



An Chomhairle Náisiúnta Eacnamaíoch agus Shóisialta
National Economic & Social Council

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

Non-Technical Summary

This report is one of a series in a NESC¹ project which looks at how quality processes, standards and regulations contribute to continuous improvement in delivery of services. This report focuses on the standards regime in place for care of older people in residential settings.

At the end of 2010, there were approximately 21,000 people in long-stay residential care, with 63 per cent of beds provided by the private sector, 9 per cent by the voluntary sector, and 28 per cent by the HSE. Since July 2009, strong regulations have covered care in all residential centres for older people, which must comply with the requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These 32 standards cover the rights, protection, health and social care needs, and quality of life of older people; as well as the staffing, care environment, and governance and management of residential centres.

HIQA² inspects all residential centres for older people to ensure they comply with the regulations and standards, and on this basis, registers the centres so that they may operate. The person-in-charge and the owner of each centre 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 refuse to register it; or close it. HIQA can also prosecute for breaches of the regulations.

Twenty-eight stakeholders representing the public, private, and voluntary sectors were interviewed as part of this research, and they welcomed these new standards for residential centres. They found them much more robust than the regulations which applied previously, and considered that they have increased the quality of, and confidence in, care in this sector.

A number of particular strengths were identified, including:

- The standards apply to all centres, public, private and voluntary; and are enforced by an independent and powerful inspectorate.
- Centre owners and managers have more responsibility to provide a high standard of care than was the case under previous regulations.

¹ 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.

² 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.

- The standards are very person-centred, requiring residents' agreement on the organisation of many aspects of their care.
- There is a strong emphasis on collecting and analyzing data on risks to promote continuous improvement in the services provided in the residential centres. While this can lead to paperwork for managers, it helps to protect older people.
- Centre managers have discretion to decide what mechanisms they will use to meet many of the standards.
- Private sector organisations and the HSE provide supports to help centres meet the standards.
- Information on implementation of the standards feeds back up to the Department of Health and HIQA through a number of mechanisms.
- All those interviewed felt that the increased quality of care, and confidence in the sector, outweighed the cost of bringing in these standards. However, the cost challenges were different for private and public centres; mainly due to older premises and staffing embargos in the public centres.

Nonetheless a number of challenges are faced in implementing these standards, as follows:

- As HIQA wants centre managers to think through what they do to meet the standards, it does not provide guidance on the best ways to meet them. Managers find this frustrating as it means they have to devote a substantial amount of resources to meeting the standards, without being sure if they are doing the right thing to meet them.
- Centre managers find it difficult and time-consuming to fully implement the requirement to collect and analyse data on risks, in order to promote continuous improvement in the services they provide.
- There is no standardised data to allow benchmarking and comparison of the quality of care in different centres.
- Mechanisms to share learning on best practice in different centres are *ad hoc*.
- It can be challenging for staff to change work practices to provide more person-centred care.

- While Fair Deal³ now allows an older person allocated this funding to choose the residential centre in which they are cared for, budgets do not yet always follow the service-user, so older people are not able to decide to spend Fair Deal funding on, for example, home care instead of residential care.
- The cost of bringing in the standards can be high, in terms of finance and staff time.
- HSE-run centres are losing staff due to the embargo on public sector recruitment, and find it particularly difficult to access funding to make the infrastructural changes necessary to meet the standards.

Given these strengths and challenges, the following are pointers for future policy development:

- HIQA could provide more guidance on best practice to help centres to meet the standards. This could be particularly beneficial to help ‘average’ centres improve the quality of the services they provide.
- In the United States, data shows that the costs of providing high quality care can be reduced through use of best practice management and care processes. Sharing best practice on these processes could therefore help to reduce the costs of quality improvement.
- HIQA could also provide greater support to centre managers to help them to collect and analyse data on risks within their centre, to promote continuous improvement in services there.
- A standardised data-set in place in all centres would allow national benchmarking of quality of care and methods taken to reach it.
- Person-centred budgeting should be piloted, to allow older people to choose the type of care they wish (for example, home care instead of residential care).
- Trust between managers and inspectors should be encouraged, to help reduce managers’ uncertainty as to whether innovative services will meet the standards.
- A problem-solving group of those influencing provision of long-term care (e.g. providers, the Department of Health, and HIQA) may be useful to examine and address the challenges of providing sufficient quality long-term care in an equitable and sustainable way.

³ A state scheme (officially the ‘Nursing Home Support Scheme’) which provides financial support to those who need long-term residential care.

