

COVID-19 Nursing Homes Expert Panel Report

Registered Providers Implementation of Recommendations

Survey and results summary prepared by Cemplicity.

Published: 29th November 2021

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Background

The COVID-19 Nursing Homes Expert Panel Report (August 2020) contains a range of recommendations in line with lessons learned to date and international best practice, aimed to safeguard vulnerable residents in nursing homes. The Department of Health established an Implementation Oversight Team to oversee the implementation of the recommendations and ensure the ongoing protection and support for nursing home residents during COVID-19.

This is the report on the third and final survey on the Registered Provider's (the Provider's) implementation of recommendations. The survey format was approved by the Department of Health, the Implementation Oversight Team, and the Reference Group before issuing. It included questions on 40 recommendations for which the provider was responsible. This survey along with the two previous surveys provided an important opportunity for all providers to highlight the progress they made, highlight implementation progress and to identify any gaps requiring further attention. Due to the importance of providers' feedback on their progress, Minister Butler, wrote to each provider encouraging their participation in the survey. As with the previous survey reports, this report will be shared with the Department of Health which will inform the Implementation Oversight Team and progress reports to the Minister for Health and the Minister for Mental Health and Older People.

This survey report presents the quantitative results of the survey without a narrative analysis, it also includes a comparative of survey response rates between this and the previous surveys at a high level. A separate report which will offer analysis and comparison across the three provider surveys is in development and will be available in 2022.

A survey link was sent for each nursing home to the Provider. Providers with multiple nursing homes received one survey link per nursing home; this ensured that responses returned were per nursing home. Responses were voluntary. The survey consisted of 51 questions that correlate to the 40 provider led recommendations of the COVID-19 Nursing Homes Expert Panel Report.

Survey Timeline

20th October 2021: 570 email invitations sent for each registered nursing home to the Provider requesting participation in the survey.

27th October 2021: First reminder emails sent to records where their survey was 'Incomplete' or 'Not Started'.

3rd November 2021: Second reminder emails sent to records where their survey was 'Incomplete' or 'Not Started'.

10th November 2021: Final reminder emails sent to records where their survey was 'Incomplete' or 'Not Started'.

12th November 2021: Survey closed at 5pm.

19th November 2021: Results made available.

Table 1: [Participation Summary](#)

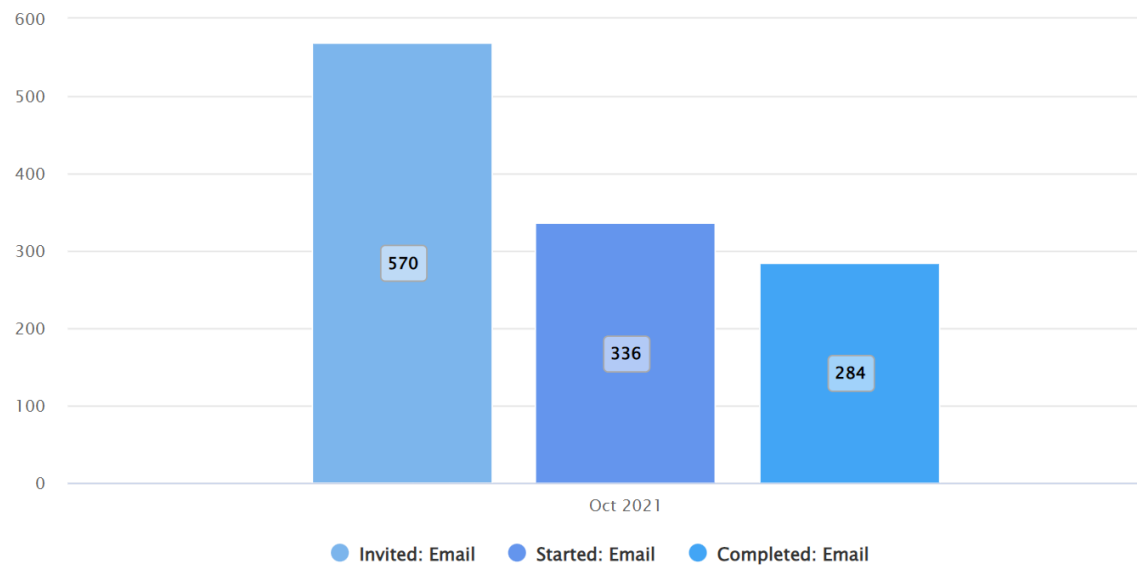
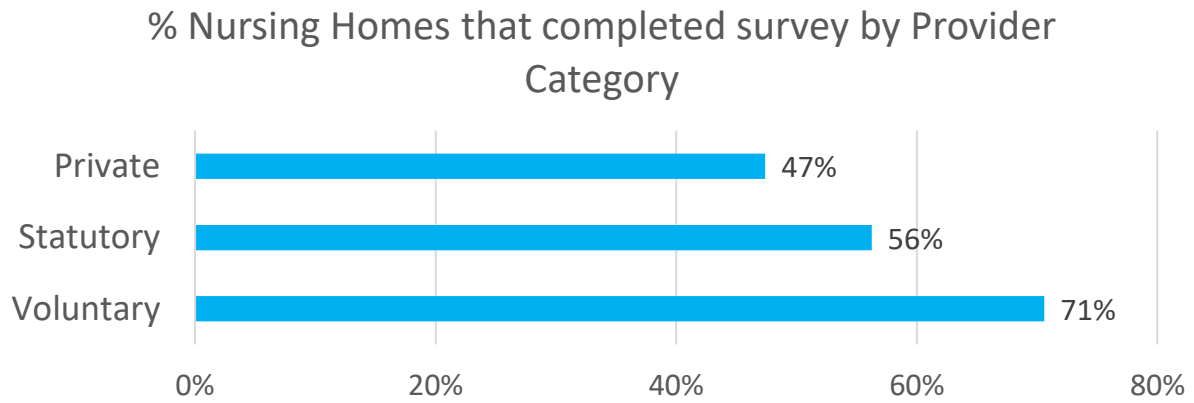


Table 2: Overall Participation

Participant Status	Totals
Invited: Email	570
Started: Email	336 (59%)
Completed Email	284 (50%)

Table 3: [Response by Provider Category](#)



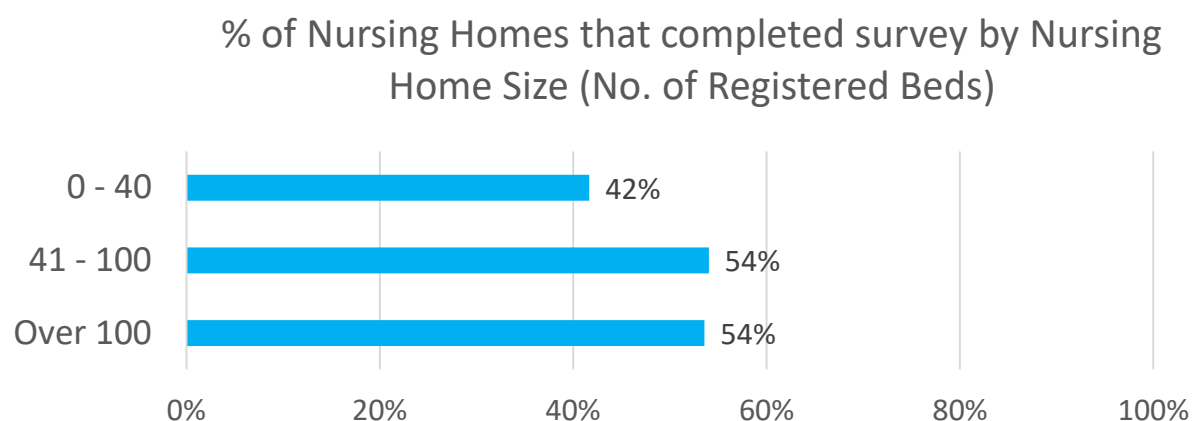
Provider Category	No. of Nursing Homes that Completed Survey	Total No. of Nursing Homes	% Nursing Homes that Completed Survey
Private	209	441	47%
Statutory	63	112	56%
Voluntary	12	17	71%

Table 4a– of the total responses submitted, the table below shows the breakdown of submitted responses by Provider Category:

Provider Category	% of Total Survey Responses
Private	74%
Statutory	22%
Voluntary	4%

* Total No. of Nursing Homes is active nursing home data extracted from HIQA's CRM system shortly before the survey is issued*

Table 5: Response by Nursing Home Size (No. of Registered Beds)



No. of Registered Beds	No. of Nursing Homes that Completed Survey	Total No. of Nursing Homes	% Nursing Homes that Completed Survey
0 - 40	80	192	42%
41 - 100	174	322	54%
Over 100	30	56	54%

Table 5a– of the total responses submitted, the table below shows the breakdown of submitted responses by Nursing Home Size (No. of Registered Beds):

No. of Registered Beds	% of Total Survey Responses
0 - 40	28%
41 - 100	61%
Over 100	11%

* Total No. of Nursing Homes is active nursing home data extracted from HIQA's CRM system shortly before the survey is issued*

Table 6: Response by County

Of the total responses submitted, the table below shows the breakdown of responses submitted by County:

County	& of Responses & Response Count
Dublin	21.8% (62)
Cork	7.4% (21)
Tipperary	7.4% (21)
Limerick	5.6% (16)
Galway	4.9% (14)
Donegal	4.9%(14)
Wicklow	4.6% (13)
Kildare	3.9% (11)
Wexford	3.5% (10)
Kerry	3.2% (9)
Meath	3.2% (9)
Clare	3.2% (9)
Kilkenny	3.2% (9)

County	& of Responses & Response Count
Waterford	3.2% (9)
Cavan	2.5% (7)
Roscommon	2.1% (6)
Westmeath	2.1% (6)
Offaly	2.1% (6)
Mayo	1.8% (5)
Carlow	1.8% (5)
Louth	1.8% (5)
Laois	1.8% (5)
Leitrim	1.8% (5)
Sligo	1.4% (4)
Longford	0.7% (2)
Monaghan	0.4% (1)

Table 7: Survey Response Comparison

Table 7a and 7b are comparing the results of the respondents who took part in the HIQA recommendation survey program

	% of respondents that completed survey 1	% of respondents that completed survey 2	% of respondents that completed survey 3
Overall	56%	45%	50%
Private	51%	36%	47%
Statutory	72%	81%	56%
Voluntary	65%	35%	71%
0 - 40 beds	61%	50%	42%
41 - 100 beds	48%	42%	54%
Over 100 beds	82%	41%	54%

	% of unique respondents to at least 1 recommendation survey	% of respondents who completed 1 recommendation survey	% of respondents who completed 2 recommendation surveys	% of respondents who completed all 3 recommendation surveys
Overall	78%	28%	26%	24%
Private	74%	34%	22%	19%
Statutory	89%	9%	38%	42%
Voluntary	82%	18%	41%	24%
0 - 40 beds	79%	24%	33%	21%
41 - 100 beds	75%	29%	22%	24%
Over 100 beds	88%	38%	21%	29%

* The first table on the page is calculated using the invite list per survey. The second table on this page is calculated using the invite list of survey 3 as Nursing Home sizes have changed for a number of homes in between surveys. *

Results Summary

Preparedness and contingency				
Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 1.01 Q1. The provider has implemented enhanced public health measures to include a designated team or at least one full-time staff member as lead for COVID-19 preparedness response.	0% (1)	1% (4)	5% (15)	93% (264)
Recommendation 1.01 Q2. The provider has implemented enhanced public health measures to include sourcing adequate supplies of PPE.	0% (0)	1% (4)	2% (5)	97% (275)
Recommendation 1.01 Q3. The provider has implemented enhanced public health measures to include staff accommodation.	11% (32)	6% (17)	18% (51)	65% (184)
Recommendation 1.01 Q4. The accommodation includes provision for those who are COVID-19 positive and/or self-isolating.	16% (45)	9% (26)	18% (52)	57% (161)
Recommendation 1.01 Q5. The provider has implemented enhanced public health measures to include contingency staffing teams.	1% (4)	13% (38)	26% (74)	59% (168)
Recommendation 1.01 Q6. The provider has implemented enhanced public health measures to include preparedness planning.	0% (0)	1% (3)	11% (30)	88% (251)
Recommendation 2.02 Q7. The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan.	0% (0)	1% (4)	7% (19)	92% (261)

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 2.07 Q8. All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.	0% (1)	2% (7)	20% (56)	77% (220)
Recommendation 2.07 Q9. The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.	8% (22)	18% (50)	11% (31)	64% (181)
Recommendation 2.07 Q10. The provider ensures documentary assurance that all agency staff has had the requisite Infection Prevention and Control (IPC) (including PPE) training before engaging their services.	5% (13)	7% (20)	16% (45)	73% (206)
Recommendation 2.07 Q11. The provider has onsite access to a trained Infection Prevention and Control lead for each shift.	2% (6)	20% (57)	15% (42)	63% (179)
Recommendation 2.08 Q12. The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.	0% (0)	0% (1)	1% (4)	98% (279)
Recommendation 2.08 Q13. The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.	0% (0)	0% (1)	1% (3)	99% (280)
Recommendation 2.10 Q14. The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home.	0% (0)	1% (4)	5% (14)	94% (266)

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 3.02 Q15. PPE is readily available.	0% (0)	0% (0)	2% (6)	98% (278)
Recommendation 3.02 Q16. There is onsite supervision on every shift to ensure PPE is being used correctly.	0% (0)	2% (6)	7% (19)	91% (259)
Recommendation 3.02 Q17. Staff training in PPE use is documented.	0% (0)	2% (5)	6% (17)	92% (262)
Recommendation 3.06 Q18. The provider has access to safe staffing levels and the required skill set on every shift.	0% (0)	5% (13)	15% (44)	80% (227)
Recommendation 3.08 Q19. The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7.	0% (0)	1% (3)	8% (22)	91% (259)
Recommendation 4.02 Q20. Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.	0% (0)	0% (0)	1% (4)	99% (280)
Recommendation 5.02 Q21. The provider has a clear written back-up (contingency) plan to maintain a safe service when staff cannot work or fail to turn up for work.	0% (0)	4% (10)	14% (41)	82% (233)
Recommendation 8.06 Q22. A clinical governance oversight committee is established in the nursing home.	3% (9)	8% (22)	7% (19)	82% (234)

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Social Distancing and Isolation				
Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 3.03 Q23. The provider has consistently sustained protocols for self-isolation, quarantine and cohorting.	0% (0)	0% (0)	5% (14)	95% (270)
Recommendation 3.04 Q24. Suspect cases and close contacts are isolated pending the results of rapid testing.	0% (0)	0% (1)	2% (5)	98% (278)
Recommendation 3.05 Q25. The provider has the ability and space to isolate and cohort residents.	1% (2)	2% (5)	15% (42)	83% (235)
Recommendation 3.07 Q26. The provider has plans in place to isolate and cohort residents.	0% (0)	1% (2)	5% (13)	95% (269)
Recommendation 3.07 Q27. Social distancing facilities for residents and staff are in place and maintained.	0% (0)	0% (1)	11% (31)	89% (252)
Recommendation 4.03 Q28. New residents are isolated according to HPSC protocol.	0% (0)	1% (2)	2% (6)	97% (276)

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Staffing and Supports				
Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 5.01 Q29. The provider maintains a log of all persons/staff entering nursing homes.	0% (0)	0% (1)	1% (2)	99% (281)
Recommendation 5.03 Q30. The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification.	1% (2)	10% (28)	21% (59)	69% (195)
Recommendation 5.03 Q31. An education plan for each healthcare assistant is being developed or in place.	1% (2)	21% (59)	21% (61)	57% (162)
Recommendation 5.06 Q32. The provider ensures that staff do not work across multiple sites. (This refers to a GP supporting the designated centre as a whole in relation to clinical governance, not specifically with a focus on individual service users.)	0% (1)	1% (4)	20% (56)	79% (223)
Recommendation 5.06 Q33. The provider has contract or agreed protocols in place with staff and agencies employed.	2% (6)	4% (10)	7% (20)	87% (248)
Recommendation 5.08 Q34. The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff.	0% (1)	3% (9)	7% (21)	89% (253)
Recommendation 8.02 Q35. The provider has an arrangement with a GP to support general oversight and governance of the nursing home.	14% (40)	7% (21)	5% (14)	74% (209)

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 9.02 Q36. The provider is assured that there is effective nursing leadership onsite to include contingency plans when absent.	0% (0)	0% (0)	4% (11)	96% (273)
Recommendation 10.02 Q37. The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.	1% (4)	18% (51)	20% (56)	61% (173)
Recommendation 10.05 Q38. The provider has established a mandatory suite of continuing education for staff.	Please go to page 18 to see chart			
Recommendation 11.01 Q39. There are established and effective links with the Community Palliative Care Team in your catchment area.	1% (4)	1% (2)	4% (11)	94% (267)
Recommendation 13.04 Q40. The provider has dedicated staff to facilitate and document social activities and communication for residents with family.	0% (0)	1% (4)	7% (20)	92% (260)
Recommendation 14.06 Q41. Do you collect data for regular reporting and operational management for: <ul style="list-style-type: none"> • Staffing numbers • Role and Grade of staff • Full time equivalents • Staffing Vacancies • Use of agency and/or overtime hours • Staffing Qualifications • Resident Numbers • Resident Demographics (E.g age, gender) • Bed occupancy levels 	Please go to page 18 to see chart			

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Testing				
Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 2.06 Q42. There are staff available in-house that can undertake COVID-19 test swabbing.	1% (2)	0% (1)	6% (18)	93% (263)
Recommendation 4.01 Q43. The provider has access to COVID-19 test results for all new residents coming from the community or proposed transfers from hospital prior to admission. (Please answer this question aligned to updated advice i.e. COVID-19 Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities was updated on 24/06/2021(version 6.5) and removed the "requirement for testing before transfer to LTRCF in people with significant vaccine protection)	0% (0)	0% (1)	2% (6)	98% (277)

Visiting				
Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 11.02 Q44. All individual visiting assessments are documented in line with HSE and HPSC visiting guidance.	0% (1)	2% (5)	4% (12)	94% (266)
Recommendation 11.02 Q45. Are there any challenges/barriers to implementing visiting assessments in the centre?	please see pages 69-74 for comment feedback			
Recommendation 12.02 Q46. The provider has identified and addressed infrastructural adaptations required to facilitate visits.	0% (0)	5% (15)	9% (25)	86% (244)
Recommendation 12.03 Q47. End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures.	0% (1)	0% (0)	0% (1)	99% (282)

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 13.1 & 13.2 Q48. The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures.	0% (0)	0% (0)	1% (4)	99% (280)
Recommendation 13.03 Q49. The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.	0% (0)	0% (1)	3% (8)	97% (275)

Advocacy				
Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 15.04 Q50. Residents are aware of and are provided access to independent advocacy services.	0% (0)	1% (2)	11% (30)	89% (252)

Reporting				
Recommendation & Survey Question	Not Commenced	Work in Progress	Substantially Complete	Fully Implemented
Recommendation 9.4 Q51. The Provider collects data on the following areas to inform the quality and safety of care and outcomes for residents: <ul style="list-style-type: none"> • Skin Integrity • Nutrition and Hydration • Pain Assessment and Management • Medication Administration • Infection Prevention and Control • Activities of Living • Falls • Continence Assessment, Promotion and Management • End of Life and Palliative Care • Responsive Behaviour Support • Psychological Support • Person Centred Care • Safeguarding of Vulnerable Adults • Social and Recreational Assessment • Person Experience 				please go to page 19

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Recommendation 10.05	Q38. The provider has established a mandatory suite of continuing education for staff.
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	Overall	Private	Statutory	Voluntary	0 - 40	41 - 100	More than 100
Infection Control	98% (277)	97% (203)	98% (62)	100% (12)	98% (78)	97% (169)	100% (30)
End of Life Care	73% (207)	76% (159)	62% (39)	75% (9)	61% (49)	79% (137)	70% (21)
Dementia Care	78% (222)	79% (166)	76% (48)	67% (8)	71% (57)	84% (147)	60% (18)
Palliative Care	61% (172)	61% (128)	57% (36)	67% (8)	60% (48)	64% (111)	43% (13)
None of the above	2% (5)	2% (4)	2% (1)	0% (0)	3% (2)	2% (3)	0% (0)

Recommendation 14.06	Q41. Do you collect data for regular reporting and operational management for:
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	Overall	Private	Statutory	Voluntary	0 - 40	41 - 100	More than 100
Staffing numbers	94% (267)	92% (193)	98% (62)	100% (12)	90% (72)	95% (166)	97% (29)
Role and Grade of staff	83% (237)	82% (172)	87% (55)	83% (10)	76% (61)	85% (148)	93% (28)
Full time equivalents	87% (247)	85% (177)	95% (60)	83% (10)	80% (64)	89% (155)	93% (28)
Staffing Vacancies	88% (251)	87% (181)	98% (62)	67% (8)	79% (63)	91% (159)	97% (29)
Use of agency and/or overtime hours	73% (208)	67% (141)	97% (61)	50% (6)	58% (46)	76% (133)	97% (29)
Staffing Qualifications	85% (242)	85% (178)	84% (53)	92% (11)	81% (65)	85% (148)	97% (29)
Resident Numbers	95% (270)	93% (195)	100% (63)	100% (12)	91% (73)	96% (167)	100% (30)
Resident Demographics (E.g age, gender)	81% (229)	81% (169)	78% (49)	92% (11)	78% (62)	79% (138)	97% (29)
Bed occupancy levels	95% (271)	94% (196)	100% (63)	100% (12)	91% (73)	97% (168)	100% (30)
None of the above	3% (8)	4% (8)	0% (0)	0% (0)	6% (5)	2% (3)	0% (0)

Total number of respondents to each question = 284

Number in brackets () reflects the number of respondents to each answer

Recommendation 9.4	Q51. The Provider collects data on the following areas to inform the quality and safety of care and outcomes for residents:
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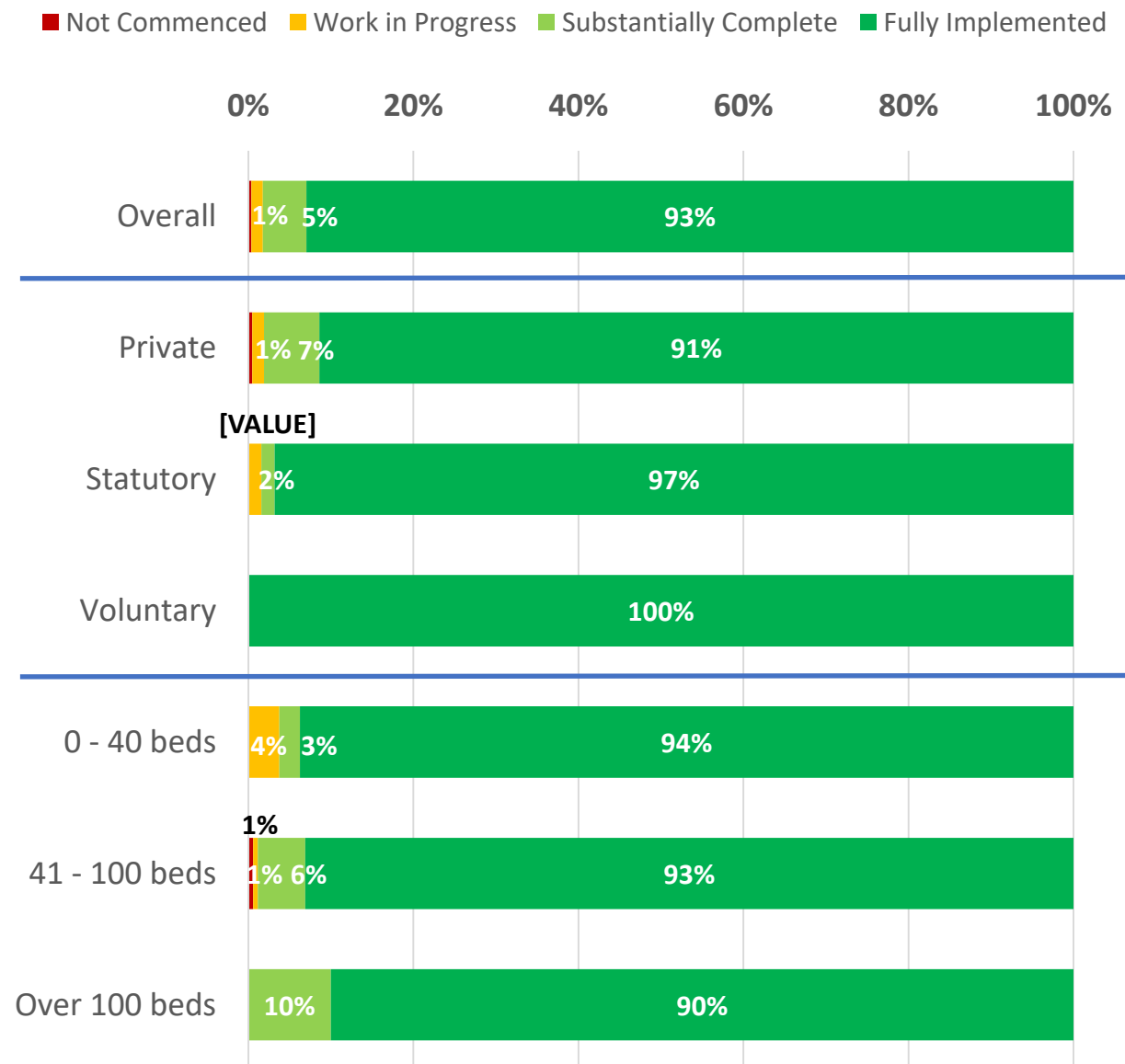
	Overall	Private	Statutory	Voluntary	0 - 40	41 - 100	More than 100
Skin Integrity	96% (278)	97% (205)	97% (61)	100% (12)	95% (76)	97% (172)	100% (30)
Nutrition and Hydration	96% (274)	97% (203)	94% (59)	100% (12)	95% (76)	97% (168)	100% (30)
Pain Assessment and Management	92% (262)	91% (190)	95% (60)	100% (12)	88% (70)	94% (164)	93% (28)
Medication Administration	98% (278)	97% (203)	100% (63)	100% (12)	95% (76)	99% (172)	100% (30)
Infection Prevention and Control	98% (279)	98% (204)	100% (63)	100% (12)	95% (76)	99% (173)	100% (30)
Activities of Living	87% (248)	83% (174)	98% (62)	100% (12)	88% (70)	90% (156)	73% (22)
Falls	99% (280)	98% (205)	100% (63)	100% (12)	96% (77)	99% (173)	100% (30)
Continence Assessment, Promotion and Management	90% (255)	89% (185)	92% (58)	100% (12)	85% (68)	91% (158)	97% (29)
End of Life and Palliative Care	92% (261)	91% (191)	97% (61)	75% (9)	91% (73)	91% (159)	97% (29)
Responsive Behaviour Support	94% (267)	93% (195)	97% (61)	92% (11)	85% (68)	98% (170)	97% (29)
Psychological Support	76% (215)	73% (152)	84% (53)	83% (10)	75% (60)	77% (134)	70% (21)
Person Centred Care	89% (253)	87% (182)	94% (59)	100% (12)	84% (67)	90% (157)	97% (29)
Safeguarding of Vulnerable Adults	96% (274)	95% (199)	100% (63)	100% (12)	93% (74)	98% (171)	97% (29)
Social and Recreational Assessment	88% (250)	86% (180)	94% (59)	92% (11)	80% (64)	91% (158)	93% (28)
Person Experience	88% (236)	86% (165)	95% (60)	92% (11)	80% (60)	91% (147)	93% (29)
None of the above	1% (2)	1% (2)	0% (0)	0% (0)	3% (2)	0% (0)	0% (0)

Total number of respondents to each question = 284

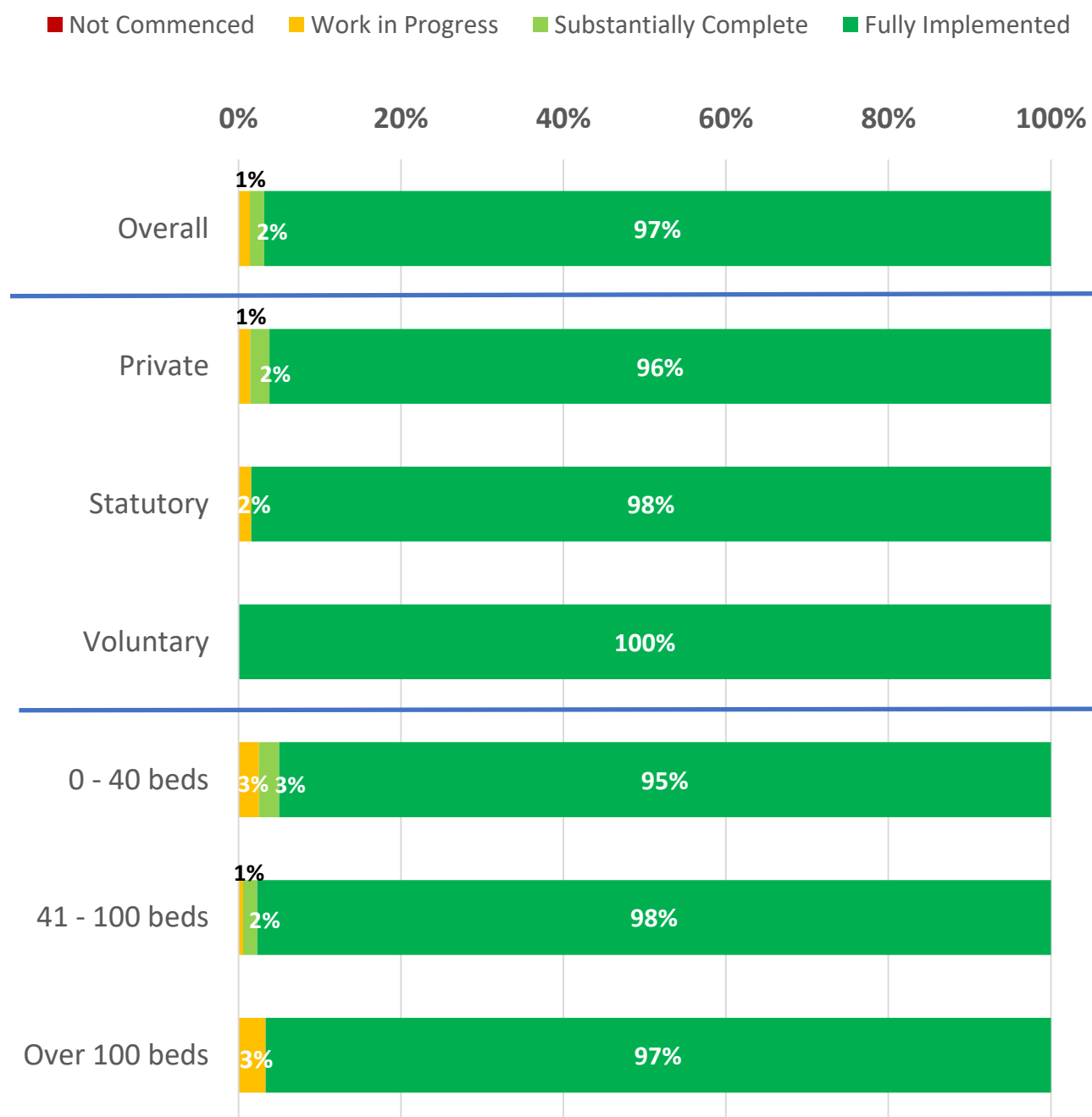
Number in brackets () reflects the number of respondents to each answer

Preparedness and contingency

Q1. The provider has implemented enhanced public health measures to include a designated team or at least one full-time staff member as lead for COVID-19 preparedness response. (Recommendation 1.01)



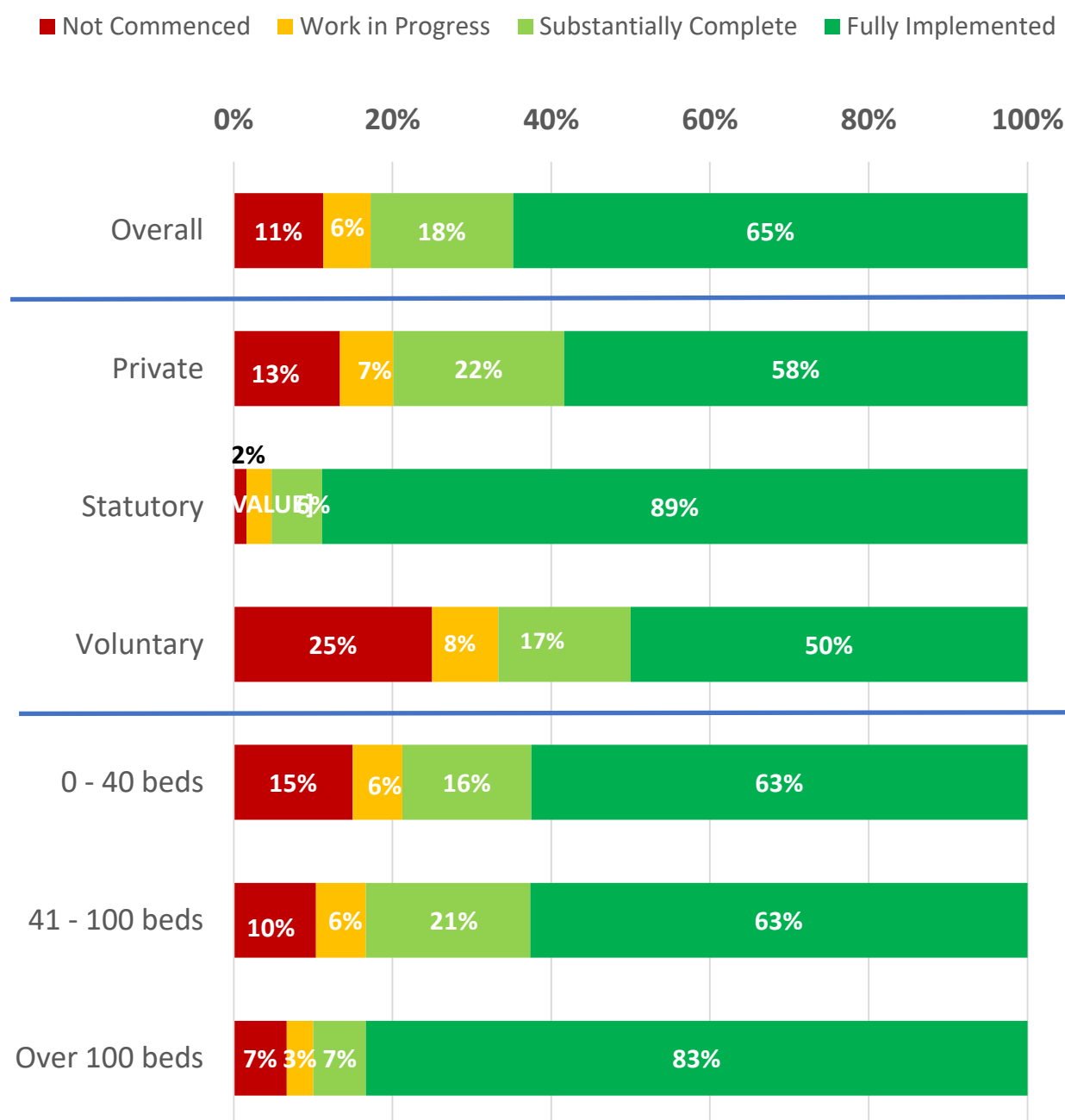
Q2. The provider has implemented enhanced public health measures to include sourcing adequate supplies of PPE. (Recommendation 1.01)



Q3. The provider has implemented enhanced public health measures to include staff accommodation. (Recommendation 1.01)

"The HSE established a temporary accommodation scheme for healthcare workers affected by COVID-19 in April 2020. This scheme is available to healthcare workers in all nursing

home settings irrespective of ownership".



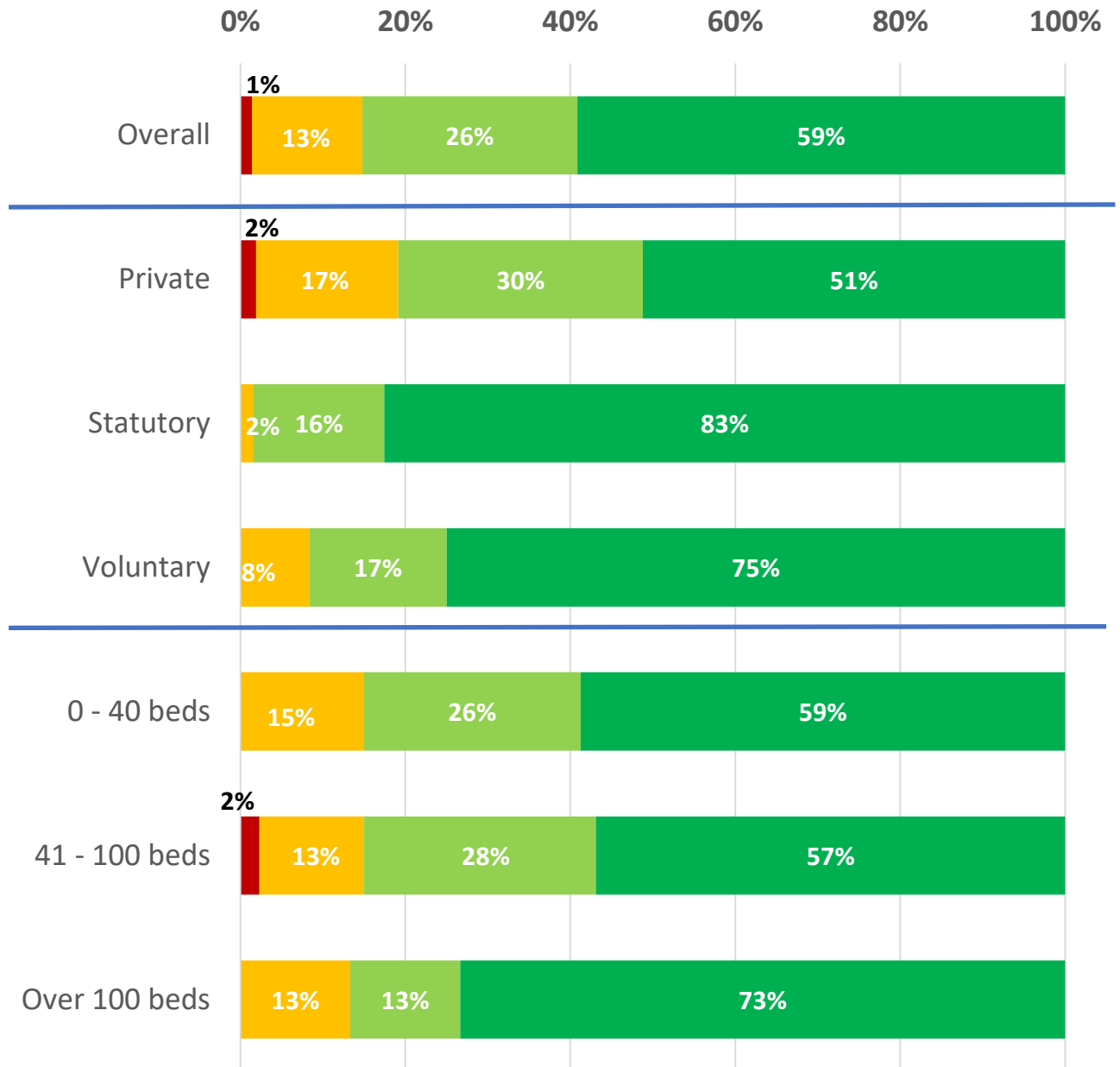
Q4. The accommodation includes provision for those who are COVID-19 positive and/or self-isolating. (Recommendation 1.01)

■ Not Commenced
 ■ Work in Progress
 ■ Substantially Complete
 ■ Fully Implemented



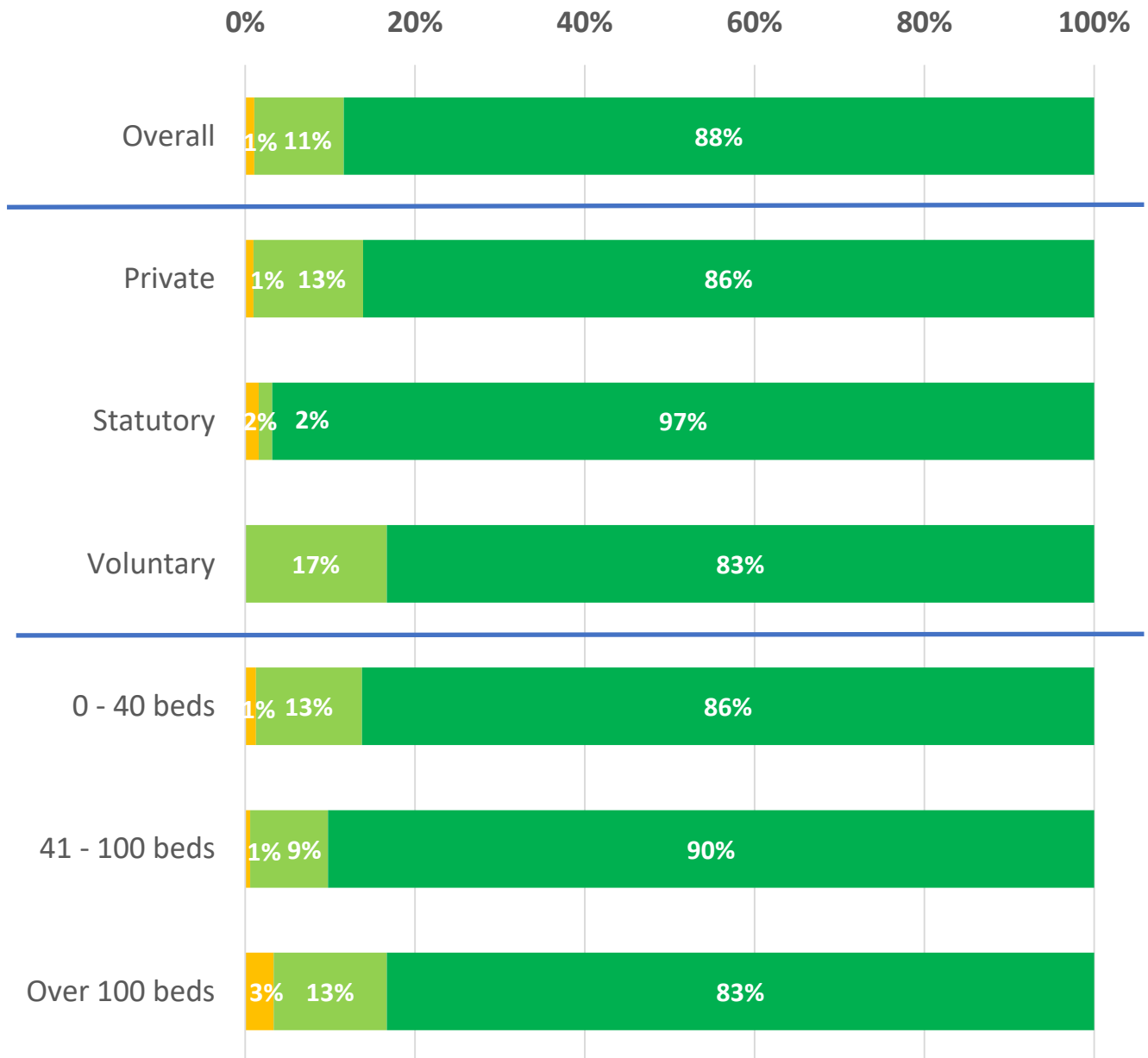
Q5. The provider has implemented enhanced public health measures to include contingency staffing teams. (Recommendation 1.01)

■ Not Commenced ■ Work in Progress ■ Substantially Complete ■ Fully Implemented

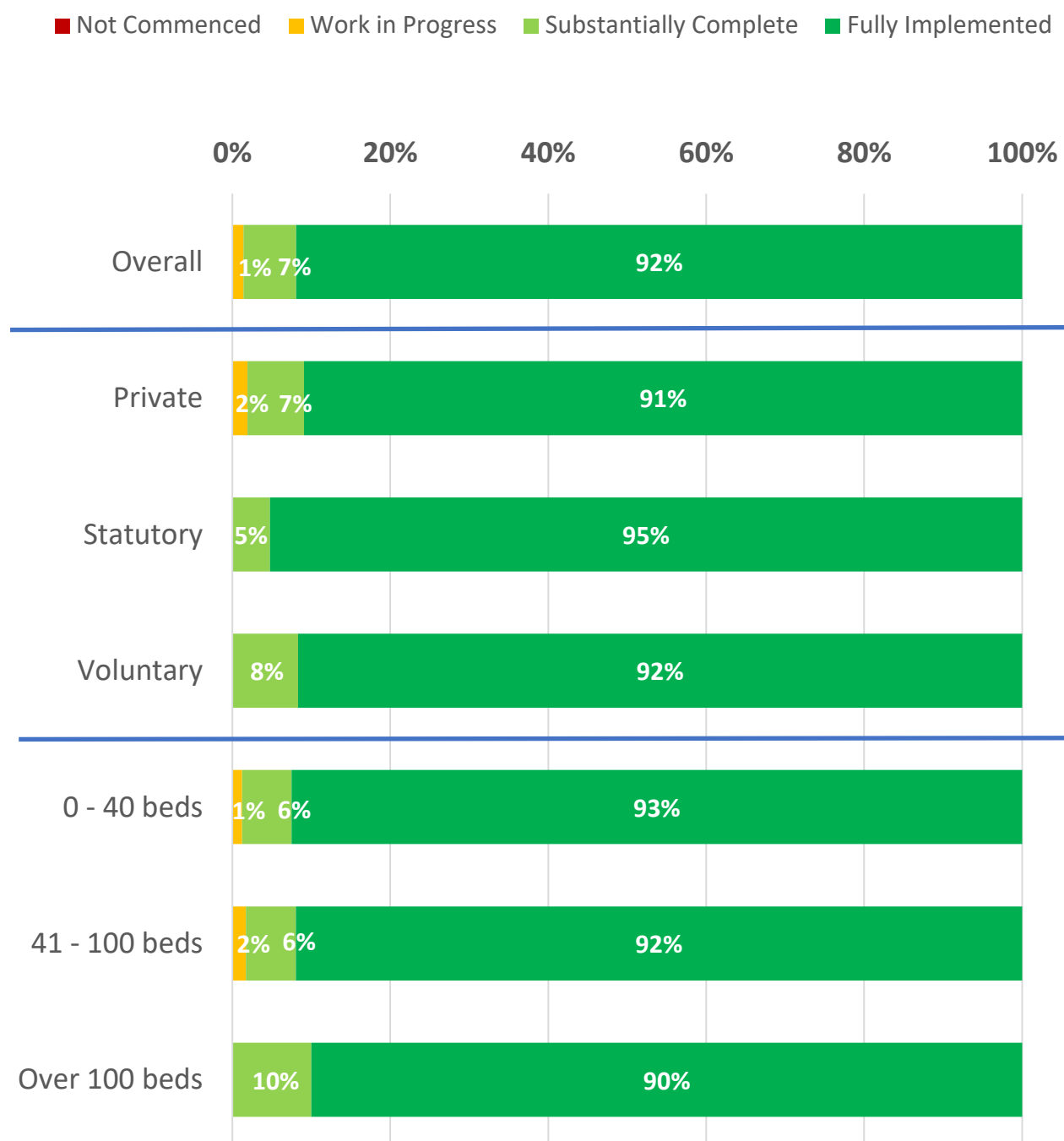


Q6. The provider has implemented enhanced public health measures to include preparedness planning. (Recommendation 1.01)

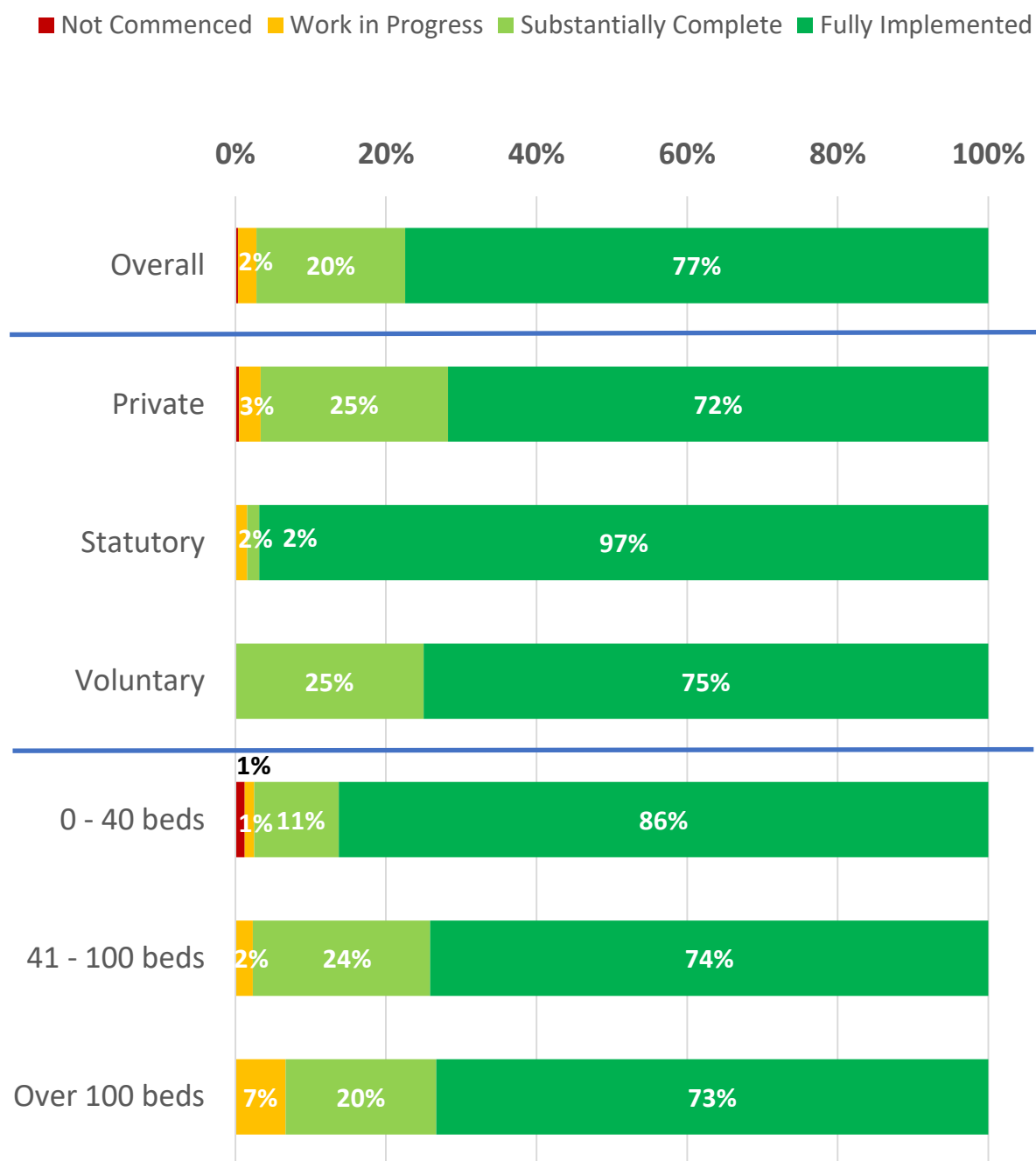
■ Not Commenced
 ■ Work in Progress
 ■ Substantially Complete
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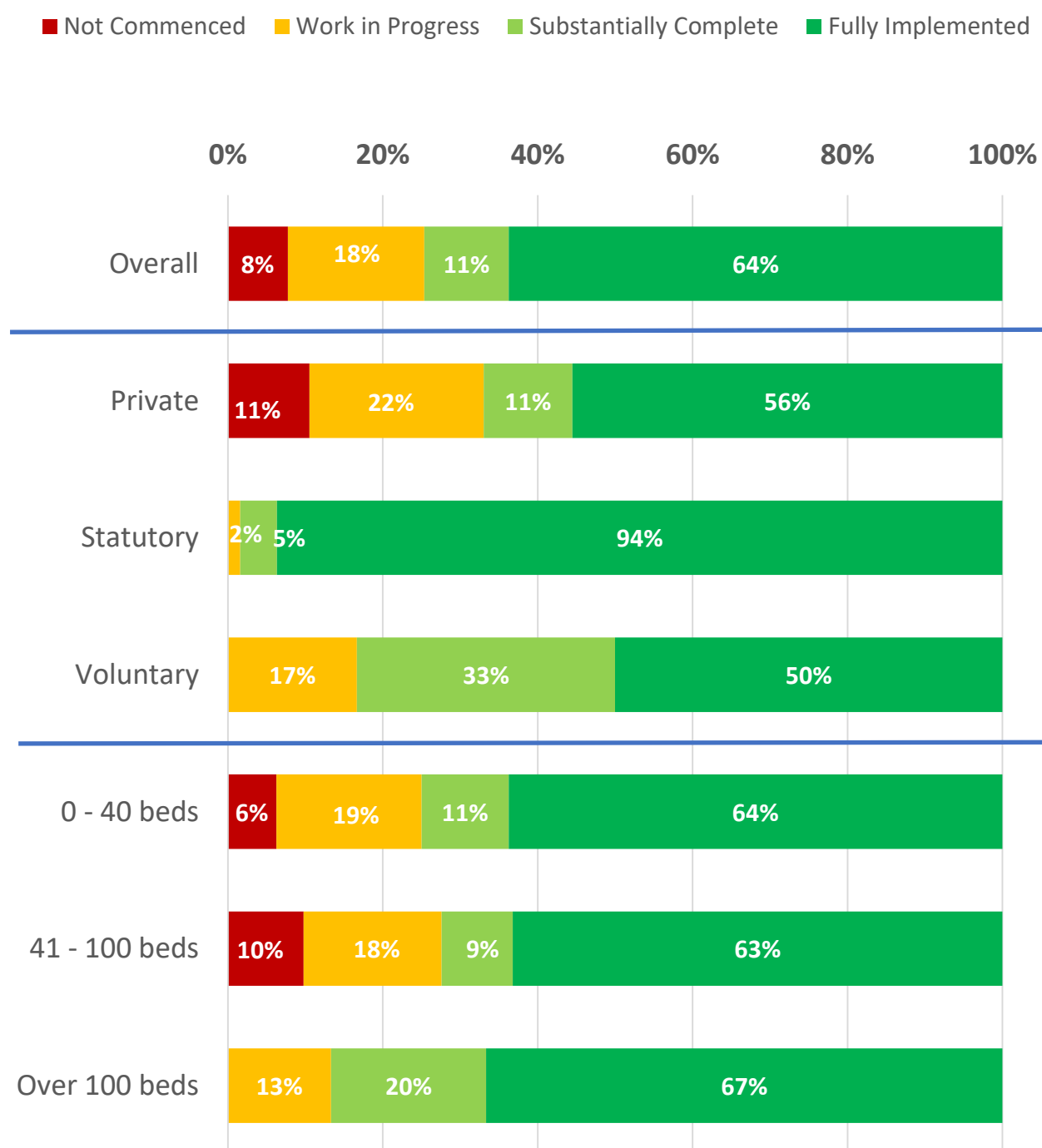
Q7. The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan. (Recommendation 2.2)



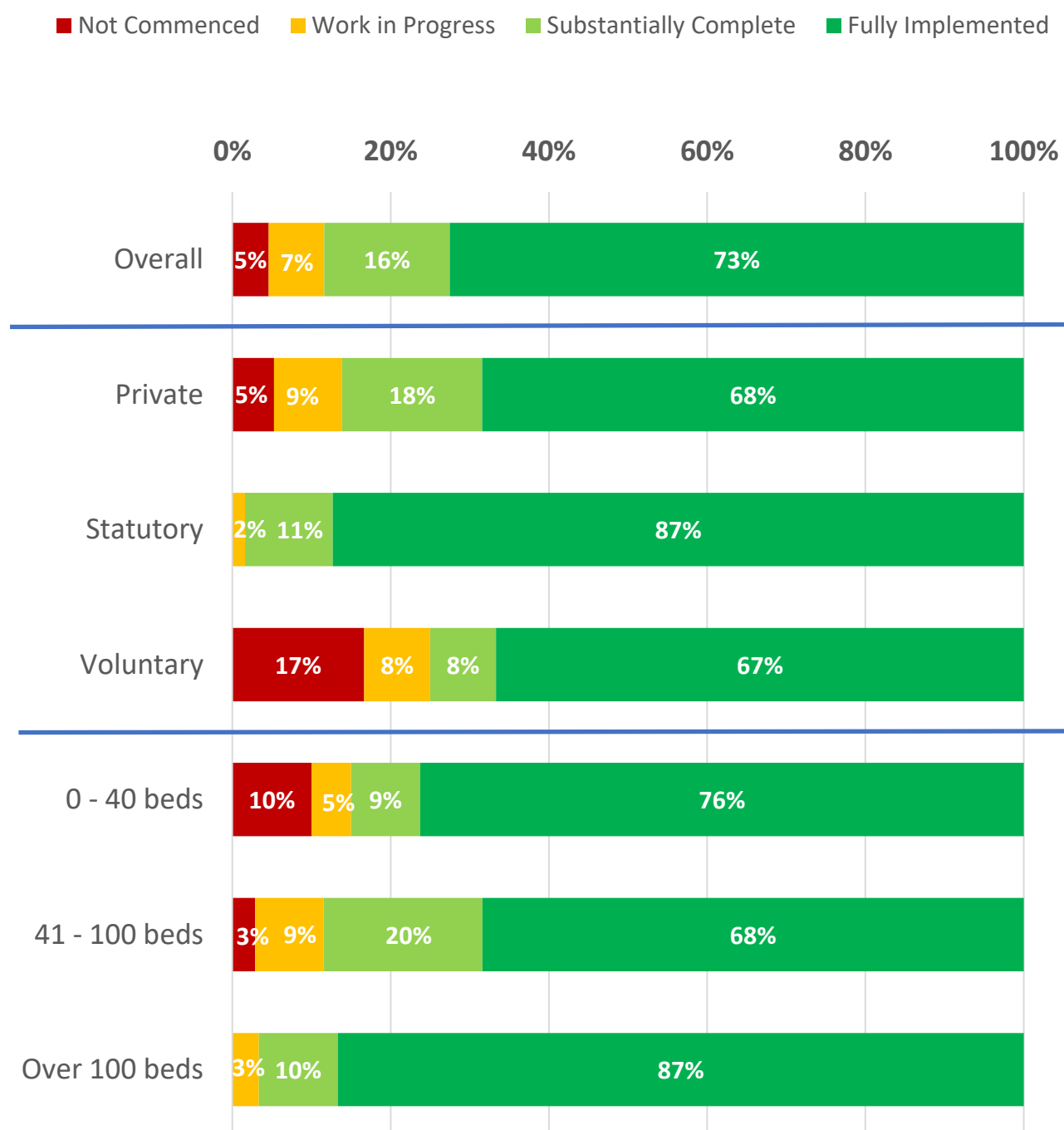
Q8. All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training. (Recommendation 2.07)



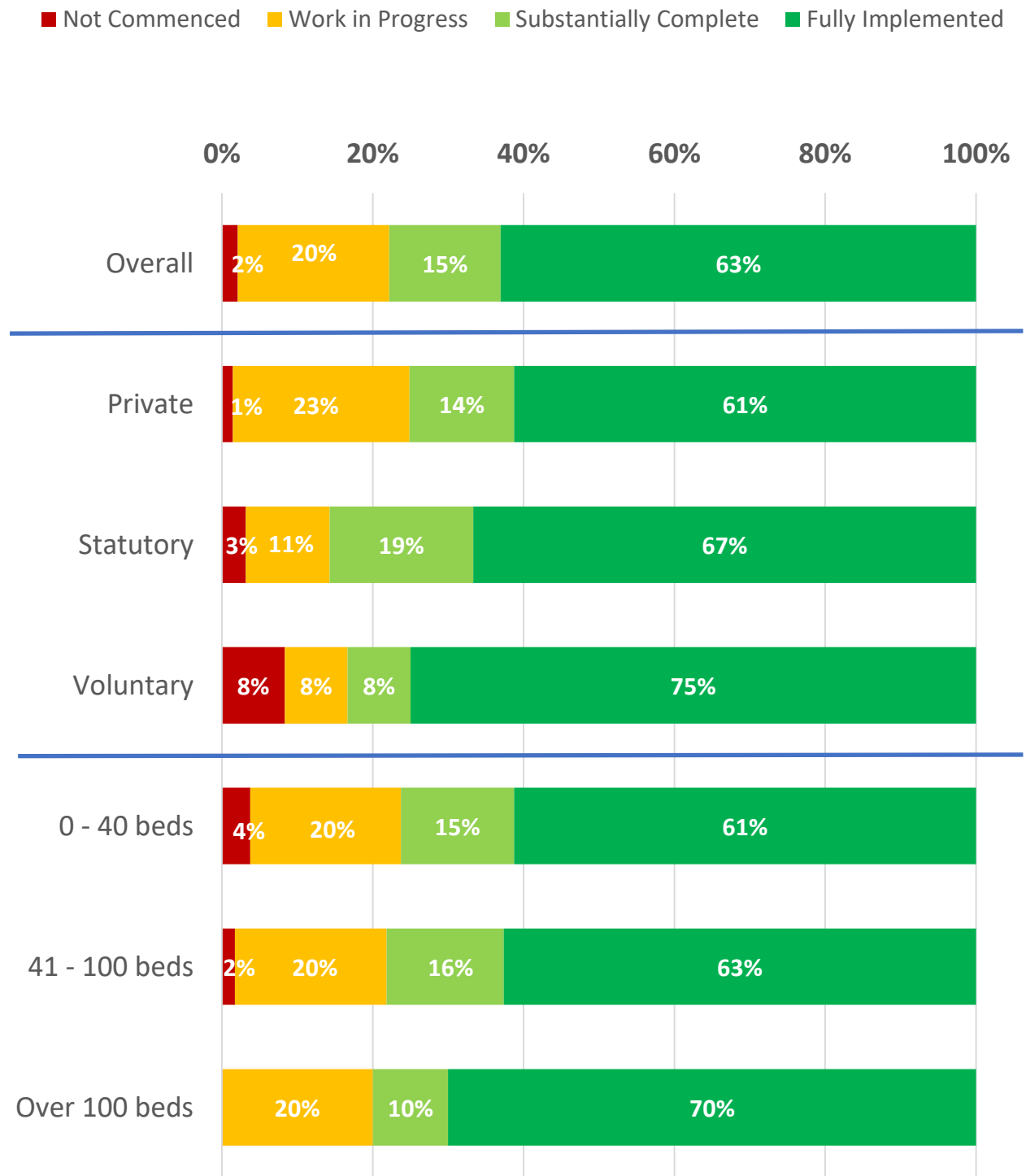
Q9. The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE. (Recommendation 2.07)



Q10. The provider ensures documentary assurance that all agency staff has had the requisite Infection Prevention and Control (IPC) (including PPE) training before engaging their services. (Recommendation 2.07)

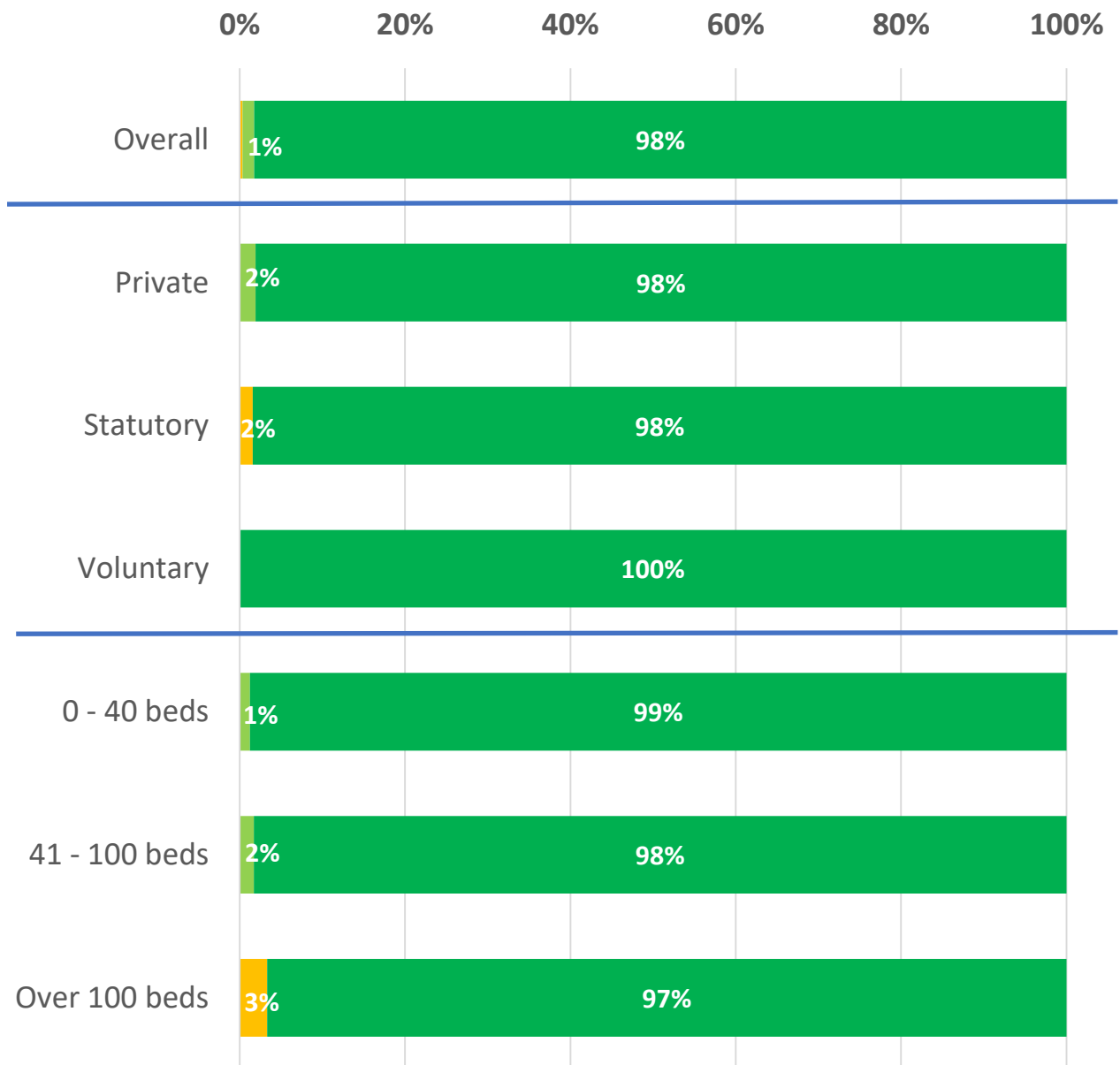


Q11.The provider has onsite access to a trained Infection Prevention and Control lead for each shift. (Recommendation 2.07)

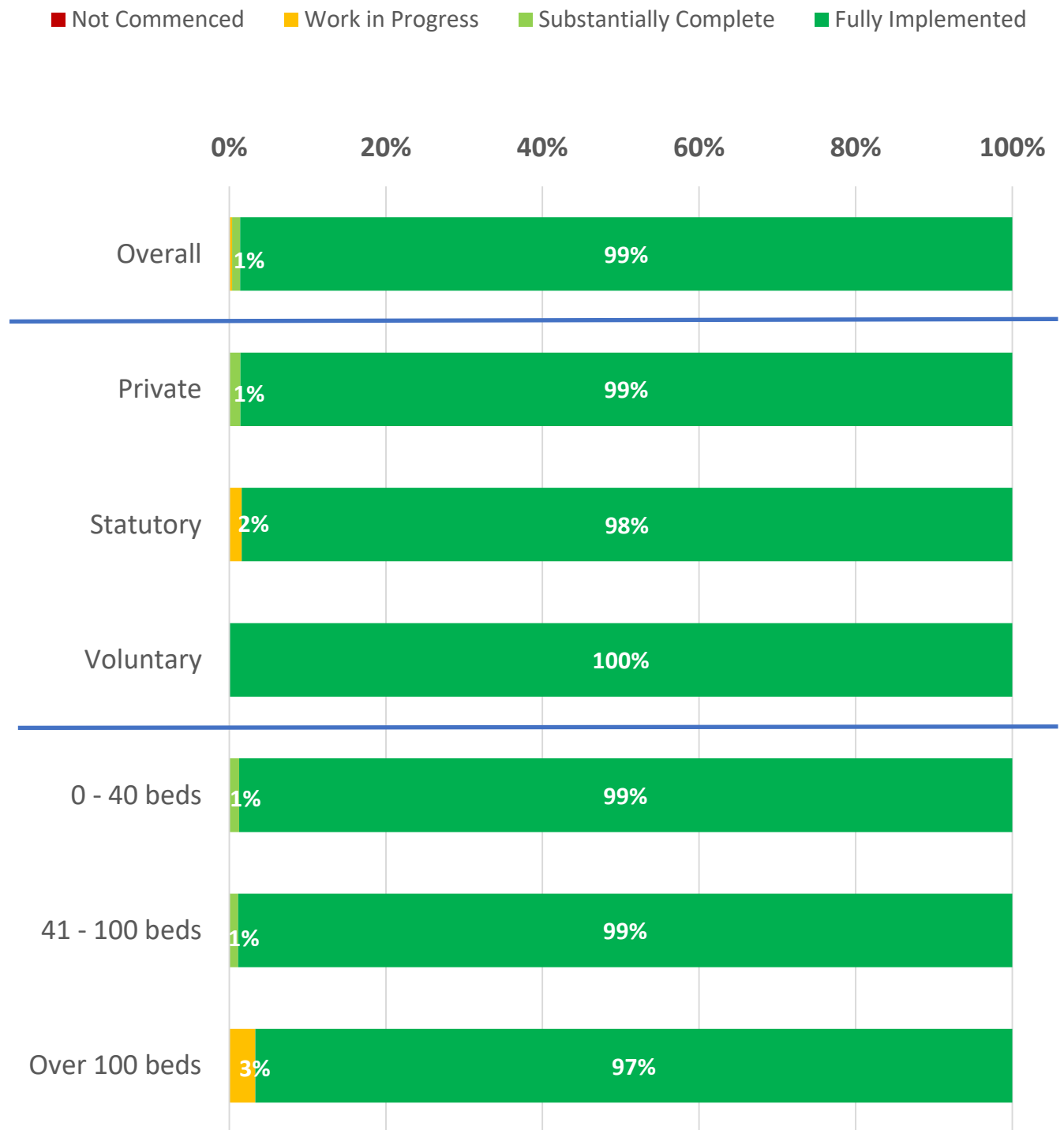


Q12. The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE. (Recommendation 2.08)

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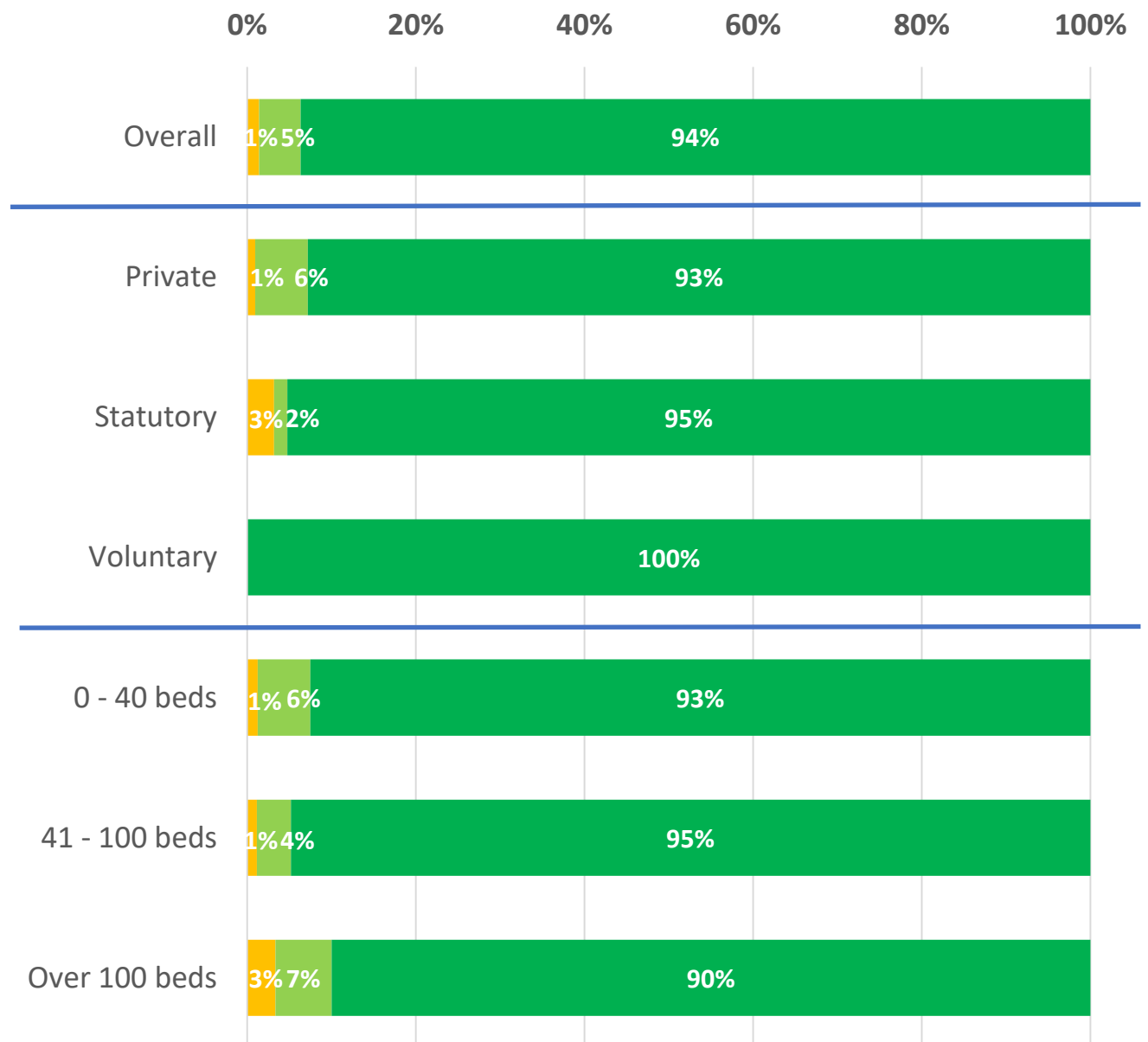


Q13. The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster. (Recommendation 2.08)



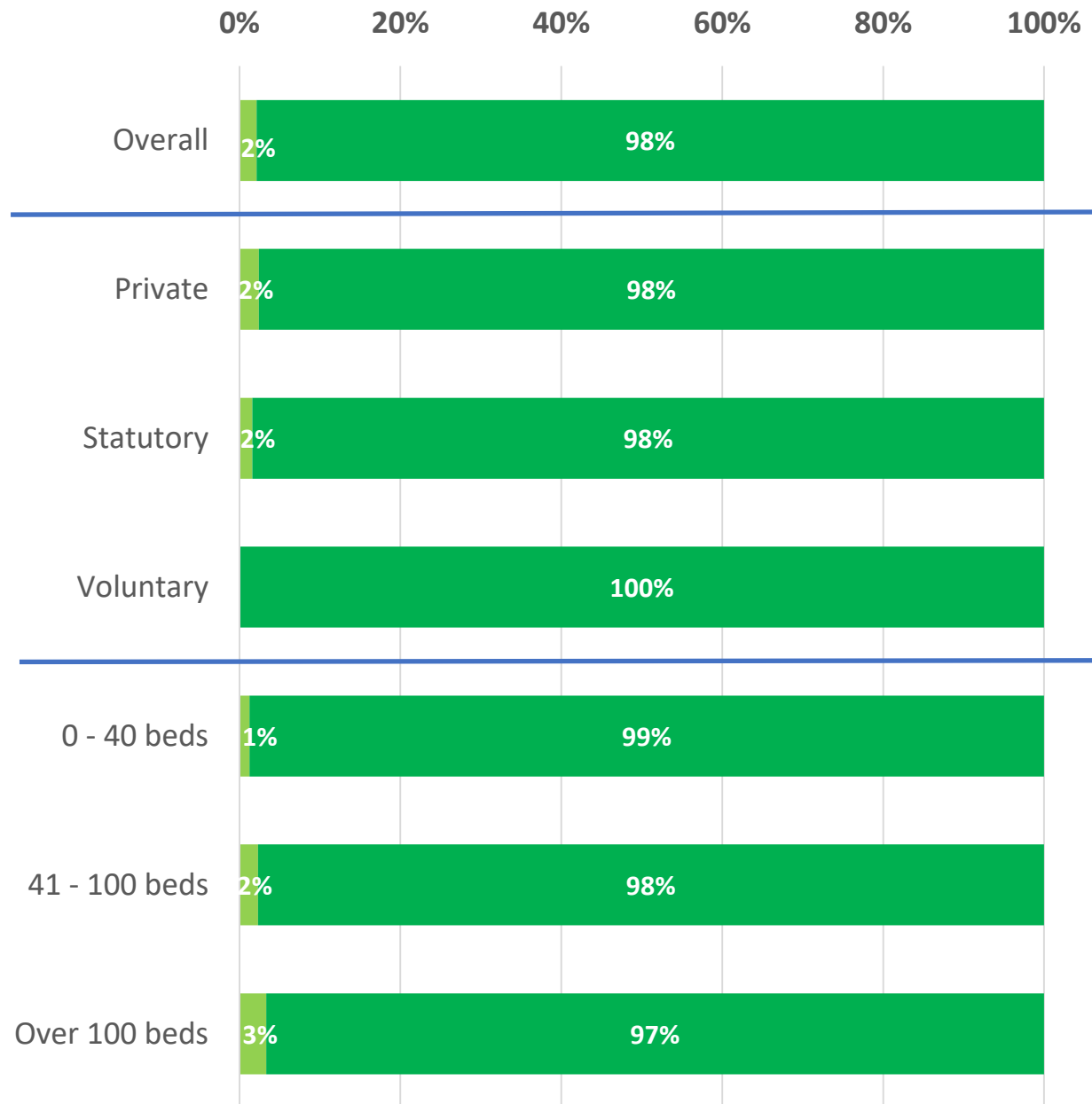
Q14. The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home.
(Recommendation 2.10)

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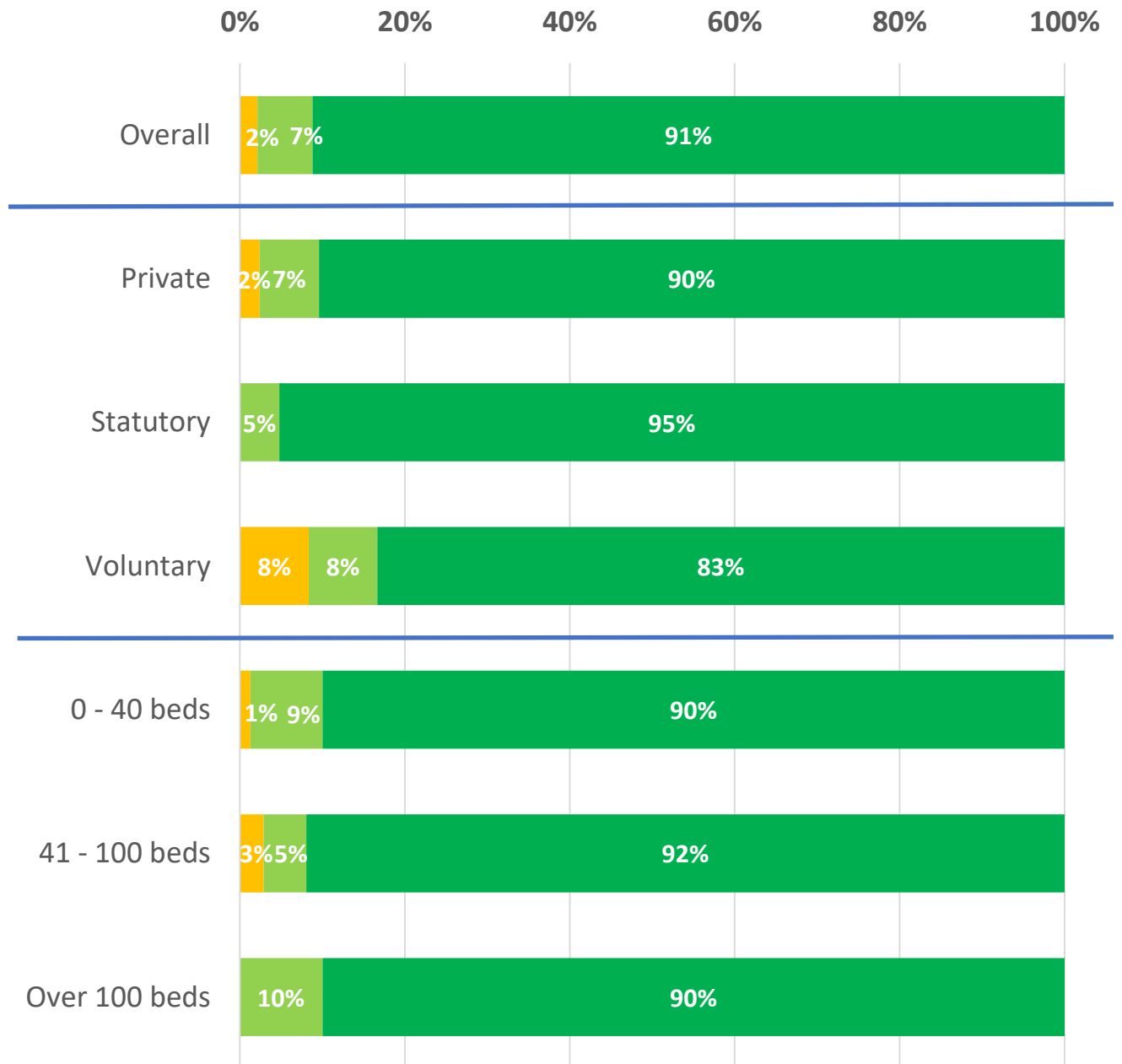
Q15. PPE is readily available. (Recommendation 3.02)

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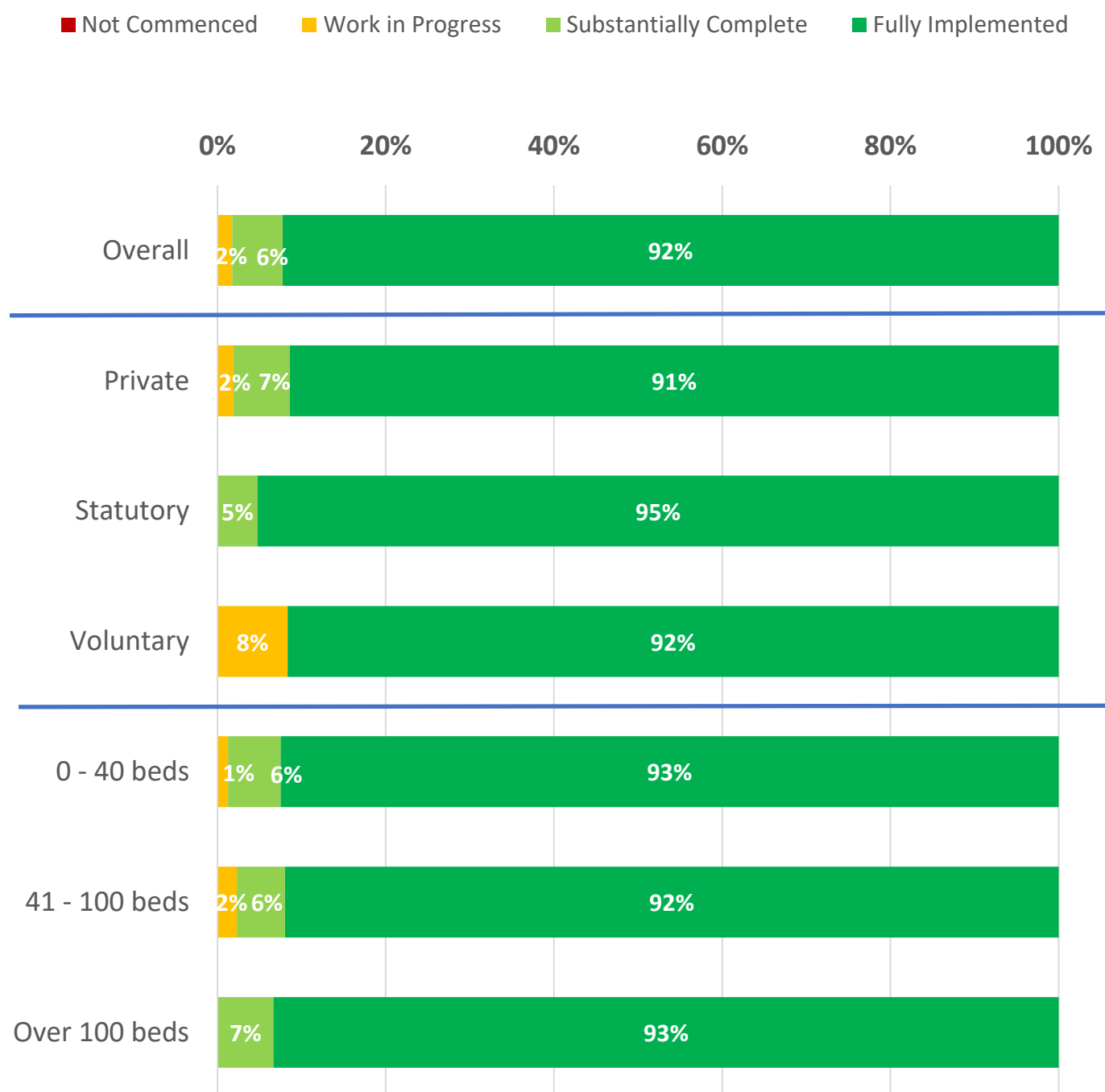


Q16. There is onsite supervision on every shift to ensure PPE is being used correctly. (Recommendation 3.02)

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 ■ Fully Implemented

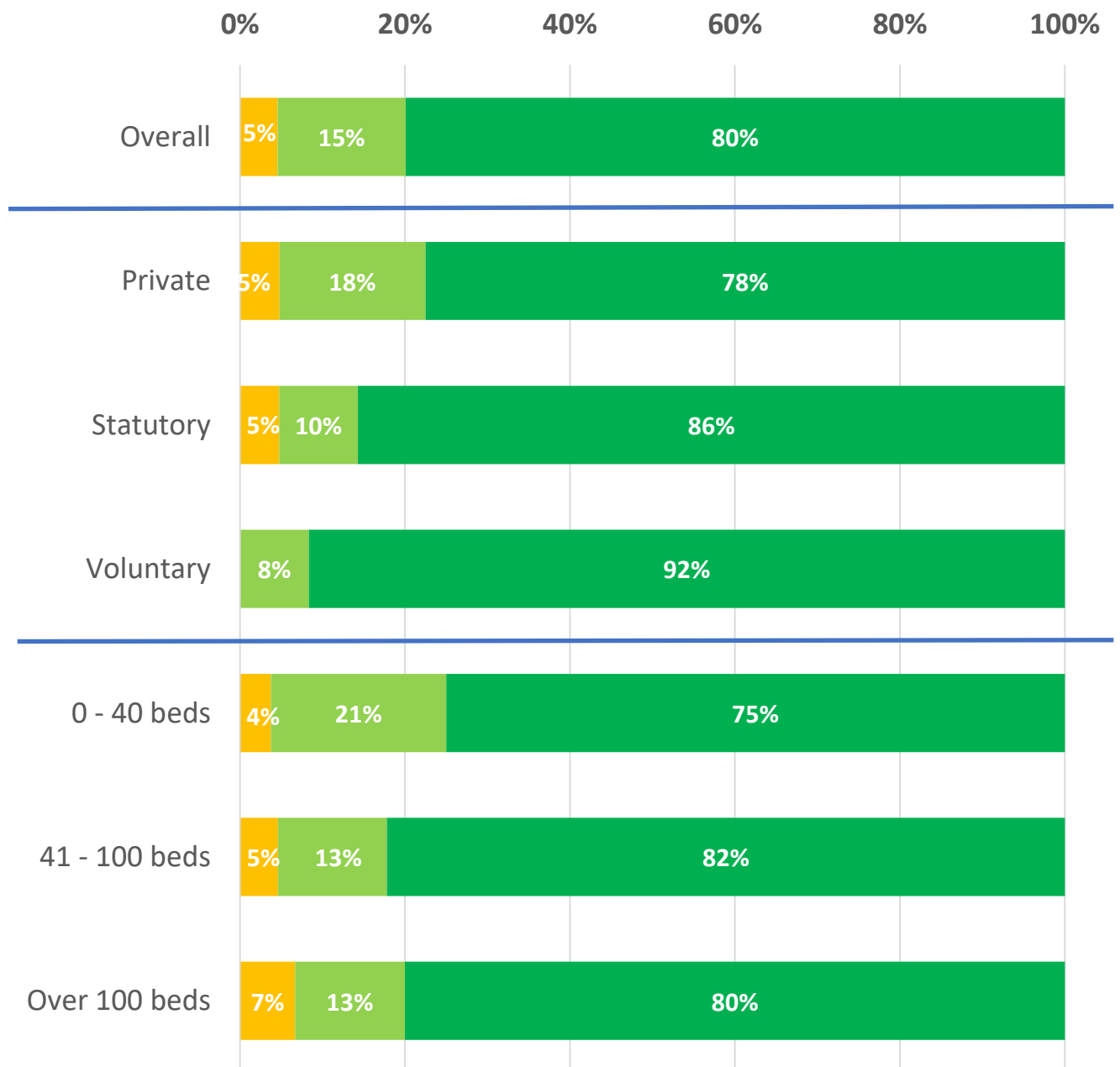


Q17. Staff training in PPE use is documented. (Recommendation 3.02)

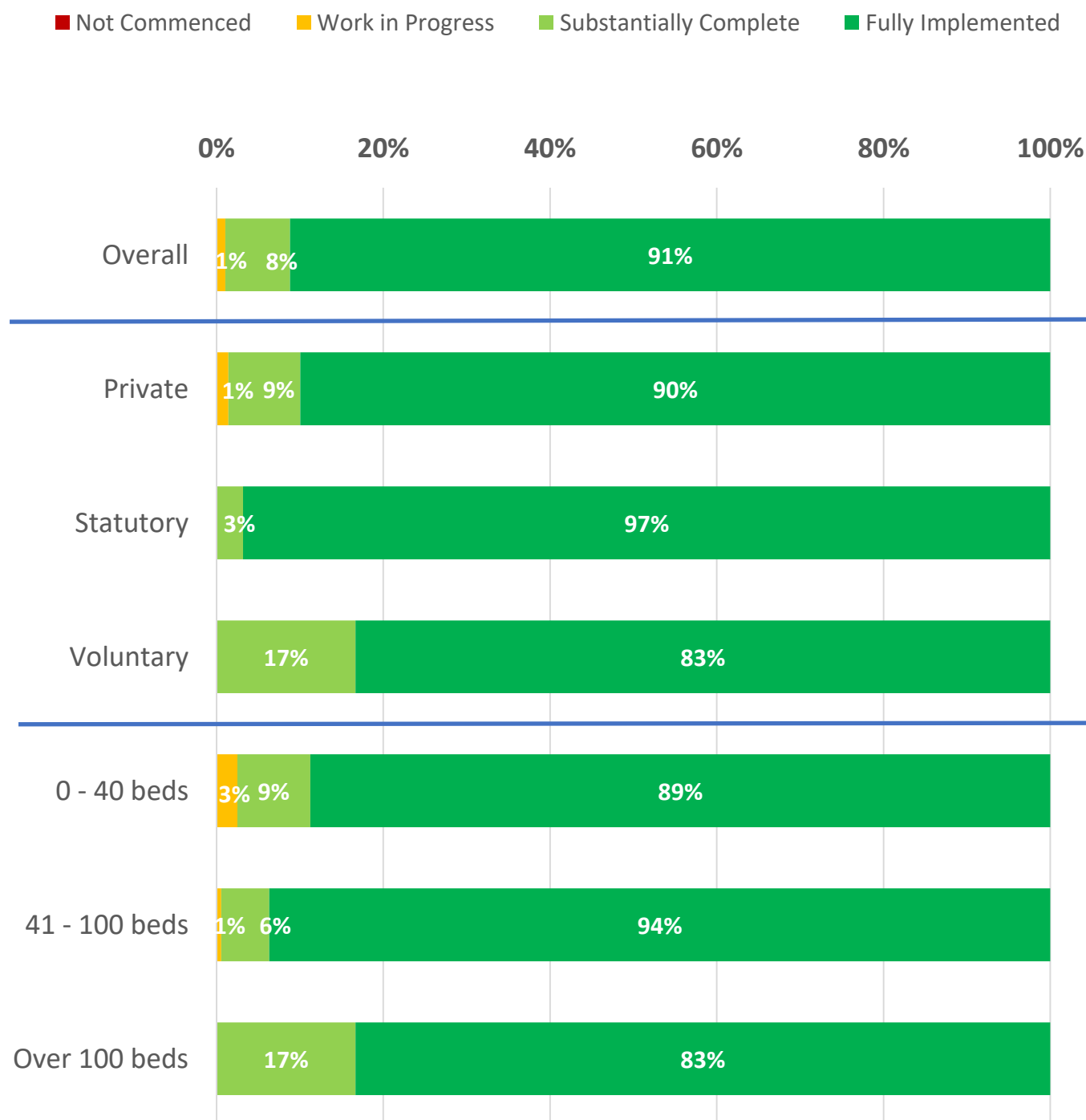


Q18. The provider has access to safe staffing levels and the required skill set on every shift. (Recommendation 3.06)

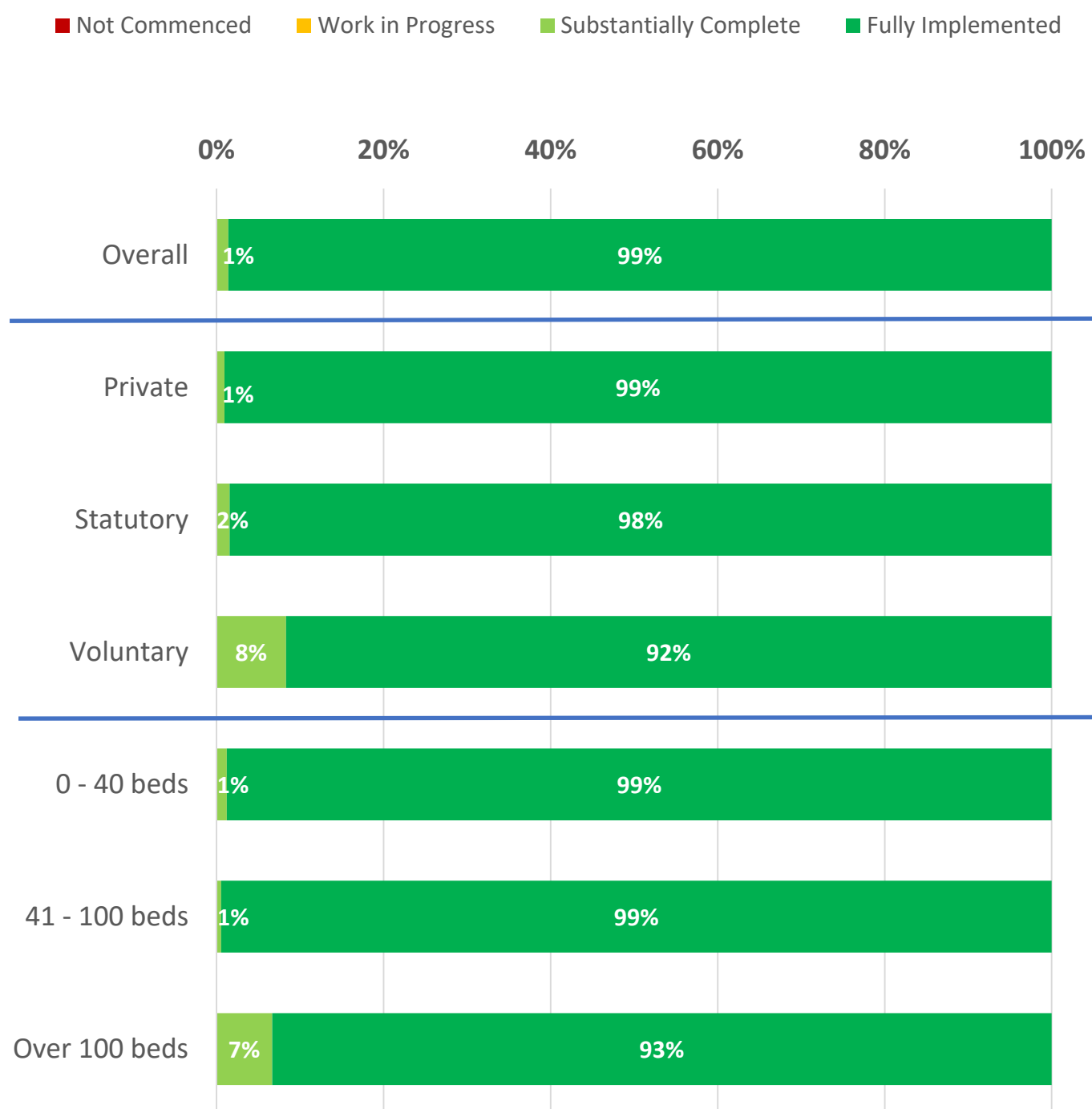
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Q19. The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7. (Recommendation 3.08)

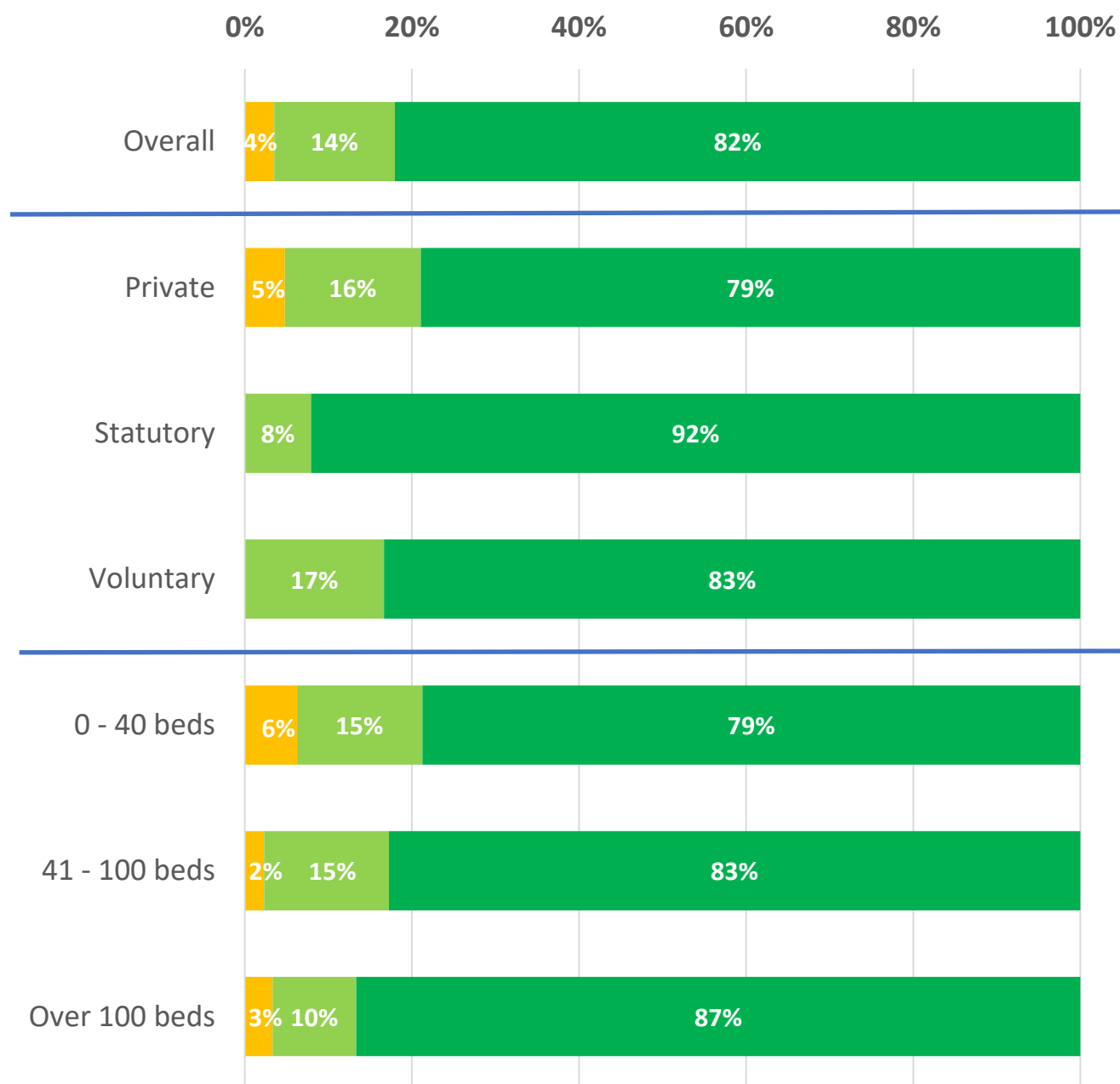


Q20. Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection. (Recommendation 4.02)



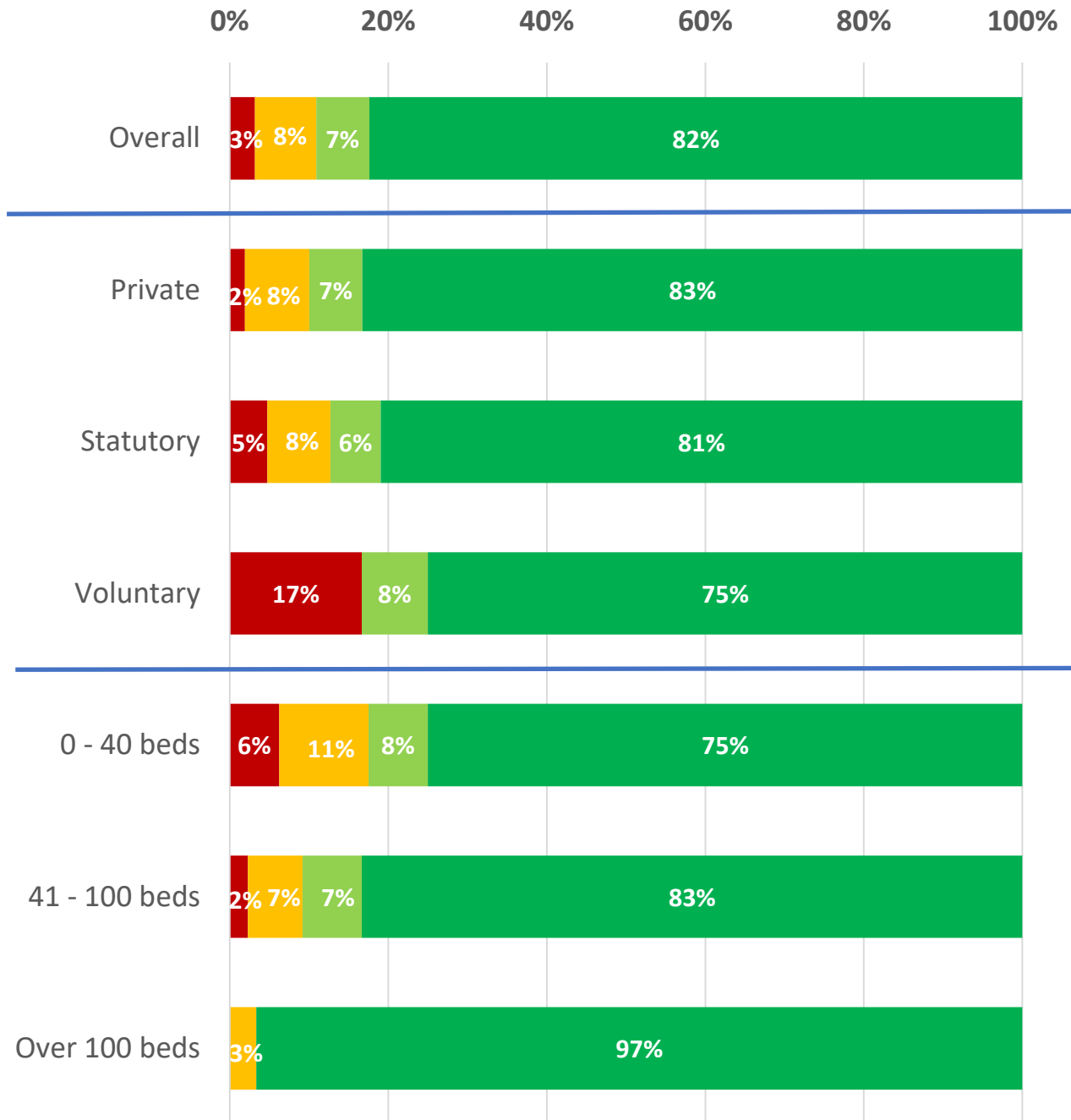
Q21. The provider has a clear written back-up (contingency) plan to maintain a safe service when staff cannot work or fail to turn up for work. (Recommendation 5.02)

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 ■ Fully Implemented



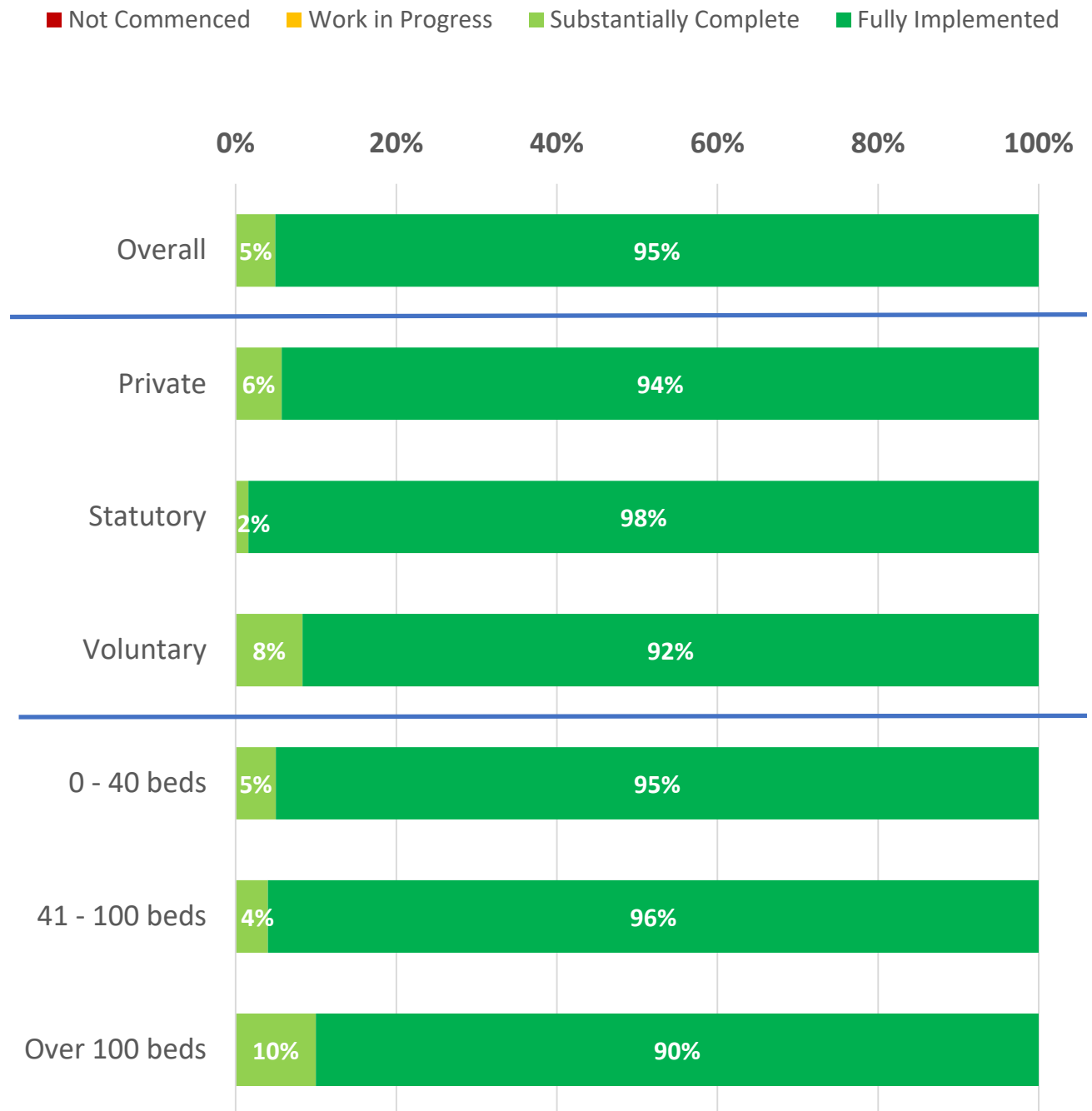
Q22. A clinical governance oversight committee is established in the nursing home. (Recommendation 8.06)

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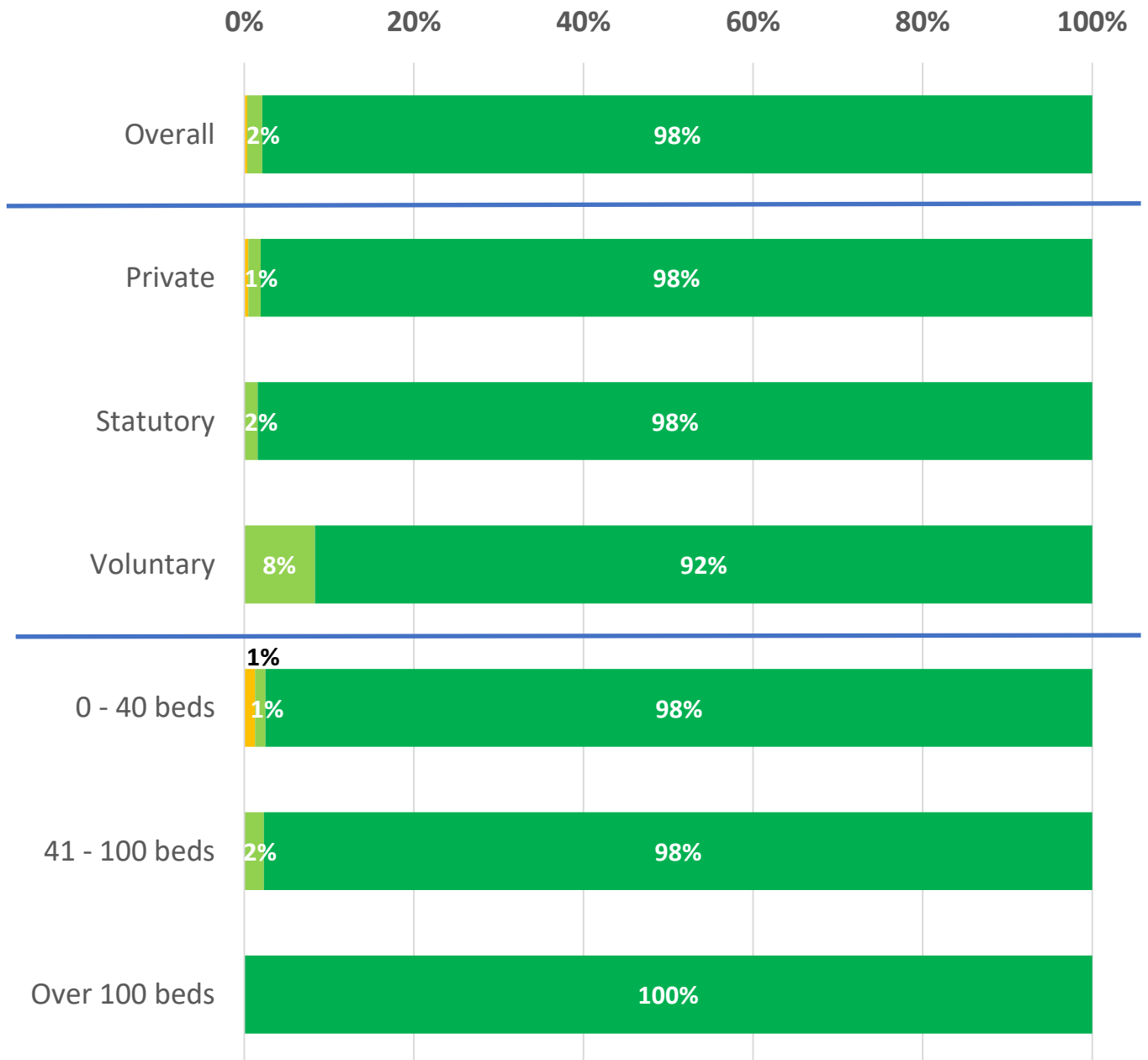
Social distancing and isolation

Q23. The provider has consistently sustained protocols for self-isolation, quarantine and cohorting. (Recommendation 3.03)



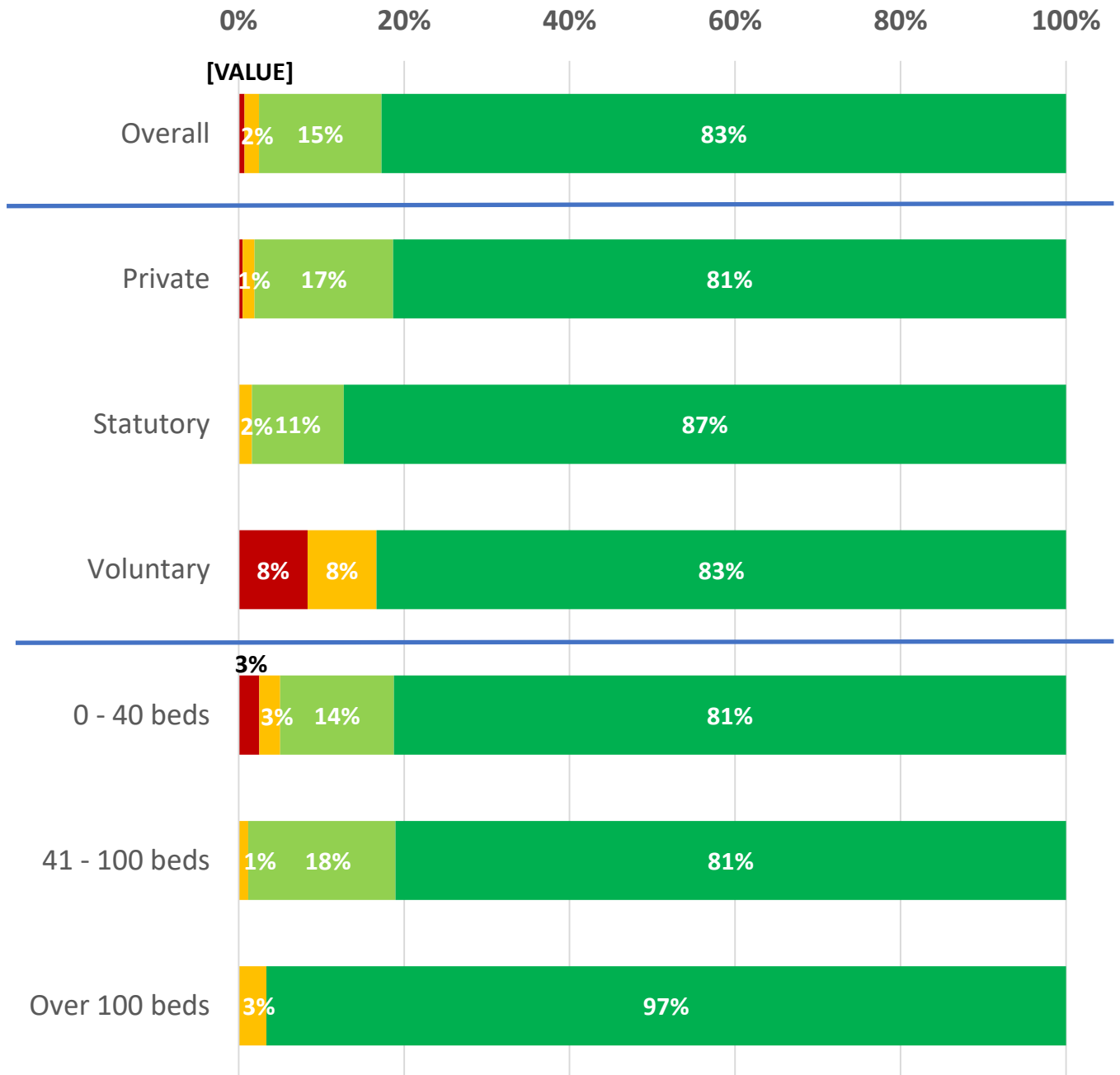
Q24. Suspect cases and close contacts are isolated pending the results of rapid testing. (Recommendation 3.04)

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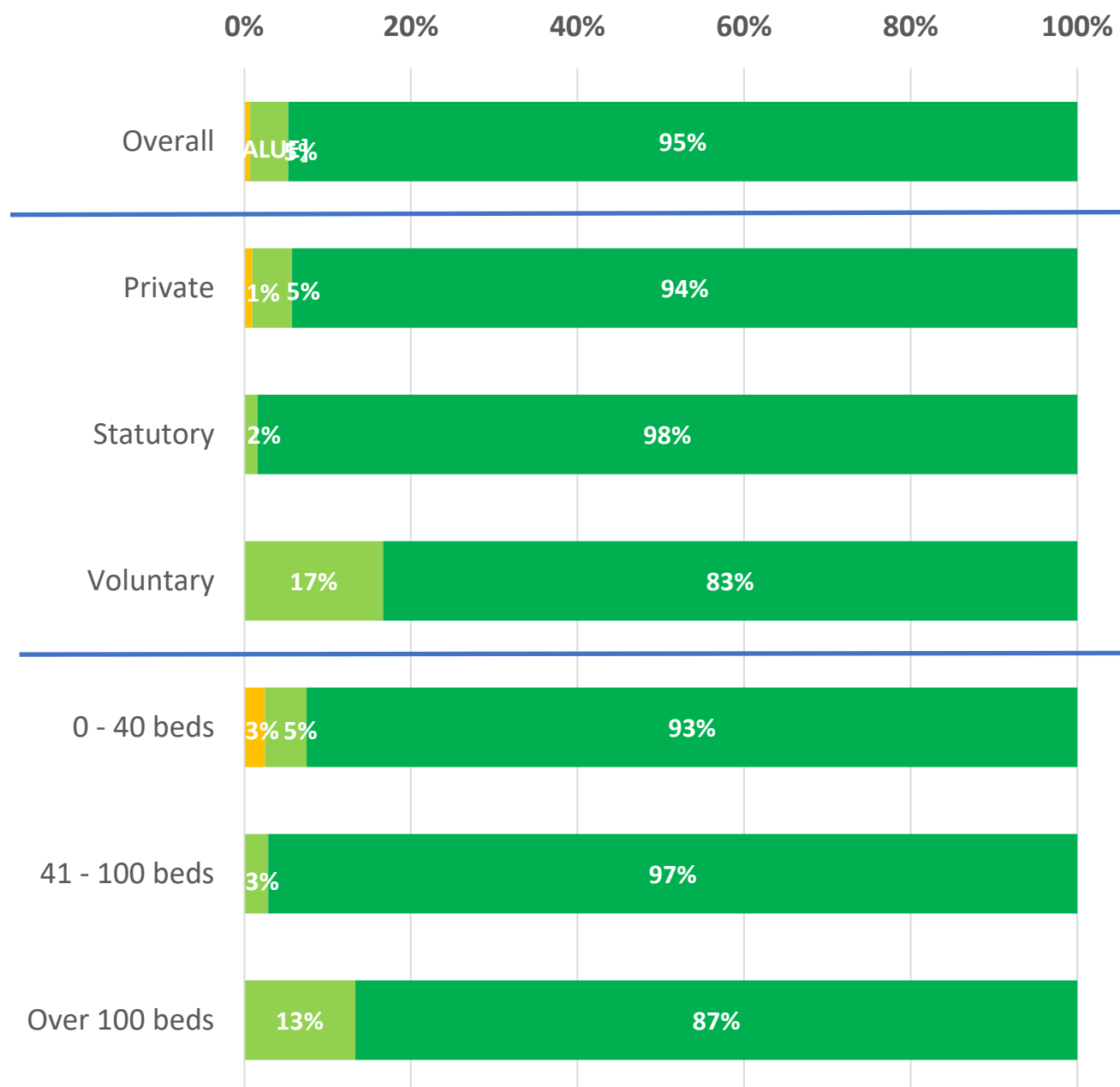
Q25. The provider has the ability and space to isolate and cohort residents. (Recommendation 3.05)

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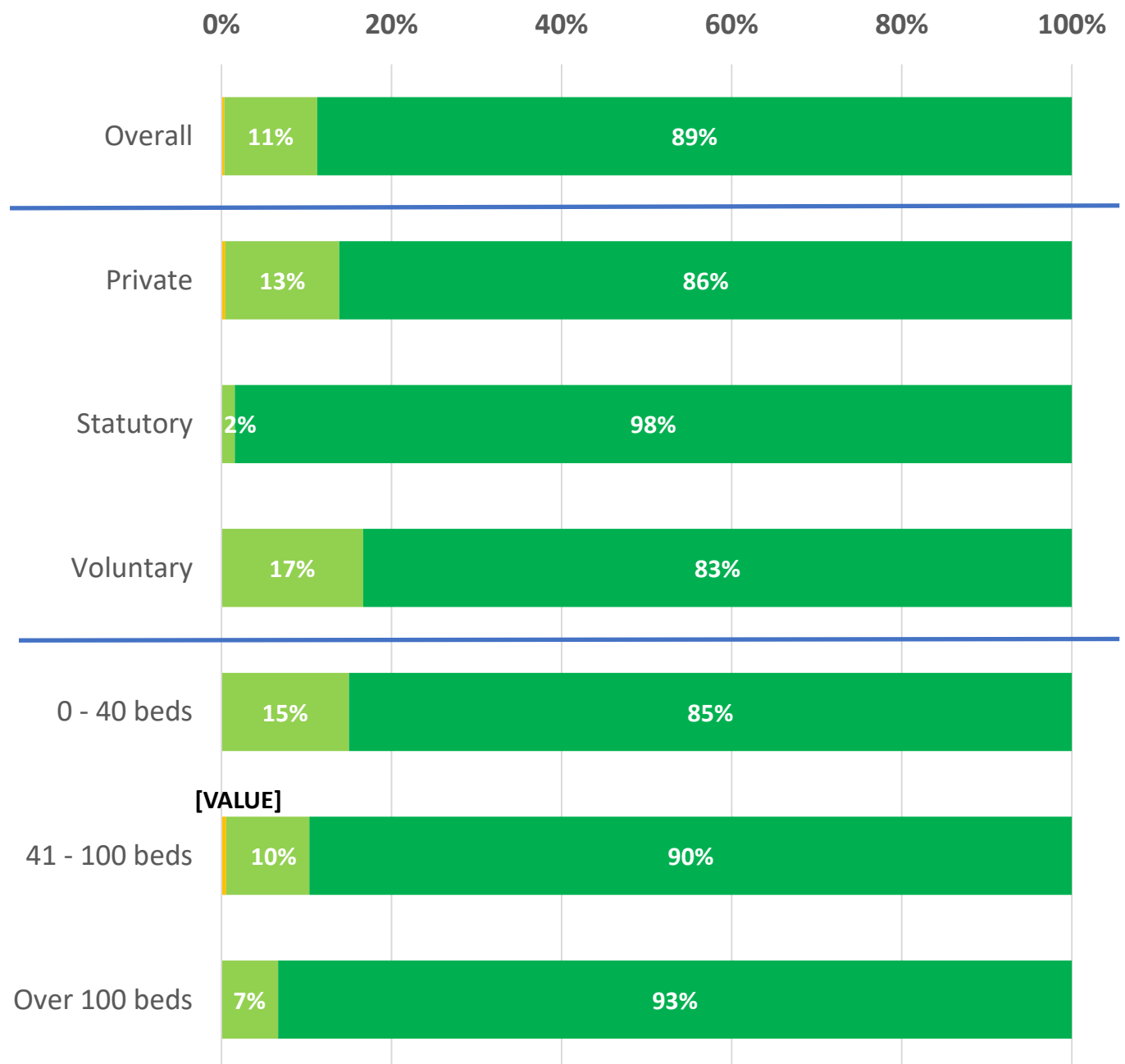
Q26. The provider has plans in place to isolate and cohort residents.
(Recommendation 3.05)

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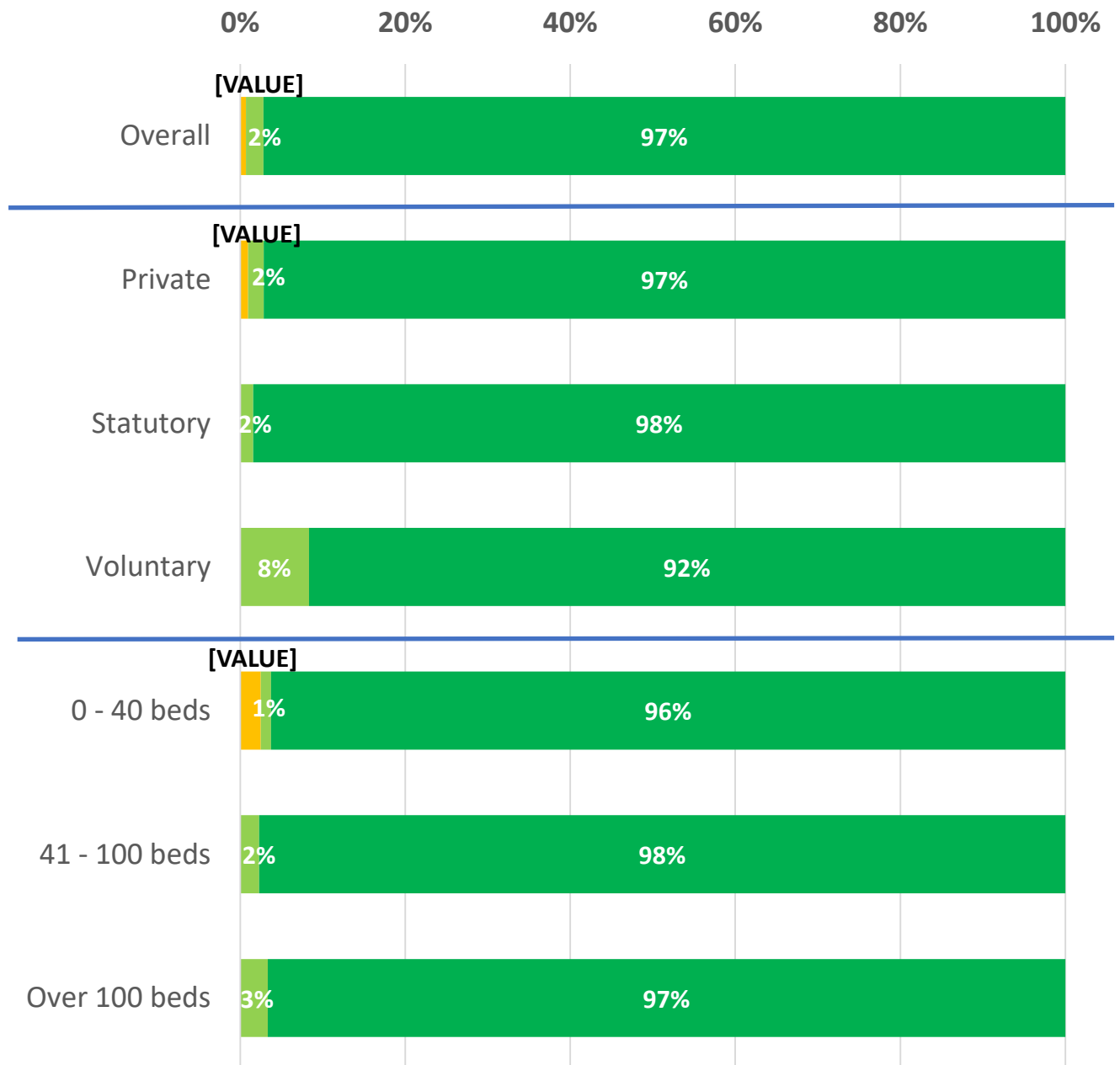
Q27. Social distancing facilities for residents and staff are in place and maintained. (Recommendation 3.07)

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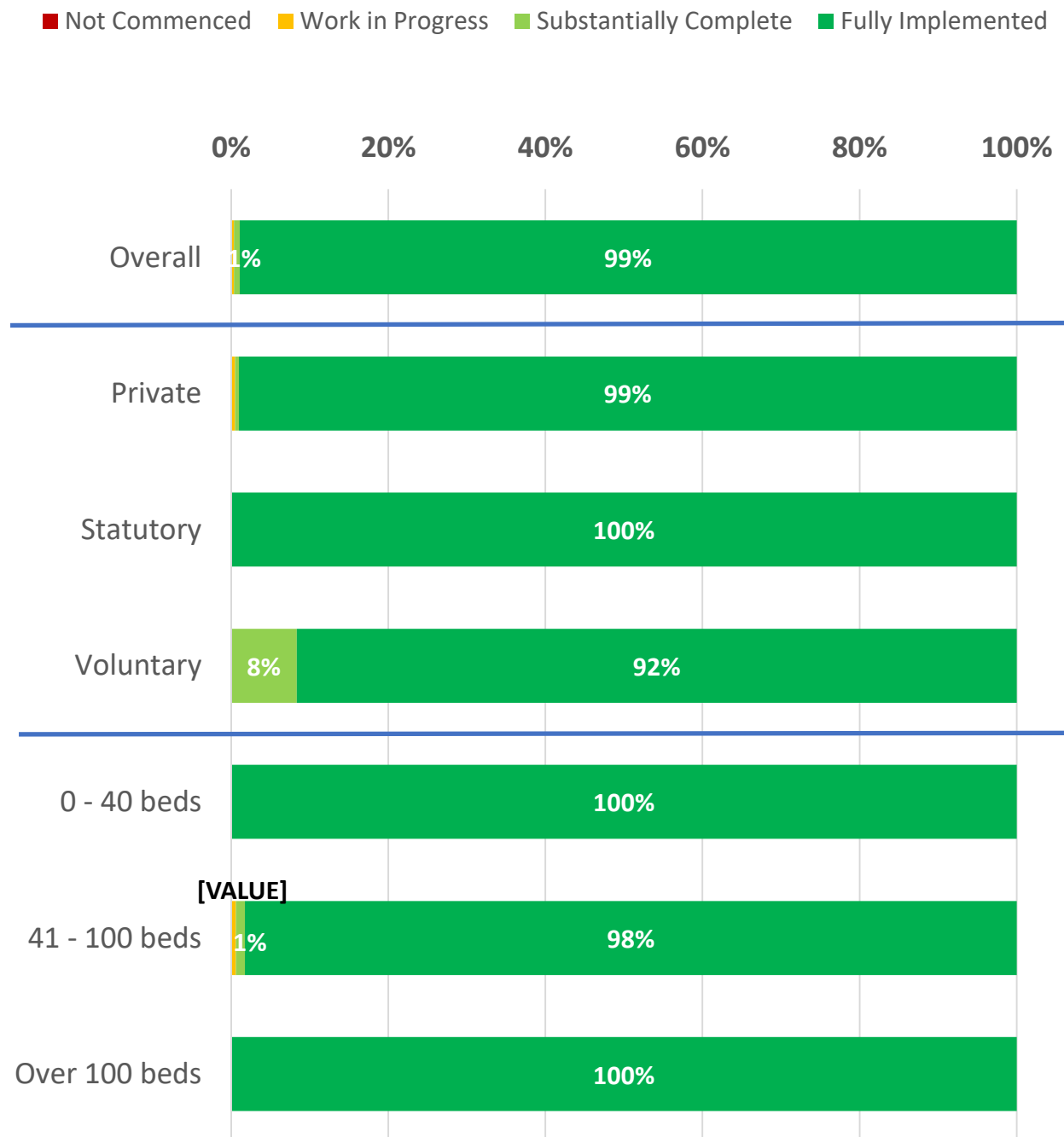
Q28. New residents are isolated according to HPSC protocol. (Recommendation 4.03)

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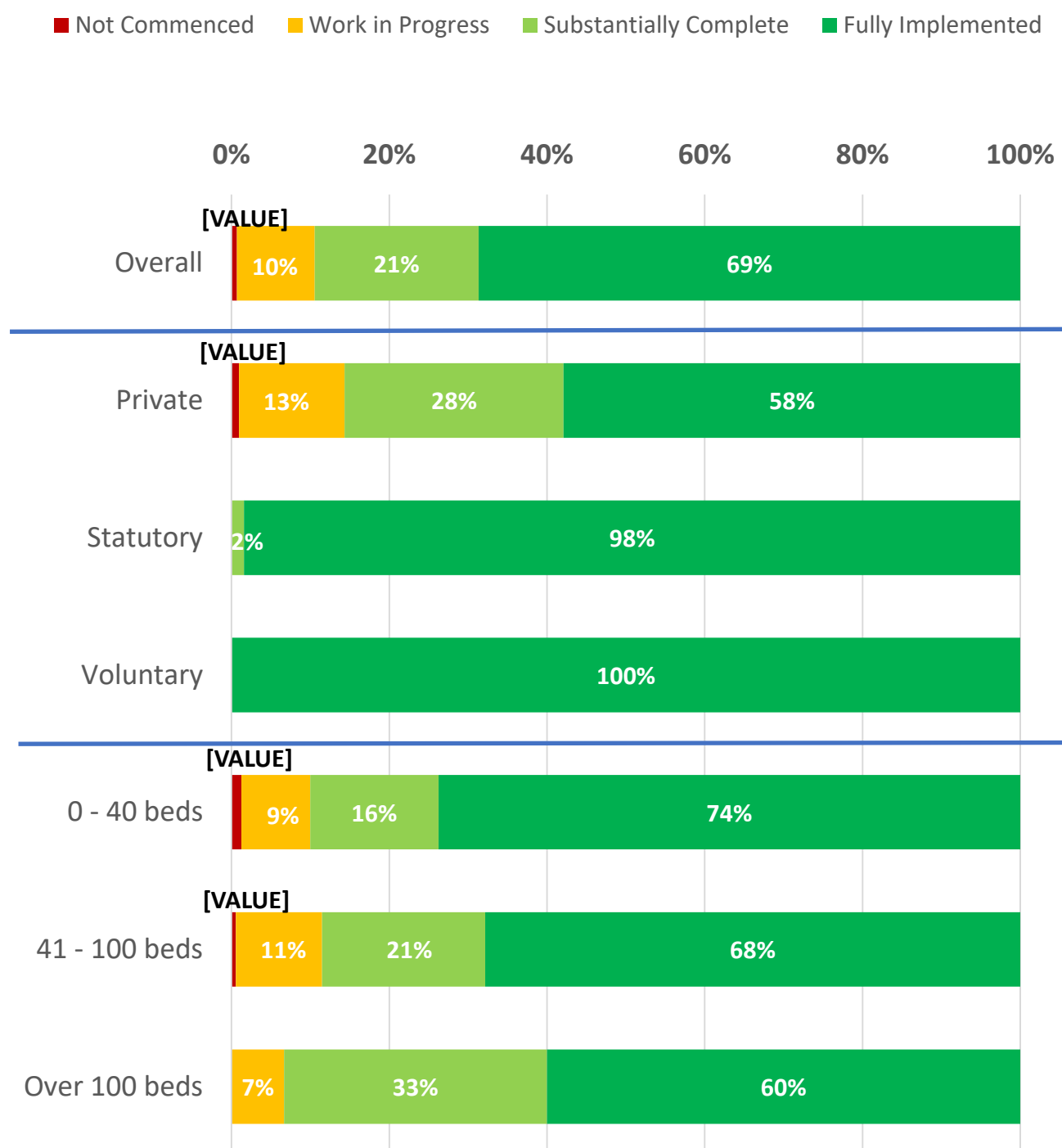


Staffing and supports

Q29. The provider maintains a log of all persons/staff entering nursing homes. (Recommendation 5.01)

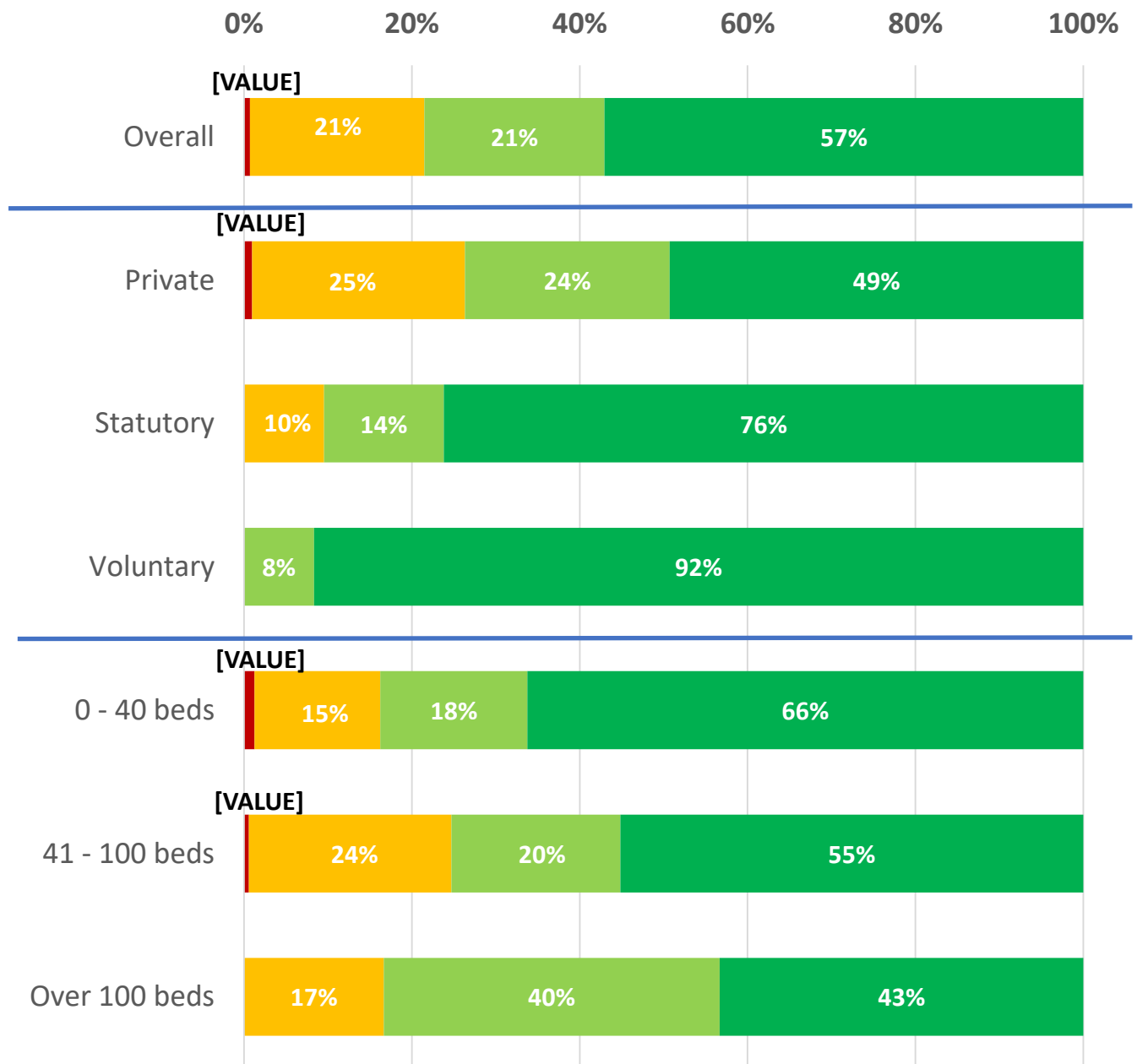


Q30. The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification. (Recommendation 5.03)



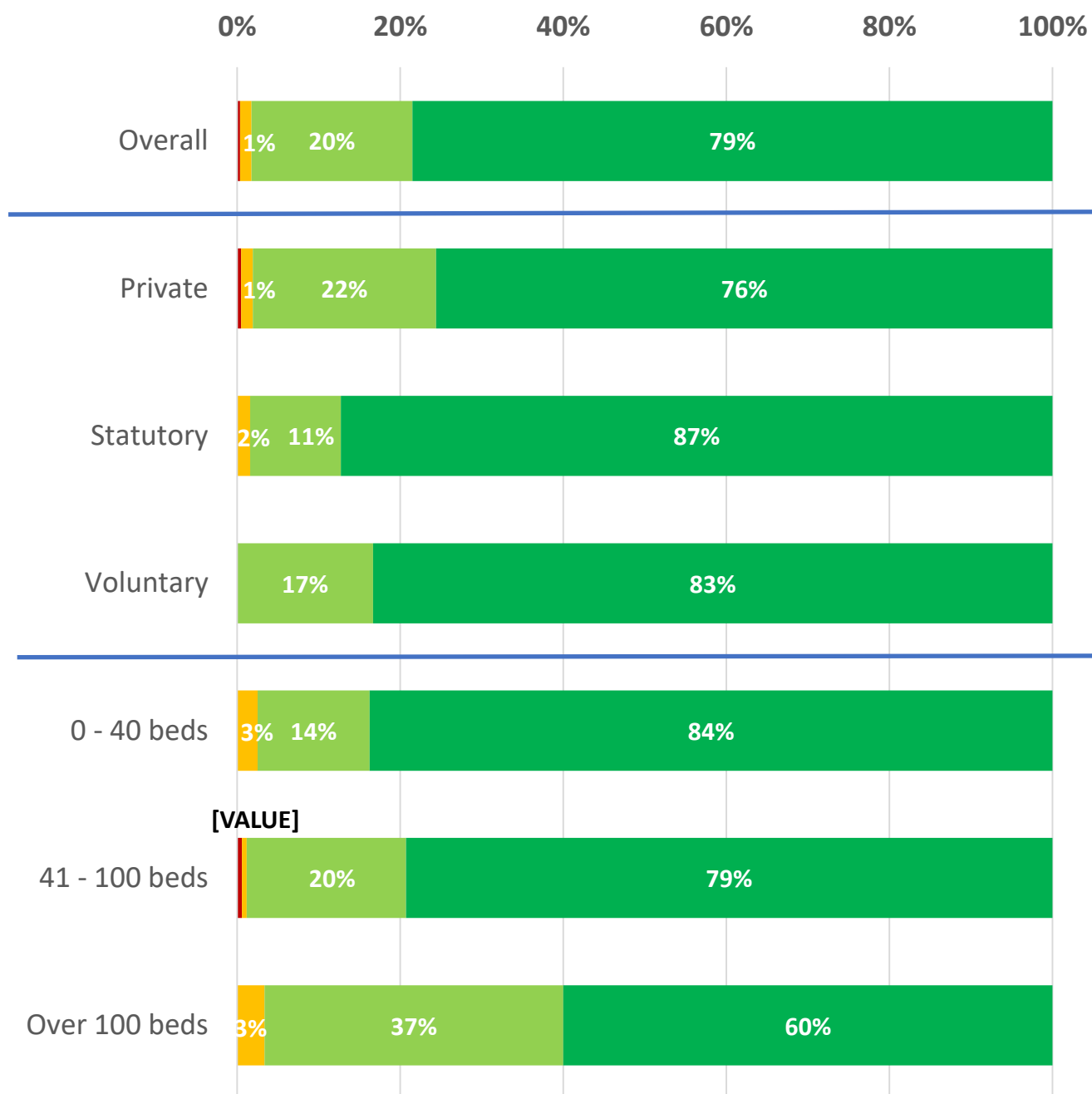
Q31. An education plan for each healthcare assistant is being developed or in place (Recommendation 5.03)

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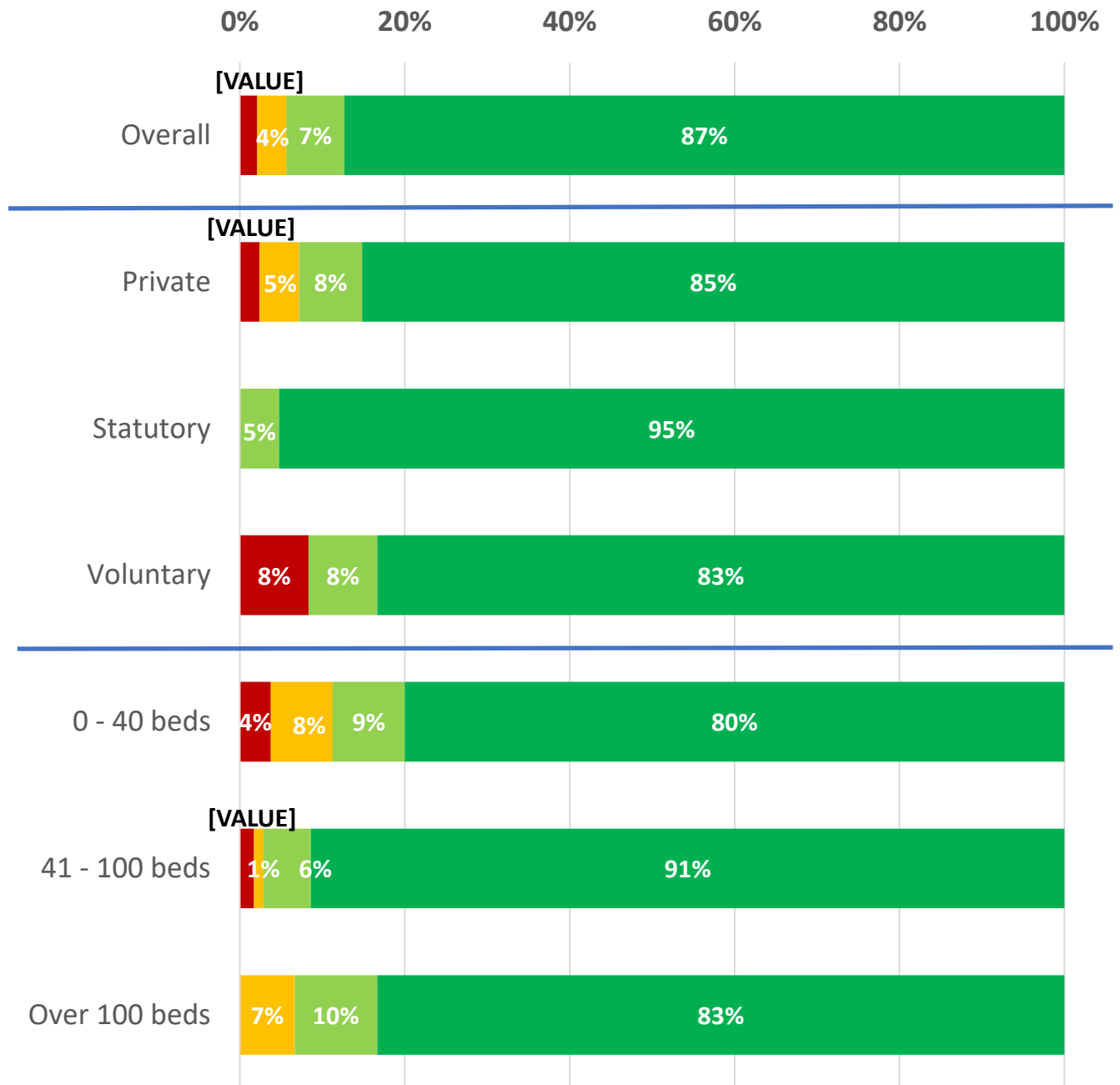
Q32. The provider ensures that staff do not work across multiple sites.
(Recommendation 5.06)

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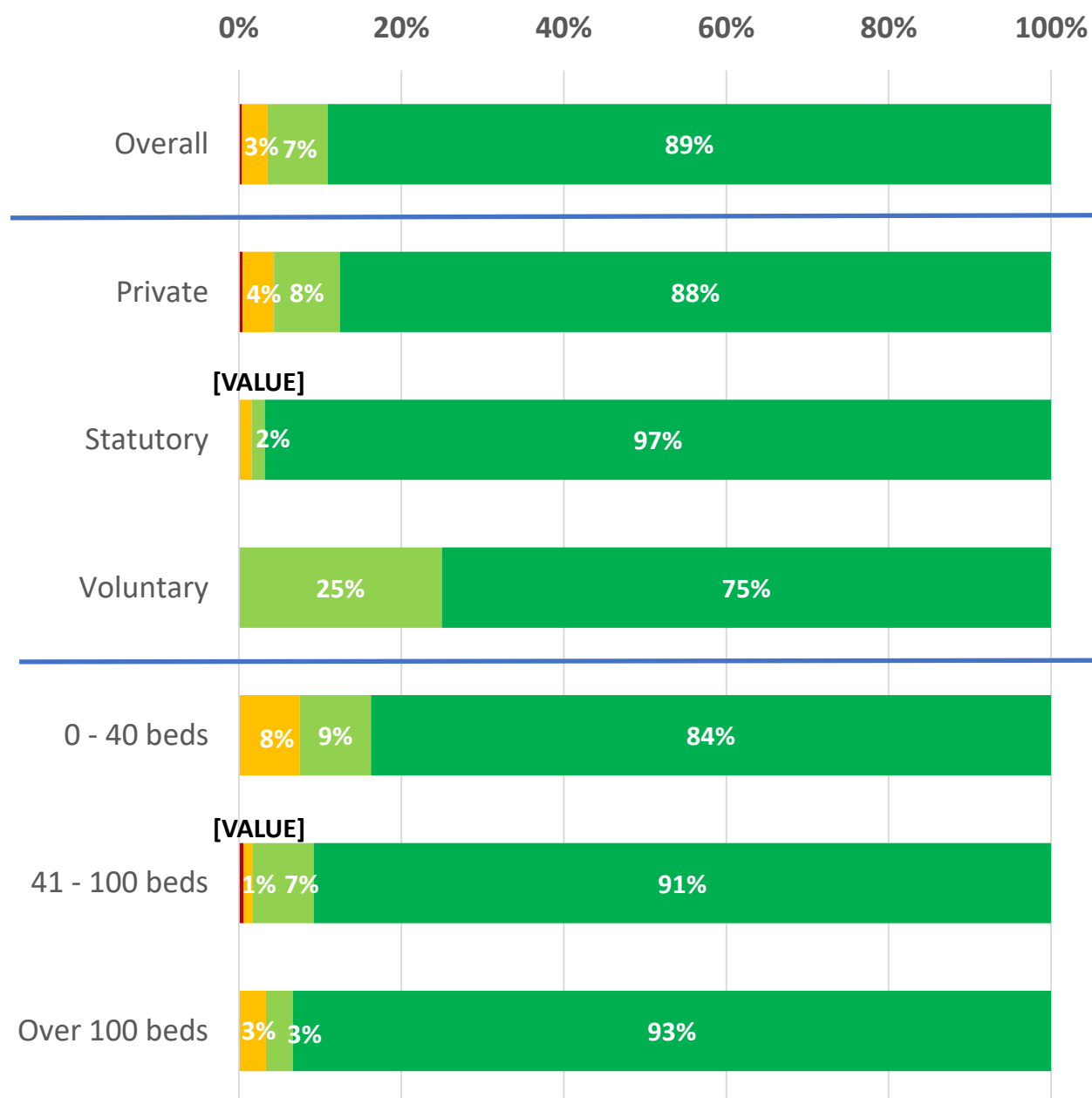
Q33. The provider has contract or agreed protocols in place with staff and all agency employed. (Recommendation 5.06)

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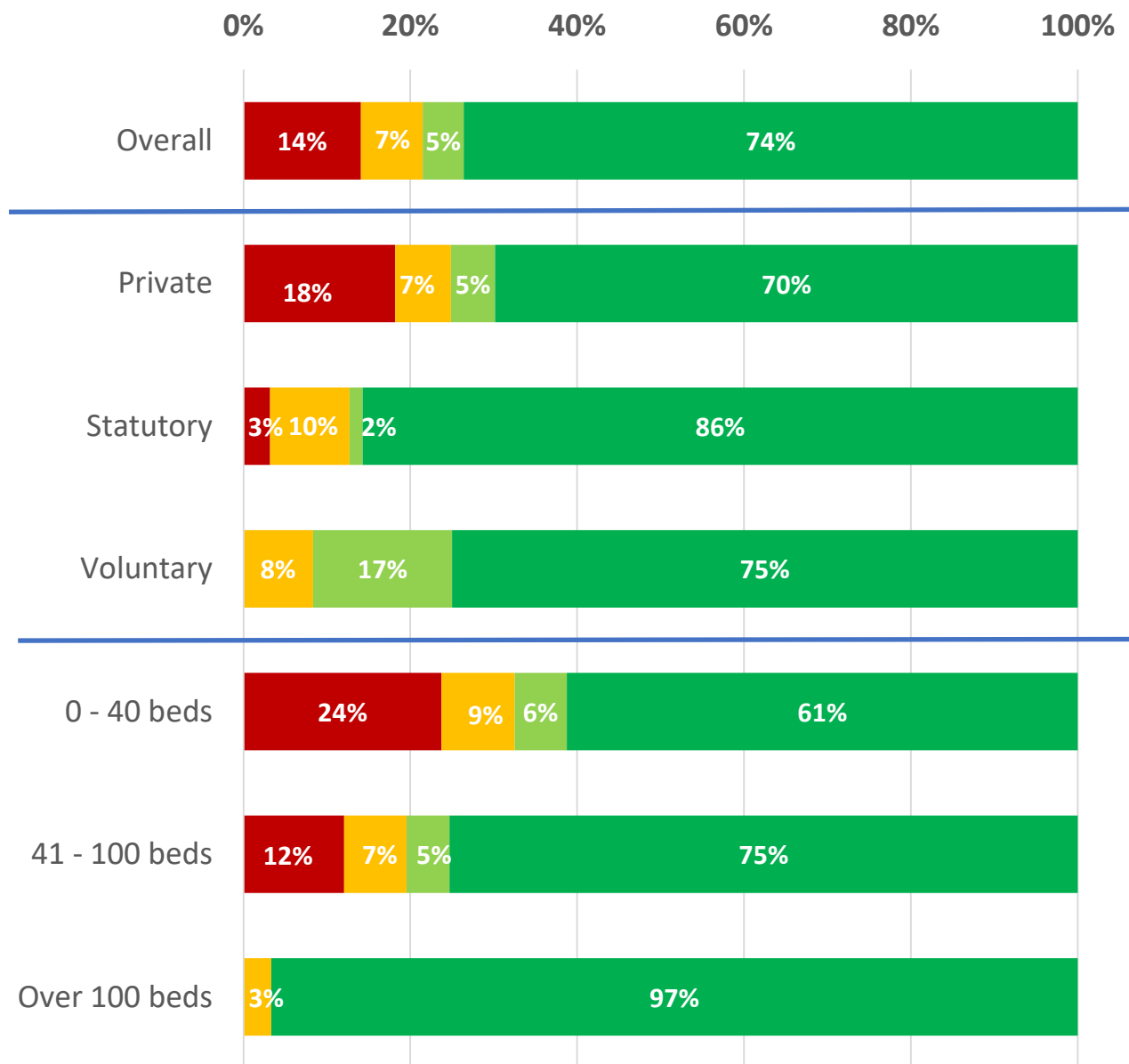
Q34. The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff. (Recommendation 5.08)

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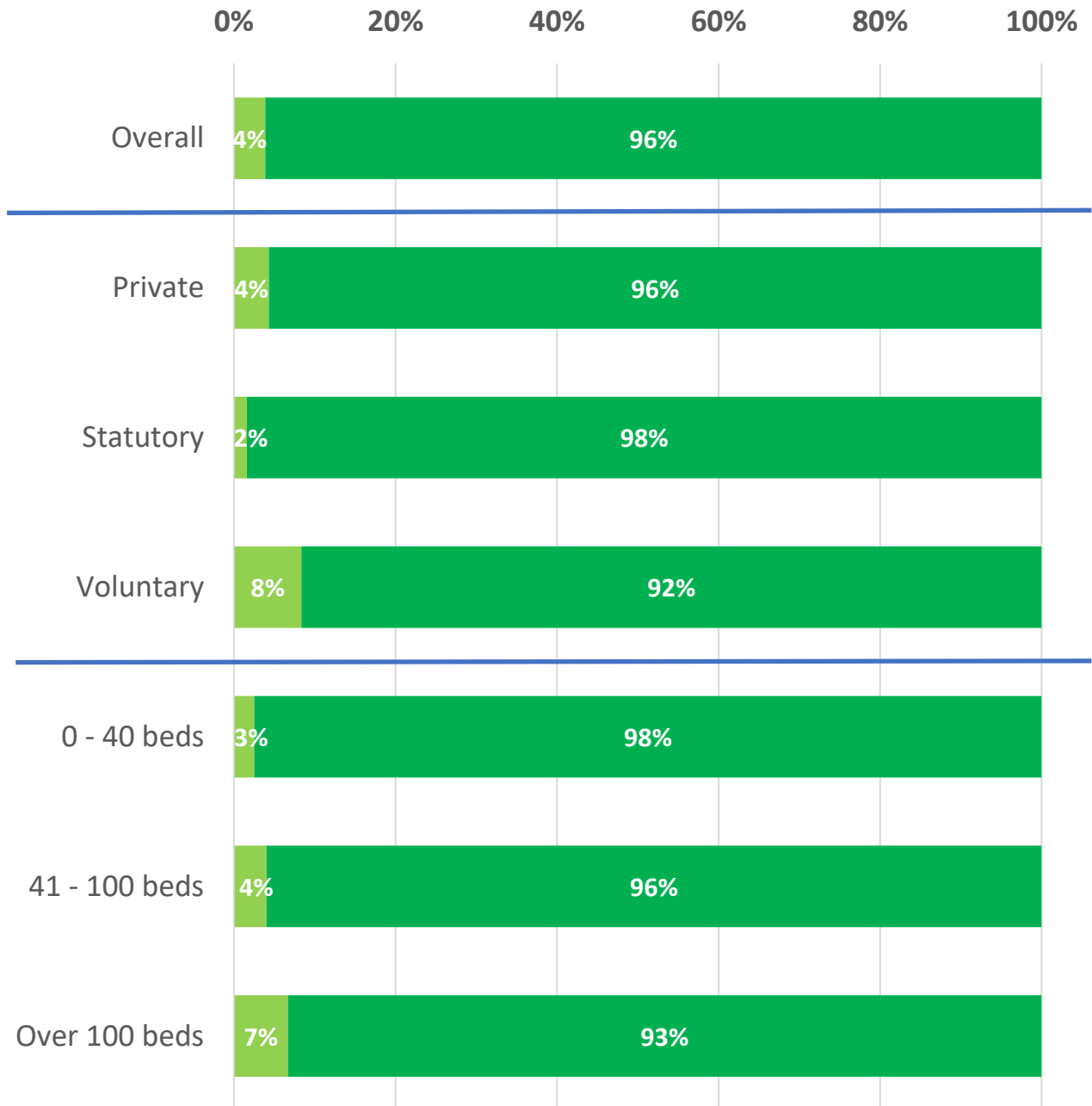
Q35. The provider has an arrangement with a GP to support general oversight and governance of the nursing home. (This refers to a GP supporting the designated centre as a whole in relation to clinical governance, not specifically with a focus on individual service users.) (Recommendation 8.02)

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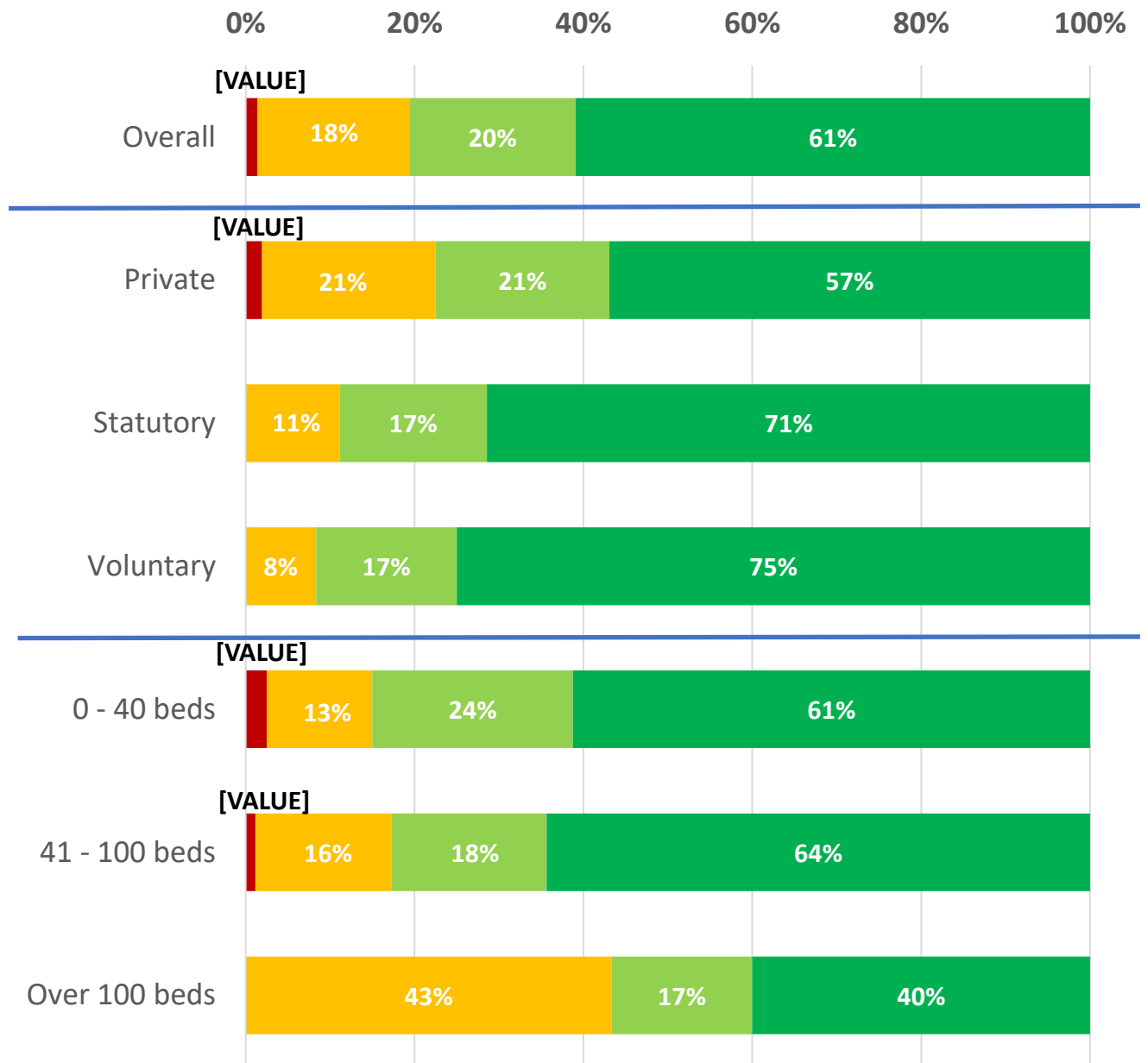
Q36. The provider is assured that there is effective nursing leadership onsite to include contingency plans when absent. (Recommendation 9.02)

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Q37. The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes. (Recommendation 10.02)

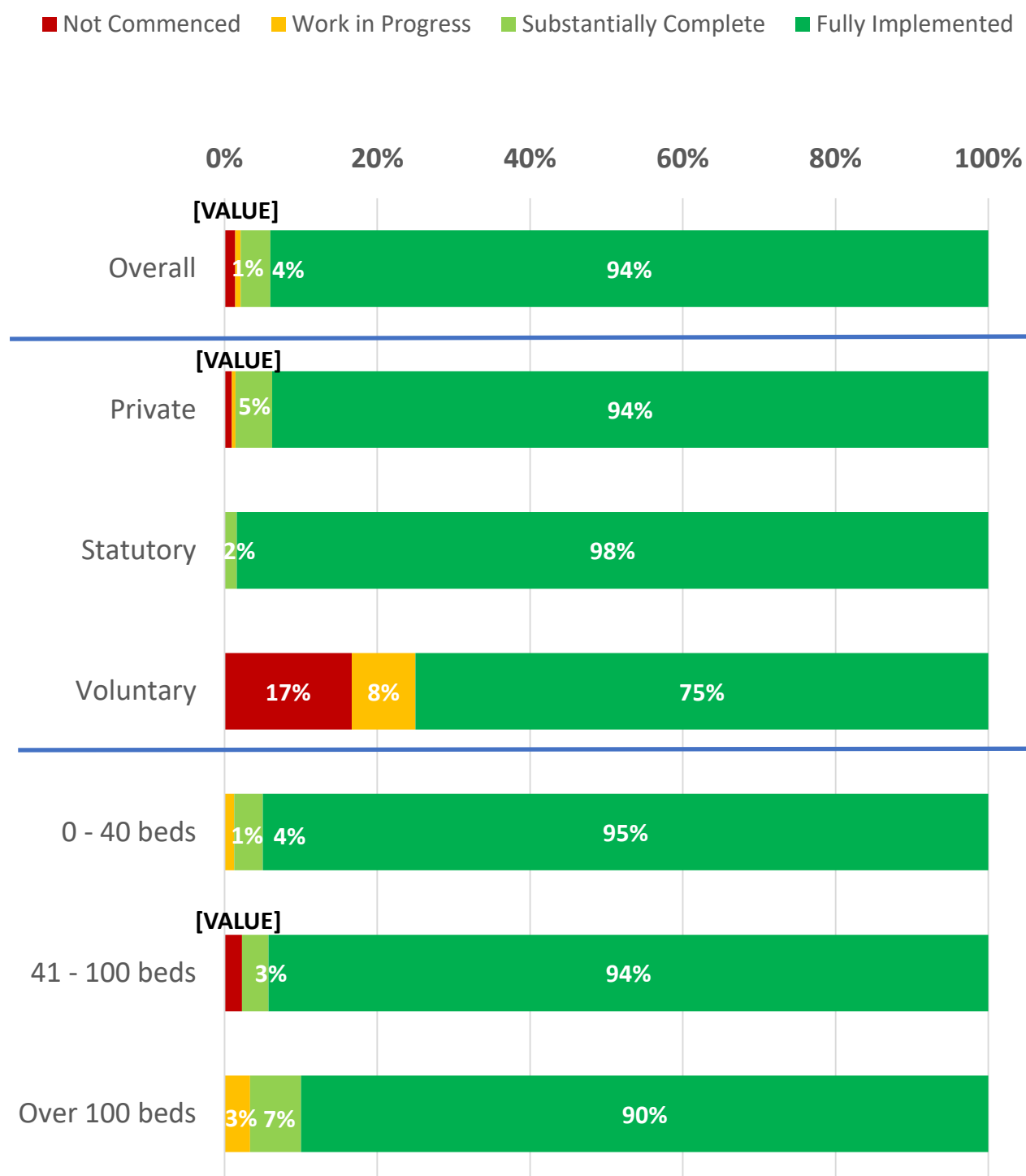
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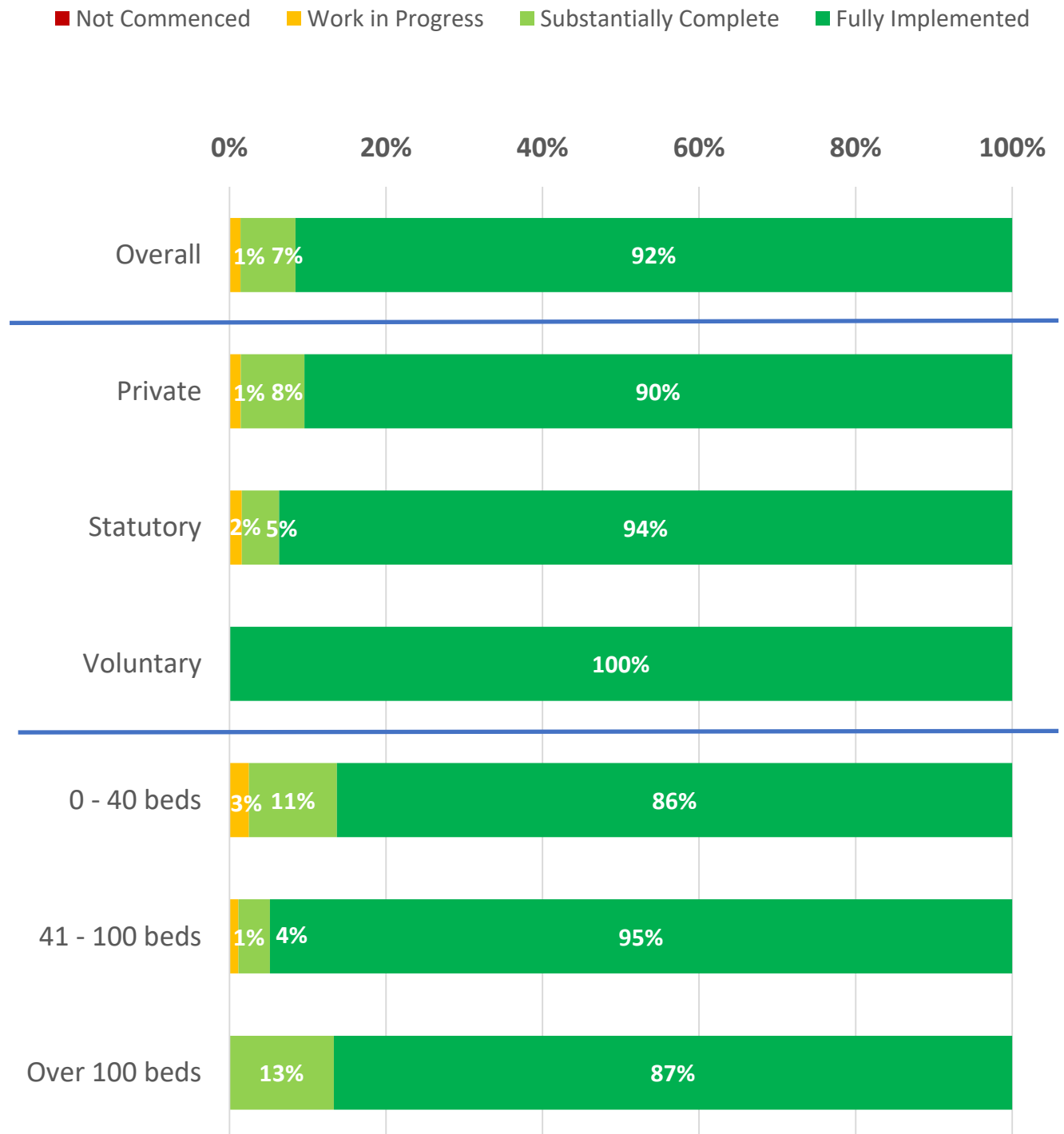
Q38. The provider has established a mandatory suite of continuing education for staff. (Recommendation 10.05)

Please go to page 18 to see chart.

Q39. There are established and effective links with the Community Palliative Care Team in your catchment area (Recommendation 11.01)



Q40. The provider has dedicated staff to facilitate and document social activities and communication for residents with family. (Recommendation 13.04)



Q41. Do you collect data for regular reporting and operational management for:

- Staffing numbers
- Role and Grade of staff
- Full time equivalents
- Staffing Vacancies
- Use of agency and/or overtime hours
- Staffing Qualifications
- Resident Numbers
- Resident Demographics (E.g., age, gender)
- Bed occupancy levels

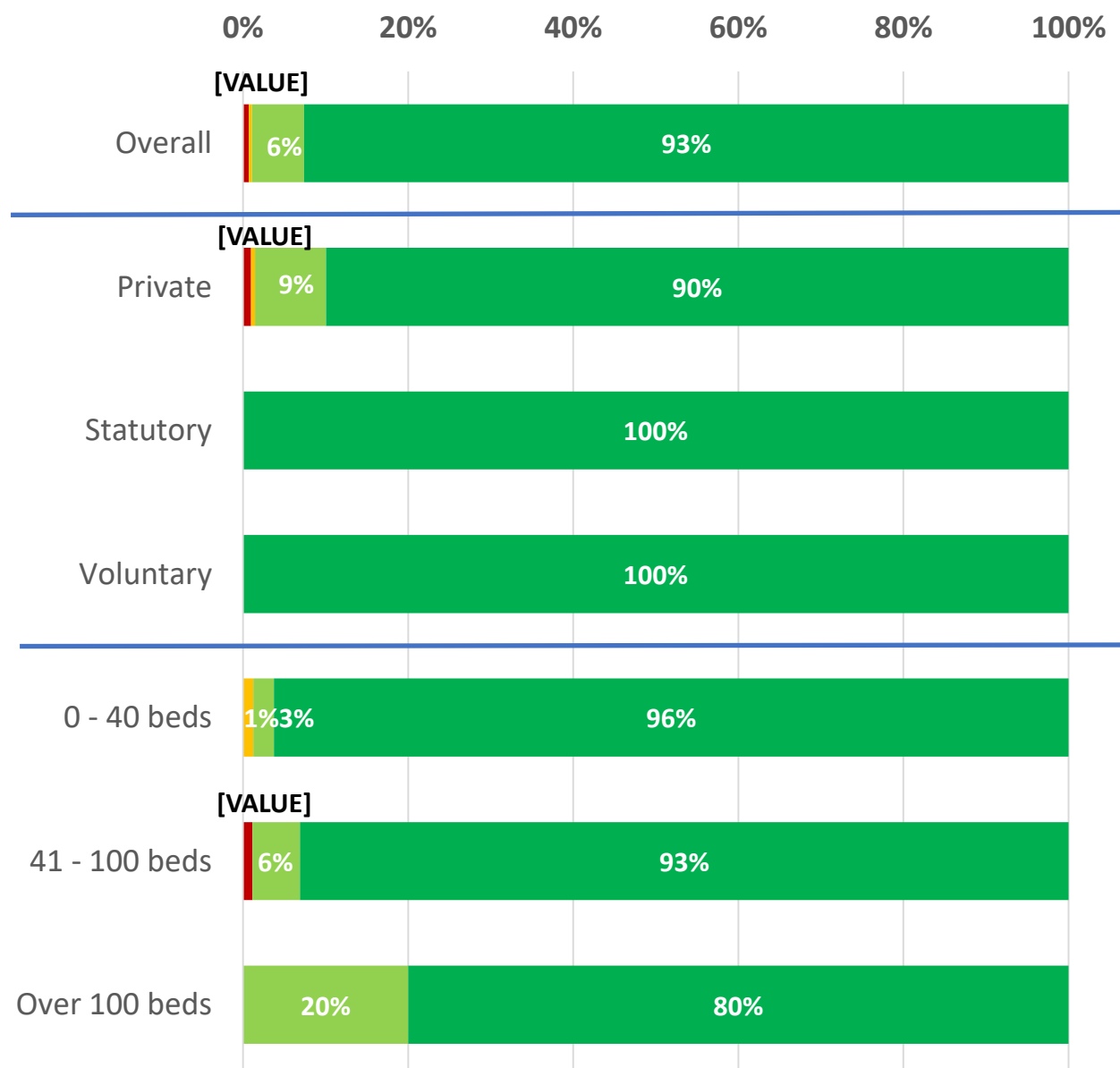
(Recommendation 2.06)

Please go to page 18 to see chart.

Testing

Q42. There are staff available in-house that can undertake COVID-19 test swabbing. (Recommendation 2.06)

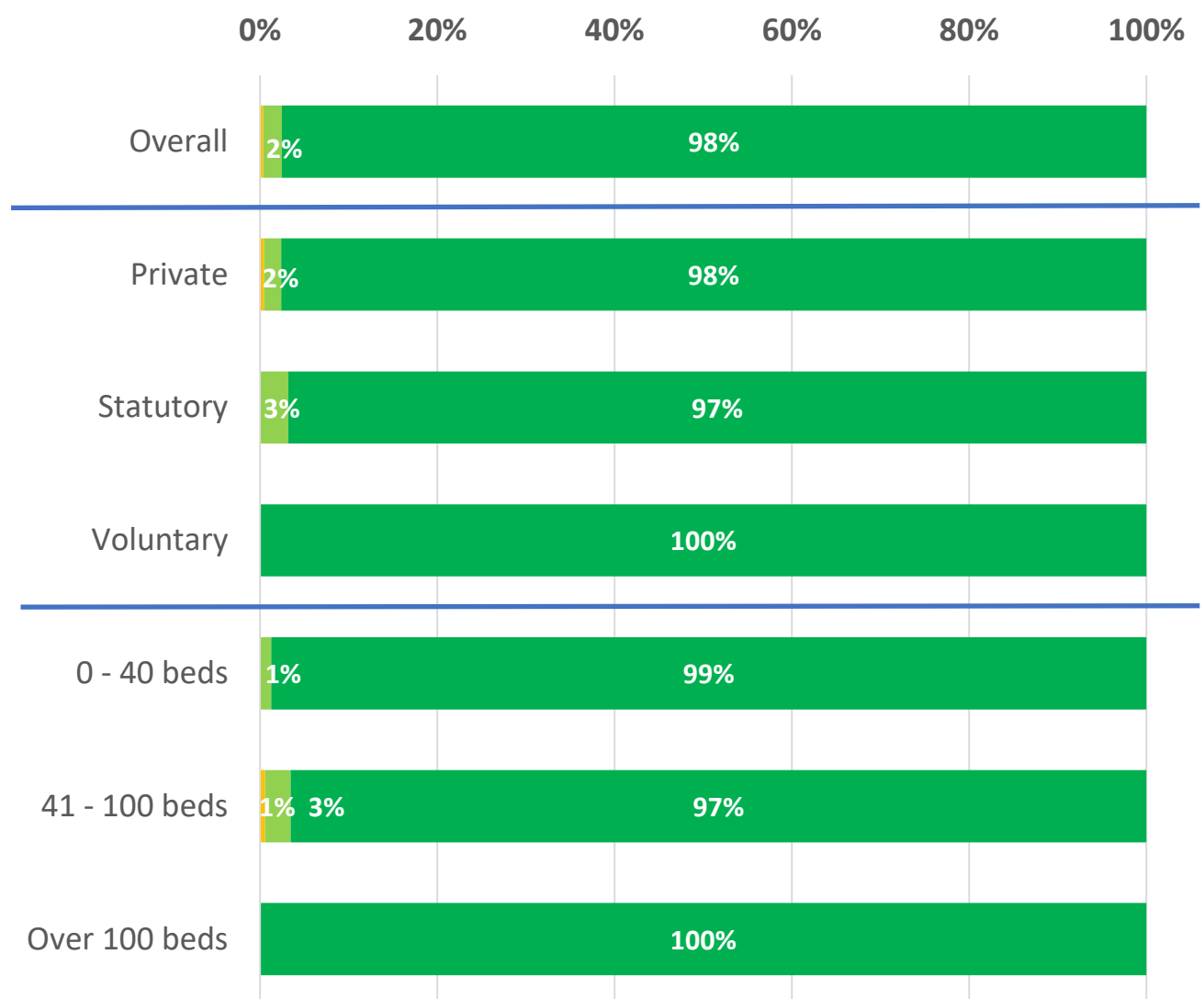
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Q43. The provider has access to COVID-19 test results for all new residents coming from the community or proposed transfers from hospital prior to admission. (Recommendation 4.01)

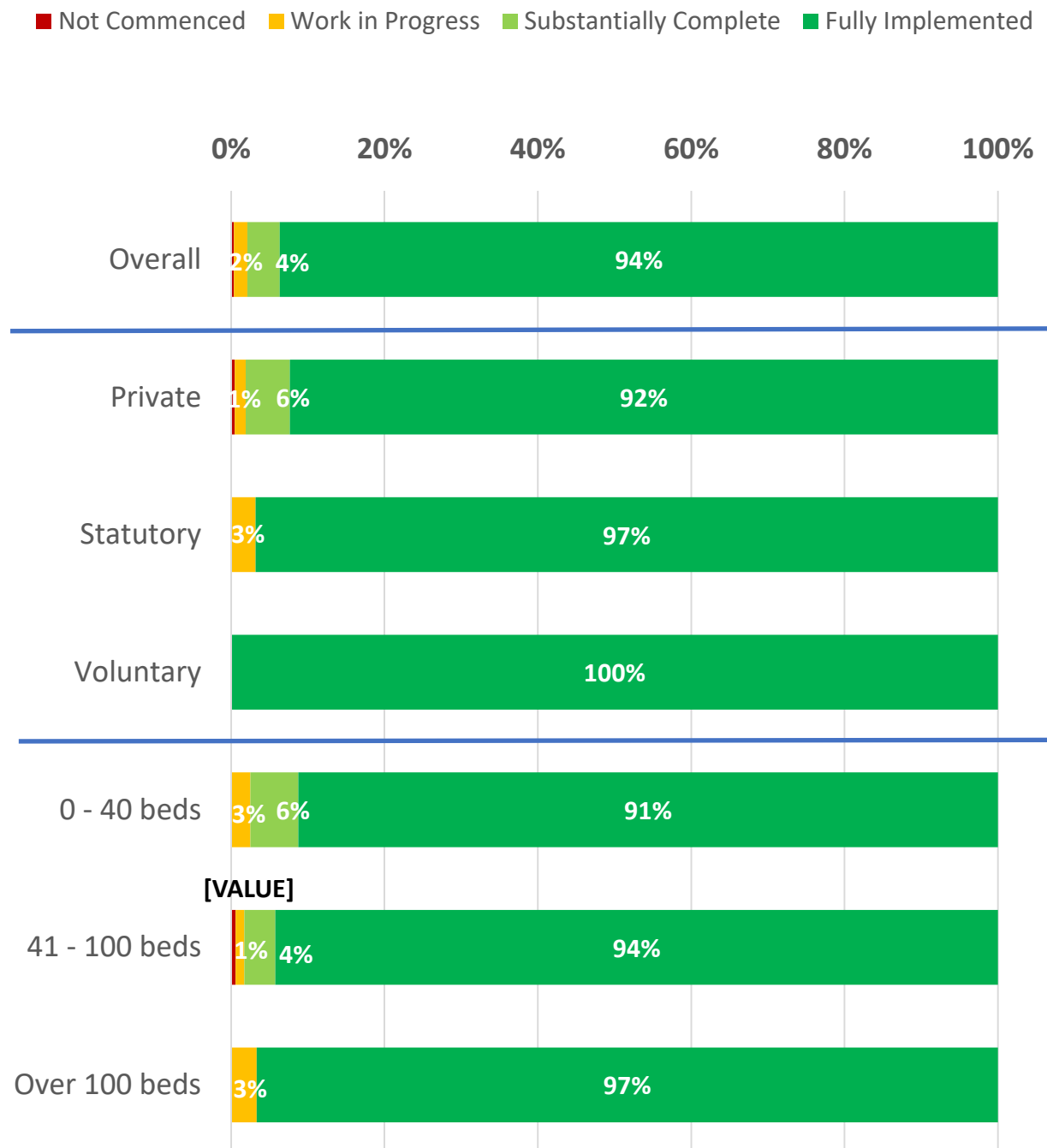
(Please answer this question aligned to updated advice i.e. COVID-19 Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities was updated on 24/06/2021 (version 6.5) and removed the "requirement for testing before transfer to LTRCF in people with significant vaccine protection")

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Visiting

Q44. All individual visiting assessments are documented in line with HSE and HPSC visiting guidance. (Recommendation 11.02)

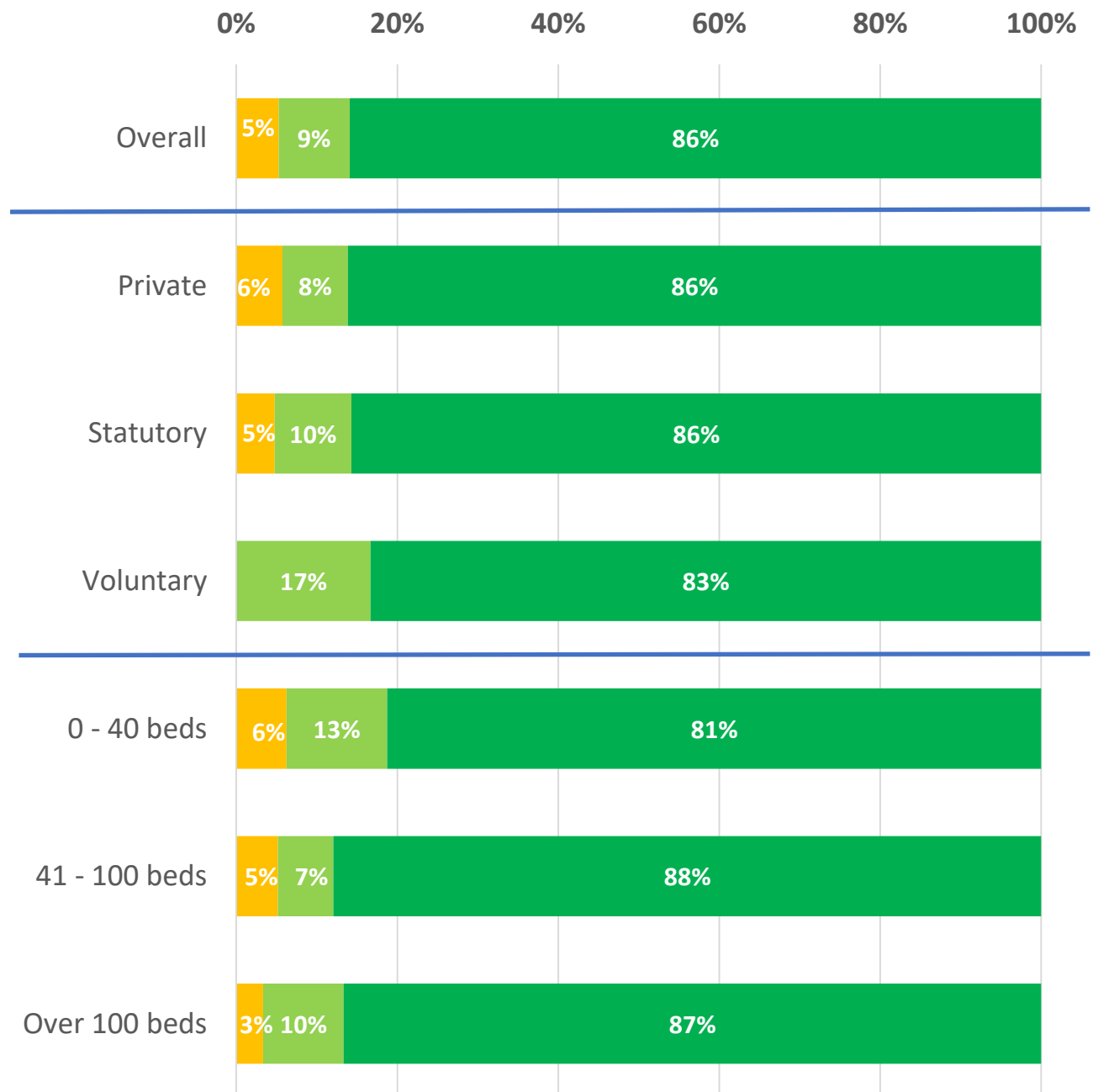


Q45. Are there any challenges/barriers to implementing visiting assessments in the centre? (Recommendation 4.01)

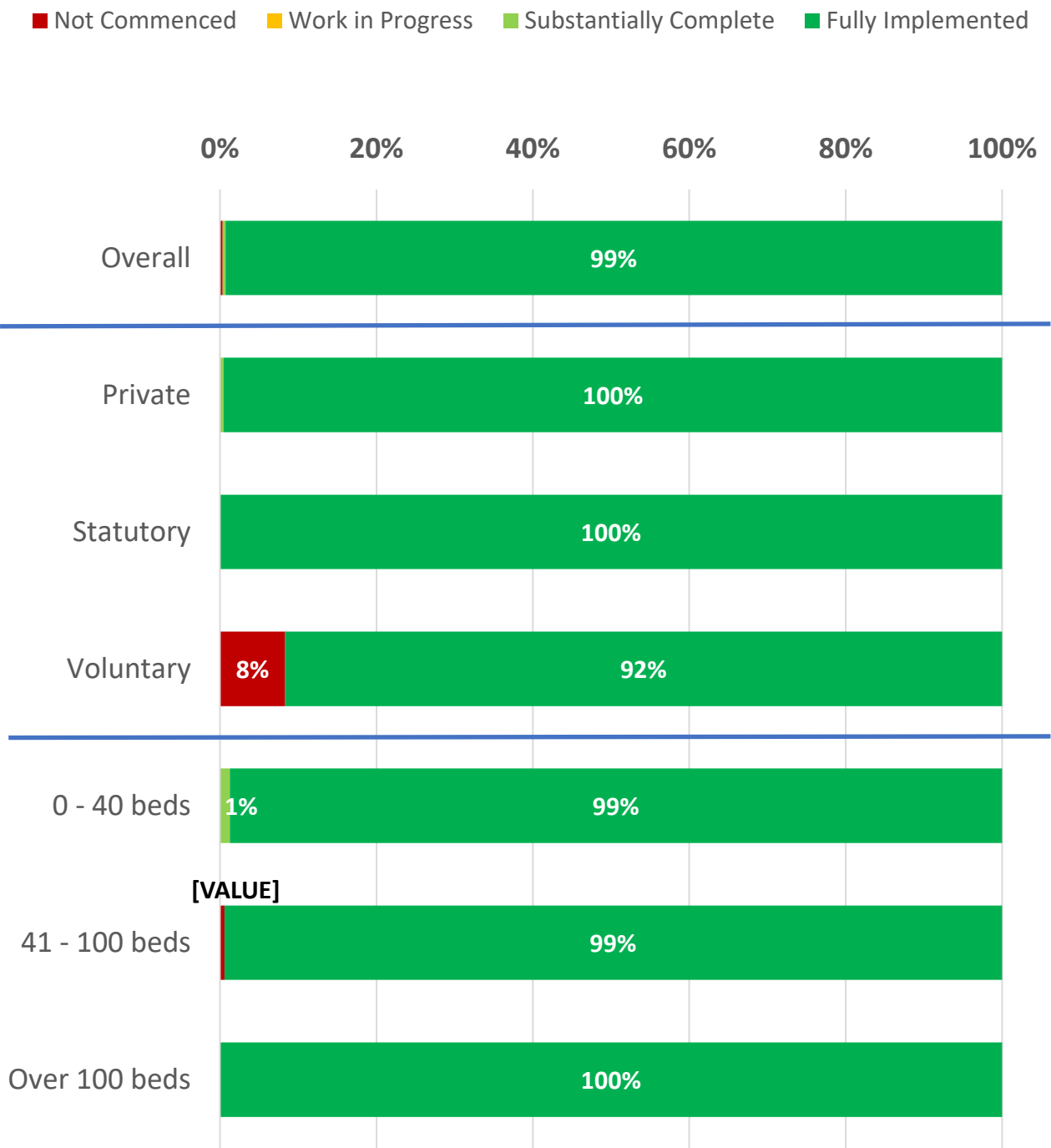
Please go to page 71 to see comments chart.

Q46. The provider has identified and addressed infrastructural adaptations required to facilitate visits. (Recommendation 12.02)

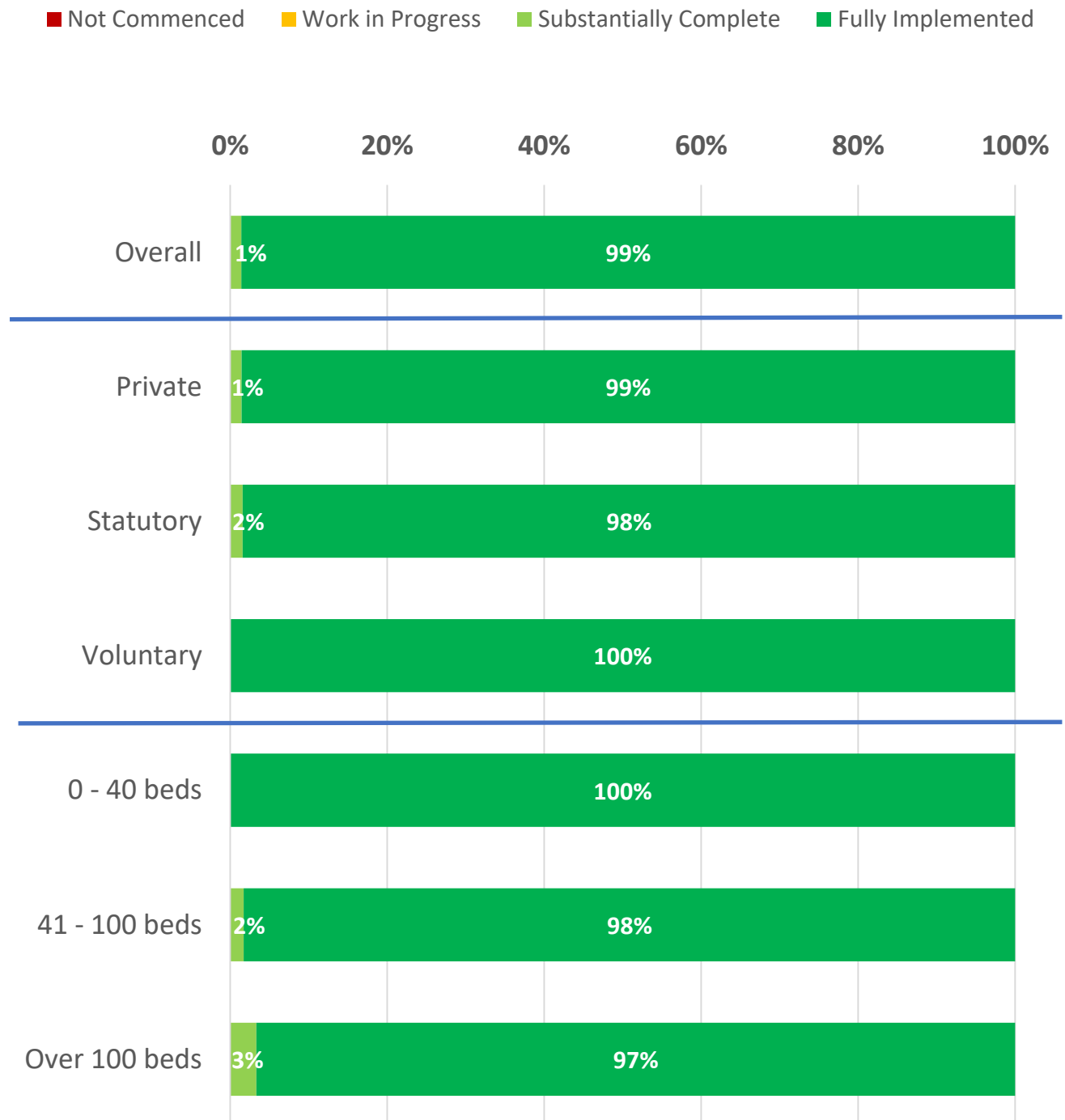
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Q47. End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures. (Recommendation 12.03)

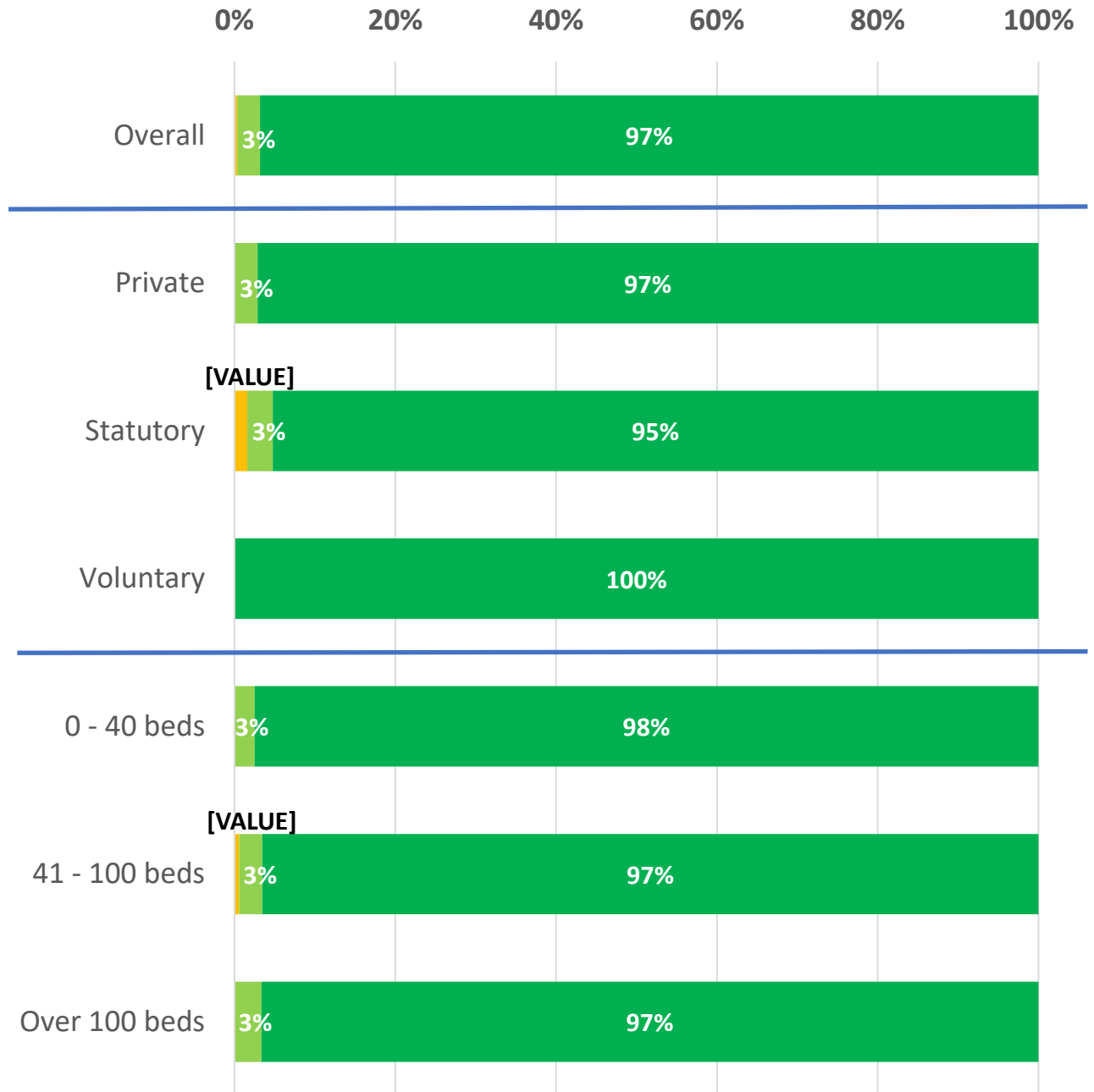


Q48. The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures. (Recommendation 13.01 & 13.02)



Q49. The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g., tablets, Wi-Fi or otherwise) for residents and their families. (Recommendation 13.03)

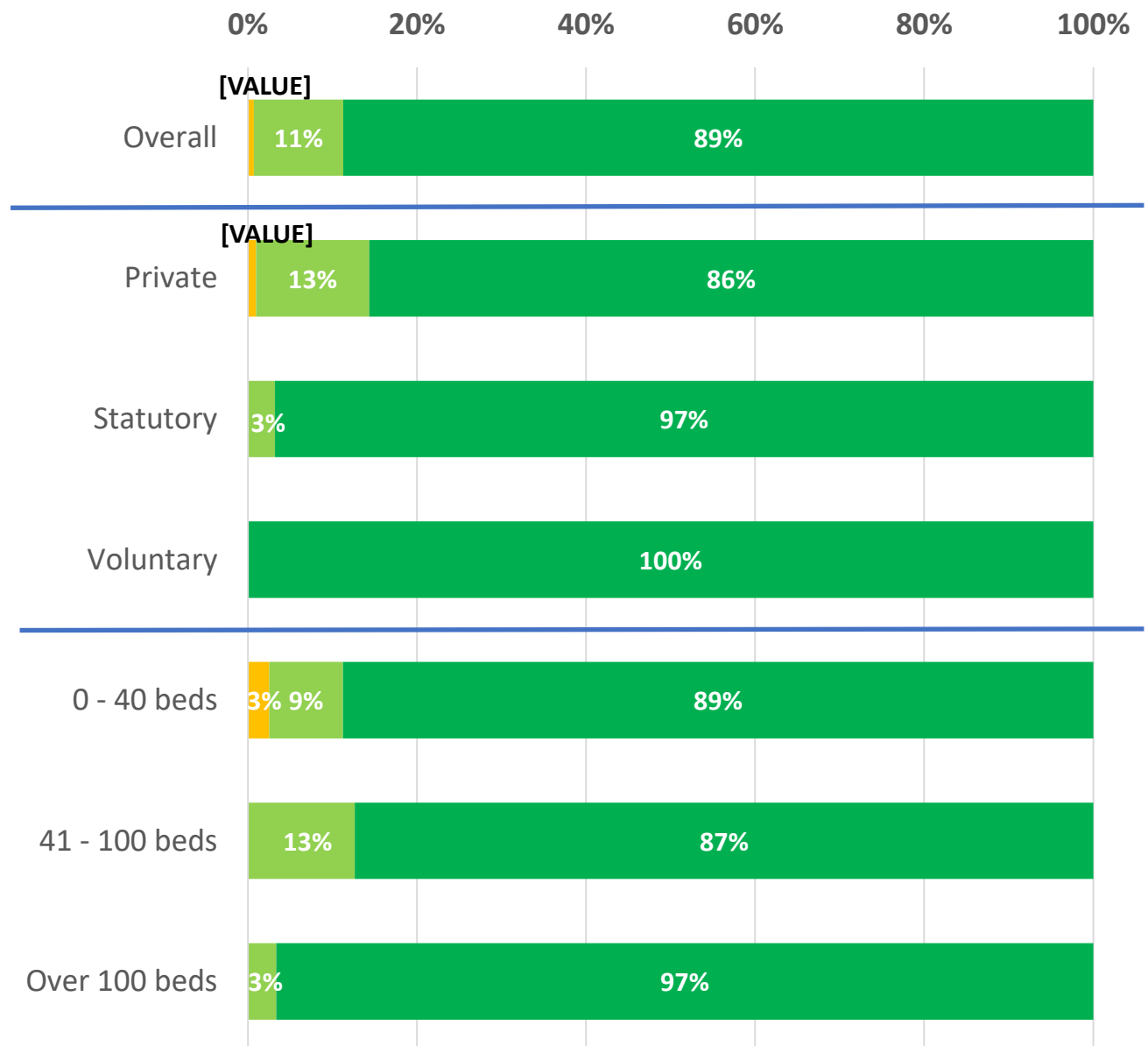
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Advocacy

Q50. Residents are aware of and are provided access to independent advocacy services. (Recommendation 15.04)

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 ■ Work in Progress
 ■ Substantially Complete
 ■ Fully Implemented



Reporting

Q51. The Provider collects data on the following areas to inform the quality and safety of care and outcomes for residents:

- Skin Integrity

- Nutrition and Hydration
- Pain Assessment and Management
- Medication Administration
- Infection Prevention and Control
- Activities of Living
- Falls
- Continence Assessment, Promotion and Management
- End of Life and Palliative Care
- Responsive Behaviour Support
- Psychological Support
- Person Centred Care
- Safeguarding of Vulnerable Adults
- Social and Recreational Assessment
- Person Experience

(Recommendation 9.04)

Please go to page 19 to see chart.

Visiting – Open Question Results

“Q45. Are there any challenges/barriers to implementing visiting assessments in the centre?” (Recommendation 14.06)

Of the 284 responses to the survey, 31.3% of participants submitted general comments or feedback to this question.

[SERIES NAME]

31%

[SERIES NAME]

69%



- “1. Taking staff away from care duties especially out of hours/weekends 2. Visitors who are non-compliant or resistive to the requirements 3. Needing to maintain safe levels of observation without being intrusive.”
- “Accommodating non vaccinated visitors is a challenge. Difficult to maintain social distance for immediate family members. Use of masks with residents with impaired hearing is difficult.”
- “After we implement updated measures and inform friends and family, some of them feel that they do not have to adhere to same. This causes issues with staff management and other residents and their families.”
- “All visiting within the Centre is facilitated as requested. Due to the volume of residents residing in the centre and keeping in line with Social Distancing visiting can take place in the resident’s bedroom (single occupancy rooms) or communal areas.”
- “At the moment there are nearly 3,000 cases of COVID in the community and we are allowing visitors to come and go as they please as per HPSC guidelines, HIQA are critical if we impose our own restrictions based on community cases. I feel this is a huge risk to our vulnerable residents.”
- “Can be challenging at peak times. Once visiting recommenced it was very busy initially. This decreased over time.”
- “Challenges include monitoring visitors and visitors’ compliance with mask wearing and hand hygiene.”
- “Communal rooms are an issue. The resident that is receiving the visitor must be moved out of their room.”
- “Data Protection Boundaries? Requires assigned personal having reliable information and objective empathy. Time consuming. ”
- “Families don’t understand the rationale for restrictions.”
- “Family expectations.”
- “environmental”
- “Family members can be difficult when we are trying to implement visiting assessments”

- "Family members can be difficult with all the changes."
- "Few visitors not satisfied with visiting assessments in place."
"Guidance lacking to support only those vaccinated entering building. (Restaurants do this so same should be in place to protect vulnerable residents)."
- "Home layout can be challenging due to number of floors and lift access."
- "It is a worry when family want to visit after returning from a foreign country."
- "It is really hard to monitor all the visitors while in their rooms. No mask policy for fully vaccinated families doesn't seem to work well as the residents could be immunocompromised with their age. Monitoring of visits itself needs extra staffing which is not funded anymore."
- "It is very challenging now that funds have been removed to manage visiting to ensure wandering residents and visitors do not congregate together."
- "It is very challenging trying to balance the rights of residents to receive visitors with the potential risk associated with visiting. Despite taking necessary precautions and risk assessment the risk remains (particularly in light of rising numbers in the community)."
- "It was a challenge to keep on top of booking visits, completing checklists and maintaining visiting areas in line with IPC guidelines but all staff participated."
- "Lack of co-operation from some visitors"
- "Lack of resources make it difficult to allow more visiting hours"
- "No barriers currently, visiting desks now supervised by volunteers, staff members and an external security company at weekends."
- "No Barriers, Challenges - allocating staff member to carry out assessment can be challenging as it takes time."
- "No. All visitors are very co-operative at responding to visiting assessments."
- "None as guidance stands however our residents would be better protected if visitors had to produce a vaccine passport before entering the nursing home."
- "Not all residents have their own rooms. There are no limits to external visits but some limitations when rooms are shared."
- "Not currently as individually assessed"
- "Not currently. Staffing deficits can impact the visiting assessments."
- "Noted change to behaviour and attitudes of some visitors who don't believe such assessments are necessary."
- "Only scheduled visiting now in place (to maximise safe visiting for everyone). During Covid19 Outbreak all visiting of non-essential people has been cancelled." -
- "Our visitors sign in and temp taken they are accommodated in 2 big sitting rooms social distancing and oratory as our bedrooms are too small and to prevent visitors

sitting on beds not good infection control above working well"

- "People can be aggressive to staff when they are being asked if they are well or not being a contact. now asking for covid vaccine certs will be difficult"
- "Public's understanding of vaccination status and declaration of travel abroad. All visits throughout the pandemic have been facilitated with appropriate risk assessment guiding PPE and precautions to be taken."
- "Reduction to fully open visiting due to footfall"
- "Relying on families to be honest when symptomatic is difficult."
- "Requires dedicated staffing that were not previously required,"
- "Residents can change their minds as to who they wish to have a visit from & this is their right so visiting must not become an assessment but a part of everyday life & the freedom to choose visitors or visitations as & when they wish - this can all be managed safely without any issues"
- "Some families do not answer questions such as are they vaccinated? Some refuse to sign the document"
- "Space and layout of the building"
- *"Staffing" - (14 providers "all private" responded with this exact same answer to the question)*
- "Staffing deficits will impact on visiting assessments. Booked appointments to monitor footfall. Monitor visitors to ensure public health guidance."
- "Staffing of same"
- "The added risk associated with children under 12 (unvaccinated) visiting the resident."
- "The biggest challenge is ensuring visitors are aware that even though they are vaccinated there is still a risk of carrying and transmitting the virus to others."
- "The checking of documentation has time implications for staff"
- "The checking of documentation has time implications for the staff"
- "The guidance is currently to allow children to visit, this is a key risk to us currently as the covid figures are high amongst non-vaccinated children and the guidance is to allow children to promote a meaningful day."
- "The ongoing challenge is maintaining safe visiting environment to protect our residents, asymptomatic versus symptomatic visitors, the speed of Delta Variant transmission, extra staffing resources to monitor visits."
- "The well documented difficulties of recruiting and retaining staff as unable to compete with HSE terms and conditions."
- "There are costs incurred to implementing visiting as a healthcare assistant is required to coordinate same. Risk Assessment indicates this is cost effective/ efficient use of

resources."

- "There are no barriers or challenges to implementing visiting assessments in the centre."
- "There are no challenges or barriers to implementation of visiting assessments." -
- "There has been no challenges nor barriers in implementing visiting assessments in."
- "Time constraints due to staff resources to facilitate visiting"
- "Time involved to undertake assessments can be a challenge at times."
- "Two staff members facilitate visitors, seven days a week. They perform a health check and temperature check, and the visitors sign in with contact phone numbers. End of Life visiting is completely unrestricted."
- "Unvaccinated relative not always wearing their mask correctly but does maintain their distance most of the time. CCTV frequently monitored."
- "Visiting assessments conducted are reliant on visitor's honesty!"
- "Visiting is supported and promoted. However, it can be difficult to offer maximum visiting opportunities as per the HSPC guidance as additional resources are needed to support increased footfall and pre-visiting assessments. It will be necessary to ensure continued resources are available to meet and greet the visitors, risk assess their COVID symptoms/exposure status and vaccination status. The availability of these resources is continuously evaluated."
- "Visiting policy is amended to reflect the updated HPSC guidance. Version 7 is currently in operation."
- "Visitors adhering to PPE and Social distancing"
- "Visitors arriving without bookings can challenge the management of footfall at a given time. We manage as best we can without offence."
- "Visitors may be resistant at times in providing the required information for visiting regulation and management"
- "Visitors travelling to the RCF from overseas presents added challenge to mitigate the risk of introduction of Covid 19."
- "We took measure to facilitate safe visiting in a specifically screened area when level 5 restrictions were in place. This was very successful and safe. At present we have full visiting in place with infection control measures and checks in place."
- "Working well with good communication between staff and visitors"
- "Yes - the checking of documentation has time implications for staff"
- "Yes, due to the multi-occupancy rooms in. Visiting can't be facilitated in the resident's room. visiting is arranged through appointments"
- "Yes, it can be challenging to facilitate and get visitors to comply with visiting times"

booked which can cause next appointment to run late. Cut off time for visiting in the evening can cause upset to some people."

- "Yes. Physical environment and capital build"
- "Yes. Time constraints"
- "Yes-very challenging to balance risk of Covid-19 with psychological need for visit with loved ones, in particular in large, designated centres-a continuous risk assessment."