

COVID-19 Nursing Homes Expert Panel Consultation Survey

In line with the Terms of Reference for the establishment of the CoViD-19 Nursing Homes Expert Panel, the purpose of this group is to report to the Minister for Health in order to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 with regard to Nursing Homes over the next 12-18 months.

As part of this process the Expert Panel is undertaking rapid consultative processes to engage with a range of key stakeholders through various means. There is a short timeframe for the completion of its considerations, including a broad range of actions required to meet its purpose, including data and evidence gathering and analysis, stakeholder feedback and relevant deliberations and the development of a report to the Minister. Therefore, the Panel is conscious of the need to progress its work in a timely manner.

With this in mind, you are invited to participate in a concise, focused engagement process by completing this survey.

Instructions for use:

- The form may be typed or handwritten, bearing in mind recipients' ability to interpret the submission for processing and inclusion in consideration
- For tick boxes () – please select one only under each question
- For free-text boxes – please limit submissions to 250 words per question, and make use of bullet points and brevity to aid the impact of your submission

All submissions submitted for this purpose are subject to release under the Freedom of Information (FOI) Act 2014.

Personal, confidential or commercially sensitive information should not be included in your submission and it will be presumed that all information contained in your submission is releasable under the Freedom of Information Act 2014.

Your name (optional): Joseph Boyle , per pro NHQI

If on behalf of an organisation, Organisation Name (required): Nursing Home Quality Initiative (NHQI), (nursinghomeqi@gmail.com)

My situation is best described as (please tick one only):

Myself, as a:	
Resident / patient	
Family member	
Workers and staff	
Other: Volunteer with NHQI, a small group of nursing home service users/relatives	x

My experience pertains to (please tick one only):

First-hand experience	x
Witness	

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Other: _____

Section 1: Key Learnings and actions – COVID-19 and Nursing Homes

Based on your knowledge or experience, what are the **key lessons** for the immediate term arising from the experience of the COVID-19 pandemic to date?

1. Weaknesses in governance and management and an innate institutional culture have not served residents and their families well. These need to be addressed immediately.
2. Likewise, staffing-related policies in many nursing homes are dysfunctional and perceived to have been at the root of numerous Covid-related failings. Evidence of casual/agency personnel contracted to multiple nursing home is alarming. Equally alarming are scenarios where nursing and caring personnel move from resident to resident without completing appropriate infection control measures. The inevitable potential for cross-infection in such circumstances must not be tolerated.
3. Protocols for the transfer of residents between nursing home and hospital must be reviewed.

REGULATORY ISSUES

4. Despite having extensive knowledge of those nursing homes through intensive and expansive inspection activities the regulatory authority were unable to quickly identify those nursing homes who were at high risk to implement adequate systems in order to prohibit the transmission of COVID-19 due to inadequate infection control procedures, staffing, training and other quality indicators.
5. The regulatory authority did not have an active risk register of those nursing homes who would be at risk of being incapable of dealing with a crisis. This further demonstrates that the regulatory authority themselves have inadequate crisis management procedures in place in order to support and guide their key stakeholders i.e. nursing homes and other support facilities.
6. There appeared to be no guidance and support given to the nursing homes given by the regulator in a timely manner. A 21-page document entitled "*Regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak*" was published on the 21 Apr 2020 a month after the government declared a national lockdown. This assessment directed the nursing home provider to conduct a detailed self-assessment of their services, at a time when providers were appealing for additional help and support to execute basic care to their residents. The regulator in this instance placed additional burden on the provider with possible unmeasurable indirect impact to residents in nursing homes. The placement of addition burden on nursing homes was further evidenced by the fact the regulatory would be performing announced on-site assessments of nursing home compliances with specified regulations commencing from the 29 Apr 2020.
7. There should have been a hold on all "nursing home inspections" during the pandemic. We know that HIQA inspections create a great deal of work and worry for the nursing home. HIQA should have taken a more proactive compliance approach to help nursing homes come into compliance rather than creating more work for those nursing homes who were already creaking under the burden of the pandemic.
8. There was failure by the HSE to adequately ensure that patients who were discharged to nursing homes were COVID-19 negative.

9. There appeared to be no rationale as to why relatives were not allowed in some cases to be with loved ones as they died in nursing homes. There was no adequate rationale available as to why relatives could not have been given the appropriate PPE in order to be with loved ones in their final days.
10. There was failure to prioritise testing for care staff and provision of PPE for them

Based on your knowledge or experience or key learning, what key actions or measures do you think are required for the short, medium and long term to safeguard residents in nursing homes, against the impact of COVID-19?

1. From our collected experiences on the ground and our 10 years engagement with the regulatory system, we find that the seeds of the present disasters have long been present in the sector. It can be deduced, based on records of regulatory outcomes, that some key lessons from the Leas Cross Commission (2009) have not been learned.

SHORT TERM

2. The long-standing disconnect between private nursing homes and hospital and community services, long an irritant for nursing home service users, must end. It is this very disconnect that served to fuel the Covid-19 disaster, where the HSE did not see nursing homes as part of their remit or responsibility. One could make a strong case for the fact that this approach is discriminatory, ageist and unconstitutional.
3. Standards of hygiene need to be improved. In this we include general cleaning and laundry management.
4. The laxity around the wearing of duty uniforms outside of the nursing home setting (coming on duty and going off duty) should be tackled.
5. It is long understood by relative of nursing home residents that we are the first line of defence against poor care and neglect of our loved ones. This we try to achieve through regular visits (at irregular times). The cessation of visits, together with the stresses and strains under which management and staff have been operating, has exposed residents to indifferent and sub-standard service. We would like to hear from HIQA and nursing home providers about the impact that the exclusion of visitors for several months has had (and continues to have) on the physical and mental well-being of residents.
6. Mandatory COVID-19 testing of nursing home residents and care staff on regular basis.

MEDIUM TERM

7. The current process-driven model of regulation must be replaced with a developmental model that will seek to effect fundamental change and improvement across the sector – private, public and voluntary.
8. We are not aware that any nursing home or provider grouping has admitted to any fault or failing in relation to the Covid-19 invasion of their premises. Service users need to hear open and frank self-analysis from them. We are not asking that any of these entities place themselves in legal jeopardy but they must do the right thing by residents and their families in order to assist closure and begin to rebuild trust in residential services. This is a time for honesty, not blame. HIQA, the body with a vast reservoir of intelligence on all registered residential settings are best placed to take a lead role in these sensitive and complex issues.

9. Standards need to be updated based on the identification of unmet needs for residents in nursing homes which have been clearly identified during this pandemic. For example, improved investment to enhance services to support older people with physical and mental health needs
10. Weaknesses in governance and management and an innate institutional culture have not served residents and their families well and must be reformed. Change will have to be introduced from without, as the sector has shown itself to be incapable of assimilating the sort of transformational change called for by HIQA's Dr Tracey Cooper on the launch of National Standards in 2009.
11. Root and branch reforms across human resource practices in all three provider sectors are a top priority. These should begin at provider and management levels where the HIQA review of 'fitness' must become anchored to performance and competency measures overseen by HRM experts.

LONG TERM

12. Environmental challenges in many residential centres inhibit infection control and containment as well as general quality of life. These issues must be subjected to much stricter regulatory enforcement.

Section 2: Public Health Measures Priorities

Describe what you think are the existing **and** additional priority national protective public health measures for nursing homes in the context of COVID-19

The entries made elsewhere on this form encapsulate the totality of our submission to the Expert Panel.

Other relevant matters you wish to bring to the attention of the panel.

1. In spite of the words of the Government advertisement, *some people were left behind*. Nursing home residents and their families were left behind! Any review of the experiences of nursing homes must reflect on this reality.

Finally, we wish to thank you for this opportunity to put forward views from a nursing home service user perspective.

**Nursing Home Quality Initiative
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