Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

15 YEARS OF REGULATING

NURSING HOMES

2009 - 2024

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body 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.

Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, 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 of Social Services 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 permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social 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 and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

About the Chief Inspector of Social Services

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) (referred to in this report as the Chief Inspector) is responsible for registering and inspecting nursing homes in Ireland.

The functions and powers of the Chief Inspector are set out in Parts 7, 8 and 9 of the Health Act 2007 (as amended) (from now on referred to in this report as the Act).

The Chief Inspector currently regulates designated centres for:

- older people
- people with disabilities
- special care units for children and young people.

The role of the Chief Inspector includes inspecting and registering nursing homes for older people through assessing compliance with the regulations and nationally mandated standards. This is achieved through desktop inspection of information received from the provider about the nursing home, on-site inspection in nursing homes and ongoing assessment of compliance by providers with the regulations and national standards. The regulations and standards in effect for nursing homes for older people are as follows:

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended)
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015
- *National Standards for Residential Care Settings for Older People in Ireland* (2016)
- *National Standards for infection prevention and control in community services* (2018)
- *National Standards for Adult Safeguarding* (2019).

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Foreword

This report describes our experience, as a regulator, of inspecting nursing homes over the past 15 years and the impact regulation has had on the lives of residents. The primary focus of our inspections is to ensure safe care and support, and that the rights of people living in nursing homes are respected and promoted. To ensure this, we have adopted a human rights-based approach to regulation, and we also work to support the people who provide services to understand this better.

Prior to 2009 — when regulation was first introduced to the sector — there was no independent monitoring of the quality and safety of all nursing homes. We commenced regulating both public and private nursing homes following significant public concern about the standard of care in some centres. While we found many good or excellent services in operation at that time, the early years of regulation also witnessed a significant cluster of nursing homes which had very poor and concerning care practices. Some residents lived in cramped, unfit premises, there were often insufficient staffing levels, and widespread outdated and institutional care practices. In short, residents were not receiving person-centred care.

In the early years of regulation, the sector was also impacted by the global financial crisis and national austerity measures in Ireland which severely limited the resources available to modernise many services. This represented a huge challenge for nursing home providers to meet the requirements of the regulations, particularly in relation to the suitability of the premises and fire safety. Unfortunately, some of these challenges persist to this day.

For this and other reasons, a number of centres either closed voluntarily as they felt unable to reach the regulatory requirements or were closed as a result of enforcement action by the Chief Inspector. We held poorly-performing providers to account by ensuring that they put residents at the centre of everything they did. This meant residents being involved and consulted on their care, having their rights upheld and being empowered to live more fulfilled and active lives. Over the subsequent years, we saw improvements across all residential services, with a clear focus on the social care aspects of residential care for older people. However, this progress was set back somewhat during the COVID-19 pandemic, which had an enormous impact on the lives of people living in nursing homes.

Over the years, we have also observed a human rights-based approach to care bedding in, particularly during and after COVID-19. We saw many providers change the culture within their services, leading to tangible improvements in the quality of life for residents. We have also observed many providers seeking to build on compliance with the regulations and achieve higher quality services. We also conduct

'thematic inspections' which focus on improving the quality of specific areas of care — such as promoting greater independence for residents through reducing what are termed 'restrictive practices' and promoting the safeguarding of residents.

One clear trend that has emerged in recent years is a move towards larger nursing homes with more beds. Many smaller, local nursing homes have closed over the past number of years. This change represents a loss of choice for residents and their families and may, in the future, result in residents being left with no option but to live in larger centres far from their families, friends and local communities.

We also have sought to improve how we engage with residents over the years, either during inspections or in less formal settings, or seeking their views through questionnaires, and we have given greater prominence to the voice of residents in our inspection reports.

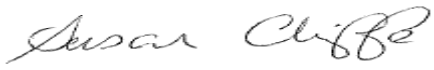
Notwithstanding the progress made with achieving higher standards of care during the period of regulation by the Chief Inspector, there are significant current and future challenges facing the sector, and further reform of the regulatory framework is required. The profile of centre ownership in the sector is changing, and based on the experience in the UK, this poses potential risks to the sustainability of services in the event that a parent company gets into financial difficulty. The sector is also experiencing ongoing challenges in recruiting and retaining staff. There is also an absence of a national strategy for social care to enable the country to have a clear vision for how social care is to be provided, funded and staffed into the future to meet the changing needs of those that require care and the changing population demographics. As people get older, they must be supported to live active and fulfilling lives where their human rights are protected and promoted and in settings that are local and promote their independence as far as possible.

2024 is a significant year for the regulation of nursing homes. Not only does it mark the 15-year milestone of our regulation of services, but it has also brought a number of positive developments to the sector, such as the establishment of the Commission on Care for Older People, and new powers for the Chief Inspector through the commencement of the Health (Miscellaneous Provisions) Act 2024 and Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023.

We will continue to work with stakeholders, including the Department of Health, to inform the debate on the future being left with no option but to take up models of care for older people and the regulatory framework needed to support it over the coming years.

Carol Grogan

Chief Inspector of Social Services



Susan Cliffe

Deputy Chief Inspector of Social Services

Executive summary

This report provides a comprehensive review of the regulation of designated centres for older people since 2009. It outlines the evolution, challenges, and impact of regulating nursing homes in Ireland over the past 15 years.

HIQA's Chief Inspector of Social Services was established to provide independent inspection, regulation and registration of nursing homes. The primary function of regulation is to protect those who use the services and ensure they are receiving safe, quality care and support. With this in mind, our focus over the past number of years has been to improve the lived experience for nursing home residents.

When regulation commenced in 2009, we identified mixed findings. While some nursing homes were found to be providing a good service and were meeting the regulations, other nursing homes struggled to meet the basic standards of care expected. Inspectors identified institutional practices, outdated premises and a prevailing culture of a medical model of care, which emphasised a clinical focus on residents' healthcare needs but where their social needs, preferences, dignity and privacy came second.

The Chief Inspector used its powers to drive improvement and ensure nursing homes should be places where people can feel at home, have choices about their care and where they can enjoy a greater degree of privacy and dignity. We have continually emphasised the importance of effective governance and management arrangements in ensuring that residents receive person-centred care and are supported to live meaningful lives. We have worked closely with providers to move services from a medical model of care towards a social model of care. Many providers have transformed their services and are now providing care that is more person centred and where residents can exercise choice and preferences.

COVID-19 had an enormous impact on the nursing home sector and the lives of people living in nursing homes. During this period, many services switched back to a medical model of care and residents' rights were impacted during this period. As we continue to move forward following the pandemic, we have worked with providers to help them to focus efforts on restoring a model of care that places residents at the centre.

Since 2009, inspectors have placed significant emphasis on amplifying the voice of residents in the regulatory process. This includes direct engagement with residents during inspections, the use of feedback questionnaires, and the publication of findings that reflect residents' experiences. Initiatives like the National Nursing Home Experience Survey have also captured comprehensive insights into the quality of care from the perspective of those who receive it.

Our data shows that nursing homes are growing in size and are catering for a larger number of residents and that smaller nursing homes are ceasing operations due to a variety of challenges. The data also shows that there are geographical differences as to where new nursing homes are being built and where nursing homes are closing. Such differences may impact the ability of older people to access care in their communities in the future.

The sector faces ongoing challenges, including staffing shortages, regulatory gaps, and the financial viability of smaller nursing homes. The trend towards larger care facilities has reduced local care options, potentially distancing residents from their communities. Additionally, there is a pressing need for a national strategy for social care to ensure sustainable, high-quality care in the future.

Over the past 15 years, our approach to regulation has also evolved as we have learned about the most effective way to both regulate and work with providers to ensure residents receive good quality care. We developed IT systems and capabilities to enable us to capture and track data and to allow providers to notify us of required incidents and information electronically. We also took steps to try to better reflect the voice of residents living in nursing homes.

The landscape in which nursing homes and the regulator exist is an ever-changing one and so regulation also continues to evolve. The recent commencement of the Health (Miscellaneous Provisions) Act 2024 has strengthened the Chief Inspector's powers within nursing homes to enable the issuing of compliance notices and the collection of certain data from centres. In addition, once the relevant section of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 is commenced this will require notification to the Chief Inspector of specific incidents by nursing homes, among other powers.

While significant progress has been made in enhancing the quality of care in nursing homes, continuous improvement is still necessary. HIQA recommends further reforms to the regulatory framework, including clearer policies on resident charges and more robust measures to ensure the sustainability of care services. Collaborative efforts with stakeholders are essential to shape future care models that prioritise residents' wellbeing and uphold their rights.

HIQA remains committed to working with all stakeholders to improve care standards and developing a regulatory framework that meets the evolving needs of Ireland's aging population. By prioritising residents' rights and quality of life, we aim to foster a care environment that is both stimulating and safe.

Chapter 1: Introduction — setting the scene

1.1 Introduction

The Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA) has been inspecting and regulating designated centres for older people (commonly known as nursing homes) since 1 July 2009. This signalled a significant shift from the previous oversight system undertaken by the Health Service Executive (HSE),[1] which up to then had only inspected and registered private and voluntary nursing home providers.[2]

This report provides an overview of the past 15 years of regulation of nursing homes by the Chief Inspector within HIQA, examining how the sector has evolved in that period of time and looks at current and future challenges.

Nursing homes provide accommodation and care for over 31,000 people in Ireland whose needs can no longer be met in their own homes. In essence, the purpose of regulation is to help protect and enhance their quality of life. Registered providers, the State and the regulator have a common goal but different roles and challenges. For example, providers should aim to deliver person-centred, human rights-based care and support in a safe, homely environment.

The State aims to achieve best outcomes for residents while ensuring good value for public money. The State and its agencies also set policy direction to ensure that the rights of older people living in residential centres are upheld. The regulator's job is to ensure legal minimum requirements — as set out by the State in legislation and regulations — are met. The regulator also aims to promote ongoing quality improvement in the care and welfare of residents through developing and monitoring the implementation of national standards and aims to work with nursing home providers to promote care standards that go beyond the legal minimum requirements.

1.2 The need for regulation

In 2005, a Raidió Teilifís Éireann (RTÉ) undercover reporter, who was also a qualified care worker, used a hidden camera to film shocking conditions and work practices in the Leas Cross nursing home in Dublin. The RTÉ 'Prime Time Investigates' programme broadcast on 30 May 2005 prompted a national debate on

[1] The Commission of Investigation (Leas Cross Nursing Home) Final Report: June 2009.

[2] Annual Report 2011 Health Information and Quality Authority.

how older people were being looked after in some nursing homes.[3] The Leas Cross scandal was instrumental in changing the way nursing homes were inspected.[4] The scandal led to the establishment of HIQA two years later in 2007 as the new regulatory body for social services.[5] An expert review of deaths of residents at Leas Cross — published in November 2006 — had identified key issues including weak policy, legislation and regulation, and said the establishment of HIQA would ensure that an independent inspectorate would operate for these services.[6]

1.3 Establishment of HIQA and the Chief Inspector of Social Services

The first key step to regulating residential centres for older people was the establishment of the Health Information and Quality Authority (HIQA) on 15 May 2007 as part of the Government's overall Health Reform Programme. Reporting directly to the Minister for Health, HIQA's role is to promote safety and quality in health and personal social services for the benefit of the health and welfare of the public. The key drivers of quality are all contained within the functions of HIQA, which are set out in the Health Act 2007 (as amended).[7]

The 2001 Health Strategy — which had proposed the creation of HIQA to drive the quality agenda at national level[8] — had also stated that the former Social Services Inspectorate (SSI) would be established on a statutory basis and its remit extended to include residential care for people with disabilities and older people.[9] The former SSI, interim Health Information and Quality Authority and the former Irish Health Services Accreditation Board (IHSAB) were merged to form HIQA in May 2007.

The Office of the Chief Inspector of Social Services was established within HIQA with the Chief Inspector charged with the inspection and regulation of nursing homes (building on the previous model of the SSI).

[3] RTÉ Archives. Leas Cross Nursing Home 2005.

[4] O'Regan. E. Nurse is struck off following Leas Cross inquiry. Irish Independent online, 24 October 2012.

[5] Quinn, P (HIQA). Opening address on adult safeguarding standards, Seminar, 9 May 2018.

[6] O'Neill, D. Leas Cross Review: 10th November, 2006.

[7] Health Act 2007 (as amended).

[8] Department of Health and Children. Quality and Fairness: A Health System for You: Health Strategy. Dublin: Government of Ireland; 2001.

[9] Quality and Fairness: A Health System for You: Health Strategy.

1.4 Preparations for regulation

The first draft national standards for residential care settings for older people in Ireland were developed by the Department of Health and Children,[10] and were formally referred to the then interim Health Information and Quality Authority in January 2007 to further develop and finalise. These would apply to all residential care settings for older people - public, private and voluntary.[11,12] Following a process of public consultation, the revised draft standards were approved by the HIQA Board and officially published on 11 March 2008.[13,14]

The Department of Health and Children carried out a regulatory impact assessment in relation to the implications of the national standards, and work began on the drafting of regulations for the registration and inspection of residential care centres for older people.[15]

Throughout 2008, the SSI within HIQA continued to prepare for the regulation of residential services for older people and people with disabilities.[16] Recruitment of staff had started in 2007 to ensure the inspectorate was fit for purpose.[17] However, the planned commencement of regulation of nursing homes during 2008 was postponed as a consequence of the deteriorating national public finances.[18]

In preparation for the commencement of the registration and inspection of nursing homes, HIQA requested information on an ongoing basis from each nursing home. In advance of regulation starting, a number of meetings were hosted by HIQA with managers and owners of nursing homes to inform them of the new regulatory processes and to address queries or concerns they wished to raise. In 2009, a suite of documents was also produced by HIQA to ensure that all stakeholders had all the

[10] National Quality Standards for Residential Care Settings for Older People in Ireland (2009). Dublin: HIQA; 2009. Available from Lenus.ie.

[11] Ibid.

[12] Annual Report 2007 Health Information and Quality Authority.

[13] Annual Report 2008 Health Information and Quality Authority.

[14] *National Quality Standards for Residential Care Settings for Older People in Ireland* (2009).

[15] Annual Report 2008 Health Information and Quality Authority.

[16] Ibid.

[17] Annual Report 2007 Health Information and Quality Authority.

[18] Annual Report 2008 Health Information and Quality Authority.

information they needed, while national roadshows took place in Dublin, Kilkenny, Athlone, Sligo and Cork to provide information on the new regulatory process.

Following extensive consultation and input from an expert advisory group,[19] the final set of *National Quality Standards for Residential Care Settings for Older People in Ireland* were published in March 2009. They had been developed based on legislation, standards in other jurisdictions, research findings and best practice.[20]

On 1 July 2009, the regulations governing the care and registration of nursing homes came into effect.[21,22]

1.5 Commencement of regulation

In line with the regulations, every provider had to be registered, or a decision made to refuse and cancel the existing registration, by 30 June 2012. To meet this deadline, all nursing homes had received at least one inspection visit by the end of September 2010.[23] The vast majority of inspections found that providers of nursing homes and their staff were striving to provide good care to their residents.

Before regulation commenced, we had only a high-level perspective on the quality and safety of services around the country. Therefore, the early period of regulation was a process of getting to know all of the various registered providers, assessing their governance practices, and identifying the nursing homes that presented significant risk to residents' health and welfare. While many nursing homes were found to be providing good quality care, there were a number that fell below the standard required. Inspectors found evidence of poor practices related to risk management, person-centred care, restrictive practices (such as limiting residents' liberty and choices) and unsuitable premises.

On the following page are some examples from early inspection reports that provide a window into the life of some residents in nursing homes at that time.

[19] HIQA press release: Nursing Homes Standards Launched, 9 March 2009.

[20] *National Quality Standards for Residential Care Settings for Older People in Ireland* (2009). Dublin: HIQA; 2009. Available from Lenus.ie.

[21] S.I. No. 245/2009 - 2007 (Registration of Designated Centres For Older People) Regulations 2009.

[22] S.I. No. 236/2009 - Health Act 2007 (Care and Welfare of Residents In Designated Centres For Older People) Regulations 2009.

[23] Annual Report 2010 Health Information and Quality Authority.

Unannounced inspection, July 2009 — significant concerns

There were significant concerns for the safety and care of residents, the management of residents with behaviour that is challenging, the quality of the care plans, the quality and choice of meals, the recruitment and retention of staff and medication management practices… There were significant concerns about the safety of three residents in particular and the provider was required to review the care plans for these residents and submit them to the Health Information and Quality Authority within one working day of the inspection.

Unannounced inspection, September 2009 — overall good standard seen

Overall, there was evidence of good practice and a commitment shown by staff to improving the service to residents... There was evidence of ongoing training and development and proactive management support within the centre. The residents were very friendly and keenly engaged with inspectors. The inspectors were satisfied that the nursing, medical and other healthcare needs of residents were catered for to a good standard… The inspectors found that the premises, fittings and equipment were clean and well maintained and there was a good standard of décor throughout the centre.

Inspections are effective ways to drive improvements, as seen in this example below from a follow-up inspection of a nursing home.

Unannounced follow-up inspection, September 2009 — choices of meals

At the meeting with the provider on 20 August 2009, he explained that immediately following the inspection he arranged for residents to be offered a choice of a main meal. He stated that staff were surprised when residents, whom they thought were unable to make choices, actually stated their preference. Templates for photographic menus were provided at the meeting. At the follow-up inspection, inspectors saw records of the choices offered and the selections made by the residents. This was confirmed by residents who were interviewed.

However, significant and concerning risks were found during a number of inspections. Inevitably, some providers were not capable of meeting the regulations, and we used our powers of regulatory action and enforcement where necessary. Fourteen nursing homes were were closed as a result of enforcement action taken by the Chief Inspector between 1 July 2009 and 30 June 2012; six of these were

closed by court order under Section 59 or Section 60 of the Health Act 2007, as amended.[24]

1.6 A significant milestone – registration of all nursing homes

The legislation in place at the time meant that all nursing homes were required to be registered by the Chief Inspector by 30 June 2012. Registration was not simply an administrative procedure. To be granted registration, each nursing home provider had to satisfy the Chief Inspector that it was in compliance with the Health Act 2007, associated regulations and national standards, and that they had good governance systems in place.

By the end of 2011, a total of 317 centres had been issued with a registration certificate.[25] By June 2012, we had met our statutory requirement to have every designated centre for older people, operating on or before June 2009, to be either registered or a decision made to refuse and cancel their existing registration. Of the 568 active centres operating on 30 June 2012, the Chief Inspector had registered 562 (99%) centres. Of the remaining six centres, all of them were in the final stages of the process.[26]

[24] Annual Report 2012 Health Information and Quality Authority.

[25] Annual Report 2011 Health Information and Quality Authority.

[26] Annual Report 2012 Health Information and Quality Authority.

Chapter 2: The voice of the resident

Meeting people who live in nursing homes is a critically important aspect of our inspection methodology and reporting. Hearing from residents and understanding their lived experiences are both essential in determining how their rights are respected and ensuring that they are supported to live a fulfilling life.

2.1 Engagement with residents while on inspection

Our inspectors spend significant time meeting residents on inspection, and we use the information they give us to inform our inspection findings. In our experience, this engagement supports quality improvement in nursing homes.[27]

The feedback from residents to us is that they feel comfortable talking to us during inspections and that they think that HIQA coming in is a good thing. In some cases, they may explain issues they have and we then follow up with the nursing home as to why those issues occur. We are very careful when speaking with residents while out on inspection. For example, in very small nursing homes, it can be difficult to find a private place to talk with residents. If a resident does not want to talk with us, we will respect that and not do so, but then we will observe interactions between residents and staff and interactions among residents. This is because not everybody gets on with everyone they live with and this can have a significant impact on the quality of life of residents in centres. Given the needs of residents living in nursing homes, some people do not use verbal communication and they communicate in other ways. Inspectors also observe how these residents interact and report on this in inspection reports.

In our early inspection report templates, we had a small section called 'Comments by residents and relatives'. For example, this entry for this section in a 2011 report stated:

> Inspectors met with relatives and residents who stated that they were satisfied with the care provided; staff were very attentive to residents and responded quickly when they needed assistance. Residents who were able to communicate with inspectors stated that they enjoyed the food and had choice in their daily routines such as meal times and the time they got up and retired. Some residents

[27] Chief Inspector speaking at the Oireachtas Joint Committee on Disability Matters, 8 November 2023.

stated that the days were very long and there was limited variety or activities available.

Beginning in 2018, we amplified the voice of residents in our inspection reports, and changed the opening section of each report to 'What residents told us and what we observed'. This now comprises a significant portion of the inspection report. The primary focus for this section of the report is on the voice and experiences of residents and their families or carers, and whether or not this is a good centre and a nice place to live. This aims to show readers how residents are supported to live good lives or where providers need to improve this aspect of the service. Providers should be able to see opportunities in this section of the report to improve the lives of residents or see how the steps they are taking are proactively enhancing life in the centre. It is also an opportunity to call out good practice and to share learning across the sector.

We include direct quotations from residents when these are supported by other evidence seen by inspectors. We also encourage our inspectors to report on conflicts of evidence, particularly when residents, families or advocates report that they are happy with a centre but when an inspector sees other evidence that a provider could go further to enhance the lives of residents.

Good feedback from residents – 2017 inspection

A large number of quality questionnaires were received from residents and relatives, and inspectors spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Family involvement was encouraged, with relatives and residents stating they are welcomed at any time. Inspectors saw numerous visitors in and out of the centre during the two-day inspection. There was an active residents' committee which ensured the residents' voice was heard, and residents were also involved in other committees such as a nutrition committee and infection control committee. Residents told inspectors they felt empowered by their involvement in these committees and felt the staff took their suggestions and recommendations seriously and acted upon them.

Good consultation with residents – 2021 inspection

Residents have invited the management team to attend resident forum meetings so that information can be shared directly with them and questions can be asked and answered in a timely way. The management of the centre welcome this opportunity. Residents are now individually being provided with a bulletin containing information relating to issues affecting the centre such as staffing,

recruitment and ongoing building works. Residents are being invited to attend bespoke fire training sessions and information is being provided to them in relation to their personal emergency evacuation plan and the means of progressive horizontal evacuation. Residents will be invited to participate in the organisation of the centre and provide feedback to management on issues that affect their day-to-day lives.

2.2 Engaging with residents outside of inspections

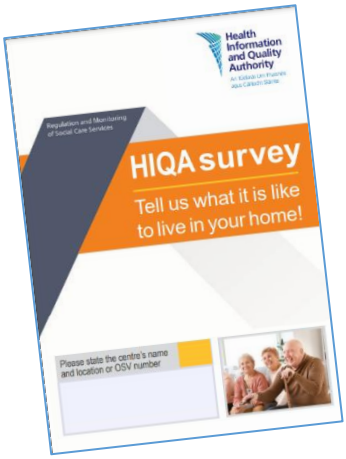
In the early years of regulation, our focus was on conducting inspections in areas of risk. As the years went on, we identified the need to engage with residents outside of the inspection setting and provide them with opportunities to speak with us outside of their nursing homes.

In 2018 and 2019, we held regional events to allow nursing home residents and their friends, family and or advocate to meet with inspectors across the country and share their experiences. These events, called 'A Day for Your Say', were a relaxed and informal forum to allow people to give their views on nursing homes.

Residents and their friends, family and or advocates can also submit resident surveys to us at any time, detailing their experience of the nursing home.

2.3 Working with residents to develop a feedback questionnaire

Residents' questionnaires (also called residents' surveys) are sent out to providers in advance of announced inspections to allow residents, families and friends to provide feedback on what it is like to live in a nursing home. People can also complete the survey at any time outside of the inspection process and send it to us. An electronic version of the survey is available by searching on www.hiqa.ie.



In order to further promote the voice of residents in our inspection reports, we redesigned our residents' survey in 2018 and reviewed it again during 2023 with the aim of making it easier for people to give us feedback. During 2024, we trialled a new draft survey during two inspections in order to obtain residents' feedback on the survey itself. This new survey was introduced in July 2024.

2.4 Ireland's National Nursing Home Experience Survey

The first ever independent National Nursing Home Experience Survey took place in 2022 to learn from residents' experiences of nursing home care. The survey was part of the National Care Experience Programme, a joint initiative by HIQA, the HSE and the Department of Health.

The survey was developed in response to a recommendation made in the COVID-19 Nursing Homes Expert Panel Report. It aimed to gather information about residents' experiences of living in a nursing home and their experiences during the COVID-19 pandemic.

As part of the survey, residents in 53 participating nursing homes shared their experiences of the quality of care and support they received. Nominated family members or friends of each resident could also take part. In total, 718 residents responded, and most said that they had a good or very good experience overall (90.3%), while 9.6% said they had a fair-to-poor experience. Meanwhile, 943 relatives and friends submitted feedback. Most relatives and friends said that they had a good or very good experience (87%), while 13% said that they had a fair-to-poor experience.[28]

Scores for the individual themes and for individual questions indicate that there is room for improvement in particular aspects of care. For example, residents gave lower ratings to questions about accessing advocacy supports, information on moving into the nursing home, and being involved in planning ahead for changes in their circumstances. Among other findings, some residents wanted more input into their day-to-day experiences and better quality food.

We have used these findings to inform our work in promoting high-quality care and support in nursing homes.

[28] yourexperience.ie: National results: National Nursing Home Experience Survey.

Chapter 3: Trends in the regulation of nursing homes

This chapter sets out some of the key trends that we have seen in the nursing home sector over the past 15 years.

Over time, and based on the information we received in our work, we evolved our approach to regulation. One such change was the development of an IT system in 2013 which could capture and trend the data we collected through registration and inspection.

3.1 Number of nursing homes

When the 30 June 2012 registration deadline hit, there were 568 active nursing homes operating, with 562 registered at that time. This was the first official number of registered nursing homes in Ireland. The data on registered nursing homes shows that while the number of nursing homes increased annually until 2019, that trend is now reversing and the number of nursing homes is decreasing (Figure 1).

Figure 1 — Number of nursing homes between 2013 and 2023

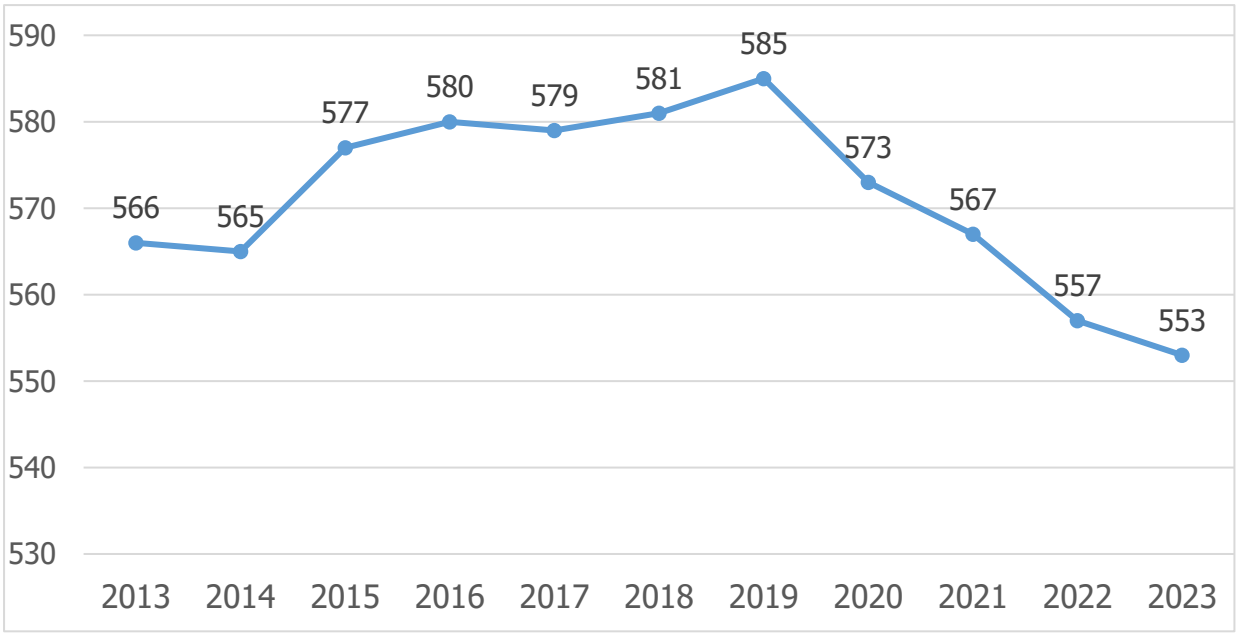
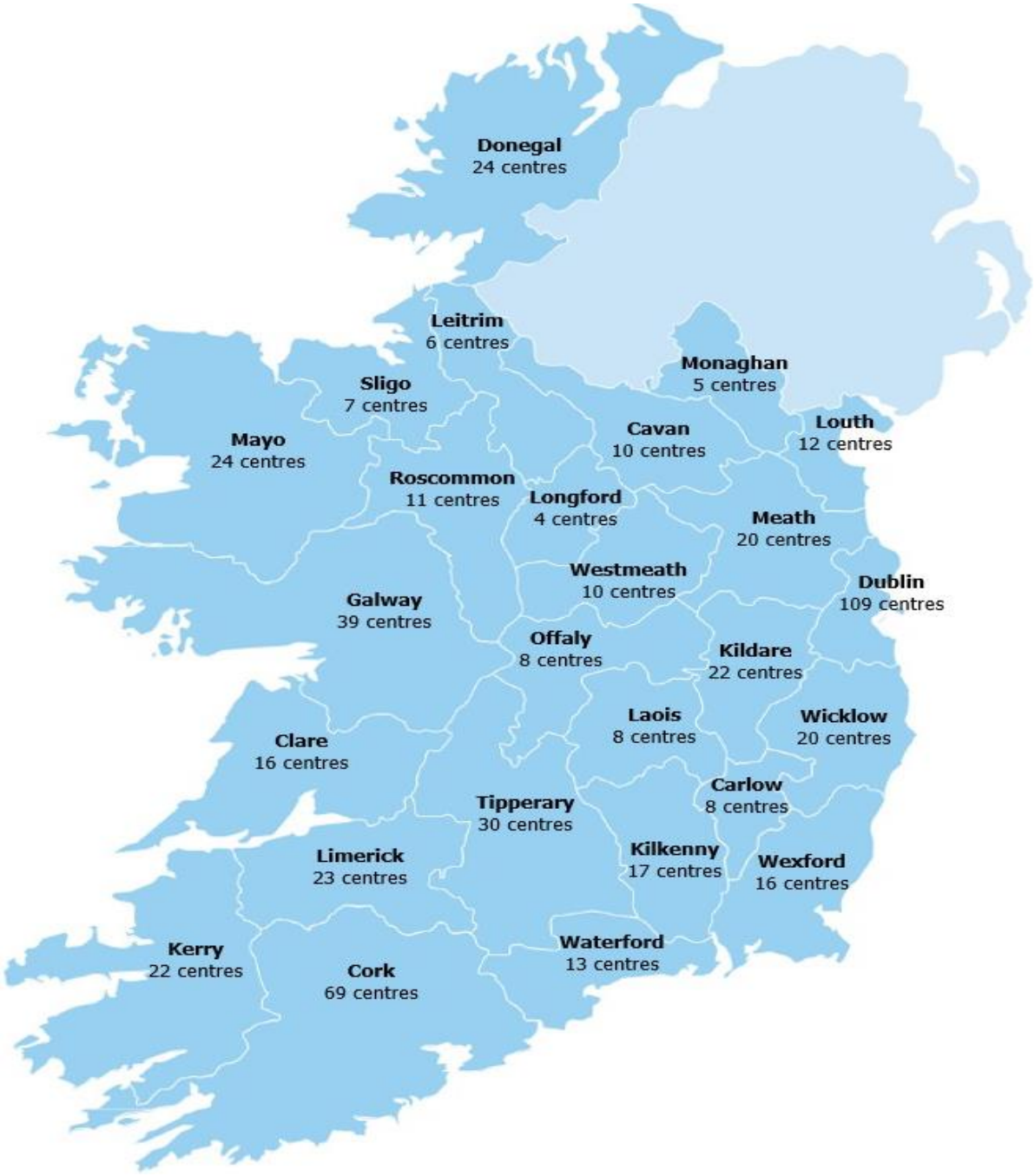


Figure 2 below shows the number of nursing homes by county at the end of 2023.

Figure 2 – Number of nursing homes by county at 31 December 2023



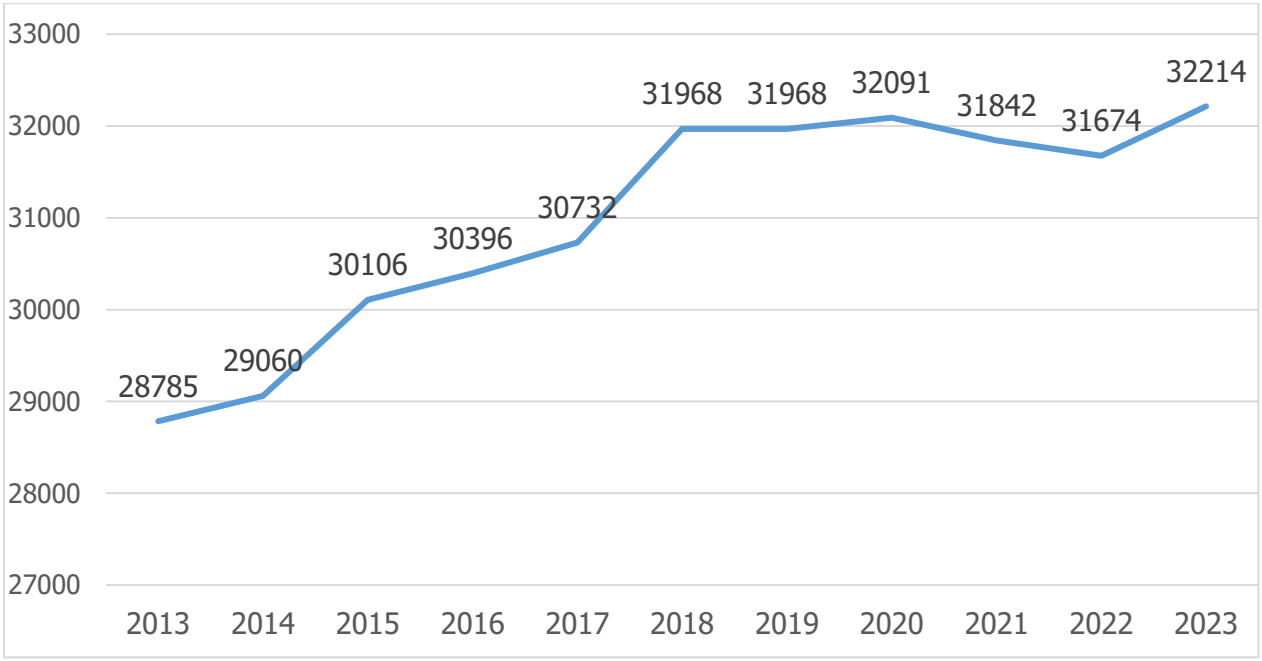
3.2 Number of beds nationally

As Figure 1 shows, the number of registered nursing homes increased year-on-year between 2013 and 2019 before decreasing each year between 2018 and 2023. Notwithstanding these trends, the number of beds has increased by 12% since 2013. The increase in nursing home beds is driven primarily by new-build nursing homes being larger and existing homes adding extra capacity through building

extensions. For example, 10 new nursing homes were registered during 2023, which resulted in an increase of 777 beds, while extensions in 36 existing nursing homes accounted for a further 549 extra beds during the same year.

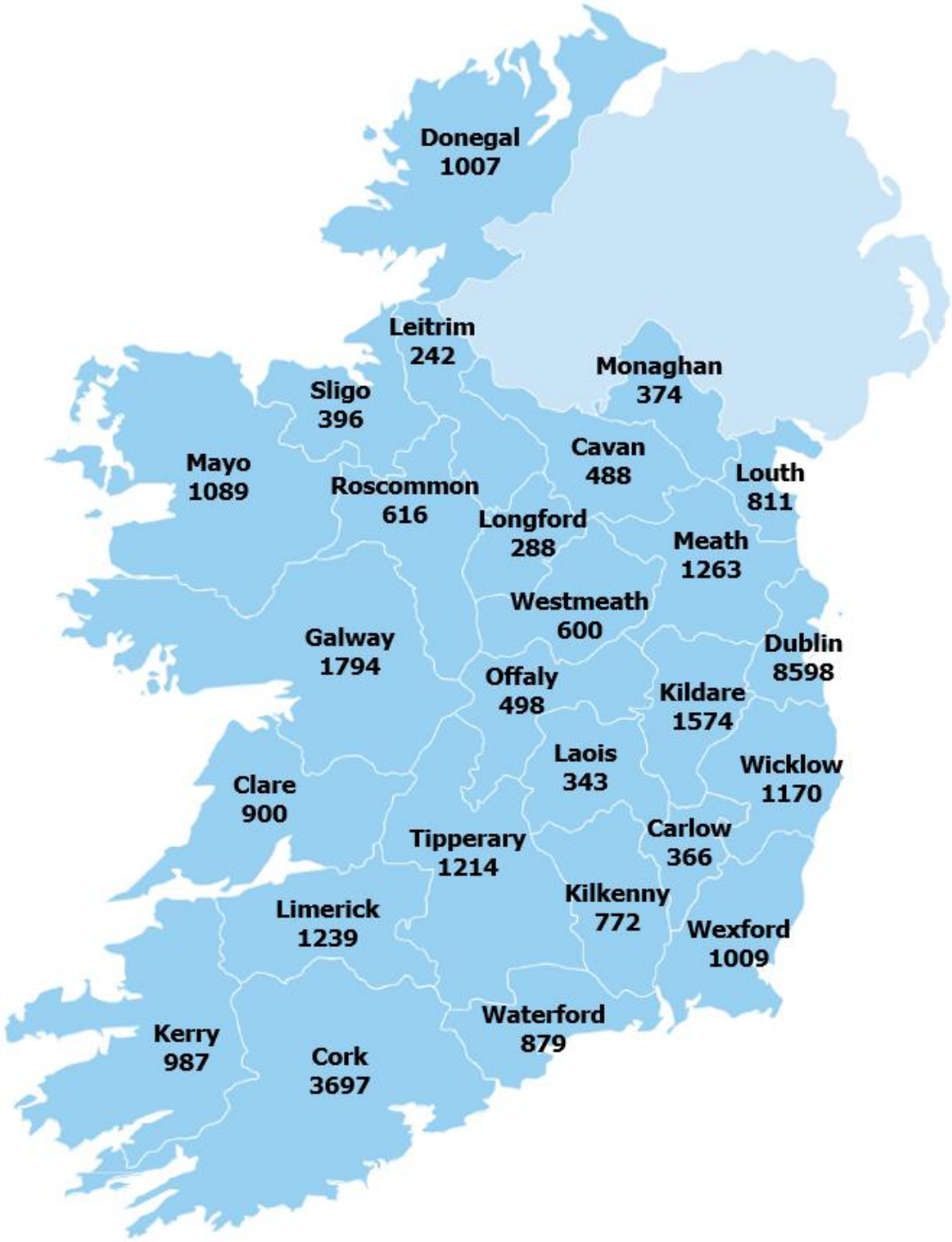
At the end of 2023 there were a total of 32,214 nursing home places in Ireland, up from almost 29,000 in 2013 (Figure 3).

Figure 3 — Beds in nursing homes between 2013 and 2023



The figure on the following page reflects the number of registered beds in nursing homes by county as of 31 December 2023.

Figure 4 – Total number of registered beds by county as of 31 December 2023



3.3 Profile of nursing home ownership

The profile of nursing home providers has also changed notably in the past number of years. The private nursing home sector has increased in terms of the number of nursing homes and the number of beds it provides nationally, while the voluntary

and statutory (HSE) sector has seen a reduction in both (Figure 5). Overall, there are over five times more beds in the private and voluntary sectors compared to the public sector (see Figures 5 and 6).

Figure 5 — Profile of nursing homes bed provision by sector, 2023

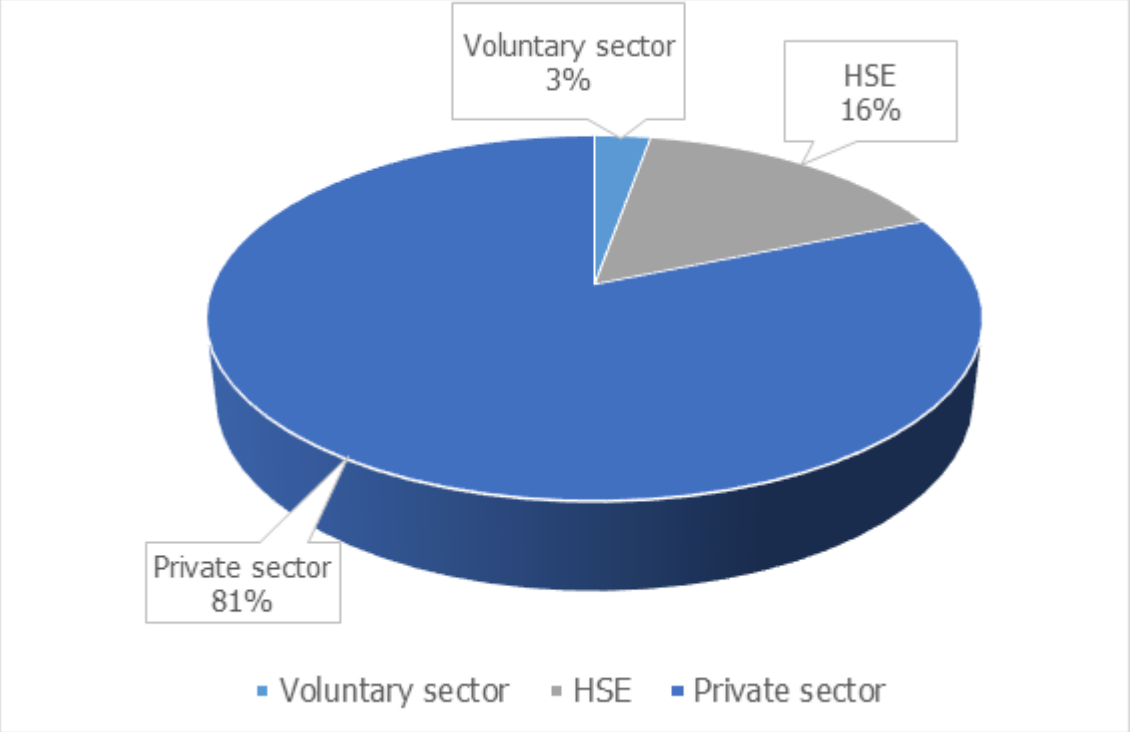
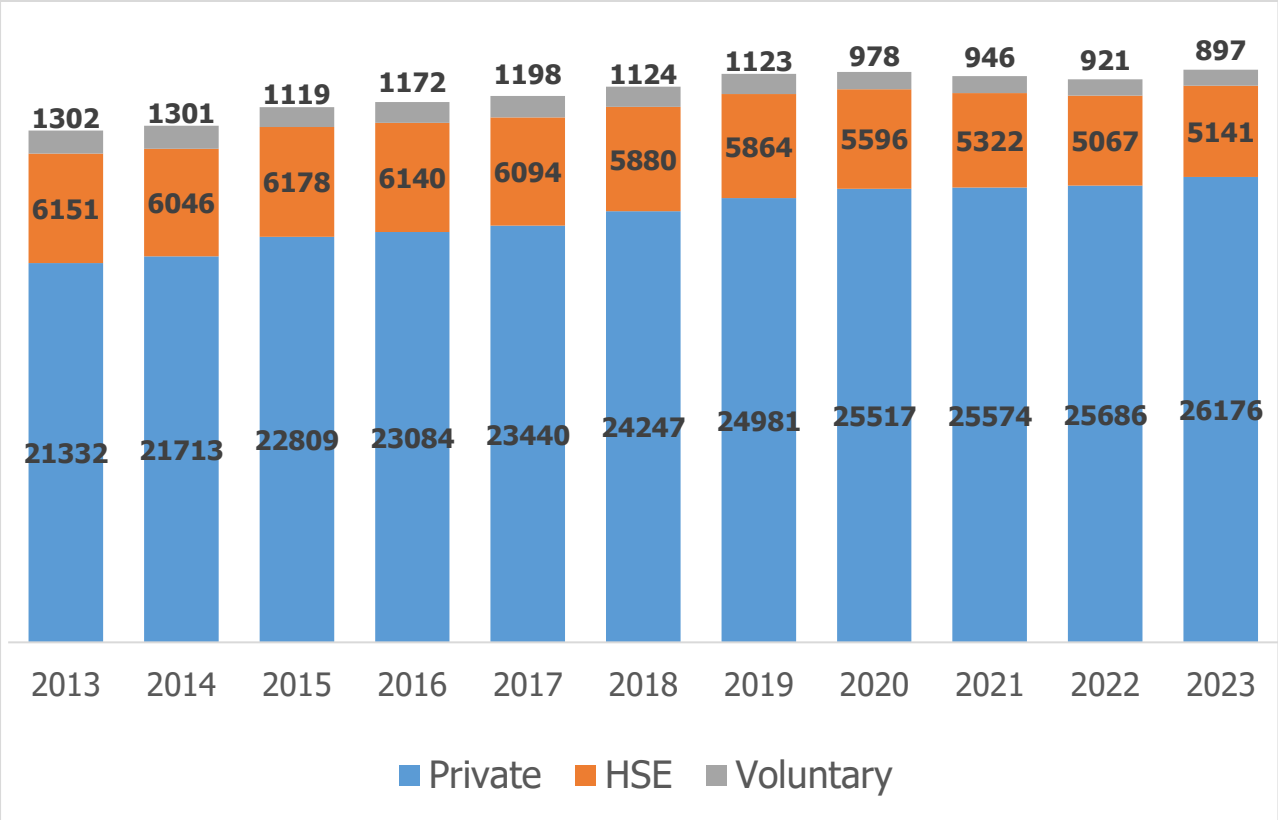


Figure 6 — Profile of nursing homes providing beds between 2013 and 2023



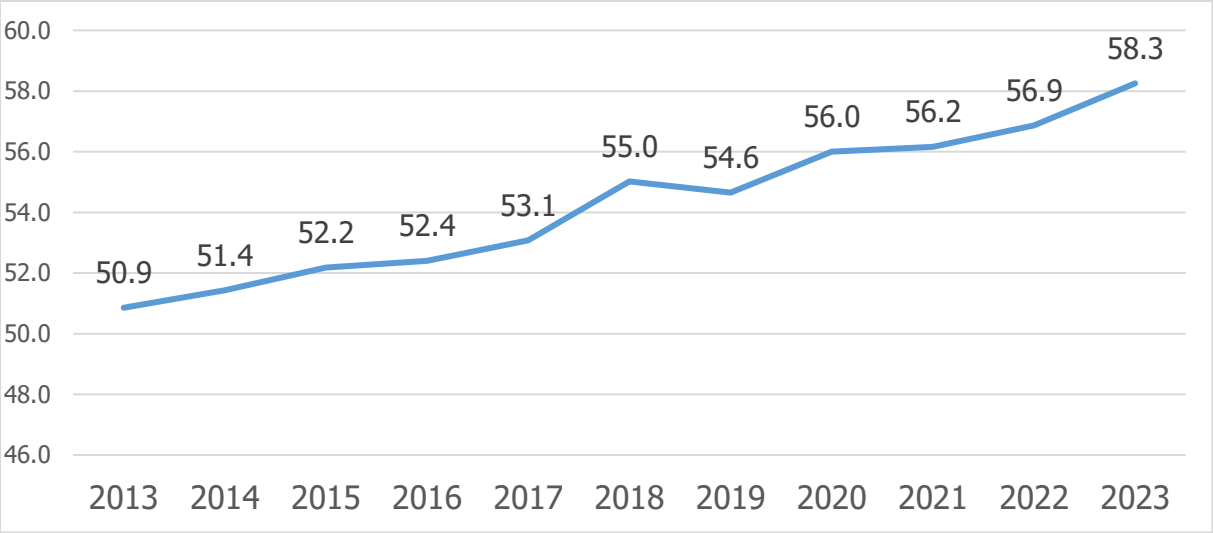
3.4 Changes in the size of nursing homes

As outlined above, the number of nursing homes nationally is decreasing, while the bed capacity in the sector is increasing. This means that the average number of beds in a nursing home is increasing steadily (Figure 7). The majority of new-build nursing homes are now above 90 beds.[29]

This presents a clear trend in the sector towards larger nursing homes with more beds. The impact of this is discussed in Chapter 6.

[29] Chief Inspector. Overview Report Monitoring and Regulation of Older Persons Services in 2022: December 2023. Dublin: HIQA; 2023.

Figure 7 — Average number of beds per nursing home nationally between 2013 and 2023



3.5 Registered providers of nursing homes

All nursing homes are operated by entities known as registered providers. A registered provider may be an individual, a partnership, company, voluntary body or State agency. Registered providers are legally responsible for all aspects of the care and support of residents living in nursing homes, such as staffing, funding and governance. As of the end of 2023, there were 360 registered providers of nursing homes.

Previously, ownership of nursing homes was more transparent as the general practice was that where nursing homes changed ownership, the incoming provider would apply to be the registered provider. In this way, ownership of multiple nursing homes was clearly visible on the register maintained by the Chief Inspector; for example, if Nursing Home A Ltd owned 10 nursing homes, it would appear as the registered provider of each of the 10 nursing homes.

More recently, the sale of nursing homes has largely been effected by the sale of the legal entity that is the registered provider, usually a company. Therefore, the registered provider does not change, but the directors within that registered provider company change. There is nothing untoward about this practice however it does make it more difficult to establish a clear view of nursing home ownership. In some cases, holding companies or companies registered outside of the State own a number of companies, each of which in turn own several nursing homes in Ireland.

In this way, the past number of years have seen increasing consolidation of the nursing home sector where a small number of operators have purchased a number of registered provider companies.

3.5.1 Voluntary closure of a nursing home

There are occasions where registered providers voluntarily decide to stop operating a nursing home. This may be done in cases where the registered provider simply wishes to close the nursing home and cease operations. It can also occur where the registered provider feels it is unable to carry out the operations of the nursing home in compliance with regulations, or on foot of correspondence from the Chief Inspector outlining concerns. From 2018–2023, the providers of 56 nursing homes notified the Chief Inspector that they would be closing their nursing home. A further three nursing homes opted not to renew their registration when their existing registration expired.

The nursing homes that have closed voluntarily tend to be smaller and based in more rural settings. When nursing homes 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 lead to longer journeys for families and friends to visit.

3.6 Regulatory activity

3.6.1 Introduction to the inspection process

Inspectors of social services within HIQA have the authority to enter nursing homes, speak with residents and staff, observe care and review documentation. Inspectors are conscious that centres are a person's home and that, while inspecting, inspectors are visitors in that home. Inspections are an important means by which quality in nursing homes is measured. Inspections provide a way to:

- give a voice to residents about their experience of living in a nursing home
- assess compliance with regulations and or national standards at a point in time
- inform the public about the quality of service being provided.

3.6.2 Inspection activity since regulation began

Thousands of inspections have been conducted since the introduction of regulation in July 2009.

The Chief Inspector has adopted a responsive, risk-based approach to inspections. This means that more inspections take place in nursing homes where we have

previously found a higher level of non-compliance with regulations and standards or where we receive information that gives rise to concern. Equally, nursing homes that have a good track record in terms of compliance are subject to fewer inspections. Nevertheless, our current aim is that each nursing home receives a minimum of one inspection per year.[30]

The focus in the early stages of regulation was to visit nursing homes that were deemed to be high risk in terms of quality and safety.[31]

Inspection activity in 2013 and 2014 was augmented by an increase in the number of inspectors that had been recruited by HIQA in anticipation of the regulation of designated centres for people with a disability. Inspection activity was temporarily disrupted in early 2020, the first year of the COVID-19 pandemic, to allow for engagement with experts in infection prevention and control, securing of personal protective equipment and a review of our inspection methodology to manage the risk of infection posed by inspection activity.[32] Inspections of nursing homes then continued throughout all waves of the pandemic.

The COVID-19 Nursing Homes Expert Panel Report, published in August 2020, recommended an immediate increase in the frequency of on-site nursing home inspections.[33] Following its publication, HIQA commenced the process of hiring more inspectors to carry out more inspections. Since then, the number of inspections completed each year has steadily increased with 785 inspections of nursing home carried out in 2023.

These figures include what we refer to as 'thematic inspection programmes', which are inspection programmes that focus on quality improvement and use the national standards to bring about improvements in a particular aspect of care.[34]

Figure 8 shows inspection trends between 2013 and 2023.

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[30] Chief Inspector addressing the Oireachtas Joint Committee on Health, 4 October 2023.

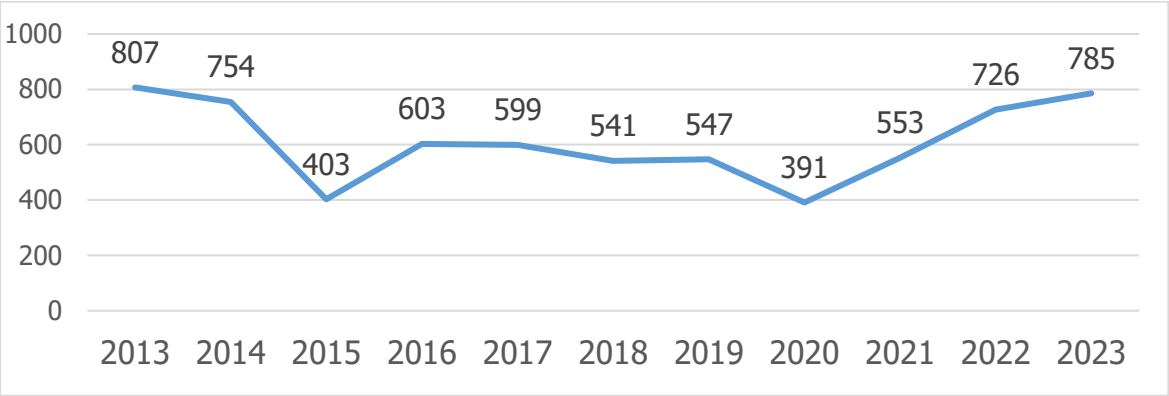
[31] Designated centres for older people: an analysis of inspection findings during the first 15 months of inspection. Dublin: HIQA; 2012.

[32] Chief Inspector. Overview report on the monitoring and regulation of older persons services in 2020 and 2021. Dublin: HIQA; 2022.

[33] COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021: Report to the Minister for Health.

[34] An outline of our inspection types and inspection methodologies are set out in *Regulation Handbook*, which is available on www.hiqa.ie.

Figure 8 — Number of inspections per year between 2013 and 2023



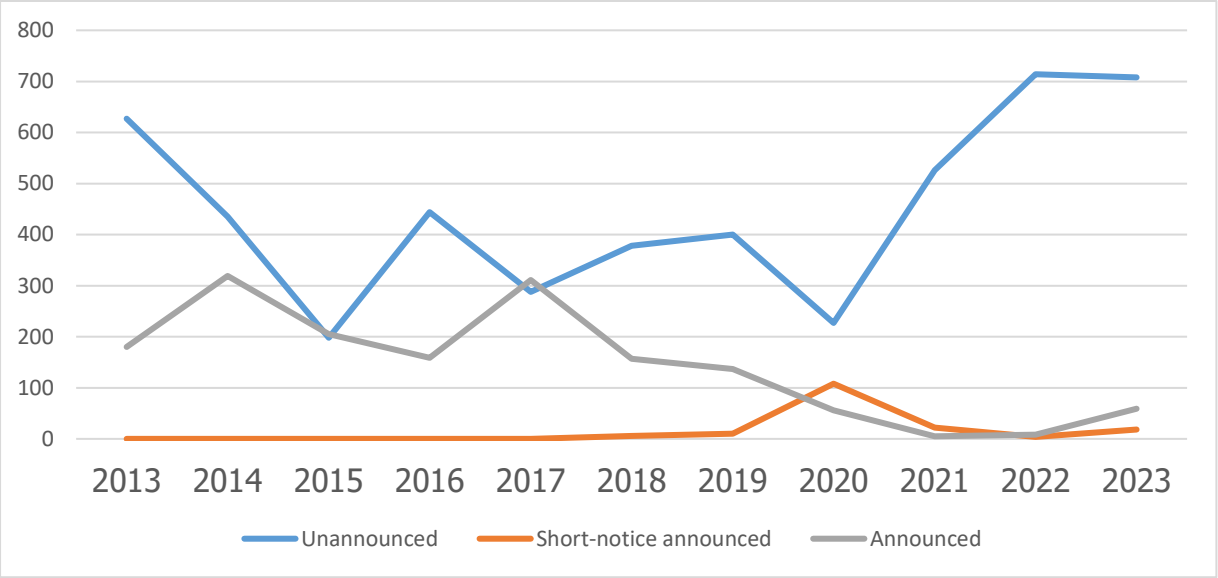
3.6.3 Announced and unannounced inspections

We carry out a mix of announced, unannounced and short-notice announced inspections, with the vast majority of those inspections being unannounced (see Figure 9). Unannounced inspections mean that the registered provider and their staff do not have advance notice of the arrival of inspectors. In general, the findings of unannounced inspections are more positively received (by residents, relatives and the general public) as they are considered to present an accurate reflection of the lived experience of residents.

However, announced inspections are also important as they provide an opportunity for family and friends of residents to meet with inspectors if they so wish and for residents to complete our survey of what is it like to live in the centre. In addition, announced inspections can be a trigger for a registered provider to review their policies and procedures, engage with residents and undertake renovation and redecoration of their nursing home, which may have been previously deferred.

The year-on-year increase in the number of inspections means that it is possible to carry out a mix of announced and unannounced inspections. With the vast majority of nursing homes being inspected at least once a year since 2022 — echoing a recommendation from the COVID-19 Expert Panel Report — and about 40% of centres receiving two inspections a year, we aim to carry out an announced inspection of each nursing home at least once every three years.

Figure 9 — Breakdown of announced, unannounced and short-term announced inspections of nursing homes from 2013 to 2023



3.7 Number of statutory notifications received

Nursing homes are required to notify the Chief Inspector when certain events occur in their centres; for example, the expected or unexpected death of a resident, outbreak of an infectious disease (such as COVID-19), or use of restrictive practices (such a closed lap-belt while sitting in a chair). The Chief Inspector reviews such information and uses it to inform further monitoring activity, including escalation and or inspection, and registration renewal decisions. There are two broad categories of notification: three-day (within 72 hours) and quarterly (every three months).

Our data shows that the number of three-day notifications is increasing year-on-year, having almost doubled between 2013 and 2023. In 2023, we received 19,900 notifications relating to nursing homes. This is likely driven by a greater awareness of the types of incidents that are reportable, such as suspected or confirmed abuse of a resident or serious injury to a resident that requires immediate medical and or hospital treatment. We also observed an increase in notifications to us of infectious disease outbreaks and in notifications of unexpected deaths in nursing homes during the COVID-19 pandemic.

At the beginning of the pandemic in 2020, the Chief Inspector issued a regulatory notice that required providers to notify her of any case[35] of confirmed or suspected COVID-19 among residents or staff. Between March 2020 and December 2021, providers of 91%[36] of nursing homes notified the Chief Inspector of at least one case of confirmed COVID-19 among staff or residents. In the same period, only 12 nursing homes did not report a confirmed or suspected case of COVID-19 among staff or residents.[37]

The Chief Inspector also required nursing home providers to treat all deaths that may be associated with COVID-19 as an unexpected death. In the year before COVID-19, we had been notified of 7,700 deaths (709 as unexpected deaths and 6,991 as expected). In 2020, it increased to 1,833 unexpected deaths and 7,342 expected deaths. In 2021, we were notified of 1,895 unexpected deaths and 6,450 expected deaths. While these are not the number of nursing home residents who died as a result of contracting COVID-19, they do illustrate the sad reality for many nursing home residents and their families.[38]

3.8 Concerns received from members of the public and others

If members of the public or others have a concern in relation to a nursing home, they can contact our Information Handling Team. Information received from the public provides a valuable perspective on the quality and safety of care in nursing homes.

Since commencing regulation, the number of unsolicited information reports we received has steadily increased, with a total of 8,588 concerns related to nursing homes received between 2013 and 2023 - an average of 780 per year. The increase observed in Figure 10 on the following page may be explained by a greater awareness among residents of nursing homes or members of the general public about HIQA as an organisation and its role in regulating nursing homes. There was

[35] This requirement to notify the Chief Inspector was not based on the Health Protection Surveillance Centre's (HPSC's) definition of an outbreak of COVID-19 but was adapted to support the early recognition of a nursing home that may require additional resources. The HPSC data is the definitive data relating to the number of COVID-19 outbreaks in nursing homes.

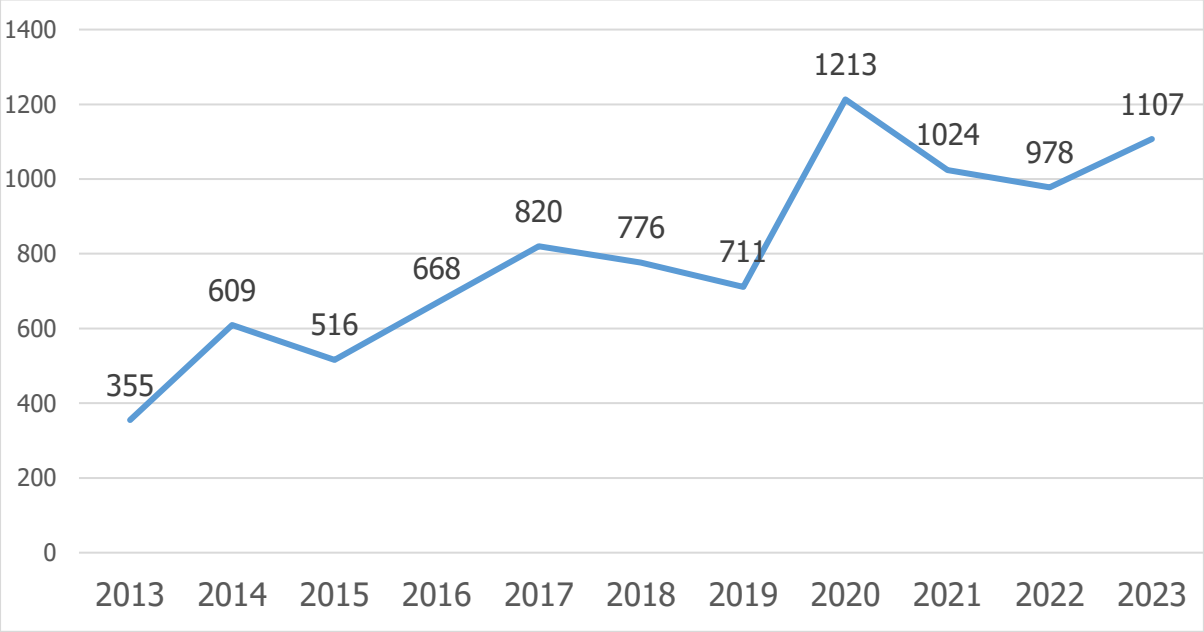
[36] By December 2022, 91% of privately-owned nursing homes and 90% of statutory centres had reported that at least one resident or staff member in their nursing home had confirmed COVID-19.

[37] Overview report: Monitoring and regulation of older persons services in 2020 and 2021. Dublin: HIQA; 2022.

[38] Ibid.

also a notable spike in unsolicited information in 2020, which reflected the concerns we received in relation to the COVID-19 pandemic.

Figure 10 — Unsolicited information received about nursing homes between 2013 and 2023



3.9 Escalation and enforcement

3.9.1 Introduction to escalation and enforcement

The Chief Inspector has extensive powers under the Health Act 2007 to take action where a nursing home or registered provider engages in a serious or ongoing breach of the regulations. A proportionate approach is taken where we find non-compliance with regulatory requirements. When other means of ensuring sustained compliance with the regulations and standards have failed, such as a cautionary or warning meeting with providers or a warning letter, then enforcement action may be taken.

Over the years, the Chief Inspector has used these powers in a minority of nursing homes. However, there was a significant increase in escalating regulatory action in 2023 due to serious concerns for the care and welfare of residents and non-compliance with the regulations.[39] These concerns related primarily to fire safety, poor governance and management, and insufficient staffing to safely meet the assessed needs of residents. In a small number of cases, concerns for the care and welfare of residents required the Chief Inspector to take significant regulatory

[39] Annual Report 2023 Health Information and Quality Authority.

enforcement action up to and including cancelling the registration of a nursing home. The challenges seen include the following:

Poor fire safety — 2023 inspection

There had been ongoing regulatory engagement with the provider, including provider meetings, and cautionary and warning meetings, in relation to governance and management and fire safety. The provider had failed to address serious fire risks identified during previous inspections. A restrictive condition had been attached to the registration of the centre in March 2023, to stop admissions until the fire safety works were completed. This condition was put in place to protect the current, and any future residents. At the time of the inspection in May 2023, no fire safety works had commenced and further very serious concerns and non-compliances were identified in relation to the safeguarding of residents' finances and general poor standards of care, as well as inadequate governance and management. All of the above issues culminated in the Chief Inspector issuing a notice of proposed decision to cancel the registration of the centre on 16 June 2023.

Poor governance and management — 2023 inspection

Inspectors reviewed the management systems in place to monitor the quality of the service and found that while some audits were effective in improving aspects of the service, such as improved call-bell response times, the auditing systems in place to monitor records, clinical care records, incidents and complaints did not facilitate the development of any quality improvement plans for the centre. This was compounded by unclear roles and responsibilities of the management team and some of the management systems were not known to the personnel responsible for the administration and oversight of the service. Consequently, this governance and management issue continued to impact on regulatory compliance across the regulations reviewed on this inspection.

Insufficient staffing — 2023 inspection

Inspectors found that the provider had failed to organise and manage the staffing resource effectively within the centre. Consequently, the provider had failed to ensure that the designated centre had sufficient resources to ensure that safe care and services were provided, in accordance with the centre’s statement of purpose. A review of the staffing rosters evidenced that staffing resources were not available to cover planned and unplanned leave, or maintain planned rosters. The provider was aware of the deficits in the staffing resources, and had continued to admit new residents to the centre in the absence of stable and safe staffing levels. The provider had not assessed this potential risk to residents, or progressed to

consider alternative arrangements to ensure the planned staffing levels could be maintained.

3.9.2 What actions can be taken if a residential service is not safe?

Part 8 of the Health Act 2007 sets out the tools for enforcement available to the Chief Inspector. The vast majority of nursing homes provide a good standard of care and support. Most issues of concern can be addressed through compliance plans or by holding a meeting with a provider to inform them that we are concerned about the care of residents and asking the provider to explain how they will address the identified risk issues. These meetings represent the first point on the scale of escalation. They are an opportunity to clearly outline concerns at the earliest point and to impress upon the provider the importance of responding effectively and promptly. Providers are encouraged at these meetings to improve their services and to come back into compliance with the regulations.

Where such engagement does not achieve improved care for residents, or if inspectors find that a nursing home is not safe or the regulations are not being met, we can take a number of steps including:

- attaching additional conditions to the registration of the nursing home
- varying conditions of registration
- requiring changes be made and checking that these are carried out
- cancelling the registration of the nursing home
- seeking a district court order for cancellation of registration
- prosecuting the registered provider for offences under the Act.

For more detailed information on escalation, see the *Regulation Handbook* on www.hiqa.ie.

3.9.3 Attaching restrictive conditions of registration

A condition of registration sets the parameters within which a designated centre for older people must operate. The Chief Inspector attaches specific conditions to the registration of all designated centres that relate to compliance with the statement of purpose (the scope of the service), the age range of residents and the number of residents that can live in a centre. However, where there are concerns for the care and welfare of residents, conditions of registration can be varied or additional or restrictive conditions may be attached to the registration of the designated centre. These might include requiring the provider to improve the management of the centre, reduce or limit the number of residents living there or enhance the premises.

The Chief Inspector used these powers in respect to nursing homes on 31 occasions in 2023.[40]

3.9.4 Cancellation of registration through enforcement

Where other enforcement actions have not been effective at ensuring the care and welfare of residents, such as attaching conditions to the registration of the designated centre, the Chief Inspector can make a decision to cancel the registration or refuse to renew the registration of a designated centre.[41] Cancellation of registration — effectively removing the right of the registered provider to operate the nursing home — is one of the strongest measures available to the Chief Inspector. The Chief Inspector is acutely aware of the impact that such a decision has on the residents, their families, the staff and the provider of the nursing home and therefore this decision is not taken lightly. As such, we try to work with the registered provider to avoid this scenario where possible.[42] Nevertheless, where a serious risk to the health and wellbeing of residents has been identified and where a registered provider has not responded appropriately, there is sometimes no option other than the cancellation of the registration of a nursing home in line with the time frames as set out in the Act, or to seek an urgent court order to do so. When a centre's registration is cancelled, the Health Service Executive (HSE) is required to take responsibility for running the nursing home at short notice.

This is different to situations where a provider decides to voluntarily close a centre and where they give the required notice to the Chief Inspector of their intention and decision to do so.

Between 2016 and the end of 2023[43] the Chief Inspector has cancelled the registration of nine nursing homes under various provisions of the Health Act 2007, as set out on the following page. During this time the Chief Inspector used Section 51 of the Health Act to cancel the registration of seven[44] nursing homes. Section 51 allows the Chief Inspector to cancel the registration of a nursing home on specific

[40] Annual Report 2023 Health Information and Quality Authority.

[41] Ibid.

[42] Chief Inspector addressing the Oireachtas Joint Committee on Health, 4 October 2023.

[43] So far in 2024 the Chief Inspector has cancelled the registration of five nursing homes, four using section 51 and one using section 59.

[44] One of these nursing homes remained operational at the end of 2023 with the HSE operating as the provider of last resort.

grounds which include a lack of fitness of the part of the registerd provider and or the failure of the registered provider to comply with the regulations. A Section 51 cancellation is a two-step process that affords each provider two opportunities to oppose the cancellation.[45]

During the same time frame a further two nursing homes were closed using Section 59 of the Act, which allows the Chief Inspector to make an urgent application to the district court for an order to cancel the registration of a designated centre. Section 59 can be used when the Chief Inspector has reasonable grounds to believe that there is a risk to the lives or a serious risk to the health or welfare of residents living in the centre because of any act, failure to act or negligence by a registered provider or a person acting on its behalf.[46]

Table 1 - The number of nursing homes whose registration was cancelled using sections 51 and 59 of the Health Act 2007, as amended.

Year	Section 51 Cancellation of Registration	Section 59 Cancellation of Registration
2016	0	0
2017	0	0
2018	0	0
2019	0	0
2020	0	2
2021	3	0
2022	1	0
2023	3	0

[45] Two applications to register an existing nursing home with a new registered provider were also refused during this time. These nursing homes continued to operate with no change made to the registered provider.

[46] Regulation Handbook.

Under the Health Act 2007, the HSE steps in and assumes the role of registered provider when a nursing home's registration is cancelled until alternative arrangements for the care of residents can be made.[47]

3.10 Evolving regulatory approach

Since commencing regulation of nursing homes in 2009, we have reflected on how we do our work and made changes as appropriate.

The IT system used by the Chief Inspector also evolved during that time from a rudimentary IT system in the early days of inspection to the introduction of PRISM in 2013 - an IT system that allowed us to better capture regulatory data and manage our activities. This increased our ability to collect and use good quality data.

We also took this opportunity to review how we conducted our work and, as a consequence, introduced the Authority Monitoring Approach (AMA). This aimed to standardise how we conduct inspections and make judgments on compliance as HIQA's remit was expanding into other areas, such as regulating disability services.

In 2015 we introduced an online portal that providers could use to submit important information to the Chief Inspector electronically, which further enhanced the quality of our data. Five years after the introduction of AMA, we undertook an exercise to review and update our approach, resulting in AMA 2. This introduced wholesale changes to our IT system, evidence gathering, compliance judgments and report-writing. These changes have allowed us to make better use of data for regulatory purposes and gave us greater confidence in the data we gather.

In recent years, we also sought to give greater prominence to the voice of the resident in our inspection reports. Through training of our inspectorate staff, we have embedded a human rights-based approach to our work.

[47] Chief Inspector addressing the Oireachtas Joint Committee on Health, 4 October 2023.

Chapter 4: The lived experience in nursing homes

4.1 Introduction to the lived experience in nursing homes

Since the regulation of nursing homes commenced in 2009, we have used regulation as a mechanism to further improve the quality of life or 'lived experience' of residents. We sought to gain residents' views, use our monitoring and inspection activity, and work with providers of nursing homes to achieve this aim.

The ultimate aim of every nursing home provider and their staff is to ensure that their residents are supported to live their best lives for the duration of their stay in the nursing home. Ensuring that this is the lived reality for each resident requires strong governance and management structures.

4.1.1 Governance and management

In recent years, the Chief Inspector has continually reported on the relationship between good governance and management in a centre and sustained regulatory compliance. Our annual overview reports have repeatedly set out a direct relationship between good governance and leadership, regulatory compliance and good outcomes for people living in the nursing home.

Highly compliant providers can demonstrate that they have good governance arrangements in place. They are clear about what they offer, how they provide their services and who has overall accountability for the quality and safety of care. In highly compliant centres, good governance arrangements also acknowledge the interdependencies between management, clinical practice and care, which, when effectively integrated, result in the delivery of high-quality, safe and reliable services.

The requirement for good governance and management was reiterated during the COVID-19 pandemic in our report titled The impact of COVID-19 on nursing homes in Ireland[48] which was published in July 2020 and in our overview report for 2020 and 2021.[49] These reports outlined how vital effective governance structures and operational arrangements were for the timely detection and response to COVID-19, including ensuring succession planning arrangements were in place to make sure key roles were covered at all times.

[48] https://www.hiqa.ie/reports-and-publications/key-reports-and-investigations/impact-covid-19-nursing-homes-ireland

[49] https://www.hiqa.ie/reports-and-publications/key-reports-investigations/overview-report-monitoring-and-regulation-older

The registered provider is an important governance concept as it clearly defines the 'person' that is legally responsible for the care and welfare of residents in a nursing home. It is the foundation stone of the systems in place for the governance and management of individual nursing homes. The provider of a nursing home means the person whose name is entered in the Chief Inspector's register as the person carrying on the business of the designated centre (that 'person' may include a sole trader, a partnership, a company or an unincorporated body).

The person in charge also plays a key leadership and governance role within a nursing home. This is a role which is specified by the regulations and requires a registered provider to appoint a person with the requisite skills and experience to manage and direct the care of residents. The person in charge is key in ensuring the quality and safety of a service and is responsible for ensuring clinical oversight of the care delivered by registered nurses and carers. The regulations set out the minimum experience and qualifications that a person in charge should have in order to be appointed to the role

In the context of ensuring residents are facilitated to live their best lives a 'fit' provider, as determined using the Chief Inspector's assessment of fitness processes, has in place the following components of effective leadership, governance and management:

- a management structure that supports the delivery of safe care in line with legislation
- a well-structured system of governance which includes responsive quality assurance processes
- systems of appropriately delegated responsibility and accountability that support those employed to manage the service
- adequate resources (including financial and human resources) to ensure the safe and effective running of the centre.

Furthermore, fit providers:

- understand their roles and are committed to safe and high-quality care for residents
- have knowledge of and a full commitment to meeting their legal obligations
- have the competencies of a good manager, that is to say, are able to plan, organise, implement and assess high-quality care
- demonstrate that public trust and confidence can be upheld

- understand the concept of person-centred care[50]
- can translate the concept of person-centred care from management to front-line staff
- address the challenges around providing social care.

Prior to commencement of regulation in 2009, many private and public providers were already pioneering person-centred approaches to care and starting to move to a more rights-based approach. This was reflected in many inspection reports published in the initial years of regulation. For example, this report from a September 2009 inspection noted:

Person-centred care seen in an early report (2009)

Overall, there was evidence of good practice and a commitment shown by staff to improving the service to residents. The provider, person in charge and clinical nurse manager were involved in the day-to-day running of the centre and staff were skilled and trained to meet the changing needs of each resident. There was evidence of ongoing training and development and proactive management support within the centre… The inspectors were satisfied that the nursing, medical and other healthcare needs of residents were catered for to a good standard. Chiropody and physiotherapy were organised privately and the hairdresser attended on a weekly basis. The inspectors found that the premises, fittings and equipment were clean and well maintained and there was a good standard of décor throughout the centre.

Nonetheless, regulation also pointed the way for improvements, even when the care was good. For instance in the above example, significant improvements were required to certain aspects of the service, such as complaints procedures, training on the prevention, detection and response to elder abuse, adherence to procedures for monitoring and checking of scheduled controlled drugs, and the provider's policy relating to the recruitment, selection and vetting of staff.

[50] The philosophy of person-centred care is based on the recognition of the worth of all people using the service, where the intrinsic value of the person is recognised https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3746461/.

This chapter will focus on five key aspects of living in a nursing home:

1. Changing culture.
2. Meals and the dining experience.
3. Meaningful activities and engagement with the world
4. Premises and how it impacts on quality of life.
5. Space and security for personal possessions.

4.2 Changing culture – from a medical to a social model of care

The prevailing culture in many nursing homes prior to 2009 was typified by a medical model of care. Such a model focused on residents' healthcare needs and was predominantly clinical in nature. For all intents and purposes, for many residents it would have felt like being cared for in a hospital where schedules are routinised and regimented. Care provided in this way was institutional in nature as it often prioritised keeping residents safe as opposed to supporting them to live their best lives. Residents' needs and preferences also often came second to staff routines and tasks.

Institutional setting observed – 2014 inspection

Many of the bedrooms did not provide adequate accommodation to meet residents' needs for privacy, leisure and comfort. Many residents occupied shared bedrooms with up to fourteen beds. These multi-occupancy rooms did not comply with the requirements of the standards with which compliance is required by 2015. There was limited personal storage space available in some bedrooms and there was limited private lockable space for some residents to store personal valuables.

In some units there was no private space available for residents to meet with their relatives. There were also inadequate facilities for relatives to remain with residents if they were ill or at end of life. While relatives were welcome to stay with the resident, there were no overnight facilities available to accommodate relatives comfortably.

Institutional care practices seen in a community hospital – 2014 inspection

The evening teas were given out at 4pm each evening and inspectors noted that residents next received a meal at breakfast time at 8am the next morning… The evening meals were scheduled at 4pm, and many of the staff shifts finished at 4.30pm every day. This meant that supper times clashed with the staff handover and shift changes in each unit. Inspectors found that staffing rosters created nutritional risks to residents, as staff support was required for residents to receive their meals, and as a result [of] this changeover of staff at this time, residents

may not receive appropriate staff support to eat their supper in a manner that they require.

Inspectors have repeatedly found that the small number of providers who have not yet addressed the physical limitations of their premises struggle to achieve compliance with other regulations. This has a direct impact on the quality of life for residents. Some older units, which were not purpose built, often struggle to provide facilities for recreation due to layout; for example, they have small dining rooms or there is a lack of recreational space. This can leave residents with no option but to spend most of the day in their bedrooms.

Nursing homes should be places where people can feel at home. The initial regulations introduced in 2009 recast the nursing home as a place that should be homely, where people have choices about their care and where they can enjoy a greater degree of privacy and dignity.

Providers of nursing homes that demonstrate good practice in this area ensure that living in a nursing home feels as close as possible to how they would choose to live their lives in their own homes in the community. For example, this means:

- choosing when to get up or what time to go to bed[51]
- taking part in a range of activities throughout the day that are stimulating and engaging
- being facilitated to access a range of food, drinks and snacks at a time of your choosing
- bathing or showering at times of your choosing
- seeing visitors and friends at times that suit them
- accessing the community on a regular basis.

Key regulations with respect to embedding a social model of care include those around residents' rights, personal possessions, food and nutrition, and restrictive practices (particularly reducing reliance on the use of bedrails). These regulations underline the importance of choices and preferences for residents of nursing homes. The regulation on residents' rights requires providers of nursing homes to promote participation and access to activities, access to information and media, as well as advocacy services, among other requirements. The regulation on personal

[51] Overview of HIQA regulation of social care and healthcare services 2017. Dublin: HIQA; 2018.

possessions requires nursing homes to have adequate space and storage available in residents' bedrooms, making them more homely and familiar.

The food and nutrition regulation states that there should be choice at mealtimes, with access to refreshments and snacks throughout the day and with adequate staff numbers in the event of people requiring assistance. The regulation on restrictive practices — Regulation 7: Managing behaviour that is challenging — specifies that the person in charge manages situations involving responsive behaviours[52] in a way that is not restrictive, in so far as possible. The regulation also stipulates that providers must ensure that whenever a restraint is used, it is only used in line with national policy. We have seen many examples of nursing homes that have fully implemented these regulations and, thereby, fostered a social model of care in their nursing homes, as outlined below.

Respecting rights – 2017 inspection

Inspectors found that staff in the centre knew the residents well, speaking with them about things that were important to them (family, previous occupation, routines) and respecting their preferences for how they spent their time. When speaking with staff, inspectors found that the rights of the resident were the first thing they considered; for example, when asked if they had a schedule for activities, staff responded that they did but it would depend what residents wanted to do on the day.

Choice of food – 2021 inspection

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. In particular, residents reported that the chef had a list of their preferences, and if they did not like the meal being served, they could choose one of their preferred options.

4.3 Meals and the dining experience

Enjoying a nutritious and delicious meal is a basic human right for us all. Irrespective of behind-the-scenes regulatory requirements in relation to policies for monitoring and documenting nutritional intake, and processes for avoiding poor nutrition and poor hydration, the end result for residents should be a dining experience that residents look forward to every day. It should also afford opportunities for social

[52] Responsive behaviours — referred to as 'behaviour that is challenging' in the regulations — is how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.

engagement and promote their wellbeing and dignity as much as their dietary and nutritional needs.

We acknowledge those proactive providers who have devised practical and novel ways to improve the quality of the food and the dining experience in nursing homes around the country. During the first 15 months of regulation, the regulation on food and nutrition recorded high levels of compliance (over 70%). Nonetheless, around one in four (25%) centres had breaches of this regulation during this period. Poor practices seen by inspectors on early inspections included fixed mealtimes, some very early mealtime settings (including the final meal of the day) dictated by the staffing roster, modified food being mixed together rather than the different foods being presented separately on the plate, and residents having no choice or input into menus. However, in follow-up inspections, most actions had been either fully or partially implemented by providers.[53] A report of a follow-up inspection in the midlands from 2011 found that 'residents were facilitated to have their meals at times convenient for them', following earlier findings that breakfast was being served very early:

Action on mealtimes required from a previous inspection

'Put in place a system to ensure that residents are facilitated in so far as is practicable to have mealtimes and routines at times convenient to them.'

Follow-up inspection report in 2011

This action was completed. The inspector saw that residents were having late breakfast in the dining room. It was also noted that a resident who was out with family in the morning had her dinner served on her return. A resident told the inspector that she likes to get her breakfast at around 6.30 am and that "the night staff sort this for her". The person in charge told the inspector that five or six residents like to have their breakfast early and that this was accommodated.

In 2014, we initiated a thematic (quality improvement) programme which looked at food and hydration, and this offers a good snapshot of how providers have managed this aspect of care. Inspectors found that residents were being supported to eat and drink in a balanced and person-centred fashion in the vast majority of inspected centres. Many centres inspected during 2014 as part of the thematic programme had

[53] Designated centres for older people: an analysis of inspection findings during the first 15 months of inspection. Dublin: HIQA; 2012.

introduced protected mealtimes to allow residents to eat their meals without disruption and to enable staff to focus on providing assistance to those residents who were unable to eat independently.

The thematic inspection programme included guidance for providers on good practice, and these were then followed up on during subsequent inspections. While menus were displayed in all centres, pictorial menus were also used in many centres to assist residents to make an informed choice. In the majority of centres there were good systems of communication between the nurses and the catering staff to ensure that catering staff were updated on any changes and had timely access to information about any new residents who had special dietary needs. A judgment of moderate non-compliance was applied in six centres in 2014 as there was an inadequate number of staff on duty to provide assistance at mealtimes and the meals were allowed to go cold. Two centres were found to have a major non-compliance because they had no separate dining room facilities and many of the residents took meals on a tray in bed or by their bedside. Eating in a confined space also presented a risk to the safety and welfare of residents.[54]

By 2015, there were good levels of compliance in the area of food and nutrition.[55] In 2016, several people gave us examples of how their feedback on food and menu choices had been addressed by management. Our 2016 overview report on regulatory activity reported:

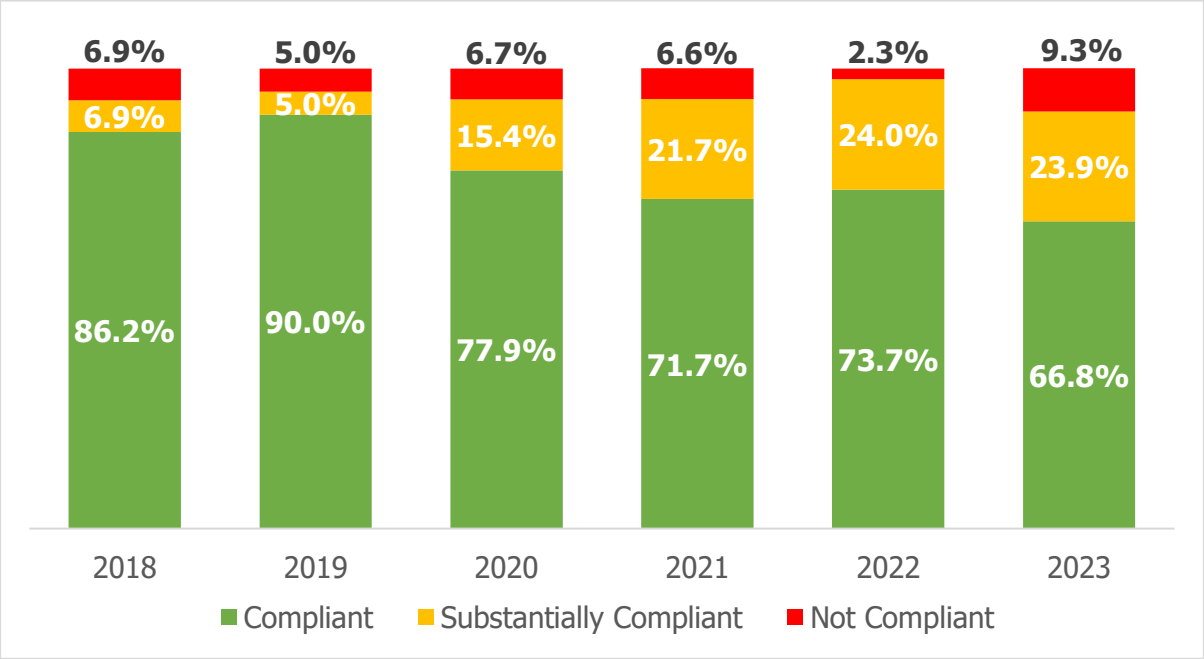
> Some centres including Haven Bay, Co Cork, and Ocean View, Co Kerry, had involved residents in efforts to improve mealtime experiences for residents. In these centres, residents' experience of mealtimes were enhanced through audit and observational review to ensure that meals were served hot, were well presented and on time. Residents were also involved in menu design and participated in a cheese-tasting event.

In more recent years, we have observed high levels of compliance with the regulations with mealtimes and nutrition (Figure 11).

[54] Annual overview report on the regulation of designated centres for older people – 2014: June 2015. Dublin: HIQA; 2015.

[55] Annual overview report on the regulation of designated centres for older people – 2015: April 2016. Dublin: HIQA; 2016.

Figure 11 – Compliance with Regulation 18: Food and nutrition



While inspectors report high levels of compliance with Regulation 18: Food and Nutrition, the findings set out in Figure 11 show that continued focus is required to ensure that all residents look forward to every meal, every day.

Below are some examples of good and bad practices seen in nursing homes over the years of regulation.

Example of good practice seen in the area of food and nutrition

The chef attended residents' meetings and discussed the food and the dining experience with residents. Residents told the inspector that they were able to choose a special day menu once a month from starter, main course, dessert, wine and speciality coffees. Different combinations were available and all requests were facilitated over a period of time. The residents had recently participated in a 'bake off' competition, led by the chef and assisted by the activity co-ordinator and staff.

Example of poor practice seen in the area of food and nutrition

While practice in the centre was to serve texture-modified diets in distinct portions on plates (to support people's dignity and improve the visual appeal of their meals), an inspector observed one resident being served their meal in a bowl. The various elements in the meal were mixed up by a staff member with a spoon before being fed to the resident. There was no clear rationale as to why the meal was served in this manner.

4.4 Meaningful activities and engagement with the world

The national standards set out that each resident should be offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences. They also emphasise that residents can develop and maintain personal relationships and links with the community in line with their wishes. The specific regulation on residents' rights (Regulation 9) states that the registered provider shall provide for residents 'facilities for occupation and recreation', and 'opportunities to participate in activities in accordance with their interests and capacities'. Under this regulation, individual activities, tailored in so far as possible to the residents' needs and interests, are provided in place of group activities where necessary. Residents are supported to exercise choice and control across a range of daily activities and to have their choices and decisions respected. They have opportunities and facilities to participate in meaningful activities if they want to, in line with their interests, abilities and capacities, and can choose to avail of community events and resources. All activities promote physical health, mental health, wellbeing and socialisation.

The separate regulation on staffing (Regulation: 15 Staffing) also aims to ensure providers have adequate staff to provide individual care, support and activities according to the wishes of residents, and to offer residents choice to spend time alone, or take part in activities outside of a larger group. During inspections, we communicate with residents to determine if staffing levels and supports ensure maximum participation in activities of personal choice, and in leading a life of the residents' choosing. Under the regulation on assessment and care planning, we will also check if the provider and person in charge support staff to be creative and flexible in supporting residents to live as they choose, and to have meaningful experiences and varied activities.

4.4.1 Practice in relation to facilitating meaningful activities

Practice in relation to facilitating meaningful activities has been mixed over the past 15 years. It is an area we have seen a lot of progress in, and many nursing homes now offer programmes of activities seven days a week, taking into account the interests and abilities of the residents living in the service.

In the early years of regulation, examples were seen where there were very limited opportunities for activities. Generally, there were less staff allocated to the provision of activities, and activity programmes were more basic, and would often include things like religious services and the hairdresser as the main aspects of the activities on offer. The importance of ensuring that all residents, regardless of physical or cognitive capacity, had access to meaningful activities was not always understood as demonstrated in these examples:

Mixed practice seen in the area of meaningful activities — 2009

The recent recruitment of a second activity coordinator offered enhanced opportunities for fulfilment, especially for the more independent residents living on the ground floor. There was a group of frail, older people and people with disabilities on the first floor, who did not have opportunities for social engagement and had little to stimulate or occupy them. They spent their day in a large day room with a lack of supervision for extended periods, while staff were busy elsewhere. Opportunities to participate in activities, apart from Mass, were restricted to residents on the ground floor. Few choices were offered to residents and they had no forum to influence aspects of life in their home.

Poor practice seen during an inspection in 2010

While there were some activities provided for residents including music sessions, card playing and exercises, there was no structured activities programme to enable resident enjoyment. Activities on Wednesdays was established, with the appointment of an outside person to facilitate this, but other activities undertaken are dependent on staff having time from their duties.

Good practice seen during an inspection in 2010

Links were actively encouraged with the local communities and educational groups. The activities programme was varied and included arts and crafts, fit for life, pet therapy, and music sessions. Residents' artwork was on display in the conservatory. During the inspection, three transition year students from the local secondary school visited the centre where they chatted and entertained residents. There is also a music session every Tuesday evening facilitated by local musicians.

In recent years, providers demonstrated a lot of innovation in offering meaningful activities, especially during the pandemic. Along with the rest of the population, residents in nursing homes were restricted in their movements, and at times were isolated in their own rooms with no access to the communal areas. Staff were innovative and used their resources to support social engagement and to create meaningful occupation for residents. Depending on the restrictions, there were many examples of one-to-one support to carry out specific activities such as accessing secure outdoor spaces or simply spending time with residents in their bedrooms. Here are some examples of how residents' quality of life has been enhanced by providers proactively seeking to build-in meaningful activities into the lives of residents:

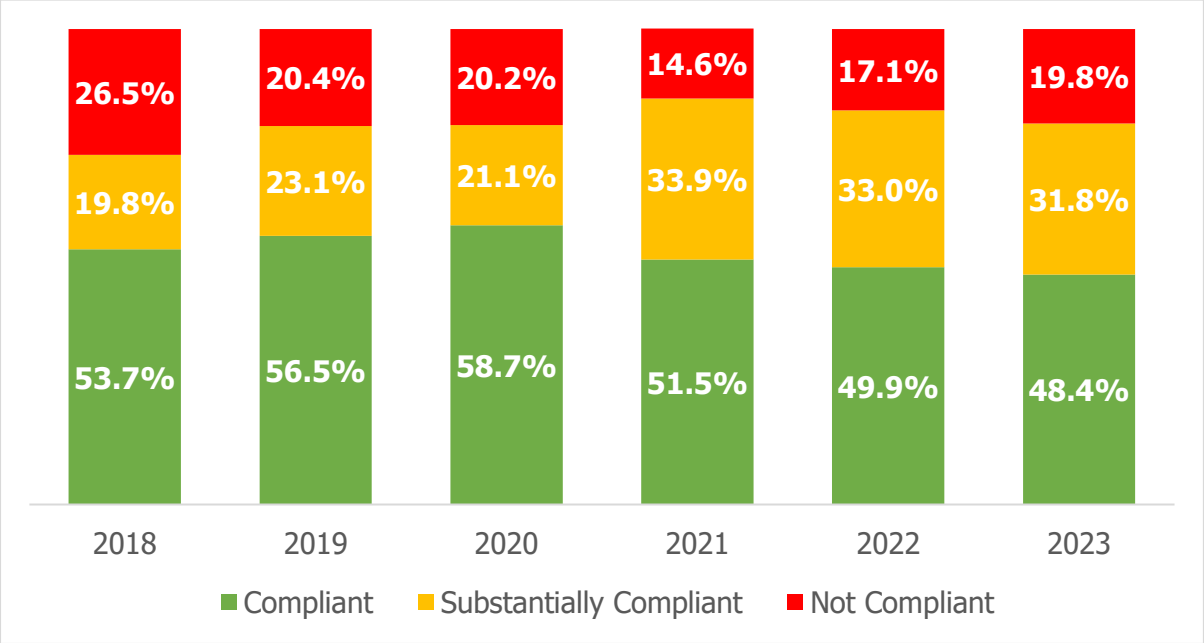
Meaningful activities seen on an inspection in 2023

Activities included live music, a baking club, arts and crafts, exercise classes and quizzes. Residents were observed during the day to actively engage in activities such as a reminiscence group… There was also an active knitting club; residents had crafted small knitted hats for newborn babies. Some examples of these were framed and on display… Organised outings had re-commenced for residents, and inspectors were informed of an upcoming trip to Knock and a trip to a local college for lunch, musical bingo and beauty treatments. Residents and visitors spoke positively about the activity team.

Residents being supported to engage in activities and access media and information in 2021

The registered provider provided facilities for occupation and recreation, and opportunities to participate in activities in accordance with their interests and capacities. Residents had opportunities to participate [in] activities in private and raise their concerns to staff and also at residents' committee meetings. The centre had adequate arrangements for residents to communicate freely and had access to radio, television, newspapers and other media. There were adequate telephone and video call facilities. Residents' religious preferences were facilitated insofar as COVID-19 restrictions allowed.

Figure 12 – Compliance with Regulation 9: Residents' Rights



Access to meaningful activities is one of the issues assessed under Regulation 9: Residents' Rights, which requires providers of nursing homes to ensure that residents have opportunities to participate in activities. As the figure aboves details, while progress has been made, there remains room for improvement.

In the area of access to meaningful activities, common issues associated with non-compliance with Regulation 9 include:

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

4.5 Premises and how it impacts on quality of life

Residents should live in safe, comfortable and homely environments. Good providers recognise that a homely and accessible living environment helps to ensure a 'home-like' environment that promotes activities of daily living and encourages residents to undertake everyday tasks. A good provider will explore opportunities to balance risk management with the homeliness of the centre and the residents' wishes for their own homely environment. Therefore, the design and layout of the physical environment is a critical feature of a nursing home.

When we commenced regulation, we found many examples of this balance being struck, as illustrated in this example of small centre in the south of the country:

Residents living in comfortable environment - 2010 inspection

The grounds of the centre were well maintained and spotless. The premises was painted internally and was bright and clean. The conservatory at the front of the centre was comfortable and relatives said they enjoyed sitting here with their relatives. Residents' accommodation was homely and personalised according to residents' preferences. Previously, there were no handrails along corridors; [and] these were now present.

However, we also found many of the buildings that were being used as nursing homes were formerly institutions such as hospitals, convents or work houses comprised of large multi-occupancy bedrooms and minimal communal and dining space which were not fit for purpose or homely and which perpetuated an institutional approach to care.

Their design and layout meant that many residents had to share bedrooms when it was not their preference. In the absence of sufficient communal and dining space, residents spent each day sitting beside their bed and their world was reduced to that bedroom. There was often insufficient space to store personal belongings or to meet

visitors in private. They were sometimes poorly furnished and residents often had no input into how their room was arranged or decorated. The design and layout of centres did not promote privacy or dignity for the residents, as in this inspection from 2010:

Premises reducing privacy and dignity for residents

All of the activities of daily living were all concentrated around residents' beds on a daily basis. For example, eating meals, personal care, relaxing at their bedside and sleeping. Therefore, inspectors found that there was not an appropriate therapeutic environment provided to all residents to ensure a good quality service. There were very poor dining room facilities available in some of the units for the residents to eat their meals. The dining rooms viewed were found to be unattractive and institutional in character. The inspectors observed that the majority of residents were assisted to eat either in bed or beside their bed. Drinks were provided at meal times and they were distributed by staff; however, inspectors did not observe staff offering drinks at any other time outside meal times.

Institutional settings can lead to institutional practices. A significant task for the regulator in the early days of regulation was to highlight these shortcomings to providers and change cultures within services to stop accepting this as the norm. Nonetheless, we have also found examples where, despite the poor quality of the premises, the standard of care has been good. Conversely, we have also found modern, purpose-built centres where the premises are very good but the care has been poor. In spite of that, a high quality of life is more likely to be experienced by residents when good premises are in place as the premises have the capacity to facilitate internal and external activities.

Here are three examples of the types of issues seen in more recent years of inspection:

Good care provided in a building in need of renovation, 2021

The fabric of the building had not been maintained and the exterior and interior of the premises had become dilapidated. Surfaces throughout were generally worn, damaged and were in need of maintenance and redecoration. Storage was inadequate and residents' assistive equipment, including hoists and wheelchairs, was observed in the corridors. Residents had access to an outdoor garden at the back of the centre. Some outdoor seating provided also needed repainting. Although colourful shrubs were growing in beds, the garden was in need of overall upgrading. Overall, the inspector observed that residents were well cared for in

the centre and although the premises environment was poorly maintained, their experience of living in the centre was positive.

Premises failing to meet residents' needs in a comfortable and homely way, 2019

The premises and grounds of the centre required significant work to ensure that all areas were suitable for its stated purpose and to meet residents' individual and collective needs. In the context of a long-term care facility, the storage for the residents' personal belongings and possessions remained inadequate. The exterior and parts of the interior of the building had a neglected appearance, plaster had numerous cracks and the paintwork was worn, cracking and faded. Parts of the centre and many bedrooms looked Spartan and clinical in appearance. The registered provider had failed to provide the centre with the necessary resources despite repeated requests from the centre's management over many years.

Poor management of premises impacting on residents' quality of life, 2020

The provider has not taken a comprehensive review of the service to improve the quality of life of residents and become compliant with Regulation 9: Residents' Rights. Apart from reducing occupancy levels and creating more wardrobe space in some rooms, the inadequacies of the premises and the impact of the residents' quality of life have been largely ignored by the provider. The provider focused instead on plans to build two new units… and did not make resources available to maintain the units for existing residents. Consequently, some residents are living in dilapidated wards, sharing bedroom space with up to six other residents, with inadequate space for their clothes and personal possessions. Equipment is stored in corridors and communal areas which impacts on residents' safety and their quality of life.

Securing improvements to the premises of nursing homes has been slow progress. This was compounded by the fact that the Chief Inspector's powers to regulate nursing homes began at a time of unprecedented pressure on the public finances

and the broader economy in Ireland.[56,57] The national financial difficulties hindered the ability of the HSE to bring State-run homes into compliance, with private providers also experiencing difficulties sourcing funding or finance to make the necessary improvements.

In the first 15 months of regulation (July 2009 to September 2010), the most frequent breaches of the regulations related to premises, with over 75% of centres inspected found to require improvements to the premises in this period. Moreover, when we carried out follow-up inspections to monitor progress, we could see that a significant number of nursing homes had not been able to correct premises failings due to the major investment required.[58]

The institutional appearance and lack of space for residents to store possessions in many nursing homes was also an issue in those initial inspections, particularly in multi-occupancy bedrooms. The size of bedrooms and multi-occupancy rooms was also an issue identified on these early inspections, as was a lack of suitable outdoor space, while some environments were not suitable for residents with dementia.

In line with the regulations, it was initially intended that nursing homes would meet specified criteria for the minimum size of bedrooms and the provision of bathrooms by 2015. However, as 2015 approached, our inspection findings made it clear that this would not be achievable. Revised regulations were introduced that gave registered providers until the end of 2021 to demonstrate compliance with new provisions as follows:

- each resident in a bedroom has an area of not less than 7.4m^2 of floor space, including the space occupied by a bed, a chair and personal storage space
- no bedroom has more than four residents other than a high-dependency room which can accommodate a maximum of six residents
- there is a minimum of one toilet, including accessible toilets, for every eight residents which are easily accessible by, and in close proximity to, but not necessarily en-suite with residents' bedrooms

[56] Fitzgerald, J. Ireland's Recovery from Crisis. The Economic and Social Research Institute and Trinity College Dublin.

[57] Designated centres for older people: an analysis of inspection findings during the first 15 months of inspection: 9 February 2012. Dublin: HIQA; 2012.

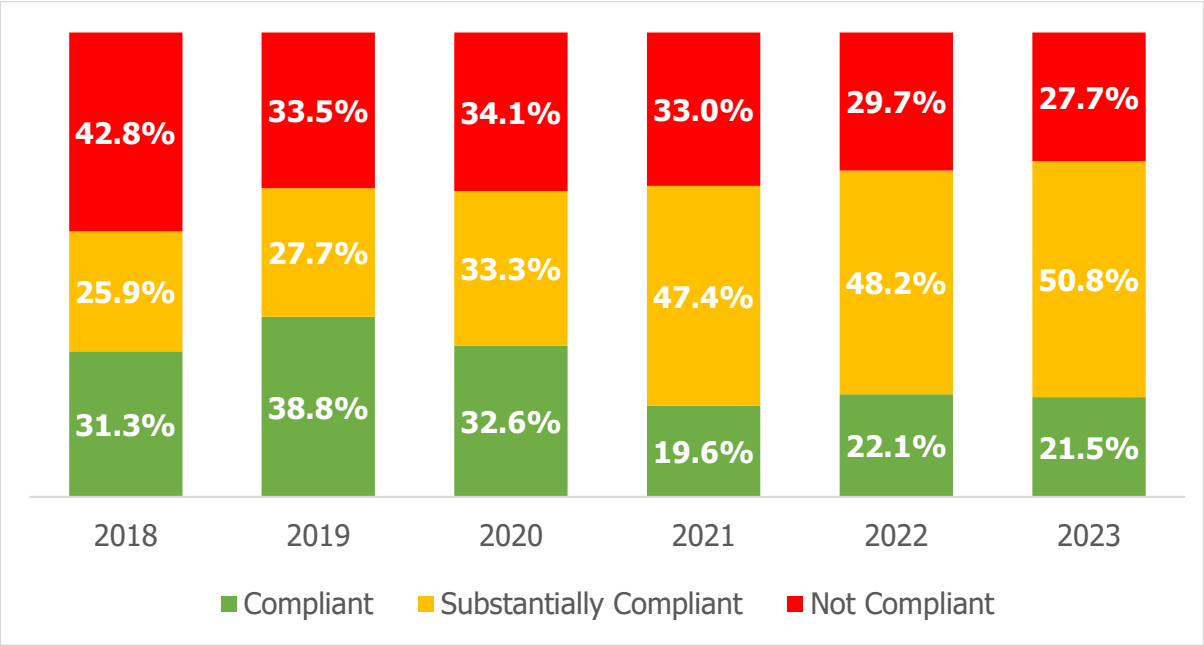
[58] Ibid.

- dining facilities that can cater for all residents, but not necessarily all at the same time.[59]

It is important to note that the regulations set the minimum requirement for regulatory compliance. For example, 7.4m^2 of floor space is the minimum that should be in place and should be considered in the context of the shape and configuration of a room and required compliance with other regulations. A twin room may measure 14.8m^2 but because it is a long narrow room with a door to the hallway and a door into an en-suite, such a room may not afford two residents with not less than 7.4m^2 of floor space, including the space occupied by a bed, a chair and personal storage space.

Over the past number of years, we have observed a notable improvement in the quality of nursing home premises (Figure 13).

Figure 13 – Compliance with Regulation 17: Premises



The majority of nursing home providers have engaged positively with the drive to improve their premises and residents are enjoying these benefits. Now, there are no bedrooms registered for more than four residents and the vast majority have now

[59] Chief Inspector. Overview Report Monitoring and Regulation of Older Persons Services in 2022: December 2023. Dublin: HIQA; 2023.

ensured the minimum space is available for residents, with their personal belongings within their private space and easily accessed by residents. This is an enormous difference to the wards we found in 2009 and has made a huge impact of residents' lived experiences in nursing homes. Fewer residents are now required to enter the personal space of another resident to access en-suite bathroom facilities, a sink or their belongings. We are also seeing new-build premises that are specifically designed to provide care in a homely and dignified manner, thereby greatly enhancing the quality of life for residents that live there.

The following is an example from a 2022 inspection where the provider ensured that residents are living in comfortable and homely spaces, which enhance and promote their rights and wellbeing.

Spacious and well-designed premises – 2022 inspection

There was a calm and relaxed atmosphere in the centre throughout the day of the inspection. The inspector observed some residents spending time in their bedrooms, other residents were walking around the centre, and a number of residents were seen spending their day in the communal day room. Residents had access to secure outdoor spaces on the ground floor. There was a designated smoking area which was adequate in size and well ventilated. The premises were spacious and well maintained.

Residents' bedrooms were clean and bright, and most were furnished with personal items such as photographs and ornaments. There was adequate storage in each room for clothing and personal belongings. Each resident had access to a lockable drawer to ensure the safe storage of valuable items. There was a television available for each resident in the twin-occupancy bedrooms.

4.6 Space for personal possessions and security of personal possessions

A well-run nursing home recognises that personal possessions are important for a homely environment and for residents' self-identity. It is acknowledged that when a resident moves into a nursing home, they may leave behind a home filled with memories. To enhance the feeling of homeliness and assist the resident with settling into the centre, the provider and person in charge should create an environment that encourages residents to bring with them items that are meaningful to them, such as photographs, ornaments or even items of furniture.

In the early days of inspections we found many nursing homes that had not adequately provided for residents' personal possessions and storage space. Compounded by premises issues, inspectors found that nursing homes had limited or no wardrobe space, no bedside lockers or storage, and did not make provision for

personal effects to be brought in from the residents' home. This meant that residents could not personalise their living space, could only display a small number of personal possessions, and had very limited storage space for their clothes. In effect, their rooms were more akin to what you would expect to find in a hospital ward. This inspection report from 2018 illustrates the impact on residents from such challenges:

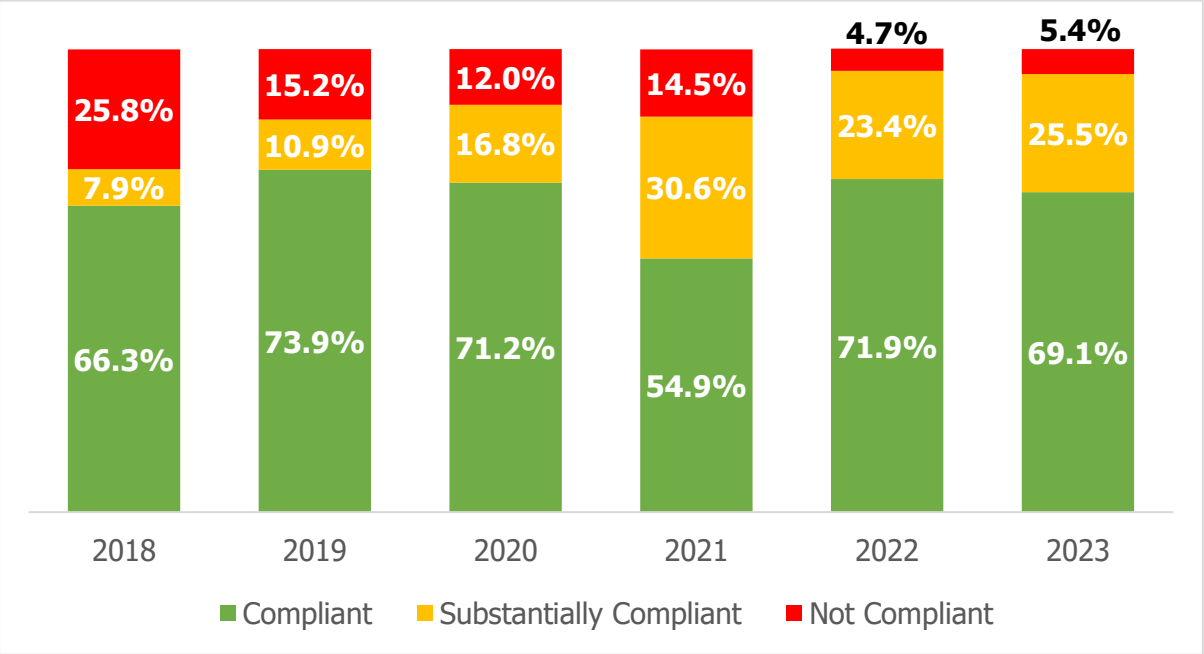
Inadequate storage and circulation space in a 56-bed centre – 2018 inspection

Storage space for residents' possessions and assistive equipment was inadequate… Inspectors found, on this inspection, that the room layout of some of the twin rooms, as well as the layout in the three and four bedded rooms did not give residents adequate personal space in the area around their bed. This impacted on residents' ability to store and access their personal possessions, relax in their bed area, access their bedside lockers and undertake personal activities in private. Staff were challenged to respect the privacy and dignity of residents when providing personal care to residents in multi-occupancy rooms. Care plans to manage residents' needs in multi-occupancy rooms was also impacted due lack of circulation space around some beds.

We have worked with nursing home providers to change perceptions around what a homely bedroom should look like in a nursing home. This was a gradual process of changing culture to promote a more social model of care as opposed to a medical model of care. Providers have been responsive and many have now transformed their settings to take greater account of residents' preferences in how their bedrooms are arranged and decorated.

Non-compliance with Regulation 12: Personal Possessions, during 2022 and 2023 was, in the majority of cases, due to residents not having enough space for their belongings in their bedroom or within their bed space. This can be a lack of shelving or surfaces for personal items, but in some cases residents only had very narrow wardrobe spaces provided, thereby limiting what items of clothing the resident could keep with them. Increasingly, we observe improved compliance with Regulation 12. Inspectors see many examples of residents being able to personalise their bedroom or their bed space in a multi-occupancy room.

Figure 14 – Compliance with Regulation 12: Personal Possessions



Here, we present examples of positive and negative findings with respect to personal possessions.

Residents having limited storage space – 2022 inspection

Bedrooms were pleasantly decorated with a secure locked space for each residents' possessions available. The inspector observed that a double room had limited private space for one resident; this resulted in insufficient space for a chair to be placed beside the resident's bed area. The inspector observed that within some of the multi-occupancy bedrooms, the layout and design of these bedrooms did not afford all residents sufficient private space. In one twin room, if a resident wished to access their personal belongings in their wardrobe, they had to enter another resident's personal space.

Homely bedrooms – 2021 inspection

Residents reported feeling very happy with their bedrooms. The bedrooms were observed to be spacious, comfortable spaces and were tastefully decorated with attractive furnishings and fittings. There was a large amount of storage available in the bedrooms, and they were observed to be personalised with residents' photographs, ornaments and personal possessions. One resident told the inspector that they loved the view from their bedroom window. All bedrooms in the centre were en-suite, and these were observed to be large, nicely decorated wet-room facilities with adequate storage in place for residents' personal belongings.

4.6.1 The impact of COVID-19

In response to COVID-19, stringent public health measures were put in place in Ireland in March 2020 for the whole population. These public health measures severely impacted every aspect of the lives of nursing home residents and transformed the social model of care that most nursing homes had successfully transitioned to over the previous 10 years. After years of moving towards a more homely, social model of care, the pandemic caused an instant reversal to a more medicalised model of care. For example, the focus on infection prevention and control curtailed visits from family members and friends and meaningful activities for residents. To prevent the spread of infection, many residents spent their day in their bedroom rather than in communal spaces.

However, the combined impact of embedded practices directed towards preventing and containing COVID-19 and the high rate of vaccination among staff and residents had, by late 2022, allowed the focus to return to ensuring that, in so far as possible, all residents of nursing homes have a high quality of life grounded in a social model of care.[60]

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.[61]

4.7 Conclusion to the lived experiences of nursing home residents

Regulation by the Chief Inspector has driven positive changes in the quality of life of residents. Most nursing home providers and managers are very familiar with the requirements of the regulations, and continue to strive to improve their services beyond basic compliance with the regulations and seek to meet the provisions of the 2016 *National Standards for Residential Care Settings for Older People in Ireland*. This has had a largely positive impact for the people living in nursing homes. While significant progress has been made in a large number of areas directly impacting on residents' quality of life, providers must continue to promote improvements to

[60] Chief Inspector. Overview report on the monitoring and regulation of older persons services in 2020 and 2021. Dublin: HIQA; 2022.

[61] Chief Inspector. Overview Report Monitoring and Regulation of Older Persons Services in 2022: December 2023. Dublin: HIQA; 2023.

future-proof and improve their services on a continual basis and in way that further enhances the life of people living in nursing homes.

Chapter 5: Human rights-based approach to care

5.1 Introduction to human rights-based approach to care

HIQA's Corporate Plan 2022–2024 sets out a commitment to keeping people who use health and social care services at the centre of the work of the organisation. One of HIQA's values is 'Promoting and protecting human rights'.

In line with this, the Chief Inspector is committed to ensuring that the FREDA principles of **F**airness, **R**espect, **E**quality, **D**ignity and **A**utonomy — 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.[62] Over the past 15 years, our inspectors have striven to ensure that the needs and the voices of residents have been at the centre of regulation.

5.2 A human rights-based approach to care

Regulation is one means by which to address poor standards of care and welfare. Before the start of regulation of nursing homes by the Chief Inspector in 2009, HIQA was aware that there were some services that were providing poor care and were infringing people's basic human rights. Much of our focus during the early days of regulation was to identify the nursing homes presenting the highest risk to residents and take action to improve the quality of life of residents living in those centres. Some practices clearly do not promote or protect a person's human rights. For example, restraining a person in a chair or locking them in a room means their liberty is impacted. Unfortunately, we did find instances of these practices during the early days of regulation.

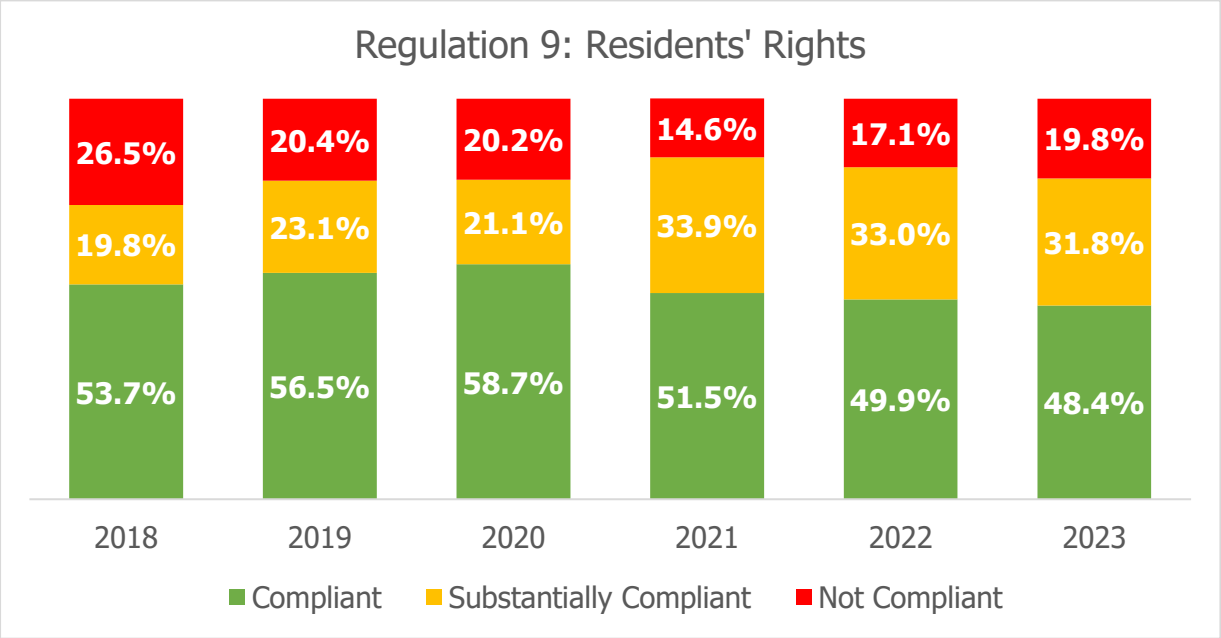
Other areas that impact on the rights of residents can be more subtle and deeply embedded in the culture of a service. Residents of nursing homes should have 'freedom from' certain things such as abuse or neglect, but should also have the 'freedom to' do what they want, whether that be engaging in an activity, being part of the local community or expressing themselves. This broadened concept is at the heart of our drive to ensure care in nursing homes adopts a human rights-based approach.

Figure 15 shows compliance with the regulation for residents' rights nationally between 2018 and 2023. There was a notable improvement in the number of non-

[62] Chief Inspector. Overview Report Monitoring and Regulation of Older Persons Services in 2022: December 2023. Dublin: HIQA; 2023.

compliant findings between 2018 and 2020,[63] but, as illustrated, this improvement has begun to recede slightly in recent years. Generally speaking, slightly more than half of inspections resulted in this regulation being found to be compliant and this required improvement on the part of nursing home providers.

Figure 15 — Compliance with the regulation on residents' rights between 2018 and 2023



5.2.1 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

There is no specific UN convention on the rights of older people. However, many older people living in nursing homes also live with a physical disability. A key milestone in the journey towards delivering a human rights-based approach to care was Ireland's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2018. The Convention applies established human rights principles from the UN Declaration on Human Rights to persons with disabilities. This underpinned the State's commitment to ensuring that people with disabilities could be empowered to live independent and fulfilling lives.

[63] The findings for 2020 have to be considered in the context of the COVID-19 restrictions in place at the time and their impact on the rights of the general population, including residents of nursing homes.

5.2.2 New guidance on promoting a human rights-based approach

In an effort to build on this momentum, HIQA, in conjunction with Safeguarding Ireland, produced a guidance booklet in 2019 entitled *Guidance on a Human Rights-based Approach in Health and Social Care Services.*[64] The guidance also identifies which conventions (for example, the European Convention on Human Rights and the United Nations Convention on the Rights of Persons with Disabilities) apply with respect to each of the five FREDA principles. Registered providers are encouraged to use this guidance to support staff to provide high-quality care in their services and to embed human rights-based principles into their everyday practices.

5.2.3 Human rights training for all inspectors

In 2022, all HIQA inspectorate staff received human rights training. We have also observed that many staff in nursing homes are receiving training in how to provide care and support with a human rights-based focus. It is encouraging that nursing home providers are positively engaging with this human rights-based approach to care.

We have also reviewed how that training is being translated into our inspection process and how we report on the rights of people in nursing homes. HIQA has developed an e-learning programme that staff in centres can access. By the autumn of 2023, almost 35,000 people had completed this programme.[65] We are also looking at how we speak with residents about their rights, how we report on that in our inspection reports and how we ensure that our inspectors have the confidence to call out those rights when they see them not being promoted or respected.[66]

Presented on the following page are some examples of how regulation and the initiatives outlined above have promoted a human rights-based approach to care in a number of nursing homes inspected.

[64] Guidance on a Human Rights-based Approach in Health and Social Care Services. Dublin: Safeguarding Ireland and HIQA (part-funded by the Irish Human Rights and Equality Commission); 2019.

[65] HIQA CEO Angela Fitzgerald speaking at the Oireachtas Joint Committee on Health, 4 October 2023.

[66] Chief Inspector speaking at the Oireachtas Joint Committee on Disability Matters, 27 October 2022.

Promotion of liberty through a restraint-free environment – 2023 inspection

Residents spoken with said that they were very happy in the centre, they felt safe and protected. They told inspectors it was a lovely place to live. They expressed satisfaction with the level of independence they had while living in a nursing home. A number said they liked the fact that although they lived in the safe environment they could still come and go as they wished once they informed staff.

A restraint-free environment was actively promoted. The centre had a low incidence of falls and minimal use of restraints. There were no bedrails used as physical restraints and alternatives such as low-low beds, alarm sensor mats and crash mats were used based on individualised assessment.

Positive ethos – 2023 inspection

During the inspection, the inspector found that there was an ethos in the centre of upholding residents' rights, ensuring residents' preferences and choices were respected and ensuring residents' voices were heard. Residents confirmed to the inspector that their right to choice was supported in all aspects of their life.

Chapter 6: Current and future challenges for the sector

This report has charted the journey of regulation over the past 15 years in nursing homes. While we saw many examples of good and excellent care when regulation began in 2009, there were also many challenges. The financial crisis in Ireland meant that very little funding was available for investment and modernisation of residential services for older people. Many residents were living in outdated and poorly maintained buildings that were institutional in nature, while the culture in some services was paternalistic and the care regimented. Since then, most registered providers have risen to the challenge of regulation and delivered improvements for residents that use their services. As a regulator, we have also adapted our approach and sought to be proactive in how we fulfil our role and how we collect and use data to inform policy-makers.

Providing good-quality health and social care is an ever-evolving process. This section of the report will discuss current and future challenges for nursing homes with a view to contributing to the conversation on how we can further modernise and improve social care for older people. Society demands new models of social care for older people going forward[67] and society's expectations of choices of care are much higher now that they were in 2009 when we started our regulatory journey. There is a compelling case for examining the potential of new housing models, including those with associated care and support models that fall between home care and full-time nursing home care.[68]

6.1 A vision for social care

HIQA published a document in 2017 that explored how health and social care services were organised and regulated in Ireland and compared this to what happens in other countries.[69] One of the key conclusions of that document was that there was a consensus that a service-based model of registration — coupled with a suite of regulations specific to each model of care — represented the best course for regulation into the future. Under such a system, a provider would be registered with the regulator rather than an individual centre or service being the registered entity. A provider may provide multiple services and would identify all the locations where it

[67] Sage Advocacy: New framework of services for older people needed. February 29, 2024. Available online from: https://sageadvocacy.ie/new-framework-of-services-for-older-people-needed/.

[68] Daly, J in Housing Options for Our Ageing Population: Policy Statement. Dublin: Department of Housing, Planning and Local Government, and Department of Health; 2020.

[69] Executive summary: Exploring the regulation of health and social care services: Disability and older people's services. Dublin: HIQA; 2017.

is providing these services. We continue to make the case for regulatory reform in this regard as it would contribute to a transformed model of social care for Ireland.

In 2021, we published a report that called attention to the need for reform of the regulatory framework for social care services.[70] There is currently no overarching social care policy or legislation in Ireland that sets out a vision for how people requiring care or support should be cared for and supported into the future. As a country, we need to establish what kind of care services we want for people who are older, people with disabilities and others who need support. Such a vision should include how services will be funded, operated, staffed and monitored so that all citizens can be assured we have a social care system that is fit for purpose.

6.2 Model of nursing home care for older people

The National Public Health Emergency Team (NPHET) recommended that an Expert Panel on Nursing Homes be set up to examine the complex issues surrounding the management of COVID-19 in nursing homes. The group of experts met to review evidence and engage with key stakeholders. In its final report, published on 19 August 2020, the COVID-19 Nursing Homes Expert Panel Report made a range of recommendations, including that relevant Government departments ensure that sufficient resources are assigned to ensure the recommendations were implemented. The Expert Panel's key findings and recommendations included the need for a revised model of care for nursing homes.[71]

Currently there is no limit on the size of a nursing home that a registered provider can build or apply to register in Ireland. The Chief Inspector believes that the numbers of nursing home beds cannot simply be viewed as a national total of available beds and nor should the optimum size of a nursing home be defined by economies of scale. Some local communities simply do not have a population size that will support a large nursing home. A sustainable model of residential care for older people that includes a funding model which is agile and can adapt and respond to the ever-evolving social care sector to include different models of nursing home care should be considered to ensure the sector can continue to meet the needs of current and future residents.[72]

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[70] The Need for Regulatory Reform: A summary of HIQA reports and publications examining the case for reforming the regulatory framework for social care services. Dublin: HIQA; 2021.

[71] COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021: Report to the Minister for Health.

[72] Chief Inspector. Overview report on the monitoring and regulation of older persons services in 2020 and 2021. Dublin: HIQA; 2022.

6.3 The loss of smaller nursing homes

In recent years, we have seen a continued trend of smaller nursing homes closing, with rural areas most affected and with a disproportionate impact on some counties, especially in the West of Ireland. 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. The majority of nursing homes closing had a good level of compliance with the regulations, and the size and layout of smaller centres can feel more homely and are often located in or close to towns and communities.[73] HIQA believes that the closure of smaller nursing homes should be considered in the context of a loss of a particular model of care and not just in terms of bed numbers.

Registered providers have cited a number of contributory factors for nursing home closures. These factors include concerns about financial viability, the prevailing economic situation and increasing inflation and difficulties in recruiting and retaining staff. Undoubtedly, the COVID-19 pandemic — including burnout from coping with it — has also had an impact. Regulation was 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 revised living space regulations. In such cases, they had determined that the cost of bringing their premises into compliance could not be supported by their business model. [74,75]

The closure of smaller nursing homes requires urgent attention in order to avoid further disruption to the lives of residents and to ensure a broad spread of services nationally. This is especially important in light of our ageing population and the projected future demand for services.

In 2023, 12 designated centres for older people closed voluntarily after providing notification to the Chief Inspector of their intention to cease the business of operating a nursing home. The majority 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. The Government decision to prevent any building which had been 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

[73] Chief Inspector. Overview Report Monitoring and Regulation of Older Persons Services in 2022: December 2023. Dublin: HIQA; 2023.

[74] HIQA News, Update on the regulation of nursing homes, 9 August 2022, Issue 50.

[75] Overview Report Monitoring and Regulation of Older Persons Services in 2022: December 2023.

refugees — initially for a period of two years and then revised to 18 months — following notification of closure to the Chief Inspector, remains in place and is an important component of protecting the rights of residents.[76]

6.4 Ownership of nursing homes

There is a clear trend evident in Ireland where large corporate groups are purchasing nursing homes, resulting in consolidation in the market. A recent report by the Economic and Social Research Institute (ESRI) stated the following:

> Many of these operators are recent entrants to the Irish market, financed by international private equity. There are 15 medium/large operators (defined as those operating at least five [nursing] homes), with 14 of these medium/large operators being private equity financed. These operators are responsible for 38 per cent of all [nursing home] beds, a figure set to rise based upon current trends.[77]

One challenge posed by the consolidation evident in the nursing home market is that of financial viability. Should one large organisation experience financial difficulties — due to exposure to international economic dynamics in the nursing home sector — this could have a significant impact on capacity in the sector and on the residents who rely on these services. Moreover, if such events were to occur at some future point, the onus would fall on the HSE to step in and operate the nursing home or nursing homes while a more permanent solution was found.

HIQA does not currently have any specific concerns with respect to the quality of care provided in nursing homes that are owned or operated by these large corporate groups. Nevertheless, we support the view that the consolidation of nursing home ownership by a small number of large operators represents a systemic risk to capacity in the nursing home sector that should be addressed as part of an overall strategy for social care in Ireland.

6.5 Regulatory reform

Despite huge improvements in nursing homes arising from regulation, we have previously highlighted the need to strengthen the Health Act 2007 and associated regulations. There have been calls for tougher regulation of nursing homes and for all individual complaints made against nursing homes to be independently

[76] Annual Report 2023 Health Information and Quality Authority.

[77] Walsh, B and Connolly, S. Long-term Residential Care in Ireland: Developments Since the Onset of the COVID-19 Pandemic. ESRI Research Series Number 174, January 2024. Dublin: The Economic and Social Research Institute; 2024.

investigated.[78,79,80] HIQA has been seeking amendments to the regulatory framework since 2013.[81] In June of 2020, we formally requested that the Minister for Health, through his Department, review and strengthen components of the Health Act and associated regulations governing the operation of nursing homes.[82] We have also discussed with the Department of Health the current model of care and market oversight of a model made up of private providers.

The Department of Health is also committed to regulatory reform. In 2023 the Minister for Health approved revised complaints regulations. The Health (Miscellaneous Provisions) (No.2) Act 2024[83,84] provides for the first significant changes to the Chief Inspector function in the Act including:

- introducing a new enforcement power for the Chief Inspector to issue compliance notices
- reducing timelines from 28 to 14 days for registered providers to (1) make representations:
    - in relation to a proposed decision by the Chief Inspector to place a condition on registration
    - or to cancel a registration and (2) to appeal a decision of the Chief Inspector to the District
- providing an express power for the Chief Inspector to remove a condition attached to registration of a designated centre without an application from the registered provider.

The Health (Miscellaneous Provisions) (No. 2) Act 2024 came into effect in September 2024. Included within this act was an amendment to Section 41 of the

[78] "Memorandum of Agreement still leaves almost 80% of vulnerable residents in nursing homes inadequately protected from situations of neglect and abuse" say ALONE. 24 February 2015.

[79] Cowley, M in *Health Manager* online, 3 June 2022: https://healthmanager.ie/2022/06/nursing-home-reform/. Dublin: Health Management Institute of Ireland; 2022.

[80] Nursing Home Quality Initiative: https://nhqi.ie/.

[81] Former HIQA CEO Phelim Quinn addressing the Oireachtas Joint Committee on Health, 23 March 2021.

[82] HIQA News, Chief Inspector calls for stronger enforcement powers, 9 December 2020, Issue 40.

[83] Health (Miscellaneous Provisions) (No. 2) Act 2024.

[84] Health (Miscellaneous Provisions) (No. 2) Act 2024. Dublin: Government Publications; 2024.

Health Act 2007, creating a new provision for collecting and maintaining specified information. Under Section 41, there will now be an annual collection of data at centre-level that will also be used for anonymised published reports and to share with other relevant parties. A new section 65A of the Health Act 2007 — amended under the above 2024 miscellaneous provisions legislation — will introduce new requirements for providing, collecting and maintaining information under the new requirements under Section 41 of the Health Act 2007.

In addition, the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023[85] includes a provision (not yet commenced) for a new discretionary function for the Chief Inspector to undertake a review of a specified incident in nursing homes where the Chief Inspector becomes aware of that incident:

- through a complaint about the incident
- through the receipt of a notification of the incident or
- by other means, for example through the Chief Inspector's regulatory function.

The purpose of the review is to:

- identify, in so far as is possible, how the specified incident concerned occurred
- make any general recommendations aimed at reducing risk and improving the safety, quality and standards of care.

This Act also sets out the timeline within which providers of nursing homes must submit notifications of specific incidents to the Chief Inspector. The Patient Safety Act also sets out the feedback timelines for draft inspection reports.

The Chief Inspector welcomes these amendments,[86] and in particular, compliance notices, complementing the current Section 51 processes under the Act. We will continue to support further enhancements to the regulatory framework.

Notwithstanding the above developments, we believe further enhancements to the regulatory framework are required. For example, the Act contains a narrow definition of a nursing home which limits the regulatory protection of residents to the confines

[85] Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. Dublin: Government Publications; 2023.

[86] Minister Butler introduces further safeguards for Older People. Dublin: Department of Health; 2024.

of the centre's footprint.[87]

6.5.1 Residents' charges are outside the regulatory framework

Over the course of 2022 and 2023, we found that nursing home residents have faced either new charges or increases in the charges that had been levied on them previously. We have also seen a tendency in some cases for providers to incorporate what we refer to as a 'blanket charge' on all residents regardless of whether they avail of a service or not. This is of concern, as many residents would have little disposable income, and may feel that they do not have a choice when it comes to paying these charges and may be worried that they would have to leave the nursing home if they don't accept a new or increased charge. While our inspectors review the contract of care in line with the regulations to check whether it is transparent and provides choice, unfortunately, the regulatory framework does not allow our inspectors to review the amount of additional money that a resident may have to pay.

However, we have engaged with the Competition and Consumer Protection Commission (CCPC) to inform guidance for registered providers in the development and use of contracts of care. We have also raised this issue with the Department of Health.[88]

6.5.2 Meeting the diverse needs of future residents

Ireland is now a multi-ethnic and diverse country, where people from all kinds of religious and social backgrounds live. When we started regulating nursing homes in 2009, the profile of residents was primarily White-Irish from a Roman Catholic or Church of Ireland background. This is gradually changing in nursing homes and is reflective of changes in the wider society. CSO Census 2022 data shows that just under 3.9 million people or 77% of people identified their ethnic group or background as White-Irish. The next largest ethnic group was *Any Other White background* at 10%, followed by *Indian/Pakistani/Bangladeshi* at 2%, and *Black or Black-Irish* at 1%. The number of usually resident Irish Travellers increased by 6% to 32,949. Over 736,000 people or 14% of the population living in Ireland reported they had no religion, an increase of 63% from Census 2016.[89] While there is no official estimate of the LGBT+ community in Ireland, it is estimated to range from 5–

[87] Chief Inspector addressing the Oireachtas Joint Committee on Disability Matters, 31 March 2022.

[88] Chief Inspector addressing the Oireachtas Joint Committee on Health, 4 October 2023.

[89] Press Statement Census 2022 Results Profile 5 - Diversity, Migration, Ethnicity, Irish Travellers & Religion. Cork: Central Statistics Office (CSO); 2023.

7% with an equivalent population of 187,700 to 262,800 (aged 15+) in Ireland.[90] People from all of these diverse groups and populations will require support services as they get older. As such, the resident profile in nursing homes will begin to reflect the profile in the community in the coming years.

As the nursing home sector continues to develop and grow, we will continue to work closely with all our partners — the Minister for Health, officials and Ministers of State in the Department of Health and other Government departments, those using health and social care services, residents, families and advocates, health and social care professionals, and providers — to plan for the resources needed to maintain the ongoing effective regulation of current and future models of residential services for older people.

[90] Oireachtas Library & Research Service. LGBT+ Community in Ireland: A Statistical Profile. Dublin: Houses of the Oireachtas; 2019.

Conclusion

This report has described how the introduction of regulation has impacted on nursing homes and the type of care residents receive. When regulation was introduced in 2009, many providers were challenged to provide quality care and support to residents. This was made more difficult to overcome in a country that was dealing with a financial crisis. The majority of nursing home providers have responded admirably to the requirements of the regulations. Many have upgraded their premises, introduced a more person-centred approach and changed the culture from a medical model towards a more social model of care. Our inspectors have worked with providers to improve quality in nursing homes and we have taken enforcement action when we see poor care. This has delivered improvements for people that live in nursing homes and their quality of life has been enhanced.

There have been a number of significant milestones over the past 15 years of regulation in nursing homes. For example, the Assisted Decision-Making (Capacity) Act 2015 and the *National Standards for Adult Safeguarding* are important interventions that give people additional rights. Moreover, the emphasis on a human rights-based approach to care as well as the range of thematic inspection programmes we have undertaken have served to improve quality in a range of important aspects.

We have also evolved our approach as a regulator. The voice of residents is more prominent in how we gather evidence during inspections and in our inspection reports. We continue to reflect on our monitoring approach and adapt our ways of working to better carry out our functions. As a regulator, it is important that we are ever vigilant in monitoring the quality of nursing homes. There is no room for complacency and we must continue to call out poor care where we see it and advocate on behalf of residents. The goal of regulation of nursing homes is not just to achieve a set standard of care but to be always reaching for continuous quality improvement. If all stakeholders can focus on this goal then older people have the best chance of enjoying a good quality of life in their later days.

New regulatory changes and powers for the Chief Inspector, through the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 and Health (Miscellaneous Provisions) (No. 2) Act 2024 will further enhance the regulation of nursing homes to promote the safety and welfare of residents.

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