

Health Information and Quality Authority - Chief Inspector of Social Services
Nursing Home Sector - Public Health Emergency
09/04/2020

Introduction:

The nursing home sector provides residential care for 32,000 people. These services are regulated in line with the Health Act 2007, as amended. Each nursing home is registered for three years.

The Health Services Executive provides 18% of residential beds, those funded through a section 38 arrangement provide 2% of residential beds. The remaining 80% are provided by the private sector.

Nursing homes are standalone facilities – a good nursing home is integrated within the local community. The average number of registered beds in any home is 50, the smallest having 9 and the largest 180 beds.

Private nursing homes are owned by single providers, limited companies and partnerships. Importantly a company may own several nursing homes however, each is registered as a single legal entity and regulated accordingly. The private nursing home sector is primarily funded through (a) nursing home support scheme¹ or (b) privately by a resident.

Each resident agrees and signs a contract of care with the provider. Their contract agrees the services the provider will deliver.

The private nursing home sector has no clinical governance oversight by or relationship with the Health Service Executive.

Regulation:

All nursing homes are inspected and assessed against national registration and care and welfare regulations. The care and welfare regulation, amended in 2013, set a minimum standard for nursing homes.

As of 2019, **23%** of nursing homes in Ireland were fully compliant with all regulations.

Staffing:

There is no nationally mandated staffing ratio for the nursing home sector.

Professional nursing staff working in the nursing home sector are registered with An Bord Altranais, medical care is provided by General Practitioners and /or resident house officers.

In the private sector the majority of care is provided by healthcare assistants, supervised by a registered nurse. In a large number of private nursing homes their established staffing levels, skills mix, and competencies are not commensurate with what is required to deal effectively with the escalating care needs of residents during a Covid 19 outbreak.

Importantly, the private sector is unable to safely sustain a quality service when staffing levels are depleted by staff self- isolating whilst awaiting Covid 19 testing and/or results.

¹ The fee paid for a nursing home resident is a standardised fee set by NTPF regardless of the needs, complexity or dependency of a resident.

Regulatory non-compliance

Whilst 67% of nursing homes are not fully compliant with the care and welfare regulations, in the context of a Covid-19 outbreak those providers with a regulatory history of persistent non-compliance are challenged in the areas of:

- Premises:

I.e. The poor infrastructure and limited capacity to isolate patients poses a significant risk.
- Governance leadership and management

I.e. The capability of the provider to prepare for and effectively deal with a Covid -19 outbreak poses a risk
- Infection Control²

I.e. The limited availability of sluicing, inappropriate use of PPE (aprons and gloves), and poor ICP procedures to include staff training
- Risk management

I.e. The identification, assessment and control of risk is not of a high standard.

Are potentially most at risk of:

- not effectively managing a Covid -19 outbreak
- not maintaining a quality service for residents
- Increasing safeguarding concerns for residents

And

- requiring additional supports to include staffing from the HSE

Potential number of nursing homes at risk:

The HSE has undoubtedly endeavoured to provide assistance and support to the providers in the sector when the need has arisen

By way of example, the HSE provided [REDACTED] with:

- in excess of 50 staff (nursing and non-nursing)
- on site infection control advice
- psychological staff support services
- increased PPE
- Public Health advice

However the lack of direct relationship of the HSE with the private sector has highlighted a challenge to effectively project the specific needs of nursing homes during the Covid-19 outbreak.

² The regulation that relate to infection prevention and control are minimal and would not be a predictor of how a home could deal with an outbreak such as Covid 19

In the context of managing a Covid 19 outbreak - of the 580 nursing homes, we estimate 124 public and private nursing homes will potentially need some level of additional support etc. This list has been shared with the HSE. In addition, the provider is mandated to report any Covid-19 outbreak to the Chief Inspector - an updated status report to include a risk assessment is shared with the HSE each morning.

What would potentially reduce/mitigate this demand:

- **Staffing**
 - o Fast track Covid 19 testing and results for residents and staff to expedite staff return.

- **Minimizing infection**
 - o Ensuring patients transferring from the acute sector have 2 negative Covid 19 results

- **Protect and reassuring staff and residents**
 - o Base line store of PPE and security of supply thereafter.

- **Managing Covid 19 outbreak**
 - o Formal escalation pathways to ensure:
 - Adequate PPE
 - Infection control advice and support
 - Public Health support