and also to ensure there were no more than four residents accommodated in a bedroom, as required by the update to the regulations that occurred in January of 2022.

---

<sup>1</sup> The update to the regulations required that no bedroom would have more than four occupants and all residents are afforded an area of not less than 7.4m<sup>2</sup> of floor space in their bedroom, which includes the space occupied by a bed, a chair, and personal storage space.

**Figure 1 – Net increase or decrease in nursing homes beds per county in 2022**



The number of registered beds available in a county will change relative to the following:

- the registration of new nursing homes
- extensions to existing nursing homes
- closures of some beds within a nursing home or
- the closure of a nursing home.

The total number of beds available in seven counties increased with the greatest increase seen in Meath and Louth. The total number of available beds in sixteen counties decreased between the beginning and the end of 2022 with the greatest decrease occurring in Galway and Roscommon.

Dublin, which had the largest increase of beds in the previous two years (+265) had a reduction of 17 in 2022. Cork saw the greatest decrease in the same time frame (-125) but increased by 68 beds in 2022.

The map shows that while the areas surrounding Dublin were increasing the number of beds, in many other counties, especially those in rural areas, there was a further decrease from the previous two years. Registered providers of nursing homes cite financial viability and availability of staff as key issues which underpin the choice of location for a new nursing home.

A reduction in the availability of nursing home beds may mean that people have to move out their local area, and this move can leave people further away from family and friends. This in turn can lead to greater isolation and loneliness at a time when they are experiencing significant change in their life. The availability of nursing home beds can also have implications for acute and community health and social care services.

Figure 2 – Net increase or decrease in registered nursing home beds per county between 2019 and 2022

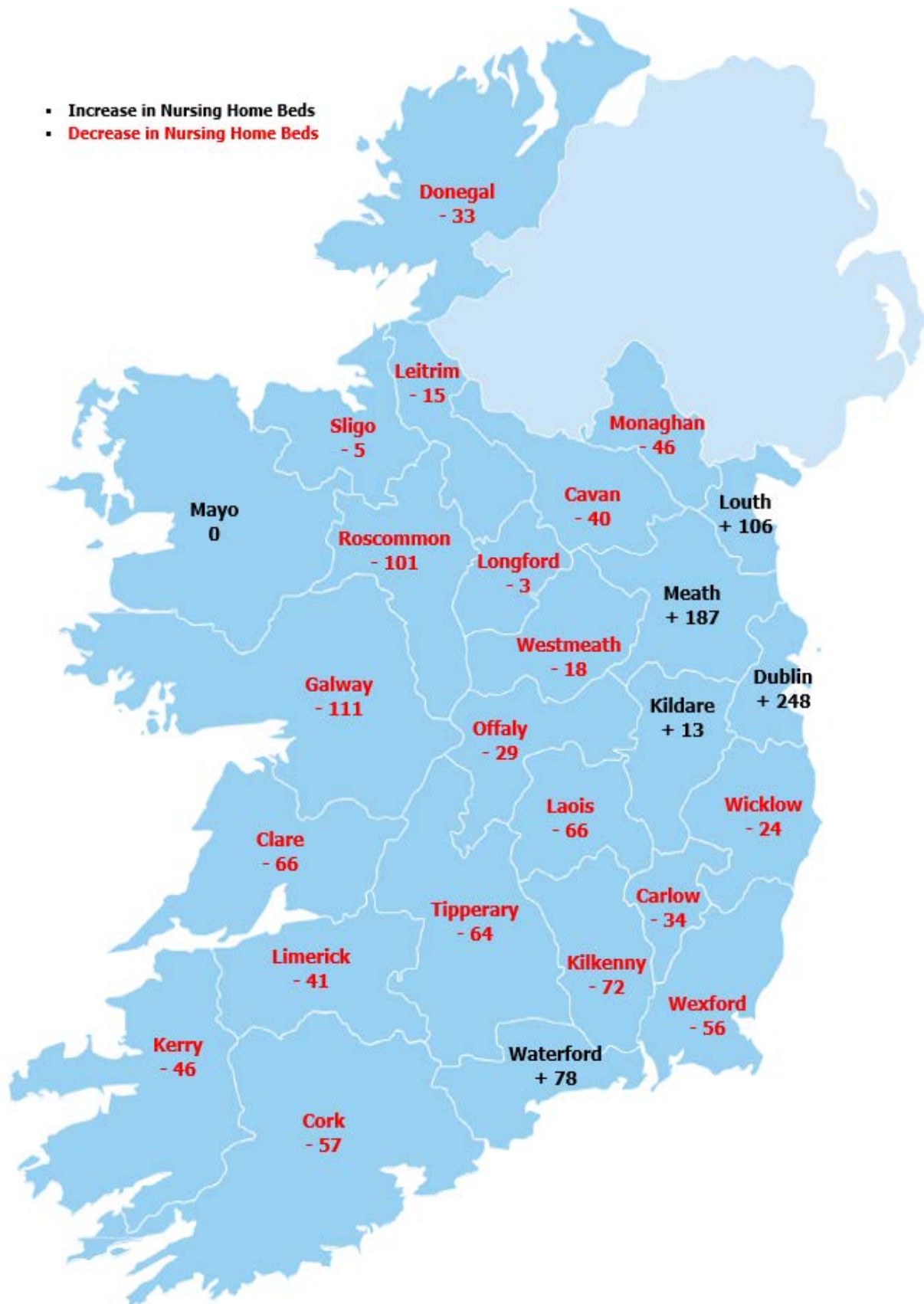
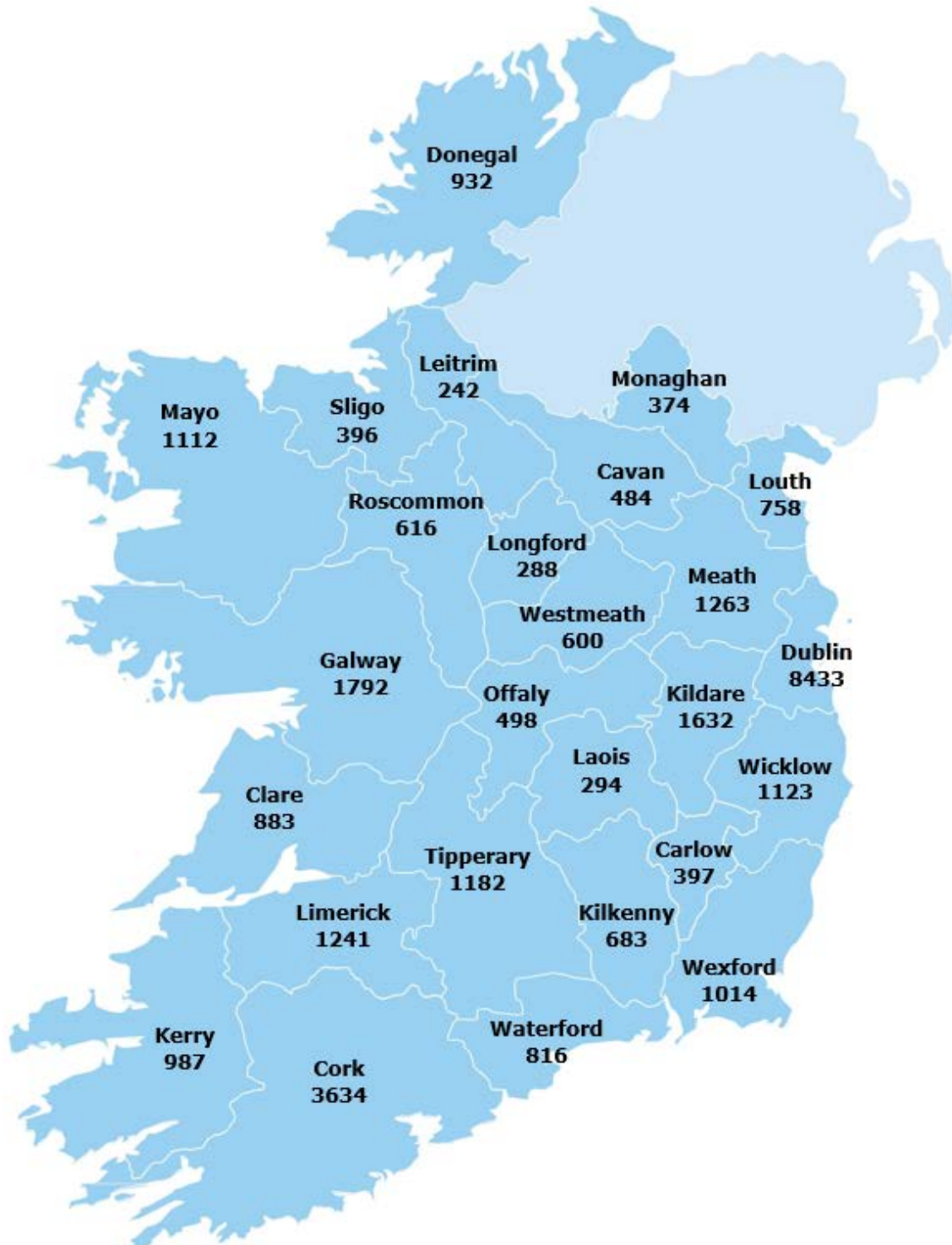


Figure 3 below shows the number of available registered nursing home beds per county at the end of 2022.

**Figure 3 – Total number of registered beds per county as of 31 December 2022**



### 1.3 Notified occupancy levels

Three times a year, 1 January, 1 May and 1 September, registered providers of nursing homes can choose to submit a notification to the Chief Inspector detailing the number of residents living in their nursing home on these dates. These figures provide a point in time view of the number of residents living in nursing homes at three different points during the year. In 2022 the Chief inspector received notification of occupancy from a high percentage (94% to 96%) of providers of nursing homes.

**Table 5 – NF60 notifications received in 2022**

Month	NF60 Received	Registered Centres	% of centres that submitted an NF60 <sup>2</sup>
January 2022	543	567	96%
May 2022	533	565	94%
September 2022	531	565	94%

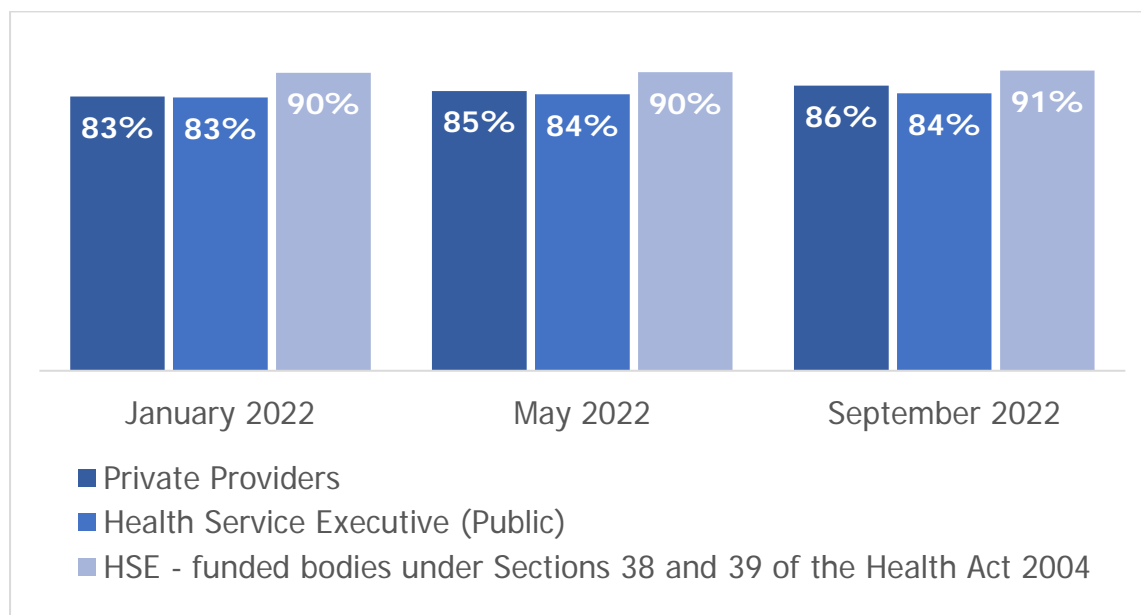
These figures present a picture of the occupancy levels of nursing homes three times a year for the number of nursing homes for which we received a notification.

**Table 6 – Occupancy levels as per NF60 notifications received in 2022**

	January 2022	May 2022	September 2022
<b>Registered Beds in centres that submitted a NF60</b>	30,612	30,425	30,419
<b>Notified Occupancy</b>	25,498	25,806	26,229
<b>Vacancies</b>	5,114 (17%)	4,619 (15%)	4,190 (14%)

<sup>2</sup> Notification of the number of residents living in the nursing home

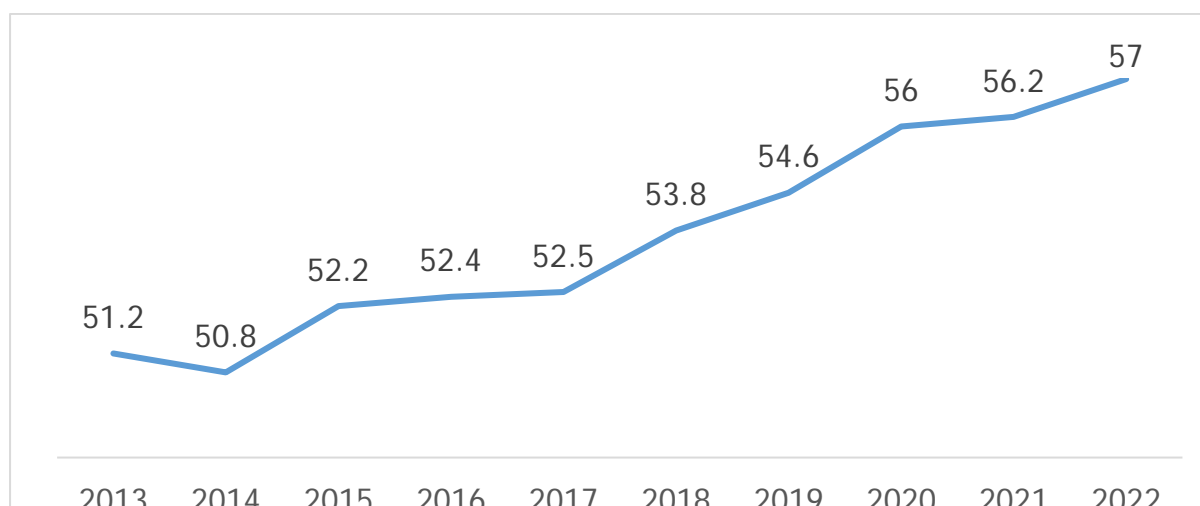
**Figure 4 – Percentage of occupied beds by provider type as per NF60 notifications received in 2022**



### 1.4 Nursing home size

In 2022 we saw further incremental increases in the size of the average nursing home as defined by the number of beds. This is a continuation of a trend noted over the last nine years. The majority of new nursing homes are now above 90 beds and existing nursing homes are increasing the number of beds they offer as a result of extensions to their premises. Figure 5 shows the increase in the average number of registered beds in a nursing home since 2013.

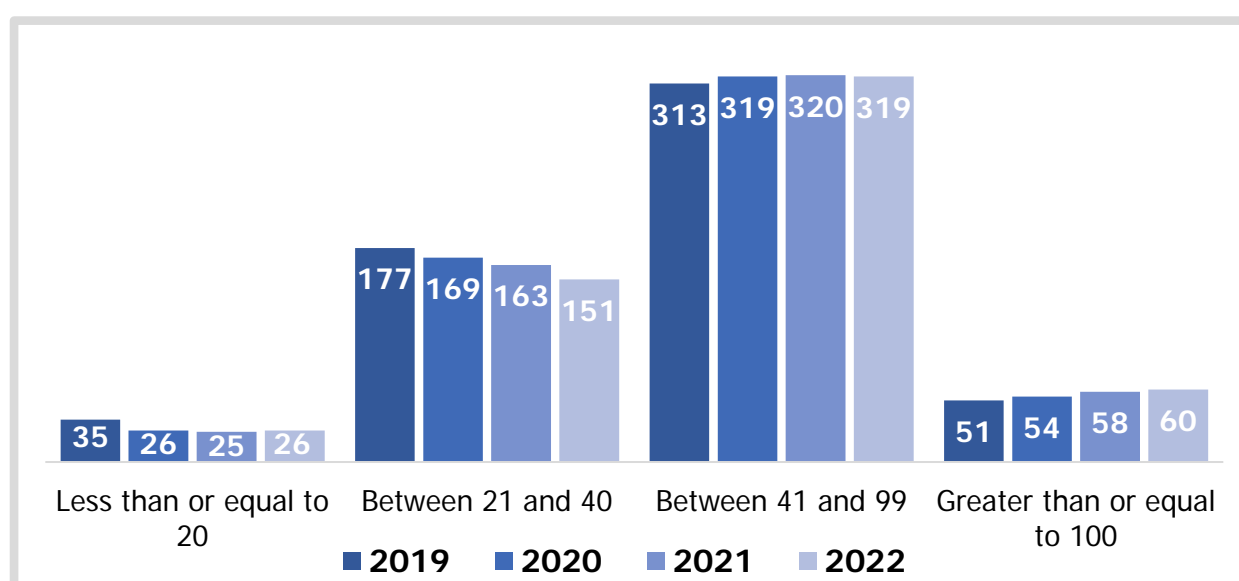
**Figure 5 – Average number of beds from 2013 to 2022 nationally**



The largest nursing home at the end of 2022 had 182 beds while the average number of beds per centre was 57.

Figure 6 shows the ongoing trend to the increasing size of nursing homes, with the number of centres offering less than 40 beds reducing, and the number offering more than 40 increasing. There are now 60 nursing homes nationally with more than 100 beds which is an increase of nine since 2019, and the number of nursing homes with more than 41 beds has increased by six (313 to 319) over that time frame. In contrast, the number of nursing homes with 40 or less beds has reduced from 212 to 177, a reduction of 35 over the same time frame.

**Figure 6 – Bed ranges for all nursing homes between 2019 and 2022**



Currently there is no limit on the size of a nursing home that a registered provider can build or apply to register. This ongoing trend towards bigger nursing homes is in contrast to the national policy for de-congregation of social care services.<sup>3</sup>

<sup>3</sup> Health Service Executive. Time to Move On from Congregated Settings: A Strategy for Community Inclusion. Dublin: Health Service Executive; 2011. Available online from: <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>.



# Chapter 2. Regulation of designated centres for older people

## 2.1 Introduction

This section of the report sets out our regulatory oversight of nursing homes during 2022, providing information on inspections, information received and reviewed, and escalating regulatory action taken.

The legal framework for the regulation of nursing homes in Ireland is set out in the Health Act 2007 (as amended), associated regulations<sup>4</sup> and nationally mandated standards.<sup>5</sup> The Act and the regulations provide the legal framework for how nursing home care must be delivered which a registered provider must adhere to in order to remain registered and to continue to operate their nursing home.

The Act also sets out the responsibilities of the Chief Inspector, as an employee of HIQA, in relation to registration, monitoring and inspections of nursing homes. This includes the assessments of provider's compliance with the regulations, and standards. The standards are set by HIQA under section 8(1)(b) of the Act.

There is also a requirement to maintain a public register of nursing homes. This is accessible on the website [hiqa.ie](http://hiqa.ie) and it includes the following:

- Name of the nursing home
- Address and phone number
- ID number
- Registered provider name, address and phone number
- Management contact name and phone number
- Maximum number of residents
- Name and phone number of person in charge
- The conditions applied to the registration
- Start and end date of registration
- Companies Registration Office (CRO) registration number.

Inspectors of social services are appointed to assist the Chief Inspector in registering and inspecting designated residential centres. The team of inspectors who regulate

---

<sup>4</sup> Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016.

Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

<sup>5</sup> *National Standards for Residential Care Settings for Older People in Ireland* (2016).

nursing homes comprises professionals with expertise in regulation and experience in either care of the elderly, general nursing, fire safety, infection prevention and control, occupational therapy, physiotherapy or social care. At the end of 2022 the team consisted of 25 inspectors, who worked across six regional teams. There was also a specialist inspector team, comprising 6 inspectors, with expertise in infection prevention and control, and fire safety. The inspection team increased in size in 2022 following the recommendation in the Expert Panel for Nursing Homes to increase the frequency of inspections. Figure 7 shows that the required increase has been achieved.

In 2019 (the last full year not impacted by COVID-19), 547 inspections of nursing homes were undertaken. In 2022, the number of inspections increased to 726.

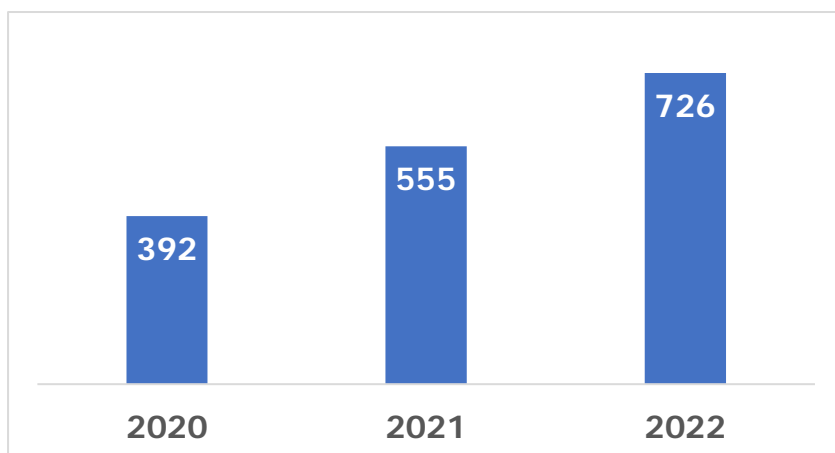
## 2.2 Inspections

Inspections of nursing homes by inspectors are a fundamental component in the assessment of compliance with regulations and standards. During inspections, inspectors will determine if residents living in nursing homes are safe, receive appropriate care and have a good quality of life. Inspectors will also inspect the environment to ensure it is suitable and fit for purpose. Any registered nursing home can be inspected by inspectors of social services at any time. Inspectors take a risk-based approach to regulation, therefore, we may carry out more frequent inspections in centres where there are concerns about the care and welfare of residents or where there is repeated non-compliance with the regulations. Figure 7 sets out the number of inspections of nursing homes carried out between 2020 and 2022.

### Number of inspections

All registered nursing homes are inspected as part of the regulatory monitoring process. Inspections may be carried out over one or two days depending on the size of the centre and the type of inspection. Following the Expert Panel recommendation that there should be an increased number of inspections of nursing homes, additional inspectors of social services were recruited. The impact of these extra resources is evident in the number of inspections completed as set out in figure 7 below.

**Figure 7 – Total number of inspections completed between 2020 and 2022**



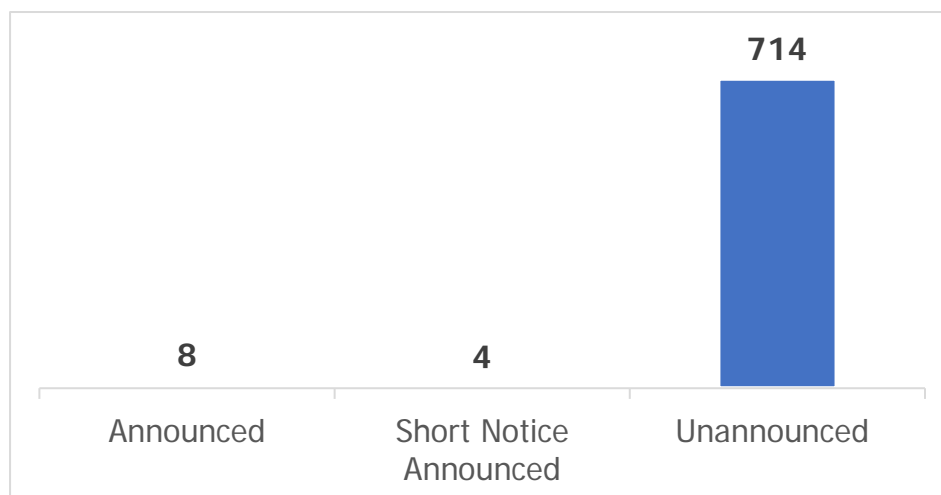
### **Announced and unannounced inspections**

Inspections of nursing homes can be announced or unannounced inspections. Announced inspections are carried out to support the participation of residents and relatives in the inspection process with registered providers afforded a month's notice of a pending inspection. Since March 2020 the number of announced inspections decreased significantly in light of visitor restrictions particularly in 2020 and 2021. That trend continued in 2022 with announced inspections largely carried out in response to applications to register new beds.

Inspectors may also carry out a short-term announced inspection if they require a particular person to be available during the inspection, such as a senior manager or someone representing the registered provider. In such situations, the announcement period would be reduced to 72 hours.

Unannounced inspections can happen at any time of the day or night on any day of the week without any advance notice to the registered provider. Figure 8 sets out the number of announced and unannounced inspections in 2022.

**Figure 8 – Number of announced and unannounced inspections in 2022**



### Centres requiring additional inspections

Where inspectors identify concerns about the care of residents and repeated regulatory non-compliance, more frequent inspections of a nursing home will be undertaken to monitor the registered provider’s progress and to ensure that residents are safe and in receipt of good-quality care. Twenty-three centres required three or more inspections in 2022. Such a level of inspection reflects concerns at the time for the care and welfare of residents, and concerns about the provider’s ability to manage the centre effectively.

**Table 7 – The number of inspections per centre in 2022**

Number of Inspections	Number of Centres
1 inspection	415
2 inspections	120
3 or more inspections	23

Where high levels of non-compliance are identified during inspections, a review of the risk is undertaken and a decision is made about what regulatory action is relevant to drive improvement and ensure the safety of residents in the nursing home. More detail on escalating regulatory action taken in 2022 is set out below.

### Regulatory compliance

Regulatory compliance across all nursing homes, an outcome of each inspection, is a dynamic concept which changes on a day-to-day basis. As an inspection is completed and the findings of the inspection are finalised, overall compliance with each regulation may improve or deteriorate relative to the findings and the number of inspections completed. At the end of 2022 overall compliance with the regulations

showed a slightly positive shift from compliance at the end of 2021, where non-compliance reduced by 3% across the sector. Figure 9 shows the percentage compliance per regulations for 2021 and 2022.

**Figure 9 – Overall levels of regulatory compliance at the end of 2021 and 2022**

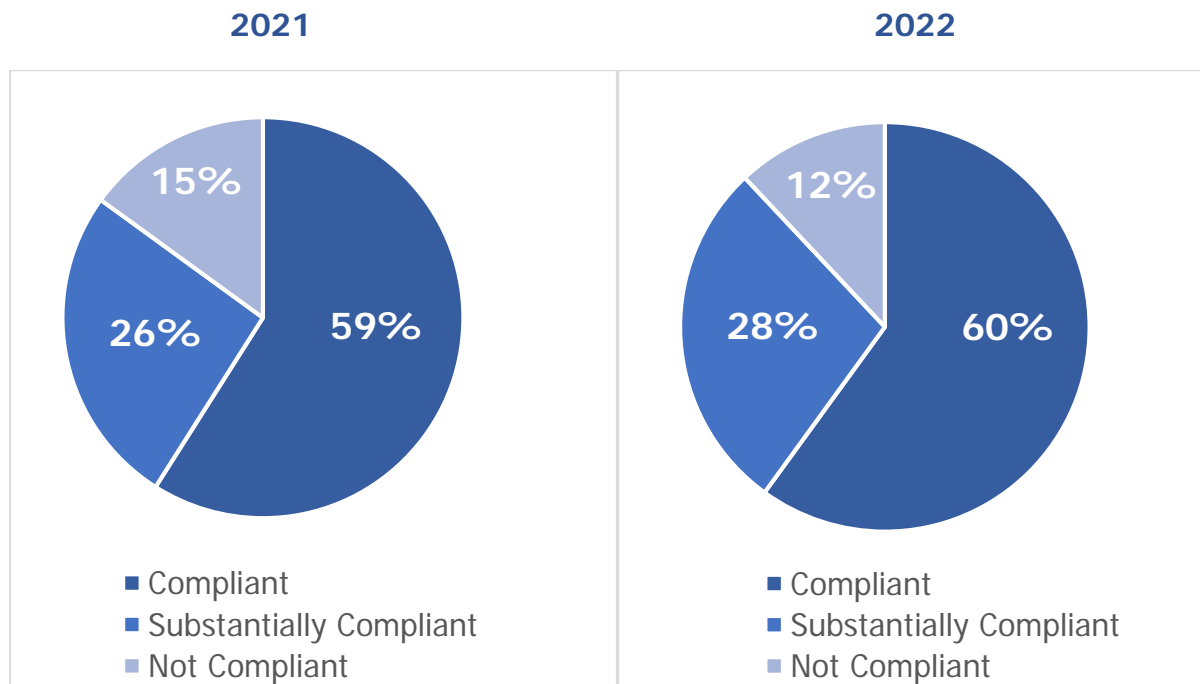


Table 8 presents the number of times each regulation was assessed over the course of the 726 inspections of nursing homes in 2022

**Table 8 – The number of times each regulation was assessed in 2022**

<b>Regulation</b>	<b>Number of times assessed in 2022<sup>6</sup></b>
Regulation 03: Statement of purpose	238
Regulation 04: Written policies and procedures	310
Regulation 05: Individual assessment and care plan	603
Regulation 06: Health care	576
Regulation 07: Managing behaviour that is challenging	363
Regulation 08: Protection	408
Regulation 09: Residents' rights	603
Regulation 10: Communication difficulties	32
Regulation 11: Visits	538
Regulation 12: Personal possessions	231
Regulation 13: End of life care	86
Regulation 14: Persons in charge	248
Regulation 15: Staffing	618
Regulation 16: Training and staff development	596
Regulation 17: Premises	562
Regulation 18: Food and nutrition	217
Regulation 19: Directory of residents	145
Regulation 20: Information for residents	90
Regulation 21: Records	427
Regulation 22: Insurance	136
Regulation 23: Governance and management	659
Regulation 24: Contract for the provision of services	297
Regulation 25: Temporary absence or discharge of residents	72
Regulation 26: Risk management	300
Regulation 27: Infection control	653
Regulation 28: Fire precautions	514
Regulation 29: Medicines and pharmaceutical services	199
Regulation 30: Volunteers	36
Regulation 31: Notification of incidents	415
Regulation 32: Notification of absence	16
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the design	15
Regulation 34: Complaints procedure	516

<sup>6</sup> Number of inspections where compliance with this regulation was assessed.

Table 9 presents the percentage of compliance for each of the 34 regulations in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013).

**Table 9 – Regulation specific compliance information 2022**

<b>Regulation</b>	<b>Compliant</b>	<b>Substantially Compliant</b>	<b>Not Compliant</b>
Regulation 03: Statement of purpose	69%	29%	2%
Regulation 04: Written policies and procedures	72%	22%	6%
Regulation 05: Individual assessment and care plan	49%	38%	13%
Regulation 06: Health care	81%	15%	4%
Regulation 07: Managing behaviour that is challenging	66%	26%	8%
Regulation 08: Protection	79%	12%	9%
Regulation 09: Residents' rights	50%	33%	17%
Regulation 10: Communication difficulties	91%	3%	6%
Regulation 11: Visits	90%	9%	1%
Regulation 12: Personal possessions	72%	23%	5%
Regulation 13: End of life care	92%	6%	2%
Regulation 14: Persons in charge	92%	1%	7%
Regulation 15: Staffing	75%	13%	12%
Regulation 16: Training and staff development	58%	33%	9%
Regulation 17: Premises	22%	48%	30%
Regulation 18: Food and nutrition	74%	24%	2%
Regulation 19: Directory of residents	77%	17%	6%
Regulation 20: Information for residents	87%	12%	1%
Regulation 21: Records	53%	34%	13%
Regulation 22: Insurance	100%	0%	0%
Regulation 23: Governance and management	28%	39%	33%
Regulation 24: Contract for the provision of services	64%	33%	3%
Regulation 25: Temporary absence or discharge of residents	76%	21%	3%
Regulation 26: Risk management	88%	10%	2%
Regulation 27: Infection control	15%	59%	26%
Regulation 28: Fire precautions	22%	45%	33%
Regulation 29: Medicines and pharmaceutical services	51%	38%	11%
Regulation 30: Volunteers	83%	14%	3%
Regulation 31: Notification of incidents	70%	24%	6%
Regulation 32: Notification of absence	75%	0%	25%
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the design	87%	0%	13%
Regulation 34: Complaints procedure	78%	19%	3%

## Publication of inspection reports

Inspection reports are published on our website. Having the reports publicly available promotes quality and the safety of services through the sharing of information. It also provides public assurance that there is oversight of the sector.

Inspection reports present a summary of the findings from an inspection. In every report we begin with a section on 'what residents told us and what inspectors observed'. Inspectors speak with residents and their families during inspections, and summarise that feedback in the report. Inspectors also include a description of what the service is like to live in, and the routines and engagements observed during the inspection. The aim of this section is to present the voice of the resident, but also to support people looking to choose a nursing home, to give them some idea of what it is like to live in the nursing home.

Inspectors will speak with residents, staff and families, observe practice, and review documentation during an inspection. The findings are then summarized in the reports with the regulatory judgements. In 2022, 679 reports of inspections of nursing homes were published.

When a report is drafted, it is issued to the registered provider. They are given the opportunity to provide feedback. Where appropriate, changes may be made before the amended report is issued again. At this stage, a provider can request a review of the regulatory judgments, this process is referred to as a submission.

## Submissions on regulatory judgments

In 2022, we received 14 valid submissions from 12 registered nursing home providers under our submission review process. Thirteen of these submissions were from private providers, and one was from the HSE.

This represents a submission being made in relation to approximately 1.92% of all inspections in 2022. In total, 60 judgments by inspectors that were challenged in submissions were deemed to be within the scope of the process.

The 60 in-scope challenges related to:

- 29 judgments of non-compliance
- 31 judgments of substantial compliance.

The submissions process allows for a regulatory judgment to be changed or remain the same. A regulatory judgment against a regulation can be either increased or decreased following a submission review.



Of these 60 in-scope challenges arising from submissions in 2022:

- 46 judgments were maintained at their original compliance level.
- 12 judgments were not upheld, of which
  - One judgment was removed from a report.
  - Three judgments of substantial compliance were changed to non-compliance.
  - Five judgments of substantial compliance were changed to compliant.
  - Two judgments of non-compliance were changed to substantially compliant.
  - One judgment of non-compliance was changed to compliant.
- Two judgments had no recommendation as it was decided to issue a new draft inspection report to a provider for feedback.

During 2022, the most frequently challenged regulatory judgments related to the areas of governance and management, infection control, individual assessment and care plans, premises and fire precautions.

Following a submission review of regulatory judgments, the inspection report is amended if necessary and a finalised report is issued to the registered provider advising it that it will be notified of the date of publication in due course.

**Table 10 – Number of submissions in relation to reports of inspections of nursing homes compared to the number of inspections (percentage of submissions relevant to the number of inspections completed)**

2020		2021		2022	
Number of Inspections	Number of Submissions	Number of Inspections	Number of Submissions	Number of Inspections	Number of Submissions
392	17 (4.3%)	555	25 (4.5%)	726	14(1.9%)

At the end of 2022, one stage 3 inspection report of an inspection carried out in 2021 continued to be subject to an ongoing judicial review in the High Court and could not be published at that time.

## 2.3 Receipt and review of solicited and unsolicited information

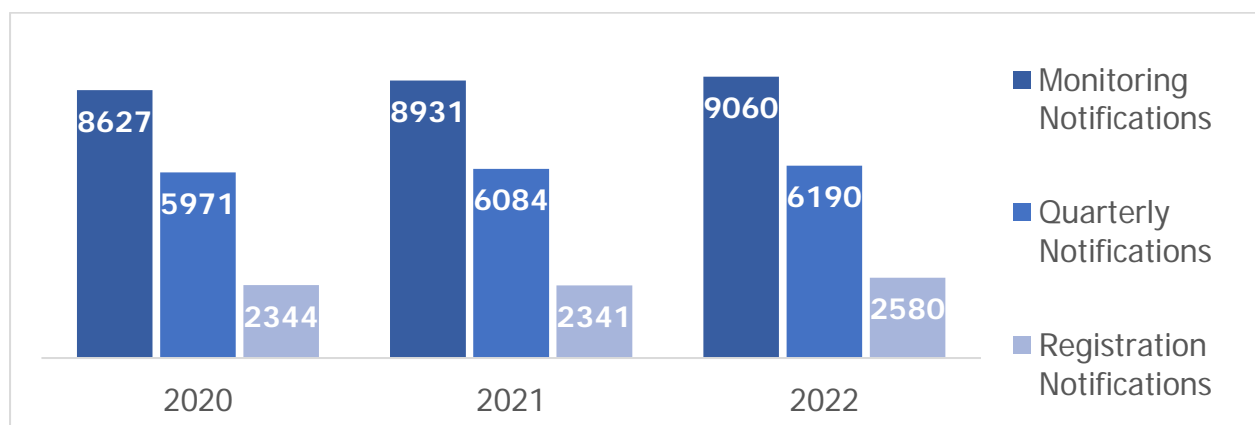
### Solicited information

Solicited information largely comprises notifications that registered providers and persons in charge are required to submit to the Chief Inspector including: -

- Monitoring notifications
  - The person in charge must notify the Chief Inspector, within three working days, when any one of ten types of event<sup>7</sup> occur in the centre.
- Quarterly notifications
  - The person in charge must notify the Chief Inspector on a quarterly basis when any one of the five types of event<sup>8</sup> occur in the centre.
- Registration notifications
  - The registered provider is required to notify the Chief Inspector of any changes to the information supplied for the purpose of registration. This includes changes to persons in charge, persons participating in management and changes to personnel in registered provider entities.

All received notifications are reviewed and risk assessed and inform our regulatory actions. During 2022, we received 17,830 notifications from nursing homes.

**Figure 10 – Receipt of information – notifications**



<sup>7</sup> The unexpected death of any resident, any fire, any loss of power, heating or water, any incident where an unplanned evacuation took place, an outbreak of any notifiable disease, any serious injury to a resident that requires immediate medical and or hospital treatment, any unexplained absence of a resident, any allegation of abuse of any resident, any allegation of misconduct by the registered provider or by a member of staff, any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body.

<sup>8</sup> Any occasion when restraint was used, any occasion on which the fire alarm equipment is operated other than for the purpose of fire practice, drill or test of equipment, a recurring pattern of theft or burglary, any death other than those notified as unexpected deaths.

This represents an overall increase of 474 notifications since 2021, with an increase in all notification categories.

### Unsolicited information

HIQA welcomes feedback about people's experiences of services to inform the assessment of the quality of care received within designated centres for older people. This information is referred to as unsolicited information (UROIs) and can be received from residents, their family members or advocates, health and social care professionals, employees and the general public.

While the Chief Inspector has no legal remit to investigate an individual complaint about care under the Health Act 2007, it uses this information to monitor the quality and safety of care. All information received is reviewed and risk rated and used alongside the other information gathered about a service to inform regulatory judgments.

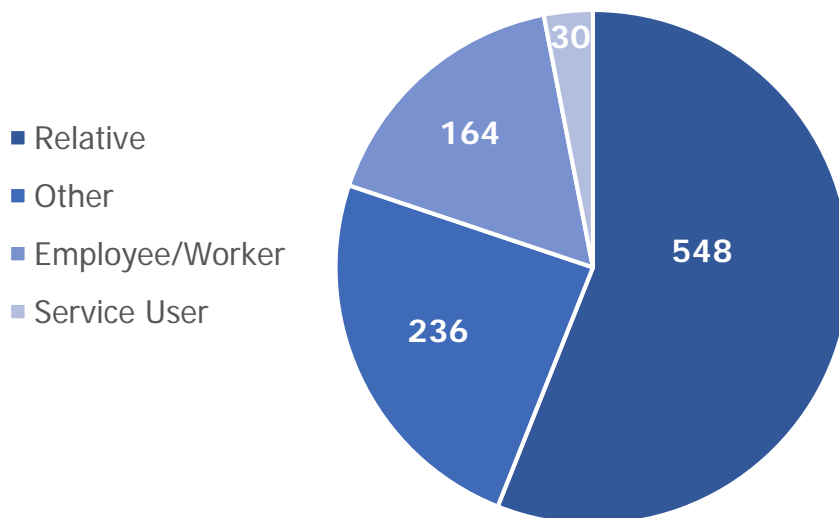
All unsolicited information received is acknowledged, logged and examined by HIQA. The information is reviewed by an inspector to establish if the information received indicates a risk to the safety, effectiveness and management of the service, and the day-to-day care residents receive. Unsolicited information allows us to:

- ensure services continue to meet high standards of care for residents;
- consider how well providers handle complaints and use them as opportunities to improve care for residents;
- identify any trends or patterns that could indicate that something unacceptable is happening in a service.

During 2022, the Chief Inspector received 978 pieces of unsolicited information related to nursing homes, a 4.5% (46) decrease on the 1,024 pieces of feedback received in 2021. The information received related to 342 (61%) of the registered nursing homes. Nineteen (2%) pieces of information received complimented the quality of care received in 16 nursing homes.

The majority of people who contacted the Chief Inspector about nursing homes were relatives of residents using these services (see Figure 11). Of the 978 pieces of information received, 30 (3%) were received from residents, 548 (56%) were from relatives and 164 (17%) were from employees. HIQA also received 236 (24%) pieces of information from 'others' including members of the public, Health Service Executive (HSE) teams, health and social care professionals and advocates.

**Figure 11 – Contact person for UROIs received in 2022 about designated centres for older people**



### Qualitative review of unsolicited information received in 2022

Of the 978 pieces of information received in 2022, 933 provided information about both the management of the service and the quality and safety of care. Of the remaining 45, 20 related to the management of the service only, while 25 related to the quality and safety of care only.

Under the dimension of quality and safety, the main themes included safeguarding<sup>9</sup> (891), residents' rights (707), the quality of care (622), general welfare and development (159), infection prevention and control measures (127) and protection (116). The quality of care issues included assessment and care planning, personal care, nutrition and hydration, healthcare, falls management and medicines management.

The themes raised under the management of the service included governance and management (945), communication (362), staffing/workforce (259), complaints handling (101), training and staff development (88) and contracts of care (45).

### Regulatory management of UROIs:

If inspectors consider that the service provider may not be compliant with the regulations and or national standards, we can respond by:

- asking the service provider to submit additional information on the issue

<sup>9</sup> Safeguarding is the measures that are put in place to reduce the risk of harm, promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves (National Standards for Adult Safeguarding, HIQA/MHC 2019)

- requesting a plan from the service provider outlining how the issue will be investigated and addressed
- using the information on inspection
- carrying out an unannounced inspection to assess the quality and safety of the care being provided in the service.

In addition, where the information indicates that people may be at immediate risk, the Chief Inspector may use her full legal powers and report the incident, where appropriate, to other relevant bodies such as An Garda Síochána, the HSE's Adult Safeguarding and Protection Team, and the relevant Fire Authority of the Health and Safety Authority.

### **Regulatory action**

Additional regulatory action was taken in relation to 457 (46.5%) of the UROI. The regulatory actions taken following review of the information included a seek assurance phone call or email with the relevant manager of the centre (193), the issuing of a provider assurance report (211), a triggered, unannounced, risk-based or expedited monitoring inspection (31) and regulatory escalation, such as a cautionary or warning meeting (22).

### **2.4 Escalation and enforcement action**

Throughout 2022 the vast majority of providers and their staff continued to provide high-quality care for their residents and a service that was compliant with the regulations. However, in a small number of cases, information received and the findings of inspections raised concern about the care of residents requiring a more focused approach to addressing areas of concern and non-compliance with the regulations.

Part 8 of the Health Act 2007 sets out the tools for enforcement available to the Chief Inspector. An explanation of our enforcement powers are also set out in the Regulation Handbook – a guide for providers and staff of designated centres.<sup>10</sup> The guidance sets out a stepped approach to how the Chief Inspector will respond to regulatory non-compliance in nursing homes where there are increasing concerns about the care and welfare of residents. Most issues were addressed by meeting with a provider to inform them that we are concerned about the care of residents and any specific risk(s) identified by inspectors, and asking the provider to explain how they will address the issues. Common themes at provider meetings in 2022 were adequate staffing levels, fire safety arrangements, appropriate infection prevention and control arrangements, premises and overall governance and

---

<sup>10</sup> <https://www.hiqa.ie/reports-and-publications/guide/regulation-handbook>

management of a nursing home. Most providers responded appropriately to the issues raised and no further action was required.

However, where such engagement does not achieve improved care of residents, the Chief Inspector may take action such as:

- Attaching or varying conditions of registration (Section 51)
- Cancellation of the centre's registration
  - Section 51<sup>11</sup> cancelling a centre's registration
  - Section 59<sup>12</sup> seeking a District Court order for cancellation of registration
- Prosecution.

These are outlined in more detail below.

**Table 11 – Section 50, 51 and 59 actions in 2022**

Action	2022
Section 50 Attach a restrictive condition (application to register/renew)	22
Section 50 Notice to refuse	0
Section 51 Notice to attach a condition	25
Section 51 Notice to vary a condition	10
Section 51 Notice to cancel	1
Section 59 Cancellation	0

### Attach or vary conditions of registration

A condition of registration sets the parameters within which a nursing home must operate. Where serious issues are not addressed by the registered provider, the Chief Inspector may attach an additional condition/s or vary an existing condition of registration. Usually a condition that is attached will require the provider to take a particular action, within a particular time frame.

Conditions can be applied during an initial registration, at the time of renewal (Section 50), or at any point during the registration cycle (Section 51).

In 2022, the Chief Inspector utilised Section 51 to propose to attach an additional condition to the registration of 25 nursing homes. Of the 25 proposals to add a

<sup>11</sup> Section 51 states that the Chief Inspector may cancel the registration of a designated centre if there are grounds. The relevant grounds are set out in the act under section 51(2).

<sup>12</sup> Section 59 states that the Chief Inspector may apply to the District Court for an order cancelling the registration of a designated centre where there the Chief Inspector believes on reasonable grounds that there is a risk to the life, or a serious risk to the health or welfare, of the persons resident in a designated centre due to an act of failure or neglect on behalf of the provider.

condition, 10 were applied to the provider's registration. In seven cases, a decision was made not to proceed with adding the condition, usually because the provider addressed the outstanding issue or issues. Eight applications to attach a condition of registration were ongoing at the end of 2022. The Chief Inspector also utilised Section 51 to vary the conditions of registration of 10 nursing homes.

In all of the above cases the registered provider can apply to have the additional condition removed when they have complied with it or when it is no longer appropriate.

#### [Section 51 Notice to cancel the registration of a nursing home](#)

On one occasion in 2022, the Chief Inspector used Section 51 of the Health Act 2007 to cancel the registration of a nursing home. As required by Section 51, the registered provider was issued with a notice of proposed decision to which they had a right of reply. In this case, the Section 51 cancellation was uncontested.

## **2.5 Legal actions involving the Chief Inspector and nursing homes**

### **Judicial review proceedings**

#### [Hillcrest Nursing Home Limited](#)

Leave to apply for judicial review was granted by the High Court to a registered provider of designated centre for older people in October 2022. The proceedings relate to a decision of the Chief Inspector to renew the registration of the designated centre subject to certain conditions and the regulatory judgments contained in an inspection report. A stay on publication of the inspection report was granted pending the determination of the judicial review proceedings by the High Court. These proceedings are ongoing.

#### [Powdermills Nursing Home and Care Centre](#)

These judicial review proceedings were issued by the Applicant, a registered provider of a designated centre for older people in December 2019. The registered provider seeks orders from the High Court to quash the decisions reached in the inspection report arising from an inspection of the designated centre. The case has been adjourned generally.

### **Statutory Appeals to the District Court under Section 57 Health Act 2007**

#### [Hillcrest House Nursing Home Limited](#)

The Chief Inspector issued a Notice of Decision to renew the registration of a nursing home. In making the decision, the Chief Inspector attached registration conditions in accordance with Section 50 of the Health Act 2007. The registered

provider appealed the decision of the Chief Inspector to attach one of the conditions of registration in the Notice of Decision to the District Court. The district court appeal had been adjourned pending the outcome of related judicial review proceedings.

#### Rosemount Nursing Home Limited

The Chief Inspector issued a Notice of Decision to attach an additional condition to the registration of a designated centre for older people. The Notice of Decision was appealed by the registered provider to the District Court. The appeal was subsequently withdrawn by the registered provider, and the condition, the subject of the appeal took effect. An application to remove this condition pursuant to Section 52 of the Health Act 2007, as amended, has since been granted as the registered provider met the requirements of the registration condition.



## Chapter 3. Rights of people living in nursing homes

### 3.1 Hearing the voice of residents to drive improvement

The HIQA corporate plan for 2022-24 sets out a commitment to keeping people who use health and social care services at the centre of the work of the organisation. The Chief Inspector is committed to ensuring that the principles of fairness, respect, equality, dignity and autonomy, an internationally recognised framework through which a human rights-based approach to the delivery of care can be promoted, are central to the regulation of nursing homes. In 2022, inspectors of social services ensured that the needs and the voices of residents of nursing homes were at the centre of the regulation of nursing homes.

#### On inspection:

When inspectors are in nursing homes, they speak with residents and, where appropriate, their families and friends. Residents of nursing homes share lots of different types of information with inspectors and most of the time the feedback is positive. Where residents are not able to express their views, for example, those with advanced dementia, inspectors observe how care is delivered to those residents, how they are supported to be comfortable in their environment, and how they receive appropriate support to meet their needs.

#### In our reports:

One of the first sections in our inspection reports is titled 'what residents told us and what we observed'. Inspectors speak with residents and their families during inspections, and observe the care and support being delivered. Our reports then summarise these findings, and in some cases include the quotes from residents.

#### Through our information handling centre:

The information handling centre has a phone line which is operational 9-5 Monday to Friday. Information can also be sent in via email, or through our social media channels. When we receive information from residents, or their families and friends, we use it to inform our judgments about how we will monitor and inspect nursing homes. The information received in 2022 is discussed in Chapter 2 of this report.

#### The National Nursing Home Experience Survey

In 2022, the National Nursing Home Experience Survey was conducted by the National Care Experience Programme — a partnership between HIQA, the HSE and

Department of Health. It provided a further opportunity for residents and their family members or friends, in a representative sample of nursing homes in Ireland, to share their experiences in order to improve the care provided in Irish nursing homes.

A questionnaire was developed for residents to gather information about their experiences of living in a nursing home, and their experiences during the COVID-19 pandemic. An interview-based survey approach was selected in order to be more inclusive of residents with cognitive impairment or residents who may lack the capacity to complete a paper questionnaire. In total, 718 residents took part. A second questionnaire was developed for relatives or friends of residents to understand their experiences. In total, 943 relatives or friends took part.

As part of the development of the National Nursing Home Experience Survey questionnaires, extensive engagement took place with key stakeholders, including nursing home residents, to ensure their perspective was captured in each stage of the development process. The National Nursing Home Experience Survey is also based on the FREDA principles of fairness, respect, equality, dignity and autonomy, an internationally recognised framework through which human rights can be considered. This framework can inform decision-making and promote a human rights-based approach to delivery of care.

Overall, most residents who participated in the survey said they had either a good or a very good experience in their nursing home. Residents were particularly positive about the living environment in the nursing home, and the staff and care givers. However, almost 10% of residents said that they had a fair-to-poor experience, indicating that there is room for improvement in certain areas of care such as provision of information, involvement in decision-making and availability of staff to discuss residents' worries and fears. When asked to describe in their own words what could be improved in their nursing home, residents talked about the variety and quality of food available, staff availability and responsiveness, having autonomy and freedom within the nursing home and the need for a greater variety of activities, particularly activities that involved residents getting outdoors, and outside of the nursing home. The lowest-scoring question among residents in the survey indicates that there is limited awareness of organisations such as advocacy organisations to help them to assert their rights. While the overall feedback was positive, the scores for individual themes and questions indicate there is room for improvement in particular aspects of care and the survey findings can be used to ensure residents' rights are upheld.

The results of the survey were presented to the Older Persons inspection team at the end of 2022. As can be seen from the data in the following pages, our inspections also found similar findings to the survey, particularly in relation to the availability of meaningful activities and occupation. Inspectors will continue to

capture the voice of the resident during the inspection process and use the feedback from residents to focus their inspection on daily life, including meals and mealtime, daily routines, and person-centred support.

Further information about the survey can be found at [www.yourexperience.ie](http://www.yourexperience.ie).

### Human rights training

HIQA published *Guidance on a Human Rights-based Approach in Health and Social Care Services* in 2019 and an online e-learning course comprising four modules was rolled out to support the guidance at the end of 2021. This is available through the HSE LanD (HSE Learning and Development) platform. People completing the course in 2022 learned about the following information:

- Module 1: Introduction to human rights in health and social care
- Module 2: Role of good communication in upholding human rights
- Module 3: Putting people at the centre of decision-making
- Module 4: Positive risk-taking.

During 2022, there were over 34,000 completions of one of these modules.

The guidance and training provides information about what human rights are and how people working in health and social care services can work to uphold individuals' rights.

Examples of rights and freedoms when using health and social care services include the right:

- To express our views and preferences for our care and support
- To be informed about our care and support in a format suited to our communication needs
- To make informed decisions about our care and support
- To exercise choice in our daily lives
- To have our values, beliefs and diversity respected
- To be safe and free from harm.

The findings of inspections in 2022 were that many residents were informed about all aspects of their care, and were assisted in making choices about their lives and expressing their views. However, some providers of nursing homes needed to make significant improvements to ensure that care practices were person centred and not institutional and routine in nature.

While all of the regulations and standards are grounded in ensuring a safe service for residents, there are some regulations that are more focused on residents' rights.

The next section will focus in more detail on compliance with these regulations during 2022.

### **3.2 Overview of key rights-based regulations**

There are 34 regulations in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Some of the regulations focus on the operation of the nursing home, through the governance and management of the centre. Others are focused on the resident, and set out how residents' needs are to be met, and the minimum requirements to be compliant with the regulations.

Compliance with five key regulations provides a useful lens to consider if providers of nursing homes are focussed on ensuring that their service is person centred and that residents' rights are upheld. These regulations are:

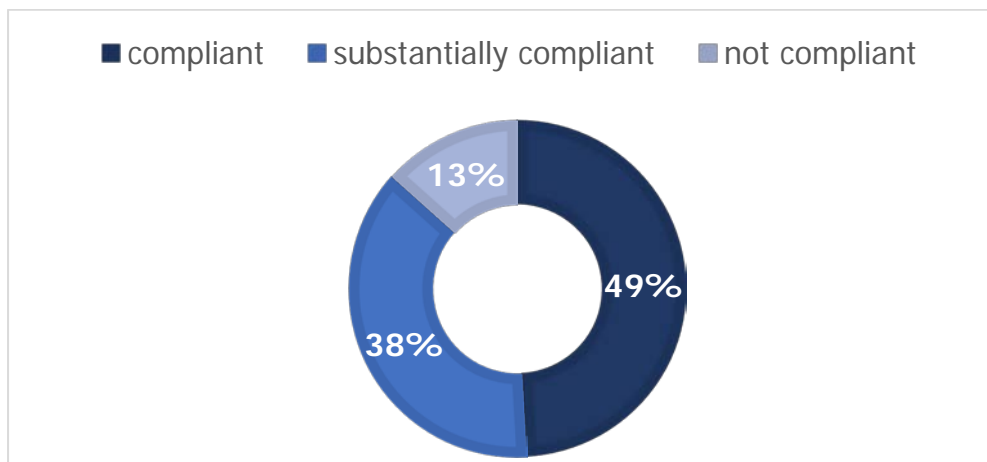
- Regulation 5: Individual assessment and care plan
- Regulation 7: Managing behaviour that is challenging
- Regulation 8: Protection
- Regulation 9: Residents' rights
- Regulation 12: Personal possessions

### **3.3 Regulation 5: Individual assessment and care plan**

To be fully compliant with Regulation 5: Individual assessment and care plan, a provider is required, as far as reasonably possible, to meet the assessed needs of residents. A comprehensive assessment must be carried out, and care plans must then be prepared based on that assessment. This must be done within 48 hours of the resident's admission to the nursing home. The care plans must then be reviewed every four months, or more frequently if the resident's condition changes. A copy of care plans should be available to the residents, and with the consent of the resident, to their relatives. Where a resident is not able to give consent, the person in charge can make the decision.

In 2022, this regulation was assessed in 83% of inspections. A review of care planning arrangements is key to assessing whether a resident's needs have been identified, and are being responded to appropriately as they change over time. Well written care plans are person centred, and give a high level view of a resident's health and social care needs, as well as the care and support required to ensure those identified needs are met. It is best practice to consult with and involve residents in the development of their care plans, and to include their wishes and aspirations.

**Figure 12 – Findings of inspections which assessed compliance with Regulation 5 in 2022**



On 86% of occasions in 2022 when compliance with this regulation was assessed, the relevant providers were found to be substantially or fully compliant with the requirements of Regulation 5. This was similar to 2021 when it was 87%. In most cases, inspectors found that care plans were in place, up to date, and provided relevant information for staff about how residents' needs were to be met. Residents, and, where appropriate, their families, had been consulted in their drafting, and they reflected personal preferences.

Common issues identified where a provider was not compliant with the regulation included:

- Lack of information about the resident's abilities, preferences and views.
- Using generic information rather than person-centred details.
- Not updating care plans as residents' needs changed, or in line with allied health professional recommendations.
- Not including the resident, and their families where appropriate, in the review of the care plans.

### **3.4 Regulation 7: Managing Behaviour that is challenging (responsive behaviour)**

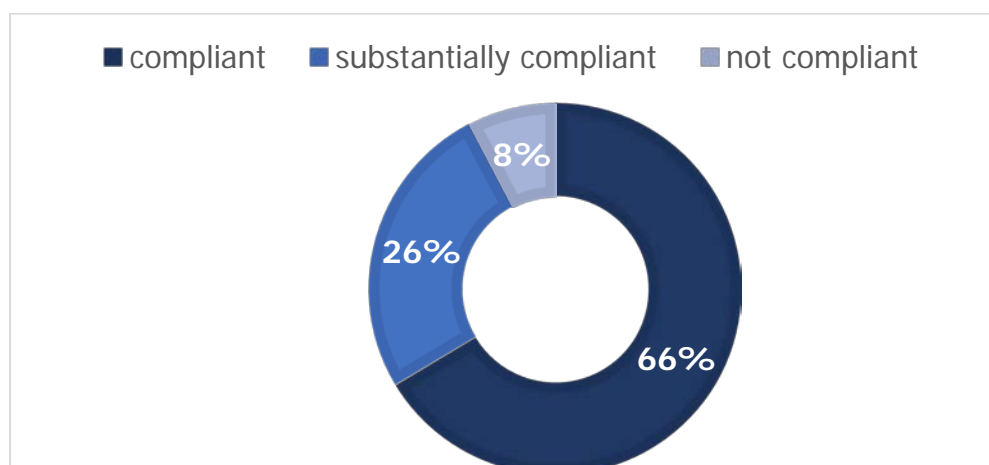
Regulation 7 covers managing responsive behaviours, and also managing restrictive practices.

Responsive behaviour, can also be known as behaviours that challenge, and in the regulations written in 2009 'challenging behaviour'. The persons in charge in nursing homes are expected to ensure that all staff have up-to-date knowledge and skills, relevant to their role, to respond and manage responsive behaviour.

Where residents require support in relation to managing responsive behaviours, the person in charge must ensure the support, as far as possible, is not restrictive. Where restrictions are used in the nursing home (for example bedrails, locking of doors, limiting access to areas of the nursing home) they must be managed in line with the national policy 'Towards a Restraint Free Environment'.

Well-performing services develop policies and procedures that are in line with international human rights legislation and reflect the requirements of the regulations, standards and national policy. Practice in the centre promotes personal liberty, and seeks to reduce the use of restrictions. Where restrictions are required, risk assessments are completed, and any restrictions are minimised. Also, residents' views are taken in to account.

**Figure 13 – Findings of inspections which assessed compliance with Regulation 7 in 2022**



Compliance with Regulation 7 was assessed in 50% of the inspections carried out in 2022 and 92% of these inspections found that the relevant provider was fully or substantially compliant with this regulation.

Key issues identified as contributing to 8% of non-compliant findings included:

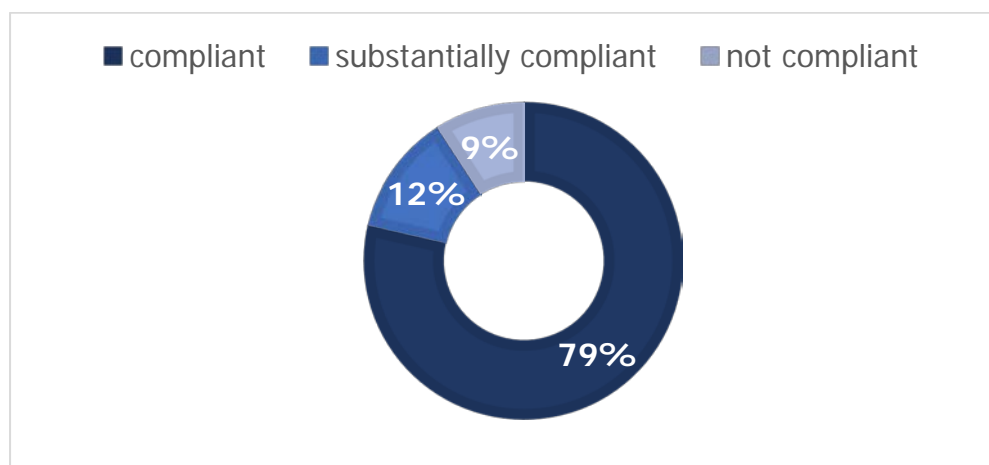
- Practice was not in line with national policy. For example, least restrictive options are not considered, records were not clear, and residents' support needs were not identified correctly.
- Staff did not have the relevant training and experience to meet residents' needs in relation to responsive behaviours.

### 3.5 Regulation 8: Protection

In assessing compliance with Regulation 8: Protection, inspectors consider whether providers take all reasonable measures to protect residents from abuse. The regulation requires that all staff are trained in relation to the detection and prevention of, and responses to abuse and that any incidents or allegations of abuse are investigated.

Compliance with Regulation 8 was assessed in 56% of inspections carried out in 2022 and 91% of times relevant providers were found to be compliant or substantially compliant.

**Figure 14 – Findings of inspections which assessed compliance with Regulation 8 in 2022**



Providers who were compliant with this regulation ensured that the protection of residents was embedded in the culture of the nursing home by ensuring residents' rights were prioritised. Staff had a good understanding of the types of abuse that can occur, and knew what steps to take if they witnessed, or had alleged abuse reported to them. Prompt action was taken to safeguard residents when any incident occurred. In such nursing homes, residents also reported that they felt safe and well supported.

Issues which contributed to findings of non-compliance included:

- Staff had not received training, or updated training.
- Staff did not recognise abuse when it occurred.
- Where an incident of actual or possible abuse occurred, the correct steps were not taken in line with the provider's policy.
- Reliance on e-learning (a necessary measure during the pandemic) may have impacted on staff awareness of important protection issues that may have been addressed in a more detailed format during in-person training.

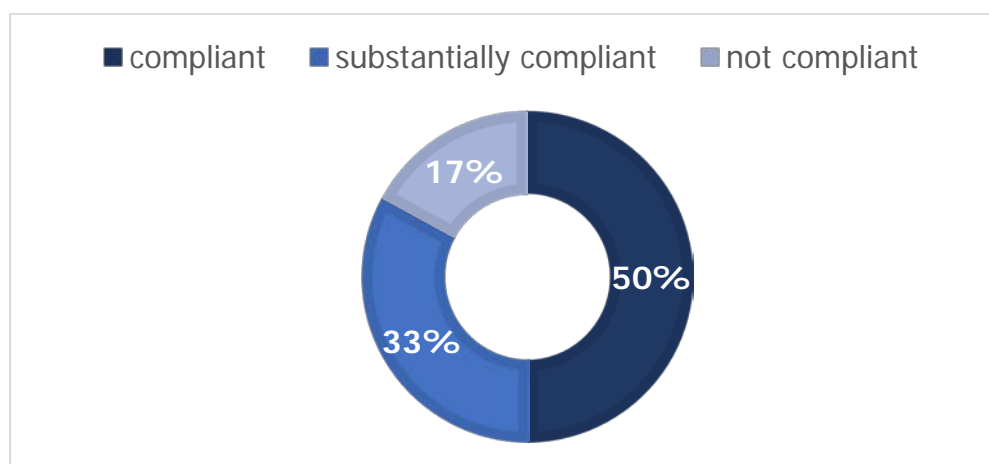
### 3.6 Regulation 9: Residents' rights

Regulation 9: Residents' rights requires providers of nursing homes to have regard for residents' needs, including cultural background, religion, and sex for example. Residents should also have access to facilities and opportunities to participate in activities. The regulation also requires that residents have choice (while taking account of other residents) and can undertake personal activities in private. Being able to communicate freely, with access to media, phones, and current affairs is also required. Exercising religious, political and civil rights is also included in this regulation.

In 2022, we found many good-quality services with a rights-based culture in the nursing home, with residents being treated with dignity, respect and kindness. Residents were provided with information about their rights, could exercise religious freedoms, and had access to advocacy services. Everyday activities were in line with residents' interests and abilities and they were involved in decisions about the type of activities that were available. Residents could structure their day in a way that suited them, and their choices are sought and respected.

In 2022, 83% of times compliance with this regulation was assessed, relevant providers were found to be compliant or substantially compliant. However, 17% of providers were not compliant, a significant increase from 6% non-compliance in 2021.

**Figure 15 – Findings of inspections which assessed compliance with Regulation 9 in 2022**



Common issues associated with non-compliance with Regulation 9 included:

- Limited activities, in line with residents' interests and capacities
- Lack of opportunity for residents to make choices due to set routines and institutional practice



- Residents were not involved in decisions about their care and support
- Lack of privacy to undertake activities in private, usually associated with multi-occupancy bedrooms.

The findings of our inspections, particularly in early 2022, were impacted by residual anxiety about withdrawing some of the more stringent arrangements that had been put in place to protect residents during the pandemic. In some cases activities programmes in the nursing homes had not returned to pre-pandemic levels.

Residents told inspectors that they were bored and expressed a need to be occupied and to have meaningful things to do after a period where they had been required to isolate and limit movement. A lack of activities was also associated with residents spending long periods of time in their bedrooms with no social engagement and with daily routines of the nursing home focused on the tasks of staff rather than the individual preferences of residents.

From 1 January 2022, providers of nursing homes were required to ensure that all residents had an area of not less than 7.4m<sup>2</sup> of floor space, which included the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom. The findings of some inspections in 2022 were that residents did not have privacy in their bed space in multi-occupancy bedrooms. Specifically, residents' right to privacy was not upheld in situations where other residents accessed their space to use a sink, enter an en-suite or where another resident's personal storage space was in their space. Such findings also accounted in part for an increase in non-compliance with Regulation 9 in 2022.

## Examples from inspection reports of positive engagement with residents

Minutes of residents' monthly meetings were seen and these showed that residents were consulted with regarding the upgrading of the premises. A resident representative was appointed regarding the building works; the resident attended meetings with the architect and engineer and the nominated person highlighted that he had made excellent suggestions regarding the proposed kitchen and dining room reconfiguration; and explained that this was the resident's expertise prior to their admission to the centre.

### **Padre Pio Nursing Home, Cork**

On the day of the inspection, the person in charge made all residents' families aware that the inspection was taking place through the use of a WhatsApp group. The inspector reviewed the messages that had been sent in by residents' families. The feedback was overwhelmingly complimentary of the service, with residents' families stating that they were "very grateful for the wonderful care provided".

### **Cluain Lir Community Nursing Unit**

There was a high level of activity observed, as staff were supporting residents to get ready for an outing that morning. Approximately 18 residents were travelling to Enniscrone for the day and it was clear that there was a lot of excitement about the outing. A number of other residents were attending the centre's hair salon in the morning, with residents emphasising how important it was to them to look their best. A recent art workshop that occurred over a six-week period had recently come to an end and residents' paintings had been framed and displayed throughout the centre. A regular newsletter was also printed and distributed within the centre, which detailed recent outings and events amongst other items.

### **St. Attracta's Residence**

The ground floor was a hive of activity throughout the day, with residents from both floors attending activities both indoors and outdoors. Inspectors saw many different small group activities ongoing on the ground floor during the day including a hurling match screened on the large projector, familiar retro music playing while ladies had their nails painted and hands massaged, and in the afternoon residents enjoyed the good weather outside in the garden with staff, talking, reminiscing and enjoying a beer or glass of wine. The much-loved afternoon ice-cream cart remained a big hit with residents, with one remarking "we loved the ice cream so much we made them give it to us every day".

**Fennor Hill Care Facility**

The Birch unit was dedicated to the care of residents living with a diagnosis of dementia, and inspectors saw that the registered provider had taken enhanced decorating measures in the unit to create a stimulating environment which drew on the senses of the residents living there. For example, the walls of the dining room had been decorated with familiar kitchen murals, the television was mounted on the wall with an old style television surround around it and certain parts of the corridor walls were decorated with textured walls.

**CareChoice Malahide**

The garden was in an enclosed courtyard, with doors open for residents to access freely. Some residents described helping out with the maintenance of the garden. At the time of the inspection a new raised flower bed was being worked on, and a resident was painting a raised vegetable plot. There were a range of seating options and there was a level access path, which made the area wheelchair accessible.

In the memory care unit there was a range of activities available through the day to suit the needs of residents with a range of cognitive abilities. Some other items were available in the room and could be picked up by residents who were interested, for example magazines, and puzzles. Other residents were engaged in 'household activities' such as sorting condiment packets in to boxes, folding tea-towels and fitting lids to cartons.

**Cloverlodge, Athy**

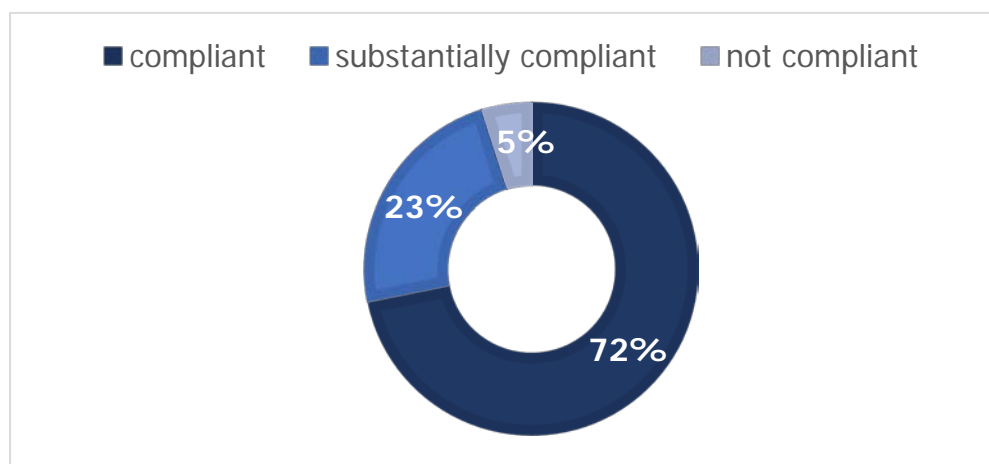
### 3.7 Regulation 12: Personal possessions

A high level of compliance was identified with Regulation 12: Personal possessions, which focuses on residents having access to and retaining control over their personal belongings, including their finances. It also requires that residents have sufficient space to store their belongings, and that personal clothing items and so on are laundered regularly and returned.

Inspectors saw many examples of residents being able to personalise their bedroom, or their bed space in a multi-occupancy room. Residents may have their photographs, ornaments, and sometimes a cherished chair or item of furniture to create a homely environment.

Compliance with Regulation 12 was assessed in 31% of inspections in 2022 and 95% of times relevant providers were found to be compliant or substantially compliant.

**Figure 16 – Findings of inspections which assessed compliance with Regulation 12 in 2022**



Non-compliance with Regulation 12 was in all cases due to residents not having enough space for their belongings in their bedroom or within their bed space. This can be lack of shelving or surfaces for personal items, but in some cases inspectors found that residents only had very narrow wardrobe spaces provided limiting what items of clothing the resident could keep with them.

## Chapter 4. Closure of nursing homes

Throughout 2022 there was increased concern about the number of nursing homes where the registered provider made a decision to cease operating the nursing home.

Of the 14 nursing homes that closed between January and December 2022:

- Thirteen centres closed voluntarily
- One centre was closed by the Chief Inspector under Section 51<sup>13</sup> of the Health Act 2007.

The closure of these centres resulted in a reduction of 414 beds nationally and required the residents living in these nursing homes at the time of the closure to find an alternative nursing home to live in.

It is not unexpected that some nursing homes would close in any given year. Table 12 sets out the number of closures per year since 2018.

**Table 12 – Number of nursing home closures and reduction in available beds in 2022**

Year	Nursing Home Closures	Number of Closed Beds
2018	10	417
2019	6	145
2020	21	764
2021	9	189
2022	14	414

However, as set out in table 12, the number of nursing homes that closed in 2022 was greater than the number which closed in previous years, excluding 2020 where numbers were impacted by decisions to repurpose some HSE-owned nursing homes during the pandemic.

As previously outlined, providers of nursing homes which close cite a number of reasons for the closure, such as concerns about financial viability, staffing difficulties, burnout after two years of coping with the COVID-19 pandemic and a recognition that operating a nursing home was not an attractive career proposition for the next generation. Regulation is also cited as a reason for a small number of closures with

<sup>13</sup> Section 51 states that the Chief Inspector may cancel the registration of a designated centre if there are grounds. The relevant grounds are set out in the act under section 51(2).

registered providers acknowledging that their premises did not comply with fire safety requirements or the revised regulations which came into effect from 1 January 2022.<sup>14</sup> In such cases, registered providers reported that the cost of bringing their premises into compliance could not be supported by their business model.

When a nursing home is closing, the provider is required to:

- **Notify the Chief Inspector in writing** of their intention to cease and close the designated centre in line with Section 66 of the Health Act 2007 as amended.
- **Provide not less than six months' notice** in accordance with Regulation 9 Health Act 2007 (Registration of Designated Centre for Older People) Regulation 2015.
- The discharge of a resident from the designated centre must be in a **planned and safe** manner and **discussed and agreed** with the resident, in accordance with Regulation 25 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013
- The designated centre **may not** be used for any other purpose other than what it is registered for until such time as the registration is cancelled.

The vast majority of providers have followed the requirements of the regulations, and managed the winding down of their nursing home over a six-month period, allowing residents and their families' time to identify suitable new accommodation. However, in November 2022, the Chief Inspector issued a regulatory notice in response to concerns that a small number of providers were not complying with their statutory obligations under the Health Act 2007, as amended, and the regulations in terms of the notice period for closure. The impact of this was that in some cases residents and their families were given very little notice of the provider's intention to close and as a consequence were rushed to find alternative accommodation.

The government also took action to protect the rights of residents living in nursing homes by preventing any building which was registered by the Chief Inspector as a designated centre for older people on 1 September 2022 from being considered for use as a centre to accommodate refugees for a period of two years following removal from the Chief Inspector's register. That was later revised to 18 months following notification of closure to the Chief Inspector.

---

<sup>14</sup> The update to the regulations required that no bedroom would have more than four occupants and all residents are afforded an area of not less than 7.4m<sup>2</sup> of floor space in their bedroom, which includes the space occupied by a bed, a chair, and personal storage space

As has been the case in previous years, the majority of registered providers making the decision to close are smaller nursing homes. All 14 centres that closed in 2022 offered less than 50 beds. Many of the centres were located in or close to local communities employing staff from the local community and operating over many years. The impact for residents when their home closes is significant. Many will have made the decision to move to that particular nursing home due to being close to family, friends, and liking the service provided.

The majority of nursing homes closing had a good level of compliance with the regulations. Inspectors very often receive very positive feedback from residents and their families about the person-centred approach of staff, and also the homeliness of centres. The size and layout of smaller centres can feel more homely and are often located in or close to towns and communities.

### **Rights of residents when centres close**

Regulation 25 of the care and welfare regulations requires that any discharge from a nursing home is planned and carried out in a safe manner. When a registered provider informs the Chief Inspector of their intention to cease operating a nursing home, they are required to provide a date six months from the date of when they intend the closure to be complete. The Chief Inspector also asks for a plan to be provided about how the closure will be organised, including how residents will be informed and supported. The six-month timeline is to support residents to have sufficient time to make arrangements for alternative accommodation.

Inspectors monitor the plan submitted by the registered provider to ensure that residents' rights are being upheld, and that appropriate support is being provided to find new appropriate accommodation. Inspectors also monitor the plan in relation to ensuring residents remaining in the centre continue to receive safe and appropriate care, for example that there continues to be sufficient resources for staffing, the running of the centre, and meeting residents' needs safely. Where there is concern that residents' rights are not being upheld, or that they are not being afforded time to make decisions about new accommodation, inspectors can take regulatory action. This can result in cautionary or warning meetings with registered providers where they are required to explain how they will continue to meet the requirements of the regulations.

For some residents who live in nursing homes, they may not have family or people who can support them in finding alternative accommodation. Others may have reduced ability to complete the process independently, for example, those with dementia or reduced cognitive ability. In these situations, advocacy services can offer support to the residents and link with the registered provider and other services to support the identification of a new place for the resident. The regulations

require that registered providers ensure that residents have access to independent advocacy services. Where a resident cannot make the contact with the services themselves, registered providers can make the contact on their behalf. Having an advocate can ensure that the options for residents are explored, rights are upheld, and that residents can make informed decisions, where possible.

### **Approaches that support residents during closure**

- Clear planning by the registered provider and person in charge
- Early notification to the Chief Inspector including a detailed plan
- Planned and organised communication with residents and their families - including delivering the message, and supporting them through the closure process
- Providing information and links to advocacy services, especially to residents with no families or supporters
- Links with other agencies in the area, such as the HSE, to support residents in identifying new accommodation.



## Chapter 5. Areas of continued focus

In the 2021 overview report we paid particular attention to four key aspects of the care and quality of service areas namely:

- Fire safety
- Governance and management
- Premises
- Infection control.

These four areas remained a focus of regulatory oversight in 2022 as they continue to be the regulations with highest reported level of regulatory non-compliance as set out in table 13 below.

**Table 13 – Regulations with the highest reported level of regulatory non-compliance in 2022**

Regulation	Compliant	Substantially Compliant	Not Compliant
Regulation 23: Governance and management	28%	39%	33%
Regulation 28: Fire precautions	22%	45%	33%
Regulation 17: Premises	22%	48%	30%
Regulation 27: Infection control	15%	59%	26%

### 5.1 Regulation 23: Governance and management

The Chief Inspector has for the last number of years emphasised the importance of effective governance and management arrangements in ensuring that residents receive person-centred and safe care.

Effective governance is grounded in the registered provider (the provider) the person who is legally responsible and accountable for the care and welfare of residents in each nursing home. The provider is the legal person named on the Chief Inspector's register as the person carrying out the business of the designated centre.

2022 saw continued consolidation of nursing home providers whereby a smaller number of providers owned and operated an increasing number of nursing homes. At the end of 2022, the 557 nursing homes on the Chief Inspector's register were operated by 374 providers. This compares to the end of 2021 when 568 nursing homes on the Chief Inspector's register were operated by 383 providers.

**Table 14 – Number of nursing homes and registered providers**

Year	Nursing Homes	Registered Providers
2020	573	392
2021	567	383
2022	557	374

As set out in last year’s report, embedded in these figures is the reality that many of the individual companies that are registered providers are owned and operated by a smaller number of larger corporations. Many of the larger corporations that own registered provider companies are financed from other jurisdictions

A major risk associated with this model of nursing home ownership is that failure of one of these larger corporations could impact a significant number of nursing homes and, more importantly, a large number of residents. If one such group was to experience financial difficulties such that they are no longer able to operate their nursing homes then the legislation requires the HSE to make alternative arrangements for the residents of each affected nursing home. The larger the group, the greater the number of nursing homes and the larger the number of impacted residents.

Some corporations recognise this and have engaged proactively with the Chief Inspector, although they are not reflected on the Chief Inspector’s register nor are they required to engage with the Chief Inspector in relation to the day-to-day running of the nursing home. Notwithstanding such proactive engagement, the Chief Inspector has advocated for strengthening the current legislative framework which underpins the governance of management of nursing homes with a view to insulating the sector from the impact of such a scenario.

In the interim of any change to the legislation it is crucial that the information available to the Chief Inspector is an accurate reflection of the registered provider of each nursing home.

### **Changes to the registered provider**

The registered provider of a nursing home can change through an application to register but it is also possible for the registered provider to remain the same, while different people become responsible in the company, partnership or unincorporated body. Providers of nursing homes are legally required to notify the Chief Inspector of any such pending changes. These changes are made by submitting the relevant notifications with a separate notification required for a change to any person who is

part of the provider entity. The number of notifications received by the Chief Inspector in 2022, are set out in table 15 below.

**Table 15 – Registration Notifications - Changes to Registered Provider Stakeholders**

Notification Type	2022
Change of company personnel	192
Change of partner	1
Change to the manager or chairperson of an unincorporated body	0
Change to the membership of an unincorporated body	3
<b>Total</b>	<b>196</b>

Through our regulatory work in 2022, we identified cases where changes had occurred and had not been notified, or changes had been made and the notification was not received with the required notice ahead of the change.

The Chief Inspector must know who the registered provider is and how to engage with them at all times to ensure they have direct access to those legally responsible for the operation of the centre in order to deal with more serious escalatory issues.

Regulation 6(4) of the Registration Regulations states that the registered provider should give eight weeks' notice in writing to the Chief Inspector, including where a change is proposed. The use of the word proposed in the regulations means the provider should tell us about the changes 8 weeks ahead of them being implemented, whether they are fully agreed at that time or not.

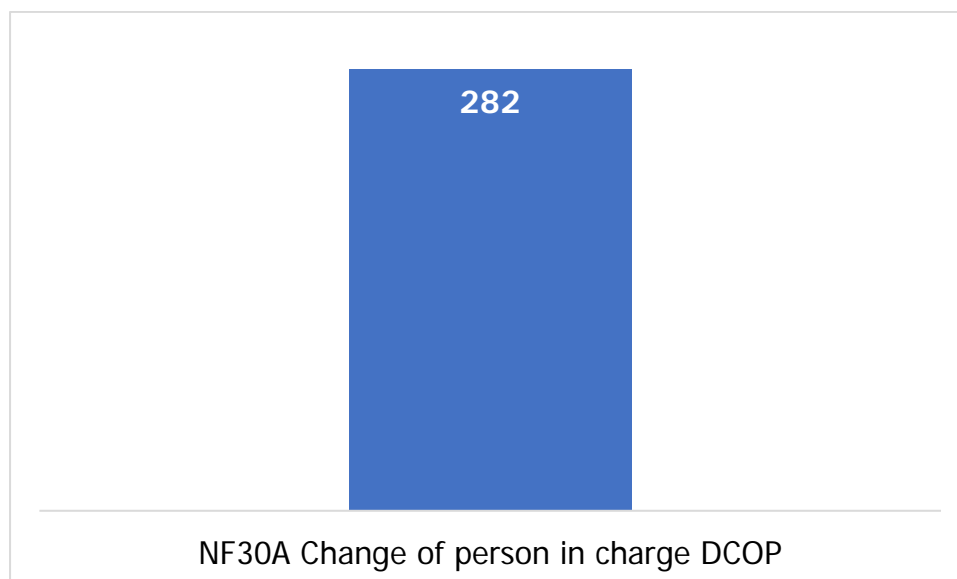
Changes to the registered provider are often subject to commercial sensitivities, however, the information can be received by the Chief Inspector in confidence, where such sensitivities exist. The register maintained by the Chief Inspector will continue to reflect people who may no longer be associated with the registered provider, until a notification advising of the change is received, and those people remain legally responsible for the operation of the nursing home.

### **Changes to the person in charge**

Second to the provider of a nursing home, the person in charge in any nursing home is the most essential role in ensuring effective governance and management and safe care of residents. The importance of this role is reflected in the regulatory requirement that there must be a person in charge in each nursing home and that that person must be notified to the Chief Inspector

During 2022, as set out in Figure 17, we received 282 notifications of changes of persons in charge in relation to 180 nursing homes.

**Figure 17 – Total number of NF30A notifications received in 2022**



In 2022, a small number of nursing homes were found to have no person in charge in post for a period of time or to have a person in charge who did not meet the regulatory requirements.

As the person in charge is such a pivotal role for the effective operation of a nursing home, the Chief Inspector engages with the registered provider to ensure this post is filled, and, where necessary, uses the escalation powers set out in the Health Act to ensure the regulations are met.

This includes:

- Cautionary and warning meetings with the provider,
- Applying conditions using section 51 of the Health Act 2007, amended.

In 2022, three conditions were applied to require a person in charge was appointed by a certain date. In one case, where this condition was not met, a further condition was applied to cease admissions to the designated centre until such time as there was a person in charge who met the regulatory requirements in place.

It is important for providers of nursing homes to think about succession planning for their services, and ensure they have a plan in place in the event that the person in charge is unavailable for a period longer than 20 days, or if they leave the post. Planning should focus on ensuring that there is somebody else in the nursing home who has a management qualification, and the necessary experience in the nursing of older persons and the experience of working in a management capacity in the health and social care area.

## 5.2 Regulation 28: Fire precautions

In 2022, fire safety in nursing homes remained a key issue of concern for inspectors with a reported level of non-compliance at the end of the year of 32%. Although this was a 4% reduction in non-compliance since the end of 2021, any non-compliance with Regulation 28: Fire precautions is a cause for concern.

In 2021, HIQA published *The Fire Safety Handbook – A guide for providers and staff of designated centres* which aimed to assist providers to meet their fire safety obligations under the Health Act 2007 (as amended), relevant regulations aligned to this Act and relevant national standards related to fire safety. That guidance encouraged providers of nursing homes to proactively undertake their own fire safety risk assessment in order to ensure that they have a complete view of the totality of fire safety risks in their centre. Many providers have followed this guidance and it is possible that such fire safety risk assessments have contributed to the reported level of identified non-compliances for 2022. In contrast to non-compliance with other regulations, non-compliance with Regulation 28 may be positive in so far as it may indicate that providers have identified previously unknown fire risks. Providers cannot address issues that they are not aware of with such hidden risks presenting a threat to the safety of residents.

The issues contributing to the findings of non-compliance were largely the same as those previously reported including:

- Inadequate containment of fire. This was for the most part due to the quality of the fire doors and the lack of, or deficient, fire compartment boundaries for progressive horizontal evacuation.
- Inadequate arrangements to safely evacuate residents due to inadequate fire training, poor staff knowledge, insufficient resources (particularly at night-time) and poor drill practices.
- Poor risk identification and management of fire safety risks.
- Inadequate means of escape, for example inner rooms used as bedrooms, fastenings to exits and poor external escape routes.
- Poor precautions against the risk of fire, for example, inadequate storage practices such as storage in high fire-risk rooms, attics used for storage and poor arrangements for storage of medical gases.

While it is accepted that works to improve fire safety can take time, providers are required to take a risk-based approach to any identified issues ensuring that the deficits that present the greatest risk to the safety of residents are addressed first and in a timely fashion. In addition, providers are required to focus on issues such

as staff training and housekeeping issues which are directly in the control of those working in the nursing home.

A judgment of non-compliance means that the risks identified pose a risk to the residents living in the centre. If risks are rated red (high risk) the Chief Inspector, will set a time frame for completion and if rated orange (moderate risk), the registered provider must take reasonable action within a reasonable time frame to come into compliance.

Should a provider fail to address known fire risks in a timely manner the Chief Inspector may apply a condition to the registration of the designated centre requiring the provider to take the necessary action. In 2022, 11 designated centres had such conditions attached. These condition types applied were proportionate to the fire safety risks identified and included:

- Condition with a specific time frame for completion of works
- Condition to cease admissions until such time as the fire safety works required were completed.

In case where there was significant risk to residents living in the centre or where continued engagement with the registered provider had not brought about the changes required, these centres were referred to the local fire authority. This occurred on five occasions in 2022.

### 5.3 Regulation 17: Premises

From January 1 2022, in order to ensure compliance with Regulation 17 Premises, all providers were required to ensure that:

- Each resident in a bedroom had an area of not less than 7.4m<sup>2</sup> of floor space, including the space occupied by a bed, a chair and the resident's personal storage space
- No bedroom had more than four residents other than a high-dependency room which could accommodate up to six residents
- There was a minimum of 1 toilet, including accessible toilets, for every eight residents which are easily accessible by, and in close proximity to, but not necessarily en-suite with resident's bedrooms.

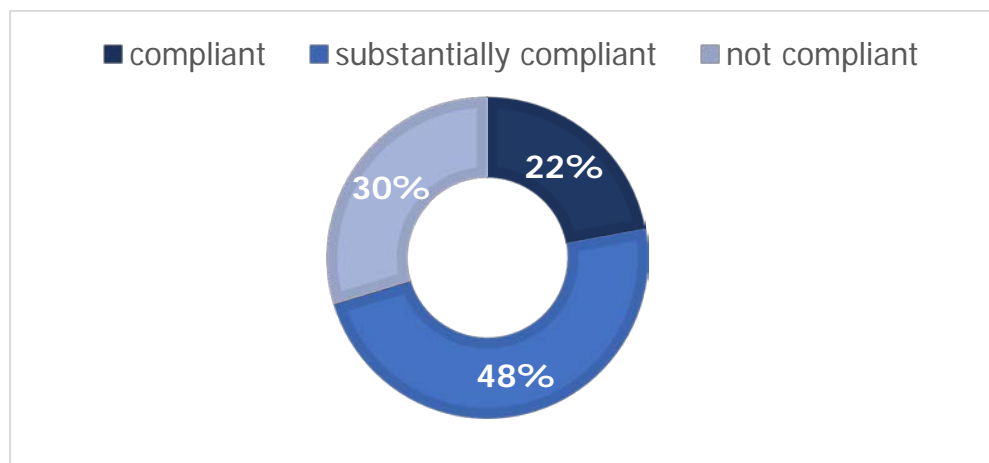
In addition, each provider was required to ensure that within their nursing home there was

- Adequate sitting and recreational space other than a resident's private accommodation, and dining facilities for all residents which can cater to the

number of residents concerned but not necessarily for all residents at the same sitting.

At the end of 2022 there was a slight reduction in the level of non-compliance with Regulation 17 Premises from 33% at the end of 2021 to 30% at the end of 2022.

**Figure 18 – Overall Compliance with Regulation 17 in 2022**



Common issues which contributed to findings of non-compliance with Regulation 17: Premises during 2022 included

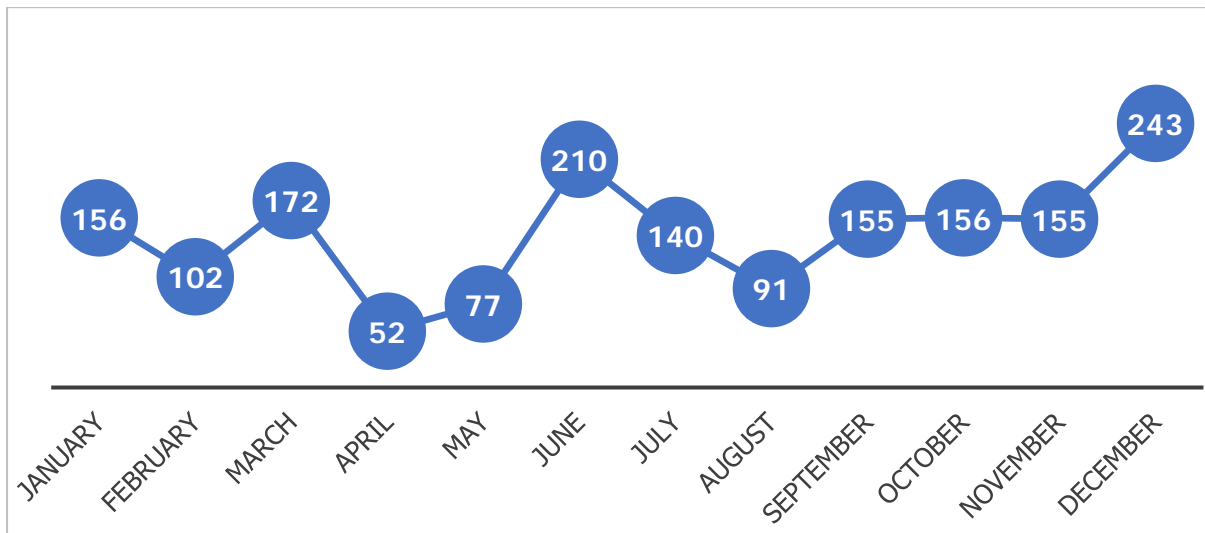
- Residents not having 7.4m<sup>2</sup> of floor space which impacts on their quality of life in that they may not be able to have their personal belongings around them, or move freely in their space, especially where they use mobility aids such as walking frames
- Insufficient communal space for residents to access and spend time in comfortably
- Damage to décor
- Insufficient storage
- Insufficient numbers of toilets or showers available for the number of residents
- Outstanding maintenance issues
- Limited or lack of access to safe outdoor space.

#### **5.4 Regulation 27: Infection control**

Managing outbreaks of COVID-19 remained the greatest infection prevention and control challenge for providers for nursing homes in 2022. Throughout the year inspectors continued to closely monitor the number of outbreaks of COVID-19 and to escalate any requests for assistance to the HSE. Such requests for assistance significantly reduced relative to the previous two years and providers and their staff were well equipped in recognising and responding to COVID-19. Thankfully, the national vaccination programme also significantly reduced the impact that COVID-19

had on residents in nursing homes, with COVID-19 positive residents largely reported as presenting with mild symptoms. The national vaccination programme also protected the staff in nursing homes reducing COVID-19 related serious illness and absences.

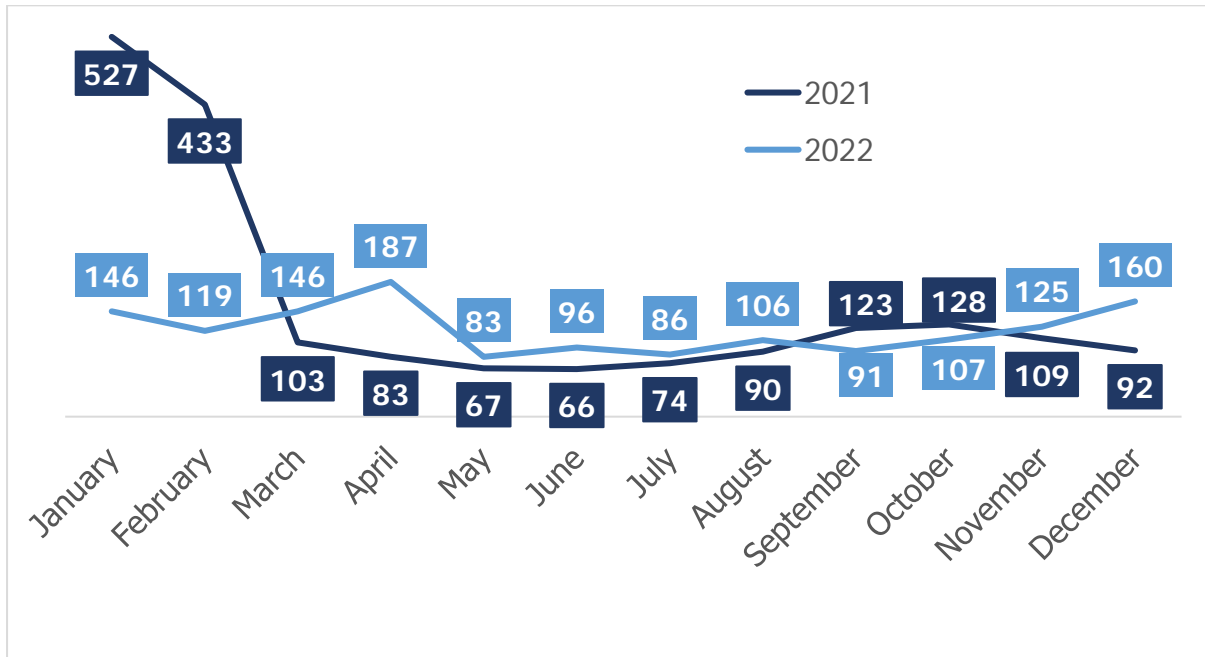
**Figure 19 – Number of NF02 notifications received per month in 2022 which reported a confirmed case of COVID-19**



In addition to monitoring notifications of confirmed or suspected outbreaks of COVID-19, inspectors also continued to monitor notifications of unexpected deaths of residents of nursing homes throughout the year. At the beginning of the pandemic in early 2020, the former Chief Inspector issued a regulatory notice that required providers to treat all deaths that may be associated with COVID-19 as an unexpected death. This was to ensure early recognition of a nursing home that might require additional assistance in managing an outbreak of the virus or where residents might require additional medical support. While these annual figures are not the number of residents of nursing homes who died as a consequence of contracting COVID-19, they do provide a barometer of the impact of COVID-19 on residents in nursing homes.

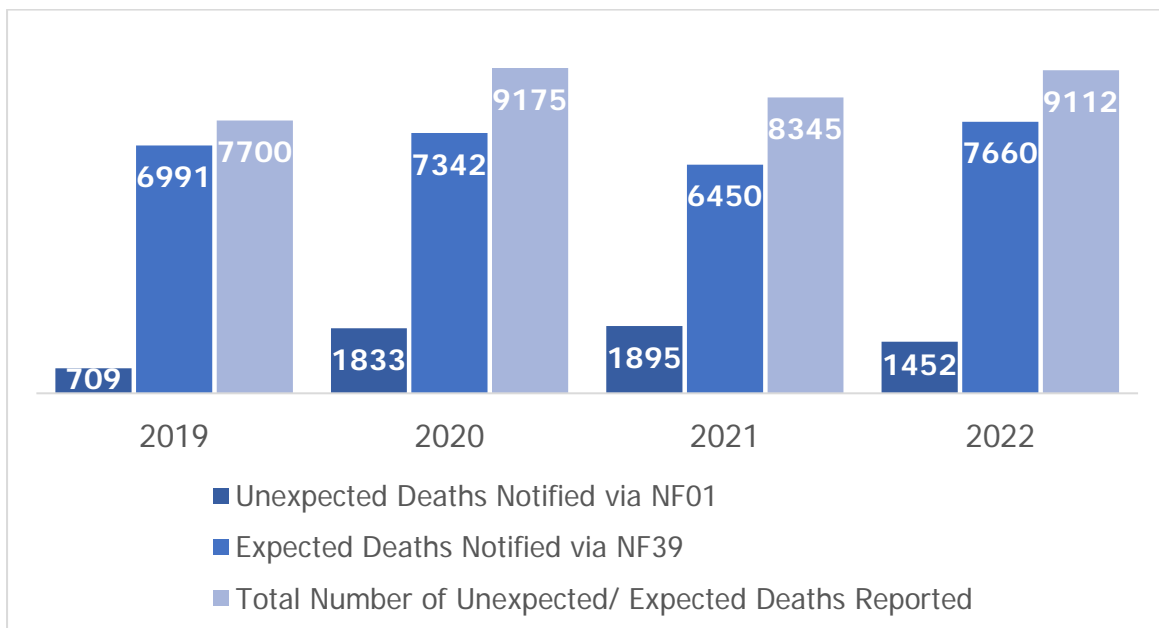


**Figure 20 – Notification of unexpected deaths received in 2021 and 2022**



In last year’s overview report, we presented information related to the total number of deaths (expected and unexpected) of residents in nursing homes which showed that the total number of deaths for 2020 and 2021 far exceeded that of 2019, the last year before the outbreak of COVID-19. That trend continued in 2022. These figures may represent a ‘new normal’ aligned to the general perception that increased home support services are facilitating people to remain living at home for longer and that those taking up residence in nursing homes are older and frailer.

**Figure 21 – Total number of expected and unexpected deaths reported between 2019 and 2022**



## Compliance with Regulation 27

In order to be compliant with Regulation 27: Infection control, providers of nursing homes must ensure that their staff implement procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA. The *National Standards for infection prevention and control in community services* (2018) are the current national standards relevant to nursing homes. These standards in turn set the expectation that available clinical practice guidance, including guidelines from the HSE and the HPSC, is implemented.

Compliance with Regulation 27 was assessed in 653 inspections during 2022 with the findings (set out in table 16 below) presenting a mixed message in terms of compliance. There was little difference between the total percentage of providers found to be compliant or substantially compliant and the percentage found to be not compliant but there was a notable move from compliance towards substantial compliance.

**Table 16 – Overall Compliance with Regulation 27 in 2021 and 2022**

Year	Regulation	Compliant	Substantially Compliant	Not Compliant
2021	Regulation 27: Infection prevention and control	27%	46%	27%
2022	Regulation 27: Infection prevention and control	15%	59%	26%

The following areas of good practice were noted during 2022:

- Strengthened governance
- Appointment of infection control leads, and established links with public health
- Outbreak management and reporting
- Promotion of vaccine uptake
- Implementation of IPC guidance and mandatory training for staff.

The compliance findings may reflect a renewed focus by inspectors on issues other than COVID-19 as we progressed through 2022 with a focus of managing risks presented by issues such as other healthcare-associated infections, antimicrobial resistance and legionella. Although still significantly improved from the 50% non-compliance reported in July 2020, these findings show that ensuring full compliance with Regulation 27 remains a challenge for providers of nursing homes.

In addition, throughout 2022 providers of nursing homes continued to balance the need to have effective infection control measures in place while maintaining a social model of care commensurate with a residential setting. Nursing homes are not acute healthcare facilities, nor should they operate as such. The Chief Inspector is committed to working with all nursing home providers to ensure that the impact of infection control measures strike the correct balance between keeping people safe and promoting a good quality of life.

Key issues identified as impeding full compliance with Regulation 27 during 2022 included:

- Antimicrobial stewardship
- Adherence to standard-based precautions and transmission-based precautions
- Audits
- Visiting risk assessments
- Oversight and supervision of cleaning practices
- Oversight of training.

To improve compliance, inspectors of social services with expertise in IPC delivered two webinars titled “Balancing infection control and quality of life” in May 2022, which were attended by nearly 700 registered providers, persons in charge and persons participating in the management of nursing homes.

On a positive note, providers of nursing homes and their staff have engaged with the Infection Prevention and Control (IPC) link programme, whereby IPC practitioners with specific training and expertise in the prevention and control of infection provide training and guidance on IPC to individuals working in nursing homes. The link practitioners will act as a local resource and role model for their service, whilst also being members of a wider network of IPC experts. The IPC Link Practitioner will increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to improve infection prevention and control practices.

## Chapter 6. Stakeholder engagement

### 6.1 Engagement with registered providers, persons in charge and persons participating in management

#### Provider engagement events

In 2022, the Older Person's Team recommenced our programme of stakeholder engagement, following the impact of the COVID-19 pandemic. In-person stakeholder events were scheduled in September and October 2022 to support effective and ongoing channels of communication, outside of the inspection and monitoring processes. These events were held in Dublin, Cork, Galway and Mullingar, and were well attended by registered providers, persons in charge and persons participating in management of nursing homes.

The theme of these events underpinned our regulatory approach to hearing the voice of the resident and ensuring residents' human rights are upheld – *Residents' Rights: Listening to Drive Improvement*. The events saw presentations from a wide range of HIQA staff including an introduction to the relevant inspection team and important topics relating to nursing homes. Attendees heard about the results of the Nursing Home Survey, the first of its kind, which was completed in 2022. Other topics included the essential role of the person in charge, safeguarding adults at risk and promoting a rights-based approach to residents' care. An inspector gave a presentation regarding striking a balance between effective infection prevention and control and the right of the resident to live in a homely environment. The Deputy Chief Inspector outlined forthcoming amendments to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2016 in relation to access to advocacy and complaints. The events concluded with a question and answer session.

#### Webinars

In May 2022, the team hosted two webinars for registered providers, persons in charge and persons participating in management of nursing homes. The webinars were hosted over two days, with nearly 700 attendees. These webinars outlined key findings and learnings from the infection prevention and control inspection programme to date.

Attendees were informed of areas of good practice, and areas which required improvement.

## 6.2 Engagement with key stakeholders

Furthermore, the team continued its regular engagement with key stakeholders to discuss issues impacting nursing homes, including:

- Older People Operations, HSE
- SAGE Advocacy
- Office of the Ombudsman
- Nursing Homes Ireland
- Céile Care.

This engagement ensured that key areas of concern were discussed, and supported us to drive improvement within the nursing home sector.

## Chapter 7. Conclusion

Overall in 2022, as can be seen from the data presented in this report, there was good overall compliance with the regulations. Inspectors identified many examples of good practice and residents' rights being promoted as day-to-day life in nursing homes returned to more typical routines as COVID-19 restrictions were relaxed and removed. Residents who spoke with inspectors generally expressed high levels of satisfaction, and this was also the finding of the first National Nursing Home Experience Survey carried out during the year.

On the other hand, there are regulations with consistently higher levels of non-compliance over a prolonged period. Through our inspection programmes and our stakeholder engagement activity we will continue to focus on driving improvement in relation to those areas where we see the highest levels of non-compliance, such as governance and management arrangements, the premises and fire safety. It is important that providers assess their own performance in these areas, and take any required actions to ensure they are compliant with the regulations. Where we are not assured that the required action is being taken and where services are not safe for residents, we will escalate in line with our authority-monitoring approach, and using the powers of the Health Act 2007.

Effective governance and management arrangements are fundamental to the delivery of quality, safe care and support in nursing homes. A continued focus in 2023 will be carrying out inspections to assess whether providers have effective management structures, procedures and oversight arrangements in place, to ensure they can respond appropriately to consistently provide safe services. Our stakeholder engagement approach will continue to support providers by delivering information sessions on key topics, through our program of webinars, and also in our annual face-to-face stakeholder events.

As we have identified previously, the nursing home sector is changing. The size of nursing homes is increasing. Through closures, we are seeing reduced numbers of smaller nursing homes. Many existing nursing homes are building additional units, and new-build nursing homes generally provide 90 or more beds. The data we have included in the report shows that there is a trend of new beds being provided in the east of the country, but many other areas are seeing an overall reduction, especially in rural areas. The move to smaller numbers of owners, providing more nursing homes also continues. The impact of these changes in the sector should be considered as the Department of Health continues the process of reviewing the regulations.

We continue to engage with the Department of Health to progress the recommendations from the COVID-19 Nursing Homes Expert Panel, and to support the work underway to review the legislative framework and to reform the regulations.

The Chief Inspector will continue to monitor, inspect and carry out their regulatory programme to ensure residents are receiving safe, good-quality services.



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Published by the Health Information and Quality Authority (HIQA).**

For further information please contact:

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

Phone: +353 (0) 1 814 7400  
[info@hiqa.ie](mailto:info@hiqa.ie)  
[www.hiqa.ie](http://www.hiqa.ie)

© Health Information and Quality Authority 2023