

## Framework of Information

### OLDER PERSONS DESIGNATED CENTRES

#### 1. Data:

Registered providers are required to notify the chief inspector within three days of an outbreak of Covid 19<sup>1</sup>.

Information received to date for nursing homes (set out in the table below) lags behind nationally reported data

NF02 COVID-19 Status	No. of designated centres (Older Persons)	No. of Confirmed Residents	No. of Confirmed staff	No. of Suspected COVID related Deaths
Confirmed	Currently collating this am's return - to follow			
Suspected				
<b>Grand Total</b>				

2. Definition of settings: type; size; accommodation lay out; patient / client cohort (e.g. care of the elderly, disabilities, mental health etc)

#### Designated centres for older people

There are currently 583 nursing homes with approximately 32,000 registered beds. There is considerable variation in the accommodation available with many of the newer nursing homes providing single ensuite bedrooms while many older nursing homes rely on multi-occupancy rooms, communal bathroom facilities and limited communal day space. Most **private nursing homes** have reduced the number of residents in communal bedrooms to a maximum of four, but more often 3 or less.

However many of the HSE or HSE funded centres (Section 38) continue to have larger numbers of residents accommodated in one sleeping area. [Appendix 1\(older persons\)](#), already submitted to the HSE and DOH sets of a list of nursing home centres where the premises pose a significant risk in the context of the spread and/or management of Covid 19

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<sup>1</sup> Chief Inspector in HIQA would advise at a minimum - no further residents are admitted to these nursing homes

### 3. **Risk assessment:**

#### **Designated centres for older people**

*Any assessment of the risk of Covid 19 within nursing homes should focus on the registered provider, the centre and the management of an outbreak.*

**Registered provider:** *Registered Providers are not a homogenous group, they vary from*

- *standalone sole traders or partnerships running small centres (40 or less beds)*
- *small companies that run single centres (40 or less beds)*
- *larger companies or groups of companies that run multiple centres of varying size*

#### **Appendix 2 (older persons) attached**

*The greatest risk in the context of the current pandemic are those small providers who do not have access to (a) a group structure and (b) a large work force of significant liquidity. These providers are extremely vulnerable to knowledge deficits, staffing shortages, and equipment deficits.*

**The centre:** *The physical premises in which a nursing home is accommodated may significantly increase the risk by contributing to the spread or failing to contain Covid 19.*

*Compliance with key regulations provides an insight into the number of centres that may be a concern. Key regulations in older persons include those focused on infection control, resident's rights (in the context of adequate personal space), access to belongings (in the context of adequate personal space), risk management, end of life care and premises*

#### **Summary Table**

<i>Number of centres (older persons)</i>
<i>Non-compliant with more than 1 of the key regulations</i>
212

**Appendix 3 (older persons)** *details the name, number of residents and the specific non-complaint regulation which may potentially challenge a service to safely manage residents with Covid 19*

## **The management of an outbreak:**

*The risks inherent in the management of an actual or suspected outbreak are linked to these key issues:*

- *access to infection control advice*
- *access to PPE*
- *isolation and/or controlled cohorting of residents*
- *timely access to testing*
- *timely reporting of result*
- *availability of professional healthcare and support staff*

*Poor access to any of these contribute to the inability of a provider to recognise, respond to, staff their centre and contain the spread of Covid 19.*

### **4. Guidance/Standards:** IPC; testing; visitors; staff; respite and activities

- *Sector has already reduced and /or stopped all visitors*

### **5. Preparedness:** IPC training and competence; PPE supply; contingency plans in place for staff

- *Chief Inspector issued a contingency check list ([appendix 4](#)) to all designated centres on March 23<sup>rd</sup>.*

### **6. Assurance:**<sup>2</sup>set of KPIs to be reported

- *Inspector of Social Services must contact all designated centres for:*
  - *Older persons weekly - a series of questions are asked and recorded ([appendix 5](#))*
- *Mandated notifications<sup>3</sup> - in response to the public emergency on March 12<sup>th</sup> the Chief inspector reduced the number of mandatory notifications ([appendix 8](#))*

### **7. Strengthened outbreak control and supports required;** national; regional; local

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<sup>2</sup> There are 3 Special care units for children (registered centres - a series of questions are asked and recorded([appendix 7](#)))

<sup>3</sup> **Chief Inspector in HIQA suggests it would be beneficial for Registered Providers to report suspected Covid 19 cases to HIQA**

*At a national level consideration should be given to the impact of recent national decisions such as:*

- The lifting of the HSE embargo on employment is attractive for staff working in the nursing home sector to apply for work.*
- Providers have anecdotally informed us that the social welfare funding is preventing them from employing people e.g. from the hospitality sector.*
- It is unclear whether the HSE's 'Be on Call' campaign will facilitate the allocation of healthcare professionals to the residential sectors.*
- Thus far, there does not appear to be a national governance and aligned operational arrangements within the HSE to clearly articulate the national response and support for the residential sector.*

*At a regional level nursing homes require access to a single point of contact within the HSE <sup>4</sup>to a support structure that provides*

- advice of the action to take if a resident presents with Covid 19*
- advice to underpin changes in practice*
- access to PPE, and other items as the need arises*

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**<sup>4</sup> The Chief Inspector in HIQA has offered the HSE an Infection Control Hub in HIQA (staffed by HIQA personnel who know the sector) as a first point of contact for residential centers. This hub would have to have direct contact with e.g. the emergency team leads in each CHO area. *Currently awaiting HSE response***

**FYI**

The HIQA infection control hub team will offer guidance or advice on the following:

- outbreak preparedness
- outbreak management advice to include ;
  - resident placement
  - cohorting and special measures especially in centres where isolations is not possible
  - Staff cohorting in the management of suspected and infected cases
  - transmission based precautions
  - standard precautions

The team will also support in understanding HSE advice and its applicability to specific centres and general support to providers and staff in designated centre on infection control issues.

- *support to staff centres in the event that Covid 19 seriously undermines the local staffing level (may be finance for agency staff or may be redeployed staff)*