



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

**Submission to the Department of Health and Children:
Review of the Health Act 2007 (Care and Welfare of Older People in Designated
Centres) Regulations**

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The IMO has welcomed the introduction of regulations and standards for the care and welfare of older people in residential settings to improve quality of care, the safety and welfare of patients, and which respect the privacy and dignity of this vulnerable group of patients. However the IMO is aware that the implementation of regulations and standards are not without cost and must be funded appropriately. Also regulations and standards must be developed and applied in other care settings for older people such as home care services.

An over-arching concern is the failure to incorporate up-to-date gerontological knowledge and professional concerns into the implementation of policy and practice. For example, despite being formally raised at public meetings with the then Assistant National Director of for Older People's Services, HSE, and senior civil servants in the Office for Older People, Department of Health and Children, no clarification was made about the provision of therapy services for those in nursing homes under the new Nursing Homes Support Scheme, leaving an information, and more worryingly, frequent service gap. Equally, the halving of the fee for GPs who provide medical cover to nursing homes in 2010 flies in the face of the clear deficits, and strong recommendations, of the Leas Cross Report to clarify and develop and support the medical support of residents of nursing homes, the most frail and compromised group of older people in Ireland.

Cost of Compliance for Public Nursing Homes

The IMO also has strong concerns about the general ability of public nursing homes to comply with standards in the current economic climate. There has been a sustained and regrettable lack of capital investment in public nursing homes, there is a lack of clarity about, and provision of, therapy and other services, and many have seen their effective funding greatly reduced. In addition the moratorium on recruitment is having a significant impact on appropriate staffing levels in public nursing homes.

Many public nursing homes have run into difficulties or closed as in the case of Dingle, Loughloe, and Sir Patrick Duns. Although private nursing homes can manage care for some older people, patients with higher medical need and/or higher dependency level patients benefit from more intensive nursing and therapy support provided for in the public sector. There is a clear need for investment in public nursing homes in order to not just meet, but exceed minimum requirements.

Cost of Compliance in Private Nursing Homes

Because of the tendering arrangements (no therapies, aids or continence wear, for example) and pricing levels under the Nursing Home Support Scheme, many have seen their funding greatly reduced, and given the calculation of the Joseph Rowntree Foundation on adequate funding of nursing home care, the IMO has grave concerns about the feasibility of providing adequate care at current funding levels.

All regulations pertaining to patient care in private nursing homes are the responsibility of the nursing homes to comply with and fund accordingly. In this regard it is the responsibility of the Nursing Home to make all arrangements for the medication reviews for both public and private patients in nursing homes. This three-monthly review is not within contractual arrangements in respect of fees paid to doctors for persons over 70 years in private nursing homes. While GPs are willing to provide these additional services, this service is chargeable and it is a matter for the Nursing Home to arrange for payment on request. The degree of complexity of medical support needed for these complex, frail older people has not been adequately recognised in the current provision of the Medical Card contract, and this needs to be urgently reviewed by the HSE and DoHC in conjunction with the IMO.

The development of geriatrician and therapist support for nursing homes has been too little, too late, and most of the country is not covered by this service, strongly recommended.

Regulation of Home Care Services

While regulations and standards have been published and inspections for compliance have begun, there is no such discussion on standards for assurance in other elderly care settings. The propensity for institutional abuse is also possible in community care, and can take form in poor care standards, lack of a positive response to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base of the care provider¹. Such issues need to be addressed by HIQA to ensure that quality and consistency are achieved in the delivery of Home Care Packages.

Prevention of Infectious Diseases

One important issue that must be considered in relation to residential settings is that of prevention of infectious diseases. Infectious diseases make a major contribution towards morbidity and mortality in our residential elderly population. Effective infection control minimises the health and economic effects of diseases such as *Clostridium difficile*, influenza and outbreaks of foodborne illness. Their prevention makes economic as well as medical sense.

Summary of Recommendations

- Urgent review is needed of HSE and DoHC policy and practice for care in nursing homes, and the current regulations, if not backed up by the recommendations below, are not sufficient on their own to respond to the very grave systematic deficits uncovered by the Leas Cross Reviews.
- Adequate funding (both capital and operational) must be provided for public nursing homes to ensure they comply with and exceed minimum standards.

¹ Working Group on Elder Abuse. Protecting Our Future: Report of the Working Group on Elder Abuse. *Dublin, Stationery Office, 2002.*

- Contracting for private nursing home places must be gerontologically-informed, take into account the full range of needs, and specifically include the provision of therapists and aids/appliances.
- The moratorium on recruitment should be lifted in order to allow public nursing homes to meet adequate staffing requirements.
- The conditions, and supports, for medical cover in nursing homes need to be urgently reviewed and upgraded to clarify, and fund, the major clinical responsibilities implicit in the care of this older and more frail group of older patients.
- Specialist support for GPs working in nursing homes, including dedicated sessions in geriatric medicine and old age psychiatry, must be rapidly developed for those clinicians who wish to avail of them.
- Regulations pertaining to patient care in private nursing homes are the responsibility of the nursing homes to comply with and fund accordingly.
- Formal quality control of home care services of for older people and people with disability must be urgently introduced.
- All residential facilities must be resourced to operate to minimum standards of infection control to minimise the likelihood and (if they occur, impact) of diseases such as *Clostridium difficile*, influenza and outbreaks of foodborne illness.