Houses of the Oireachtas

Special Committee on Covid-19 Response

Interim Report on Covid-19 in Nursing Homes

July 2020
Chairman’s Foreword

I welcome the publication today of the Special Committee’s Interim Report on Covid-19 in Nursing Homes

The impact of Covid-19 in Ireland has been most profound on the residents of our nursing homes. The fact that their deaths accounted for 56% of the overall total shows the extent to which our older and most vulnerable population was disproportionately affected and it calls for further investigation.

This Committee intends to return to this issue in September when it examines the HIQA report which was published in July and the forthcoming report from the Expert Advisory Panel. The Committee will then be in a position to determine how best to continue that investigation and whether a public inquiry is necessary to examine the impact of Covid-19 in nursing homes from March to May of 2020.

The examination by the Committee of this issue, as outlined in this report, has focussed on two interrelated issues, namely:

1. Whether residents in nursing homes were adequately protected, given what was becoming obvious from the experience of Spain and Italy during February and March, and
2. The extent to which the Covid-19 crisis has highlighted the need to move to a different model of care where more of our older population are looked after at home or, at least, in their communities, rather than in congregated settings.

The examination has facilitated a public debate on whether enough was done to protect our older population and whether there were avoidable deaths. It also allowed a review from which it is evident that, if there is a second wave of the virus, different measures will be taken. We know, for instance, that the discharge of patients from acute hospitals to nursing homes has been tightened up through testing and isolation procedures, which is welcome. However, the fact that the HSE still facilitates the placement of older persons in a nursing home with known infection control risks is, in the view of the Committee, indefensible. This practice must end.

Congregated settings, such as nursing homes, posed the greatest risk of clusters of infection and the medium to long-term response from the State will have to incorporate new ways of catering for these groups. In the case of our older population, we need a much better blend of care where the focus is on keeping older people in the community longer. If, and when, people ultimately require nursing home care, there must be a clear clinical pathway between the provider of the care and the local public health authority. A clinical director needs to be appointed to every nursing home, as was introduced in the UK in May of this year in direct response to the pandemic. Covid-19 provided a wake-up call to push the shortcomings in care for our older population higher up the agenda of our public health authorities.
I want to thank the stakeholders who engaged with the Committee, Members of the Committee Members and the Secretariat for their work on this issue.

I commend the report to the Dáil.

Michael McNamara TD
Chairman
31st July 2020
<table>
<thead>
<tr>
<th>Membership Of Special Committee On Covid-19 Response</th>
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</thead>
<tbody>
<tr>
<td>Colm Brophy, Fine Gael</td>
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<td>Colm Burke, Fine Gael</td>
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<tr>
<td>Mary Butler, Fianna Fáil</td>
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<td>Jennifer Carroll MacNeill, Fine Gael</td>
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<tr>
<td>Matt Carthy, Sinn Féin</td>
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<tr>
<td>Michael Collins, Rural Independent Group</td>
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<td>David Cullinane, Sinn Féin</td>
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<td>Pearse Doherty, Sinn Féin</td>
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<td>Stephen Donnelly, Fianna Fáil</td>
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<td>Norma Foley, Fianna Fáil</td>
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<td>John McGuinness, Fianna Fáil</td>
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<tr>
<td>Michael McNamara (Chairman), Independent Group</td>
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Fergus O’Dowd, Fine Gael
Louise O’Reilly, Sinn Féin
Matt Shanahan, Regional Independent Group
Róisín Shortall, Social Democrats
Bríd Smith, Solidarity-People Before Profit
Duncan Smith, Labour
Ossian Smyth, Green Party
1. Background

1.1 Introduction

1. The Special Committee on Covid-19 Response undertook as part of its work programme to examine the response to the Covid-19 crisis in nursing homes.

2. The Committee held three meetings in relation to this matter (see Table 2). Due to the Covid-19 restrictions on the length of sessions and number of witnesses, these meetings focused on engagement with Government Departments and State bodies and as well as representatives of the nursing homes sector and with representatives from Sage Advocacy who provided an insight into concerns of residents and families during the Covid-19 crisis.

3. To counterbalance the restricted nature of sittings and in order to get a wider view of the issue, the Committee also received 20 written submissions from medical experts, organisations and groups advocating for the rights of older people during its examination of the issue. (See Table 3)

4. The totality of the evidence illustrates the extent of the impact of Covid-19 on older people in nursing homes. It also heard evidence in relation to the measures which could be taken to ensure that improved systems of regulation and appropriate care is provided to older people.

1.2 Overview Of Impact Of Covid-19 On Nursing Homes

5. The impact of Covid-19 on older people in Ireland has shocked the nation. While our European neighbours Italy and Spain saw devastation in their acute hospitals at the height of the crisis, for Ireland, Covid-19 was most deadly in the nursing home residences of the most vulnerable of our older population. Dr. David Nabarro, a special envoy for the World Health Organization, told the Committee that Ireland was at the “upper end of the spectrum” when it comes to deaths in nursing homes.¹

6. Ireland recorded its first case of Covid-19 on 29 February, but it was not until 16 March that clusters in two separate nursing homes were notified by the Health Protection Surveillance Centre. Cases peaked in the general population on 28 March but, around this time, cases increased in nursing homes.

7. Speaking to the Committee, Mr. Jim Breslin, the Secretary General of the Department of Health, said the peak of nursing home cases occurred almost four weeks later on 11 April 2020.²

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¹ Dr. David Nabarro, Special Committee on Covid-19 Response 11 June 2020
² Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020
8. As of 29 June 2020, the total number of confirmed cases of Covid-19 in Ireland was 25,435, while 5,808 of these cases have been in nursing homes.3 Sadly, the total number of people who have died because of Covid-19, including probable and possible deaths, was 1,735. The total number of deaths linked to nursing home clusters was 967.

9. There is a high Covid-19 morbidity and mortality in nursing homes in Ireland and internationally. Nursing home deaths in Ireland account for approximately 56% of all deaths from Covid-19 in Ireland.4 In his evidence, Dr. Nabarro noted that, internationally, the figure for fatalities in residential care for older people is approximately 25%.

   To break it down country by country, in Switzerland that figure is 53%, in Sweden it is 49% and in Scotland it is 46%. Ireland is certainly at the upper end of the spectrum in that regard.

10. Dr. Nabarro told the Committee, however, that some countries were not very comprehensive in their counting of the deaths in residential care and nursing homes.5

   Ireland has probably got the widest circle of inclusion of all the countries I have studied, which may be one of the reasons why there is a relatively high rate of deaths in nursing homes associated with Covid in Ireland.

11. In addition, the Committee notes HIQA analysis, based on data from the death notices website, RIP.ie, which found that while there was clear evidence of excess mortality occurring since the first reported death, officially reported Covid-19 deaths may overestimate the true burden of excess mortality specifically caused by Covid-19.6

12. There has been a wide geographical variance in the level of outbreaks. While there were 253 outbreaks or clusters in nursing homes, the large majority occurred in the east of the country (121 outbreaks) followed by the north east (38 outbreaks) and the west (37 outbreaks).7

13. It is the case that not all nursing homes in Ireland have had cases of Covid-19. The Secretary General told the Committee that 56% of all nursing homes have remained virus free. It is noted that the geographic distribution of Covid-19 cases in nursing homes nationally was broadly consistent with that of the general population.

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3 Epidemiology of Covid-19 in Ireland, HPSC, (29 June 2020)
4 Epidemiology of Covid-19 in Ireland, HPSC, (29 June 2020)
5 Dr. David Nabarro, Special Committee on Covid-19 Response 11 June 2020
6 HIQA analysis of excess all-cause mortality in Ireland during the Covid-19 epidemic
7 HPSC Ibid

Special Committee on Covid-19 Response
14. The Secretary General also informed the Committee that “while 18% of the 30,000 residents of nursing homes have had a confirmed diagnosis of Covid-19, the majority of residents have not”. This was due, he said, to the enormous efforts of staff in nursing homes throughout the period and the people who supported them. The regulator, HIQA, also commented on the commitment of staff to keep residents safe, noting consistent feedback from residents of appreciation for staff and management. The evidence in Section 4 of this report will take a greater look at some of the factors which led to the spread of the virus and the challenges faced by residents, their families and nursing home staff.

1.3 Policy Context

15. Long-term care for older people includes social, healthcare and support services provided in all public and private settings, including at home, through community-based services and in day-care centres, residential institutions, hospitals, hospices, prisons or other settings. It is provided by both formal and informal caregivers or support providers including volunteers.  

16. In Ireland, there are three main options for people requiring assistance with care, each bringing different levels of supports, costs and regulatory requirements:

- Nursing home care for those needing intensive support – HIQA told the Committee that there are 575 nursing homes or designated centres in Ireland, with 32,110 registered beds
- Formal home care for those needing support to live at home
- Informal home care from a family member or other support person - 195,263 carers also provide 6.6 million hours per year of unpaid assistance to others

17. While there is a statutory entitlement to the provision of nursing home care under the Nursing Home Support Scheme Act 2009, there is no entitlement to home care.  

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8 UN General Assembly (2019) Substantive Inputs in the form of Normative Content for the Development of a Possible International Standard on the Focus Areas “Autonomy and Independence” and “Long-term and Palliative Care” Working document submitted by the Department of Economic and Social Affairs (DESA) in collaboration with the Office of the High Commissioner for Human Rights (OHCHR).

9 HIQA follow-up correspondence to the Special Committee on Covid-19 Response, 29 May 2020

10 Age Action Ireland Submission to Special Committee on Covid-19 Response, 25 June 2020

11 See section 6.1 for further discussion.
18. The nursing homes sector supports approximately 24,000 long-term care residents through the State’s Nursing Homes Support Scheme (Fair Deal Scheme).  

19. HIQA told the Committee that there are 557 nursing homes, of which 443 (77%) are private (443 of 557) or voluntary nursing homes. Private nursing homes account for 79% of registered beds. The average capacity of a nursing home is 55 beds and approximately 38,000 staff are employed in these settings.

20. HIQA provided the Committee with information regarding the classification of nursing homes that is contained in Table 1 below.  

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number of designated centres</th>
<th>Sum of registered beds</th>
<th>% of registered beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private nursing homes</td>
<td>443</td>
<td>25,361</td>
<td>79.0%</td>
</tr>
<tr>
<td>Voluntary- S38 arrangement</td>
<td>5</td>
<td>450</td>
<td>1.4%</td>
</tr>
<tr>
<td>Voluntary- S39 assistance</td>
<td>14</td>
<td>623</td>
<td>1.9%</td>
</tr>
<tr>
<td>Public (Health Service Executive)</td>
<td>113</td>
<td>5,676</td>
<td>17.7%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>575</td>
<td>32,110</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 1: HIQA classification of nursing homes on 29 May 2020.

Regulatory Framework

21. The Committee notes the high level of private nursing homes providing care (79% of total residential care beds) and notes that this is the outcome of past Government policy which incentivised private nursing home building and neglected the provision of public nursing home capacity.

22. The Committee understands that most care for dependent older people in Ireland is provided in nursing homes, and care is for the most part provided by registered nurses and healthcare assistants. The Central Statistics Office Census 2016 indicates that 3.7% of over 65s live in nursing

12 The NHSS was established by the Nursing Homes Support Scheme Act 2009 (the Act). The Act was signed into law by the President on the 1st July 2009 and came into operation on the 27th October 2009. The Act was amended by the Health (Amendment) Act 2013, and the Health (General Practitioner Service) Act 2014

13 HIQA follow-up correspondence to the Special Committee on Covid-19 Response, 29 May 2020
homes. OECD data informs the rate of people aged 65+ availing of long-term residential care is below many European counterparts, including Germany, France, Finland, Sweden and Norway.

23. The Nursing Home Support Scheme (Fair Deal Scheme) provides financial support towards the cost of long-term residential care. Once an individual is assessed as needing long-term residential care, a financial assessment is carried out to determine the financial contribution that the individual should make towards the cost of their care. An individual’s contribution is based on their means and the State, through the Health Service Executive (HSE), pays the balance of the costs of care in public, private and voluntary nursing homes approved under the scheme.14

24. The HSE has statutory responsibility for administering the Fair Deal Scheme. The role of the HSE includes the preparation of guidance material and application forms, accepting applications, assessing an applicant’s care needs, conducting a financial assessment to determine the level of contribution to be made by or on behalf of the resident, and disbursing payments to approved nursing homes in respect of the State contribution towards the cost of care.

25. Under the Health Act 2007, all nursing homes, both public and private, must register with HIQA and comply with the conditions and requirements laid down by HIQA in this context. Fees are payable by operators of nursing homes for initial registration, for variations of conditions of registration and an annual fee is also payable by each registered provider. Under the Health Act 2007, HIQA can inspect nursing homes for registration purposes and to ensure quality standards are being met.

26. Under the scheme, the National Treatment Purchase Fund (NTPF) negotiates the total price paid to each private and voluntary nursing home for residents in receipt of support from the Nursing Homes Support Scheme. The NTPF is independent in the performance of its functions. A nursing home cannot participate in the scheme unless it has agreed a price with the NTPF.

27. In the first instance, the primary responsibility for the provision of safe care and service to nursing home residents rests with individual nursing home operators. Registered providers must provide appropriate medical and health care, including a high standard of evidence-based nursing care in accordance with professional guidelines. Furthermore, regulations provide that the person in charge of a nursing home should be a medical practitioner or a registered nurse with the required qualifications and experience. However, the Committee accepts that ultimate responsibility for the appropriate care of older persons lies with the State.

28. Nursing homes have a duty to ensure continued adherence to the existing framework of regulation and standards framework. The prevention and control of healthcare-associated infections is a standard part of the operation of nursing homes and this is underpinned by regulation and standards. HIQA’s 2018 *National standards for infection prevention and control in community services* are particularly relevant in this regard, including ensuring availability of PPE.

14 Department of Health, *Review of the Nursing Homes Support Scheme, A Fair Deal* 2015
Model Of Care And Demographic Changes

29. The issue of how we care for older persons has been the subject of many reviews and reports. While there has been a move away from placing people in congregated settings, particularly in areas of disability and mental health, that has not been the model used in the care of older people. There has been slow progress moving to a model of own-door or community-based care for older people with wraparound supports. The Sláintecare report called for a single-tiered universal health model which supports integrated care that is person-centred and that provides quality excellence.\(^\text{15}\)

30. Nursing home care in Ireland is not long-term care and the average stay in nursing homes is two years. Sage Advocacy told the Committee that there were substantial flaws with the “fragmented” current model of care. \(^\text{16}\)

31. The population aged 65 and over is projected to increase from one in eight in 2015 to one in six in 2030 and the number of people aged 80 and over is projected to almost double during this period (ESRI). Furthermore, the proportion of the population aged 65 years and over will double from 12.8% in 2015 to 25.6% by 2050, and the proportion aged 80 years and over will almost treble from 3% in 2015 to 8.1% by 2050 (OECD). \(^\text{17}\)

32. This demographic shift, within the space of ten years, will need a comprehensive strategy for the care of older people with varying needs. In the context of Covid-19, the need action in this area could not be more urgent.

\(^{15}\) Special Committee on the Future of Healthcare Sláintecare Report, 2017, page 182

\(^{16}\) Issues with the regulatory framework and clinical guidance of nursing homes are discussed in Section 6 of this report.

\(^{17}\) Department of Health Summary on Nursing Homes
2. Oral and Written Evidence Considered by the Committee

2.1 Introduction

33. In this section of the report, there will be an analysis of the pertinent themes that arose during the Committee’s engagements on this topic and there will also be a consideration of other materials of which the Committee has become aware of as a result of its consideration of this topic. Following this, the Committee will provide a summary of its recommendations in this regard.

2.2 Stakeholder Engagement

34. The Committee held three days of hearings in May and June 2020 to engage with relevant stakeholders to discuss the impact of Covid-19 on nursing homes.

35. Table 2 below provides details relating to written evidence received by the Special Committee on this topic. The submissions have been uploaded to the Oireachtas website and links are provided in the table.

36. Table 3 below identifies all stakeholders who gave oral evidence to the Committee, together with the date and the session during which they gave such evidence. Links to the Official Report of those meetings are available in this table.

Table 2 – Written Submissions

<table>
<thead>
<tr>
<th>Name of organisation</th>
<th>Date received</th>
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<tbody>
<tr>
<td>Active Retirement Ireland</td>
<td>25 June 2020</td>
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<tr>
<td>Age &amp; Opportunity</td>
<td>25 June 2020</td>
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<tr>
<td>Age Action Ireland</td>
<td>25 June 2020</td>
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<tr>
<td>ALONE</td>
<td>25 June 2020</td>
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<tr>
<td>Alzheimer Society of Ireland</td>
<td>25 June 2020</td>
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<tr>
<td>Individual submission from Anne Marie Woods</td>
<td>25 May 2020</td>
</tr>
<tr>
<td>Department of Health</td>
<td>15 June 2020</td>
</tr>
<tr>
<td>Health Service Executive</td>
<td>22 June 2020</td>
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<tr>
<td>HIQA</td>
<td>24 June 2020</td>
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<tr>
<td>Individual submission from Seamus Gallagher</td>
<td>25 June 2020</td>
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<tr>
<td>Organisation</td>
<td>Date</td>
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<tr>
<td>Irish Nurses and Midwives Organisation</td>
<td>26 June 2020</td>
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<tr>
<td>Irish Association of Social Workers</td>
<td>24 June 2020</td>
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<tr>
<td>National Treatment Purchase Fund</td>
<td>26 June 2020</td>
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<tr>
<td>Nursing Homes Ireland</td>
<td>25 June 2020</td>
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<tr>
<td>Individual submission from Professor Desmond O’Neill</td>
<td>26 May 2020</td>
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<tr>
<td>Safeguarding Ireland</td>
<td>24 June 2020</td>
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<tr>
<td>Sage Advocacy</td>
<td>17 June 2020</td>
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<td>SIPTU Health Division</td>
<td>22 June 2020</td>
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<tr>
<td>The Irish Hospice Foundation</td>
<td>18 June 2020</td>
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<tr>
<td>Third Age</td>
<td>29 June 2020</td>
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<tr>
<td>Date</td>
<td>Session 1</td>
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<tr>
<td>19 May 2020</td>
<td>Dr. Tony Holohan, Chief Medical Officer, Department of Health</td>
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<td></td>
<td>Mr. Jim Breslin, Secretary General, Department of Health</td>
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<tr>
<td>26 May 2020</td>
<td>Mr. Tadhg Daly, Chief Executive Officer, Nursing Homes Ireland</td>
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<td></td>
<td>Mr. Mervyn Taylor, Executive Director, Sage Advocacy Ireland</td>
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<td></td>
<td></td>
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<tr>
<td>18 June 2020</td>
<td>Mr. Jim Breslin, Secretary General, Department of Health</td>
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<td></td>
<td>Ms Kathleen MacLellan, Assistant Secretary, social care division, Department of Health</td>
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<td></td>
<td>Mr. Niall Redmond, Principal Officer, social care division, Department of Health</td>
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<td>Mr. Paul Reid, Chief Executive Officer, Health Service Executive</td>
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<td>Dr. Colm Henry, Chief Clinical Officer, Health Service Executive</td>
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<td>Mr. David Walsh, National Director of Community Operations, HSE</td>
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3. Summary Of Recommendations

<table>
<thead>
<tr>
<th>Recommendation 1</th>
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<tbody>
<tr>
<td>The Committee recommends that the Department of Health in conjunction with the HSE and HIQA take immediate steps to develop a plan that will ensure that staffing levels and infection control procedures in the nursing home sector are adequate to meet any possible second wave of Covid-19.</td>
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<thead>
<tr>
<th>Recommendation 2</th>
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<tr>
<td>The Committee recommends that the Department of Health urgently review current regulations and standards relating to the care of older people in nursing homes to assess whether they fully/adequately protect patients’ health and welfare in discharging patients to nursing homes which have been determined by HIQA to be non-compliant with infection control requirements. The Committee further recommends that no patients are discharged from hospitals to any nursing home which fails to meet infection control requirements and that no arrangement should be made by the State to place any older person in such homes under the Fair Deal Scheme.</td>
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<th>Recommendation 3</th>
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<tr>
<td>The Committee notes the challenges faced by the nursing home sector in obtaining PPE. It recommends that the regulator review the resilience of the sector when it comes to obtaining appropriate medical supplies for crisis situations.</td>
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</table>
**Recommendation 4**

The Committee recommends that the HSE and HIQA ensure that all nursing homes are adequately stocked and supplied with PPE in the months ahead.

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**Recommendation 5**

The Committee is strongly of the opinion that the lack of statutory clinical oversight of care for residents in the private nursing home sector is one of the biggest weaknesses exposed by Covid-19. The Committee recommends the Department of Health urgently review clinical oversight and governance arrangements for private nursing homes. The Committee is strongly of the opinion that we need to strengthen clinical oversight of individual nursing homes, both public and private, by requiring a designated medical officer be appointed to each nursing home.

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**Recommendation 6**

The Committee recommends that the Department of Health urgently support public nursing homes which have planned capital works in order to fulfil statutory obligations under the Health Act 2007. The Committee recommends that this work is completed as a matter of urgency, given the ongoing threat of Covid-19 to the health of residents living in congregated settings.

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**Recommendation 7**

The Committee calls on the HSE and Department of Health to intervene to ensure that no capacity in the voluntary or public sector of nursing home care is reduced in the coming period.
<table>
<thead>
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<th>Recommendation 8</th>
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<tr>
<td>The Covid-19 crisis has exposed the potential threats to health and welfare of older people. The Committee recommends that the Department of Health plan for the care of older people as part of the implementation of the Sláintecare strategy and to account for demographic trends over the next ten years.</td>
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<table>
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<th>Recommendation 9</th>
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<tr>
<td>The Committee recommends that the Department of Health develop an integrated system of long-term support and care spanning all care situations with a single source of funding. In that regard, the Department should work closely with the Department of Housing to develop models of independent living, supported housing and sheltered housing to cater for the wide range of housing preferences among older people. This strategy should have a specific focus on moving care from congregated settings.</td>
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<th>Recommendation 10</th>
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<tr>
<td>The Committee recommends the integration of private nursing homes into the wider framework of public health and social care.</td>
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<table>
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<tr>
<th>Recommendation 11</th>
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<tr>
<td>The Committee recommends the enactment of legislation underpinning the regulation of and statutory provision and regulation of home care and, in the meantime, that additional funding for home care would be increased to clear the current waiting lists.</td>
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<tr>
<td>Recommendation 12</td>
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<tr>
<td>The Committee recommends that the current regulatory framework for the care of older people be examined by the Department of Health.</td>
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<table>
<thead>
<tr>
<th>Recommendation 13</th>
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<tr>
<td>The Committee recommends that the Department of Health and the HSE review the criteria for allocation of patients under the current Fair Deal Scheme, to ensure that, first, patients’ needs and care requirements are central to any placement and, second, that all people are not put in an undue risk situation by being placed in a long-term care facility that is not in compliance with HIQA standards on infection control.</td>
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<table>
<thead>
<tr>
<th>Recommendation 14</th>
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<tbody>
<tr>
<td>The Committee recommends that regulations regarding staffing and staff ratios in nursing homes need to be strengthened in order to protect patient health and to prioritise the setting of nurse to patient ratios in line with best practice.</td>
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<table>
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<tr>
<th>Recommendation 15</th>
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<tbody>
<tr>
<td>The Committee recommends that staffing structures in private nursing homes should be reviewed along with salary structures and terms and conditions of employment with particular reference to access for sick pay and security of employment to ensure appropriate resilience.</td>
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<table>
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<tr>
<th>Recommendation 16</th>
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<tbody>
<tr>
<td>The Committee recommends that the Department of Health examine the regulation of the role of healthcare assistants.</td>
</tr>
<tr>
<td>Recommendation 17</td>
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<tr>
<td>The Committee recommends that there should be no unnecessary delay in implementing legislation on adult safeguarding.</td>
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<tr>
<th>Recommendation 18</th>
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<tbody>
<tr>
<td>The Committee recommends that a comprehensive system of testing and tracing among nursing home staff continues along with appropriate stockpiling of PPE and other essential supplies.</td>
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<table>
<thead>
<tr>
<th>Recommendation 19</th>
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<tbody>
<tr>
<td>The Committee recommends that all future pandemic or crisis planning must cover the whole care system.</td>
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</tbody>
</table>
4. Preparation for Covid-19 in Nursing Homes

39. One of the key questions considered by the Committee was whether the needs of nursing home residents were adequately prioritised in the initial response to the Covid-19 crisis in February and March 2020.

4.1 Emergence Of Covid-19

40. Covid-19 emerged in China in December 2019, and it has spread widely and rapidly across the world. Dr. Tony Holohan, Chief Medical Officer, told the Committee that senior public health advisers began to confer and collaborate about the virus with colleagues internationally from early January.  

41. He said that there were high levels of preparedness arising from experiences with pandemic influenza, but it became clear quickly that the virus was different. Challenges included the ease of its transmission, its severity, particularly for those who are vulnerable, combined with the fact that there is no natural immunity to the virus, no medicines available for its treatment and no vaccines. He said it has presented “an unprecedented global public health challenge”.

42. On 27 January 2020, the National Public Health Emergency Team (NPHET) held its first meeting. NPHET’s role is to provide clear advice to the public, and where necessary provide advice to the Government regarding wider societal public health measures. On 30 January 2020, the World Health Organization declared a public health emergency of international concern.

4.2 Crisis Planning In The Initial Phase Of The Crisis

43. Nursing Homes Ireland told the Committee that the State had focused primarily on protecting capacity in the acute hospital system in the initial planning for the Covid-19 crisis.

44. The need to protect hospital capacity was in itself understandable, given the issues faced on a yearly basis as a result of bed shortages and the almost cyclical use of trolleys for accommodating patients during the height of the flu season. Dr. Tony Holohan, speaking to the Committee, noted that “unprecedented action was needed to prevent the spread of infection, high rates of hospitalisation and intensive care unit admissions and significant mortality”.  

45. Public health messaging clearly identified older people as medically vulnerable from the outset of the pandemic, and their protection formed a key motivating message to citizens to adhere to

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18 Dr. Tony Holohan, Special Committee on Covid-19 Response, 19 May 2020
19 Dr. Tony Holohan, Special Committee on Covid-19 Response, 19 May 2020, page 8
19 Dr. Tony Holohan, Special Committee on Covid-19 Response, 19 May 2020
public health advice. Stakeholders questioned how older people living in nursing homes were not prioritised at an operational level as a result.

46. The HSE presented as evidence to the Committee correspondence that demonstrated limited engagement with nursing homes in the early stages, but the Committee notes that there was a lack of substantial engagement, guidance, or two-way dialogue, especially considering the lack of nursing home representatives on the NPHET subgroup. While some guidance was issued to nursing homes from January on, this was inadequate, lacked a coherent overarching response, and was subsequently amended in light of this, and further, guidance issued on visitation protocols was incoherent, contradictory, and initially behind the sector’s own sentiment, which led to further confusion. The correspondence indicated that the CEO of the HSE met with the CEO of Nursing Homes Ireland on 19 February, but that there was a lack of engagement from the Minister until a late stage and that Nursing Homes Ireland felt excluded from much of the process.

47. In correspondence sent to the Committee, the Department of Health states that the response to Covid-19 in long-term residential facilities was based on preparedness, early recognition, isolation, care and prevention of onward spread. The Department notes that in February and early March 2020, local public health departments were both “proactively and reactively interacting with nursing homes”. Nursing Homes Ireland reported the level of engagement was mixed and inconsistent. The Department stated that, initially, the seasonal influenza guidance was used as the source of the advice, and this guidance evolved to focused public health and infection prevention guidelines on the prevention and management of Covid-19 cases and outbreaks in nursing homes.

48. Evidence given to the Committee by Nursing Homes Ireland indicates that there was a high level of concern among those working in the sector that the State was moving on in its crisis planning without fully acting on its concerns. Mr. Tadhg Daly, CEO of Nursing Homes Ireland, told the Committee:

   *We were exasperated in early stages and felt the sector required a very specific plan. We knew Covid-19 had a disproportionate impact on older people. The planning and focus was almost exclusively on our acute hospitals. We were aware people in our nursing homes would be among the most susceptible to the virus and a national strategy and response was required.*

49. Nursing Homes Ireland told the Committee that the Government’s national Covid-19 response plan was published on 16 March. It is a detailed document, but it mentions nursing homes just once.

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20 Department of Health Summary overview paper on nursing homes, 15 June 2020

21 Mr. Tadhg Daly, Special Committee on Covid-19 Response, 26 May 2020,
50. On the question of the lack of specific reference to nursing homes, the Secretary General of the Department of Health told the Committee that there were references to long-term care for older people and care for older people, and to transitional and long-stay beds in the national action plan. The Secretary General said that as to NPHE T, again while the words “nursing homes” might not have been used, there were ongoing reports to NPHE T from HSE community operations, that is, the non-hospital side of the HSE, which would have extended to nursing homes and issues of preparedness and long-stay facilities. It is concerning that NPHE T meeting minutes did not discuss nursing homes in detail until the reference at the meeting on 27 March to “increasing number of clusters, many of which are in nursing homes”.

51. The Committee is of the opinion that the public health authorities were slow to respond to the threat posed by Covid-19 in nursing homes. The Committee is further of the opinion that, although engagement took place with the private nursing home sector and was used to inform the crisis response, such engagement was not substantial or fully collaborative in nature.

4.3 Communication With The Private Nursing Home Sector

52. Communication with the private nursing home sector in these early days has been part of the Committee’s discussions on this issue.

53. Evidence provided to the Committee shows there was a significant level of regular interaction on the part of the Department of Health with stakeholders from the private nursing home sector from the end of January, with over 165 items of correspondence.

54. The Committee notes that a key component of the initial crisis management planning and communication process was the establishment by NPHE T of the vulnerable people subgroup, which was established on 6 March. Nursing Homes Ireland expressed disappointment that, as an organisation and a sector, it had no representation on any of these groups, an action he said was “unacceptable”.

55. Representatives of the HSE and HIQA were on the vulnerable people subgroup of NPHE T, but the CEO of HIQA told the committee that there was no specific reference at that point to HIQA being the voice of nursing homes and that HIQA was present due to its remit for the regulation of health and social care services in Ireland.

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22 Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020

23 On 25 May, the Department of Health provided the Committee with evidence of 165 records of correspondence between Department and Nursing Homes Ireland between January and May 2020

24 Mr. Phelim Quinn, Special Committee on Covid-19 Response, 26 May 2020
56. Nursing Homes Ireland also told the Committee it was “exasperated” by the fact that it did not meet the Minister until the end of March.  

57. When asked whether Nursing Homes Ireland should have been represented at an early stage on NPHET and other committees, the Secretary General said that when preparedness structures for the pandemic were being put in place, the Department of Health did not seek a representative of every sector on the committee. It sought to put expertise in place and engage with experts on an ongoing basis. He noted there was significant engagement with the nursing home sector at this time.

   I accept that Nursing Homes Ireland wanted to be represented on those structures. A committee was set up specifically in respect of nursing homes, and while it might seem obvious that Nursing Homes Ireland should have been on it, it was set up to devise the temporary assistance scheme, that is, the financial scheme that benefits the sector. The view I took as Accounting Officer was that Nursing Homes Ireland should be consulted throughout that process, but due the design of it, it was not proper to have the beneficiaries of the scheme in the room.

58. The fragmented nature of the structural relationship between key State actors and the private nursing home sector is seen by the Committee as another factor which led to the delay in response to the crisis in private nursing homes.

59. The Committee is of the opinion that steps should have been taken to collaboratively involve all relevant stakeholders in the nursing home sector at the planning stage of the Covid-19 crisis, given the acknowledged higher level of risk to older people and nursing home population.

4.4 Infection Control Standards In Nursing Homes

60. The primary responsibility for the provision of safe care and service to nursing home residents rests with individual nursing home operators. Registered providers must provide appropriate medical and health care, including a high standard of evidence-based nursing care in accordance with professional guidelines.

61. Furthermore, regulations provide that the person in charge of a nursing home should be a medical practitioner or a registered nurse with the required qualifications and experience.

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25 Mr. Tadhg Daly, *Special Committee on Covid-19 Response*, 26 May 2020
26 Mr. Jim Breslin, *Special Committee on Covid-19 Response*, 18 June 2020
27 Department of Health Summary Overview Paper on Nursing Homes, 15 June 2020
62. Nursing homes have a duty to ensure continued adherence to the existing framework of regulation and standards framework. The prevention and control of healthcare associated infections is a standard part of the operation of nursing homes and this is underpinned by regulation and standards.\textsuperscript{28}

63. During the course of its hearings, the Committee heard evidence of a 2018 report from HIQA which indicated an 18\% failure rate of non-compliance with infection control standards. The Committee questioned why residents are sent to homes which are either not fully compliant or are not compliant with regard to infection control.

64. The Secretary General agreed that the infection control standard in nursing homes is important and that the infectivity of Covid-19 has emphasised this point. He said that zeroing in on non-compliance is really important, but noted that the approach used was a standards-based approach:

\emph{This is a standards-based approach and it is intended to have an improvement focus. Every time an inspection is done, the nursing home has to come up with an action plan on how to address the findings and improve. That does not mean that because a nursing home falls down in respect of one standard, HIQA believes it is unsafe for it to continue in operation. If HIQA believes that, it has the power to go to the courts to seek the deregistration of the home.}\textsuperscript{29}

65. Ms Mary Dunnion, Chief Inspector of Social Services with HIQA, told the Committee there are several reasons for non-compliance. The national standards for community centres called for a national integrated approach to infection control and antimicrobial stewardship. To date, this is not in place.\textsuperscript{30} She added that one of the big causes of non-compliances was the premises. In this context, there is a statutory instrument that gives nursing homes until the end of 2021 to become compliant. Until they reach this level of compliance, they cannot be compliant with the standards of infection control.\textsuperscript{31} The Committee is of the view that the poor national statutory clinical governance framework and lack of a cohesive structural relationship between nursing homes, the Department of Health and the HSE is a major reason for this, and that the continuing absence of this is a major concern.

\textsuperscript{28} Regulation 27 of S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 ‘The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.’

\textsuperscript{29} Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020

\textsuperscript{30} Ms Mary Dunnion, Special Committee on Covid-19 Response, 26 May 2020

\textsuperscript{31} The issue of accommodation in public nursing homes and community hospitals is discussed in more detail in Section 4.11.
66. The Committee noted evidence from HIQA and the Department of Health that two lists of nursing homes that would have been assessed to be in the high-risk category were submitted by HIQA to the HSE and Department of Health in March 2020.

67. The HSE provided correspondence to the Committee on the list of 19 publicly-run nursing homes, designated as centres of concern by HIQA, which were run by the HSE or S39 bodies. In a letter sent on 13 March, HIQA said in its assessment the physical premises and the numbers of residents living in these centres created a situation where isolation for the purpose of preventing infection was “nearly impossible”.

68. When questioned on the list, the HSE stated that there was not a correlation between the nursing homes that HIQA had most concern about and those nursing homes with the highest number of deaths. 32

69. The Committee requested that HIQA provide it with the list of privately-owned nursing homes that were a cause of concern that had been sent by HIQA to the Department and HSE on 30 March, but it declined.

70. The Committee is of the view that HIQA and the HSE need to review the extent of the impact of Covid-19 on both the publicly and privately-run nursing homes on these lists.

71. Subsequent to the Committee hearing on nursing homes, it received a report from HIQA entitled “The Impact of Covid-19 on nursing homes in Ireland”. 33 The Committee will examine this report in September in addition to an examination of the Report of the Expert Advisory Panel (see paragraph 168). Following on from these examinations, the Committee will present a final report to the Dáil as it will be in a position to scope the terms of a public inquiry that it will recommend be established to examine the impact of Covid-19 in nursing homes from March to May of 2020.

72. While a standards-based approach can help the sector develop, patients continue to be placed in non-compliant homes, even while there are questions over their ability to control infection. The Covid-19 crisis has exposed the weakness of this approach as it currently operates.

4.5 Visitor Restrictions On Nursing Homes

73. The Committee notes the impact visitor restrictions have had on nursing home residents across the country, meaning that families have been cut off from loved ones at a time of great stress and uncertainty.

32 Mr David Walsh, Special Committee on Covid-19 Response, 18 June 2020

33 HIQA The Impact of Covid-19 on nursing homes in Ireland, July 2020
74. However, it believes that given the level of community transmission of the virus, visitor restrictions were a necessary measure, as part of wider infection control measures, to limit the spread of the virus in nursing homes.

75. Stakeholders told the Committee that there was much confusion over the admission of visitors to nursing homes in early March. In its submission to the Committee, the HSE states that it engaged with Nursing Homes Ireland on 5 March and agreed to circulate guidance and posters. On 6 March, Nursing Homes Ireland unilaterally issued visitor restriction advice to all members, ceasing visitation.  

76. The Committee was told that on 10 March, NPHET advised that blanket socially restrictive actions around hospitals and nursing homes were not necessary. Within one day, however, visitor restrictions were recommended by NPHET for implementation on 13 March.

77. The HSE told the Committee that implementing visitor restrictions is not a decision taken lightly as visiting of family members is a fundamental component of social connectiveness and extremely beneficial to residents’ well-being as well as for safeguarding residents’ welfare.

78. Nursing Homes Ireland told the Committee that the decision of Nursing Homes Ireland to restrict visitors was informed by its nursing committee and not taken lightly:

    Covid-19 was within our communities and the weekend presenting would see thousands of people engage in close contact with residents and staff.  

79. Nursing Homes Ireland told the Committee that NPHET’s decision on 10 March caused challenges as people telephoned nursing homes saying they had heard there was no requirement for visitor restrictions and they wanted to access the homes. It told the Committee it was a particularly difficult week for nursing homes as a consequence.

80. Speaking to the Committee, Dr. Tony Holohan said that NPHET was working off advice from the ECDC and it was concerned unilateral actions were being taken in nursing homes at that time which was not based on NPHET’s advice. He said NPHET was concerned to ensure that all organisations operated in step with its advice and that is what happened re the advice given to the Government that was implemented by State agencies on 12 March. [This advice related not just to nursing homes, but schools, etc.]

34 HSE submission to Special Committee on Covid-19 Response, 25 June 2020
35 Mr. Tadhg Daly, Special Committee on Covid Response, 26 May 2020
Dr. Holohan stated, however, that Ireland was the “quickest country” to implement such measures regarding the date of the first infection and implementing visitor restrictions. This was done before such advice was issued by the WHO and ECDC. He noted that there no reported clusters at the point at which visitor restrictions were recommended on 12 March. 36

It is the opinion of the Committee, however, that Nursing Homes Ireland acted appropriately in limiting visitation to nursing homes on 6 March, given the growing level of infection at the time.

### 4.6 Testing And Tracing In Nursing Homes

One of the central public health measures identified in the response to Covid-19 was the use of testing and tracing to identify cases of infection. Several stakeholders noted a delay in carrying out testing during the initial phase of the response, which was compounded by long waiting times for results, delayed diagnosis and implementation of preventative measures.

In a survey of nursing homes in early April, 44% of nursing homes were waiting ten days or longer for results of Covid-19 tests.37 Respondents noted long delays for results of staff testing and confusion as to whether the National Ambulance Service or private nursing homes staff would carry out tests.

The Secretary General told the Committee:

> The fact that we were dealing in a national situation with the scaling up of PPE supply and testing did have implications for the nursing home sector but that was not the nursing home sector being discriminated against. It was quite the reverse. There was a clear focus on vulnerable older people, both in the community and in nursing homes, and a clear process in place to try to get as much support to nursing homes as possibly could be provided. That was continued throughout March and into April.38

The Committee also heard evidence that some patients were discharged from acute hospital settings to nursing homes without being tested for Covid-19.39 The Committee noted correspondence sent on 10 March from Nursing Homes Ireland which requested all discharges undergo a full risk assessment, medical assessment and be tested for Covid-19. Nursing Homes Ireland said that some risk assessment was done but testing was not in line with “what we would have felt” and a more rigorous programme of testing would have been appropriate.

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36 Dr. Tony Holohan, Special Committee on Covid-19 Response, 19 May 2020
37 Correspondence between the Department of Health and Nursing Homes Ireland, 9 April 2020
38 Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020
39 See also Section 4.7 on this issue
87. The Chief Clinical Officer of the HSE told the Committee that people were being tested in hospital settings and elsewhere based on the symptoms and case definition at the time. Regarding people who were Covid-19 positive within hospital settings and who were due for transfer, the guidance issued on 10 March stated that there would be two negative tests prior to transfer out.

88. In her evidence to the Committee, the National Clinical Advisory Group Lead (Older Persons) of the HSE noted that asymptomatic transmission was not a feature of WHO or ECDC guidance until 18 March. 40

89. She noted that WHO guidance indicated “possible” asymptomatic transmission, so everyone was applying a case definition based on symptoms. When patients were moved, they were not tested on the basis that they did not have symptoms. Also, if staff did not have symptoms, they were not being tested. She noted that they had learned a lot from the mass testing exercise in that regard.

90. Mr. Paul Reid, Chief Executive Officer, Health Service Executive, noted that geriatricians were taken aback at the presentation of positive cases and levels of asymptomatic patients. He said that as they learned more, the approach changed:

As we have gone through the process, our approach has changed, and as we go forward, I have no doubt our approach will change. That is part of what we have learned about the virus. Nobody is more upset than the healthcare workers who work in the system, both public and private, and have seen what has happened. Overall, I think our strategy approach was based on knowledge we had at a particular time and it did change as we gained more knowledge. I have no doubt learnings will be and should be made for the future.41

91. The Committee notes that asymptomatic transmission was not a feature of WHO or ECDC guidance until 18 March. Given the infectious nature of Covid-19, however, it is of the opinion that a more comprehensive testing strategy should have been in place in nursing homes and for the transfer of patients from the acute hospital system.

92. The Committee is further of the opinion that delays in testing for the virus along with the delays in providing results to nursing homes impacted on the ability of nursing homes to fight the virus.

40 Dr. Siobhán Kennelly, Special Committee on Covid-19 Response, 26 May 2020
41 Mr. Paul Reid, Special Committee on Covid-19 Response, 18 June 2020
4.7. Discharge Of Patients From Acute Hospital System

93. The CEO of the HSE told the Committee that the experience, particularly across Europe, was that a massive surge had impacted hospital and acute settings and that the HSE needed to provide massive supports also in acute settings.

*We would have had an ongoing process of what we would call delayed transfers of care where people are deemed clinically fit and not suitable to be in an acute hospital setting for the transfer of those patients, and in most cases elderly patients, out of that care. That is a process we would have done, and that was the right thing to do at the point in time of doing it.*

94. Dr. Siobhán Kennelly told the Committee it was important to understand that it was a very fast-moving situation.

*One of the biggest concerns for me, both as a clinician and as a geriatrician who is very involved in the care of these patients, was that in the event of an anticipated surge in these acute hospitals, many of those who had finished their acute episodes of care would be at very high risk in terms of contracting Covid. Everything we did and all the guidance we issued - including the very comprehensive guidance that was issued again on 17 March regarding how patients would be cared for in nursing homes, regardless of whether they were in public or private facilities - was on the basis of the information we had and our understanding of the pandemic.*

95. As discussed in section 4.6 above, however, Nursing Homes Ireland expressed concern at the lack of testing of asymptomatic patients transferring from acute hospitals in March. Another issue was the likely impact of moving patients from one section of the health system into another. This risk was acknowledged by the HSE in clinical guidance on the transfer of patients from acute settings on 10 March.

96. The Committee notes figures from the HSE which indicate that 1,767 patients availed of transitional care funding and were discharged to a nursing home bed between March and May 2020.

97. Some 984 (55.7%) of these patients were admitted to 197 nursing homes which had a Covid-19 outbreak, while 783 residents (44.3%) were admitted to nursing homes which did not have a

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42 Mr. Paul Reid, Special Committee on Covid-19 Response, 19 May 2020, page 37
43 Dr. Siobhan Kennelly, Special Committee on Covid-19 Response, 26 May 2020
44 Mr Tadhg Daly, Special Committee on Covid-19 Response, 26 May 2020
45 HSE guidance on the transfer of patients from acute hospitals to RCF
46 HSE Correspondence to the Special Committee, Follow up to meeting 18 June 2020.
Covid-19 outbreak. The Committee was not able to establish the extent to which there is any correlation between the nursing homes that had an outbreak and the list of nursing homes of concern supplied by HIQA to the Department and HSE on the 30 March and this needs to be examined.

98. The Committee was presented with evidence that there was a transfer of patients from the acute hospital system to nursing homes at the height of the crisis in March.

99. The HSE told the Committee that the largest number of applications for care funding occurred in March, which had a total of 1,363 applications, compared with 324 and 288 for months April and May respectively.

100. However, it must be factored in that by April, there would have been fewer patients in the acute hospital system and fewer patients needing discharge following care.

101. The Committee notes the challenging circumstances posed by Covid-19 for the health system but believes that greater consideration should have given to the impact of the discharge of patients from the acute system to the nursing home sector which does not have the clinical resources of the acute hospital system.

4.8 PPE And Equipment

102. Prevention and control of healthcare associated infections is a standard part of the operation of nursing homes and this is underpinned by regulation and standards. HIQA’s 2018 *National standards for infection prevention and control in community services* are particularly relevant in this regard, including ensuring availability of PPE.

103. Nursing Homes Ireland told the Committee that nursing homes faced significant difficulty in the early phase of the pandemic due to a large increase in the required use of PPE. At the time, there was a global shortage and suppliers told providers that the HSE had priority over limited supplies.

104. The Committee notes that HIQA wrote to the HSE on 8 April raising concerns about the supply of PPE in nursing homes and the HSE acted to provide a PPE support system, based on these concerns.47 The Committee has observed that the HSE had to obtain a list of nursing homes from HIQA for this purpose, which shows further evidence of a disconnect between the health service and long-term residential facilities.

105. The Committee also notes that there was a shortage of other clinical resources, including vital resources such as oxygen and fluids in some nursing homes.

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47 HIQA submission to the Special Committee on Covid-19 Response, 25 June 2020
4.9 Staffing Issues

106. Members of staff in nursing homes are core to ensuring safe care and support are provided to the residents of nursing homes. Given the nature and importance of the role of staff in delivering this care, significant provisions are included in regulation and national standards. Nursing home providers, for example, must ensure that:

At all times there are sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents... Contingency plans are in place in the event of a shortfall in staffing levels or a change in the acuity of residents.48

107. In its evidence to the Committee, Nursing Homes Ireland claimed that there was “aggressive recruitment of nursing home staff initially by the HSE”.

There was also, we would suggest, a targeting of people who were working in the sector. We would have made the point that denuded one element of the health service to support another element, which was counterproductive. We would have asked for a moratorium on recruitment.49

108. According to data provided by the HSE, a total of 33 nurses and 28 health care assistants were recruited from nursing homes from January to 31 May 2020. The HSE told the Committee that it encouraged local recruiters to delay appointing nurses who were currently working within the private nursing home sector.50

109. The National Director for Operations of the HSE told the Committee he asked Nursing Homes Ireland on a number of occasions to flag such issues and it flagged a maximum of ten such cases. In a number of those cases, the recruitment was stopped.51

110. Age Action Ireland told the Committee that nursing homes recruited aggressively from the home care sector, impacting on the availability of care assistants.52

111. Stakeholders representing staff have voiced concerns over pay, conditions and staffing levels in the nursing home sector. In its submission to the Committee, the INMO noted a HIQA report which highlighted inadequate staffing numbers, which included senior nursing infection prevention and control expertise, in the nursing homes sector.53

48 Department of Health summary overview paper on nursing homes, page 2
49 Mr. Tadhg Daly, Special Committee on Covid-19 Response, 26 May 2020
50 HSE response to SCC19R Follow up from meeting 18.06.2020
51 Mr. David Walsh, Special Committee on Covid-19 Response, 18 June 2020
52 Age Action submission to the Special Committee on Covid-19 Response, 25 June 2020
53 INMO submission to the Special Committee on Covid-19 Response, 25 June 2020
112. The INMO notes the need for the extension of the framework for Safe Nurse Staffing and Skill Mix in the sector. SIPTU states that “the provision of quality health care is dependent on quality jobs which attract and retain the best and most highly motivated health care workers”.

113. In its evidence to the Committee, SIPTU highlighted the high level of infection among healthcare workers within the nursing home sector. Other stakeholders expressed the view that staff shortages and inadequate workforce planning on the part of nursing homes, the Department of Health, and the HSE, at sector and home level, created an unsafe environment for staff and residents, and did not allow for enough time for workers to fully recover from the effects of the virus on them before being encouraged back to work. Further, the fragmented nature of the sector contributed to this, as it did not allow for convenient staff and resident transfer to remedy the shortfalls in unsafe facilities.

4.10 Clinical Guidance, Oversight And Governance

114. HIQA told the Committee that the current model of private residential care for older persons has no formal clinical governance links with the HSE. This means that there is no national clinical oversight of the care being delivered to some of our most vulnerable citizens. The Committee notes that the lack of formal governance links between private nursing homes and the HSE is a direct consequence of the over reliance on a privatised model of care.

115. The CEO of HIQA told the Committee:

*Currently 80% of nursing homes are operated by private providers. Although funded through the Nursing Home Support Scheme (Fair Deal), the HSE did not know this sector. As a consequence, the infrastructure required by the HSE to support the private sector was under-resourced and became increasingly challenged.*

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116. The National Director of Operations from the HSE told the Committee that in local clinical governance, nursing homes have a system where they have GPs or medical officers assigned who take responsibility for clinical governance. He noted that the key issue is the lack of a specific national structure or control for clinical oversight of the care of people admitted to nursing homes.

117. The CEO of HIQA told the Committee that HIQA had written to the Department of Health on many occasions regarding the regulatory framework and the way it impacts the sector. He noted that HIQA had sent several regulatory models to the Department, which try to account for the older persons pathway and would not be specific to individual care settings. The CEO said there had

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54 Mr. Phelim Quinn, *Special Committee on Covid-19 Response*, 26 May 2020

55 Mr. Phelim Quinn, *Special Committee on Covid-19 Response*, 26 May 2020
been engagement with the Department on things such as the statutory home case scheme. That scheme, however, appears to continue to be in development as a separate scheme. He told the Committee:

*Our recommendation, however, based on our own experience within the sector, is that there should be more of a regulatory framework that spans the entirety of older persons services.*

118. The Committee is concerned that most nursing homes have limited or inequitable access to the expertise of consultant geriatricians, old age psychiatrists, gerontological nursing, and allied health professional expertise. It also notes that end of life care and palliative care and expertise is not universally available in all care settings.

119. The Committee is of the opinion that the lack of national clinical oversight of care for residents in the sector is one of the biggest weaknesses exposed by Covid-19. The Committee is of the view that there is a need for greater co-ordination of care and greater understanding of where care takes place.

120. The Committee is of the view that the Department of Health adopt recommendations made by the RCPI Clinical Advisory Group for Older People on the recommendation that a review takes place of clinical governance arrangements within private nursing homes to advise on the relationships of the person in charge with GP/medical officer, registered provider and care staff and in particular with the public health authorities, and to review the resilience of these structures in the context of a pandemic.

### 4.11 Accommodation

121. The Committee notes that HIQA originally set standards for 80% single room occupancy by 2016 and that the Minister for Health signed a statutory instrument which extended this deadline to January 2022.

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56 [Safeguarding Ireland submission to the Special Committee on Covid-19 Response], 25 June 2020

57 [Safeguarding Ireland submission to the Special Committee on Covid-19 Response], 25 June 2020

58 In 2016, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 was amended through Statutory Instrument (SI) 293,1 thereby allowing registered providers until the end of 2021 to demonstrate compliance with Regulation 17 and Schedule 6 of the 2013 care and welfare regulations
122. The Secretary General told the Committee that it was unlikely this deadline will be met by all community hospitals and nursing homes due to Covid-19. 59

123. Responding to a question as to whether the statutory instrument had cost lives, the Secretary General of the Department did not accept this as there were multiple factors, but he noted that there was a good national development plan in 2007 and it was never implemented, and only half of the money and much less for community services was made available over the subsequent period. He noted work was underway under the 2016 programme of investment.

124. HIQA told the Committee that meeting standards is an ongoing challenge for providers. HIQA feels very strongly about it and has taken many regulatory decisions based on the amount of space available for each resident. These regulatory decisions have been challenged by providers, and the statutory instrument allows them that opportunity until January 2021. Ms Dunnion from HIQA told the Committee:

   We believe, however, that it is very important, not only for infection control but for residents’ rights to personal possessions and freedom of space, to be able to have visitors and that privacy. We see that as an essential component of a person’s life in a nursing home.

125. The National Director of Community Operations from the HSE added that in regard to community hospitals, the HSE is in the middle of a major capital plan. He told the Committee the HSE will have to assess the impact of the current stalling of that plan because of the pandemic. The Committee calls on the HSE and Department of Health to intervene to ensure that no capacity in the voluntary or public sector of nursing home care is reduced in the coming period. Examples cited to the Committee included St. Monica’s, St. Marys Telford and at Cherry Orchard in Dublin.

126. Given the infectious nature of Covid-19, the Committee expresses concern that patients in community hospitals and publicly-funded nursing homes are sharing rooms and that, in some cases, there are more than six patients in a ward together.

127. The Committee believes that there should be no delay in meeting the regulations, given the infectious nature of Covid-19 and the risk it poses to older persons, particularly in congregated settings.

59 Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020
4.12 Recommendations

**Recommendation 1**

The Committee recommends that the Department of Health in conjunction with the HSE and HIQA take immediate steps to develop a plan that will ensure that staffing levels and infection control procedures in the nursing home sector are adequate to meet any possible second wave of Covid-19.

**Recommendation 2**

The Committee recommends that the Department of Health urgently review current regulations and standards relating to the care of older people in nursing homes to assess whether they fully/adequately protect patients’ health and welfare in discharging patients to nursing homes which have been determined by HIQA to be non-compliant with infection control requirements. The Committee further recommends that no patients are discharged from hospitals to any nursing home which fails to meet infection control requirements and that no arrangement should be made by the State to place any older person in such homes under the Fair Deal Scheme.

**Recommendation 3**

The Committee notes the challenges faced by the nursing home sector in obtaining PPE. It recommends that the regulator review the resilience of the sector when it comes to obtaining appropriate medical supplies for crisis situations.
<table>
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<th>Recommendation 4</th>
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<tr>
<td>The Committee recommends that the HSE and HIQA ensure that all nursing homes are adequately stocked and supplied with PPE in the months ahead.</td>
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<th>Recommendation 5</th>
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<td>The Committee is strongly of the opinion that the lack of statutory clinical oversight of care for residents in the private nursing home sector is one of the biggest weaknesses exposed by Covid-19. The Committee recommends the Department of Health urgently review clinical oversight and governance arrangements for private nursing homes. The Committee is strongly of the opinion that we need to strengthen clinical oversight of individual nursing homes, both public and private, by requiring a designated medical officer be appointed to each nursing home.</td>
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<th>Recommendation 6</th>
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<td>The Committee recommends that Department of Health urgently support public nursing homes which have planned capital works in order to fulfil statutory obligations under the Health Act 2007. The Committee recommends that this work is completed as a matter of urgency, given the ongoing threat of Covid-19 to the health of residents living in congregated settings.</td>
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<th>Recommendation 7</th>
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<td>The Committee calls on the HSE and Department of Health to intervene to ensure that no capacity in the voluntary or public sector of nursing home care is reduced in the coming period.</td>
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5. Response To Covid-19 Infections And Clusters In Nursing Homes

128. Another key issue examined by the Committee was the response to infection and clusters in nursing homes from the period after the first phase of restrictions and social distancing measures were announced by Government on 13 March until June 2020.

129. Sadly, this is the period in which the greatest number of new cases of Covid-19 and deaths occurred in nursing homes. On 16 March, the Health Protection Surveillance Centre was first notified of clusters in two separate nursing homes. While the peak of cases in the general population occurred in the last week of March, the peak of new confirmed cases in nursing homes occurred in mid-April, which coincided with expanded testing in the sector.60

130. The Committee notes that updated guidance on the risk to older people was provided by the ECDC in late March. On 25 March, the ECDC published updated guidance which upgraded the risk of severe disease associated with Covid-19 for people in the EU/EEA and the UK. In its guidance, the ECDC assessed the levels of risk of serious illness as moderate for the general population and raised the risk from “high” to “very high” for older adults and individuals with chronic underlying conditions. 61 The ECDC advised that severe illness and death was more prevalent among the more vulnerable, from older people to those with chronic underlying conditions, in society who become infected.

131. At its meeting on 27 March 2020, NPHET discussed infection prevention and control in community and acute settings and agreed that a package of additional measures should be recommended to slow the spread of Covid-19 with particular focus on those aged over 70 years and the extremely medically vulnerable groups – introducing “cocooning” for these groups.62

132. Following difficulties with the provision of testing and results within the sector, and severe shortages of PPE, systematic supports were provided by the HSE and HIQA to the public and private nursing home sector. The Committee heard from stakeholders about increased levels of support and engagement across the system, but a lack of initial clear communication, guidance and direction as nursing homes and community hospitals fought the virus.

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60 Department of Health Summary Overview paper on Nursing Homes
62 Department of Health Summary Overview paper on Nursing Homes
133. The Chief Executive of Nursing Homes Ireland told the Committee:

The evidence from Ireland and internationally is no individual health sector can manage the crisis presented by Covid-19 alone. The supports provided by HSE community services for residents are appreciated and have delivered valued resourcing supports. The support framework implemented by the Minister and colleagues has fulfilled a lead role in managing and curtailing the prevalence of the disease in our nursing homes. 63

5.1 Covid Response Teams

134. The Committee believes that a key factor in the enhanced response was the improved communication and working relationship between the HSE, HIQA, Department of Health and the private nursing home sector.

135. The HSE told the Committee that it implemented a Covid-19 care pathway across hospitals and the community as a response to managing the pandemic crisis and to organise the setting up of new services. It set up nine Area Crisis Management Teams (ACMT) in early March as well as a process for the co-ordination of demand and supply of PPE, treating private and voluntary nursing homes equitably with HSE services. 64

136. Following this, the HSE formed additional Covid Response Teams in each ACMT as a dedicated resource to support public health outbreak teams, and this was for all residential services as well as home support settings. These teams of expert specialists provided a range of advice and support throughout the period, including on-site assessments of residents’ needs. The HSE commenced this process on 27 March. 65

137. The Committee notes that, as part of this process, a national monitoring group was formed including senior management, public health, infection control specialists and a consultant geriatrician for the purposes of ensuring the Covid-19 response teams were deployed at a local level and any queries arising could be addressed.

63 Mr. Tadhg Daly, Special Committee on Covid-19 Response, 26 May 2020
64 HSE submission to the Special Committee on Covid-19 Response, 25 June 2020
65 HSE submission to the Special Committee on Covid-19 Response, 25 June
138. HIQA told the Committee that it believed that the creation of crisis management teams was crucial in protecting residents:

\[ \text{It must be acknowledged that the creation of crisis management teams in each CHO area and the resources provided by the HSE at the community level played a significant part in supporting the private sector, and importantly, in protecting residents.}^{66} \]

139. The Committee concludes that the formation of Covid-19 response teams had a positive impact in supporting nursing home staff and residents.

140. The formation of a national monitoring group again highlighted the opportunity for additional oversight of the sector, and a vital missing link between the private and public healthcare sectors. In the opinion of the Committee, it is regrettable that these teams were not formed at an earlier stage of the crisis management process.

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66 Mr. Phelim Quinn, Opening statement from HIQA to the Special Committee on Covid-19 Response, 26 May 2020
5.2 Infection Control Supports

141. A number of measures were taken in March and April to support nursing homes in relation to infection control. They included the following:

Extra provision of PPE

142. The Committee heard that nursing homes faced significant challenges in obtaining supplies of PPE in the third week of March. 67

143. Following this, a formal process for co-ordination of demand and supply of PPE was established. The CEO of the HSE told the Committee that €27 million has been spent on supplying PPE to voluntary and private nursing homes.68 This funding is directly provided by the State. Nursing homes have not at this stage recompensated the taxpayer for this supply of PPE. Nursing homes can continue to obtain additional PPE from their own suppliers.

Testing regime in nursing homes

144. Speaking to the Committee, the Chief Clinical Officer of the HSE noted that the biggest predictor of outbreaks is community transmission:

*Testing enables the public health actions that are necessary, that is, isolation of patients and infection prevention and control measures. Testing is not an end in itself. Looking back now, with our awareness of asymptomatic transmission, it is certainly possible that some people who had no symptoms who were transferred from acute hospitals to residential care facilities took the virus with them. It is equally possible that asymptomatic people who were working in residential care facilities transmitted the virus.* 69

145. On 27 March, the case definition was expanded to alert clinicians for a higher index of suspicion regarding possible atypical presentations in nursing homes. Given the highly infections nature of the disease, long-term residential facilities were advised to treat all residents with symptoms, should there be a testing delay, as likely Covid-19 positive in facilities where a Covid-19 diagnosis had been confirmed.70

146. On 17 April, following a NPHET recommendation, the testing of all staff in long-term residential facilities was conducted; 95,900 tests were completed with a positivity rate of 5.5%. The HSE has

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67 Ms Anne O’ Connor, *Special Committee on Covid 19 Response*, 19 May 2020
68 Mr Paul Reid, *Special Committee on Covid-19 Response*, 19 May 2020
69 Dr. Colm Henry, *Special Committee on Covid-19 Response*, 18 June 2020
70 *Department of Health summary overview paper on nursing homes*, page 11
now introduced a weekly rolling programme of testing staff in nursing homes for a four-week period to track and target any emerging infection.

147. On the question on whether non-testing of asymptomatic patients would have contributed to mortality, the HSE told the Committee it was hard to say. The first published report that really reflected the high prevalence of asymptomatic transmission, particularly in congregated settings, was on 27 March in the *New England Journal of Medicine*. The National Clinical Advisory Group Lead (Older Persons) of the HSE said that is how quickly things have been evolving in this pandemic, but she added that it is very difficult to say because we do not know what the mortality looks like in terms of patients who have tested positive but who were asymptomatic.71

148. On 10 April 2020, in line with the available emerging evidence, guidance was changed to formally include the testing of staff in residential care facilities as part of the outbreak response with escalation to full testing of all residents and staff in facilities with outbreaks from 18 April 2020. This was followed by a mass testing strategy which commenced 21 April 2020, with testing in all long-term care facilities completed by 15 May 2020.72 The Committee was also told that a testing pathway was being put in place in order that nursing homes can perform tests on residents.73

149. The Committee notes the extremely high rate of infection in healthcare workers in nursing homes relative to other healthcare settings, as highlighted by reports of the Health Protection Surveillance Centre.

**Staffing Supports**

150. The Committee notes that the HSE provided 322 extra staff to nursing homes during this period.74

**Change in protocol regarding testing and discharge of patients from acute hospitals**

151. The National Clinical Advisory Group Lead (Older Persons) told the Committee that asymptomatic transmission was not a feature of WHO or ECDC guidance until 18 March. The CEO of the HSE told the Committee the HSE changed the approach to testing of patients and the case definition regarding possible asymptomatic patients. He noted that geriatricians were taken aback at the presentation of positive cases and levels of asymptomatic patients. He said that as they learned more, the approach changed.

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71 Dr. Siobhan Kennelly, [Special Committee on Covid-19 Response](https://www.scribd.com/document/433394187), 26 May 2020

72 HSE submission to the Committee, 25 June 2020

73 Dr. Siobhan Kennelly, [Special Committee on Covid-19 Response](https://www.scribd.com/document/433394187), 26 May 2020

74 HSE submission to SCCR19 Re Nursing Homes
152. The CEO of the HSE told the Committee:

*As we have gone through the process, our approach has changed, and as we go forward, I have no doubt our approach will change. That is part of what we have learned about the virus. Nobody is more upset than the healthcare workers who work in the system, both public and private, and have seen what has happened. Overall, I think our strategy approach was based on knowledge we had at a particular time and it did change as we gained more knowledge. I have no doubt learnings will be and should be made for the future.*

153. The HSE now recommends that transfers from acute hospitals are to be isolated and monitored for a 14-day period.

### 5.3 Temporary Assistance Payment Scheme for Nursing Homes

154. The Secretary General of the Department of Health told the Committee that a special nursing homes subgroup was set up to devise a temporary assistance scheme which would benefit the sector.

155. On 5 April, a Temporary Assistance Scheme to support Private and Voluntary Nursing Homes in preparing for and responding to a Covid-19 outbreak was announced.

156. The purpose of the scheme is to assist nursing homes in building resilience in reducing the risk of a Covid-19 outbreak and in supporting them in managing such an outbreak, should one occur. The HSE administers the scheme and processes payments to the nursing homes. The Department of Health has requested that the National Treatment Purchase Fund (NTPF) administer the application process and provide support and advice to the HSE.

157. The scheme consists of a standard assistance payment and an outbreak assistance payment. To qualify for the outbreak assistance payment, the nursing home Covid-19 outbreak must be confirmed by public health and notified to the Health Protection and Surveillance Centre (HPSC). The first part of the scheme, the standard assistance payment, consists of a prospective standard assistance payment and a retrospective reconciliation, based on actual costs incurred. The outbreak assistance payment is in place to further financially support nursing homes when managing a Covid-19 outbreak.

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75 Mr. Paul Reid, Special Committee on Covid-19 Response, 18 June 2020
76 Dr. Siobhan Kennelly, Special Committee on Covid-19 Response, 26 May 2020
77 Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020
78 HSE Submission to the Special Committee on Covid-19 Response
158. The Committee has been informed that, as of 29 May 2020, a total of €9.1m in financial support had been made available to a total of 358 private nursing homes under prospective standard payments and all elements of the scheme are now live and available to be claimed.

159. Stakeholders from the sector expressed disappointment that the assistance scheme was not backdated to 1 March. The CEO of Nursing Homes Ireland told the Committee that that one section of the scheme is for outbreak assistance, which was welcomed, but that was only available to homes who suffered an outbreak and was not available to those who spent considerable money to keep a nursing home Covid-free. He told the Committee that the sector had spent millions of euro in addition to normal expenditure by 26 May 2020 on such measures.79

160. The Committee asked him if there was an ability within the sector to consider setting up a pandemic crisis fund. He said the issue was not finance, but access to PPE generally.

161. The Committee welcomes the Temporary Assistance Scheme as there was a clear need to support nursing homes at the height of the crisis.

### 5.5 Mortality Rates and Reporting

162. One of the ways to measure the impact of Covid-19 is mortality. As discussed in Section 1.2 of this report, there is a high Covid-19 morbidity and mortality in nursing homes in Ireland and internationally. Nursing home deaths in Ireland account for approximately 56% of all deaths from Covid-19 in Ireland.80

163. Countries throughout the world have reported different mortality rates to date. NPHET states it is difficult to compare mortality rates between Ireland and other countries in the EU due to the difference in numbers of people tested, mortality case definitions and reporting practices. It notes that factors impacting mortality will include demographic and socio-economic factors, geographic factors, population density and travel patterns as well as the effectiveness of public health measures.81

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79 Mr. Tadhg Daly, Special Committee on Covid-19 Response, 26 May 2020
80 Epidemiology of Covid-19 in Ireland, HPSC, (29 June 2020)
81 NPHET, Covid-10: Comparison of Mortality Rates between Ireland and other countries in EU and Internationally, 28 May 2020
164. NPHET notes the higher incidence rates, which may due to a higher testing strategy, but states that Ireland has lower reported mortality rates than UK countries, despite the fact Irish figures included confirmed and probable cases.

165. HIQA has analysed excess mortality in Ireland from 11 March to 16 June to determine whether the reported Covid-19 mortality provides an accurate estimate of excess mortality during the epidemic. The analysis, which was based on data from the death notices website, RIP.ie, found that there was clear evidence of excess mortality occurring since the first reported death but that officially reported Covid-19 deaths may overestimate the true burden of excess mortality specifically caused by Covid-19. This may due to the inclusion within the figures of people who were close to end of life independently of Covid-19 or whose cause of death may have been due to other factors.

166. The Committee notes evidence that the Irish fatality rate was high by international standards and that, looking at excess deaths over the past five years, Ireland had the eighth highest fatality rate in Europe.

167. The Secretary General of the Department of Health told the Committee a whole range of lessons have been learned. The types of measures that have been taken on testing and case definition have all been informed by international learning. He said he did not fully accept that we have a very high fatality rate.

I believe Dr. David Nabarro was correct in stating that we have been much more comprehensive in our recording of deaths. In addition, regarding the proportion of deaths that have taken place in nursing homes, while I will not say we have been fully successful, we have put in place many measures to suppress community transmission that avoided deaths in the community. This leads to a higher proportion of deaths being in nursing homes. If we had twice the number of community deaths, the percentage of deaths in nursing homes would be 40%, not 60%.

168. The Committee was told that the Nursing Home Expert Panel was to explore this matter in greater detail and would examine outcomes in terms of differences between infection and mortality rates in the public and private sector. The Report of the Expert Panel should be published by the Minister for Health and should be examined by the Committee in September.

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82 HIQA, *Analysis of excess all-cause mortality in Ireland during the Covid-19 epidemic*, 03 July 2020
83 Special Committee on Covid-19 Response, 18 June 2020
84 Dr. Colm Henry, *Special Committee on Covid-19 Response*, 18 June 2020
5.6 End Of Life Care In Nursing Homes During Covid-19

169. The Irish Hospice Foundation told the Committee that many of the experiences of dying, death and bereavement during the Covid-19 pandemic have fallen short of the expressed wishes on the Irish people in relation to what they want for themselves or their loved ones at end-of-life. 85

170. The Committee notes the significant trauma of residents, families and staff in nursing homes as cases and clusters of Covid-19 emerged and increased in the sector.

171. Safeguarding Ireland, in its submission, told the Committee:

   *People in nursing homes, are among the most vulnerable group in society. In terms of Covid-19, this group certainly bore the brunt of the suffering, with very many deaths. In addition, they suffered anxiety as a result of their vulnerabilities, sometimes lack of communication with them and their families, bereavement due to death of friends and acquaintances in large numbers and enforced extreme cocooning due to visiting restrictions.* 86

172. The INMO told the Committee of the increased levels of stress and anxiety as health workers had no choice but to assist residents at end of life situations and family members could not be present with their loved ones.

173. As regard actions taken to improve end of life care during the crisis, the Committee was told that the National Clinical Programme for Palliative Care (NCPPC) Palliative Care Consultant Advisory Group has developed national guidance, which has been disseminated through webinars, GPs and specialist palliative care services. The guidance aims to assist health care professionals in meeting the palliative care needs of dying patients, including those living in long-term care facilities, such as nursing homes or other community settings. 87

174. The Committee was told that a series of webinars facilitated by the All Island Institute for Hospice and Palliative Care have been provided for nursing homes and, disability services, with almost 8,000 staff signing up. Topics to date have included ‘do not resuscitate’ matters, how a palliative care approach to care can support nursing homes during the Covid-19 outbreak, anticipatory prescribing and related issues, and advance care planning. 88

175. The Committee notes that the Irish Hospice Foundation, in partnership with the HSE, launched a bereavement support line to provide support to family members who have experienced the death of someone they love during the Covid-19 pandemic.

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85 Irish Hospice Foundation submission to the Special Committee on Covid-19 Response, 25 June 2020
86 Safeguarding Ireland submission to the Special committee on Covid-19 Response, 25 June 2020
87 NPEHT Overview of the health system response to Covid 19
88 NPEHT Overview of the health system response to Covid 19
176. The Committee is of the view that lessons must be learned from the experience of end of life care during the Covid-19 crisis. This is an experience that must not be repeated and must be avoided and actively planned for as part of any preparation for further waves of Covid-19 infection.
6. Structural Issues In Care For Older People Exposed By Covid-19 Pandemic

177. The Covid-19 crisis in our nursing homes has shone a light on deficits in our care system and has shown where gaps exist and where they have been exacerbated by the pandemic.

178. One of the most troubling aspects of the crisis was the fragmented relationship between public health authorities and the private nursing sector. As nursing homes were seen to be external to the overall public health system, the system was slower to respond, as it did not know the sector or play a role in clinical oversight of the sector. The Committee believes this was a key factor that contributed to the spread of outbreaks in nursing homes and the unfortunate loss of life during the Covid-19 pandemic.

179. In this section, the report highlights some of the most relevant structural issues in the care for older people which were exposed by the Covid-19 pandemic.

6.1 Model Of Care

180. The Committee believes that the Covid-19 pandemic has shown that the overall model of care for older people is not adequately integrated with the rest of the healthcare system and is deeply flawed. The Committee heard from many stakeholders who expressed concern at the siloed approach to long-term support and care for older people which has a clear bias towards placing older people in residential settings.

181. In its submission to the Committee, Age Action Ireland told the Committee that the lack of policy integration between home care and residential care continues to put people directly at risk. It notes that the current statutory right to nursing home care only can drive users to enter nursing homes earlier than needed due to inability to access adequate home care supports or, in recent months, due to the lack of community home supports. For many more, nursing home care has been unavailable due to the spread or risk of Covid-19 and people have been left in limbo between services.  

182. Age Action Ireland also expressed the view that alternative models of care for high dependency older people must be considered to promote older people’s safety, rights, independence and quality of life.

183. Stakeholders also remarked on the inequalities that appear to exist within the current model of nursing home care, commenting that the current model created an unequal system where

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89 Age Action submission to the Special Committee on Covid-19 Response, 25 June 2020
publicly funded care facilities had larger and more congregated settings, with older buildings whose residents were statistically more likely to have a higher degree of need.

184. A move away from congregated settings with old people living either independently at home or in sheltered housing units will require a change to housing policy. It will mean greater recourse to home refurbishments to allow for older living, such as the removal of steps and the insertion of handrails, to prevent people from injuring themselves through falls. It will also require the availability of smaller units, including retirement villages, which will free up bigger houses where older people have lived all their lives and which are now either not fit for purpose or simply too big, especially where the families of the older person or older couple have moved on.

185. Stakeholders also told the Committee that there was a need for a continuum of care including home care, split housing and boarding out to supportive housing, mutual and housing co-operatives and housing with supports. This continuum should also include nursing home care, but care needs to be taken to ensure it is patient-focused and offers the appropriate clinical supports in a holistic manner.

186. The Committee notes that the direction of policy in respect of care for older persons which has seen a focus on the placement of older persons in congregated settings run by private entities with public support though both the Fair Deal Scheme and though tax breaks for those who develop those nursing homes. This policy needs to be addressed commencing in 2021 and can be done within the context of legislation that will place the provision of care in a person’s home on a statutory footing. There are other issues including those around funding for home care packages which are derived from a separate budget from the Fair Deal Scheme which needs a more integrated funding approach, and which should be addressed by the Oireachtas. The Committee agrees that, in line with what was done in the areas of mental health and disability, that there should be a move away from congregated settings when it comes to older persons.

6.2 Regulatory framework for Care Of Older People

187. Sage Advocacy expressed the view that the “architecture” of nursing home care provision is complex, lacking transparency and without an effective system of overall governance. It notes:

    The National Treatment Purchase Fund buys the care from private providers without proper consideration of the range of needs, the HSE administers the scheme but the contract is between the older person and the nursing home, and HIQA sets the standards but has no role in setting the price; it inspects but has no powers to investigate complaints.90

90 Mr. Mervyn Taylor, Opening Statement to the Special Committee on Covid-19 Response, 26 May 2020
188. In addition to the issues mentioned by Sage Advocacy, the Committee notes that the current model of private residential care for older persons has no formal clinical guidance links with the HSE. This means that there is no national clinical oversight of the care being delivered to some of our most vulnerable citizens. There is no clear framework for the provision of medical care to the most vulnerable.

189. This is of grave concern to the Committee given the evidence that some private owners do not have a social or nursing background or adequate on-site medical support.\(^91\)

190. Covid-19 exposed the flaws in this architecture which does not fully serve the needs of our most vulnerable people. The Committee believes this has led to ineffective co-ordination between statutory agencies at regional and national level.

191. Of particular concern to the Committee is the fact that the HSE approves the new placement of older people in nursing homes even though those said nursing homes do not have adequate infection controls arising from HIQA inspections. While in evidence the HSE said those nursing homes were still licensed to operate and it appears that the regulations, or at least their implementation, around this issue need to be reviewed, the Committee queries why the HSE does not use its authority as the paymaster under the Fair Deal Scheme to refuse to send new applicants to any nursing home which was non-complaint with infection control requirements. The Committee will recommend that this should become the practice so as to offer maximum protection for those who need nursing home care.

192. The Committee notes that Ireland has an ageing population. This will be key challenge over the next ten years, where it is expected that there will be 250,000 people over the age of 80 by 2031. Strategic planning for how we care for older people needs to be considered and actioned as a priority.

193. In its submission to the Committee, HIQA called for a review of the current regulatory framework and the introduction of an accountability framework to include a commissioning model.

\(\textit{As part of an accountability framework, HIQA believes that a system of care management could be introduced across the HSE's community service areas. Such a model would be closely aligned to the principles and goals articulated within Sláintecare, as the key aim of the system is to support people in, or close to their own homes as possible.}\)

\(^{91}\) HIQA submission to the Special Committee on Covid-19 Response, 25 June 2020
194. The Committee believes there is a need for authoritative clinical governance, greater accountability of providers and improved co-ordination across the nursing home sector.

195. The Committee recommends that the current regulatory framework for the care of older people be examined by the Department of Health.

196. The Committee believes that Covid-19 crisis has exposed the potential threats to health and welfare of older people and a comprehensive systematic strategy for healthcare provision for older people is needed urgently.

6.3 Role Of The Regulator

197. During the course of its examination of nursing homes, the Committee was alerted to several issues regarding the statutory powers and standards applied by the regulator HIQA.

198. The Committee understands that, while clear legislative responsibility for regulation, registration of services and inspections of services rests with HIQA, during the Covid-19 crisis HIQA also had to facilitate co-ordination between the HSE, Department of Health, NTPF and the private nursing home sector. This was due to the complicated regulatory framework surrounding nursing homes and the practical difficulties arising from the fact that the HSE or Department of Health did not “know the sector”.

199. The Committee notes that HIQA provided a list of at-risk institutions to the HSE and it provided the Department and HSE with access to its online notification system. It was also agreed on 21 April 2020 that a Covid-19 regulatory framework for the monitoring and inspection of long-term care facilities should be developed and implemented. In April, HIQA also rolled out a regulatory assessment process to support nursing homes without a case of Covid-19 to prepare for an outbreak, and to ensure that clear contingency plans are in place to maintain high standards of care for residents at all times.

200. The evidence available to the Committee is that in May, HIQA recommenced regulatory inspections, starting with risk-based inspections of those nursing homes that had a significant Covid-19 outbreak. Key findings to date reiterate the need for a responsive Covid-19 testing system, enhanced infection and control guidance from the HPSC, training, increased clinical staffing levels, and operational arrangements to ensure a meaningful life for residents is maintained.
201. The Committee heard that a standards-based approach to regulation is used by HIQA with an improvement focus. However, many stakeholders queried the national standards process, saying they were not set at a level sufficient to assess clinical leadership, expertise, resilience and reserve. In his submission to the Committee, Professor Des O Neill, Consultant Geriatrician, said:

The end result is a variability of care standards and resilience that is substantially out of step with other elements of the healthcare system.\(^\text{92}\)

202. The Committee notes the power of HIQA to go to the courts to seek deregistration of nursing homes in the case of non-compliance. The Committee heard evidence from HIQA’s Chief Inspector of Social Services and Director of Regulation where she indicated that these powers were difficult to enforce when she stated:

We have enforcement powers but they are sometimes difficult to enforce. By way of example, three nursing homes which were taken to court over the past two years pursued two judicial reviews. We currently have legal cases pending on regulatory decisions I have made in the context of registration.\(^\text{93}\)

203. The chilling effect posed by the threat of lengthy legal challenges must be considered to weaken the regulator’s statutory powers.

204. The Committee is also of the opinion that ongoing extension to deadlines regarding refurbishment of nursing homes undermines the role of HIQA as a regulator. The Committee was told by the Secretary General of the Department of Health that it was unlikely that the deadline of January 2021 would be met for capital works on community hospitals. The persistent delay in refurbishing community hospitals and community nursing homes will mean that it is likely that these facilities will continue to have challenges with infection control and non-compliance with regulations.

205. HIQA has acknowledged that there were flaws in the current regulatory system. The CEO of HIQA told the Committee that in recent years HIQA has sought a review of the regulations, which were developed initially in 2009 and in 2013, in order to keep pace with current models of care. The Committee notes that HIQA has also looked at the development of training and guideline materials to assist implementation of standards within health and care settings.


206. HIQA also told the Committee that that a re-drafting of the Health Act 2007 is required to provide for a statutory home care scheme and to facilitate inspections by other bodies, for example, the HSA/Mental Health Commission.

207. As per section 4.11, the Committee recommends that works commence urgently on community hospitals and public nursing homes which need refurbishment in order to meet current regulatory requirements.

6.4 Staffing issues

208. Much of the evidence presented to the Committee concerning outbreaks of Covid-19 in nursing homes points to weak regulation of staffing in the sector.

Staffing Ratios

209. The Committee is deeply concerned about levels of staffing and the absence of a defined ratio of nurses to high dependency residents within a unit. The Committee was told that nursing homes must have “adequate staffing” as well as contingency plans. The Secretary General of the Department of Health told the Committee:

> Going back to when the regulations were first done, the difficulty in specifying a particular ratio arises from the difference and variety among patients and the variety of accommodation and infrastructure available to any particular nursing home.\(^{94}\)

210. However, HIQA told the Committee that the regulations regarding staffing were weak. The Chief Inspector of Social Services and Director of Regulation told the Committee that staffing levels are determined by the provider of nursing homes. HIQA can identify a shortage of staff, but it is totally dependent on the provider:

> Statutory nursing homes and private nursing homes will decide their own staffing levels, and I believe the regulations are poor in that context.\(^{95}\)

211. In its submission, HIQA highlighted the lower number of staff in private nursing homes along with an inability to sustain senior levels of senior nursing expertise as key challenges facing private nursing homes.

\(^{94}\) Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020

\(^{95}\) Ms Mary Dunnion, Special Committee on Covid-19 Response, 26 May 2020
Skills Mix And Expertise

212. Stakeholders also expressed concern at the absence of regulation on the level of skills required by nursing staff in nursing homes, highlighting in particular an inadequate number of staff with infection prevention and control expertise. SIPTU told the Committee that the current regulations do not provide appropriate clinical guidance for the safe staffing of a unit or appropriate skill mix between disciplines.96

213. The Committee notes the recommendation of the RCPI Clinical Advisory Group on Older People in this context and recommends that staffing structures in nursing homes need to be reviewed to ensure appropriate skill mix and resilience with appropriate career pathways and educational opportunities to be developed.

Cover for sick leave

214. The Committee heard that many nursing homes struggled during the height of Covid-19 outbreaks due to the number of staff contracting the infection, and this impacted on the resilience of the nursing homes in dealing with outbreaks. While the HSE provided staff to nursing homes, the Committee notes that it is the responsibility of nursing homes to ensure adequate staffing.

215. The Committee notes evidence from stakeholders that a derogation was provided to managers requesting that staff who were identified as close contacts could attend work if they were asymptomatic. This appears to have been a mistake considering subsequent evidence regarding asymptomatic transmission.

216. The Committee is of the opinion that a delay in issuing a national request to wear facemasks in all healthcare settings unnecessarily exposed healthcare workers to higher levels of infection.

Pay And Conditions

217. The INMO and SIPTU told the Committee that pay and conditions for staff in private nursing homes are set at a level that does not support recruitment and retention of care staff.

218. During the course of its hearings, the Committee heard of “aggressive” recruitment of staff on behalf of the HSE but found little evidence of this. Instead, it believes that staff were more likely to have been attracted to move due to a perception of better working conditions and higher wages in other areas of the healthcare sector.

96 SIPTU submission to the Special Committee on Covid-19 Response, 25 June 2020
219. SIPTU notes issues with pay, conditions and provision of adequate training in the private nursing home sector:

*It is our opinion that these factors did contribute and undermine the private nursing home sector response to the COVID 19 response. To ignore these factors would be wrong. The reality is Government policy has determined the price of care in the Sector. This coupled with soft regulation and no direct oversight by the Department of Health has contributed to the issues experienced by the workforce.*

**Healthcare Assistants**

220. The Committee supports the assertion that healthcare assistants should have a protected title and formal regulation to ensure safe practice standards are being upheld.

6.5 Safeguarding Of Residents

221. During the course of the Covid-19 pandemic, families contacted HIQA with many concerns about nursing homes and one of the most significant issues was safeguarding and quality of care. 97

222. The Committee notes that many stakeholders have said there is a need for adult safeguarding legislation and protection of liberty in places of care and legislative recognition for independent advocacy. The Committee understands that the Law Reform Commission is currently undertaking consultation on a legislative framework for safeguarding legislation.

223. Sage Advocacy noted that the current preference of the system is to discharge patients from hospitals into nursing home care, irrespective of their wishes. It states that other options could be explored such as transitional care in community hospital settings or the formation of Community Intervention Teams (CIT) in order to provide robust, responsive and accessible inter-disciplinary teams in the community which can be mobilised if health deteriorates to prevent hospital admission and promote rehabilitation, as well as accepting hospital discharges. 98

224. Stakeholders such as the Alzheimer Society of Ireland noted the need for inspection procedures which should include new standards to safeguard older people in nursing homes, including those with dementia, in the event of a further pandemic. 99 The Irish Association of Social Workers noted that social workers remain limited in their ability to complete unhindered safeguarding assessment under the current regulations, as they can only intervene if they believe an older person is at risk of harm in certain circumstances. 100

97 Ms Mary Dunnion, Special Committee on Covid-19 Response, 26 May 2020

98 Sage Advocacy, Submission to the Committee on Covid-19 Response, 17 June 2020

99 Alzheimer Society of Ireland, Submission to the Special Committee on Covid-19 Response, 25 June 2020

100 The Irish Association of Social Workers, Submission to the Special Committee on Covid-19 Response, 24 June 2020
### 6.6 Recommendations

<table>
<thead>
<tr>
<th>Recommendation 8</th>
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<tbody>
<tr>
<td>The Covid-19 crisis has exposed the potential threats to health and welfare of older people. The Committee recommends that the Department of Health plan for the care of older people as part of the implementation of the Sláintecare strategy and to account for demographic trends over the next ten years.</td>
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<th>Recommendation 9</th>
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<td>The Committee recommends that the Department of Health develops an integrated system of long-term support and care spanning all care situations with a single source of funding. In that regard, the Department should work closely with the Department of Housing to develop models of independent living, supported housing and sheltered housing to cater for the wide range of housing preferences among older people. This strategy should have a specific focus on moving care from congregated settings.</td>
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<th>Recommendation 10</th>
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<td>The Committee recommends the integration of private nursing homes into the wider framework of public health and social care.</td>
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<th>Recommendation 11</th>
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<tr>
<td>The Committee recommends the enactment of legislation underpinning the regulation of and statutory provision and regulation of home care and, in the meantime, that additional funding for home care would be increased to clear the current waiting lists.</td>
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<th>Recommendation 12</th>
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<tr>
<td>The Committee recommends that the current regulatory framework for the care of older people be examined by Department of Health.</td>
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Recommendation 13

The Committee recommends that the Department of Health and the HSE review the criteria for allocation of patients under the current Fair Deal Scheme, to ensure that, first, patients’ needs and care requirements are central to any placement and, second, that all people are not put in an undue risk situation by being placed in a long-term care facility that is not in compliance with HIQA standards on infection control.

Recommendation 14

The Committee recommends that regulations regarding staffing and staff ratios in nursing homes need to be strengthened in order to protect patient health and to prioritise the setting of nurse to patient ratios in line with best practice.

Recommendation 15

The Committee recommends that staffing structures in private nursing homes should be reviewed along with salary structures and terms and conditions of employment with particular reference to access for sick pay and security of employment to ensure appropriate resilience.

Recommendation 16

The Committee recommends that the Department of Health examine the regulation of the role of healthcare assistants.

Recommendation 17

The Committee recommends that there should be no unnecessary delay in implementing legislation on adult safeguarding.
7. Preparations For A Future Pandemic Or Further Infection

225. Preparations are currently underway to manage the ongoing impact of Covid-19 in nursing homes over the next six to 18 months. The Department of Health has established an expert panel which will make recommendations to ensure all protective response measures are planned in light of the ongoing Covid-19 risk and impact for nursing homes over the next six to 18 months.101

226. The Secretary General of the Department of Health told the Committee there was no complacency around the issue of a second wave. He said that HIQA has put in place a quality assurance framework regarding preparedness against which it is reviewing nursing homes. He added that the infrastructure, including the multidisciplinary community response teams, has been put in place so that the HSE has support in place. He also noted the stockpiling of PPE and increased testing capability.102

227. HIQA has emphasised the importance of testing, improved clinical oversight and governance, including a formal communication pathway for each nursing home with key community hospital specialities, improved contingency arrangements on behalf of HSE and individual providers, adequate training of staff and contingency plans for staff illness, and updated infection control procedures.103

228. The Committee has received evidence from stakeholders highlighting the importance of the following measures in the event of another pandemic or further waves of Covid-19 infection:
   i. A comprehensive system of testing and tracing among nursing home staff
   ii. Improved clinical oversight in nursing homes
   iii. The implementation of a framework for Safe Nursing Staffing and Skill Mix in nursing homes
   iv. The appropriate provision and stockpiling of PPE and other essential supplies
   v. National support standards and guidance for nursing homes staff
   vi. An adequately resourced public health institute
   vii. The need for an integrated digital strategy across all health and social care services and supporting agencies
   viii. Above all, any future pandemic planning must cover the whole care system

101 Department of Health summary overview paper on nursing homes.
102 Mr. Jim Breslin, Special Committee on Covid-19 Response, 18 June 2020
103 HIQA submission to the Special Committee on Covid-19 Response
The Committee believes that lessons must be learned from the Covid-19 crisis in nursing homes. In particular, enhanced engagement is critical to ensure residents across all nursing homes are afforded access to best expertise and supports. The above recommendations must be implemented and robust planning for future waves of infection must cover the whole care system.

### 7.1 Recommendations

<table>
<thead>
<tr>
<th>Recommendation 18</th>
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<tr>
<td>The Committee recommends that a comprehensive system of testing and tracing among nursing home staff continues along with appropriate stockpiling of PPE and other essential supplies.</td>
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<th>Recommendation 19</th>
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<tr>
<td>The Committee recommends that all future pandemic or crisis planning must cover the whole care system.</td>
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APPENDIX 1: TERMS OF REFERENCE

(1) Dáil Éireann hereby appoints a Committee, to be known as the Special Committee on Covid-19 Response (hereinafter referred to as ‘the Committee’), to consider and take evidence on the State’s response to the Covid-19 pandemic;

(2) the membership of the Committee shall not exceed nineteen members, appointed by notice in writing to the Ceann Comhairle as follows:

(a) the Government, Fianna Fáil, and Sinn Féin shall each be entitled to appoint four members;

(b) the Green Party, the Labour Party, Social Democrats, Solidarity-People Before Profit, the Regional Group, the Rural Independent Group, and the Independent Group shall each be entitled to appoint one member;

(3) the Ceann Comhairle shall announce the names of the members appointed pursuant to paragraph (2) for the information of the Dáil on the first sitting day following their appointment;

(4) the quorum of the Committee shall be seven;

(5) the Committee shall elect one of its members to be Chairman;

(6) it shall be an instruction to the Committee that the taking of oral evidence from any one witness or group of witnesses in a single session shall not exceed 2 hours in each case;

(7) in the absence of a member nominated to serve on the Committee, one substitute may be nominated in accordance with Standing Order 106 for each two-hour session of the Committee: Provided that a substitute may only be nominated by prior written notice to the Clerk to the Committee;

(8) on a proposal by the Committee, the Business Committee shall agree the arrangements for the taking of the Committee’s business as part of the Business Committee’s weekly report under Standing Order 31, including but not limited to, the agenda for each meeting, the witnesses to be examined, and the format of the meeting, including time limits for presentations and questions; and

(9) subject to paragraphs (6) and (8), the Committee shall have the following powers:

(a) power to invite and receive oral and written evidence, oral presentations and written submissions from Ministers and witnesses in accordance with Standing Order 96(1) and (2);

(b) power to appoint sub-Committees in accordance with Standing Order 96(4);

(c) power to draft recommendations for legislative change and for new legislation in accordance with Standing Order 96(5), and to examine any statutory instrument which it considers relevant to its orders of reference in accordance with Standing Order 96(6) and (7);

(d) power to require that a member of the Government or Minister of State shall attend before the Committee to discuss policy, proposed primary or secondary legislation, post enactment reports on legislation, or matters relating to meetings of relevant EU Councils of Ministers
that, in the opinion of the Committee, relates to its orders of reference and for which the member of the Government or Minister of State is officially responsible in accordance with Standing Order 96(8), (9), (10) and (12);

(e) power to require that principal officeholders in bodies in the State which are partly or wholly funded by the State or which are established or appointed by members of the Government or by the Oireachtas shall attend meetings of the Select Committee, as appropriate, to discuss issues in relation to Covid-19 for which they are officially responsible in accordance with Standing Order 96(11) and (13);

(f) power to engage the services of persons with specialist or technical knowledge in accordance with Standing Order 96(14); and

(g) power to report to the Dáil in accordance with Standing Order 100(1).
Appendix 2: Committee Membership

Deputies:

Colm Brophy (FG)
Colm Burke (FG)
Mary Butler (FF)
Jennifer Carroll MacNeill (FG)
Matt Carthy (SF)
Michael Collins (RI)
David Cullinane (SF)
Pearse Doherty (SF)
Stephen Donnelly (FF)
Norma Foley (FF)
Michael McNamara (I) [Chairman]
Fergus O’Dowd
Louise O’Reilly (SF)
Matt Shanahan (R)
Roisin Shortall (SD)
Brid Smith (SPBP)
Duncan Smith (L)
Ossian Smyth (G)

Notes:

1. Deputies appointed by Order of the Dáil of 7 May 2020
2. Chairman elected at Committee meeting of 12 May 2020