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Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Submission to the Special Committee on COVID-19 Response

June 2020

Safer Better Care

From the onset of the COVID-19 pandemic, HIQA has been a member of the National Public Health Emergency Team (NPHET) and has endeavoured to provide a meaningful contribution to the national response to Covid-19 in its interactions with the Department of Health, the Health Service Executive (HSE), registered providers, residents and their families.

In this paper we outline our views on the issues of particular interest to the committee, as outlined in correspondence received on 16 June.

1. Scrutiny of nursing home deaths and clusters during the C19 crisis, and
2. Scrutiny of response to initial Covid-19 clusters in nursing homes and impact of updated supports for the sector

HIQA recognises that the virus that causes Covid-19 is an especially difficult one to manage from an infection prevention and control perspective, particularly in the context of residential care for older persons.

COVID-19 is highly infectious, with asymptomatic carriage and spread being common. It is therefore especially hard to keep COVID-19 out of nursing homes when it is circulating in the community. Furthermore, evidence shows that the disease appears to present atypically in older people, while the mortality rate is especially high in frail, older persons relative to the rest of the population.

In response to the COVID-19 crisis, HIQA took a number of measures to safeguard residents and to ease the regulatory burden on services. For example:

- the introduction of a one-day turnaround registration process to expedite the opening of new residential beds in nursing homes
- the introduction of a simplified system of notifications to facilitate the timely return of data on the number of residents and or staff with suspected/confirmed cases of COVID-19, and the number of unexpected deaths in a centre
- the issuing of guidance, including on contingency planning, outbreak preparedness and management, to nursing home providers
- the development of a quality assessment process, whereby services were contacted regularly to assess how they were coping and to assist with any concerns identified in their ability to sustain a safe, high-quality service
- the introduction of a regulatory assessment framework to assist nursing homes without a case of COVID-19 to prepare for an outbreak
- the establishment of an Infection Prevention and Control Hub to provide support and advice to all staff working in residential services.

To facilitate the distribution of PPE, HIQA provided the HSE with the addresses of all public and private nursing homes, as well as details on the number of residential beds and staffing levels.

In addition, both the HSE and the Department of Health were facilitated to use HIQA's online notification system to ensure the timely distribution of key information to the providers of designated centres.

On a daily basis, HIQA has collated information on the number of designated centres with both confirmed and suspected cases of COVID-19 in residents and staff, as well as the number of unexpected deaths. All of this information is risk assessed by inspectors of social services and when appropriate escalated to the HSE and the Department of Health. In addition, through engagement with registered providers, HIQA escalates risk to the crisis management teams in each CHO area. On a weekly basis, HIQA meets the HSE's community operations team to formally discuss ongoing issues and escalate risk as appropriate.

Some private nursing homes have been more challenged than the statutory sector, particularly in the context of:

- a limited, if any, relationship with the HSE
- an inability to sustain adequate levels of senior nursing expertise
- lower nursing staff numbers than in statutory nursing homes
- a lack of on-site medical support
- a lack of infection prevention and control expertise
- a lack of local competence and resources to synthesise, risk assess and respond to the large volumes of changing information and guidance
- issues in accessing and maintaining sustainable levels of PPE
- difficulties in obtaining oxygen and hydrating subcutaneous fluids
- the fact that many private providers do not have a social and or nursing care background (nor is it required by legislation)
- requests to admit new residents from the acute sector without evidence that COVID-19 tests had been carried out.

3. Communication between the nursing home sector and State bodies during the Covid-19 crisis

Since the onset of the COVID-19 pandemic, HIQA has been in frequent contact with the providers of nursing homes to ensure that residents are protected and continue to receive safe care. Some of the communication channels include:

- regular contact between the person in charge of a nursing home and the case-holding inspector
- the receipt of mandatory notifications, e.g. on unexpected deaths, and on confirmed or suspected cases of COVID-19
- direct communication from the Chief Inspector of Social Services to the providers of all nursing homes
- HIQA's Infection Prevention and Control Hub
- the receipt and risk-rating of unsolicited information, including from nursing home staff

- the receipt and evaluation of daily monitoring returns from nursing homes with specific reporting on key COVID-19 data.

4. Infection control in nursing homes

It is important to remember that nursing homes are residential settings, not clinical environments. Nursing homes are currently designed, managed and regulated to deliver, for the most part, a social care model. Over the last decade, nursing homes have made very important strides in creating a social care model to ensure that residents living in nursing homes have choice, lead a meaningful life, have a say in the running of the nursing home, and actively participate in activities in their local communities.

The presence of single rooms is not universal across the sector, posing challenges for the isolation of residents. Such centres find it difficult to control the transmission of any infection, and are particularly less suited to the effective management of outbreaks.

Furthermore, the providers of nursing homes often do not have the requisite infection control and public health expertise to prepare for and manage an outbreak of infection such as COVID-19. Standard 3.4 of the National Standards for the Prevention and Control of Infection in Community Settings requires providers of residential care settings to have provisions and contingencies in place to proactively prevent and manage outbreaks of infection.

In 'normal times' simply having a defined pathway in the event of an outbreak is sufficient; however, in the context of a pandemic, each residential care setting should have a designated and named infection control doctor (likely public health). This would enable proactive risk mitigation and contingency planning with formal links to testing and public health expertise, and a rapid pathway for addressing outbreaks in keeping with best practice.

5. Testing and tracing in nursing homes, and
6. Supplies of PPE and protective equipment

The fact that COVID-19 displays a myriad of symptoms, or indeed none at all, makes ready access to testing a key requirement. Limited access to testing and subsequent delays in reporting the results in the early months of this public health emergency exacerbated the COVID-19 crisis in nursing homes.

As a matter of urgency, nursing home staff should be trained to swab both residents and staff, while each CHO area should have a formalised pathway for the receipt of swabs, testing and the return of results to each nursing home within a defined timeframe.

As regards personal protective equipment, on 8 April, HIQA raised concerns about the supply of PPE to nursing homes in a letter to HSE CEO Paul Reid. The Chief

Inspector of Social Services, Mary Dunnion, stated that enhanced PPE "is required for the care of all residents with respiratory symptoms which are suspected or confirmed as having COVID-19" and requested that "a baseline supply of the appropriate PPE…be made available as a priority within all nursing homes and congregated disability centres".

To manage the ongoing risk of COVID-19 and prepare for possible future epidemics, Ireland must maintain and strengthen effective testing and contact tracing systems, and establish a national PPE stockpile. Strategic agreements with manufacturers must be put in place to supply critical medical devices in the event of a pandemic, for example ventilators (as required during the COVID-19 pandemic), but also replacement therapy equipment, key medicines or medical devices that may be required in future.

7. Monitoring of nursing home standards during/post Covid-19

Since the onset of the pandemic, HIQA has remained in close contact with the providers and staff of nursing homes, and has continued to monitor the quality and the safety of care provided to vulnerable residents. The following systems are in place:

- daily review and risk assessment of the number of centres with confirmed/suspected COVID-19 cases
- regular contact with the person in charge of all centres
- oversight of all mandatory notifications, for example on confirmed/suspected COVID-19 positive cases in residents and staff, or unexpected deaths in a centre
- the receipt and evaluation of daily monitoring returns from nursing homes with specific reporting on key COVID-19 data
- the management and risk-rating of unsolicited information, for example from members of the public, family members or staff of social care services
- the provision of support and advice to nursing home providers and staff via HIQA's Infection Prevention and Control Hub

Furthermore, in April, HIQA 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. Inspections have been conducted in nursing homes to assess the preparedness of the centre to manage an outbreak of COVID-19, and review the systems in place to ensure the centre is a safe place for residents.

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.

8. Nursing home restrictions (access by relatives)

Registered providers of nursing homes are recognising the detrimental effect that social isolation and a lack of contact with close family members is having on the quality of life of residents. Many nursing home residents are lonely, often confined to their bedrooms — even in centres free from COVID-19. Their lives are currently on hold.

In our view the updated plans on nursing home visits are a positive development. However, as we move forward, the development of national guidelines to create a balance between public health requirements and the rights of people to live their lives, to engage with fellow residents and to spend time with their families and friends must remain a priority.

9. Congregated settings: capacity/accommodation

There is considerable variation in the nursing home accommodation available, with many of the newer nursing homes providing single ensuite bedrooms, while some older nursing homes rely on multi-occupancy rooms, small single rooms, communal bathroom facilities and limited communal day space.

Most private nursing homes have reduced the number of residents in communal bedrooms to a maximum of four, but more often three or less. However, many of the HSE or HSE-funded centres (Section 38) continue to have larger numbers of residents accommodated in one sleeping area.

The physical premises of many nursing homes, both public and private, is not always suitable to cohort and or isolate COVID-positive residents and can significantly increase the risk by failing to contain an outbreak of the disease.

Rapid implementation of the Department of Health's acute and community healthcare bed capacity plan is necessary. This must be inclusive of critical care capacity, ensuring adequate bed capacity in 'normal times' ensures a better reserve in the event of a pandemic.

10. Congregated settings: long-term strategy for these settings in Covid-19 environment

<u>Regulatory model</u>

In the short term, a redrafting of the Health Act 2007, as amended, and the associated regulations is required. A new regulatory model should include, for example:

- regulation of a statutory homecare scheme
- joint-/cross-regulatory inspections, for example by HIQA and the Mental Health Commission, the Health and Safety Authority, etc.

In response to HIQA's assertion that the current care and welfare regulations are not commensurate with what is required to assess a provider's capacity to effectively manage a COVID-19 outbreak, in May, the Minister of Health requested the Board of HIQA to submit a paper detailing immediate amendments to the regulations and Health Act 2007, as amended. The Board of HIQA is meeting this week to approve a number of proposed amendments to both primary and secondary legislation.

Accountability framework

Accountability framework arrangements explicitly define and separate the roles of purchaser and provider of services; currently both of these functions are usually performed by the HSE.

HIQA believes that the quality and safety of our health and social care services will be greatly improved by the introduction of a strong accountability framework. This would involve the introduction of legislation to make not only the providers of services, but also those procuring them, accountable for their decisions.

The development of a care management model

A care management model would work across a number of service areas (CHO areas) to provide comprehensive packages of care for people with complex needs.

The aim would be to support people in their own homes for as long as possible by creating a care plan based on the individual's needs. These care plans would be based on multi-disciplinary assessments received from other healthcare professionals. If a person can no longer remain in their own home, suitable alternative accommodation would be found — often supported housing, residential or nursing care, depending on each person's needs. In this model a care manager would be appointed to oversee the person's assessment and to commission and monitor the package of care required.

Care management and coordination can be seen as one part of long-term care for older people — this is evidenced in many different countries. The aim of care management is to enable a sustained shift in the balance of care away from institution-based provision towards care at home and to render care at home more tailored to the requirements and needs of individuals. The care manager should be accorded the responsibility of assessing need in respect of care at home and placement in an appropriate care facility, therefore assigning public funding towards this goal.

Conclusion and recommendations for action

Based on our knowledge and experience of the sector, HIQA believes that the following actions/measures are required to safeguard residents in nursing homes into the future:

Testing:

- nursing home providers should swab residents and staff as required

- each CHO area should have a formalised pathway for the receipt of swabs, and the testing and return of results to each nursing home within a defined timeframe.

Clinical oversight and governance:

It is noteworthy that where a nursing home has good onsite support from a general practitioner or has a medical officer as a member of staff, there is frequently good clinical oversight. Going forward all nursing homes require enhanced medical input in the clinical assessment, care planning and advanced care planning of residents.

Going forward each nursing home, through its respective HSE CHO area, requires a formal communication pathway with key clinical community and hospital specialities to include:

- public health
- infection control
- gerontology
- palliative care
- occupational health
- crisis management.

Governance, leadership and management:

The registered provider must take responsibility as the first line of defence for resident care. However, the HSE must ensure it has adequately-resourced arrangements in place to support all residential services, to include private providers.

Each registered provider as a group or single provider should have robust contingency arrangements in place to ensure:

- At group level:
    - systems in place to maintain daily contact with each designated centre
    - access to appropriate clinical expertise
    - adequate supplies of anti-bacterial products, hygiene equipment, and PPE for each centre
    - contingency plans in the event that centralised services such as catering and or laundry facilities have to cease operation.

- At individual centre level:
    - access to appropriate clinical expertise
    - adequate medication stock levels in each centre
    - updated plans for the management of visitors, in line with public health advice
    - an assessment of the impact of current precautions and public health messaging on residents, including on their mental health.

Staffing:

- staff working directly with residents must be trained on the prevention and management of COVID-19
- plans must be in place for staff to report and manage a confirmed/suspected case of COVID-19 within their nursing home
- plans must be in place to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of COVID-19
- the effectiveness of on-call systems must be tested to ensure that staff have 24/7 access to managerial and clinical support and advice at all times.

Infection control:

- up-to-date policies and procedures on responding to an outbreak of COVID-19 must be in place
- risk strategies must be updated to minimise the risk of COVID-19 infection
- suitable facilities to facilitate isolation within the nursing home must be identified.

National preparedness for public health emergencies:

There is a requirement for Ireland to adequately prepare for the ongoing risk of COVID-19 and the potential for further epidemics and pandemics. This should include:

- an adequately-resourced public health institute
- effective testing and contact tracing systems with sufficient capacity to respond to dynamic situations
- an integrated digital strategy across all health and social care services and supporting agencies
- national supporting standards and guidance
- national stockpiling of PPE.

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