



An Chomhairle Náisiúnta Eacnamaíoch agus Shóisialta  
National Economic & Social Council

# Quality and Standards in Human Services in Ireland: Residential Care for Older People

## Executive Summary



This report examines standards and quality in residential care for older people in Ireland. It is one of a series of reports which make up the NESC<sup>1</sup> project on *Quality and Standards in Human Services in Ireland*. This project assesses how quality processes, standards and regulation contribute to continuously improving human services.

‘Eldercare’ is a range of services for older people who need assistance with basic activities of daily living, such as getting in and out of bed, bathing, dressing, eating, etc. Typically this care is first provided in a person’s home, either informally by friends or family, or formally by professional home care providers. When it is no longer possible to receive this care at home, usually due to increased care needs, then it can be provided in a residential centre. Since 2009, mandatory standards, the *National Quality Standards for Residential Care Settings for Older People in Ireland*, govern the quality of this care.

## **Residential Care Standards**

The *National Quality Standards for Residential Care Settings for Older People in Ireland* contain 32 different standards, covering the rights, protection, health and social care needs, and quality of life of older people; and the staffing, care environment, governance and management of the residential centre.

Since July 2009, HIQA<sup>2</sup> has inspected all residential centres to ensure that they comply with the standards and regulations on care of older people, and centres that do are registered to operate. Inspection reports are compiled based on information from records, observations of care; and meetings with residents, relatives, the person-in-charge<sup>3</sup> and other members of staff. All inspection reports are then published on the HIQA website. The person-in-charge and the owner are also required to adequately understand, and have the capacity to comply with, the standards, and this is assessed through the ‘Fit-person assessment’.

If a residential centre does not meet these requirements, HIQA can close it; or refuse to register it. HIQA can also prosecute for breaches of the regulations.

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<sup>1</sup> NESC, the National Economic and Social Council, is an agency which analyses and reports to the Taoiseach on strategic issues relating to development of the economy, and social justice.

<sup>2</sup> The Health Information and Quality Authority, an independent agency set up by statute in 2007. It inspects and regulates residential settings for older people, in order to register them to operate.

<sup>3</sup> The term used in the Standards for the manager of the residential centre.

Twenty-eight stakeholders<sup>4</sup> interviewed as part of this research welcomed the standards for residential centres, and consider that they have increased confidence in care in this sector. They appreciate the fact that the standards apply to all centres, public, private and voluntary; and are enforced by an independent and powerful inspectorate. Stakeholders also like the focus on the resident, which is much stronger than in previous legislation, and which requires resident involvement in how their care is organised and delivered. The paperwork required under the risk management standard does however draw mixed reactions – some stakeholders feel that it is necessary even though it takes time; while some feel that it takes time away from caring work. Centres are required to collect data on, for example, pressure ulcers, falls, complaints, and the use of physical restraint and psychotropic drugs. This information must be analysed, and systems set up to address any problems, in order to promote continuous improvement of care within the centre.

### **Five Key Themes**

How the *National Quality Standards for Residential Care Settings for Older People in Ireland* and their implementation are relevant to the five key themes addressed in this NESC project are now outlined. These five key themes are – responsive regulation (which is how implementation of quality standards is encouraged by a balance of sanctions and supports); involvement of the service-user; monitoring and learning; devolution and accountability; and balancing quality with costs.

### **Responsive Regulation**

The regulatory framework of the standards is underpinned by powerful sanctions, which HIQA has used where necessary, closing approximately 10 centres (out of 594) to date. Meanwhile HIQA encourages managers of residential centres to think through how they should apply the standards themselves, to avoid a ‘tick box’ approach to standards implementation; but this means that HIQA does not provide managers with guides to best practice in order to meet the standards. Instead industry organisations, private companies, and the HSE fill this gap, by providing advice and training to support residential centres to meet the standards.

### **Involvement of the Service-user**

These standards require much greater consultation with, and agreement from, the resident with regard to their care, than the legislation in place prior to 2007. Residents’ committees are mandatory, and persons-in-charge are required to address issues raised by these committees. There is also a strong emphasis on the procedures for residents (and others) to make complaints; and more person-centred care is promoted. Money also now ‘follows the patient’ to a greater extent

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<sup>4</sup> Including HIQA, the Department of Health, the HSE, Nursing Homes Ireland, and a random sample of managers of residential centres.

than in the past, due to the advent of the Fair Deal scheme which pays the majority of the costs of long-term residential care, in a public, private or voluntary sector centre, for those who are assessed as in need of such care. However, older people are not completely free to decide how to use that funding - it must be used for residential care, and cannot be used to pay for care in their home, even if they would prefer to be cared for at home. In addition, it is not clear how the costs of ancillary services, equipment or therapies for older people in residential centres will be covered. Some of these costs are covered under the medical card scheme, but due to a lack of public provision, older people or the residential centre can end up having to pay for these costs - or the older person may have to forgo these services altogether. These problems are to be considered in reviews carried out by the Department of Health and the HSE in 2012.

## **Monitoring and Learning**

The *National Quality Standards for Residential Care Settings for Older People in Ireland* place a strong emphasis on learning and continuous improvement. Each residential centre is required to collect data on risks, and to put in place mechanisms to reduce these risks. All inspection reports are published on the web, which also facilitates learning. A number of centres also meet informally to share learning, but HIQA does not play a strong role in this. This means that the range of practice with which HIQA is familiar, and could share, is not being made available to residential centres. Sharing this learning could, however, allow more centres to improve the quality of their care. At a more strategic level, HIQA meets with the HSE, the Department of Health and Nursing Homes Ireland on a regular basis; and the Department of Health is currently reviewing the regulations which support the standards, to ensure that they operate more effectively.

## **Devolution and Accountability**

The standards are grounded in legislation, which ensures strong accountability for their implementation, and they are also considered to make owners more accountable than the previous legislation. Meanwhile, stakeholders interviewed were of the opinion that these standards provided a baseline for quality care, but that they also encouraged and provided space for innovative practice and continuous improvement. Innovation was considered more likely to occur where the person-in-charge and inspector respected and trusted each other. A number of persons-in-charge disliked the new complaints procedures and wondered about the value of reporting significant incidents in their centre to HIQA; but both of these requirements ensure greater protection of the resident.

## **Addressing Costs While Improving Quality**

Those interviewed for this project, and the results of surveys, all show that there are costs involved in implementing the standards, ranging from the cost of purchasing new equipment/adjusting premises, to the cost of employing extra staff. The challenges of meeting these costs are different for public and private centres,

with HSE-run centres facing staff embargos as well as difficulties in procuring funding. Persons-in-charge also reported that ramping up to meet the standards, and revising policies and procedures on an on-going basis, takes a significant amount of their time. On the other hand, they welcomed the increased confidence that the standards provided for care in the sector; and all felt that the standards are a positive development. It seems that the cost of implementing these standards yields business benefits, and that there are also wider economic and social benefits for older people and their families. In addition, detailed data from the United States indicates that the costs of implementing regulation and quality improvement initiatives in residential centres can be reduced (and indeed can cost less than providing lower quality care), through use of practices such as results-oriented leadership, collaborative management, reduced staff turnover, and implementation of key care processes. This suggests that such practices could also be used in Ireland to help reduce the costs of providing higher quality care.

### **To What Extent do These Standards Prevent Harms and Promote Quality Improvement?**

The *National Quality Standards for Residential Care Settings for Older People in Ireland* were put in place following the scandal around substandard care in the Leas Cross nursing home, and there is a strong emphasis in the standards on preventing the most serious harms and abuses. This is evident in the legislative base for them; the fact that the standards apply to all residential centres, public, private and voluntary; the independence of HIQA, and the strong enforcement powers which it has and uses.

The standards also aim to promote quality improvement. They require centres to install systems of monitoring and self-regulation, which are then inspected by HIQA to ensure that these are operating well (a process known as meta-regulation). A number of requirements also aim to change the culture of care in all residential centres from task-based to person-centred. These processes all aim to promote continuous improvement in services, even though it is taking time for all centres to adopt these processes.

### **Are There Things Which Need to Change to Ensure the Provision of a Quality Service in This Area?**

The various groups involved in design and implementation of the *National Quality Standards for Residential Care Settings for Older People in Ireland* – the Department of Health, HIQA, the HSE, industry associations, NGOs, residential centres, residents and their families - are all connected into one quality improvement framework established by the Health Act 2007. This Act outlines the interlocking elements of a comprehensive quality approach – that standards and regulations on care of older people in residential centres must be met, and that HIQA has the power to inspect and enforce to ensure that this is the case.

To date, HIQA has relied on legal enforcement mechanisms to ensure that the standards are met. It has expressed interest in providing supports to centres to help them meet the standards, but so far efforts to avoid a conflict of interest, and a lack of resources, have meant that HIQA has not concentrated on this area of work.

While this may mean that the resources of the regulator are not unduly overstretched, a number of residential centre managers have found this frustrating, and that it has meant that they have had to devote a high amount of resources to meeting the standards. HIQA is also in the unique position of having information on every residential centre in the country and how it meets the standards. A mid-way point might be that HIQA could provide summaries of learning, data, and best practice from their inspection work, which could be used by managers of residential centres as examples of ways to continuously improve their services. It could also support a network of all centres, to share learning and best practice. Such initiatives might be particularly useful to help 'average' centres to improve standards of care. In addition, sharing best practice on issues such as optimum staff management and care processes may help to reduce the costs of providing high quality care.

The *National Quality Standards for Residential Care Settings for Older People in Ireland* aim to develop more person-centred care, which requires a cultural and power shift in how care has previously been organised, which is a challenging and long-term process. Greater use of person-centred approaches, and the full implementation of the Department of Health's *Review of Practice Development in Nursing and Midwifery in the Republic of Ireland and the Development of a Strategic Framework*, is likely to assist this.

A common minimum data set that assesses the needs and care of older people, whether at home, in a residential setting, or in an acute hospital, has been piloted by the HSE, with a view to rolling it out nationally. This would assist learning and continuous improvement. As well as using a common format to assess the capacities and levels of dependency of older people, it has the potential to generate comparable data to show the outcomes from different types of care, which could help to assess the quality of different services. It could also provide data to help assess the relative costs of different services.

The difficulty of balancing the needs of residents with decisions taken by the service-provider is evident in the decision to close a number of HSE-run homes for a variety of reasons, mostly financial, which can mean residents leaving what is now their home. This is a difficult issue to tackle, and requires a better balance between the needs of older people and of providers. Another area where change is needed is current funding mechanisms which mean that budgets do not always follow the person, and so can lead to unequal access to services for some older people. The HSE and the Department of Health are beginning work to tackle this. These issues underline the importance of actors such as providers, HIQA and the Department of Health co-ordinating the effects of their decisions as much as possible, to ensure services continue to be provided at an optimum level for older people. A problem-solving group of these actors could be brought together to support this.

