Nursing Homes Ireland
2051 Castle Drive, Citywest,
Dublin 24, D24 K299.
t. (01) 469 9800 | e. info@nhi.ie | nhi.ie

Oireachtas Special Committee on Covid-19 Response

NHI response to request for submission 15th June

25th June 2020

Scrutiny of nursing home deaths and clusters during the Covid-19 crisis

Residents in nursing homes were and remain amongst the most susceptible to COVID19. As per appendix below, the World Health Organisation and the European Centre for Disease Control are on record in presenting the gravity of COVID19 for frail people with comorbidities living in congregated settings. The ECDC has stated a high proportion of long-term care facilities (LTCFs) and nursing homes across Europe and the world have been severely affected by COVID-19. This is not to imply the tragedy presented by COVID19 in our nursing homes was an inevitability. It is to provide important context.

Analysis of the HPSC COVID19 epidemiology reports informs clusters originally emerged within our acute hospitals. On 23rd March, the first date of reporting, there were 14 clusters in our acute hospitals by comparison with four in our nursing homes.

The transfer of patients from acute hospitals to nursing homes has been well documented, with HSE data informing 2,000+ people were newly approved for nursing home care under transitional care and Fair Deal funding in February and March. The data informs 1,142 transitional care approvals were approved those two months and there were 1,201 approvals for Fair Deal.

It is documented NHI and many others believes the focus and the planning for COVID19 was almost exclusively on the acute hospital sector and the community care sector was not given the priority in respect of planning and support. The plans were all about the predicted/ expected 'surge' in our acute hospitals. NHI presented to the Oireachtas Special Committee on COVID19 Response the sector required a specific plan and national strategy for community care at a far earlier stage.

The ethics documentation and early guidance issued in respect of COVID19 contained a number of elements, including supporting life years saved (militating against older age groups) as a factor in prioritizing medical and critical care, as well as stipulating requirement for advance care planning for nursing home residents. Early guidance documents described the ethical decision tools which may be necessary should doctors have to prioritise patients for hospital admission and treatment.

NHI believes that all treatment decisions should be based on an individual's clinical, health and potential outcomes. The use of criteria to determine their care pathway based solely on age or the utilisation of a person's age to give weight to what their care pathway should entail is completely unacceptable. We believe that all citizens deserve equality of access and treatment to ensure the best clinical outcomes. We must ensure that overt or covert ageism does not creep into our decision making.

It is important to note the majority of nursing homes – 56% - have not had COVID19 present[1] and four out of every five nursing home residents that contracted the disease recovered from it[2]. We concur and welcome statement of Minister for Health Simon Harris in Dáil Éireann 18th June: "I want to recognise the enormous efforts of staff in nursing homes throughout the period and others who have supported them. Owing to their efforts, 56% of all nursing homes have remained virus free and the great majority of residents never contracted the virus."

It must be recognised this is a Global Pandemic that has shut down most of society and attempts in some quarters to engage in the blame game of the private and voluntary sector is inaccurate and inappropriate. As presented by the HSE Chief Clinical Officer before the Committee 18th June, "From the evidence we have accrued internationally since the beginning of this crisis, the biggest predictor of outbreaks is community transmission. The level of community transmission is the single most important predictor of how residential care facilities are affected."

The fact is that all nursing homes battled Covid19. HSE homes with the supports including dedicated medical officers, GPs, geriatrician input, timely access to PPE and to rapid turnaround in testing results also had significant outbreaks and regrettably COVID19 RIP's.

There is a requirement for enhanced engagement between all nursing homes and the HSE but it is disingenuous to state, as presented by some, that the sole/ one of the main reason presenting for COVID19 in private and voluntary nursing homes was a disconnect. It may have been a contributory factor, but the fundamental issues that presented were principally: lack of access to PPE; insufficient testing and extended delays in testing; staffing pressures; discharges from hospitals to nursing homes without testing. Moving forward, there is requirement for greater access to and sharing of resource supports in the community, such as greater access for nursing home residents to gerontologists, GPs, primary care supports, training and resources. On a

[1] Department of Health Secretary General Jim Breslin, Oireachtas Special Committee on Covid Response, 18th June
[2] Irish Times, Tuesday 5th May: Deaths in residential care facilities and nursing homes reach 819: "The figures show the vast majority of residential care facilities cases (84 per cent) and nursing home cases (83 per cent) recover from the virus, though the death toll among elderly nursing home residents stands at more than three times the mortality rate among the general population."

positive note, it is important to note greater cooperation and engagement is emerging in this regard. This is most welcome, long overdue and these relationships and supports must be maintained for residents in all nursing homes.

On 21st April, specialists spanning fields of nursing, public health, health systems, medicine, health and social care professionals, social policy, advocacy and NGO organisations wrote to the media to express concern regarding inappropriate use of language by media outlets in their reporting of the COVID19 pandemic. "We ask that those in a position to shape the narrative of older people's experiences in our media do so carefully," the letter stated.

Similarly, there is a requirement in the public discourse and scrutiny regarding COVID19 and its impact upon nursing homes to be cognisant of the negative impact irresponsible use of language can have upon residents and staff in our nursing homes. COVID19 remains with us and is still proving hugely upsetting and worrying for many nursing home residents, families and staff.

Responsible scrutiny of one of the greatest tragedies for Irish society is required. COVID19 is a global pandemic and the tragedy enormously manifested in our nursing homes. NHI looks forward to continued engagement with the Committee to inform its analysis.

Scrutiny of nursing home deaths and clusters during the Covid-19 crisis - Appendix

World Health Organisation (*Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19*)

- Older people, particularly those living with co-morbidities or frailty often present non-specific signs and symptoms in response to infection, including reduced alertness, reduced mobility, or diarrhoea and sometimes do not develop fever: this may be true for COVID-19, so such changes should alert staff to the possibility of new COVID infection.
- COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2, called COVID-19 virus), which causes higher mortality in people aged ≥60 years and in people with underlying medical conditions such as cardiovascular disease, chronic respiratory disease, diabetes and cancer.
- The people living in LTCF are vulnerable populations who are at a higher risk for adverse outcome and for infection due to living in close proximity to others

European Centre for Disease Control (*Surveillance of COVID-19 at long-term care facilities in the EU/EEA*)

- The high COVID-19 morbidity and mortality observed among residents in long-term care facilities (LTCF) in EU/EEA countries poses a major challenge for disease prevention and control in such settings.
- The closed environment of LTCFs facilitates the spread of infectious diseases among residents. Other respiratory infections, such as influenza, also cause outbreaks in LTCFs with substantial morbidity and high mortality.

European Centre for Disease Control (Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK)

- LTCFs, nursing homes for the elderly and rehabilitation facilities, where a high number of fragile people of older age and with underlying conditions are taken care of, are most at risk of COVID-19 outbreaks, with high morbidity in staff and high morbidity and mortality in residents
- A high proportion of long-term care facilities (LTCFs) and nursing homes across Europe and the world have been severely affected by COVID-19.

Scrutiny of response to initial Covid-19 clusters in nursing homes and impact of updated supports for the sector

See NHI opening address to Oireachtas Special Committee on Covid19 Response in this regard. It is provided with this submission.

See also timeline undertaken by RTE Prime Time with regard to the emergence of COVID19 in our nursing homes: https://www.rte.ie/news/primetime/2020/0528/1143221-how-covid-19-hit-irelands-nursing-homes/

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

The Department of Health published 400 pages of correspondence between NHI and the Department of Health to the Special Committee on COVID19 Response. (https://www.gov.ie/en/publication/656cf-department-correspondence-with-nursing-homes-ireland-january-may-2020/)

Furthermore, individual nursing homes have submitted data to multiple agencies, including HSE, HPSC, HIQA. An important issue that has arisen during the emergency presenting is that staff

under immense pressure have been required to send duplicated information to multiple agencies in different forms, expending invaluable resourcing and time.

There is a requirement for a consistent national approach in the communication between the HSE at regional level (CHO) and nursing homes. Nursing homes reported inconsistencies in communications between the regions, with some presenting excellent engagement and communication and others presenting lack of engagement and clarity in communication during the pandemic.

Infection control in nursing homes

As presented by the World Health Organisation and European Centre for Disease Control, Covid19 is a disease an acute respiratory illness which causes higher mortality in older people and people living in long-term care facilities. A high proportion of long-term care facilities (LTCFs) and nursing home residents across Europe and the world have been severely affected by COVID-19

The nursing homes sector is probably the most heavily regulated within our health services. These specialised clinical, health and social care settings, and also homes from home have huge levels of experience in managing the outbreak of flu and norovirus every winter and extensive experience and clinical expertise in implementing infection prevention control measures.

As per HIQA *Annual Report 2019*, published 9th June: "There is a high level of regulatory compliance among providers of nursing homes with the majority of providers focused on ensuring that they deliver a quality and safe service which supports residents to enjoy their lives…The findings of our inspections in 2019 demonstrate that the majority of nursing home providers maintain a high level of regulatory compliance."

But as a global pandemic, COVID19 is on a different scale to any previously encountered in our sector and for residential care facilities for older people across the world.

The National Standards apply measures and criteria by which nursing homes are inspected against for implementation of infection prevention and control practices to achieve best outcomes for residents. These entail regulatory responsibilities with regard to staff protection, notification of any outbreaks to public health authorities, requirement for outbreak management plan to be in place, timely implementation of outbreak control measures, and measures to ensure surveillance activities during any outbreaks.

Vigilance must be maintained as the virus continues to live amongst us. While wider society 'unwinds', the vigilance applied to nursing homes must remain a key focus. A critical challenge will present in achieving a balance between ensuring the nursing home remains the resident's home

and does not effectively become a clinical setting. Increased Infection and Prevention precautions will remain an integral part of maintaining the safety of residents and staff through ongoing appropriate use of PPE, social distancing, hand washing and cough etiquette, however there requires a balance in ensuring allowing residents continue to live as they wish in their home.

Testing and tracing in nursing homes

Timely testing and turnaround of test results presented one of the most critical challenges for nursing homes in preventing and detecting Covid19. In an NHI survey undertaken 21st April, a number of weeks into the pandemic presenting in Ireland, 89% of respondent nursing homes (223 of 251) informed mass testing of residents and staff had still to be undertaken. An earlier survey, undertaken 7th and 8th April, found 44% of nursing homes (74 of 167) had experienced a waiting period of 10 days + for results to be returned. A further 15% (26 of 167) said the waiting period encountered was seven to nine days. As per World Health Organisation, "the response to COVID-19 in LTCFs settings is based on early recognition, isolation, care, and source control (prevention of onward spread for an infected person)[3]."

As per our submission to the COVID19 Nursing Homes Expert Panel, in the short-term there is requirement for:

- Same day turnaround for test results
- Clearly defined pathways in the testing of COVID free residential care facilities and those nursing homes where there is a current COVID outbreak
- As per ECDC recommendation regarding long-term care facility staff, "staff should be tested regularly (e.g. each week), with at least all possible cases among residents being tested as soon as possible. If a confirmed case is identified in a resident or a member of staff, comprehensive testing is recommended to identify asymptomatic cases and control measures should be implemented immediately."[4]
- Training and support of nurses to carry out swabbing in the nursing home
- Structured referral process to be implemented where nursing homes are performing swabbing
- Agreed procedure for the referral process – GPs or nurses
- Structured 'results' process which defines how the timely sharing of results will be applied to individual staff and for nursing homes
- Ensure demand-led availability of swabbing test kits

[3] Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19 (March 2020)
[4] ECDC technical report May 2020, *Surveillance of COVID-19 at long-term care facilities in the EU/EEA*

Supplies of PPE and protective equipment

A huge challenge that presented for nursing homes as COVID19 emerged was with sourcing required supply of PPE. Providers that supply such equipment to nursing homes informed of a global shortage and also stated the HSE had priority over the limited supplies that were becoming available.

NHI has recommended and requested that all nursing homes be provided with minimum three-day supply of PPE. This was supported by HIQA, which subsequently recommended requirement for such to the Department of Health.

Questioned one week into April if they have a three-day supply of PPE available to them, 59% of nursing homes [127 of 217] informed NHI they had less than half that required.

Keen focus is now required to prevent the national tragedy that emerged within our nursing homes from reoccurring. Critical in this regard is adequate provision of PPE.

NHI recommend COVID19 presents requirement for enhanced healthcare planning and engagement between the State and nursing homes. Critical in such regard, as we look to emerge from COVID19, is the necessity to plan for an adequate supply of PPE to ensure our health services – HSE, private and voluntary, acute hospitals, primary care, nursing home care, etc – have adequate supply of PPE available to them, in particular in the event of a national emergency.

Furthermore, a standardised approach towards the provision of PPE should be assessed for our health services. During COVID19, dozens of suppliers contacted nursing homes and NHI presenting they were in a position to source PPE. The support of third parties in the sourcing of PPE was appreciated and proved critical to support many nursing homes in attaining required supply. However, questions presented regarding the veracity of some and the standards of equipment being made available. There is requirement to implement a procedure for the sourcing and supply of PPE that ensures equipment of a required standard is readily available.

Also, in such regard, nursing homes reported considerable hikes in prices for PPE as COVID19 presented, with NHI being informed prices for items such as gloves, hand sanitiser, facemasks and gowns increased by up to 500%. Some suppliers saw opportunity to capitalise on the enormous demand for equipment and prices increased by multiples for equipment amongst suppliers.

Monitoring of nursing home standards during/post Covid-19

On 12th March, HIQA announced it would cease routine inspections of nursing homes, having previously announced suspension of its programme of monitoring for hospital-based services on 6th March. While the routine announced and unannounced inspections could not continue, the Authority engaged with nursing homes to assess management in the provision of safe services to vulnerable service users.

The Authority communicated 23rd March regarding contingency planning for nursing homes during COVID19, offering procedural considerations for governance and management, guidance regarding staffing and infection control.

On 3rd April, the Authority announced the establishment of an Infection Prevention and Control Hub, delivering support and guidance on outbreak preparedness and outbreak management, measures where isolation not possible, management of suspected staff cases, transmission-based precautions and standard precautions.

We concur with the Authority view expressed in its opening statement to the Committee on May 26th: "HIQA believes that the quality and safety of our health and social care services would be greatly improved by a review of the current regulatory framework and the introduction of an accountability framework, to include a commissioning model."

Nursing home restrictions (access by relatives)

We are hopefully emerging from the national health crisis presented by COVID19 but it remains within our communities and nursing homes. The emergence of a 'second-wave' is a very real danger and there is a requirement on all stakeholders to remain vigilant.

The requirement to protect residents and staff in our nursing homes must be to the fore of public health policy and for wider society to be cognisant of. NHI presented to the Minister, the Department of Health and HSE a discussion paper on Monday 12th May that advanced measures to facilitate enhanced access for residents and their family / friends, while being cognisance of essential public health measures.

The subsequent measures of phased easing of visitor restrictions announced by the National Public Health Emergency Team (NPHET) Friday 5th June were informed by NHI and HSE and have received positive feedback.

Given the threat to the lives of hundreds of nursing home residents that COVID19 presents, it is vital we proceed with caution in easing visitor restrictions. There is requirement to risk assess the health and wellbeing of residents in implementing measures to ease the restrictions, where appropriate.

What is critical is engagement between NHI, the representative voice for 400+ private and voluntary nursing home providers, and the Department of Health, NPHET, HSE and, where appropriate, other stakeholders is consistent with regard to visitor access to nursing homes and other critical issues. A consistent approach will enhance engagement and understanding with people and wider public on public health matters that are of considerable importance.

Congregated settings: capacity/accommodation

COVID19 is indiscriminate. There are substantive learnings to take from the tragedy it presented. As presented within early analysis undertaken by Kennelly and Romero-Ortuño, blanket assessment of RIPs per nursing home is a crude means of analyses. "Why some nursing homes seem to be affected more than others is complex and unclear, and we owe it to residents, families and staff in those nursing homes to try to understand these factors," the gerontologists present.

It described 'league tables' to assess the number of COVID19 deaths in nursing homes as "crude", adding "extrapolation to quality of care is likely to be inappropriate". As per their recommendation, "Much research is needed to shed light into this complex topic and for this we urgently need a minimum dataset for care homes in Ireland."

As stated by The Irish Longitudinal Study on Ageing (TILDA), Trinity College Dublin, research paper, *A short report to inform COVID-19 responses for our most vulnerable,* "nursing homes look after the most vulnerable in society". The Study states with regard to its research series, "nursing home participants were chronologically very old, had very high levels of physical and cognitive morbidities, and very high levels of physical disability."

In its most recent annual overview report for social care, HIQA said "the physical environment in a number of nursing homes is not conducive to providing person-centred care in a dignified and safe manner. In 2016, the Minister of Health extended the deadline by which nursing homes have to make certain specific improvements to the physical infrastructure in centres until the end of 2021. These improvements are required in order to ensure that centres meet the basic privacy and dignity requirements in the care and welfare regulations." For years, the State has engaged in a process of deferral with regard to physical environment works that are required within its homes to meet HIQA standards. Half the 90 HSE nursing homes will not comply with the already extended physical environment standards come 2021, HIQA Board Minutes for March 2019 inform[5]. At the Committee meeting 18th June, Department of Health Secretary General further confirmed HSE nursing homes will not meet the required standard come 2021 deadline. While the private

[5] https://www.hiqa.ie/sites/default/files/2019-05/2019-03-06-signed-Board-minutes.pdf

nursing home sector has invested millions and is equipped on a large-scale to accommodate residents in single rooms, multioccupancy is commonplace within HSE homes.

It is our firm view the independence of HIQA was seriously compromised and undermined when the Minister and Department of Health introduced S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 extending the timeframe for compliance to 31st December 2021.

Residents in nursing homes have been medically assessed as having high-dependency clinical, health and social care needs and require specialised care and support on a 24/7 basis. The care provided by nursing homes is specialised, provided within purpose-built healthcare, homely settings. Residents present with high levels of physical and cognitive morbidities. Discussion regarding congregated settings must be cognitive of the reality of the care needs of people availing of nursing home care.

HIQA is on record stating residents in private and voluntary nursing homes are being denied timely access to care services in the community[6], with the HSE previously stating scarce resources effectively results in residents in private and voluntary nursing homes being denied timely access to such[7].

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

There is a requirement to assess COVID19 learnings. Any assessment must entail recognition of the high-dependency, comorbidity, complex and specialised care needs of nursing home residents and the 24/7 specialised care entailed.

The model of residential care ensures persons with very high dependency cognitive and physical care needs are continuously supported by dedicated care teams that meet residents clinical, health and social care needs in a dedicated home-from-home setting. Persons are being provided with high quality care and it is important to reiterate four of five residents that contracted COVID19 in nursing homes recovered, while more than half our nursing homes did not experience a COVID-positive case.

Circa 80% of persons in nursing home care are supported by Statutory scheme of financial support, the Nursing Home Support Scheme (Fair Deal). All person's approved for the scheme

[6] HIQA, Overview report on the regulation of designated centres for older persons - 2018
[7] HSE before Oireachtas Public Accounts Committee, 14th June 2018

have undergone a care needs assessment process that determines nursing home care is best suited to their requirements, with gerontological, GP and clinical input determining such.

Some commentators on the model of care have presented an ignorance of the reality of what nursing home care actually entails. As per TILDA study published June 2020, nursing home residents are chronologically very old, have very high levels of physical and cognitive morbidities, and very high levels of physical disability.

By 2031 it is estimated that the over-65 population will account for approximately one half of healthcare activity[8]. The number of people aged 85+ - those most dependent upon nursing home care – will effectively double over the same period[9].

The principle objective of Sláintecare, the cross-party roadmap for our health services, is to shift care from acute back to the community. There is a requirement to look at the nursing home model in this regard. The requirement for specialised, high-dependency clinical, health and social care provided by nursing homes will grow. COVID19 should focus attention on ensuring the 400+ private and voluntary nursing homes are fully integrated within our health services. This will entail enhancing integration with the State in developing and advancing the role fulfilled by nursing homes in meeting healthcare needs of a significant cohort of our population and the specialism that is gerontological care.

There is requirement for an enhanced and greater defined working relationship between the nursing home sector and parties responsible for the planning, resourcing and delivery of healthcare. This must include an enhanced integrated relationship with the likes of GPs, occupational therapists, speech and language therapists, physios. As it stands, nursing home residents are being denied timely access to community healthcare services which are critical to support their health and wellbeing[10]. A framework should be implemented to enhance engagement between HSE community and allied healthcare specialists and nursing homes.

The framework to support such should also entail an enhanced and greater defined working relationship between the nursing home sector and authorities responsible for planning and resourcing health in Ireland, namely Minister for Health, Department of Health and HSE at national and regional level.

There is requirement for a roadmap for care of older people. The Government should lead in establishing a Department of Health led forum to plan for the care needs of our older population.

[8] Health Service Capacity Review 2018
[9] CSO Population and Labour Force Projections 2017 – 2051 - population aged 85+ 2016:67,300; 2031: 134,000
[10] HIQA, Overview report on the regulation of designated centres for older persons - 2018

Nursing homes fulfil an essential role within our health services, providing specialised care to approximately 30,000 people. As well as providing long-term residential care, they are already utilised to provide respite, transitional and rehabilitative care, deterring thousands of admissions to hospitals on an annual basis. There is a central role for them to fulfil within a proper functioning health service in the provision of extended services – both health and social care - for people living in the community. The nursing home should become a hub to enable people avail of specialist care away from acute setting, to combat social isolation, to provide community care services.

Conclusion

Nursing homes are the COVID19 frontline. The issues advanced by NHI with regard to the lack of a plan to support nursing homes in preventing and managing COVID19 have been well versed. NPHET delayed in addressing the specific requirements of community care and to implement specific supports for the sector. The measures introduced following direct engagement with Minister following initial meeting on 30 March, with NHI informing of critical supports required, have fulfilled a lead role in supporting nursing homes to address the huge challenges the pandemic has presented. Continuous engagement between the sector and lead health officials have achieved an enhanced support framework to protect residents in our nursing homes. It is critical for care of persons in our nursing homes that this engagement continues.

The support framework, namely timely access to PPE and testing, access to crisis management teams, and funding support, have proven successful.

The HSE and nursing home sector will be much better prepared in the event of a second wave of the pandemic as we maintain and enhance the necessary engagement and collaboration in the interests of residents and staff

Nursing homes have very specific clinical expertise and a broad knowledge-base, based on the science and art of a person-centred gerontological care model. There is necessity to ensure the expertise of the sector is at the table to inform decision-making and strategy to protect nursing home residents and staff from COVID19. Our voice can provide critical input regarding the push ensure nursing homes remain a person's home, whilst recognising heightened measures required around infection prevention and the model of clinical and medical care.

The recommendations brought forward by NHI were key to the strategy that was announced by Government to support nursing homes in addressing the challenges presented by COVID19. On the critical matter of easing of visitor restrictions, NHI advanced 28 key measures that would facilitate an easing of such. Our input to health and social care planning with regard to COVID19 is informed by gerontological and clinical expertise. This expertise must be around the table in informing the policy that will serve to protect 25,000 nursing home residents and staff.

NHI has provided a detailed submission to the COVID19 Nursing Homes Expert Panel, outlining short, medium and long-term measures required to support nursing homes in safeguarding residents and staff and to enhance nursing home care in Ireland.

Our follow-up submission to the Committee assessing healthcare capacity will inform of independent analyses of Fair Deal that inform it is not commensurate with the reality of costs entailed to provide nursing home care and the failure of the scheme is leading to the closure of smaller nursing homes. Five-years-ago the Government published review of the Fair Deal scheme highlighted requirements for an enhanced funding model and recommended the NTPF, commissioners of nursing home care, undertake a review of the pricing mechanism. This remains unpublished. That same year, 2015, the Department of Health published a report it commissioned[11] that stated:

- "It is untenable that the State quality regulator can assess differentiated dependency levels and in doing so impose costs on nursing homes, while the State price regulator claims it is unable to reflect the same factor in its pricing decisions."
- The scheme:
    - "discourages the development of more specialised facilities (for dementia, etc.) where more expensive care is required, and
    - creates an incentive to actively discourage acceptance of high-dependency residents by nursing homes."

COVID19 must present impetus for this country to mark a new chapter for nursing home care in Ireland. An immediate priority must be publication of the review of the Fair Deal pricing mechanism: *Review of System for setting nursing home prices under the Nursing Home Support Scheme*.

The failure of the State to address the shortcomings of the NHSS as identified in Department of Health reports threatens the sustainability of current and future provision.

It also presents opportunity to support and engage on the critical role of the 400+ nursing homes that are providing specialised care in our communities have in the context of existing services and also the enhancement of this role in complimentary services. Central to the emanating discussion regarding care of older people must be the requirement to have in place an appropriate continuum of care that meets health and social care needs at each appropriate stage. Utilising nursing homes and the staff employed within them can present opportunity to provide complimentary community services such as home care, meals-on-wheels, independent living.

[11] DKM, *Potential Measures to Encourage Provision of Nursing Home & Community Nursing Unit Facilities,* December 2015

Furthermore, nursing homes can act as social settings to provide older people with therapies, activities and recreational space to support their wellbeing.

ENDS