CARE OF OLDER PEOPLE

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Introduction

The total number of people aged 65 and older is projected to increase by a factor of two and a half between 2006 and 2036 and there will be three times as many people aged 85 years and over. The vast majority of older people continue to live in their own homes. The proportion of older people who go to live in nursing homes has remained broadly the same for many years – about 5%. Because our population is growing and people are living longer, this means that more people will need either home care or nursing home care or both. SIPTU is concerned that we have not adequately planned for this increased need and we do not properly resource and monitor the home/community care or the nursing home care which we currently provide.

There are major differences between the stated government policies on the care of older people and the actual policies. The stated policy supports home and community care but there are more extensive supports available for institutional care. The stated policy on institutional or long stay care aims for quality care but the actual policies in place neither promote high standards not adequately monitor such standards as exist. There is no stated policy on the privatisation of long stay care but the government has been actively pursuing such a policy for some time.

The policy on home and community care is widely supported. SIPTU considers that it is the right policy and we think it should be properly implemented. In order to ensure its implementation we need legislation and resources.

It is not clear if the policy on privatisation of long stay care is widely supported. There has never been a public debate about it. This is partly at least because this policy has been pursued through tax measures rather than as part of a planned provision of health services. SIPTU recognises the reality that we are now dependent on private nursing homes to provide care for older people but questions whether we should continue to allow the private sector to dominate.

The quality of care in the public and private nursing home sectors is a major concern for everyone. There is a need to take a planned approach to the development of the nursing home sector so that we have the level and quality of service which will be required. There is an immediate and pressing need to set high standards for care in nursing homes and to put mechanisms in place to ensure that those standards are enforced. SIPTU has been actively involved in improving the training of staff in public nursing homes in order to ensure better quality of care. We would welcome and support similar initiatives in the private sector.

Summary and Recommendations

SIPTU is concerned that we have not adequately planned for the increased need for services for older people and that we do not properly resource and monitor the home/community care or the nursing home care which we currently provide. This document outlines the problems involved and how SIPTU proposes to campaign to rectify them.

Home/Community Care for Older People

SIPTU favours the officially stated policy of promoting home and community care for older people but we want this policy adequately resourced and implemented. We recommend that:

- More resources be allocated to home and community care
- There should be a legal right to a home help, home care subvention and/or care assistant service.
- The home care subvention should be at least equal to the private nursing home subvention
- Housing and community care services should be integrated to ensure that housing needs of older people are met

Long Stay Care

SIPTU considers that we should have planned development of nursing homes so that we can meet the needs of older people who need care in a fair and equitable manner. We recommend that:

- There should be more public nursing home places available. There should be an immediate capital allocation to start building the public nursing home places which were promised in the Health Strategy 2001. These could be built in the grounds or close to acute hospitals.
- Entitlement to public nursing home care should be clear and transparent and based on need.
- There should be arrangements for a comprehensive assessment of the needs of individual older people and care plans put in place to meet those needs.
- There should be an equitable system of financial support for older people in public and private nursing homes.
- The development of private nursing homes should be controlled to ensure that they are in the right place and are providing the services which are needed.

Regulation of Nursing Homes

Nursing homes (public and private) should be homes and not simply accommodation. The aim must be to ensure that residents are not only very well cared for but that they are enabled to live in the fullest possible manner. We recommend that:

- There should be new legislation on standards. This legislation should apply to both the public and private sectors. The standards should be based on the best available internationally. They should deal not only with all aspects of the environment of care but also with the human quality of care. They should require that there be procedures for the involvement of residents in the running of care facilities and for advocacy services to be available to residents who need them.
- The monitoring and enforcement of standards should be done by an independent Social Services Inspectorate which should be well resourced to carry out its functions.
- The Social Services Inspectorate should have wide powers to ensure that standards are met including the power to close inadequate homes.
- Inspection reports should be comprehensive and should be routinely available.

Staff in Nursing Homes
In order to ensure appropriate standards in nursing homes, whether public or private, we need suitable, well trained and properly paid staff. We recommend that

- There should be more training places for doctors, nurses, occupational therapists and physiotherapists in order to ensure that we can provide a properly staffed service for all older people.
- The status and role of Care Assistant should be recognised in the private sector and adequate training and accreditation should be provided in order to attract more people to the grade. Care Assistants should have basic nursing care training.
- Training should also be provided for support staff such as cleaners, porters and kitchen staff.
- The standards should set out an appropriate staff/resident ratio. This should reflect the level of dependency of the residents.
- All staff need training in dealing with residents so that the rights of the residents are respected. They need specific training in dealing with people who are no longer able to make decisions for themselves and in dealing with the dying.

1. Home/Community Care for Older People

Older people want to continue to live in their own homes and communities and it is the stated government policy that they be enabled to do so as far as possible. There is virtually no disagreement about this policy. SIPTU supports this policy and wants to see it implemented.

The main requirement for older people to live at home with dignity is an adequate income. SIPTU has long fought for and continues to fight for proper social welfare pensions and more access to occupational pensions. The other requirement is access to appropriate health and community care services. It is extraordinary that we are actually cutting back on home help services and failing to adequately fund house adaptations at a time when the public finances have never been as healthy. We need to allocate more resources to community care and have new legislation clearly setting out an entitlement to home care services including home care financial arrangements and home help and care assistant services. SIPTU welcomes the Budget 2006 announcement that home care packages will be put in place but considers that more resources are needed to finance them and there needs to be clarity and transparency about entitlement to them.

Legal right to community care
There should be a clear legal right to a home help service and a home subvention service and/or care assistant service. At present, there is no right to any of these. The legislation on private nursing homes is inadequate (see below) but there is an obligation on the HSE to provide nursing home subventions if certain requirements are met – there is no such obligation to provide a home care subvention. We recognise that legislation, in itself, does not always lead to implementation but it does make implementation more likely and people may be able to establish their entitlements through the courts.

Home care subvention
There should be a legal right to a home care subvention at least equal to the private nursing home subvention. Individual older people should be entitled to choose between the direct provision of home care services by the HSE and the payment of a home care subvention.

Integrated health and housing policies
Community care requires an integrated health and housing policy to ensure that houses can be adapted to meet the needs of older people. There has been a consistent failure on

the part of local authorities and the health authorities to integrate their housing policies to ensure that the housing needs of older people can be properly met. Sheltered housing and housing adaptations should be regarded as part of the community care services to which older people should have a legal right. These services should be jointly planned and provided by the local authorities and the HSE.

2. Long Stay Care

The development of the nursing home sector over the past 40 years has not been planned and has not reflected the stated policy. (In policy documents, people living in nursing homes are variously described as receiving institutional care, residential care, long stay care or continuing care – the precise term used is generally not significant.)

Development of Public Nursing Homes

The *Care of the Aged Report* (1968) recommended that the old county homes which were provided originally under the Poor Law should be replaced by two kinds of long stay residential care for older people: geriatric hospitals which would cater for older people who need continuous nursing care and welfare homes to cater for older people who "do not need care in a hospital setting but for whom institutional care is required". They were to be for people who were frail or who needed institutional care for social, rather than health reasons. During the 1970s, the number of welfare homes increased but this stopped in the 1980s. There was also a reduction in the number of public long stay beds[1].

The Years Ahead: A Policy for the Elderly was produced in 1988[2]. This document remains the official policy statement on services for older people. Overall policy was not changed by either the 1994 Health Strategy or the 2001 Health Strategy.

The Years Ahead proposed that "existing geriatric hospitals and homes, long-stay district hospitals and welfare homes, be developed as community hospitals, where appropriate, providing a wide range of acute and long stay services for older patients and their carers."
It proposed that purpose built facilities should be put in place where there were no existing facilities suitable for conversion. It recommended very specific norms for long stay beds and that those norms should be reviewed to ensure their adequacy. The community hospitals were to provide a range of services including assessment, rehabilitation and convalescent care, terminal care facilities, information and support for carers. The services of geriatricians should be available to the assessment and rehabilitation unit of the community hospital. The medical direction of the unit should be the responsibility of a GP who would be appointed as part time medical officer. The older person's own GP would provide medical care to the individual.

The Review[3] of the Implementation of *The Years Ahead* was published in 1997. It concluded that community hospitals had not developed in the manner proposed. They were unevenly spread throughout the country. Not all of them provided assessment and rehabilitation, there were different arrangements for assessment and for medical care in the different health boards. There were not enough geriatricans to provide the intended level of service. The norms on long stay bed provision were not being met. There were problems with providing paramedical services in community hospitals (as well as in the

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1 O'Shea, E., Donnison, D. and Larragy, J., *The Role and Future Development of Nursing Homes in Ireland* (National Council for the Elderly 1991).

2 *The Years Ahead: A Policy for the Elderly* (Working Party on Services for the Elderly 1998).

3 Ruddle, H., O'Donoghue, F. and Mulvihill, R. *The Years Ahead Report: A Review of the Implementation of its Recommendations* (National Council on Ageing and Older People 1997).

community). "The level, extent and adequacy of provision differ across health boards, and across community care areas within health boards and are linked to the absence of adequate funding for the development of the community hospital service."

The 2001 Health Strategy did not involve any change in overall policy but it did recognise the need for more long stay places and more assessment and rehabilitation beds. There are specific commitments to increase the number of long stay beds, including 800 additional extended care/community nursing unit places each year for 7 years. This commitment has not been met in the years since 2001. This failure to even start to provide for this recognised need is extraordinary in a time of unprecedented wealth. It is time to forget the arguments about how they are to be provided and actually provide them directly. An immediate capital allocation should be made to start the provision of these places. The failure to provide any of these places has greatly increased our reliance on the private sector to provide long stay places and greatly increased the anxiety felt by older people who are concerned that there may not be an appropriate place for them.

Public nursing homes today

Today, public nursing homes may be called welfare homes, community hospitals, geriatric homes, geriatric hospitals, community nursing units or extended care units. The level of nursing and medical care may vary somewhat between these institutions but the name of the institution is not particularly indicative of the level of service provided. Some provide services which are akin to acute hospital services while others provide nursing care with back up from GPs.

There has been a major reduction in the number of public nursing home beds since 1968. The numbers have not only reduced in absolute terms but they have been almost halved in terms of beds per 1,000 population over 65. When the *Care of the Aged Report* was published in 1968, there were 42 public nursing home beds available per 1,000 of the population aged over 65 (13,594 beds for 323,000 people aged over 65). In 2001, there were 23 such beds per 1,000 population[4] (10,067 beds for 432,000 people aged over 65).

Entitlement to public nursing home care

The legislation on public nursing home care[5] theoretically provides that everyone is eligible for such care. The Department of Health and Children take the view that there is a distinction between eligibility and entitlement and eligibility does not confer entitlement. This view was first set out in response to the Ombudsman's Report on *Nursing Home Subventions*[6] and it was repeated in the Health Strategy 2001. The Ombudsman does not agree with the Department's view.

That theoretical entitlement of course is not realised in practice. We do not know how many people apply for a public nursing home place. The former health boards did not have a uniform application process (and the HSE has not introduced one) and some had no formal application process at all. Many people do not bother to apply because they know that they will not get a place.

There are no clear rules about how people are allocated public places. Since everyone is eligible to get a public place and since there are not enough places available there must

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4 IMO Pre-Budget Submission 2005 www.imo.ie

5 Section 52 of Health Act 1970; charges may be levied for this care but this does not change the rules on eligibility

6 *Nursing Home Subventions – An Investigation by the Ombudsman of Complaints regarding Payment of Nursing Home Subventions by Health Boards*. (Office of the Ombudsman 2001) www.ombudsman.ie

be some system for deciding who gets a place. In spite of the requirements of the Freedom of Information legislation, the former health boards gave very little information about how they allocated places. This has led to a perception that places may be unfairly allocated. There does not seem to be a means test as such but it seems that the majority of people who get public places are dependent on social welfare pensions.[7]

The legislation on public long stay care needs to be clarified and the HSE needs to adopt clear, transparent guidelines about how places are allocated. Allocation should be on the basis of need.

Development of Private Nursing Homes

Private nursing homes were officially recognised when the Homes for Incapacitated Persons Act 1964 provided for standards and inspections but there was no registration system. The *Care of the Aged Report* did not address the question of private nursing homes.

The Health Act 1970 provided for the payment of subventions by health boards for beds in approved private nursing homes. The subventions were based on beds occupied and not on the means or the needs of the residents. During the 1970's and 1980's, there was a significant increase in private nursing home beds[8].

The Years Ahead recommended the introduction of a new system of registration of private nursing homes and subventions for residents. This was done by the Health (Nursing Homes) Act, 1990 and associated regulations (This legislation came into effect in 1993.)

Tax allowances for capital expenditure incurred on the construction, or refurbishment of buildings used as private registered nursing homes were introduced in 1997[9]. The number of beds in private nursing homes increased from 6,932 at the end of 1997 to 13,178 in December 2003.[10] It seems likely that the tax incentives had a significant effect on this growth.[11]

Anyone may make an agreement to live in a private nursing home. The HSE may pay subventions if people are assessed to be dependent and if they pass a means test.

The Privatisation of the Nursing Home sector

The major reduction in public beds and increase in private beds means that there are now significantly more private than public beds in the system. This has happened almost by stealth. There has been no public debate about whether or not it is appropriate to have care for older people provided largely on a for profit basis.

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7 Social welfare pensions constitute the main income of most older people in Ireland – see Layte et al *Income, Deprivation and Well-Being Among Older Irish People* (National Council on Ageing and Older People 1999) and Hughes and Watson *Pensioners' Incomes and Replacement Rates in 2000* (ESRI Policy Research Series 2005). The new charging arrangements for public long stay care seem to assume that a resident's only income is a social welfare payment.

8 O'Shea, E., Donnison, D. and Larragy, J., *The Role and Future Development of Nursing Homes in Ireland* (National Council for the Elderly 1991).

9 Section 268 (1)(g) and (9)(d) Taxes Consolidation Act 1997

10 Dáil Debates, 8 February 2004 www.oireachtas.ie

11 The Revenue Commissioners do not currently collect tax information in a manner which would identify this but have started to do so in tax returns for 2004 – so, some information should become available in 2006.

SIPTU has a number of concerns about the extent of government support for the development of the private nursing home sector. Our major concern relates to the quality of care provided – this is addressed below. We also have concerns about the costs involved, the implementation of the subvention arrangements and the fact that services for older people are not being provided on the basis of assessed need but on the basis of what is made available by the providers of services.

Costs

It is sometimes argued that private nursing home care is less costly to the Exchequer than public care. We do not know whether this is the case or not as the two are not really comparable because the level of service provided is quite different and because we do not know all the costs involved in the private sector. Private nursing homes are required to provide certain services in order to be registered. The level of services available varies greatly within the private sector.

The costs in terms of income foregone in tax relief for the private sector are not even known. This is because tax returns did not require such information to be given until October 2005 (in respect of the year 2004). This tax relief was introduced without any debate or any consideration of the need to plan the development of the sector. Any registered nursing home may qualify for this tax incentive. As it is quite difficult for the HSE to refuse registration or to remove registered status, in effect there is very little control over who gets this tax relief. There are no conditions as to location or availability of beds for public patients (such conditions are attached to capital allowances for private hospitals[12]). The residents of the qualifying nursing homes do not have to be dependent.

The scheme was amended in 2002 to provide for capital allowance for the construction or refurbishment of housing units associated with registered nursing homes.[13] There is some targeting involved in this. For example, the residents must be assessed as being in need of such accommodation and at least 20% of the units must be available to tenants who are eligible for a rent subsidy from the HSE[14]. It is not known how many such units have been provided.

Subventions

The many problems with the subvention scheme have been outlined in the *Review of the Nursing Home Subvention Scheme*.[15] Briefly, this shows that a person's actual entitlement to free or subsidised nursing home care bears virtually no relationship to the legislation in force and is largely dependent on where they live and the practices adopted by the former health boards. However, it must be said that at least there is a subvention scheme and there is at present no equivalent for home or community care.

Just over 8,500 of the 13,000 private nursing home residents were receiving subventions in December 2003.

Tax relief for fees paid

Tax relief is available for fees paid to private nursing homes. In many cases this may be of greater value than the subvention - the tax relief effectively reduces a €1,000 a week fee to €560 a week – that is, a subsidy of €440 a week. The tax relief is available to the person who pays the fees so, for example, it may be claimed by a family member who is paying or contributing to the fees. Information on the costs of this relief is not available. Unlike the subvention which is based on an assessment of dependence and a means test, the tax relief is simply based on payments made.

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12 Section 64 Finance Act 2001

13 Section 33 Finance Act 2002

14 In general, they are people whose only income is a social welfare payment.

15 O'Shea, *Review of the Nursing Home Subvention Scheme* (Stationery Office 2002).

SIPTU recognises that, without this tax relief, very many people could not afford private nursing home care. However, as with all tax reliefs, it is of significantly greater value to better off people. There is no co-ordination between it and the subvention scheme and it is possible for people to get both a subvention and some tax relief.

Medical costs
GPs are paid very considerably more for caring for older people in private nursing homes than they are for caring for older people at home and this is so regardless of the medical needs involved[16].

Public Arrangements with private sector
The shortage of public nursing home beds means that meant that the former health boards and now the HSE have to rely on the private sector to fulfil their statutory obligations. They have had to make arrangements for placing people who are entitled to public care in private beds. (Everyone is eligible for public care – see above). These arrangements include contract beds where the HSE pays the full costs involved and enhanced subventions where the HSE pays more than the stated "maximum" subvention. The practice varies widely around the country and it is not yet clear how the HSE intends to address the problem. These practices are inequitable.

It is also not clear that the private nursing homes are in a position to provide the level of service that many of the residents require. Many of the residents have been placed in private nursing homes in order to free up beds in acute hospitals. Sometimes these placements are appropriate but some of these patients require a level of care akin to that provided in an acute hospital and very few private nursing homes are in a position to provide this level of care.

3. Planned Development of Nursing Homes

SIPTU considers that we should have planned development of nursing homes so that we can meet the needs of older people who need care in a fair and equitable manner. This means we need a comprehensive assessment of needs, more public nursing home places, legislation on access to public nursing homes, an equitable system of financing for residents of public and private homes and controlled development of private nursing homes.

Assessment of Need
Providing for the care needs of older people means that we need to know what those needs are. There is no system in place at present for an assessment of overall needs. If older people apply for a particular service, for example for a home help service or a private nursing home subvention, their need for that service may be assessed. There is no legal requirement to assess a person's need for a home help service but there is a legal requirement that an assessment be carried out for the nursing home subvention. This assessment is clearly inadequate[17]. It seems that needs assessments, if carried out at all, may be carried out, not in terms of the actual needs, but in terms of the available services.

The Disability Act 2005 provides for the assessment of need of people with disabilities. This provision is not yet in force. Some older people are likely to come under the

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[16] GPs are paid an annual capitation rate for each person on their panel. The current rates are between €105.72 and €187.03 for people aged 70 and over who already qualified for a medical card before the age of 70. The capitation rate for those who get a medical card when they reach the age of 70 is €495.07 and for those in private nursing homes, it is €717.48. Dáil Report, 29 June 2005.

[17] O'Shea, *Review of the Nursing Home Subvention Scheme* (Stationery Office 2002).

definition of disability[18]. The Act provides that the assessment of need arrangements may come into operation on different dates and these dates may be different for people of different ages. It is important to ensure that this provision is not allowed to lead to age discrimination. There is already evidence of age discrimination within the health and social services.[19]
We need to have a comprehensive assessment of the needs of individual older people and a care plan should then be devised to meet those needs.

More public nursing homes
SIPTU considers that more public nursing homes should be provided. It is not acceptable that older people are placed in private nursing homes when those homes are not in a position to cater for their needs. The public sector should be able to cater for all the highly dependent older people with acute needs.

Instead of building private hospitals in the grounds of some of our public hospitals, SIPTU considers that some public nursing homes should be built. These would cater for the more dependent older people whose needs include some element of hospital care. People could be moved from acute care to these homes where they would get nursing care but would be able to avail of the acute services from the adjoining hospital. All new public facilities should include arrangements for couples including couples where one is dependent and one is not.

Access to public nursing homes
There should be clear, transparent and meaningful legislation on entitlement to public nursing home places. This should be on the basis of need. It should not be means tested but the small number of people who can afford to pay should be asked to contribute.

Equitable system of financing
It is clear that only a small proportion of older people who need extensive care can afford to pay for this from their own resources. The average income of pensioners in the year 2000 was just somewhat over half the average industrial earnings and the main source of income for pensioners was a social welfare pension. However, there is considerable variation in pensioner income – the top 20% of pensioners had income about 5 times that of the bottom fifth[20].

SIPTU considers that all nursing home residents should get medical and nursing care free of charge but should be required to make a contribution towards their maintenance costs. The contribution which dependent residents make to their nursing home costs should be the same whether they are in private or public homes. The assessment of need should include an assessment of ability to pay and this should be applied wherever the person lives. The contribution should be regularly reassessed as residents use their money and the issue of being unable to pay fees in private nursing homes should not arise.

Controlled development of private nursing homes

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[18] Under the Disability Act, a person has a disability if there is a substantial restriction in his/her capacity to carry on a profession, business or occupation or to participate in social or cultural life because of an enduring physical, sensory, mental health or intellectual impairment. A "substantial restriction" means a restriction that is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and gives rise to the need for services to be provided continually.

[19] *Perceptions of Ageism in Health and Social Services in Ireland* (Report No 85; National Council on Ageing and Older People 2005)

[20] Hughes and Watson *Pensioners' Incomes and Replacement Rates in 2000* (ESRI Policy Research Series 2005)

Tax relief for the further development of private nursing homes should be restricted to those provided in accordance with identified needs – for example, in areas where there is a shortage or providing specific services which are in short supply.

Tax relief for fees paid to private nursing homes should be limited to people who are dependent in the same way as subventions are limited.

4. Regulation of Nursing Homes

Nursing homes should be homes and not simply accommodation. The aim must be to ensure that residents are not only very well cared for but that they are enabled to live in the fullest possible manner. This requires new legislation on standards, proper monitoring and enforcement of that legislation and, probably most importantly, suitable and well trained staff.

Legislation on Standards

The legislation on standards is totally inadequate to meet the stated objective of providing "a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home".

Regulation of public nursing homes

There is no external regulation of public nursing homes, no set standards and no inspection system. This does not necessarily mean that standards in public nursing homes are bad but it does mean that there is no systematic assessment of quality. Residents have no formal right to security of tenure. In practice, this is not a problem in the public sector.

Regulation of Private Nursing Homes

The regulation of private nursing homes is governed by the Health (Nursing Homes) Act 1990. This provides that the Health Service Executive is the registration and monitoring authority for private nursing homes. This results in an unsatisfactory arrangement of the public provider being the regulatory body for the private providers. This is inherently undesirable but is even more so when the public provider is itself dependent on the private sector to enable it to carry out its statutory functions. An independent inspectorate has been promised for some time.

Residents in private nursing homes have no "security of tenure". They need only be given 14 days notice of discharge. There are no rules or procedures for what is to happen when a private nursing home resident runs out of money to pay the fees.

The HSE has very limited powers to refuse to register a nursing home and it has no specific power to close a registered nursing home. It seems to be required to continue to pay subventions in respect of qualifying residents even if it is unhappy with the standards in the home. It has limited powers to take charge of a nursing home.

The legislation does require that there be a qualified nurse on duty at all times but it does not set a staff/resident ratio. It simply sets a requirement that "a sufficient number of competent staff are on duty at all times having regard to the number of persons maintained therein and the nature and extent of their dependency".

The inspection system provides for mandatory inspections once every six months. It does allow for inspections at any time and does not require the inspectors to give notice. It provides for private interviews to be held with staff and residents and allows for residents to be examined by medically qualified inspectors. Inspection reports are not routinely available but may be accessed under the Freedom of Information legislation. It seems that inspections are not actually carried out as frequently as is required and the

HSE has only recently started inspections without notice. There still do not seem to be night time inspections.

New standards

This legislation needs to be completely overhauled. The standards and their monitoring and enforcement should be the same for the public and private sectors. The standards should be based on the best available internationally[21]. They should deal not only with all aspects of the environment of care but also with the human quality of care. They should require that there be procedures for the involvement of residents in the running of care facilities and for advocacy services to be available to residents who need them.

The standards should be enforced by an independent Social Services Inspectorate. The Inspectorate should have wide enforcement powers including the power to close inadequate homes. Inspection reports should be routinely available on the internet. These reports should be extensive and describe, for example, the services available in each home, the capacity of the home to provide high dependency services, the staffing arrangements, the procedures for involving the residents and an assessment of the quality of the care provided.

The independent Social Services Inspectorate should be well resources to carry out its functions. There should be procedures in place for liaison with residents and their families and for the protection of whistleblowers.

5. Staff in Nursing Homes

There are two major components of care standards – the physical standards and the personal care standards. The physical standards of the building, including standards for space, privacy, facilities for couples, safety, equipment etc are very important but the personal care standards are probably more important. They are also more difficult to enumerate and more difficult to deliver.

Residents of nursing homes should be enabled to live in as close to individual home conditions as possible. It is accepted that there may have to be some restrictions in order to ensure the safety of other residents but, in general, residents should be able to make personal choices about everyday living. They should be able to make decisions about their care, their activities and their money. There should be strict standards about medication and its use should be very carefully monitored. There should be mechanisms in place to identify inappropriate medication practices for example, sedation should be carefully monitored. The rules about the use of restraints should be very clear and restraints should only be used under strict medical supervision. There should be an easy to use complaints system which will not lead to identification or victimisation of the complainant. Those who are no longer capable of making decisions need to have a personal protection system (as recommended by the Law Reform Commission) and an advocacy service. These requirements cannot be met by legislative provisions alone but require suitable and appropriately trained staff.

Overall staffing requirements

In order to ensure appropriate standards in nursing homes, whether public or private, we need suitable, well trained and properly paid staff. There are shortages of professional staff throughout the health services. There needs to be more training places for doctors,

[21] See, for example, the Scottish National Care Standards at: http://www.scotland.gov.uk/Topics/Health/care/17652/12997 and Ontario standards at: http://www.health.gov.on.ca/english/public/program/ltc/25_standards.html

nurses, occupational therapists and physiotherapists in order to ensure that we can provide a properly staffed service for all older people.

Care Assistants and Support Staff
We need the professionals but the role and importance of other staff in the caring area is not always recognised. The Care Assistant is the main provider of the day to day care of residents in the public nursing home sector. SIPTU in conjunction with the HSE has developed training and accreditation for Care Assistants. There is no similar arrangement or, indeed, recognition of the grade of Care Assistant in the private sector. SIPTU would be happy to work in conjunction with the private sector providers to introduce recognition of and training for this grade in the private sector. FETAC accredited training courses could be provided in more of the further education colleges as Care Assistants are needed for community care as well as for nursing home care.

Support staff – Cleaners, Porters, Kitchen staff – all have a very important role to play in providing quality care and ensuring that the rights of nursing home residents are respected and their needs are catered for. They also need training.

Staff need to be properly paid in order to be attracted into the sector and in order to ensure that they provide good quality care.

Staff/resident ratio
The standards should set out an appropriate staff/resident ratio. This should reflect the level of dependency of the residents. The level of professional medical and nursing cover should be specified. There should be a specific trained Care Assistant/resident ratio and the independent inspectorate should ensure that there are enough trained staff available to ensure proper standards.

The Training required
Care Assistants need basic nursing care training. They and other support staff need training in care for dependent older people. All staff need training in hygiene and infection control.

The *Report on a National Acute Hospitals Hygiene Audit*[22] identified a number of areas where training was required in acute hospitals. These are:
- Hand hygiene
- Basic cleaning techniques
- Control of substances hazardous to health (COSHH)
- The use of cleaning chemicals and dilution rates
- Colour coding
- Waste and linen segregation
- Safe handling and disposal of sharps
- Manual handling

The report concluded that " Ongoing training and education for all grades of clinical and support staff is imperative to ensure improvements in hygiene standards and safe working practices".

This applies to nursing home staff just as much as to acute hospital staff.

Training in dealing with residents
All staff need to be able to facilitate the residents' wishes as far as is consistent with the safety of other residents.

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[22] Health Service Executive www.hse.ie

This training needs to ensure that all staff are aware of the rights of the residents, in particular, the right

- to make personal choices, for example, to get up early or late, to choose what to eat, to choose with whom to mix etc.
- to refuse medication even if that has serious health consequences
- to have control of their money and to decide how to spend it
- to be free from any form of bullying or harassment
- to be involved in decisions about their care and about the running of the home

Staff need particular training in dealing with people who are no longer able to make decisions. They need to be aware of the existence or otherwise of an attorney under an Enduring Power of Attorney and the role that this person can play. They need to be aware of the role of family members who, in general, do not have rights to make decisions on behalf of residents. They need training in dealing with contentious family situations – for example, where there are marriage breakdowns or same sex couples.

Staff need training in dealing with the dying. The Hospice Movement in Ireland is currently drawing up guidelines for dealing with the dying in hospitals[23]. Nursing homes should all subscribe to the standards set by the Hospice Movement.

May 2006

[23] See http://www.newgrange-process.net