



COVID-19 Nursing Homes Expert Panel Report: Registered Providers Implementation of Recommendations

Survey and results summary prepared by Behaviour & Attitudes for HIQA
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1.0 Introduction



1.0 Introduction

In August 2020 the Minister for Health published the COVID-19 Nursing Homes Expert Panel Report. The report set out 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.

HIQA was tasked with facilitating three provider surveys aimed at establishing the progress registered providers of nursing homes have made with the implementation of recommendations set out in the COVID-19 Nursing Home Expert Panel Report.

In total three registered provider surveys were conducted. Survey 1 and survey 2 sought the registered providers' progress on different recommendations while survey 3 included questions on 40 recommendations for which the provider was responsible. All questions within the surveys were aligned to a specific recommendation and were grouped under a themed headings.

A survey link was sent for each designated centre (hereafter referred to as nursing home) to the registered provider of that nursing home. Every nursing home must be registered by the Chief Inspector within HIQA. 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 current list of registered providers was extracted shortly before a survey was issued, therefore at times the number of nursing homes registered may change which explains the difference in the number of invitations to registered providers to participate over the course of the three surveys. The assessment of results by CHO area is based on the alignment of nursing homes to a CHO area for Survey3 (Oct/Nov 2021).

The three provider surveys permitted each provider an opportunity to highlight the progress they made, highlight implementation progress and to identify any gaps requiring further attention. While participation in the survey was voluntary, Minister Butler, wrote to each provider encouraging their participation in the due to the significance of the recommendations and their progress.

A report of the findings of each survey was produced and submitted to the Department of Health and the Implementation Oversight Team.

Survey 1 was conducted in November/December 2020, Survey 2 in April/May 2021 and Survey 3 in October/November 2021.

This report details the analysis of the findings of each survey that was undertaken, which was approved by the Department of Health, the Implementation Oversight Team, and the Reference Group before being issued. It also includes a comparative analysis between Survey 1 versus Survey 3 and Survey 2 versus Survey 3. Therefore, not all questions were asked in each survey. The survey questions were grouped under headings to make the survey more user friendly, these groupings are included in the results of this report.

The survey was developed with the Department of Health and University College Cork (UCC). Cemplicity built the survey instrument, project managed and collated the data. Behaviour and Attitudes wrote this report detailing the findings.

1.1 Research approach

The research was undertaken using an online methodology. An online survey link was sent for each nursing home to the Provider. Registered providers with multiple nursing homes received one survey link per nursing home; thus ensuring that responses returned were per nursing home. Responses were voluntary.

Survey 1 (Nov/Dec 2020) consisted of 25 mandatory questions that correlate to 23 of the 40 provider-led recommendations of the COVID-19 Nursing Homes Expert Panel. Survey 2 (April/May 2021) consisted of 23 mandatory questions that correlate to 12 of the 40 provider-led recommendations of the COVID-19 Nursing Homes Expert Panel. Survey 3 (Oct/Nov 2021) was made up of all of the questions in both Survey 1 and 2 so as to assess the nursing homes progress with the implementation of recommendations, with the addition of 3 new questions. The questionnaires for all 3 surveys are included in the appendix and the surveys timelines are indicated below:

1.1.1 Survey Timelines

	Stage 1 – Email invitations sent	Stage 2 – First reminder emails sent	Stage 3 - Second reminder emails sent	Stage 4 – Survey closed at 5pm	Stage 5- Results made available
Survey 1 (Nov/Dec 2020)	17th Nov 2020	24th Nov 2020	30th Nov 2020	1st Dec 2020	7th Dec 2020
Survey 2 (April/May 2020)	19th April 2021	28th April 2021	6th May 2021	10th May 2021	17th May 2021

	Stage 1 – Email invitations sent	Stage 2 – First reminder emails sent	Stage 3 - Second reminder emails sent	Stage 4 - Final reminder emails sent	Stage 5 - Survey closed at 5pm	Stage 6- Results made available
Survey 3 (Oct/Nov 2021)	20th Oct 2021	27th Oct 2021	3rd Nov 2021	10th Nov 2021	12th Nov 2021	19th Nov 2021

1.1.2 Response Rates

Response Rates			
	Number of Nursing Homes Invited	Number of Nursing Homes that completed the survey	Response Rate
Survey 1 (Nov/Dec 2020)	571	317	56%
Survey 2 (April/May 2020)	571	255	45%
Survey 3 (Oct/Nov 2021)	570	284	50%

1.2 The Sample - Surveys 1, 2 and 3

Data collated in each surveys included ownership type (Private, Statutory or Voluntary), facility size by Number of Registered Beds. In addition the location of the facility was aligned with the Community Health Organisation in which it was located. The sample composition for Surveys 1 (Nov/Dec 2020), 2 (April/May 2021) and 3 (Oct/Nov 2021) is largely proportional to the profile of nursing homes invited in terms of provider type, bed size and CHO. There are a few small anomalies. Statutory nursing homes are slightly over represented in Surveys 1 and 2. Nursing homes with 41-100 beds are slightly less represented in Survey 1 and more represented in Survey 3, to the detriment of smaller nursing homes. In Survey 1 the participating sample had marginally more nursing homes in CHO 3 than would be proportional to their representation in the total population and in Survey 2 the sample included marginally fewer nursing homes from CHO 2 than would be proportional.

[Light grey] = Number of responses	Sample composition vs. profile of nursing homes invited by:									
	Provider Type									
	Total Number of Nursing Homes						Number of Nursing Homes that Completed the Survey			
	Survey 1 Nov/Dec 2020		Survey 2 April/May 2021		Survey 3 Oct/Nov 2021		Survey 1 Nov/Dec 2020		Survey 2 April/May 2021	
Private	77%	440	77%	441	77%	441	71%	224	62%	157
Statutory	20%	114	20%	113	20%	112	26%	82	36%	92
Voluntary	3%	17	3%	17	3%	17	3%	11	2%	6
TOTAL	100%	571	100%	571	100%	570	100%	317	100%	255
										284

[Light grey] = Number of responses	Sample composition vs. profile of nursing homes invited by:											
	No. of Registered Beds											
	Total Number of Nursing Homes						Number of Nursing Homes that Completed the Survey					
	Survey 1 Nov/Dec 2020		Survey 2 April/May 2021		Survey 3 Oct/Nov 2021		Survey 1 Nov/Dec 2020		Survey 2 April/May 2021		Survey 3 Oct/Nov 2021	
0 – 40	34%	195	34%	193	34%	192	38%	119	38%	97	28%	80
41 -100	56%	321	56%	322	56%	322	48%	153	53%	135	61%	174
More than 100	10%	55	10%	56	10%	56	14%	45	9%	23	11%	30
TOTAL	100%	571	100%	571	100%	570	100%	317	100%	255	100%	284

	Sample composition vs. profile of nursing homes invited by:							
	CHO Area							
	Total Number of Nursing Homes		Number of Nursing Homes that Completed the Survey					
	CHO's for the 3 Surveys		Survey 1 Nov/Dec 2020		Survey 2 April/May 2021		Survey 3 Oct/Nov 2021	
CHO Area 1	9%	53	11%	34	13%	34	11%	31
CHO Area 2	14%	81	13%	42	15%	39	9%	25
CHO Area 3	9%	54	10%	32	15%	37	13%	38
CHO Area 4	16%	92	13%	42	13%	33	11%	30
CHO Area 5	13%	74	15%	46	13%	32	14%	41
CHO Area 6	9%	50	8%	25	5%	14	10%	28
CHO Area 7	9%	52	9%	29	6%	16	12%	33
CHO Area 8	11%	62	11%	36	12%	31	12%	33
CHO Area 9	9%	52	10%	31	7%	19	9%	25
TOTAL	100%	570*	100%	317	100%	255	100%	284

*In the file one nursing home not allocated a CHO

**Figures in light grey show the number of nursing homes matching the relevant criteria.

1.3 Glossary

Base: Total number of nursing homes answering the question for each cohort shown.

* = caution small base size, N=40 or under

Community Healthcare Organisations (CHOs):

CHO	Area
CHO Area 1	Donegal Sligo/Leitrim/West Cavan Cavan/Monaghan
CHO Area 2	Galway Roscommon Mayo
CHO Area 3	Clare Limerick North Tipperary/East Limerick
CHO Area 4	Kerry Cork
CHO Area 5	South Tipperary Carlow/Kilkenny Waterford Wexford
CHO Area 6	Wicklow Dun Laoghaire Dublin South East
CHO Area 7	Kildare/West Wicklow Dublin West Dublin South City Dublin South West
CHO Area 8	Laois/Offaly Longford/Westmeath Louth/Meath
CHO Area 9	Dublin North Dublin North Central Dublin North West

1.4 Margin of Error & Statistical Significance

With responses available from the nursing homes that completed the surveys, rather than the total universe of nursing homes, a small number of polarising scores can skew descriptive scores. This is especially the case when analysing the results by segment, for example: for smaller nursing home segments such as voluntary, over 100 bed homes and when analysing the results on a CHO basis, with a small number of responses recorded respectively for these cohorts in each survey.

Use of accepted statistical tests of significance, even allowing for a limited population correction factor, give the following wide margins of error for the total sample and key segments at 95% confidence level. The very small number of respondents from the voluntary provider sector, providers with more than 100 beds and individual CHOs means that these findings are indicative only. Please see the margin of error for each cohort and survey below.

Margin of Error			
	Survey 1 Nov/Dec 2020	Survey 2 Apr/May 2021	Survey 3 Oct/Nov 2021
Total number of homes	± 4%	± 5%	± 4%
Private	± 5%	± 6%	± 5%
Statutory	± 6%	± 4%	± 8%
Voluntary	± 18%	± 33%	± 16%

Margin of Error			
	Survey 1 Nov/Dec 2020	Survey 2 Apr/May 2021	Survey 3 Oct/Nov 2021
Total number of homes	± 4%	± 5%	± 4%
0-40 beds	± 6%	± 7%	± 8%
41-100 beds	± 6%	± 6%	± 5%
More than 100 beds	± 6%	± 16%	± 12%

Margin of Error			
	Survey 1 Nov/Dec 2020	Survey 2 Apr/May 2021	Survey 3 Oct/Nov 2021
Total number of homes	± 4%	± 5%	± 3%
CHO Area 1	± 10%	± 10%	± 9%
CHO Area 2	± 11%	± 6%	± 13%
CHO Area 3	± 11%	± 7%	± 7%
CHO Area 4	± 11%	± 11%	± 12%
CHO Area 5	± 9%	± 10%	± 11%
CHO Area 6	± 14%	± 18%	± 10%
CHO Area 7	± 12%	± 16%	± 8%
CHO Area 8	± 11%	± 10%	± 9%
CHO Area 9	± 11%	± 14%	± 11%

Statistical significance has been tested, (so one can tell that an observed variance in the sample data is a real difference not simply due to chance) using the p value test of <.05 in two ways in this report.

1. Within surveys: Data underlines have been used to indicate where the findings from a particular cohort are different from the total population responding to that survey. Data underlined with one single line, signifies that the results from this cohort are statistically significant higher and data underlined with a double line signifies that the data is lower from this cohort than the population.

 = Statistically significantly higher

 = Statistically significantly lower

2. Between surveys: Colour coding has been used throughout this report to indicate where the findings are substantively or 'statistically significantly' different in Survey 3 (Oct/Nov 2021) vs. its appropriate comparator, Survey 1 (Nov/Dec 2020) or Survey 2 (April/May 2020).

= Statistically significantly higher

= Statistically significantly lower



2.0 Overall summary



Overall summary

This report presents the results of three online surveys undertaken variously, in November/December 2020 (Survey 1), April/May 2021 (Survey 2) and October/November 2021 (Survey 3) with the aim of establishing the progress registered providers of nursing homes have made with the implementation of recommendations set out in the COVID-19 Nursing Home Expert Panel Report.

In assessing the extent to which readers of the report can have confidence that the findings of this survey represent the true picture of progress made by nursing homes in this time frame one needs to be mindful of common possible causes of research bias namely; sample selection bias, response/measurement bias or bias caused by the actions of an interviewer. In the case of this research project the survey was self- completion so interviewer bias is not a consideration.

Review of the methodology, profile of respondents as well as findings show no evidence of sample selection bias. Although the absolute number of responses was limited to 317 in Survey 1, 255 in Survey 2 and 284 in Survey 3, this represents a response rate of in excess of 45% for each survey which is strong for non-mandatory B2B surveys administered online during what was a very busy and stressful period for Irish nursing homes. Nevertheless, as noted in section 1.4 because feedback was received from a sample of nursing homes and not the total universe there is margin of error in results reported and this is larger when one drills into the findings especially the smaller cohorts when one or two responses can skew the results for all.

The key aspect to assess here is sample composition. There is no evidence to suggest systematic self- selection bias, i.e. that nursing homes with stronger progress on recommendation implementation chose in higher numbers to respond. Two aspects that give confidence that the results are representative of the total nursing homes universe is that a) The sample composition for Surveys 1 (Nov/Dec 2020), 2 (April/May 2021) and 3 (Oct/Nov 2021) is largely proportional to the profile of nursing homes invited in terms of provider type, bed size and CHO. See section 1.2. b) Findings show that progress on some recommendations actually declined during the period between Survey 1,2 and Survey 3 and there was a strong variability between reported progress between recommendations. Nevertheless, in line with data protection protocols data has been anonymized so there is no way to check actual progress versus reported of the participating nursing homes.

Response bias can also occur. This bias is due to the way a question is worded or the research instrument for capturing responses is designed and implemented resulting in the true answer not being recorded. The scale presented for nursing homes to record their level of progress was balanced to allow nursing homes report a true summary of their progress and the same scale was used across all questions and surveys to allow easy comparisons. (see summary of findings for complete description of scale). No concerns arose regarding response bias.

In overview there is strong confidence that the findings presented here represent the true picture of progress made by nursing homes in the time frame.



3.0 Summary of Findings



Summary of Findings

Nursing homes responded to three surveys. Each recommendation was explored using one or more prioritised questions. The responding nursing home was required to choose one of four descriptors to describe their progress at the time of survey completion. The descriptors were: fully implemented, substantially complete, work in progress, not commenced. The first (Survey 1) undertaken in November/December 2020 required nursing homes to detail the extent to which they had implemented 23 of the 40 recommendations set out in the COVID-19 Nursing Home Expert Panel Report. The second survey (Survey 2) undertaken in April/May 2021 required them to detail the extent to which they had implemented a further 12 of the 40 recommendations. Survey 3 (Oct/Nov 2021) was made up of all of the questions in both Survey 1 and 2 so as to assess the nursing homes progress with the implementation of recommendations, with the addition of 3 new questions.

The table below shows the percentage of responding nursing homes per survey who reported full implementation of each recommendation. The table allows you to see at a glance reported full implementation of the recommendations assessed in each survey and the comparison versus the benchmarks (November/December 2020 or April/May 2021) versus the follow up (October/November 2021). As in all tables colour coding is used to indicate where the findings are substantively or 'statistically significantly' different in Survey 3 (Oct/Nov 2021) vs. its appropriate comparator, Survey 1 (Nov/Dec 2020) or Survey 2 (April/May 2020) and the observed variance in the sample data is a real difference not simply due to chance.

Fully implemented by survey and recommendation						
	Survey 1 (Nov/Dec 2020)	Survey 3 (Oct/Nov 2021)		Survey 2 (Apr/May 2021)	Survey 3 (Oct/Nov 2021)	
No. of nursing homes:	317	284		255	284	
1. Public Health Measures						
Implementation of Recommendations re: Public Health measures not asked in Survey 1			Rec. 1.1: The provider has implemented enhanced public health measures to include <i>sourcing adequate supplies of PPE</i>	99% 252	97% 275	
			Rec. 1.1: The provider has implemented enhanced public health measures to include <i>preparedness planning</i> .	93% 236	88% 251	
			Rec. 1.1: The provider has implemented enhanced public health measures to include a <i>designated team</i> or at least one full-time staff member as lead for COVID-19 preparedness response	87% 222	93% ¹ 264	
			Rec. 1.1: The provider has implemented enhanced public health measures to include <i>contingency staffing teams</i>	73% 186	59% 168	
			Rec. 1.1: The provider has implemented enhanced public health measures to <i>include staff accommodation</i> .	64% 164	65% 184	
			Rec. 1.1: The accommodation includes provision for those who are <i>COVID-19 positive and/or self-isolating</i> .	63% 161	57% 161	

¹ Between surveys: Colour coding has been used throughout this report to indicate where the findings are substantively or 'statistically significantly' different in Survey 3 (Oct/Nov 2021) vs. its appropriate comparator, Survey 1 (Nov/Dec 2020) or Survey 2 (April/May 2020).

= Statistically significantly higher

= Statistically significantly lower

	Survey 1 (Nov/Dec 2020)		Survey 3 (Oct/Nov 2021)			Survey 2 (Apr/May 2021)		Survey 3 (Oct/Nov 2021)	
No. of nursing homes:	317		284			255		284	
2. Infection, prevention and control									
Rec. 2.2: The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan	76%	240	92%	261	Rec. 2.8: The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.	99%	253	99%	280
Rec. 2.1: The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home	75%	237	94%	266	Rec. 2.8: The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.	98%	250	98%	279
Recommendations re: Infection, prevention and control asked in Survey 1 are shown					Rec. 2.6: There are staff available in-house that can undertake COVID-19 test swabbing.	90%	229	93%	263
					Rec. 2.7: All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.	86%	220	77%	220
					Rec. 2.7: 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.	69%	177	73%	206
					Rec. 2.7: The provider has onsite access to a trained Infection Prevention and Control lead for each shift.	59%	150	63%	179
					Rec. 2.7: The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.	48%	122	64%	181
3. Outbreak management									
Rec. 3.4: Suspect cases and close contacts are isolated pending the results of rapid testing	98%	312	98%	278	Rec. 3.3: The provider has consistently sustained protocols for self-isolation, quarantine and cohorting.	92%	235	95%	270
Rec. 3.2: PPE is readily available.	97%	309	98%	278	Rec. 3.8: The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7	87%	275	91%	259
Rec. 3.2: There is onsite supervision on every shift to ensure PPE is being used correctly.	91%	290	91%	259	Recommendations re: outbreak management asked in Survey 2 shown				
Rec. 3.5: The provider has plans in place to isolate and cohort residents	91%	290	95%	269					
Rec. 3.2: Staff training in PPE use is documented.	88%	279	92%	262					
Rec. 3.5: The provider has the ability and space to isolate and cohort residents	85%	269	83%	235					
Rec. 3.6: The provider has access to safe staffing levels and the required skill set on every shift.	81%	258	80%	227					
Rec. 3.7: Social distancing facilities for residents and staff are in place and maintained	75%	238	89%	252					

	Survey 1 (Nov/Dec 2020)		Survey 3 (Oct/Nov 2021)			Survey 2 (Apr/May 2021)		Survey 3 (Oct/Nov 2021)	
No. of nursing homes:	317		284			255		284	
4. Future admissions to nursing homes									
Rec. 4.3: New residents are isolated according to HPSC protocol	98%	310	97%	276	Rec. 4.2: Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.	99%	252	99%	280
Rec. 4.1: 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.	95%	301	98%	277	Recommendations re: future admissions to nursing homes asked in Survey 2 shown				
5. Nursing home management									
Rec. 5.1: The provider maintains a log of all persons/staff entering nursing homes	97%	308	99%	281	Rec. 5.6: The provider has contract or agreed protocols in place with staff and agencies employed.	89%	228	87%	248
Rec. 5.8: The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff.	88%	279	89%	253	Rec. 5.6: The provider ensures that staff do not work across multiple sites.	89%	227	79%	223
Rec. 5.2: 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.	68%	216	82%	233	Rec. 5.3: The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification	76%	194	69%	195
Recommendations re: nursing home management asked in Survey 1 shown					Rec. 5.3: An education plan for each healthcare assistant is being developed or in place.	46%	118	57%	162
8. Clinical - General Practitioner lead roles on Community Support Teams and in Nursing Homes									
Implementation of Recommendations re: Clinical - General Practitioner lead roles on Community Support Teams and in Nursing Homes not asked in Survey 1					Rec. 8.6: A clinical governance oversight committee is established in the nursing home.	73%	186	82%	234
					Rec. 8.2: The provider has an arrangement with a GP to support general oversight and governance of the nursing home	62%	157	74%	209
9. Nursing Home Staffing/Workforce									
Rec. 9.2: The provider is assured that there is effective nursing leadership onsite to include contingency plans when absent.	93%	295	96%	273	In survey 3 responding nursing homes were asked to indicate the data collected to inform the quality and safety of care and outcomes for residents. See pages 110 and 111 for detailed question and response.				
10. Education - Discipline-Specific and Inter-disciplinary									
Implementation of Recommendations re: Education – Discipline-Specific and Inter-disciplinary not asked in Survey 1					Rec. 10.5: The provider has established a mandatory suite of continuing education for staff. **Please note that the wording of Q38 in Survey 3 was edited to assess which specialism(s) continuing education was facilitated See pages 115 and 116 for detailed question and response.	82%	209	n/a	n/a
					Rec. 10.2: The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.	49%	124	61%	173

	Survey 1 (Nov/Dec 2020)		Survey 3 (Oct/Nov 2021)			Survey 2 (Apr/May 2021)	Survey 3 (Oct/Nov 2021)
No. of nursing homes:	317		284			255	284
11. Palliative Care							
Rec. 11.2: All individual visiting assessments are documented in line with HSE and HPSC visiting guidance.	94%	297	94%	266			
Rec. 11.1: There are established and effective links with the Community Palliative Care Team in your catchment area.	86%	273	94%	267	An open question was posed in Survey 3 probing challenges/barriers to implementing visiting assessments. See pages 112 and 113 for detailed question and response.		
12. Visitors to nursing homes							
Rec. 12.3: End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures.	99%	315	99%	282	Implementation of Recommendations re: Visitors to nursing homes not asked in Survey 2		
Rec. 12.2: The provider has identified and addressed infrastructural adaptations required to facilitate visits.	74%	236	86%	244			
13. Communication							
Rec. 13.1 & 13.2: The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures.	88%	278	99%	280	Implementation of Recommendations re: Communications not asked in Survey 2		
Rec. 13.3: The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.	87%	276	97%	275			
Rec. 13.4: The provider has dedicated staff to facilitate and document social activities and communication for residents with family.	81%	258	92%	260			
15. A broader range of statutory care supports for Older People							
Rec. 15.4: Residents are aware of and are provided access to independent advocacy services.	79%	251	89%	252			
16. Regulatory Recommendations							
Implementation of Recommendations re: Regulatory Recommendations not asked in Survey 1					In survey 3 responding nursing homes were asked to indicate the data collected for regular reporting and operational management. See pages 110 and 111 for detailed question and response.		

Overview

A minimum of three quarters of the responding nursing home population reported full implementation of the majority of recommendations in Survey 3 (October/November 2021). Recommendations with fewer than 75% of the nursing home sample reporting full implementation in October/November 2021 were:

Rec. 1.1: The provider has implemented enhanced public health measures to include contingency staffing teams (59%)

Rec. 1.1: The provider has implemented enhanced public health measures to include staff accommodation.(65%)

Rec. 1.1: The accommodation includes provision for those who are COVID-19 positive and/or self-isolating. (57%)

Rec. 2.7: 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.(73%)

Rec. 2.7: The provider has onsite access to a trained Infection Prevention and Control lead for each shift. (63%)

Rec. 2.7: The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.(64%)

Rec. 5.3: The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification. (69%)

Rec. 5.3: An education plan for each healthcare assistant is being developed or in place.(57%)

Rec. 8.2: The provider has an arrangement with a GP to support general oversight and governance of the nursing home. (74%)

Rec. 10.2: The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.(61%)

In almost all cases where there was a difference between the benchmark survey and the follow up, there was an uplift in the proportion claiming to have implemented the recommendation in Survey 3 (Oct/Nov 2021).

Statistically significant uplifts noted between relevant benchmark and Survey 3 for following recommendations:

Rec. 1.1: 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

Rec. 2.1: The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home

Rec. 2.2: The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan

Rec. 2.7: The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.

Rec. 3.7: Social distancing facilities for residents and staff are in place and maintained

Rec. 5.2: 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.

Rec. 5.3: An education plan for each healthcare assistant is being developed or in place.

Rec. 8.2: The provider has an arrangement with a GP to support general oversight and governance of the nursing home

Rec. 8.6: A clinical governance oversight committee is established in the nursing home.

Rec. 10.2: The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.

Rec. 11.1: There are established and effective links with the Community Palliative Care Team in your catchment area.

Rec. 12.2: The provider has identified and addressed infrastructural adaptations required to facilitate visits.

Rec. 13.1 & 13.2: The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures.

Rec. 13.3: The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.

Rec. 13.4: The provider has dedicated staff to facilitate and document social activities and communication for residents with family.

Rec. 15.4: Residents are aware of and are provided access to independent advocacy services.

Three recommendations saw reduced reported implementation levels between the benchmark study and the follow up Survey 3 (Oct/Nov 2021), namely:

Rec. 1.1: The provider has implemented enhanced public health measures to include contingency staffing teams

Rec. 2.7: All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.

Rec. 5.6 The provider ensures that staff do not work across multiple sites.

In the following pages the overviewing findings is set out from questions explored with regard to recommendations under the naming themes.

1. Public Health Measures

Questions relating to public health measures were:

Rec. 1.1: The provider has implemented enhanced public health measures to include *sourcing adequate supplies of PPE*

Rec. 1.1: The provider has implemented enhanced public health measures to include *preparedness planning*.

Rec. 1.1: 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

Rec. 1.1: The provider has implemented enhanced public health measures to include *contingency staffing teams*

Rec. 1.1: The provider has implemented enhanced public health measures to *include staff accommodation*.

Rec. 1.1: The accommodation includes provision for those who are *COVID-19 positive and/or self-isolating*.

Reported full implementation of the six questions assessed with regard to Public Health Measures in April/May 2021 (Survey 2) and followed up in October/November 2021 (Survey 3) was variable across questions. Almost all nursing homes (99%) reported full implementation of *enhanced public health measures to include sourcing adequate supplies of PPE* in April/May 2021 as did a similar number (97%) in October/November of the same year. There was strong reporting also of *full implementation of measures to include preparedness planning* in April/May and October/November (93% and 88%) respectively.

Reported full implementation of the other public health measures assessed was lower in the April/May 2021 period. Reported full implementation of measures to *include staff accommodation and specifically accommodation which includes provision for those who are COVID-19 positive and/or self-isolating* was lowest for this theme at 64% and 63% respectively in April/May 2021 with no statistically significant change later in the year. Statutory nursing homes were statistically significantly more likely to have reported implementation of recommendations around staff accommodation generally and in particular for those with COVID 19 and isolating.

A positive movement was noted at a statistically significant level for *including a designated team or at least one full-time staff member as lead for COVID-19 preparedness response* (87% April/May 2021 vs 93% October/November 2021). Nursing homes with less than 40 beds were most likely to see an increase over time.

There was a negative movement at a statistical level noted for full implementation of measures to include *contingency staffing teams* (73% April/May 2021 vs 59% October/November 2021). Private nursing homes and those with 41-100 beds were most likely to see the decrease in the time period.

2. Infection, Prevention and Control

Questions relating to infection, prevention and control were:

Rec. 2.2: *The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan*

Rec. 2.1: *The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home*

Rec. 2.8: *The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.*

Rec. 2.8: *The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.*

Rec. 2.6: *There are staff available in-house that can undertake COVID-19 test swabbing*

Rec. 2.7: *All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.*

Rec. 2.7: *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.*

Rec. 2.7: *The provider has onsite access to a trained Infection Prevention and Control lead for each shift.*

Rec. 2.7: *The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.*

Assessment of progress around implementation of recommendations relating to infection, prevention and control was undertaken in November/December 2020, April/May 2021 and then followed up in October/November 2021.

Looking first at the feedback from the November/December 2020 survey, for the two recommendations assessed, namely that *the provider had a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan and/or that the provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home*, reported full implementation was strong at 76% and 75% respectively. Reported full implementation was statistically significantly higher for each of these recommendations also when next assessed in October/November 2021; 92% and 94% respectively.

There was much greater variability in reporting of full implementation of the remaining recommendations assessed in this grouping in April/May 2021 and again in October/November 2021.

There was almost total claimed full implementation of the recommendations around PPE. Ninety eight percent or more reported in April/May and in October/November 2021 that they had *an emergency supply of PPE and other COVID-19 related equipment and /or had access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE*.

Ninety percent reported that they had fully implemented the recommendation that *staff were available in-house to undertake COVID-19 test swabbing in April/May* and this proportion was relatively unchanged in October/November 2021.

Eight six percent reported that *all staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training in April/May 2021* although this proportion had reduced to 77% by October/November 2021.

Lesser numbers reported in April/ May 2021 that they had fully implemented the final recommendations in this grouping; 69% reported full implementation of the recommendation around *ensuring documentary assurance that all agency staff has had the requisite Infection Prevention and Control (IPC) (including PPE) training before engaging their services*; 59% reported that the *provider had onsite access to a trained Infection Prevention and Control lead for each shift*, 48% reported they the *provider and staff had accessed 'train the*

trainers' infection control' training programme approved by the HSE. There was a statistically significant uplift in the proportion reporting that they had *accessed the train the trainers infection control programme* in October/November 2021.

3. Outbreak management

Questions relating outbreak management were:

Rec. 3.4: Suspect cases and close contacts are isolated pending the results of rapid testing

Rec. 3.2: PPE is readily available.

Rec. 3.2: There is onsite supervision on every shift to ensure PPE is being used correctly.

Rec. 3.5: The provider has plans in place to isolate and cohort residents

Rec. 3.2: Staff training in PPE use is documented.

Rec. 3.5: The provider has the ability and space to isolate and cohort residents

Rec. 3.6: The provider has access to safe staffing levels and the required skill set on every shift.

Rec. 3.7: Social distancing facilities for residents and staff are in place and maintained

Rec. 3.3: The provider has consistently sustained protocols for self-isolation, quarantine and cohorting.

Rec. 3.8: The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7

Benchmark assessment of progress with regard to recommendations around outbreak management was mostly undertaken in November/December 2020 with two recommendations benchmarked in April/May 2021. There was very little variability between reported full implementation of these recommendations between either the November/December 2020 survey or the April/May 2021 survey and the follow up survey in Oct/Nov 2021. There was one statistically significant uplift in the results between the benchmarking scores and October/December 2021 namely with regard to recommendation 3.7: *Social distancing facilities for residents and staff are in place and maintained*. Seventy five percent of all nursing homes claimed to have fully

implemented this recommendation in November/December 2020 and this increased to 89% in the follow up in October/November 2021.

More than four in five of all nursing homes reported full implementation of all other recommendations in this grouping either in November/December 2020 or April/May 2021. There was strongest claimed full implementation of the recommendations around; *isolation of suspect cases and close contacts pending results of rapid testing* (98% November/December 2020 vs. 98% October/November 2021); *PPE is readily available* (97% November/December 2020 vs. 98% October/November 2021); *provider has consistently sustained protocols for self-isolation, quarantining and cohorting* (92% April/May 2021 vs. 95% October/November 2021).

4. Future admissions to nursing homes

Questions relating to future admissions to nursing homes were :

Rec. 4.3: New residents are isolated according to HPSC protocol

Rec. 4.1: 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.

Rec. 4.2: Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.

Reported full implementation of recommendations for this grouping were very high. More than 95% claimed full implementation of all of these recommendations, *namely new residents are isolated according to HPSC protocol, provider has access to COVID -19 test results for all new residents and admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure no risk of onward infection*. There was no statistically significant difference between claimed full implementation of these recommendations between benchmark and follow up surveys.

5. Nursing home management

Questions relating to nursing home management were:

Rec. 5.1: The provider maintains a log of all persons/staff entering nursing homes

Rec. 5.8: The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff.

Rec. 5.2: 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.

Rec. 5.6: The provider has contract or agreed protocols in place with staff and agencies employed.

Rec. 5.6: The provider ensures that staff do not work across multiple sites.

Rec. 5.3: The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification

Rec. 5.3: An education plan for each healthcare assistant is being developed or in place

There was quite a lot of variability in reported full implementation of the recommendations assessed with regard to nursing home management. In the benchmark survey, November/December 2020, 97% claimed that they *maintain a log of all persons/staff entering nursing homes* and 88% claimed they *facilitate access to necessary supports for all staff* but a much lower proportion (68%) claimed they had *a clear written back-up (contingency) plan to maintain a safe service when staff cannot work or fail to turn up for work*. There was a statistically significant uplift in reported full implementation of this latter recommendation to 82% in the October/November 2021 follow up survey but no impact no real movement on the other two recommendations.

With regard to the recommendations benchmarked in April/May 2021, there was also a high degree of variability in their reported full implementation. Just 46% claimed to have *an education plan in place for each healthcare assistant* although this had increased to 57% by October/November 2021. Seventy six percent reported *ensuring that new HCAs have a relevant QQI level 5 qualification* with no real change in the later survey. There was most agreement in the April/May 2021 survey that *the provider ensures that staff do not work across multiple sites and that the provider has contract or agreed protocols in place with staff and agencies employed* (89% respectively). Reported full implementation of the recommendation that staff do not work across multiple sites had reduced at a statistically significant level by October/November 2021.

8. Clinical - General Practitioner lead roles on Community Support Teams and in Nursing Homes

Questions explored here were:

Rec. 8.6: A clinical governance oversight committee is established in the nursing home.

Rec. 8.2: The provider has an arrangement with a GP to support general oversight and governance of the nursing home

Both recommendations were benchmarked in the April/May 2021 survey. In the April/May 2021 survey, seventy three percent of responding nursing homes claimed that they had fully implemented the recommendation to *establish a clinical oversight committee in the nursing home* and 62% reported they had *an arrangement with a GP to support general oversight and governance*. In the follow up survey in October/November 2021 claimed full implementation of both of these recommendations had increased at a statistically significant level. Nursing homes with more than 100 beds were most likely to claim they had implemented both these measures in Oct/Nov 2021. Statutory and smaller nursing homes, (0-40 beds) were statistically significantly more likely to claim they had implemented an arrangement with a GP.

9. Nursing home staffing/workforce

Just one recommendation was assessed here:

Rec 9.2 the provider is assured that there is effective nursing leadership onsite to include contingency plans when absent.

Ninety three percent reported full implementation of this recommendation in November/December 2020 and 96% reported the same in October/November 2021. In survey 3 responding nursing homes were asked to indicate the data collected to inform the quality and safety of care and outcomes for residents. See pages 98 and 99 for detailed question and response.

10. Education - Discipline-Specific and Inter-disciplinary

Two recommendations were assessed with regard to education;

Recommendation 10.2: The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.

Recommendation 10.5: The provider has established a mandatory suite of continuing education for staff.

In Survey 2 (April/May 2021) 49% of responding nursing homes reported that they had fully implemented the recommendation re: wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes. This had increased to 61%, a statistically significant uplift, by October/November 2021. In the April/May 2021 survey 82% responded that they had fully implemented the recommendation to establish a mandatory suite of continuing education for staff. In survey 3 the question was modified to assess the particular areas of care continuing education was facilitated. Infection control was the most popularly cited specialism (98%), Dementia care next at (78%), end of life care (73%), Palliative care (61%)

11. Palliative Care

Questions relating to palliative care were:

Rec. 11.2: All individual visiting assessments are documented in line with HSE and HPSC visiting guidance.

Rec. 11.1: There are established and effective links with the Community Palliative Care Team in your catchment area.

Both questions were benchmarked in the November/December 2020 survey. At that time, 94% of responding nursing homes claimed that they had fully implemented the recommendation *that all individual visiting assessments are documented in line with HSE and HPSC visiting guidance* and a further 86% claimed that they *had established and effective links with the Community Palliative Care Team in their catchment area*. There was a statistically significant uplift in reporting of full implementation of this second recommendation by the October/November 2021 survey. In the October/November 2021 study (Survey 3) participating nursing homes were asked to name the challenges and barriers to implementing visiting assessments.

Seven in ten (73%) of surveyed nursing homes reported no challenges or barriers to implementing visiting assessments in the nursing homes. Eight percent reported staff resources, which was followed by visitor non-compliance (6%) and lack of resources such as having enough space (4%).

12. Visitors to nursing homes

Questions relating to visitors to nursing homes were:

Rec. 12.3: End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures.

Rec. 12.2: The provider has identified and addressed infrastructural adaptations required to facilitate visits.

Almost all nursing homes reported full implementation of the recommendation *that End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures* in the benchmark survey of October/November 2020 (99%) and in the follow up in October/November 2021 (99%) In the benchmark survey 74% reported that they had *identified and addressed infrastructural adaptations required to facilitate visits*. The proportion reporting full implementation of this recommendation had increased to 86%, a statistical significant uplift by October/November 2021.

13. Communication

Questions relating to visitors to nursing homes were:

Rec. 13.1 & 13.2: The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures

Rec. 13.3: The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.

Rec. 13.4: The provider has dedicated staff to facilitate and document social activities and communication for residents with family.

There was statistically significant uplift in the proportion of nursing homes reporting full implementation of all the recommendations assessed in this grouping in October/November 2021 (Survey 3) vs. the benchmark in November/December 2020 (Survey 1).

Eighty eight percent claimed in November/December 2020 that they had *ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures*, this had increased to 99% in October/November 2021. Eight seven percent of nursing homes reported in November/December 2020 that they *ensure communication pathways are maintained and/or enhanced through technology solutions* (E.g. tablets, WiFi or otherwise) for residents and their families. This had increased to 97% by October/November 2021. Eighty one percent reported they had *dedicated staff to facilitate and document social activities and communication for residents with family*. This had increased to 92% in October/November 2021.

15. A broader range of statutory supports for older people

Just one question was explored here:

Rec. 15.4: Residents are aware of and are provided access to independent advocacy services.

There was a statistically significant uplift in the proportion claiming they had fully implemented a recommendation to *ensure that residents are aware of and are provided access to independent advocacy services* in November /December 2021 79%) as compared to October/November 2021 (89%)

16. Regulatory recommendations

In survey 3 (October/November 2021) participating nursing homes were questioned as to the *data collected for regular reporting and operational management*.

The vast majority of nursing homes surveyed claimed to collect at least some operational data (97%). Most popularly reported collected were resident numbers (95%), bed occupancy levels (95%) and staffing numbers (94%), but collection of staffing vacancies, full time equivalents, staffing qualifications, role and grade of staff as well as resident demographics and use of agency/overtime hours were all common for more than three quarters of nursing homes. Statutory and Voluntary providers are statistically significantly more likely to collect data in these areas while those with more than 100 beds are more likely to collect data for resident numbers and bed occupancy levels.



4.0 The Findings





4.1 The Findings: Public Health Measures



Enhanced Public Health Measures - Sourcing PPE Supplies - Recommendation 1.1

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	99% 252	97% 275	98% 154	96% 201	100% 92	98% 62	100% 6	<u>100%</u> 12	98% 95	95% 76	99% 134	98% 170	100% 23	97% 29
Substantially complete	1% 2	2% 5	1% 2	2% 5	- -	- -	- -	- -	1% 1	3% 2	1% 1	2% 3	- -	- -
Work in progress	- -	1% 4	- -	1% 3	- -	2% 1	- -	- -	- -	3% 2	- -	1% 1	- -	3% 1
Not commenced	0% 1	- -	1% 1	- -	- -	- -	- -	- -	1% 1	- -	- -	- -	- -	- -

Q2(S2)/Q2(S3). The provider has implemented enhanced public health measures to include sourcing adequate supplies of PPE.

Nearly all (99%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented enhanced public health measures to include sourcing adequate supplies of PPE while one percent reported they had the work substantially complete at that time.

When surveyed in Survey 3 (October/November 2021) 97% of nursing homes reported they had fully implemented the sourcing of adequate supplies of PPE. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (2%) or a work in progress (1%). Voluntary nursing homes were statistically significantly more likely to have fully implemented enhanced public health measures to include sourcing adequate supplies of PPE in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	99% 252	97% 275	100% 34	100% 31	100% 39	96% 24	97% 36	92% 35	97% 32	97% 29	97% 31	98% 40	100% 14	89% 25	100% 16	100% 33	100% 31	100% 33	100% 19	100% 25		
Substantially complete	1% 2	2% 5	- - - -	- - - -	- - - -	4% 1	3% 1	5% 2	3% 1	3% 1	- - - -	- - - -	- - - -	4% 1	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -		
Work in progress	- -	1% 4	- - - -	- - - -	- - - -	- - - -	- - - -	3% 1	- - - -	- - - -	- - - -	2% 1	- - - -	7% 2	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -		
Not commenced	0% 1		- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	3% 1	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -		

Q2(S2)/Q2(S3). The provider has implemented enhanced public health measures to include sourcing adequate supplies of PPE.

CHOs 1, 7, 8 and 9 were statistically significantly more likely to have fully implemented enhanced public health measures to include sourcing adequate supplies of PPE in Survey 3 (October/November 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to the fully implementing the sourcing adequate supplies of PPE.

Enhanced Public Health Measures – Preparedness Planning – Recommendation 1.1

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	93% 236	88% 251	89% 140	86% 180	98% 90	97% 61	100% 6	83% 10	92% 89	86% 69	93% 126	90% 157	91% 21	83% 25
Substantially complete	7% 17	11% 30	10% 15	13% 27	2% 2	2% 1	- -	17% 2	8% 8	13% 10	5% 7	9% 16	9% 2	13% 4
Work in progress	1% 2	1% 3	1% 2	1% 2	- -	2% 1	- -	- -	- -	1% 1	1% 2	1% 1	- -	3% 1
Not commenced	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

Q6(S2)/Q6(S3). The provider has implemented enhanced public health measures to include preparedness planning.

Just over 9 in 10 (93%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented enhanced public health measures to include preparedness planning. Seven percent reported the work was substantially complete at that time and 1% reported that it was a work in progress. Statutory and Voluntary nursing homes were statistically significantly more likely to have fully implemented enhanced public health measures to include preparedness planning in Survey 2.

When surveyed in Survey 3 (October/November 2021) 88% of nursing homes reported they had fully implemented preparedness planning. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (11%) or a work in progress (1%). Statutory nursing homes were statistically significantly more likely to have fully implemented enhanced public health measures to include preparedness planning in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	93% 236	88% 251	100% 34	94% 29	87% 34	84% 21	92% 34	82% 31	88% 29	90% 27	88% 28	93% 38	100% 14	89% 25	94% 15	85% 28	100% 31	91% 30	89% 17	88% 22		
Substantially complete	7% 17	11% 30	- - 6% 2	13% 5 16% 4	8% 3 13% 5	9% 3 10% 3	13% 4 5% 2	- - 11% 3	- - 15% 5	- - 9% 3	11% 2 12% 3											
Work in progress	1% 2	1% 3	- - - -	- - - -	- - 5% 2	3% 1 - -	- - 2% 1	- - - -	6% 1 - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -			
Not commenced	- -	- -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -			

Q6(S2)/Q6(S3). The provider has implemented enhanced public health measures to include preparedness planning.

CHOs 1, 6 and 8 were statistically significantly more likely to have fully implemented enhanced public health measures to include preparedness planning in Survey 2 (April/May 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing enhanced public health measures to include preparedness planning.

Enhanced Public Health Measures - Leads for COVID-19 Preparedness Response – Recommendation 1.1

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	87% 222	93% 264	87% 137	91% 191	87% 80	97% 61	83% 5	100% 12	85% 82	94% 75	89% 120	93% 162	87% 20	90% 27
Substantially complete	10% 25	5% 15	10% 15	7% 14	11% 10	2% 1	- -	- -	12% 12	3% 2	7% 10	6% 10	13% 3	10% 3
Work in progress	3% 7	1% 4	3% 4	1% 3	2% 2	2% 1	17% 1	- -	3% 3	4% 3	3% 4	1% 1	- -	- -
Not commenced	0% 1	0% 1	1% 1	0% 1	- -	- -	- -	- -	- -	- -	1% 1	1% 1	- -	- -

Q1(S2)/Q1(S3). 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.

Nearly 9 in 10 (87%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully 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. Ten percent reported they had the work substantially complete at that time and 3% reported that it was a work in progress.

When surveyed in Survey 3 (October/November 2021) 93% of nursing homes reported they had fully implemented a designated team or staff member as lead for its COVID-19 response, a statistically significant increase as compared with Survey 2 (April/May 2021). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (5%) or a work in progress (1%). Voluntary nursing homes were statistically significantly more likely to have fully implemented a designated team or staff member as lead for its COVID-19 response in Survey 3.

Statistically significant uplifts in reporting of the designated team/full-time staff member as a lead for COVID-19 preparedness response being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for nursing homes with 0-40 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	87% 222	93% 264	97% 33	97% 30	79% 31	92% 23	84% 31	89% 34	82% 27	87% 26	84% 27	90% 37	100% 14	93% 26	94% 15	97% 32	90% 28	100% 33	84% 16	92% 23		
Substantially complete	10% 25	5% 15	3% 1	- -	18% 7	8% 2	16% 6	8% 3	15% 5	10% 3	3% 1	5% 2	- -	7% 2	6% 1	3% 1	6% 2	- -	11% 2	8% 2		
Work in progress	3% 7	1% 4	- -	3% 1	3% 1	- -	- -	3% 1	3% 1	- -	9% 3	5% 2	- -	- -	- -	- -	3% 1	- -	5% 1	- -		
Not commenced	0% 1	0% 1	- -	- -	- -	- -	- -	- -	- -	3% 1	3% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -		

Q1(S2)/Q1(S3). 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.

CHOs 1 and 6 were statistically significantly more likely to have fully 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 in Survey 1 (November/December 2020) while CHO 8 was more likely to have fully implemented this in Survey 3 (October/November 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to the full implementation of enhanced public health measures to include a designated team or at least one full-time staff member as lead for COVID-19 preparedness response.

Enhanced Public Health Measures – Contingency Staffing Teams – Recommendation 1.1

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL			Provider Type										No. of Registered Beds														
				Private				Statutory				Voluntary				0-40				41-100				More than 100				
	April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284		157	209		92	63		6*	12*		97	80		135	174		23*	30*								
Fully implemented	73% 186	59% 168		71% 112	51% 107		76% 70	83% 52		67% 4	75% 9		68% 66	59% 47		76% 103	57% 99		74% 17	73% 22								
Substantially complete	16% 40	26% 74		15% 24	30% 62		15% 14	16% 10		33% 2	17% 2		18% 17	26% 21		14% 19	28% 49		17% 4	13% 4								
Work in progress	11% 27	13% 38		13% 20	17% 36		8% 7	2% 1		- -	8% 1		12% 12	15% 12		10% 13	13% 22		9% 2	13% 4								
Not commenced	1% 2	1% 4		1% 1	2% 4		1% 1	- -		- -	- -		2% 2	- -		- -	2% 4		- -	- -								

Q5(S2)/Q5(S3). The provider has implemented enhanced public health measures to include contingency staffing teams.

Nearly three quarters (73%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented enhanced public health measures to include contingency staffing teams. Sixteen percent reported they had the work substantially complete at that time and 11% reported that it was a work in progress. One percent reported that they had not yet commenced work in this area.

When surveyed in Survey 3 (October/November 2021) 59% of nursing homes reported they had fully implemented contingency staffing teams, a statistically significant decrease as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (26%), a work in progress (13%) or not yet commenced (1%). Statutory nursing homes were statistically significantly more likely to have fully implemented enhanced public health measures to include contingency staffing teams in Survey 3.

Statistically significant decreases in reporting of contingency staffing teams being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	73% 186	59% 168	85% 29	65% 20	64% 25	52% 13	62% 23	53% 20	67% 22	70% 21	75% 24	63% 26	71% 10	43% 12	88% 14	64% 21	81% 25	64% 21	74% 14	56% 14		
Substantially complete	16% 40	26% 74	6% 2	29% 9	10% 4	24% 6	24% 9	32% 12	30% 10	13% 4	16% 5	22% 9	21% 3	25% 7	13% 2	30% 10	3% 1	27% 9	21% 4	32% 8		
Work in progress	11% 27	13% 38	6% 2	6% 2	23% 9	24% 6	14% 5	16% 6	3% 1	17% 5	9% 3	15% 6	7% 1	25% 7	- -	6% 2	16% 5	6% 2	5% 1	8% 2		
Not commenced	1% 2	1% 4	3% 1	- -	3% 1	- -	- -	- -	- -	- -	- -	- -	- -	7% 2	- -	- -	- -	3% 1	- -	4% 1		

Q5(S2)/Q5(S3). The provider has implemented enhanced public health measures to include contingency staffing teams.

CHOs 1 and 7 were statistically significantly less likely to have fully implemented enhanced public health measures to include contingency staffing teams in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).

Enhanced Public Health Measures – Staff Accommodation – Recommendation 1.1

Base: All nursing homes that completed the survey – N=255

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	64% 164	65% 184	55% 87 58% 122	<u>78%</u> <u>72</u> <u>89%</u> <u>56</u>	83% 5 50% 6	65% 63 63% 50	61% 83 63% 109	78% 18 <u>83%</u> <u>25</u>						
Substantially complete	21% 54	18% 51	27% 43 22% 45	<u>12%</u> <u>11</u> <u>6%</u> <u>4</u>	- - 17% 2	15% 15 16% 13	27% 37 21% 36	9% 2 <u>7%</u> <u>2</u>						
Work in progress	6% 16	6% 17	10% 15 7% 14	<u>1%</u> <u>1</u> 3% 2	- - 8% 1	8% 8 6% 5	4% 6 6% 11	9% 2 3% 1						
Not commenced	8% 21	11% 32	8% 12 13% 28	9% 8 <u>2%</u> <u>1</u>	17% 1 25% 3	11% 11 15% 12	7% 9 10% 18	4% 1 7% 2						

Q3(S2)/Q3(S3). The provider has implemented enhanced public health measures to include staff accommodation.

Nearly two thirds (64%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented enhanced public health measures to include staff accommodation. Twenty one percent reported they had the work substantially complete at that time and 6% reported that it was a work in progress. Eight percent reported that they had not yet commenced this work. Statutory nursing homes were statistically significantly more likely to have fully implemented enhanced public health measures to include staff accommodation in Survey 2.

When surveyed in Survey 3 (October/November 2021) 65% of nursing homes reported they had fully implemented their staff accommodation. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (18%), a work in progress (6%) or not yet commenced (11%). Statutory nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented enhanced public health measures to include staff accommodation in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																					
			1		2		3		4		5		6		7		8		9					
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021				
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*				
Fully implemented	64% 164	65% 184	76% 26	71% 22	62% 24	60% 15	54% 20	61% 23	67% 22	63% 19	50% 16	61% 25	71% 10	54% 15	81% 13	70% 23	71% 22	79% 26	58% 11	64% 16				
Substantially complete	21% 54	18% 51	18% 6	19% 6	15% 6	20% 5	32% 12	26% 10	12% 4	17% 5	31% 10	15% 6	21% 3	11% 3	13% 2	24% 8	19% 6	12% 4	26% 5	16% 4				
Work in progress	6% 16	6% 17	6% 2	6% 2	8% 3	4% 1	8% 3	8% 3	3% 1	3% 1	9% 3	10% 4	7% 1	11% 3	- -	3% 1	- -	3% 1	16% 3	4% 1				
Not commenced	8% 21	11% 32	- -	3% 1	15% 6	16% 4	5% 2	5% 2	18% 6	17% 5	9% 3	15% 6	- -	25% 7	6% 1	3% 1	10% 3	6% 2	- -	16% 4				

Q3(S2)/Q3(S3). The provider has implemented enhanced public health measures to include staff accommodation.

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing enhanced public health measures to include staff accommodation.

Accommodation caters for those with COVID-19 and/or Self-Isolating – Recommendation 1.1

Base: All nursing homes that completed the survey – N=255/n=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	63% 161	57% 161	54% 84	51% 107	<u>78%</u> 72	<u>79%</u> 50	83% 5	33% 4	65% 63	56% 45	59% 80	53% 92	78% 18	<u>80%</u> 24
Substantially complete	20% 51	18% 52	27% 42	22% 47	<u>10%</u> 9	<u>5%</u> 3	- -	17% 2	14% 14	13% 10	26% 35	23% 40	9% 2	<u>7%</u> 2
Work in progress	7% 19	9% 26	11% 18	9% 19	= =	8% 5	17% 1	17% 2	8% 8	10% 8	7% 9	9% 16	9% 2	7% 2
Not commenced	9% 24	16% 45	8% 13	17% 36	12% 11	8% 5	- -	33% 4	12% 12	21% 17	8% 11	15% 26	4% 1	7% 2

Q4(S2)/Q4(S3). The accommodation includes provision for those who are COVID-19 positive and/or self-isolating.

Nearly two thirds (63%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented the provision of accommodation for those who are COVID-19 positive and/or self-isolating. Twenty percent reported they had the work substantially complete at that time and 7% reported that it was a work in progress. Nine percent had not yet commenced work in this area. Statutory nursing homes were statistically significantly more likely to have fully implemented the provision of accommodation for those who are COVID-19 positive and/or self-isolating in Survey 2.

When surveyed in Survey 3 (October/November 2021) 57% of nursing homes reported they had fully implemented accommodation for those who have COVID-19 or are self-isolating. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (18%), a work in progress (9%) or not yet commenced (16%). Statutory nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented the provision of accommodation for those who are COVID-19 positive and/or self-isolating in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																							
			1		2		3		4		5		6		7		8		9							
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021						
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*						
Fully implemented	63% 161	57% 161	71% 24	61% 19	69% 27	40% 10	51% 19	53% 20	67% 22	60% 18	50% 16	49% 20	79% 11	50% 14	88% 14	70% 23	61% 19	67% 22	47% 9	60% 15						
Substantially complete	20% 51	18% 52	21% 7	19% 6	10% 4	24% 6	27% 10	26% 10	12% 4	17% 5	28% 9	22% 9	14% 2	11% 3	6% 1	15% 5	26% 8	18% 6	32% 6	8% 2						
Work in progress	7% 19	9% 26	6% 2	10% 3	8% 3	8% 2	8% 3	13% 5	6% 2	7% 2	16% 5	10% 4	7% 1	4% 1	-	-	9% 3	-	-	3% 1	16% 3	20% 5				
Not commenced	9% 24	16% 45	3% 1	10% 3	13% 5	28% 7	14% 5	8% 3	15% 5	17% 5	6% 2	20% 8	-	-	36% 10	6% 1	6% 2	13% 4	12% 4	5% 1	12% 3					

Q4(S2)/Q4(S3). The accommodation includes provision for those who are COVID-19 positive and/or self-isolating.

CHOs number 7 was statistically significantly more likely to have fully implemented the provision of accommodation for those who are COVID-19 positive and/or self-isolating in Survey 1 (November/December 2020).

CHOs numbers 2 and 6 were statistically significantly less likely to have fully implemented the provision of accommodation for those who are COVID-19 positive and/or self-isolating in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).



4.2 The Findings: Infection, Prevention and Control



Preparedness and Contingency (Survey 1 vs. Survey 3)

Outbreak Management Plan – Recommendation 3.8

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	87% 275	91% 259	83% 186	90% 188	95% 78	97% 61	100% 11	83% 10	83% 99	89% 71	88% 135	94% 163	91% 41	83% 25
Substantially Complete	12% 39	8% 22	16% 35	9% 18	5% 4	3% 2	- -	17% 2	15% 18	9% 7	12% 18	6% 10	7% 3	17% 5
Work in Progress	1% 3	1% 3	1% 3	1% 3	- -	- -	- -	- -	2% 2	3% 2	- -	1% 1	2% 1	- -

Q7(S1)/Q19(S3). The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7

Nearly 9 in 10 (87%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented written plans for outbreak management as described by Recommendation 3.1 to 3.7 as part of their preparedness plan. Twelve percent reported they had the work substantially complete at that time and only 1% reported it was a work in progress. Statutory and Voluntary nursing homes were statistically significantly more likely to have fully implemented written plans for outbreak management as part of their preparedness plan in Survey 1.

When surveyed in Survey 3 (October/November 2021) 91% of nursing homes reported they had fully implemented the written plans for outbreak management. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (8%) or a work in progress (1%). Statutory nursing homes were statistically significantly more likely to have fully implemented written plans for outbreak management as part of their preparedness plan in Survey 3.

Statistically significant uplifts in reporting of written plans for outbreak management being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	87% 275	91% 259	88% 30	97% 30	79% 33	80% 20	84% 27	89% 34	83% 35	93% 28	87% 40	98% 40	100% 25	82% 23	90% 26	91% 30	83% 30	94% 31	94% 29	92% 23
Substantially Complete	12% 39	8% 22	12% 4	3% 1	21% 9	16% 4	9% 3	8% 3	17% 7	7% 2	11% 5	2% 1	- -	14% 4	10% 3	9% 3	17% 6	6% 2	6% 2	8% 2
Work in Progress	1% 3	1% 3	- -	- -	- -	4% 1	6% 2	3% 1	- -	- -	2% 1	- -	- -	4% 1	- -	- -	- -	- -	- -	- -

Q7(S1)/Q19(S3). The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7

CHO 5 was statistically significantly more likely to have fully implemented written plans for outbreak management as part of their preparedness plan in Survey 1 (November/December 2020), while Community Healthcare Organisation's number 5 was more likely to have fully implemented written plans for outbreak management in Survey 3 (October/November 2021).

CHO 6 was statistically significantly less likely to have fully implemented written plans for outbreak management as part of their preparedness plan in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Infection Prevention & Control – Recommendation 2.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	43	30
Fully Implemented	76% 240	92% 261	74% 166	91% 190	79% 65	95% 60	82% 9	92% 11	74% 74	93% 75	75% 115	92% 160	82% 37	90% 27
Substantially Complete	18% 58	7% 19	19% 43	7% 15	17% 14	5% 3	9% 1	8% 1	19% 5	6% 2	19% 29	6% 11	13% 6	10% 3
Work in Progress	6% 19	1% 4	7% 15	2% 4	4% 3	- -	9% 1	- -	7% 1	1% 3	6% 9	2% 3	14% 2	- -
Not commenced	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

Q1(S1)/Q7(S3). The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan.

Three quarters (76%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented a clear Infection Prevention and Control (IPC) strategy as part of their preparedness plan. Eighteen percent reported they had the work substantially complete at that time and 6% reported implementing that a clear IPC strategy was a work in progress. When surveyed in Survey 3 (October/November 2021) 92% of nursing homes reported they had fully implemented a clear IPC strategy, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (7%) or that the IPC strategy was a work in progress (2%).

Statistically significant uplifts in reporting of the IPC work being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 0-40 and 41-100 beds.

[Light grey] = Number of responses	TOTAL				CHO																															
					1				2				3				4				5				6				7				8			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021								
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*																
Fully Implemented	76% 240	92% 261	76% 26	94% 29	64% 27	96% 24	84% 27	92% 35	74% 31	97% 29	72% 33	93% 38	84% 21	93% 26	79% 23	88% 29	72% 26	91% 30	84% 26	84% 21																
Substantially Complete	18% 58	7% 19	18% 6	6% 2	24% 10	4% 1	13% 4	5% 2	21% 9	- -	24% 11	7% 3	12% 3	7% 2	14% 4	6% 2	22% 8	9% 3	10% 3	16% 4																
Work in Progress	6% 19	1% 4	6% 2	- -	12% 5	- -	3% 1	3% 1	5% 2	3% 1	4% 2	- -	4% 1	- -	7% 2	6% 2	6% 2	- -	6% 2	- -																
Not commenced	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -																

Q1(S1)/Q7(S3). The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan.

CHO numbers 1, 2, 4, 5 and 8 were all statistically significantly more likely to have fully implemented an IPC strategy in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Preparedness Plan – Recommendation 2.1

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	75% 237	94% 266	71% 159	93% 194	87% 71	95% 60	64% 7	100% 12	86% 102	93% 74	69% 105	95% 165	67% 30	90% 27
Substantially Complete	22% 70	5% 14	25% 56	6% 13	13% 11	2% 1	27% 3	- -	12% 14	6% 5	27% 42	4% 7	31% 14	7% 2
Work in Progress	2% 5	1% 4	2% 4	1% 2	- -	3% 2	9% 1	- -	2% 2	1% 1	1% 2	1% 2	2% 1	3% 1
Not commenced	2% 5	- -	2% 5	- -	- -	- -	- -	- -	1% 1	- -	3% 4	- -	- -	- -

Q2(S1)/Q14(S3). The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home.

Three quarters (75%) of nursing homes surveyed in Survey 1 (November/December 2020) reported that they had fully implemented the management of entrances and exits to facilitate zoning in the nursing home as part of their preparedness plan. A fifth (22%) reported they had the work substantially complete at that time and 2% reported it was a work in progress. Two percent had not yet commenced work on the management of entrances/exits. Statutory nursing homes and those with 0-40 beds were statistically significantly more likely to have fully implemented the management of entrances/exits in Survey 1.

When surveyed in Survey 3 (October/November 2021), 94% of nursing homes reported that they had fully implemented the management of entrances and exits to facilitate zoning, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (5%) or a work in progress (1%). Voluntary nursing homes were statistically significantly more likely to have fully implemented the management of entrances/exits in Survey 3.

Statistically significant uplifts in reporting of the management of entrances and exits to facilitate zoning being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 41-100 beds and more than 100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	75% 237	94% 266	82% 28	97% 30	76% 32	88% 22	75% 24	92% 35	69% 29	93% 28	80% 37	98% 40	80% 20	93% 26	76% 22	91% 30	75% 27	97% 32	58% 18	92% 23		
Substantially Complete	22% 70	5% 14	12% 4	3% 1	24% 10	8% 2	22% 7	8% 3	26% 11	7% 2	17% 8	2% 1	12% 3	4% 1	24% 7	6% 2	22% 8	- -	39% 12	8% 2		
Work in Progress	2% 5	1% 4	3% 1	- -	- -	4% 1	3% 1	- -	2% 1	- -	- -	- -	4% 1	4% 1	- -	3% 1	- -	3% 1	3% 1	- -		
Not commenced	2% 5	- -	3% 1	- -	- -	- -	- -	- -	2% 1	- -	2% 1	- -	4% 1	- -	- -	- -	3% 1	- -	- -	- -		

Q2(S1)/Q14(S3). The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home.

CHOs 1, 4, 5, 8 and 9 were all statistically significantly more likely to have fully implemented the management of entrances and exits to facilitate zoning as part of their preparedness plan in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Emergency Supply of PPE & COVID-19 related Equipment – Recommendation 2.8

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	99% 253	99% 280	99% 156	99% 206	99% 91	98% 62	100% 6	<u>100% 12</u>	100% 97	99% 79	99% 134	99% 172	96% 22	97% 29
Substantially complete	1% 2	1% 3	1% 1	1% 3	1% 1	- -	- -	- -	- -	1% 1	1% 1	1% 2	4% 1	- -
Work in progress	- -	0% 1	- -	- -	- -	2% 1	- -	- -	- -	- -	- -	- -	- -	3% 1

Q12(S2)/Q13(S3). The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.

Nearly all (99%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster while 1% reported they had the work substantially complete at that time.

When surveyed in Survey 3 (October/November 2021) 99% of nursing homes reported they had fully implemented an emergency supply of PPE and other COVID-19 related equipment. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (1%). Voluntary nursing homes were statistically significantly more likely to have fully implemented an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*
Fully implemented	99% 253	99% 280	100% 34	<u>100%</u> <u>31</u>	100% 39	<u>100%</u> <u>25</u>	97% 36	95% 36	97% 32	<u>100%</u> <u>30</u>	100% 32	<u>100%</u> <u>41</u>	100% 14	<u>100%</u> <u>28</u>	100% 16	94% 31	100% 31	<u>100%</u> <u>33</u>	100% 19	<u>100%</u> <u>25</u>
Substantially complete	1% 2	1% 3	- - - -	- - - -	- - - -	3% 1	3% 1	3% 1	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	6% 2	- - - -	- - - -	- - - -	- - - -
Work in progress	- -	0% 1	- - - -	- - - -	- - - -	- - - -	3% 1	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -

Q12(S2)/Q13(S3). The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.

CHOs 1, 2, 4, 5, 6, 8 and 9 were statistically significantly more likely to have fully implemented an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster in Survey 3 (October/November 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.

Onsite Access to HSE Protocol for ordering PPE - Recommendation 2.8

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	98% 250	98% 279	98% 154	98% 205	98% 90	98% 62	100% 6	100% 12	99% 96	99% 79	98% 132	98% 171	96% 22	97% 29
Substantially complete	2% 4	1% 4	2% 3	2% 4	1% 1	- -	- -	- -	1% 1	1% 1	2% 3	2% 3	- -	- -
Work in progress	0% 1	0% 1	- -	- -	1% 1	2% 1	- -	- -	- -	- -	- -	- -	4% 1	3% 1

Q11(S2)/Q12(S3). The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.

Nearly all (98%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE while two percent reported they had the work substantially complete at that time. Voluntary nursing homes were statistically significantly more likely to have fully implemented access to HSE produced protocol for the ordering and ongoing supply of additional COVID-19 PPE in Survey 2.

When surveyed in Survey 3 (October/November 2021) 98% of nursing homes reported they had fully implemented access to HSE protocol for ordering and for the supply of additional COVID-19 related PPE. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (1%). Voluntary nursing homes were statistically significantly more likely to have fully implemented access to HSE produced protocol for the ordering and ongoing supply of additional COVID-19 PPE in Survey 2.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May y 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*
Fully implemented	98% 250	98% 279	100% 34	97% 30	92% 36	100% 25	97% 36	97% 37	97% 32	97% 29	100% 32	100% 41	100% 14	100% 28	100% 16	94% 31	100% 31	100% 33	100% 19	100% 25
Substantially complete	2% 4	1% 4	- - 3% 1	8% 3	- -	3% 1	- -	- - 3% 1	- -	3% 1	- -	- -	- -	- -	- -	6% 2	- -	- -	- -	- -
Work in progress	0% 1	0% 1	- -	-	- -	- -	-	- 3% 1	3% 1	-	- -	- -	- -	- -	- -	-	- -	- -	- -	- -

Q11(S2)/Q12(S3). The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.

CHOs numbers 1, 5, 6, 7, 8 and 9 were statistically significantly more likely to have fully implemented access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE in Survey 2 (April/May 2021) while CHO's numbers 2, 5, 6, 8 and 9 were more likely to have fully implemented this in Survey 3 (October/November 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards fully implementing access to HSE produced protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.

Staff & COVID-19 Test Swabbing - Recommendation 2.6

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	90% 229	93% 263	83% 131	90% 188	100% 92	100% 63	100% 6	100% 12	96% 93	96% 77	84% 114	93% 162	96% 22	80% 24
Substantially complete	9% 24	6% 18	15% 24	9% 18	- -	- -	- -	- -	2% 2	3% 2	16% 21	6% 10	4% 1	20% 6
Work in progress	1% 2	0% 1	1% 2	0% 1	- -	- -	- -	- -	2% 2	1% 1	- -	- -	- -	- -
Not commenced	- -	1% 2	- -	1% 2	- -	- -	- -	- -	- -	- -	- -	1% 2	- -	- -

Q23(S2)/Q42(S3). There are staff available in-house that can undertake COVID-19 test swabbing.

Nine in ten (90%) of surveyed nursing homes in Survey 2 (April/May 2021) reported they had fully implemented having staff available in-house that can undertake COVID-19 test swabbing. Nine percent reported they had the work substantially complete at that time and 1% reported that it was a work in progress. Statutory, Voluntary and nursing homes with 0-40 beds were statistically significantly more likely to have fully implemented in-house staff that can undertake COVID-19 test swabbing in Survey 2.

When surveyed in Survey 3 (October/November 2021) 93% of nursing homes reported they had fully implemented having staff available in-house that can undertake COVID-19 test swabbing. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (6%) or not yet commenced (1%). Statutory and Voluntary nursing homes were statistically significantly more likely to have fully implemented in-house staff that can undertake COVID-19 test swabbing in Survey 23

Statistically significant uplifts in reporting of having available staff in-house that can undertake COVID-19 test swabbing being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (November/December 2021) are evidenced for nursing homes with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	90% 229	93% 263	97% 33	97% 30	92% 36	96% 24	78% 29	95% 36	94% 31	80% 24	88% 28	98% 40	93% 13	93% 26	94% 15	94% 31	90% 28	97% 32	84% 16	80% 20		
Substantially complete	9% 24	6% 18	3% 1	3% 1	8% 3	4% 1	16% 6	3% 1	6% 2	20% 6	13% 4	2% 1	7% 1	7% 2	6% 1	6% 2	10% 3	3% 1	16% 3	12% 3		
Work in progress	1% 2	0% 1	-	-	-	-	5% 2	3% 1	-	-	-	-	-	-	-	-	-	-	-	-		
Not commenced	-	1% 2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8% 2		

Q23(S2)/Q42(S3). There are staff available in-house that can undertake COVID-19 test swabbing.

CHOs number 1 was statistically significantly more likely to have fully implemented in-house staff that can undertake COVID-19 test swabbing in Survey 2 (April/May 2021).

CHO 3 was statistically significantly more likely to have fully implemented having available staff in-house that can undertake COVID-19 test swabbing in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).

Mandatory Infection Prevention & Control Training - Recommendation 2.7

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type								No. of Registered Beds					
			Private		Statutory		Voluntary				0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*		
Fully implemented	86% 220	77% 220	84% 132	72% 150	90% 83	97% 61	83% 5	75% 9	90% 87	86% 69	87% 118	74% 129	65% 15	73% 22		
Substantially complete	12% 30	20% 56	15% 24	25% 52	5% 5	2% 1	17% 1	25% 3	9% 9	11% 9	10% 14	24% 41	30% 7	20% 6		
Work in progress	2% 5	2% 7	1% 1	3% 6	4% 4	2% 1	-	-	1% 1	1% 1	2% 3	2% 4	4% 1	7% 2		
Not commenced	-	- 1	-	0% 1	-	-	-	-	-	1% 1	-	-	-	-	-	

Q7(S2)/Q8(S3). All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.

Nearly 9 in 10 (86%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented mandatory Infection Prevention and Control (IPC) training for all staff (including newly recruited staff). Twelve percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress. Nursing homes with more than 100 beds were statistically significantly less likely to have fully implemented mandatory IPC training for all staff (including new staff) in Survey 2.

When surveyed in Survey 3 (October/November 2021) 77% of nursing homes reported they had fully implemented mandatory IPC training, a statistically significant decrease as compared with Survey 2 (April/May 2021). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (20%) or a work in progress (2%). Statutory nursing homes were statistically significantly more likely to have fully implemented mandatory IPC training for all staff (including new staff) in Survey 3.

Statistically significant decreases in reporting of the mandatory IPC training being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	86% 220	77% 220	94% 32	87% 27	87% 34	84% 21	86% 32	74% 28	79% 26	83% 25	91% 29	88% 36	93% 13	75% 21	88% 14	79% 26	84% 26	73% 24	74% 14	48% 12		
Substantially complete	12% 30	20% 56	3% 1	13% 4	10% 4	12% 3	14% 5	16% 6	18% 6	17% 5	9% 3	10% 4	7% 1	25% 7	6% 1	18% 6	16% 5	27% 9	21% 4	48% 12		
Work in progress	2% 5	2% 7	3% 1	-	3% 1	4% 1	-	-	8% 3	3% 1	-	-	-	-	6% 1	3% 1	-	-	5% 1	4% 1		
Not commenced	-	0% 1	-	-	-	-	-	-	3% 1	-	-	-	-	-	-	-	-	-	-	-		

Q7(S2)/Q8(S3). All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.

CHO 9 was statistically significantly less likely to have fully implemented mandatory IPC training for all staff (including new staff) in Survey 3 (October/November 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing mandatory IPC training for all staff (including new staff).

Assurance that all Staff have IPC Training - Recommendation 2.7

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	69% 177	73% 206	59% 93	68% 143	86% 79	87% 55	83% 5	67% 8	78% 76	76% 61	64% 87	68% 119	61% 14	87% 26
Substantially complete	12% 30	16% 45	12% 19	18% 37	11% 10	11% 7	17% 1	8% 1	10% 10	9% 7	11% 15	20% 35	22% 5	10% 3
Work in progress	14% 35	7% 20	20% 32	9% 18	3% 3	2% 1	-	8% 1	8% 8	5% 4	19% 25	9% 15	9% 2	3% 1
Not commenced	5% 13	5% 13	8% 13	5% 11	-	-	-	17% 2	3% 3	10% 8	6% 8	3% 5	9% 2	-

Q9(S2)/Q10(S3). 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.

Seven in 10 (69%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented documentary assurance that all agency staff has had the requisite Infection Prevention and Control (IPC) (including PPE) training before engaging their services. Twelve percent reported they had the work substantially complete at that time and 14% reported that it was a work in progress. Five percent reported that they had not yet commenced work on this. Statutory nursing homes were statistically significantly more likely to have fully implemented documentary assurance that all agency staff has the requisite IPC (including PPE) training before engaging their services in Survey 2.

When surveyed in Survey 3 (October/November 2021) 73% of nursing homes reported they had fully implemented assuring that all agency staff has had the IPC (including PPE) training. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (16%), a work in progress (7%) or not yet commenced (5%). Statutory nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented documentary assurance that all agency staff has the requisite IPC (including PPE) training before engaging their services in Survey 3.

Statistically significant uplifts in reporting of the documentary assurance that all agency staff has had the IPC (including PPE) training being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for nursing homes with 100 or more beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	69% 177	73% 206	85% 29	87% 27	72% 28	84% 21	54% 20	61% 23	73% 24	83% 25	66% 21	68% 28	71% 10	54% 15	75% 12	67% 22	77% 24	82% 27	47% 9	72% 18		
Substantially complete	12% 30	16% 45	6% 2	10% 3	10% 4	8% 2	14% 5	29% 11	9% 3	7% 2	16% 5	17% 7	14% 2	25% 7	6% 1	12% 4	10% 3	18% 6	26% 5	12% 3		
Work in progress	14% 35	7% 20	6% 2	- -	15% 6	- -	27% 10	8% 3	9% 3	3% 1	9% 3	5% 2	7% 1	14% 4	13% 2	18% 6	10% 3	- -	26% 5	16% 4		
Not commenced	5% 13	5% 13	3% 1	3% 1	3% 1	8% 2	5% 2	3% 1	9% 3	7% 2	9% 3	10% 4	7% 1	7% 2	6% 1	3% 1	3% 1	- -	- -	- -		

Q9(S2)/Q10(S3). 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.

CHO 1 statistically significantly more likely to have fully implemented documentary assurance that all agency staff has had the requisite Infection Prevention and Control (IPC) (including PPE) training before engaging their services in Survey 2 (April/May 2021) while CHO 1 was more likely to have fully implemented this in Survey 3 (October/November 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards fully implementing documentary assurance that all agency staff has had the requisite IPC (including PPE) training before engaging their services.

Onsite access to IPC Lead - Recommendation 2.7

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	59% 150	63% 179	63% 99	61% 128	51% 47	67% 42	67% 4	75% 9	56% 54	61% 49	63% 85	63% 109	48% 11	70% 21
Substantially complete	20% 52	15% 42	17% 26	14% 29	27% 25	19% 12	17% 1	8% 1	22% 21	15% 12	21% 28	16% 27	13% 3	10% 3
Work in progress	19% 48	20% 57	18% 29	23% 49	20% 18	11% 7	17% 1	8% 1	22% 21	20% 16	14% 19	20% 35	35% 8	20% 6
Not commenced	2% 5	2% 6	2% 3	1% 3	2% 2	3% 2	-	- 8% 1	1% 1	4% 3	2% 3	2% 3	4% 1	- -

Q10(S2)/Q11(S3). The provider has onsite access to a trained Infection Prevention and Control lead for each shift.

Three in five (59%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented onsite access to a trained Infection Prevention and Control (IPC) lead for each shift. Twenty percent reported they had the work substantially complete at that time and 19% reported that it was a work in progress. Two percent had not yet commenced.

When surveyed in Survey 3 (October/November 2021) 63% of nursing homes reported they had fully implemented onsite access to a trained IPC lead for each shift. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (15%) a work in progress (20%) or not yet commenced (2%).

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	59% 150	63% 179	53% 18	58% 18	49% 19	52% 13	65% 24	74% 28	45% 15	63% 19	72% 23	71% 29	57% 8	54% 15	75% 12	58% 19	71% 22	67% 22	47% 9	64% 16		
Substantially complete	20% 52	15% 42	24% 8	16% 5	18% 7	16% 4	24% 9	13% 5	33% 11	13% 4	9% 3	20% 8	21% 3	21% 6	13% 2	9% 3	13% 4	15% 5	26% 5	8% 2		
Work in progress	19% 48	20% 57	24% 8	23% 7	31% 12	32% 8	11% 4	13% 5	21% 7	23% 7	13% 4	<u>7%</u> 3	14% 2	21% 6	13% 2	27% 9	16% 5	15% 5	21% 4	28% 7		
Not commenced	2% 5	2% 6	- -	3% 1	3% 1	- -	- -	- -	- -	- -	6% 2	2% 1	7% 1	4% 1	- -	6% 2	- -	3% 1	5% 1	- -		

Q10(S2)/Q11(S3). The provider has onsite access to a trained Infection Prevention and Control lead for each shift.

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards fully implementing onsite access to a trained Infection Prevention and Control lead for each shift.

Train the Trainers Infection Control Policy – Recommendation 2.7

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type								No. of Registered Beds							
			Private		Statutory		Voluntary				0-40		41-100		More than 100			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*				
Fully implemented	48% 122	64% 181	35% 55	56% 116	70% 64	94% 59	50% 3	50% 6	58% 56	64% 51	43% 58	63% 110	35% 8	67% 20				
Substantially complete	15% 39	11% 31	14% 22	11% 24	17% 16	5% 3	17% 1	33% 4	18% 17	11% 9	16% 21	9% 16	4% 1	20% 6				
Work in progress	22% 56	18% 50	28% 44	22% 47	12% 11	2% 1	17% 1	17% 2	19% 18	19% 15	21% 28	18% 31	43% 10	13% 4				
Not commenced	15% 38	8% 22	23% 36	11% 22	1% 1	- -	17% 1	- -	6% 6	6% 5	21% 28	10% 17	17% 4	- -				

Q8(S2)/Q9(S3). The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.

Nearly half (48%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented access to the 'train the trainers' infection control' training programme approved by the HSE. Fifteen percent reported they had the work substantially complete at that time and 22% reported that it was a work in progress. Fifteen percent reported they had not yet commenced work in this area. Statutory nursing homes were statistically significantly more likely to have fully implemented access to the 'train the trainers' infection control' training programme in Survey 2.

When surveyed in Survey 3 (October/November 2021) 64% of nursing homes reported they had fully implemented access to the 'train the trainers' infection control' training programme, a statistically significant increase as compared with Survey 2 (April/May 2021). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (11%), a work in progress (18%) or not yet commenced (8%). Statutory nursing homes were statistically significantly more likely to have fully implemented access to the 'train the trainers' infection control' training programme in Survey 3.

Statistical significant uplifts in reporting of access to the 'train the trainers' infection control' training being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for Private nursing homes and those with 41-100 or more than 100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	48% 122	64% 181	56% 19	74% 23	67% 26	84% 21	30% 11	61% 23	45% 15	53% 16	38% 12	66% 27	29% 4	50% 14	63% 10	48% 16	61% 19	88% 29	32% 6	48% 12		
Substantially complete	15% 39	11% 31	15% 5	10% 3	8% 3	8% 2	16% 6	11% 4	18% 6	20% 6	19% 6	10% 4	14% 2	4% 1	6% 1	15% 5	16% 5	- -	26% 5	24% 6		
Work in progress	22% 56	18% 50	24% 8	16% 5	21% 8	8% 2	24% 9	16% 6	24% 8	20% 6	19% 6	12% 5	36% 5	29% 8	19% 3	24% 8	13% 4	12% 4	26% 5	24% 6		
Not commenced	15% 38	8% 22	6% 2	- -	5% 2	- -	30% 11	13% 5	12% 4	7% 2	25% 8	12% 5	21% 3	18% 5	13% 2	12% 4	10% 3	- -	16% 3	4% 1		

Q8(S2)/Q9(S3). The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.

CHO 2 was statistically significantly more likely to have fully implemented access to 'train the trainers' infection control' training programme approved by the HSE in Survey 2 (April/May 2021) while CHO's numbers 2 and 8 were more likely to have fully implemented this in Survey 3 (October/November 2021).

CHOs 3, 5 and 8 were statistically significantly more likely to have fully implemented access to 'train the trainers' infection control' training programme in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).



4.3 The Findings: Outbreak Management



Isolation of Suspect Cases & Close Contacts – Recommendation 3.4

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	98% 312	98% 278	99% 221	98% 205	98% 80	98% 62	100% 11	92% 11	97% 116	98% 78	99% 151	98% 170	100% 45	100% 30
Substantially Complete	2% 5	2% 5	1% 3	1% 3	2% 2	2% 1	- -	8% 1	3% 3	1% 1	1% 2	2% 4	- -	- -
Work in progress	- -	0% 1	- -	0% 1	- -	- -	- -	- -	- -	1% 1	- -	- -	- -	- -

Q9(S1)/Q24(S3). Suspect cases and close contacts are isolated pending the results of rapid testing.

The vast majority (98%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the isolation of suspect cases and close contacts pending the results of rapid testing while only 2% reported they had the work substantially complete at that time. Voluntary nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented the isolation of suspect cases and close contacts pending the results of rapid testing in Survey 1.

When surveyed in Survey 3 (October/November 2021) 98% of nursing homes reported they had fully implemented isolation of suspect cases and close contacts pending test results. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (2%). Nursing homes with more than 100 beds were statistically significantly more likely to have fully implemented the isolation of suspect cases and close contacts pending the results of rapid testing in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	98% 312	98% 278	100% 34	94% 29	100% 42	100% 25	94% 30	100% 38	100% 42	97% 29	98% 45	100% 41	96% 24	89% 25	100% 29	100% 33	97% 35	100% 33	100% 31	100% 25
Substantially Complete	2% 5	2% 5	- -	6% 2	- -	- -	6% 2	- -	- -	3% 1	2% 1	- -	4% 1	7% 2	- -	- -	3% 1	- -	- -	- -
Work in Progress	- -	0% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	4% 1	- -	- -	- -	- -	- -	- -

Q9(S1)/Q24(S3). Suspect cases and close contacts are isolated pending the results of rapid testing.

CHOs 1, 2, 4, 7 and 9 were statistically significantly more likely to have fully implemented the isolation of suspect cases and close contacts pending the results of rapid testing in Survey 1 (November/December 2020) while CHOs numbers 2, 3, 5, 7, 8 and 9 were more likely to have fully implemented this in Survey 3 (October/November 2021).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing the isolation of suspect cases and close contacts pending the results of rapid testing.

Availability of PPE – Recommendation 3.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	97% 309	98% 278	97% 218	98% 204	98% 80	98% 62	100% 11	100% 12	96% 114	99% 79	98% 150	98% 170	100% 45	97% 29
Substantially Complete	2% 6	2% 6	3% 6	2% 5	- -	2% 1	- -	- -	3% 4	1% 1	1% 2	2% 4	- -	3% 1
Work in Progress	0% 1	- -	- -	- -	1% 1	- -	- -	- -	1% 1	- -	- -	- -	- -	- -
Not commenced	0% 1	- -	- -	- -	1% 1	- -	- -	- -	- -	- -	1% 1	- -	- -	- -

Q3(S1)/Q.15(S3). PPE is readily available.

The vast majority (97%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented having PPE readily available while only 2% reported they had the work substantially complete at that time. Voluntary nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented having PPE readily available in Survey 1.

When surveyed in Survey 3 (October/November 2021) 98% of nursing homes reported they had fully implemented having PPE readily available. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (2%). Voluntary nursing homes were statistically significantly more likely to have fully implemented having PPE readily available in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	97% 309	98% 278	97% 33	<u>100% 31</u>	98% 41	96% 24	97% 31	95% 36	93% 39	<u>100% 30</u>	<u>100% 46</u>	<u>100% 41</u>	<u>100% 25</u>	96% 27	<u>100% 29</u>	94% 31	94% 34	<u>100% 33</u>	<u>100% 31</u>	<u>100% 25</u>
Substantially Complete	2% 6	2% 6	3% 1	-	1 4% 1	-	-	5% 2	7 3	-	-	-	-	4% 1	-	6% 2	3% 1	-	-	-
Work in Progress	0% 1	-	-	-	2% -	-	3% 1	-	-	-	-	-	-	-	-	-	-	-	-	-
Not commenced	0% 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3% 1	-	-	-	-

Q3(S1)/Q.15(S3). PPE is readily available.

CHOs 5, 6, 7 and 9 were statistically significantly more likely to have fully implemented having PPE readily available in Survey 1 (November/December 2020) while CHO numbers 1, 4, 5, 8 and 9 were more likely to have fully implemented having PPE readily available in Survey 3 (October/November 2021).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards to having fully implemented having PPE readily available.

Supervision of PPE – Recommendation 3.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	91% 290	91% 259	90% 202	90% 189	95% 78	95% 60	91% 10	83% 10	86% 102	90% 72	94% 144	92% 160	98% 44	90% 27
Substantially Complete	8% 24	7% 19	9% 21	7% 15	2% 2	5% 3	9% 1	8% 1	13% 15	9% 7	5% 8	5% 9	2% 1	10% 3
Work in Progress	1% 3	2% 6	0% 1	2% 5	2% 2	- -	- -	8% 1	2% 2	1% 1	1% 1	3% 5	- -	- -

Q4(S1)/Q16(S3). There is onsite supervision on every shift to ensure PPE is being used correctly.

Nine in ten (91%) of surveyed nursing homes in Survey 1 (November/December 2020) reported that they have fully implemented onsite supervision on every shift to ensure PPE is being used correctly. Eight percent reported that this was substantially complete at that time and only 1% reported that it was a work in progress. Nursing homes with more than 100 beds were statistically significantly more likely to have fully implemented onsite supervision of PPE on every shift in Survey 1.

When surveyed in Survey 3 (October/November 2021) 91% of nursing homes reported that they had fully implemented onsite supervision on every shift to ensure PPE is being used correctly. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (7%) or a work in progress (2%).

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	91% 290	91% 259	100% 34	94% 29	81% 34	92% 23	100% 32	95% 36	90% 38	90% 27	87% 40	88% 36	100% 25	89% 25	93% 27	88% 29	83% 30	91% 30	97% 30	96% 24		
Substantially Complete	8% 24	7% 19	- -	6% 2	12% 5	4% 1	- -	3% 1	10% 4	7% 2	13% 6	12% 5	- -	4% 1	7% 2	9% 3	17% 6	9% 3	3% 1	4% 1		
Work in Progress	1% 3	2% 6	- -	-	7% 3	4% 1	- -	3% 1	- -	3% 1	- -	- -	- -	7% 2	- -	3% 1	- -	-	- -	-		

Q4(S1)/Q16(S3). There is onsite supervision on every shift to ensure PPE is being used correctly.

CHOs 1, 3 and 6 were statistically significantly more likely to have fully implemented onsite supervision on every shift to ensure PPE is being used correctly in Survey 1 (November/December 2020).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards to having fully implemented onsite supervision of PPE on every shift.

Plans in Place for Isolation - Recommendation 3.5

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	91% 290	95% 269	92% 205	94% 197	90% 74	98% 62	100% 11	83% 10	85% 101	93% 74	97% 148	97% 169	91% 41	87% 26
Substantially Complete	7% 21	5% 13	7% 16	5% 10	6% 5	2% 1	- -	17% 2	13% 15	5% 4	3% 4	3% 5	4% 2	13% 4
Work in progress	2% 6	1% 2	1% 3	1% 2	4% 3	- -	- -	- -	3% 3	3% 2	1% 1	- -	4% 2	- -

Q11(S1)/Q26(S3). The provider has plans in place to isolate and cohort residents.

Nine in 10 (91%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented putting plans in place to isolate and cohort residents. Seven percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress. Voluntary nursing homes and those with 41-100 beds were statistically significantly more likely to have fully implemented putting plans in place to isolate and cohort residents in Survey 1.

When surveyed in Survey 3 (October/November 2021) 95% of nursing homes reported they had fully implemented putting plans in place to isolate and cohort residents. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (5%) or a work in progress (1%).

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	91% 290	95% 269	97% 33	97% 30	90% 38	96% 24	88% 28	95% 36	88% 37	93% 28	89% 41	93% 38	92% 23	89% 25	100% 29	97% 32	92% 33	97% 32	90% 28	96% 24		
Substantially Complete	7% 21	5% 13	- -	3% 1	10% 4	4% 1	13% 4	5% 2	10% 4	7% 2	7% 3	5% 2	8% 2	11% 3	- -	- -	6% 2	3% 1	6% 2	4% 1		
Work in Progress	2% 6	1% 2	3% 1	- -	- -	- -	- -	- -	2% 1	- -	4% 2	2% 1	- -	- -	- -	3% 1	3% 1	- -	3% 1	- -		

Q11(S1)/Q26(S3). The provider has plans in place to isolate and cohort residents.

CHO 7 was statistically significantly more likely to have fully implemented having plans in place to isolate and cohort residents in Survey 1 (November/December 2020).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing having plans in place to isolate and cohort residents.

PPE Staff Training – Recommendation 3.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	88% 279	92% 262	86% 193	91% 191	93% 76	95% 60	91% 10	92% 11	84% 100	93% 74	89% 136	92% 160	96% 43	93% 28
Substantially Complete	9% 30	6% 17	11% 24	7% 14	6% 5	5% 3	9% 1	- -	13% 15	6% 5	8% 13	6% 10	4% 2	7% 2
Work in Progress	2% 7	2% 5	3% 6	2% 4	1% 1	- -	- -	8% 1	3% 4	1% 1	2% 3	2% 4	- -	- -
Not commenced	0% 1	- -	0% 1	- -	- -	- -	- -	- -	- -	- -	1% 1	- -	- -	- -

Q5(S1)/Q17(S3). Staff training in PPE use is documented.

Nearly 9 in 10 (88%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the documentation of staff training in PPE. Nine percent reported they had the work substantially complete at that time and only 2% reported that it was a work in progress. Nursing homes with more than 100 beds were statistically significantly more likely to have fully implemented the documentation of staff training in PPE in Survey 1.

When surveyed in Survey 3 (October/November 2021) 92% of nursing homes reported they had fully implemented the documentation of staff training in PPE. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (6%) or a work in progress (2%).

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	88% 279	92% 262	91% 31	94% 29	79% 33	96% 24	88% 28	92% 35	86% 36	87% 26	87% 40	95% 39	92% 23	82% 23	97% 28	94% 31	89% 32	97% 32	90% 28	92% 23		
Substantially Complete	9% 30	6% 17	9% 3	6% 2	17% 7	4% 1	13% 4	3% 1	14% 6	13% 4	4% 2	5% 2	8% 2	11% 3	3% 1	6% 2	8% 3	3% 1	6% 2	4% 1		
Work in Progress	2% 7	2% 5	- -	- -	5% 2	- -	- -	5% 2	- -	- -	9% 4	- -	- -	7% 2	- -	- -	3% 1	- -	- -	4% 1		
Not commenced	0% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3% 1	- -		

Q5(S1)/Q17(S3). Staff training in PPE use is documented.

CHO 7 was statistically significantly more likely to have fully implemented the documentation of staff training in PPE in Survey 1 (November/December 2020).

CHO 3 was statistically significantly more likely to have fully implemented the documentation of staff training in PPE in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Ability & Space for Isolation - Recommendation 3.5

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	85% 269	83% 235	86% 192	81% 170	83% 68	87% 55	82% 9	83% 10	79% 94	81% 65	90% 137	81% 141	84% 38	97% 29
Substantially Complete	12% 38	15% 42	11% 25	17% 35	13% 11	11% 7	18% 2	- -	16% 19	14% 11	10% 15	18% 31	9% 4	- -
Work in progress	3% 10	2% 5	3% 7	1% 3	4% 3	2% 1	- -	8% 1	5% 6	3% 2	1% 1	1% 2	7% 3	3% 1
Not commenced	- -	1% 2	- -	0% 1	- -	- -	- -	8% 1	- -	3% 2	- -	- -	- -	- -

Q10(S1)/Q25(S3). The provider has the ability and space to isolate and cohort residents.

The majority (85%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the ability and space to isolate and cohort residents. Twelve percent reported they had the work substantially complete at that time and only 3% reported that it was a work in progress.

When surveyed in Survey 3 (October/November 2021) 83% of nursing homes reported they had fully implemented having space to isolate and cohort residents. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (15%), a work in progress (2%) or not yet commenced (1%). Nursing homes with more than 100 beds were statistically significantly more likely to have fully implemented the ability and space to isolate and cohort residents in Survey 1.

Statistical significant decreases in the reporting of having the ability and space to isolate and cohort residents being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	85% 269	83% 235	85% 29	77% 24	86% 36	80% 20	78% 25	76% 29	88% 37	<u>93%</u> 28	85% 39	80% 33	88% 22	82% 23	86% 25	82% 27	81% 29	88% 29	87% 27	88% 22
Substantially Complete	12% 38	15% 42	12% 4	23% 7	14% 6	20% 5	16% 5	21% 8	10% 4	7% 2	9% 4	12% 5	12% 3	11% 3	14% 4	15% 5	17% 6	12% 4	6% 2	12% 3
Work in Progress	3% 10	2% 5	3% 1	- -	- -	- -	6% 2	3% 1	2% 1	- -	7% 3	5% 2	- -	7% 2	- -	- -	3% 1	- -	6% 2	- -
Not commenced	- -	1% 2	- -	- -	- -	- -	- -	- -	- -	- -	- -	2% 1	- -	- -	- -	3% 1	- -	- -	- -	- -

Q10(S1)/Q25(S3). The provider has the ability and space to isolate and cohort residents.

CHO 4 was statistically significantly more likely to have fully implemented space to isolate and cohort residents in Survey 3 (October/November 2021).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards to having fully implemented space to isolate and cohort residents.

Safe Staffing Levels & Skillset Required – Recommendation 3.6

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	81% 258	80% 227	82% 184	78% 162	77% 63	86% 54	100% 11	92% 11	85% 101	75% 60	80% 123	82% 143	76% 34	80% 24
Substantially Complete	15% 46	15% 44	14% 32	18% 37	17% 14	10% 6	- -	8% 1	11% 13	21% 17	16% 24	13% 23	20% 9	13% 4
Work in Progress	4% 13	5% 13	4% 8	5% 10	6% 5	5% 3	- -	- -	4% 5	4% 3	4% 6	5% 8	4% 2	7% 2

Q6(S1)Q18(S3). The provider has access to safe staffing levels and the required skill set on every shift.

Four in five (81%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented access to safe staffing levels and the required skill set on every shift. Fifteen percent reported they had the work substantially complete at that time and 4% reported that it was a work in progress. Voluntary nursing homes were statistically significantly more likely to have fully implemented access to safe staffing levels and required skills on every shift in Survey 1.

When surveyed in Survey 3 (October/November 2021) 80% of nursing homes reported they had fully implemented access to safe staffing levels and the required skill set on every shift. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (15%) or a work in progress (5%).

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	81% 258	80% 227	76% 26	84% 26	71% 30	72% 18	88% 28	76% 29	81% 34	93% 28	80% 37	88% 36	92% 23	71% 20	83% 24	76% 25	83% 30	73% 24	84% 26	84% 21		
Substantially Complete	15% 46	15% 44	15% 5	10% 3	21% 9	16% 4	13% 4	18% 7	12% 5	7% 2	17% 8	12% 5	8% 2	21% 6	17% 5	21% 7	11% 4	21% 7	13% 4	12% 3		
Work in Progress	4% 13	5% 13	9% 3	6% 2	7% 3	12% 3	-	- 5% 2	7% 3	- -	2% 1	- -	- -	7% 2	- -	3% 1	6% 2	6% 2	3% 1	4% 1		

Q6(S1)Q18(S3). The provider has access to safe staffing levels and the required skill set on every shift.

CHO 4 was statistically significantly more likely to have fully implemented access to safe staffing levels and the required skill set on every shift in Survey 3 (October/November 2021).

CHO 6 was statistically significantly less likely to have fully implemented access to safe staffing levels and the required skill set on every shift in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Social Distancing Facilities - Recommendation 3.7

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type								No. of Registered Beds							
			Private		Statutory		Voluntary				0-40		41-100		More than 100			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30				
Fully Implemented	75% 238	89% 252	67% 150	86% 180	94% 77	98% 62	100% 11	83% 10	82% 97	85% 68	71% 108	90% 156	73% 33	93% 28				
Substantially Complete	22% 71	11% 31	30% 67	13% 28	5% 4	2% 1	- -	17% 2	18% 21	15% 12	27% 41	10% 17	20% 9	7% 2				
Work in progress	3% 8	0% 1	3% 7	0% 1	1% 1	- -	- -	- -	1% 1	- -	3% 4	1% 1	7% 3	- -				

Q12(S1)/Q27(S3). Social distancing facilities for residents and staff are in place and maintained.

Three quarters (75%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented and maintained social distancing facilities for residents and staff. Twenty two percent reported they had the work substantially complete at that time and 3% reported that it was a work in progress. Statutory and Voluntary nursing homes were statistically significantly more likely to have fully implemented and maintained social distancing facilities for residents and staff in Survey 1, while Private nursing homes were less likely to have done so in Survey 1.

When surveyed in Survey 3 (October/November 2021) 89% of nursing homes reported they had fully implemented social distancing facilities, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (11%). Statutory nursing homes were statistically significantly more likely to have fully implemented and maintained social distancing facilities for residents and staff in Survey 3.

Statistical significant uplifts in the maintenance of social distancing facilities being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes, those with 41-100 beds and more than 100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	75% 238	89% 252	88% 30	90% 28	67% 28	92% 23	59% 19	92% 35	74% 31	90% 27	87% 40	93% 38	84% 21	75% 21	72% 21	91% 30	81% 29	88% 29	61% 19	84% 21		
Substantially Complete	22% 71	11% 31	12% 4	10% 3	29% 12	8% 2	38% 12	8% 3	21% 9	7% 2	13% 6	7% 3	16% 4	25% 7	28% 8	9% 3	14% 5	12% 4	35% 11	16% 4		
Work in Progress	3% 8	0% 1	- -	- -	5% 2	- -	3% 1	- -	5% 2	3% 1	- -	- -	- -	- -	- -	- -	6% 2	- -	3% 1	- -		

Q12(S1)/Q27(S3). Social distancing facilities for residents and staff are in place and maintained.

CHO's numbers 1 and 5 were statistically significantly more likely to have fully implemented and maintained social distancing facilities for residents and staff in Survey 1 (November/December 2020).

CHO numbers 2, 3 and 9 were all statistically significantly more likely to have fully implemented and maintained social distancing facilities for residents and staff in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Sustaining Protocols for Self-Isolation, Quarantine, & Cohorting - Recommendation 3.3

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	92% 235	95% 270	90% 142	94% 197	95% 87	98% 62	100% 6	92% 11	95% 92	95% 76	94% 127	96% 167	70% 16	90% 27
Substantially complete	8% 20	5% 14	10% 15	6% 12	5% 5	2% 1	- -	8% 1	5% 5	5% 4	6% 8	4% 7	30% 7	10% 3

Q15(S2)/Q23(S3). The provider has consistently sustained protocols for self-isolation, quarantine and cohorting.

Nine in ten (92%) of surveyed nursing homes in Survey 2 (April/May 2021) reported they had fully implemented and consistently sustained protocols for self-isolation, quarantine and cohorting while 8% reported they had the work substantially complete at that time. Voluntary nursing homes were statistically significantly more likely to have fully implemented protocols for self-isolation, quarantine and cohorting in Survey 2, while nursing homes with more than 100 beds were less likely to have done so in Survey 2.

When surveyed in Survey 3 (October/November 2021) 95% of nursing homes reported they had fully implemented protocols for self-isolation, quarantine and cohorting. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (5%).

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*
Fully implemented	92% 235	95% 270	100% 34	94% 29	97% 38	96% 24	95% 35	89% 34	76% 25	93% 28	94% 30	98% 40	93% 13	93% 26	100% 16	100% 33	90% 28	97% 32	84% 16	96% 24
Substantially complete	8% 20	5% 14	- -	6% 2	3% 1	4% 1	5% 2	11% 4	24% 8	7% 2	6% 2	2% 1	7% 1	7% 2	- -	- -	10% 3	3% 1	16% 3	4% 1

Q15(S2)/Q23(S3). The provider has consistently sustained protocols for self-isolation, quarantine and cohorting.

CHOs 1 and 7 were statistically significantly more likely to have fully implemented protocols for self-isolation, quarantine and cohorting in Survey 2 (April/May 2021), while CHO 4 was less likely to have done so in Survey 2.

CHO 7 was statistically significantly more likely to have fully implemented protocols in this area in Survey 3 (October/November 2021).

CHO 4 was statistically significantly more likely to have fully implemented protocols for self-isolation, quarantine and cohorting in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).



4.4 The Findings: Future Admissions to Nursing Homes



Isolation of New Residents (HPSC Protocol) – Recommendation 4.3

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	98% 310	97% 276	98% 219	97% 203	98% 80	98% 62	100% 11	92% 11	97% 115	96% 77	99% 151	98% 170	98% 44	97% 29
Substantially Complete	2% 6	2% 6	2% 5	2% 4	1% 1	2% 1	- -	8% 1	3% 4	1% 1	1% 1	2% 4	2% 1	3% 1
Work in progress	0% 1	1% 2	- -	1% 2	1% 1	- -	- -	- -	- -	3% 2	1% 1	- -	- -	- -

Q13(S1)/Q28(S3). New residents are isolated according to HPSC protocol.

The vast majority (98%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the isolation of new residents according to HPSC protocol while only 2% reported they had the work substantially complete at that time. Voluntary nursing homes were statistically significantly more likely to have fully implemented the isolation of new residents according to HPSC protocol in Survey 1.

When surveyed in Survey 3 (October/November 2021) 97% of nursing homes reported they had fully implemented the isolation of new residents according to HPSC protocol. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (2%) or a work in progress (1%).

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	98% 310	97% 276	100% 34	97% 30	98% 41	100% 25	94% 30	95% 36	98% 41	100% 30	98% 45	98% 40	100% 25	86% 24	100% 29	100% 33	97% 35	100% 33	97% 30	100% 25
Substantially Complete	2% 6	2% 6	- -	3% 1	2% 1	- -	6% 2	3% 1	2% 1	- -	2% 1	2% 1	- -	11% 3	- -	- -	- -	- -	3% 1	- -
Work in Progress	0% 1	1% 2	- -	- -	- -	- -	- -	3% 1	- -	- -	- -	- -	- -	4% 1	- -	- -	3% 1	- -	- -	- -

Q13(S1)/Q28(S3). New residents are isolated according to HPSC protocol.

CHOs 1, 6 and 7 were statistically significantly more likely to have fully implemented the isolation of new residents according to HPSC protocol in Survey 1 (November/December 2020) while CHOs 2, 4, 7, 8 and 9 were more likely to have fully implemented these protocols in Survey 3 (October/November 2021).

CHO 6 was statistically significantly less likely to have fully implemented the isolation of new residents according to HPSC protocol in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Access to COVID-19 Results Recommendation 4.1

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	95% 301	98% 277	95% 213	98% 204	94% 77	97% 61	100% 11	100% 12	91% 108	99% 79	97% 149	97% 168	98% 44	100% 30
Substantially Complete	3% 10	2% 6	3% 6	2% 4	5% 4	3% 2	- -	- -	6% 7	1% 1	1% 2	3% 5	2% 1	- -
Work in progress	2% 6	0% 1	2% 5	0% 1	1% 1	- -	- -	- -	3% 4	- -	1% 2	1% 1	- -	- -

Q19(S1)Q43(S3). 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.

The majority (95%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented accessibility to COVID-19 test results for all new residents coming from the community or proposed transfers from hospital prior to admission. Three percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress. Voluntary nursing homes were statistically significantly more likely to have fully implemented accessibility to COVID-19 test results for all new residents prior to admission in Survey 1.

When surveyed in Survey 3 (October/November 2021) 98% of nursing homes reported they had fully implemented having access to COVID-19 test results for all new residents. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (2%). Voluntary nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented accessibility to COVID-19 test results for all new residents prior to admission in Survey 3.

Statistical significant uplifts in reporting of having access to COVID-19 test results for all new residents being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for nursing homes with 0-40 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	95% 301	98% 277	94% 32	97% 30	88% 37	96% 24	97% 31	97% 37	100% 42	97% 29	93% 43	100% 41	100% 25	96% 27	97% 28	97% 32	97% 35	100% 33	90% 28	96% 24
Substantially Complete	3% 10	2% 6	3% 1	3% 1	7% 3	4% 1	3% 1	3% 1	- -	3% 1	2% 1	- -	- -	- -	3% 1	3% 1	- -	- -	10% 3	4% 1
Work in Progress	2% 6	0% 1	3% 1	- -	5% 2	- -	- -	- -	- -	- -	4% 2	- -	- -	4% 1	- -	- -	3% 1	- -	- -	- -

Q19(S1)Q43(S3). 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.

CHOs 4 and 6 were statistically significantly more likely to have fully implemented access to COVID-19 test results for all new residents coming from the community or proposed transfers from hospital prior to admission in Survey 1 (November/December 2020) while CHOs 5 and 8 were more likely to have fully implemented this in Survey 3 (October/November 2021).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards having fully implemented access to COVID-19 test results for all new residents coming from the community or proposed transfers from hospital prior to admission.

Accepting Admissions - Recommendation 4.2

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	99% 252	99% 280	99% 155	99% 207	99% 91	98% 62	100% 6	92% 11	99% 96	99% 79	100% 135	99% 173	91% 21	93% 28
Substantially complete	1% 2	1% 4	1% 2	1% 2	- -	2% 1	- -	8% 1	1% 1	1% 1	- -	1% 1	4% 1	7% 2
Work in progress	0% 1	- -	- -	- -	1% 1	- -	- -	- -	- -	- -	- -	- -	4% 1	- -

Q13(S2)/Q20(S3). Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.

Nearly all (99%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented the acceptance of admissions only where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection, while 1% reported they had the work substantially complete at that time.

When surveyed in Survey 3 (October/November 2021) 99% of nursing homes reported they had fully implemented the acceptance of admissions only where infection prevention and control measures are of a sufficient standard. The remainder of nursing homes surveyed in Survey 3 (April/May 2021) claimed to be substantially complete (1%).

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/Ma y 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	99% 252	99% 280	100% 34	97% 30	100% 39	<u>100%</u> 25	100% 37	<u>100%</u> 38	97% 32	93% 28	100% 32	<u>100%</u> 41	100% 14	<u>100%</u> 28	100% 16	<u>100%</u> 33	100% 31	<u>100%</u> 33	89% 17	96% 24		
Substantially complete	1% 2	1% 4	- -	3% 1	- -	- -	- -	- -	- -	7% 2	- -	- -	- -	- -	- -	- -	- -	- -	11% 2	4% 1		
Work in progress	0% 1	- -	- -	- -	- -	- -	- -	- -	3% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		

Q13(S2)/Q20(S3). Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.

CHOs 2, 3, 5, 6, 7 and 8 were statistically significantly more likely to have fully implemented the acceptance of admissions only where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection in Survey 3 (October/November 2021).

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing the acceptance of admissions only where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.



4.5 The Findings: Nursing Home Management



Nursing Home Log - Recommendation 5.1

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	97% 308	99% 281	97% 217	99% 207	99% 81	100% 63	91% 10	92% 11	97% 115	100% 80	97% 149	98% 171	98% 44	100% 30
Substantially Complete	2% 6	1% 2	2% 5	0% 1	- -	- -	9% 1	8% 1	2% 2	- -	2% 3	1% 2	2% 1	- -
Work in progress	1% 3	0% 1	1% 2	0% 1	1% 1	- -	- -	- -	2% 2	- -	1% 1	1% 1	- -	- -

Q14(S1)/Q29(S3). The provider maintains a log of all persons/staff entering nursing homes.

The vast majority (97%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented a log of all persons/staff entering nursing homes. Two percent reported they had the work substantially complete at that time and only 1% reported that it was a work in progress. When surveyed in Survey 3 (October/November 2021) 99% of nursing homes reported they had fully implemented a log of all persons/staff entering nursing homes. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (1%).

Statistical significant uplifts in reporting of the log of all persons/staff entering nursing homes being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for nursing homes with 0-40 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	97% 308	99% 281	100% 34	100% 31	95% 40	100% 25	97% 31	100% 38	95% 40	93% 28	98% 45	100% 41	96% 24	96% 27	97% 28	100% 33	97% 35	100% 33	100% 31	100% 25
Substantially Complete	2% 6	1% 2	- - - -	- - - -	2% 1	- - - -	- - - -	- - - -	5% 2	3% 1	2% 1	- - - -	4% 1	4% 1	3% 1	- - - -	- - - -	- - - -	- - - -	- - - -
Work in Progress	1% 3	0% 1	- - - -	- - - -	2% 1	- - - -	3% 1	- - - -	- - - -	3% 1	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	3% 1	- - - -	- - - -	- - - -

Q14(S1)/Q29(S3). The provider maintains a log of all persons/staff entering nursing homes.

CHOs 1 and 9 were statistically significantly more likely to have fully implemented the maintenance of a log of all persons/staff entering nursing homes in Survey 1 (November/December 2020).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs fully implementing the maintenance of a log of all persons/staff entering nursing homes.

Staff Access to Necessary Supports – Recommendation 5.8

Base: All nursing homes that completed the survey – N=317/284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	88% 279	89% 253	84% 189	88% 183	98% 80	97% 61	91% 10	75% 9	86% 102	84% 67	90% 138	91% 158	87% 39	93% 28
Substantially Complete	9% 30	7% 21	12% 27	8% 17	2% 2	2% 1	9% 1	25% 3	11% 13	9% 7	7% 11	7% 13	13% 6	3% 1
Work in progress	2% 7	3% 9	3% 7	4% 8	- -	2% 1	- -	- -	3% 4	8% 6	2% 3	1% 2	- -	3% 1
Not commenced	0% 1	0% 1	0% 1	0% 1	- -	- -	- -	- -	- -	- -	1% 1	1% 1	- -	- -

Q15(S1)/Q34(S3). The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff.

Nearly 9 in 10 (88%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the facilitation of access to necessary supports (occupational health, HR support including psychological supports) for all staff. Nine percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress. Statutory nursing homes were statistically significantly more likely to have fully implemented the facilitation of access to necessary supports for all staff in Survey 1.

When surveyed in Survey 3 (October/November 2021) 89% of nursing homes reported they had fully implemented the facilitation of access to necessary supports. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (7%) or a work in progress (3%). Statutory nursing homes were statistically significantly more likely to have fully implemented the facilitation of access to necessary supports for all staff in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	88% 279	89% 253	91% 31	90% 28	83% 35	92% 23	94% 30	95% 36	88% 37	83% 25	87% 40	85% 35	92% 23	75% 21	79% 23	91% 30	83% 30	100% 33	97% 30	88% 22
Substantially Complete	9% 30	7% 21	9% 3	10% 3	7% 3	8% 2	6% 2	- -	10% 4	10% 3	9% 4	7% 3	8% 2	18% 5	21% 6	6% 2	14% 5	- -	3% 1	12% 3
Work in Progress	2% 7	3% 9	- -	- -	7% 3	- -	- -	5% 2	2% 1	7% 2	4% 2	7% 3	- -	7% 2	- -	- -	3% 1	- -	- -	- -
Not commenced	0% 1	0% 1	- -	- -	2% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3% 1	- -	- -	- -	- -

Q15(S1)/Q34(S3). The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff.

CHO 9 was statistically significantly more likely to have fully implemented access to the necessary supports for all staff in Survey 1 (November/December 2020) while CHO 8 was more likely to have fully implemented this in Survey 3 (October/November 2021).

CHO 8 was statistically significantly more likely to have fully implemented access to the necessary supports for all staff in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Contingency Plan – Recommendation 5.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	68% 216	82% 233	63% 142	79% 165	78% 64	92% 58	91% 10	83% 10	77% 92	79% 63	58% 88	83% 144	80% 36	87% 26
Substantially Complete	26% 84	14% 41	30% 68	16% 34	18% 15	8% 5	9% 1	17% 2	17% 20	15% 12	37% 57	15% 26	16% 7	10% 3
Work in Progress	5% 17	4% 10	6% 14	5% 10	4% 3	- -	- -	- -	6% 7	6% 5	5% 8	2% 4	4% 2	3% 1

Q8(S1)/Q21(S3). 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.

Just over two thirds (68%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented having a clear written back-up (contingency) plan to maintain a safe service when staff cannot work or fail to turn up for work. Twenty six percent reported they had the work substantially complete at that time and 5% reported it was a work in progress. Voluntary nursing homes and those with 0-40 beds were statistically significantly more likely to have fully implemented a written contingency plan when staff cannot work or fail to turn up for work in Survey 1, while those with 41-100 beds were less likely to have this implemented in Survey 1.

When surveyed in Survey 3 (October/November 2021) 82% of nursing homes reported they had fully implemented having a clear written back-up plan when staff cannot work or fail to turn up for work, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (14%) or a work in progress (4%). Statutory nursing homes were statistically significantly more likely to have fully implemented a written contingency plan when staff cannot work or fail to turn up to work in Survey 3.

Statistical significant uplifts in reporting of having a written back-up plan being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	68% 216	82% 233	74% 25	87% 27	48% 20	76% 19	69% 22	82% 31	71% 30	80% 24	67% 31	90% 37	76% 19	57% 16	76% 22	85% 28	72% 26	88% 29	68% 21	88% 22		
Substantially Complete	26% 84	14% 41	24% 8	10% 3	38% 16	20% 5	25% 8	16% 6	24% 10	10% 3	24% 11	7% 3	24% 6	36% 10	24% 7	12% 4	25% 9	12% 4	29% 9	12% 3		
Work in Progress	5% 17	4% 10	3% 1	3% 1	14% 6	4% 1	6% 2	3% 1	5% 2	10% 3	9% 4	2% 1	- -	7% 2	- -	3% 1	3% 1	- -	3% 1	- -		

Q8(S1)/Q21(S3). 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.

CHO 2 was statistically significantly less likely to have fully implemented a written contingency plan to maintain a safe service when staff cannot work or fail to turn up for work in Survey 1 (November/December 2020) while CHO 6 was less likely to have fully implemented this in Survey 3 (October/November 2021).

CHOs 2 and 5 were statistically significantly more likely to have fully implemented a written back-up plan to maintain a safe service when staff cannot work or fail to turn up for work in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Contracts & Agreed Protocols - Recommendation 5.6

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	89% 228	87% 248	89% 140	85% 178	90% 83	95% 60	83% 5	83% 10	88% 85	80% 64	92% 124	91% 159	83% 19	83% 25
Substantially complete	6% 15	7% 20	5% 8	8% 16	7% 6	5% 3	17% 1	8% 1	5% 5	9% 7	4% 6	6% 10	17% 4	10% 3
Work in progress	3% 7	4% 10	3% 4	5% 10	3% 3	- -	- -	- -	4% 4	8% 6	2% 3	1% 2	- -	7% 2
Not commenced	2% 5	2% 6	3% 5	2% 5	- -	- -	- -	8% 1	3% 3	4% 3	1% 2	2% 3	- -	-

Q19(S2)/Q33(S3). The provider has contract or agreed protocols in place with staff and agencies employed.

Nine in ten (89%) of surveyed nursing homes in Survey 2 (April/May 2021) reported they had fully implemented a contract or agreed protocols in place with staff and agencies employed. Six percent reported they had the work substantially complete at that time and 3% reported that it was a work in progress. Two percent reported that they had not commenced work in this area.

When surveyed in Survey 3 (October/November 2021) 87% of nursing homes reported they had fully implemented protocols with staff and agencies employed. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (7%), a work in progress (4%) or not yet commenced (2%). Statutory nursing homes were statistically significantly more likely to have fully implemented protocols with staff and agencies employed in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*
Fully implemented	89% 228	87% 248	97% 33	87% 27	85% 33	92% 23	84% 31	82% 31	94% 31	77% 23	88% 28	88% 36	93% 13	86% 24	94% 15	97% 32	87% 27	100% 33	89% 17	76% 19
Substantially complete	6% 15	7% 20	- -	10% 3	5% 2	8% 2	8% 3	11% 4	6% 2	10% 3	9% 3	7% 3	- -	4% 1	6% 1	3% 1	6% 2	- -	11% 2	12% 3
Work in progress	3% 7	4% 10	3% 1	- -	5% 2	- -	5% 2	5% 2	- -	7% 2	- -	2% 1	7% 1	7% 2	- -	- -	3% 1	- -	- -	12% 3
Not commenced	2% 5	2% 6	- -	3% 1	5% 2	- -	3% 1	3% 1	- -	7% 2	3% 1	2% 1	- -	4% 1	- -	- -	3% 1	- -	- -	- -

Q19(S2)/Q33(S3). The provider has contract or agreed protocols in place with staff and agencies employed.

CHO 1 was statistically significantly more likely to have fully implemented putting agreed protocols in place with staff and agencies employed in Survey 2 (April/May 2021) while CHOs 7 and 8 were more likely to have fully implemented this in Survey 3 (October/November 2021).

CHO 4 was statistically significantly less likely to have fully implemented putting agreed protocols in place with staff and agencies employed in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021), while CHO 8 was significantly more likely to have put these protocols in place in Survey 3 (October/November 2021).

Working Across Multiple Sites - Recommendation 5.6

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type								No. of Registered Beds							
			Private		Statutory		Voluntary				0-40		41-100		More than 100			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*			97	80	135	174	23*	30*		
Fully implemented	89% 227	79% 223	90% 142	76% 158	87% 80	87% 55	83% 5	83% 10			88% 85	84% 67	91% 123	79% 138	83% 19	60% 18		
Substantially complete	9% 22	20% 56	7% 11	22% 47	11% 10	11% 7	17% 1	17% 2			9% 9	14% 11	7% 9	20% 34	17% 4	37% 11		
Work in progress	2% 6	1% 4	3% 4	1% 3	2% 2	2% 1	- -	- -			3% 3	3% 2	2% 3	1% 1	- -	3% 1		
Not commenced	- -	0% 1	- -	0% 1	- -	- -	- -	- -			- -	- -	- -	1% 1	- -	- -		

Q18(S2)/Q32(S3). The provider ensures that staff do not work across multiple sites.

Nine in ten (89%) of surveyed nursing homes in Survey 2 (April/May 2021) reported they had fully implemented ensuring that staff do not work across multiple sites. Nine percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress.

When surveyed in Survey 3 (October/November 2021) 79% of nursing homes reported they had fully implemented staff not working across multiple sites, a statistically significant decrease as compared with Survey 2 (April/May 2021). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (20%) or a work in progress (20%). Nursing homes with more than 100 beds were statistically significantly less likely to have fully implemented ensuring that staff do not work across multiple sites in Survey 3.

Statistical significant decreases in reporting of ensuring that staff do not work across multiple sites being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	89% 227	79% 223	94% 32	90% 28	90% 35	92% 23	92% 34	89% 34	94% 31	60% 18	88% 28	88% 36	93% 13	64% 18	69% 11	73% 24	94% 29	85% 28	74% 14	56% 14		
Substantially complete	9% 22	20% 56	6% 2	10% 3	8% 3	8% 2	5% 2	11% 4	6% 2	33% 10	9% 3	12% 5	7% 1	32% 9	25% 4	24% 8	- -	15% 5	26% 5	40% 10		
Work in progress	2% 6	1% 4	- -	- -	3% 1	- -	3% 1	- -	- -	3% 1	3% 1	- -	- -	4% 1	6% 1	3% 1	6% 2	- -	- -	4% 1		
Not commenced	- -	0% 1	- -	- -	- -	- -	- -	- -	- -	3% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -		

Q18(S2)/Q32(S3). The provider ensures that staff do not work across multiple sites.

CHOs 1, 2 and 3 were statistically significantly more likely to have fully implemented ensuring that staff do not work across multiple sites in Survey 3 (October/November 2021), while numbers 4 and 9 were less likely to have done so in Survey 3.

CHOs 4 and 6 were statistically significantly less likely to have fully implemented ensuring that staff do not work across multiple sites in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).

New Healthcare Assistants & QQI Level 5 - Recommendation 5.3

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	76% 194	69% 195	71% 111	58% 121	86% 79	98% 62	67% 4	100% 12	81% 79	74% 59	79% 106	68% 118	39% 9	60% 18
Substantially complete	16% 41	21% 59	19% 30	28% 58	11% 10	2% 1	17% 1	- -	13% 13	16% 13	14% 19	21% 36	39% 9	33% 10
Work in progress	7% 17	10% 28	8% 13	13% 28	3% 3	- -	17% 1	- -	3% 3	9% 7	7% 9	11% 19	22% 5	7% 2
Not commenced	1% 3	1% 2	2% 3	1% 2	- -	- -	- -	- -	2% 2	1% 1	1% 1	1% 1	- -	- -

Q16(S2)/Q30(S3). The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification.

Three quarters (76%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented ensuring that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification. Sixteen percent reported they had the work substantially complete at that time and 7% reported that it was a work in progress. One percent reported that they had not yet commenced work on this. Statutory nursing homes were statistically significantly more likely to have fully implemented that new HCAs have a relevant QQI Level 5 qualification in Survey 2 while nursing homes with more than 100 beds were less likely to have done so in Survey 2.

When surveyed in Survey 3 (October/November 2021) 69% of nursing homes reported they had fully implemented ensuring that new Healthcare Assistants (HCAs) staff have a relevant qualification. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (21%), a work in progress (10%) or not yet commenced (1%). Statutory and Voluntary nursing homes were statistically significantly more likely to have fully implemented that new HCAs have a relevant Level 5 qualification in Survey 3 while Private nursing homes were less likely to have done so in Survey 3.

Statistical significant uplifts in reporting of making sure that new Healthcare Assistants (HCAs) staff have a relevant qualification being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for Voluntary nursing homes, while significant decreases are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*
Fully implemented	76% 194	69% 195	97% 33	90% 28	69% 27	48% 12	81% 30	82% 31	67% 22	60% 18	84% 27	83% 34	50% 7	46% 13	63% 10	70% 23	84% 26	73% 24	63% 12	48% 12
Substantially complete	16% 41	21% 59	3% 1	3% 1	18% 7	32% 8	11% 4	11% 4	21% 7	30% 9	13% 4	15% 6	21% 3	29% 8	31% 5	18% 6	13% 4	24% 8	32% 6	36% 9
Work in progress	7% 17	10% 28	- -	6% 2	13% 5	16% 4	5% 2	8% 3	9% 3	10% 3	3% 1	2% 1	21% 3	21% 6	6% 1	12% 4	3% 1	3% 1	5% 1	16% 4
Not commenced	1% 3	1% 2	- -	- -	- -	4% 1	3% 1	- -	3% 1	- -	- -	- -	7% 1	4% 1	- -	- -	- -	- -	- -	- -

Q16(S2)/Q30(S3). The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification.

CHO 1 was statistically significantly more likely to have fully implemented ensuring that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification in Survey 2 (April/May 2021) while CHOs 1 and 5 were more likely to have done so in Survey 3 (October/November 2021), and numbers 2, 6 and 9 were less likely to have done so in Survey 3.

There was no statistical significance between Survey 2 (April/May 2021) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing ensuring that new HCAs have a relevant Level 5 qualification.

Education Plans for Healthcare Assistants - Recommendation 5.3

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL			Provider Type								No. of Registered Beds													
				Private				Statutory				Voluntary				0-40				41-100				More than 100	
	April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284		157	209		92	63		6*	12*		97	80		135	174		23*	30*					
Fully implemented	46% 118	57% 162		45% 71	49% 103		48% 44	76% 48		50% 3	92% 11		49% 48	66% 53		43% 58	55% 96		52% 12	43% 13					
Substantially complete	24% 61	21% 61		23% 36	24% 51		25% 23	14% 9		33% 2	8% 1		27% 26	18% 14		25% 34	20% 35		4% 1	40% 12					
Work in progress	27% 70	21% 59		29% 46	25% 53		25% 23	10% 6		17% 1	- -		24% 23	15% 12		28% 38	24% 42		39% 9	17% 5					
Not commenced	2% 6	1% 2		3% 4	1% 2		2% 2	- -		- -	- -		- -	1% 1		4% 5	1% 1		4% 1	- -					

Q17(S2)/Q31(S3). An education plan for each healthcare assistant is being developed or in place.

Nearly half (46%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented or are in the process of developing an education plan for each healthcare assistant. Twenty four percent reported they had the work substantially complete at that time and 27% that it was a work in progress. Two percent had not yet commenced the work on this.

When surveyed in Survey 3 (October/November 2021) 57% of nursing homes reported they had fully implemented the process of putting an education plan into place, a statistically significant increase as compared with Survey 2 (April/May 2021). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (21%), a work in progress (21%) or not yet commenced (1%). Statutory and Voluntary nursing homes were statistically significantly more likely to have fully implemented or are in the process of developing an education plan for each healthcare assistant in Survey 3.

Statistical significant uplifts in reporting of putting an education plan into place for each healthcare assistant being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for nursing homes with 0-40 and 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																				
			1		2		3		4		5		6		7		8		9				
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021			
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*			
Fully implemented	46% 118	57% 162	53% 18	68% 21	44% 17	52% 13	41% 15	58% 22	52% 17	53% 16	50% 16	68% 28	43% 6	36% 10	38%	6	67%	22	48% 15	58% 19	42% 8	44% 11	
Substantially complete	24% 61	21% 61	24% 8	23% 7	23% 9	16% 4	27% 10	11% 4	30% 10	23% 7	19% 6	20% 8	50% 7	36% 10	25%	4	15% 5	10% 3	24% 8	21% 4	32% 8		
Work in progress	27% 70	21% 59	18% 6	6% 2	28% 11	32% 8	30% 11	32% 12	18% 6	23% 7	31%	10	12%	5	7% 1	29% 8	38%	6	15% 5	39% 12	18% 6	37% 7	24% 6
Not commenced	2% 6	1% 2	6% 2	3% 1	5% 2	- -	3% 1	- -	- -	- -	- -	- -	- -	- -	- -	3% 1	3% 1	- -	- -	- -	- -		

Q17(S2)/Q31(S3). An education plan for each healthcare assistant is being developed or in place.

CHO 6 was statistically significantly less likely to have fully implemented the process of putting an education plan into place for each healthcare assistant in Survey 3 (October/November 2021).

CHO 7 was statistically significantly more likely to have fully implemented the process of putting an education plan into place for each healthcare assistant in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).



4.6 The Findings: Clinical - General Practitioner Lead Roles on Community Support Teams or in Nursing Homes



Clinical Governance Oversight Committee - Recommendation 8.6

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type								No. of Registered Beds							
			Private		Statutory		Voluntary				0-40		41-100		More than 100			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*				
Fully implemented	73% 186	82% 234	72% 113	83% 174	74% 68	81% 51	83% 5	75% 9	67% 65	75% 60	79% 106	83% 145	65% 15	97%	29			
Substantially complete	15% 37	7% 19	17% 27	7% 14	11% 10	6% 4	- -	8% 1	12% 12	8% 6	15% 20	7% 13	22% 5	-	-			
Work in progress	9% 22	8% 22	8% 12	8% 17	10% 9	8% 5	17% 1	- -	16% 16	11% 9	3% 4	7% 12	9% 2	3%	1			
Not commenced	4% 10	3% 9	3% 5	2% 4	5% 5	5% 3	- -	17% 2	4% 4	6% 5	4% 5	2% 4	4% 1	-	-			

Q14(S2)/Q22(S3). A clinical governance oversight committee is established in the nursing home.

Seven in ten (73%) of surveyed nursing homes in Survey 2 (April/May 2021) reported they had fully implemented the establishment of a clinical governance oversight committee in the nursing home. Fifteen percent reported they had the work substantially complete at that time and 9% reported implementing that it was a work in progress. Four percent had not yet commenced work on this.

When surveyed in Survey 3 (October/November 2021) 82% of nursing homes reported they had fully implemented a clinical governance oversight committee, a statistically significant increase as compared with Survey 2 (April/May 2021). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (7%), a work in progress (8%) or not yet commenced (3%). Nursing homes with more than 100 beds were statistically significantly more likely to have fully implemented the establishment of a clinical governance oversight committee in the nursing home in Survey 3.

Statistically significant uplifts in reporting of the establishment of a clinical governance oversight committee being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for Private nursing homes and those with more than 100 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*
Fully implemented	73% 186	82% 234	74% 25	77% 24	62% 24	76% 19	78% 29	89% 34	64% 21	87% 26	81% 26	78% 32	71% 10	61% 17	81% 13	94% 31	77% 24	88% 29	74% 14	88% 22
Substantially complete	15% 37	7% 19	9% 3	6% 2	18% 7	8% 2	11% 4	- -	21% 7	- -	13% 4	7% 3	21% 3	25% 7	6% 1	6% 2	13% 4	3% 1	21% 4	8% 2
Work in progress	9% 22	8% 22	12% 4	10% 3	13% 5	16% 4	8% 3	11% 4	9% 3	10% 3	6% 2	7% 3	- -	11% 3	13% 2	- -	6% 2	3% 1	5% 1	4% 1
Not commenced	4% 10	3% 9	6% 2	6% 2	8% 3	- -	3% 1	- -	6% 2	3% 1	- -	7% 3	7% 1	4% 1	- -	- -	3% 1	6% 2	- -	- -

Q14(S2)/Q22(S3). A clinical governance oversight committee is established in the nursing home.

CHO 6 was statistically significantly less likely to have fully implemented the establishment of a clinical governance oversight committee in the nursing home in Survey 3 (October/November 2021) while CHO 7 was more likely to have fully implemented this in Survey 3 (October/November 2021).

CHO 4 was statistically significantly more likely to have fully implemented the establishment of a clinical governance oversight committee in the nursing home in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).

Arrangements with GP's - Recommendation 8.2

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*
Fully implemented	62% 157	74% 209	52% 82	70% 146	76% 70	86% 54	83% 5	75% 9	54% 52	61% 49	67% 91	75% 131	61% 14	97% 29
Substantially complete	9% 22	5% 14	11% 17	5% 11	5% 5	2% 1	- -	17% 2	11% 11	6% 5	6% 8	5% 9	13% 3	- -
Work in progress	9% 24	7% 21	10% 16	7% 14	8% 7	10% 6	17% 1	8% 1	15% 15	9% 7	7% 9	7% 13	- -	3% 1
Not commenced	20% 52	14% 40	27% 42	18% 38	11% 10	3% 2	- -	- -	20% 19	24% 19	20% 27	12% 21	26% 6	- -

Q20(S2)/Q35(S3). The provider has an arrangement with a GP to support general oversight and governance of the nursing home.

Six in ten (62%) of surveyed nursing homes in Survey 2 (April/May 2021) reported they had fully implemented an arrangement with a GP to support general oversight and governance of the nursing home. Nine percent reported they had the work substantially complete at that time and 9% reported that it was a work in progress. Twenty percent reported that they had not yet commenced work in this area. Statutory nursing homes were statistically significantly more likely to have fully implemented an arrangement with a GP in Survey 2.

When surveyed in Survey 3 (October/November 2021) 74% of nursing homes reported they had fully implemented an arrangement with a GP, a statistically significant increase as compared with Survey 2 (April/May 2021). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (5%), a work in progress (7%) or not yet commenced (14%). Statutory nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented an arrangement with a GP in Survey 3, while those with 0-40 beds were less likely to have done so in Survey 3.

Statistical significant increases in reporting of an arrangement with a GP being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for Private nursing homes and those with 100 or more beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021		
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*		
Fully implemented	62% 157	74% 209	76% 26	87% 27	46% 18	64% 16	57% 21	66% 25	67% 22	63% 19	69% 22	78% 32	50% 7	46% 13	75% 12	97% 32	61% 19	73% 24	53% 10	84% 21		
Substantially complete	9% 22	5% 14	6% 2	-	5% 2	8% 2	19% 7	8% 3	3% 1	-	13% 4	7% 3	7% 1	11% 3	6% 1	3% 1	6% 2	6% 2	11% 2	-		
Work in progress	9% 24	7% 21	3% 1	3% 1	13% 5	16% 4	11% 4	8% 3	12% 4	10% 3	3% 1	2% 1	7% 1	21% 6	6% 1	-	16% 5	9% 3	11% 2	-		
Not commenced	20% 52	14% 40	15% 5	10% 3	36% 14	12% 3	14% 5	18% 7	18% 6	27% 8	16% 5	12% 5	36% 5	21% 6	13% 2	-	16% 5	12% 4	26% 5	16% 4		

Q20(S2)/Q35(S3). The provider has an arrangement with a GP to support general oversight and governance of the nursing home.

CHOs 1 and 7 were statistically significantly more likely to have fully implemented an arrangement with a GP in Survey 3 (October/November 2021), while number 6 was less likely to have done so in Survey 3.

CHO 9 was statistically significantly more likely to have fully implemented an arrangement with a GP in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).



4.7 The Findings: Nursing Home Staffing/Workforce



Effective Nursing Leadership - Recommendation 9.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	93% 295	96% 273	92% 206	96% 200	95% 78	98% 62	100% 11	92% 11	92% 110	98% 78	94% 144	96% 167	91% 41	93% 28
Substantially Complete	7% 21	4% 11	8% 18	4% 9	4% 3	2% 1	- -	8% 1	7% 8	3% 2	6% 9	4% 7	9% 4	7% 2
Work in progress	0% 1	- -	- -	- -	1% 1	- -	- -	- -	1% 1	- -	- -	- -	- -	- -

Q16(S1)/Q36(S3). The provider is assured that there is effective nursing leadership onsite to include contingency plans when absent.

Nine in ten (93%) of surveyed nursing homes in Survey 1 (November/December 2020) reported they had fully implemented effective nursing leadership onsite to include contingency plans when absent. Seven percent reported they had the work substantially complete at that time. Voluntary nursing homes were statistically significantly more likely to have fully implemented effective nursing leadership onsite to include contingency plans when absent in Survey 1.

When surveyed in Survey 3 (October/November 2021) 96% of nursing homes reported they had fully implemented effective nursing leadership onsite to include contingency plans when absent. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (4%).

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	93% 295	96% 273	88% 30	94% 29	93% 39	<u>100%</u> 25	94% 30	95% 36	93% 39	93% 28	91% 42	<u>100%</u> 41	<u>100%</u> 25	93% 26	<u>100%</u> 29	<u>100%</u> 33	94% 34	91% 30	87% 27	<u>100%</u> 25
Substantially Complete	7% 21	4% 11	9% 3	6% 2	7% 3	- -	6% 2	5% 2	7% 3	7% 2	9% 4	- -	- -	7% 2	- -	- -	6% 2	9% 3	13% 4	- -
Work in Progress	0% 1	- -	3% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

Q16(S1)/Q36(S3). The provider is assured that there is effective nursing leadership onsite to include contingency plans when absent.

CHOs 6 and 7 were statistically significantly more likely to have fully implemented effective nursing leadership onsite to include contingency plans when absent in Survey 1 (November/December 2020) while CHOs 2, 5, 7, and 9 were more likely to have fully implemented this in Survey 3 (October/November 2021).

CHOs 5 and 9 were statistically significantly more likely to have fully implemented effective nursing leadership onsite to include contingency plans when absent in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Collecting Data to Inform the Quality and Safety of Care and Outcomes - Recommendation 9.4

Base: All nursing homes that completed the survey – N=284

	Total		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021	
No. of nursing homes:	284		209		63		12*		80		174		30*	
Falls	99%	280	98%	205	<u>100%</u>	<u>63</u>	<u>100%</u>	<u>12</u>	96%	77	99%	173	<u>100%</u>	<u>30</u>
Skin Integrity	98%	278	98%	205	97%	61	<u>100%</u>	<u>12</u>	95%	76	99%	172	<u>100%</u>	<u>30</u>
Medication Administration	98%	278	97%	203	<u>100%</u>	<u>63</u>	<u>100%</u>	<u>12</u>	95%	76	99%	172	<u>100%</u>	<u>30</u>
Infection Prevention and Control	98%	279	98%	204	<u>100%</u>	<u>63</u>	<u>100%</u>	<u>12</u>	95%	76	99%	173	<u>100%</u>	<u>30</u>
Nutrition and Hydration	96%	274	97%	203	94%	59	<u>100%</u>	<u>12</u>	95%	76	97%	168	<u>100%</u>	<u>30</u>
Safeguarding of Vulnerable Adults	96%	274	95%	199	<u>100%</u>	<u>63</u>	<u>100%</u>	<u>12</u>	93%	74	98%	171	97%	29
Responsive Behaviour Support	94%	267	93%	195	97%	61	92%	11	<u>85%</u>	<u>68</u>	<u>98%</u>	<u>170</u>	97%	29
Pain Assessment and Management	92%	262	91%	190	95%	60	<u>100%</u>	<u>12</u>	88%	70	94%	164	93%	28
End of Life and Palliative Care	92%	261	91%	191	97%	61	75%	9	91%	73	91%	159	97%	29
Continence Assessment, Promotion and Management	90%	255	89%	185	92%	58	<u>100%</u>	<u>12</u>	85%	68	91%	158	97%	29
Person Centred Care	89%	253	87%	182	94%	59	<u>100%</u>	<u>12</u>	84%	67	90%	157	<u>97%</u>	<u>29</u>
Social and Recreational Assessment	88%	250	86%	180	94%	59	92%	11	80%	64	91%	158	93%	28
Activities of Living	87%	248	83%	174	<u>98%</u>	<u>62</u>	<u>100%</u>	<u>12</u>	88%	70	90%	156	73%	22
Person Experience	83%	236	79%	165	<u>95%</u>	<u>60</u>	92%	11	75%	60	84%	147	<u>97%</u>	<u>29</u>
Psychological Support	76%	215	73%	152	84%	53	83%	10	75%	60	77%	134	70%	21
Blank	1%	2	1%	2	-	-	-	-	3%	2	-	-	-	-

Q51 (S3). The Provider collects data on the following areas to inform the quality and safety of care and outcomes for residents.

The vast majority of nursing homes surveyed in Survey 3 (October/November 2021) reported that they collect data on falls (99%), skin integrity (98%), medication administration (98%) infection prevention and control (IPC) (98%), nutrition and hydration (96%) and the safeguarding of vulnerable adults (96%) to inform quality and safety of care outcomes for residents.

Voluntary providers and those with more than 100 beds are statistically significantly more likely to report collecting data in these areas, while Statutory providers are more likely to report data collection in the areas of falls, medication administration, IPC, falls and the safeguarding of vulnerable adults.

	Total		CHO																	
			1		2		3		4		5		6		7		8		9	
	Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021	
No. of nursing homes:	284		31*		25*		38*		30*		41		28*		33*		33*		25*	
Falls	99%	280	<u>100%</u>	<u>31</u>	96%	24	97%	37	<u>100%</u>	<u>30</u>	95%	39	<u>100%</u>	<u>28</u>	<u>100%</u>	<u>33</u>	<u>100%</u>	<u>33</u>	<u>100%</u>	<u>25</u>
Skin Integrity	98%	278	<u>100%</u>	<u>31</u>	96%	24	95%	36	<u>100%</u>	<u>30</u>	98%	40	93%	26	<u>100%</u>	<u>33</u>	<u>100%</u>	<u>33</u>	<u>100%</u>	<u>25</u>
Medication Administration	98%	278	<u>100%</u>	<u>31</u>	92%	23	97%	37	<u>100%</u>	<u>30</u>	95%	39	<u>100%</u>	<u>28</u>	97%	32	<u>100%</u>	<u>33</u>	<u>100%</u>	<u>25</u>
Infection Prevention and Control	98%	279	<u>100%</u>	<u>31</u>	96%	24	95%	36	<u>100%</u>	<u>30</u>	98%	40	<u>100%</u>	<u>28</u>	<u>100%</u>	<u>33</u>	97%	32	<u>100%</u>	<u>25</u>
Nutrition and Hydration	96%	274	94%	29	92%	23	95%	36	<u>100%</u>	<u>30</u>	95%	39	96%	27	97%	32	<u>100%</u>	<u>33</u>	<u>100%</u>	<u>25</u>
Safeguarding of Vulnerable Adults	96%	274	97%	30	96%	24	97%	37	90%	27	95%	39	<u>100%</u>	<u>28</u>	97%	32	<u>100%</u>	<u>33</u>	96%	24
Responsive Behaviour Support	94%	267	97%	30	96%	24	89%	34	93%	28	95%	39	86%	24	97%	32	97%	32	96%	24
Pain Assessment and Management	92%	262	90%	28	92%	23	92%	35	93%	28	90%	37	86%	24	94%	31	97%	32	96%	24
End of Life and Palliative Care	92%	261	90%	28	92%	23	97%	37	90%	27	88%	36	93%	26	88%	29	97%	32	92%	23
Continence Assessment, Promotion and Management	90%	255	77%	24	88%	22	87%	33	90%	27	93%	38	93%	26	<u>97%</u>	<u>32</u>	91%	30	92%	23
Person Centred Care	89%	253	81%	25	88%	22	89%	34	87%	26	88%	36	89%	25	88%	29	94%	31	<u>100%</u>	<u>25</u>
Social and Recreational Assessment	88%	250	77%	24	84%	21	84%	32	90%	27	90%	37	82%	23	94%	31	94%	31	96%	24
Activities of Living	87%	248	84%	26	88%	22	95%	36	73%	22	90%	37	86%	24	88%	29	91%	30	88%	22
Person Experience	83%	236	87%	27	76%	19	82%	31	83%	25	85%	35	68%	19	88%	29	91%	30	84%	21
Psychological Support	76%	215	74%	23	<u>92%</u>	<u>23</u>	82%	31	60%	18	78%	32	64%	18	76%	25	85%	28	68%	17
Blank	1%	2	-	-	4%	1	-	-	-	-	2%	1	-	-	-	-	-	-	-	-

Q51 (S3). The Provider collects data on the following areas to inform the quality and safety of care and outcomes for residents.

CHO numbers 1, 4, 6, 7, 8, and 9 were statistically significantly more likely to report that they collect data on falls, skin integrity (with the exception of number 6), medication administration (with the exception of number 7), and infection prevention and control (with the exception of number 8) when surveyed in Survey 3 (October/November 2021). Numbers 4, 8 and 9 were more likely to collect data in nutrition and hydration while numbers 6 and 8 were more likely to collect it on the safeguarding of vulnerable adults.



4.8 The Findings: Education - Discipline-Specific and Inter-Disciplinary



Mandatory Suite of Continuing Education for Staff - Recommendation 10.5

Base: All nursing homes that completed the survey – N=255

	Total		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021	
No. of nursing homes:	255		157		92		6*		97		135		23*	
Fully implemented	82%	209	80%	126	85%	78	83%	5	79%	77	84%	114	78%	18
Substantially complete	11%	27	11%	18	10%	9	-	-	11%	11	10%	14	9%	2
Work in progress	7%	19	8%	13	5%	5	17%	1	9%	9	5%	7	13%	3

Q22(S2) The provider has established a mandatory suite of continuing education for staff.

*Please note that the wording of Q38 in Survey 3 was edited and is not directly comparable. See Survey 3 section below.

Eight in 10 (82%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented a mandatory suite of continuing education for staff. Eleven percent reported they had the work substantially complete at that time and 7% reported that it was a work in progress.

	Total		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021		April/May 2021	
No. of nursing homes:	255		34*		39*		37*		33*		32*		14*		16*		31*		19*	
Fully implemented	82%	209	85%	29	79%	31	81%	30	91%	30	78%	25	86%	12	88%	14	74%	23	79%	15
Substantially complete	11%	27	6%	2	8%	3	19%	7	3%	1	9%	3	14%	2	13%	2	16%	5	11%	2
Work in progress	7%	19	9%	3	13%	5	-	-	6%	2	13%	4	-	-	-	-	10%	3	11%	2

Q22(S2) The provider has established a mandatory suite of continuing education for staff.

**Please note that the wording of Q38 in Survey 3 was edited and is not directly comparable. See Survey 3 section below.*

There was no statistical significance in Survey 2 (April/May 2021) versus the total in terms of CHOs with regards to fully implementing a mandatory suite of continuing education for staff.

Mandatory Suite of Continuing Education for Staff - Recommendation 10.5

Base: All nursing homes that completed the survey – N=284

	Total		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021	
No. of nursing homes:	284		209		63		12*		80		174		30*	
Infection Control	98%	277	97%	203	98%	62	<u>100%</u>	<u>12</u>	98%	78	97%	169	<u>100%</u>	<u>30</u>
Dementia Care	78%	222	79%	166	76%	48	67%	8	71%	57	84%	147	60%	18
End of Life Care	73%	207	76%	159	62%	39	75%	9	61%	49	79%	137	70%	21
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	-	-	3%	2	2%	3	-	-

Q38(S3). The provider has established a mandatory suite of continuing education for staff in the following areas: Infection Control, End of Life Care, Dementia Care, Palliative Care

*Please note that the wording of Q38 was edited and is not directly comparable with Q22 in Survey 2.

The vast majority of nursing homes surveyed in Survey 3 (October/November 2021) had established a mandatory suite of continuing education for staff in the area of Infection Control (98%). Seventy eight percent reported they had established education for staff in Dementia Care, 73% in End of Life Care and 61% in Palliative Care.

Voluntary providers and those with more than 100 beds were statistically significantly more likely to have established education for staff in the area of Infection Control in Survey 3.

	Total		CHO																	
			1		2		3		4		5		6		7		8		9	
	Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021	
No. of nursing homes:	284		31*		25*		38*		30*		41		28*		33*		33*		25*	
Infection Control	98%	277	<u>100%</u>	<u>31</u>	<u>100%</u>	<u>25</u>	92%	35	<u>100%</u>	<u>30</u>	95%	39	<u>100%</u>	<u>28</u>	<u>100%</u>	<u>33</u>	94%	31	<u>100%</u>	<u>25</u>
Dementia Care	78%	222	77%	24	84%	21	74%	28	77%	23	71%	29	<u>93%</u>	<u>26</u>	82%	27	76%	25	76%	19
End of Life Care	73%	207	61%	19	84%	21	68%	26	83%	25	71%	29	<u>93%</u>	<u>26</u>	70%	23	58%	19	76%	19
Palliative Care	61%	172	65%	20	76%	19	68%	26	60%	18	66%	27	68%	19	48%	16	<u>42%</u>	<u>14</u>	52%	13
None of the above	2%	5	-	-	-	-	3%	1	-	-	5%	2	-	-	-	-	6%	2	-	-

Q38(S3). The provider has established a mandatory suite of continuing education for staff in the following areas: Infection Control, End of Life Care, Dementia Care, Palliative Care

*Please note that the wording of Q38 was edited and is not directly comparable with Q22 in Survey 2.

CHOs 1, 2, 4, 6, 7 and 9 were statistically significantly more likely to have established education for staff in the area of Infection Control when surveyed in Survey 3 (October/November 2021). Number 6 was also more likely to have established education in Dementia and End of Life Care while number 8 was less likely to have established education in Palliative care.

Promotion of the Implementation of Advanced Healthcare Directives - Recommendation 10.2

Base: All nursing homes that completed the survey – N=255/N=284

[Light grey] = Number of responses	TOTAL		Provider Type								No. of Registered Beds							
			Private		Statutory		Voluntary				0-40		41-100		More than 100			
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	157	209	92	63	6*	12*	97	80	135	174	23*	30*				
Fully implemented	49% 124	61% 173	52% 82	57% 119	39% 36	71% 45	100% 6	75% 9	40% 39	61% 49	56% 76	64% 112	39% 9	40% 12				
Substantially complete	25% 64	20% 56	29% 45	21% 43	21% 19	17% 11	- -	17% 2	26% 25	24% 19	23% 31	18% 32	35% 8	17% 5				
Work in progress	23% 59	18% 51	18% 28	21% 43	34% 31	11% 7	- -	8% 1	29% 28	13% 10	20% 27	16% 28	17% 4	43% 13				
Not commenced	3% 8	1% 4	1% 2	2% 4	7% 6	- -	- -	- -	5% 5	3% 2	1% 1	1% 2	9% 2	- -				

Q21(S2)/Q37(S3). The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.

Half (49%) of nursing homes surveyed in Survey 2 (April/May 2021) reported they had fully implemented the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes. Twenty five percent reported they had the work substantially complete at that time and 23% reported that it was a work in progress. Three percent reported that they had not yet commenced work in this area.

When surveyed in Survey 3 (October/November 2021) 61% of nursing homes reported they had fully implemented AHD's by facilitating staff to participate in related education programmes, a statistically significant increase as compared with Survey 2 (April/May 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (20%), a work in progress (18%) or not yet commenced (1%). Nursing homes with more than 100 beds were statistically significantly less likely to have fully implemented the wider implementation of AHDs by facilitating staff to participate in related education programmes in Survey 3.

Statistical significant increases in reporting of AHD's being fully implemented in Survey 3 (October/November 2021) as compared to Survey 2 (April/May 2021) are evidenced for nursing homes with 0-40 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021	April/May 2021	Oct/Nov 2021
No. of nursing homes:	255	284	34*	31*	39*	25*	37*	38*	33*	30*	32*	41	14*	28*	16*	33*	31*	33*	19*	25*
Fully implemented	49% 124	61% 173	68% 23	65% 20	44% 17	56% 14	41% 15	58% 22	52% 17	47% 14	50% 16	85% 35	36% 5	46% 13	56% 9	64% 21	39% 12	67% 22	53% 10	48% 12
Substantially complete	25% 64	20% 56	9% 3	23% 7	26% 10	4% 1	32% 12	18% 7	24% 8	13% 4	28% 9	10% 4	57% 8	39% 11	13% 2	18% 6	26% 8	21% 7	21% 4	36% 9
Work in progress	23% 59	18% 51	21% 7	13% 4	23% 9	40% 10	24% 9	24% 9	21% 7	33% 10	22% 7	2% 1	7% 1	14% 4	19% 3	18% 6	35% 11	12% 4	26% 5	12% 3
Not commenced	3% 8	1% 4	3% 1	-	8% 3	-	3% 1	-	3% 1	7% 2	-	2% 1	-	-	13% 2	-	-	-	-	4% 1

Q21(S2)/Q37(S3). The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.

CHO 1 was statistically significantly more likely to have fully implemented promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes in Survey 2 (April/May 2021) while CHO 5 was more likely to have fully implemented this in Survey 3 (October/November 2021).

CHOs 5 and 8 were statistically significantly more likely to have fully implemented promoting the wider implementation of AHDs by facilitating staff to participate in related education programmes in Survey 3 (October/November 2021) as compared with Survey 2 (April/May 2021).



4.9 The Findings: Palliative Care



Individual Visiting Assessments - Recommendation 11.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	94% 297	94% 266	92% 207	92% 193	96% 79	97% 61	100% 11	100% 12	92% 110	91% 73	94% 144	94% 164	96% 43	97% 29
Substantially Complete	5% 16	4% 12	6% 13	6% 12	4% 3	- -	- -	- -	6% 7	6% 5	5% 7	4% 7	4% 2	- -
Work in progress	1% 4	2% 5	2% 4	1% 3	- -	3% 2	- -	- -	2% 2	3% 2	1% 2	1% 2	- -	3% 1
Not commenced	- -	0% 1	- -	0% 1	- -	- -	- -	- -	- -	- -	- -	1% 1	- -	- -

Q20(S1)/Q44(S3). All individual visiting assessments are documented in line with HSE and HPSC visiting guidance.

The majority (94%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the documentation of all individual visiting assessments line with HSE and HPSC visiting guidance. Five percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress. Voluntary nursing homes were statistically significantly more likely to have fully implemented the documentation of all individual visiting assessments line with guidance in Survey 1.

When surveyed in Survey 3 (October/November 2021) 94% of nursing homes reported they had fully implemented the documentation of all individual visiting assessments line with guidance. The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (4%) or a work in progress (2%). Voluntary nursing homes were statistically significantly more likely to have fully implemented the documentation of all individual visiting assessments line with guidance in Survey 3.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	94% 297	94% 266	91% 31	94% 29	95% 40	<u>100%</u> 25	88% 28	87% 33	90% 38	97% 29	<u>100%</u> 46	95% 39	<u>100%</u> 25	86% 24	97% 28	<u>100%</u> 33	89% 32	94% 31	94% 29	92% 23
Substantially Complete	5% 16	4% 12	6% 2	3% 1	2% 1	- -	13% 4	5% 2	7% 3	3% 1	- -	2% 1	- -	14% 4	3% 1	- -	8% 3	3% 1	6% 2	8% 2
Work in Progress	1% 4	2% 5	3% 1	3% 1	2% 1	- -	- -	8% 3	2% 1	- -	- -	2% 1	- -	- -	- -	- -	3% 1	- -	- -	- -
Not commenced	- -	0% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3% 1	- -	- -

Q20(S1)/Q44(S3). All individual visiting assessments are documented in line with HSE and HPSC visiting guidance.

CHOs 5 and 6 were statistically significantly more likely to have fully implemented the documentation of all individual visiting assessments in line with HSE and HPSC visiting guidance in Survey 1 (November/December 2020) while CHOs 2 and 7 were more likely to have fully implemented this in Survey 3 (October/November 2021).

CHO 6 was statistically significantly less likely to have fully implemented the documentation of all individual visiting assessments in line with HSE and HPSC visiting guidance in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Community Palliative Care Links - Recommendation 11.1

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	86% 273	94% 267	84% 188	94% 196	94% 77	98% 62	73% 8	75% 9	92% 109	95% 76	80% 123	94% 164	91% 41	90% 27
Substantially Complete	12% 37	4% 11	14% 32	5% 10	6% 5	2% 1	- -	- -	3% 4	4% 3	19% 29	3% 6	9% 4	7% 2
Work in progress	2% 5	1% 2	2% 4	0% 1	- -	- -	9% 1	8% 1	4% 5	1% 1	- -	- -	- -	3% 1
Not commenced	1% 2	1% 4	- -	1% 2	- -	- -	18% 2	17% 2	1% 1	- -	1% 1	2% 4	- -	- -

Q17(S1)/Q39(S3). There are established and effective links with the Community Palliative Care Team in your catchment area.

Nearly 9 in 10 (86%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the establishment of effective links with the Community Palliative Care Team in their catchment area. Twelve percent reported they had the work substantially complete at that time and 2% reported that it was a work in progress. One percent had not yet commenced work in this area. Statutory nursing homes were statistically significantly more likely to have fully implemented effective links with the Community Palliative Care Team in their area in Survey 1.

When surveyed in Survey 3 (October/November 2021) 94% of nursing homes reported they had fully implemented the establishment of links with the Community Palliative Care Team in their area, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (4%), a work in progress (1%) or not yet commenced (1%). Statutory nursing homes were statistically significantly more likely to have fully implemented effective links with the Community Palliative Care Team in their area in Survey 3.

Statistical significant uplifts in reporting of the establishment of effective links with the Community Palliative Care Team in their catchment area being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	86% 273	94% 267	91% 31	97% 30	95% 40	92% 23	84% 27	95% 36	88% 37	93% 28	78% 36	90% 37	84% 21	96% 27	79% 23	97% 32	89% 32	97% 32	84% 26	88% 22
Substantially Complete	12% 37	4% 11	9% 3	3% 1	5% 2	8% 2	16% 5	5% 2	10% 4	3% 1	13% 6	5% 2	12% 3	- -	17% 5	3% 1	11% 4	3% 1	16% 5	4% 1
Work in Progress	2% 5	1% 2	- -	- -	- -	- -	- -	- -	2% 1	3% 1	7% 3	2% 1	- -	- -	3% 1	- -	- -	- -	- -	- -
Not commenced	1% 2	1% 4	- -	- -	- -	- -	- -	- -	- -	- -	2% 1	2% 1	4% 1	4% 1	- -	- -	- -	- -	- -	8% 2

Q17(S1)/Q39(S3). There are established and effective links with the Community Palliative Care Team in your catchment area.

CHO 2 was statistically significantly more likely to have fully implemented effective links with the Community Palliative Care Team in their catchment area in Survey 1 (November/December 2020).

CHO 7 was statistically significantly more likely to have fully implemented the establishment of effective links with the Community Palliative Care Team in their catchment area in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Challenges & Barriers to Implementing Visiting Assessments - Recommendation 11.2

Base: All nursing homes that completed the survey – N=284

	Total		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021	
No. of nursing homes:	284		209		63		12*		80		174		30*	
Staff resources	14%	39	13%	28	14%	9	17%	2	13%	10	13%	22	23%	7
Visitor non-compliance: assessments, visiting times, masks, distance	6%	16	6%	5	5%	9	8%	2	6%	12	5%	3	7%	1
Lack of Resources - rooms, space, funding	4%	10	1%	-	10%	8	17%	2	-	2	5%	6	7%	2
Difficult visitors - aggressive, not satisfied	2%	7	3%	2	2%	5	-	-	3%	6	3%	1	-	-
Unvaccinated visitors	1%	4	1%	2	-	1	8%	1	3%	3	1%	-	3%	1
Visitors travelled abroad	1%	2	0%	-	2%	2	-	-	-	1	1%	1	-	-
Balancing right to visitors vs risk of covid	1%	3	1%	1	-	1	8%	1	1%	2	1%	-	3%	1
Other	1%	2	1%	-	-	2	-	-	-	2	1%	-	-	-
None of these	73%	208	76%	62	68%	129	50%	17	78%	159	74%	43	57%	6

Q45(S3). Open question: Are there any challenges/barriers to implementing visiting assessments in the centre?

Seven in ten (73%) of surveyed nursing homes in Survey 3 (October/November 2021) reported no challenges or barriers to implementing visiting assessments in the nursing homes. Eight percent reported staff resources, which was followed by visitor non-compliance (6%) and lack of resources such as having enough space (4%).

	Total		CHO																	
			1		2		3		4		5		6		7		8		9	
	Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021	
No. of nursing homes:	284		31*		25*		38*		30*		41		28*		33*		33*		25*	
Staff resources	8%		3%	1	12%	3	13%	5	23%	7	<u>5%</u>	<u>2</u>	21%	6	15%	5	12%	4	24%	6
Visitor non-compliance: assessments, visiting times, masks, distance	6%	16	10%	3	20%	5	-	-	3%	1	5%	2	4%	1	3%	1	9%	3	-	-
Lack of Resources - rooms, space, funding	4%	10	-	-	-	-	5%	2	3%	1	5%	2	4%	1	12%	4	-	-	-	-
Difficult visitors - aggressive, not satisfied	2%	7	-	-	4%	1	3%	1	-	-	2%	1	4%	1	3%	1	-	-	8%	2
Unvaccinated visitors	1%	4	-	-	-	-	-	-	-	-	-	-	4%	1	3%	1	-	-	8%	2
Visitors travelled abroad	1%	2	-	-	-	-	3%	1	-	-	-	-	-	-	3%	1	-	-	-	-
Balancing right to visitors vs risk of covid	1%	3	-	-	4%	1	-	-	3%	1	2%	1	-	-	-	-	-	-	-	-
Other	1%	2	-	-	-	-	-	-	-	-	-	-	-	-	3%	1	-	-	4%	1
None of these	73%	208	<u>90%</u>	<u>28</u>	72%	18	76%	29	67%	20	83%	34	64%	18	61%	20	79%	26	60%	15

Q45(S3). Open question: Are there any challenges/barriers to implementing visiting assessments in the centre?

CHO 1 was statistically significantly more likely to report they had no challenges or barriers to implementing visiting assessments when surveyed in Survey 3 (October/November 2021), while number 5 was less likely to report any issues with staff resources.



4.10 The Findings: Visitors to Nursing Homes



End of Life Visiting - Recommendation 12.3

Base: All nursing homes that completed the survey – N=317/N=248

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	99% 315	99% 282	100% 224	100% 208	99% 81	100% 63	91% 10	92% 11	99% 118	99% 79	99% 152	99% 173	100% 45	100% 30
Substantially Complete	0% 1	0% 1	- -	- -	- -	- -	9% 1	8% 1	1% 1	- -	- -	1% 1	- -	- -
Work in progress	0% 1	0% 1	- -	0% 1	1% 1	- -	- -	- -	- -	1% 1	1% 1	- -	- -	- -

Q22(S1)/Q47(S3). End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures.

Nearly all (99%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented end of life visiting arrangements on compassionate grounds based on clinical judgment in line with public health measures.

When surveyed in Survey 3 (October/November 2021) 99% of nursing homes also reported they had fully implemented end of life visiting arrangements on compassionate grounds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	99% 315	99% 282	100% 34	100% 31	100% 42	100% 25	100% 32	97% 37	100% 42	100% 30	98% 45	98% 40	100% 25	100% 28	100% 29	100% 33	97% 35	100% 33	100% 31	100% 25
Substantially Complete	0% 1	0% 1	- -	- -	- -	- -	- -	- -	- -	- -	2% 1	2% 1	- -	- -	- -	- -	- -	- -	- -	- -
Work in Progress	0% 1	0% 1	- -	- -	- -	- -	- -	3% 1	- -	- -	- -	- -	- -	- -	- -	- -	3% 1	- -	- -	- -

Q22(S1)/Q47(S3). End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures.

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards to fully implementing end of life visiting arrangements on compassionate grounds based on clinical judgment in line with public health measures.

Infrastructural Adaptations - Recommendation 12.2

Base: All nursing homes that completed the survey – N=317/284

[Light grey] = Number of responses	TOTAL		Provider Type								No. of Registered Beds					
			Private		Statutory		Voluntary				0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30		
Fully Implemented	74% 236	86% 244	73% 163	86% 180	78% 64	86% 54	82% 9	83% 10	82% 97	81% 65	70% 107	88% 153	71% 32	87% 26		
Substantially Complete	20% 62	9% 25	23% 51	8% 17	11% 9	10% 6	18% 2	17% 2	9% 11	13% 10	27% 41	7% 12	22% 10	10% 3		
Work in progress	5% 17	5% 15	4% 9	6% 12	10% 8	5% 3	-	-	8% 9	6% 5	3% 5	5% 9	7% 3	3% 1		
Not commenced	1% 2	-	0% 1	-	1% 1	-	-	-	2% 2	-	-	-	-	-		

Q21(S1)/Q46(S3). The provider has identified and addressed infrastructural adaptations required to facilitate visits.

Three quarters (74%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented infrastructural adaptations required to facilitate visits. Twenty percent reported they had the work substantially complete at that time and 5% reported that it was a work in progress. One percent reported they had not yet commenced work in this area.

When surveyed in Survey 3 (October/November 2021) 86% of nursing homes reported they had fully implemented the required infrastructural adaptations, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (9%) or a work in progress (5%).

Statistical significant uplifts in reporting of the infrastructural adaptations required to facilitate visits being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL				CHO																															
					1				2				3				4				5				6				7				8			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021										
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*																
Fully Implemented	74% 236	86% 244	82% 28	87% 27	74% 31	80% 20	63% 20	84% 32	86% 36	87% 26	80% 37	90% 37	68% 17	75% 21	72% 21	88% 29	67% 24	94% 31	71% 22	84% 21																
Substantially Complete	20% 62	9% 25	18% 6	10% 3	19% 8	4% 1	25% 8	13% 5	10% 4	10% 3	13% 6	5% 2	32% 8	11% 3	24% 7	6% 2	25% 9	6% 2	19% 6	16% 4																
Work in Progress	5% 17	5% 15	-	- 3% 1	5% 2	16% 4	13% 4	3% 1	2% 1	3% 1	7% 3	5% 2	-	- 14% 4	3% 1	6% 2	8% 3	-	-	10% 3	-	-														
Not commenced	1% 2	-	-	-	2% 1	-	-	-	2% 1	-	-	-	-	-	-	-	-	-	-	-	-	-														

Q21(S1)/Q46(S3). The provider has identified and addressed infrastructural adaptations required to facilitate visits.

CHOs 3 and 8 were statistically significantly more likely to have fully implemented the infrastructural adaptations required to facilitate visits in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).



4.11 The Findings: Communication



Meaningful Communications - Recommendation 13.1 & 13.2

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	88% 278	99% 280	84% 189	99% 206	95% 78	98% 62	100% 11	100% 12	93% 111	100% 80	82% 125	98% 171	93% 42	97% 29
Substantially Complete	11% 36	1% 4	14% 32	1% 3	5% 4	2% 1	- -	- -	4% 5	- -	18% 28	2% 3	7% 3	3% 1
Work in progress	1% 3	- -	1% 3	- -	- -	- -	- -	- -	3% 3	- -	- -	- -	- -	- -

Q23(S1)/Q48(S3). The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures.

Nearly 9 in 10 (88%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures. Eleven percent reported they had the work substantially complete at that time and 1% reported that it was a work in progress. Public and Voluntary nursing homes were statistically significantly more likely to have fully implemented communications with residents and families in relation to visiting protocols and all public health measures in Survey 1.

When surveyed in Survey 3 (October/November 2021) 99% of nursing homes reported they had fully implemented communications with residents and families in relation to visiting protocols and public health measures, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (1%). Voluntary nursing homes and those with 0-40 beds were statistically significantly more likely to have fully implemented communications with residents and families in relation to visiting protocols and all public health measures in Survey 3.

Statistical significant uplifts in reporting of the communications with residents and families in relation to visiting protocols and public health measures being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 0-40 and 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	88% 278	99% 280	88% 30	94% 29	86% 36	100% 25	84% 27	100% 38	90% 38	97% 29	91% 42	100% 41	88% 22	100% 28	90% 26	97% 32	86% 31	100% 33	84% 26	100% 25		
Substantially Complete	11% 36	1% 4	12% 4	6% 2	12% 5	- -	16% 5	- -	7% 3	3% 1	9% 4	- -	12% 3	- -	10% 3	3% 1	11% 4	- -	16% 5	- -		
Work in Progress	1% 3	- -	- -	- -	2% 1	- -	- -	- -	2% 1	- -	- -	- -	- -	- -	- -	- -	3% 1	- -	- -	- -		

Q23(S1)/Q48(S3). The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures.

CHOs 2, 3, 5, 6, 8 and 9 were statistically significantly more likely to have fully implemented ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures in Survey 3 (October/November 2021).

CHOs 2, 3, 5, 8 and 9 were all statistically significantly more likely to have fully implemented communication with residents and families in relation to visiting protocols and all public health measures in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Communication Pathways – Recommendation 13.3

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	87% 276	97% 275	85% 191	97% 203	91% 75	95% 60	91% 10	100% 12	93% 111	98% 78	80% 123	97% 168	93% 42	97% 29
Substantially Complete	12% 38	3% 8	13% 30	3% 6	9% 7	3% 2	9% 1	- -	5% 6	3% 2	19% 29	3% 5	7% 3	3% 1
Work in progress	1% 3	0% 1	1% 3	- -	- -	2% 1	- -	- -	2% 2	- -	1% 1	1% 1	- -	- -

Q24(S1)/Q49(S3). The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.

Nearly 9 in 10 (87%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented the maintenance of communication pathways through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families. Twelve percent reported they had the work substantially complete at that time and 1% reported that it was a work in progress. Nursing homes with 0-40 beds were statistically significantly more likely to have fully implemented the maintenance of communication pathways through technology for residents and their families in Survey 1.

When surveyed in Survey 3 (October/November 2021) 97% of nursing homes reported they had fully implemented communication pathways through technology for residents and their families, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (3%). Voluntary nursing homes were statistically significantly more likely to have fully implemented the maintenance of communication through technology for residents and their families in Survey 3.

Statistically significant uplifts in reporting of communication pathways through technology for residents and their families being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																	
			1		2		3		4		5		6		7		8		9	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*
Fully Implemented	87% 276	97% 275	97% 33	100% 31	86% 36	100% 25	84% 27	97% 37	90% 38	90% 27	89% 41	98% 40	84% 21	96% 27	86% 25	100% 33	81% 29	97% 32	84% 26	92% 23
Substantially Complete	12% 38	3% 8	3% 1	- -	12% 5	- -	16% 5	3% 1	10% 4	10% 3	11% 5	2% 1	16% 4	4% 1	10% 3	- -	17% 6	- -	16% 5	8% 2
Work in Progress	1% 3	0% 1	- -	- -	2% 1	- -	- -	- -	- -	- -	-- -	- -	- -	- -	3% 1	- -	3% 1	3% 1	- -	- -

Q24(S1)/Q49(S3). The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.

CHO 1 was statistically significantly more likely to have fully implemented communication pathways through technology solutions for residents and their families in Survey 1 (November/December 2020) while CHO's numbers 1, 2 and 7 were more likely to have fully implemented this in Survey 3 (October/November 2021).

CHOS 2, 7 and 8 were statistically significantly more likely to have fully implemented communication pathways through technology solutions for residents and their families in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).

Documenting Social Activities & Communication - Recommendation 13.4

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	81% 258	92% 260	77% 173	90% 189	90% 74	94% 59	100% 11	100% 12	82% 97	86% 69	78% 120	95% 165	91% 41	87% 26
Substantially Complete	16% 50	7% 20	21% 46	8% 17	5% 4	5% 3	- -	- -	13% 16	11% 9	20% 30	4% 7	9% 4	13% 4
Work in progress	3% 9	1% 4	2% 5	1% 3	5% 4	2% 1	- -	- -	5% 6	3% 2	2% 3	1% 2	- -	- -

Q18(S1)/Q40(S3). The provider has dedicated staff to facilitate and document social activities and communication for residents with family.

Eight in ten (81%) of surveyed nursing homes in Survey 1 (November/December 2020) reported they had fully implemented having dedicated staff to facilitate and document social activities and communication for residents with family. Sixteen percent reported they had the work substantially complete at that time and 3% were a work in progress. Statutory, Voluntary nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented having dedicated staff to facilitate and document social activities and communication for residents with family in Survey 1.

When surveyed in Survey 3 (October/November 2021) 92% of nursing homes reported they had fully implemented having staff to facilitate and document social activities and communication for residents with family, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (7%) or a work in progress (1%). Voluntary nursing homes were statistically significantly more likely to have fully implemented having dedicated staff to facilitate and document social activities and communication for residents with family in Survey 3.

Statistical significant uplifts in reporting of the staff facilitating and documenting social activities and communication for residents with family being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	81% 258	92% 260	85% 29	84% 26	79% 33	84% 21	69% 22	89% 34	83% 35	90% 27	83% 38	98% 40	88% 22	93% 26	76% 22	97% 32	83% 30	91% 30	87% 27	96% 24		
Substantially Complete	16% 50	7% 20	9% 3	13% 4	17% 7	12% 3	28% 9	8% 3	14% 6	10% 3	13% 6	2% 1	12% 3	4% 1	24% 7	3% 1	14% 5	9% 3	13% 4	4% 1		
Work in Progress	3% 9	1% 4	6% 2	3% 1	5% 2	4% 1	3% 1	3% 1	2% 1	- -	4% 2	- -	- -	4% 1	- -	- -	3% 1	- -	- -	- -		

Q18(S1)/Q40(S3). The provider has dedicated staff to facilitate and document social activities and communication for residents with family.

CHO 5 was statistically significantly more likely to have fully implemented having dedicated staff to facilitate and document social activities and communication for residents with family in Survey 3 (October/November 2021).

CHOs 3, 5 and 7 were statistically significantly more likely to have fully implemented having dedicated staff to facilitate and document social activities and communication for residents with family in Survey 3 (October/November 2021) as compared with Survey 1 (November/December 2020).



4.12 The Findings: A Broader Range of Statutory Care Supports for Older People



Advocacy Services – Recommendation 15.4

Base: All nursing homes that completed the survey – N=317/N=284

[Light grey] = Number of responses	TOTAL		Provider Type						No. of Registered Beds					
			Private		Statutory		Voluntary		0-40		41-100		More than 100	
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021
No. of nursing homes:	317	284	224	209	82	63	11*	12*	119	80	153	174	45	30
Fully Implemented	79% 251	89% 252	75% 168	86% 179	90% 74	97% 61	82% 9	100% 12	84% 100	89% 71	74% 113	87% 152	84% 38	97% 29
Substantially Complete	17% 54	11% 30	20% 45	13% 28	9% 7	3% 2	18% 2	- -	12% 14	9% 7	23% 35	13% 22	11% 5	3% 1
Work in progress	3% 11	1% 2	5% 11	1% 2	- -	- -	- -	- -	4% 5	3% 2	3% 4	- -	4% 2	- -
Not commenced	0% 1	- -	- -	- -	1% 1	- -	- -	- -	- -	- -	1% 1	- -	- -	- -

Q25(S1)/Q50(S3). Residents are aware of and are provided access to independent advocacy services.

Eight in 10 (79%) of nursing homes surveyed in Survey 1 (November/December 2020) reported they had fully implemented accessibility to independent advocacy services for residents. Seventeen percent reported they had the work substantially complete at that time and 3% reported that it was a work in progress. Statutory nursing homes were statistically significantly more likely to have fully implemented accessibility to independent advocacy services for residents in Survey 1.

When surveyed in Survey 3 (October/November 2021) 89% of nursing homes reported they had fully implemented residents accessibility to advocacy services, a statistically significant increase as compared with Survey 1 (November/December 2020). The remainder of nursing homes surveyed in Survey 3 (October/November 2021) claimed to be substantially complete (11%) or a work in progress (1%). Statutory, Voluntary nursing homes and those with more than 100 beds were statistically significantly more likely to have fully implemented accessibility to independent advocacy services for residents in Survey3.

Statistical significant uplifts in reporting of the accessibility to independent advocacy services for residents being fully implemented in Survey 3 (October/November 2021) as compared to Survey 1 (November/December 2020) are evidenced for Private nursing homes and those with 41-100 beds.

[Light grey] = Number of responses	TOTAL		CHO																			
			1		2		3		4		5		6		7		8		9			
	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021	Nov/Dec 2020	Oct/Nov 2021		
No. of nursing homes:	317	284	34	31*	42	25*	32	38	42	30	46	41	25	28*	29*	33	36	33	31	25*		
Fully Implemented	79% 251	89% 252	91% 31	94% 29	76% 32	92% 23	72% 23	82% 31	79% 33	90% 27	87% 40	90% 37	80% 20	86% 24	72% 21	91% 30	81% 29	91% 30	71% 22	84% 21		
Substantially Complete	17% 54	11% 30	9% 3	6% 2	17% 7	8% 2	25% 8	18% 7	19% 8	10% 3	13% 6	7% 3	20% 5	14% 4	28% 8	9% 3	11% 4	9% 3	16% 5	12% 3		
Work in Progress	3% 11	1% 2	- -	- -	7% 3	- -	3% 1	- -	2% 1	- -	- -	2% 1	- -	- -	- -	- -	6% 2	- -	13% 4	4% 1		
Not commenced	0% 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	3% 1	- -	- -	- -		

Q25(S1)/Q50(S3). Residents are aware of and are provided access to independent advocacy services.

CHO 1 was statistically significantly more likely to have fully implemented accessibility to independent advocacy services for residents in Survey 1 (November/December 2020).

There was no statistical significance between Survey 1 (November/December 2020) and Survey 3 (October/November 2021) in terms of CHOs with regards to the full implementation of accessibility to independent advocacy services for residents.



5.0 The Findings: Regulatory Recommendations



Collecting Data for Regular Reporting and Operational Management - Recommendation 14.6

Base: All nursing homes that completed the survey – N=284

	Total		Provider Type				No. of Registered Beds					
			Private	Statutory	Voluntary		0-40	41-100	More than 100			
	Oct/Nov 2021		Oct/Nov 2021	Oct/Nov 2021	Oct/Nov 2021		Oct/Nov 2021	Oct/Nov 2021	Oct/Nov 2021			
No. of nursing homes:	284		209	63	12*		80	174	30*			
Resident Numbers	95%	270	93% 73	<u>100%</u> <u>167</u>	<u>100%</u> <u>30</u>		91% 195	96% 63	<u>100%</u> <u>12</u>			
Bed occupancy levels	95%	271	94% 73	<u>100%</u> <u>168</u>	<u>100%</u> <u>30</u>		91% 196	97% 63	<u>100%</u> <u>12</u>			
Staffing numbers	94%	267	92% 72	<u>98%</u> <u>166</u>	<u>100%</u> <u>29</u>		90% 193	95% 62	97% 12			
Staffing Vacancies	88%	251	87% 63	<u>98%</u> <u>159</u>	67% 29		79% 181	91% 62	<u>97%</u> <u>8</u>			
Full time equivalents	87%	247	85% 64	<u>95%</u> <u>155</u>	83% 28		80% 177	89% 60	93% 10			
Staffing Qualifications	85%	242	85% 65	84% 148	92% 29		81% 178	85% 53	<u>97%</u> <u>11</u>			
Role and Grade of staff	83%	237	82% 61	87% 148	83% 28		76% 172	85% 55	93% 10			
Resident Demographics (E.g. age, gender)	81%	229	81% 62	78% 138	92% 29		78% 169	79% 49	<u>97%</u> <u>11</u>			
Use of agency and/or overtime hours	73%	208	67% 46	<u>97%</u> <u>133</u>	50% 29		<u>57%</u> <u>141</u>	76% 61	<u>97%</u> <u>6</u>			
None	3%	8	4% 5	3	-		6% 8	2% -	-			

Q41(S3). Do you collect data for regular reporting and operational management for:

The vast majority of nursing homes surveyed in Survey 3 (October/November 2021) reported that they collect data on resident numbers (95%), bed occupancy levels (95%) and staffing numbers (94%) for regular reporting and operational management. Statutory and Voluntary providers are statistically significantly more likely to collect data in these areas while those with more than 100 beds are more likely to collect data for resident numbers and bed occupancy levels.

	Total		CHO																	
			1		2		3		4		5		6		7		8		9	
	Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021		Oct/Nov 2021	
No. of nursing homes:	284		31*		25*		38*		30*		41		28*		33*		33*		25*	
Resident Numbers	95%	270	94%	29	92%	23	89%	34	<u>100%</u>	<u>30</u>	98%	40	96%	27	97%	32	97%	32	92%	23
Bed occupancy levels	95%	271	94%	29	92%	23	<u>100%</u>	<u>38</u>	<u>100%</u>	<u>30</u>	95%	39	93%	26	97%	32	97%	32	88%	22
Staffing numbers	94%	267	90%	28	92%	23	97%	37	97%	29	95%	39	96%	27	94%	31	91%	30	92%	23
Staffing Vacancies	88%	251	84%	26	72%	18	95%	36	90%	27	83%	34	86%	24	<u>97%</u>	<u>32</u>	94%	31	92%	23
Full time equivalents	87%	247	84%	26	88%	22	87%	33	93%	28	85%	35	75%	21	91%	30	94%	31	84%	21
Staffing Qualifications	85%	242	77%	24	84%	21	79%	30	93%	28	88%	36	86%	24	88%	29	91%	30	80%	20
Role and Grade of staff	83%	237	77%	24	76%	19	89%	34	93%	28	80%	33	79%	22	85%	28	91%	30	76%	19
Resident Demographics (E.g. age, gender)	81%	229	68%	21	84%	21	76%	29	90%	27	85%	35	71%	20	85%	28	82%	27	84%	21
Use of agency and/or overtime hours	73%	208	68%	21	56%	14	76%	29	73%	22	71%	29	68%	19	82%	27	76%	25	<u>88%</u>	<u>22</u>
None	3%	8	6%	2	8%	2		-		-	2%	1		-		-	3%	1	8%	2

Q41 (S3). Do you collect data for regular reporting and operational management for:

CHO 4 is statistically significantly more likely to collect data on resident numbers when surveyed in Survey 3 (October/November 2021) while CHO 3 is more likely to collect data on both residents numbers and bed occupancy levels.



Appendix



Survey 1 Questionnaire

Grouping Section Header	Q. No.	Rec. No.	Question
Preparedness and Contingency	1	2.02	The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan.
Preparedness and Contingency	2	2.1	The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home.
Preparedness and Contingency	3	3.02	PPE is readily available.
Preparedness and Contingency	4	3.02	There is onsite supervision on every shift to ensure PPE is being used correctly.
Preparedness and Contingency	5	3.02	Staff training in PPE use is documented.
Preparedness and Contingency	6	3.06	The provider has access to safe staffing levels and the required skill set on every shift.
Preparedness and Contingency	7	3.08	The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7
Preparedness and Contingency	8	5.02	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.
Social distancing and isolation	9	3.04	Suspect cases and close contacts are isolated pending the results of rapid testing.
Social distancing and isolation	10	3.05	The provider has the ability and space to isolate and cohort residents.
Social distancing and isolation	11	3.05	The provider has plans in place to isolate and cohort residents.
Social distancing and isolation	12	3.07	Social distancing facilities for residents and staff are in place and maintained.
Social distancing and isolation	13	4.03	New residents are isolated according to HPSC protocol.
Staffing and supports	14	5.01	The provider maintains a log of all persons/staff entering nursing homes.
Staffing and supports	15	5.08	The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff.
Staffing and supports	16	9.02	The provider is assured that there is effective nursing leadership onsite to include contingency plans when absent.
Staffing and supports	17	11.01	There are established and effective links with the Community Palliative Care Team in your catchment area.
Staffing and supports	18	13.04	The provider has dedicated staff to facilitate and document social activities and communication for residents with family.
Testing	19	4.01	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.
Visiting	20	11.02	All individual visiting assessments are documented in line with HSE and HPSC visiting guidance.
Visiting	21	12.02	The provider has identified and addressed infrastructural adaptations required to facilitate visits.
Visiting	22	12.03	End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures.
Visiting	23	13.01, 13.02	The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures.
Visiting	24	13.03	The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.
Advocacy	25	15.04	Residents are aware of and are provided access to independent advocacy services.
Comment Section	26		Do you have any general comments or feedback on how this survey can be improved.

Survey 2 Questionnaire

Grouping Section Header	Q. No.	Rec. No.	Question
Preparedness and Contingency	1	1.01	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.
Preparedness and Contingency	2	1.01	The provider has implemented enhanced public health measures to include sourcing adequate supplies of PPE.
Preparedness and Contingency	3	1.01	The provider has implemented enhanced public health measures to include staff accommodation.
Preparedness and Contingency	4	1.01	The accommodation includes provision for those who are COVID-19 positive and/or self-isolating.
Preparedness and Contingency	5	1.01	The provider has implemented enhanced public health measures to include contingency staffing teams.
Preparedness and Contingency	6	1.01	The provider has implemented enhanced public health measures to include preparedness planning.
Preparedness and Contingency	7	2.07	All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.
Preparedness and Contingency	8	2.07	The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.
Preparedness and Contingency	9	2.07	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.
Preparedness and Contingency	10	2.07	The provider has onsite access to a trained Infection Prevention and Control lead for each shift.
Preparedness and Contingency	11	2.08	The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.
Preparedness and Contingency	12	2.08	The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.
Preparedness and Contingency	13	4.02	Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.
Preparedness and Contingency	14	8.06	A clinical governance oversight committee is established in the nursing home.
Social distancing and isolation	15	3.03	The provider has consistently sustained protocols for self-isolation, quarantine and cohorting.
Staffing and supports	16	5.03	The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQI Level 5 qualification.
Staffing and supports	17	5.03	An education plan for each healthcare assistant is being developed or in place.
Staffing and supports	18	5.06	The provider ensures that staff do not work across multiple sites.
Staffing and supports	19	5.06	The provider has contract or agreed protocols in place with staff and agencies employed.
Staffing and supports	20	8.02	The provider has an arrangement with a GP to support general oversight and governance of the nursing home.
Staffing and supports	21	10.02	The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.
Staffing and supports	22	10.05	The provider has established a mandatory suite of continuing education for staff.
Testing	23	2.06	There are staff available in-house that can undertake COVID-19 test swabbing.

Survey 3 Questionnaire

COVID-19 Nursing Homes Expert Panel Report; Registered Provider's Implementation of Recommendations Survey issued October 2021			
Majority of questions (exceptions noted below) will be answered from a multiple choice of: Not commenced, Work in Progress, Substantially Complete, Fully implemented			
Grouping / Heading	Q. No.	Rec No.	Question
1. Preparedness and contingency	1	1.1	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.
1. Preparedness and contingency	2	1.1	The provider has implemented enhanced public health measures to include sourcing adequate supplies of PPE.
1. Preparedness and contingency	3	1.1	The provider has implemented enhanced public health measures to include staff accommodation.
1. Preparedness and contingency	4	1.1	The accommodation includes provision for those who are COVID-19 positive and/or self-isolating.
1. Preparedness and contingency	5	1.1	The provider has implemented enhanced public health measures to include contingency staffing teams.
1. Preparedness and contingency	6	1.1	The provider has implemented enhanced public health measures to include preparedness planning.
1. Preparedness and contingency	7	2.2	The provider has a clear Infection Prevention and Control (IPC) strategy as part of its preparedness plan.
1. Preparedness and contingency	8	2.7	All staff including newly recruited staff have received mandatory Infection Prevention and Control (IPC) training.
1. Preparedness and contingency	9	2.7	The provider and staff have accessed 'train the trainers' infection control' training programme approved by the HSE.
1. Preparedness and contingency	10	2.7	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.
1. Preparedness and contingency	11	2.7	The provider has onsite access to a trained Infection Prevention and Control lead for each shift.
1. Preparedness and contingency	12	2.8	The provider has access to HSE produced user-friendly, consistent protocol for ordering and for the ongoing supply of additional COVID-19 related PPE.
1. Preparedness and contingency	13	2.8	The provider has an emergency supply of PPE and other COVID-19 related equipment in the event of a cluster.
1. Preparedness and contingency	14	2.1	The provider's preparedness plan includes the management of entrances and exits to facilitate zoning in the nursing home.
1. Preparedness and contingency	15	3.2	PPE is readily available.
1. Preparedness and contingency	16	3.2	There is onsite supervision on every shift to ensure PPE is being used correctly.
1. Preparedness and contingency	17	3.2	Staff training in PPE use is documented.
1. Preparedness and contingency	18	3.6	The provider has access to safe staffing levels and the required skill set on every shift.
1. Preparedness and contingency	19	3.8	The provider's preparedness plans include written plans for outbreak management as described by Recommendation 3.1 to 3.7
1. Preparedness and contingency	20	4.2	Admissions are only accepted where infection prevention and control measures are of a sufficient standard to ensure there is no risk of onward infection.
1. Preparedness and contingency	21	5.2	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.
1. Preparedness and contingency	22	8.6	A clinical governance oversight committee is established in the nursing home.
2. Social distancing and isolation	23	3.3	The provider has consistently sustained protocols for self-isolation, quarantine and cohorting.
2. Social distancing and isolation	24	3.4	Suspect cases and close contacts are isolated pending the results of rapid testing.
2. Social distancing and isolation	25	3.5	The provider has the ability and space to isolate and cohort residents.
2. Social distancing and isolation	26	3.5	The provider has plans in place to isolate and cohort residents.
2. Social distancing and isolation	27	3.7	Social distancing facilities for residents and staff are in place and maintained.
2. Social distancing and isolation	28	4.3	New residents are isolated according to HPSC protocol.
3. Staffing and supports	29	5.1	The provider maintains a log of all persons/staff entering nursing homes.
3. Staffing and supports	30	5.3	The provider ensures that new Healthcare Assistants (HCAs) staff have a relevant QQJ Level 5 qualification
3. Staffing and supports	31	5.3	An education plan for each healthcare assistant is being developed or in place
3. Staffing and supports	32	5.6	The provider ensures that staff do not work across multiple sites
3. Staffing and supports	33	5.6	The provider has contract or agreed protocols in place with staff and all agency employed

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COVID-19 Nursing Homes Expert Panel Report; Registered Provider's Implementation of Recommendations Survey issued October 2021			
3. Staffing and supports	34	5.8	The provider facilitates the access to necessary supports (occupational health, HR support including psychological supports) for all staff.
3. Staffing and supports	35	8.2	The provider has an arrangement with a GP to support general oversight and governance of the nursing home
3. Staffing and supports	36	9.2	The provider is assured that there is effective nursing leadership onsite to include contingency plans when absent.
3. Staffing and supports	37	10.2	The Provider is actively promoting the wider implementation of advanced healthcare directives (AHDs) by facilitating staff to participate in related education programmes.
3. Staffing and supports	38	10.5	The provider has established a mandatory suite of continuing education for staff in the following areas: Infection Control, End of Life Care, Dementia Care, Palliative Care
3. Staffing and supports	39	11.1	There are established and effective links with the Community Palliative Care Team in your catchment area.
3. Staffing and supports	40	13.4	The provider has dedicated staff to facilitate and document social activities and communication for residents with family.
3. Staffing and supports	41	14.6	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
4. Testing	42	2.6	There are staff available in-house that can undertake COVID-19 test swabbing
4. Testing	43	4.1	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.
5. Visiting	44	11.2	All individual visiting assessments are documented in line with HSE and HPSC visiting guidance.
5. Visiting	45	11.2	Open question: Are there any challenges/barriers to implementing visiting assessments in the centre?
5. Visiting	46	12.2	The provider has identified and addressed infrastructural adaptations required to facilitate visits.
5. Visiting	47	12.3	End of life visiting is arranged on compassionate grounds based on clinical judgment in line with public health measures.
5. Visiting	48	13.1 and 13.2	The provider has ongoing, clear and meaningful communications with residents and families in relation to visiting protocols and all public health measures.
5. Visiting	49	13.3	The provider ensures communication pathways are maintained and/or enhanced through technology solutions (E.g. tablets, WiFi or otherwise) for residents and their families.
6. Advocacy	50	15.4	Residents are aware of and are provided access to independent advocacy services.
7. Reporting	51	9.4	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

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