

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Glengara Park Nursing Home
Centre ID:	OSV-0000044
Centre address:	Lower Glenageary Road, Dun Laoghaire, Co. Dublin.
Telephone number:	01 280 6168
Email address:	min@glengarapark.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beechfield Nursing Homes Limited
Provider Nominee:	Ciaran Larmer
Lead inspector:	Helen Lindsey
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	62
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 February 2017 09:30	22 February 2017 17:30
23 February 2017 09:15	23 February 2017 12:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration.

Inspectors were satisfied that the residents received a good quality service. There was full compliance with the regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013.

During the inspection inspectors met with residents and some of their relatives, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records, and the organisation's policies and procedures.

Inspectors found that residents received a personal approach from a staff team that respected their privacy and dignity. Staff were responsive to residents needs and ensured health and social care needs were met to a good standard. They had received training relevant to their role, and received supervision from the

management team in the centre.

The governance and management systems provided assurance to the person in charge and the provider that the centre was providing a safe service to residents. Regular review and audit of the day to day practice in the centre ensued that where improvements were needed they were responded to quickly.

Feedback received from the residents and relatives in the centre was positive overall.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

The statement of purpose for the designated centre was last updated in February of 2017. Inspectors found the document to outline in a clear and concise manner the facilities and services provided for residents in the centre. The statement of purpose contained all information required under Schedule 1 of the regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were systems in place to monitor the quality of care and experience of the residents in the centre.

The service provided in the centre was seen to be in line with the statement of purpose.

There was sufficient resourcing in place to ensure the premises were fit for purpose, there was sufficient staffing levels to meet the needs of residents, and appropriate facilities in the centre such as activities and equipment.

There was a clearly defined management structure in place. Each person identified in the structure was clear of the role they were employed to undertake. The provider nominee fed back to the Chief Executive Officer (CEO) and the Board on a regular basis. The person in charge was supported in their role by an assistant director of nursing, and there was also a clinical nurse manager overseeing practice on each of the three floors in the centre. There were also managers over household and catering services.

A range of management meetings were held to ensure a safe service was provided to residents. For example the provider nominee met with the person in charge weekly. A review of the meeting minutes showed that topics such as staffing, training, residents needs and review of policies and procedures were discussed. Action plans set out the action to be completed, the person responsible and the agreed timescale.

The senior management team took responsibility for providing assurance that each of their areas were meeting the required standards, and met on a two weekly basis to discuss practice in the centre and any areas noted for improvement. It was noted by inspectors that the proposed actions had been completed in key areas, and there was ongoing work to continue the progress in other areas, such as responding to residents feedback on meals and snacks in the centre and activity opportunities.

The person in charge carried out a range of audits on practice in the centre, and used the findings to identify areas for improvement. Areas audited in the previous year included complaints, tissue viability, incident report, care plans, use of bedrails and medication management. They also monitored a range of clinical indicators on a weekly basis, including numbers of falls, wound management, and residents with nutrition needs. When speaking with inspectors they were very clear of the needs of the residents and the actions taken to ensure they received the most effective care.

There were arrangements in place for the supervision of staff, with management available in the centre and observing practice on a daily basis, and annual appraisals for all staff. There were also meetings with the staff groups to provide training and information, including nursing staff and health care assistants.

It was noted that a review of management meeting minutes and action plans reflected the findings of the inspectors. Actions had been taken to improve practice where it was identified as necessary, and all areas on the day of the inspection were found to be meeting the requirements of the regulations.

There was an annual report in place where practice had been reviewed against the national standards for residential care settings for older people in Ireland. The report included feedback from residents and relatives on the quality of the service being provided, review of practice from 2016 and a plan of areas to focus on in 2017.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge had suitable skills and experience to carry out their role. They also had a good knowledge of the regulations and standards.

They were directly involved in the governance and management of the centre, and provided support to the nursing team as required. They were present in the centre at least five days a week to supervise the quality and safety of the service being delivered.

There were arrangements in place to cover their role if they were absent.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures were in place to safeguard and protect residents from abuse. There were systems in place to promote a positive approach to behaviours that challenge, and the management of restrictive practices were in line with the national policy.

There was a policy in place that followed the guidelines for safeguarding vulnerable adults from the Health Service Executive. The policy set out clear procedures to follow in the event of an allegation of abuse being disclosed, suspected or witnessed. Inspectors spoke with the management team who would be responsible for putting the procedure

in to practice, and they were clear of the steps to take to safeguard the resident and carry out an investigation. Inspectors spoke with staff who were all very clear about the action to take if they witnessed abuse or it was reported to them, and were able to describe the different types of abuse defined in the policy. All staff had completed up-to-date training in safeguarding of residents, and records read confirmed this.

There was a policy in place 'responding to and managing behaviours that are challenging'. It provided clear guidance to staff of the process to follow where residents had responsive behaviour (challenging behaviour), and a review of residents care plans showed this was put in to practice. For example it was clearly stated how residents may respond in certain circumstances (triggers) distraction techniques, and how staff should respond. Staff spoken with were found to know the needs of the residents well, and were able to describe how they would respond to different residents in line with their care plans.

There was also a policy on restraint use. It included definitions of restraint, a statement about acceptable practice in the designated centre, and a decision making tool as to when restrictions could and could not be considered for use. Where restrictions were in place there was a clear record of the decision making process including other less restrictive measures trailed. In the case of bedrails, use in the centre had reduced. Where they were in use there were clear risk management procedures in place and residents and relatives were involved in the decision making process.

Regarding the residents' finances, the centre did not act as a pension agent for anyone, nor was any resident a ward of court. The centre did have facilities to safekeep residents' cash and valuables, to which the resident had access on request at all times. The centre maintained a balance book for this which was double signed and logged all incoming and outgoing cash from the balance. Samples of residents' balances were reviewed against the actual contents of the safe and the amounts were found to correspond correctly.

Residents who spoke with inspectors said they felt safe in the centre. Residents and relatives who completed the HIQA questionnaire described that the security and staff in the centre made them feel safe.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

Inspectors asked a selection of staff about evacuation procedures and how to respond in the event of a fire alarm, and all were aware of their duties in an evacuation and from whom they would take instruction. If the person in charge is absent, the nurse in charge on that shift delegates' duties in the event of an evacuation and the person designated to support them is noted in the staff roster for each day. All staff had participated in a recent fire drill. Inspectors reviewed records of the fire drills and found them to be suitably documented, making note of time, duration, procedures followed, and issues identified which hindered efficiency, along with an action plan of how to rectify this for future reference.

The centre maintained a health and safety statement and plan for evacuating the centre in the event of an emergency. This included arrangements in place for transport and temporary accommodation in the event that it is not safe to return to the centre after an evacuation. A personal emergency egress plan (PEEP) was available at the nurse's station on each floor and this clearly outlined each resident's needs in terms of mobility and cognitive understanding during movement, where they are most likely to be found during the day, and the most efficient exit route for each person to take.

A fire folder was maintained which outlined and clearly logged checks which were to be performed by staff on a daily, weekly or monthly basis, such as checking the escape routes are free of obstruction and combustible materials, the fire doors were operational and the exit signs were functioning. The folder contained certificates of regular testing from external companies of emergency lighting, fire fighting equipment and the fire alarm system.

A risk register was maintained which was centre specific and adequately outlined the hazards in the centre, the rating of impact versus likelihood of adverse event, and the controls in place to mitigate the risk.

Inspectors spoke with cleaning staff with regard to procedures followed in the event of an outbreak of infection or a resident falling ill. Staff were clear and confident in how their cleaning schedule and procedures would change in these instances. There was good infection control practice in place regarding how cleaning equipment and personal protective equipment was stored, and how reusable mop heads were sent to laundry and returned to housekeeping. There were also appropriate procedures in effect in the laundry in transporting and washing soiled clothing.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The medication policy gave clear guidance to nursing staff on areas such as ordering, monitoring and documentation, administration, disposal of un-used and out of date medications and medication errors.

Samples of resident's medication records were reviewed. They were signed by the nurse following administration of medication, recorded the name of the drug and the time of administration. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing, and liquid alternatives had been sourced where available. Staff administering medication were seen to be following relevant professional guidance.

Medicines were being stored safely at the nurses' stations and in the medication trolleys used by nurses during medication administration.

Nurses kept a register of controlled drugs, and storage was seen to be secure. They were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

There was a process for assessing whether a resident was able to manage their own medications that included a risk assessment.

Regular audits had been carried out, and found good practice in the centre. Where minor improvements were recommended the person in charge was ensuring they were put in to practice. For example clearer recording when medication was refused.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Each resident had an assessment of their needs, care plans that described how their needs were to be met, and their needs were reviewed on a regular basis.

Inspector's reviewed a selection of resident's records. A selection of pre-admission assessment showed they were carried out prior to resident attending the centre. At the point of admission a comprehensive assessment was carried out by the nursing staff, involving the resident and relatives where appropriate. Where residents had health or social care needs identified, care plans were developed. Inspectors reviewed care plans for a range of health and social care needs, and all were seen to provide clear information to staff providing support to residents, and reflected the individual needs of the residents. Care plans in place included personal care, nutritional needs, risk of falls, risk of pressure ulcers and diabetes.

A range of recognized nursing tools were being used in the centre, and their results were used to put an appropriate plan of care in to place, for example where residents were identified as being at risk of developing pressure sores, then their nutritional needs were reviewed, pressure relieving equipment was put in place and residents were supported to mobilise and move around to relive pressure. Risk assessments were being used to monitor resident's needs, and where the identified levels increased or decreased the plan of care was reviewed.

All care plans were reviewed at least four monthly or more frequently if required. Residents and families were involved in reviews if they chose to attend. Records signed by the residents and relatives detailed the discussion during the review meetings.

Where resident's had healthcare needs, records showed there were links with relevant medical professionals. General practitioners (GP) visited the centre on a regular basis, and if more urgent review was required there were arrangements for out of hours GP. A range of allied healthcare professionals attended the centre. A physiotherapist was employed by the provider, and other services were contacted as required such as a dietician, speech and language therapist and mental health nurses. Where recommendations were made for residents they were seen to be put in place, for example mobility aids and adaptations, and modified diets.

There were clear record of resident's appointment, and arrangements were made with families or staff in the centre to ensure they were able to attend them.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Feedback from residents and their relatives during the inspection was positive about the quality of healthcare they were provided with in the centre.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and

homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

The design and layout of the building were in line with the statement of purpose. The building consisted of 62 single bedrooms and 2 twin bedrooms across three storeys. The centre was not purpose built as a nursing home, being a converted Victorian era country house. Despite this, the period property was well adapted for use as a nursing home, with an elevator for travelling between floors, and the building being predominantly free of steps, trip hazards and other obstructions preventing safe navigation through the centre by residents including those with reduced mobility or in wheelchairs. Handrails lined all corridors, and safe floor coverings were used throughout the building. Removable ramps were available at external doors to allow wheelchairs traverse safely. Overall the centre was well lit and heated, clean and in a good state of repair internally and externally.

The majority of bedrooms had en-suite toileting facilities and those which did not were in close proximity to an assisted toilet or bathroom. There were showering facilities on each floor in an adequate quantity for the number of residents in the centre. Facilities were suitable for residents with reduced mobility, with wetroom facilities, grab rail and low level bathroom ware. Bedrooms were nicely decorated and furnished, and were personalised to the residents' preference, with photographs and artwork, and had adequate storage space for clothing and belongings. The communal areas and corridors were also homely and decorated with resident painting and pottery and photographs of events and activities which had occurred in the centre. There were two large sitting rooms on the ground level, one of which was intended for residents with a dementia to avoid any direct disturbance or overstimulation by events for the other residents in the adjacent sitting room. In addition to this, there were smaller seating areas for residents to relax away from the busy day rooms. There were rooms which could accommodate residents to receive visitors in private.

There was a small front garden which residents required accompaniment to navigate safely, and a secured flat patio area to which residents could go out independently. Residents were observed in this patio with portable call bell devices. Call bells were available in bedrooms, toilets and communal areas, and were observed as promptly attended to by care staff.

Laundry and catering was done on-site and were appropriate in size and facilities to meet the needs of the number of residents living in the centre. Appropriate dirty utility rooms were available on each floor.

There was an adequate amount of assistive equipment for the number and needs of residents in the centre, such as wheelchairs and air mattresses, and a log was available including service records and certificates that these were kept in working order.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre is run, are given the opportunity to provide feedback about the service, and can access advocacy services as needed.

There was information in the communal areas for an advocacy agency if residents wanted to contact them. They also visited the centre, and chaired the residents meetings. Feedback was then given to the person in charge and provider, who provided an action plan for the following meeting setting out any changes made in response to the feedback. Topics covered included meals and menu's, activities, and staffing.

The centre had recorded evidence and correspondence regarding the residents being facilitated to vote via post or special voting form.

Residents were supported to engage in religious activities of their choice, with Mass held on a monthly basis and a Eucharistic minister visiting other Sundays in the month. For residents of other religions families were making arrangement for visits where residents wanted them.

Residents who spoke with inspectors said the routines and practice in the centre suited them well, and they could exercise choice in a variety of ways including where and what to eat, how to spend their time and where to spend their time. Where residents were not able to express their wishes, they were seen to be supported to spend time in different part of the centre if that had been their previous preferred routine, or were supported in their bedrooms with staff popping in to provide support and socialise when possible.

There was allocated activity staff each day in the centre, and they were seen to organise a range of activities including games, quizzes, flower arranging and visiting entertainment such as singers. There were also other people who attended the centre to provide entertainment or run classes, such as the pottery class which was very popular with residents and had been increased to twice a week.

The activity coordinator explained they were working hard to set up activities that would interest the full range of residents in the centre. The most recent addition to the program had been a book club. The activity coordinator was intending to continue to explore other opportunities for all residents and further resources had been approved to support this by the provider.

There was access to TV, DVDs, large print novels, radio and newspapers and magazines. It was noted that residents said at their meeting that they would like a particular radio station playing in one of the lounges, and this was seen to be in place during the inspection.

There was a plan in place to run at least six trips out of the centre each year. Photographs of the trips were up around the centre to remind people of the experiences. The trips included visits to local house and gardens, the people's park, and tea parties organised for residents in the area. A trip was planned in the weeks following the inspection to a local seaside town.

There were a lot of visitors seen in the centre during the inspection, and they were using different areas of the centre including the gardens, coffee dock area and small lounges. Relatives spoken with or who provided feedback on the HIQA questionnaires were very positive about the care and support provided in the centre, describing the staff as making residents and visitors 'comfortable and welcome'.

Most of the feedback from residents, either directly to the inspectors or on the HIQA questionnaires, was that staff were supportive and provided good care. Relatives were also very positive about the caring nature of the staff offering dignity and respect to residents. Throughout the inspection the staff team were seen to be respectful of residents in their communication, and engagement, always stating what they were going to do to support the resident with ahead of offering the support.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

Findings:

Inspectors found there were appropriate numbers of staff to meet the needs of the residents, with the necessary skills and experience to carry out their role.

Staffing rosters were available in the planned format, and the actual roster that was in place on each day. Staff from another care area of the business and agency staff were being used to cover staff absence. There had been a recruitment drive to fill vacant posts and the provider reported that less agency staff were being used. Where they were called to the centre, the same staff were requested to provide consistency for the residents. Feedback had been received from residents on staffing levels in the centre over the last twelve months, but there was clear evidence that the provider had responded to this and put measures in place to ensure there were sufficient staff in place to meet the needs of the residents.

A sample of personnel files for staff across all types was reviewed and these were found to contain all information and documentation required under Schedule 2 of the regulations. Garda Vetting confirmation was present for all members of staff and for regular visitors who facilitated activities in the centre. The centre documented confirmation of 2017 registration with An Bord Altranais for all nurses active in the centre. There were service level agreements in place to ensure agency staff had relevant qualifications, training and Garda Vetting.

Staff were up to date on their mandatory training of fire safety and evacuation, manual handling and safeguarding of vulnerable adults. All nurses had certificates documented of up to date training in medication management, and ten of the nurses had had specific training in creating and reviewing care plans for residents. A suitable proportion of care staff had attended supplementary training in caring for residents with a dementia, with responsive behaviours or who were at end of life. A good range of valuable supplementary training had also been attended by staff in infection control, falls prevention, nutrition and hydration, skin and wound care, incontinence care and the use of restraint. The centre had prepared a schedule for upcoming mandatory and supplementary training for 2017.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority