



Submission

to

COVID-19 Nursing Home Expert Panel

10th June 2020

Introduction

Sage Advocacy is a support and advocacy service for vulnerable adults, older people and healthcare patients. In 2019 we received 1,570 referrals for advocacy and dealt with 3,964 information and support issues. Some 46% of our work related to people living in the community, 27% related to nursing homes and 23% to acute hospitals. Because of the range and depth of our work across all regions of the country, particularly with people whose decision-making capacity is in question, Sage Advocacy is in a position to provide useful insights into the response to Covid-19.

Sage Advocacy has already made a detailed submission to the Oireachtas Special Committee on Covid-19 Response and presented evidence directly before the Committee on 26th May. The detailed recommendations from this submission from part of this submission.

In February of this year Sage Advocacy published a discussion document: *Delivering Quality Medical in Irish Nursing Homes Current Practice, Issues and Challenges*. It is worth quoting from the section on nursing home staffing; experience and skill sets of nurses. *“While nursing homes strive to have an adequate complement of suitably trained and qualified nursing staff available at all times, in practice, there can at times be difficulties in recruiting nurses with relevant experience. The point was made that nursing home staff may not have the exposure, experience and training available in acute hospitals. It was also suggested that skills sets of nurses working in nursing homes may have gone down in recent years with a concomitant fear of making decisions in potentially crisis situations. Some GPs believe practical and staffing deficits in private nursing homes are contributing to the problem, as many private nursing homes are understaffed and existing staff are sometimes inexperienced in respect of handling complex healthcare needs. GPs have complained of receiving numerous and often times unnecessary calls from inexperienced staff with regard to patient care in nursing homes, which one GP described as being ‘majorly disruptive’ to their daily working schedule”.*

Sage Advocacy is currently bringing together feedback and reflections from staff, volunteers, supporters, service providers, service users and their families and members of the public and we hope to have this ready for publication by the end of July. In the meantime, and based on our observations and experience of the impact of Covid-19 on the nursing home sector to date, the core message to the Expert Panel on Nursing Homes can be summed up in the fourth recommendation in our submission to the Oireachtas Covid-19 Committee.

*“Integrate private nursing homes into the wider framework of health and social care, ensure clear responsibilities for oversight over **all** congregated care facilities for older people at both regional and national level and arrangements for intervention and re-deployment of relevant staff across sectors in line with future pandemic planning”.*

We make this recommendation because it is not at all clear to us who is ultimately responsible for clinical care in nursing homes and there are no HIQA standards with regard to the levels and skills of nursing care and with regard to clinical governance and the level of medical cover in many nursing homes. The significance of these points has been reinforced most graphically for us in recent days when Sage Advocacy had to send a fourth Notice of Concern to HIQA about the care of a resident in a nursing home¹. The person concerned had seriously infected (and possibly infested) wounds related to a medical condition and other evidence of neglect. We sought the intervention of the HSE who were able to pursue the issue because the person concerned was transferred to an acute hospital. However, neither HIQA or the HSE seemed able to effectively intervene in the nursing home to investigate such a situation and ensure that all other residents are safeguarded.

¹ Given the serious issues raised Sage Advocacy has written to the Minister for Health to request an investigation into both the circumstances surrounding this particular case and the adequacy of response by statutory agencies.

Sage Advocacy considers that some of the issues raised for nursing homes by Covid 19 can best be addressed as part of the planning for the six new health and social care regions to be established under Sláintecare and through the further development of housing policy. Regardless of any such developments in the short to medium term a series of specific actions is required and an implementation framework developed around them.

Specific Actions – Short to Medium Term

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 and 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. A network of community teaching hospitals should be developed 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, health care assistants and social activities organisers.
5. 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.
6. 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.
7. Convene regular regional coordination meetings between HSE Consultant and ANPs, HSE Safeguarding & Protection Teams, Directors of Public Health Nursing, 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.
8. 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.

9. 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.
10. Recognising 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, provide access to appropriate staff support systems.

Specific Actions – Medium to Long Term

1. Review the GP contract to ensure that the provision of medical care in nursing homes is appropriately rewarded.
2. Recognise the link between infection control in congregated care settings and congregated living arrangements of care providers and consider how best to address this.
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.
7. Engage with other agencies of state to develop proposals for the capitalisation of organisations in the long-term care sector wishing to develop as social enterprises.

Nursing Homes as part of a Continuum of Care

Sage Advocacy has long been committed to the development of 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.
- Cooperative housing & housing mutuals, where groups of older people pool resources and are able to share home care and support services.
- Teaghleach / 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.

Recommendations to the Oireachtas Committee on Covid-19 Response

Issue	Timeframe	Lead
1. 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. Plans for a standalone statutory system for home care separate from the Nursing Home Support Scheme (NHSS) should be dropped.	Short - Medium Term	DoH
2. Legislate for adult safeguarding and protection of liberty in places of care. Develop safeguarding services independently of the HSE, organised on a multidisciplinary basis, blending social work, policing, public health nursing, financial and legal skills. The service should be free to operate across all care settings regardless of whether they are in the public or private sector.	Short – Medium Term	DoJ&E DoH
3. Provide legal recognition, national quality standards and training and equitable funding for independent advocacy services to enable them act on behalf of vulnerable adults – independent of family, service provider and systems interests.	Short – Medium Term	DoJ&E DoH DEASP
4. Integrate private nursing homes into the wider framework of health and social care, ensure clear responsibilities for oversight over all congregated care facilities for older people at both regional and national level. This must include arrangements for intervention and re-deployment of relevant staff across sectors in line with future pandemic planning.	Short - Medium Term	HSE
5. Develop clear guidelines on the required level of nursing staff and medical care required by residents in congregated care settings. Plan for improved access to palliative care and quality infection control.	Short Term	HIQA ICGP DoH
6. In planning the six new health regions arising from Sláintecare incrementally develop a network of world class community hospitals as teaching facilities and centres of excellence in each region.	Medium – Longer Term	HSE & Advisory Group
7. Review the resilience of the private nursing home sector and promote a wider range of ownership models for both homecare and nursing home care with the objective a achieving a ‘mixed economy’ of care in which social enterprise plays a significant role.	Medium – Longer Term	NESC NTPF DoH DPER
8. Review the role of An Garda Síochána and An Post in supporting vulnerable citizens, and the potential of both organisations to work collaboratively with local authorities and the voluntary sector in developing models for integrated responses to future pandemics and emergencies.	Medium Term	NESC NECG