

COVID-19 Nursing Homes Expert Panel Stakeholder Survey

In line with the Terms of Reference for the establishment of the CoViD-19 Nursing Homes Expert Panel, the purpose of this group is to report to the Minister for Health in order to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 with regard to Nursing Homes over the next 12-18 months.

As part of this process the Expert Panel is undertaking rapid consultative processes to engage with a range of key stakeholders through various means. There is a short timeframe for the completion of its considerations, including a broad range of actions required to meet its purpose, including data and evidence gathering and analysis, stakeholder feedback and relevant deliberations and the development of a report to the Minister. Therefore, the Panel is conscious of the need to progress its work in a timely manner.

With this in mind, as a key stakeholder, you are invited to participate in a concise, focused engagement process.

Instructions for use:

- The form may be typed or handwritten, bearing in mind recipients' ability to interpret the submission for processing and inclusion in consideration
- For tick boxes () – please select one only under each question
- For free-text boxes – please limit submissions to 250 words per question, and make use of bullet points and brevity to aid the impact of your submission

All submissions submitted for this purpose are subject to release under the Freedom of Information (FOI) Act 2014.

Personal, confidential or commercially sensitive information should not be included in your submission and it will be presumed that all information contained in your submission is releasable under the Freedom of Information Act 2014.

Your organisations name (required): Sage Advocacy

Your name (optional): Mervyn Taylor

I represent (please tick one only):

An organisation for:	
Resident / patient	X
Family members	
Workers and staff	
Management of a centre	
Relevant research/ academic body	
Other: _____	

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Section 1: Key Learnings and actions – COVID-19 and Nursing Homes

Based on your knowledge or experience, what are the **key lessons** for the immediate term arising from the experience of the COVID-19 pandemic to date?

1. Integrate private nursing homes into the wider framework of health and social care and ensure clear responsibilities for clinical and public health oversight over all congregated care facilities for older people at both regional and national level and make arrangements for intervention and re-deployment of relevant staff across sectors as part of future pandemic and emergency planning.
2. Ensure effective coordination between statutory agencies at regional and national level and ensure absolute clarity regarding who is going to do what. If the HSE is to be the 'provider of last resort' and HIQA is responsible for identifying places 'at risk' there must be coordination systems and collaborative approaches developed.
3. Provide robust guidelines for the level of skills required by nursing staff in nursing homes, the ratio of suitably skilled nurses to residents with particular levels of need and the minimum level of medical cover that is required from GP services. Particular attention should be paid to the skills and culture around palliative and end-of-life care and how to sustain them.
4. Recognise the important integrative intelligence gathering role of independent advocacy and its potential to provide a multi perspective approach in any multi-disciplinary oversight systems established.
5. Congregated care settings are eco-systems involving residents, staff and families. The living and pay conditions and work patterns of the staff are as important as the level and skills of staff, the design of the physical environment and the culture and practice of open communications with families.

Based on your knowledge or experience or key learning, what key actions or measures do you think are required for the short, medium and long term to safeguard residents in nursing homes, against the impact of COVID-19?

SHORT – MEDIUM

1. Clear responsibility for clinical care in all nursing homes (public, private and voluntary) in each region should rest with a community-based doctor specialising in medicine for older people. The HSE's National Clinical Programme for Older Persons should coordinate work across the regions and assist in addressing national issues of a systemic nature.
2. The regionally based consultant should be supported by a small team of Advanced Nurse Practitioners (ANPs) who are specialists in the care of older people who should be linked into the public health nursing structures of the region in order to ensure a consistent focus on primary and community care and avoid a hospital centric approach.
3. Each ANP should be responsible for a cluster of nursing homes based on an assessment of current spread and characteristics and emerging need. S/he would work directly with the DoNs and senior staff in nursing homes to address specific clinical issues and raise standards of care, address the challenge of infection control in collaboration with infection control specialists, assist with developing strategies and approaches to keep residents in contact with family and friends consistent with evidence informed infection control measures, liaise with and assist in developing GP supports to nursing homes and engage with HIQA regarding issues arising from inspections.
4. Develop clear protocols for all interactions between community services and nursing homes and between nursing homes with differing levels of service capability including protocols for admission, discharge and transfer from and back to the community and for support and involvement of palliative care teams.

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5. Develop clear protocols for all interactions between acute hospitals and nursing homes that address issues such as:
 - a. Admission, discharge and transfer inwards and outwards.
 - b. Testing and tracing for residents, staff and designated family members.
 - c. Measures to ensure protection of liberty in places of care consistent with the Assisted Decision Making (Capacity) Act 2015 and planned legislation on protection of liberty in places of care.
 - d. Arrangements to address mental health and behavioural issues, which can challenge nursing home staff.
 - e. Arrangements for rapid intervention and re-deployment of relevant staff across sectors in line with future pandemic planning.
6. Convene regular regional coordination meetings between HSE Consultant and ANPs, HSE Safeguarding & Protection Teams, Directors of Public Health Nursing, Directors of Public Health, Directors of Services for Older People and HIQA Regional Managers with a right of audience for independent advocacy service providers for part of each meeting.
7. Introduce guidelines for the level of skills required by nursing staff in nursing homes, the ratio of suitably skilled nurses to residents with particular levels of need and the minimum level of medical cover that is required from GP services.
8. Develop a model for GP care in nursing homes which is focused on provision of care through a single GP practice to most or all residents in a home so that there is a Medical Officer for each home, or geographically clustered group of homes, who in turn can be supported by and work with the relevant consultant geriatrician and ANPs.
9. Recognise the link between infection control in congregated care settings and congregated living arrangements of care providers and incentivise safer living conditions as part of any review of pay and conditions.
10. Recognise that the future care of residents will, in some if not in many cases, be dependent on how well staff are supported in coping with what they have experienced during serious outbreaks of Covid 19 and provide access to appropriate staff support systems.

LONGER TERM

1. Develop a network of community teaching hospitals in each health region to provide teaching centres for the Geriatricians and ANPs and raise the profile, standing and standards of all who work in nursing homes including nurses, allied health professionals, end-of-life care coordinators, infection control leads, health care assistants and social activities organisers.
2. Review the GP contract to ensure that the provision of medical care in nursing homes is appropriately rewarded.
3. Develop design guidelines for all new congregated care settings and extensions to ensure that the Teaghleach / Household model of small groups of people living together is implemented and that any future outbreaks of infection in one household can be managed without adjoining or co-located households having to close down all social contact.
4. Review the legislation and regulations regarding the registration of nursing homes to strengthen the process of determining if an applicant for registration or re-registration is a 'fit person'. This process should include the right of members of the public or statutory agencies to object to any registration based on an objective and reasoned process.
5. Undertake a review of the resilience of the nursing home sector to identify the risk to vulnerable older people and to the state and in the event of large scale departure from 'the market' of smaller nursing home providers and / or large-scale investors or beneficial owners.
6. Identify a suitable platform technology to provide a uniform recruitment and work record for all staff in the long-term support and care sector, while also empowering local people to provide care in their communities.

Section 2: Public Health Measures Priorities

Describe what you think are the existing **and** additional **priority** national protective public health measures for nursing homes in the context of COVID-19

- Ensure clear responsibility for clinical care and public health for all nursing homes (public, private and voluntary) in each region
- Include designated relatives or friends as well as staff and residents in any future testing regime.
- Minimise cross site working and incentivise safe living arrangements.
- Introduce guidelines for the level of skills required by nursing staff in nursing homes, the ratio of suitably skilled nurses to residents with particular levels of need and the minimum level of medical cover that is required from GP services.

Other relevant matters you wish to bring to the attention of the panel.

Nursing Homes as part of a Continuum of Care

Informed by the Forum on Long Term Care for Older People (2016) and the Citizens Assembly (2017) Sage Advocacy stresses the need to develop a single tier integrated statutory system of long term support and care covering domestic homes and nursing homes, and a much wider variety of options in between. The system should be deliberately biased towards home; which is where the vast majority of people want to live, and to die.

Given the experiences arising from Covid-19 we are convinced that plans for a standalone statutory system for home care separate from the Nursing Home Support Scheme should be dropped. We are aware that there are substantial numbers of people inappropriately placed in nursing homes against their will because of a lack of community-based alternatives and nothing short of a single tier integrated system of support and care will prevent this.

A Continuum of Care would include:

- Home Support Service in an older person's home e.g. Home Care Package
- Home sharing with registered and vetted tenants who provide basic support.
- Co-located housing with 2-3 generations onsite in different units.
- Foster families for older people who have no suitable family supports.
- Supported independent living in dedicated housing units with 24/7 support and care available.
- Care Villages involving clusters of age friendly housing with strong supports for social interaction.

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- Cooperative housing & housing mutuals, where groups of older people pool resources and are able to share home care and support services.
- Teaghlach / Household models of small communities of older people living in shared facilities with an element of shared services across a campus.
- Traditional nursing homes.
- Community Teaching Hospitals