

# Implementing Quality Standards for Residential Care in Ireland: Lessons from the United States, Australia and England Ciara O'Dwyer

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Supervisors: Dr. Virpi Timonen, Dr. Suzanne Cahill



#### **Outline**

- Context
- Rationale for the introduction of quality standards in Ireland
- Overview of the Standards
- Quality Standards in US, Australia and England
- Lessons for Ireland



#### **Context**

- Minimum quality standards introduced March 2008
- Aim to improve quality of care provided to nursing home residents
- Currently no legal basis for standards





# Rationale for the Introduction of Quality Standards in Ireland

- 1990's: increased demand for residential care led to incentives for establishment of privatelyprovided settings
- Concerns over quality of "profit-driven" homes
- No inspection of public nursing homes
- ⇒ 2005 Documentary about abuse of residents in 'Leas Cross'



# Irish Quality Standards: Background

- Developed by expert working group (academics, policy makers, practitioners)
- Public Consultation
- 32 Standards, encompassing:
  - Rights of Residents
  - Protection
  - Health and Social Care Needs
  - Quality of Life
  - Staffing
  - The Care Environment
  - Governance and Management



#### **Overview of the Standards**

- Content of the Standards
  - Very similar in content to standards from other countries
  - Some omissions (eg no requirement for single rooms)
- Clarity of the Standards:
  - Some standards lack specificity (eg consultation with residents)
  - Not clear which will become regulations
- Enforcement
  - No information provided within the Standards

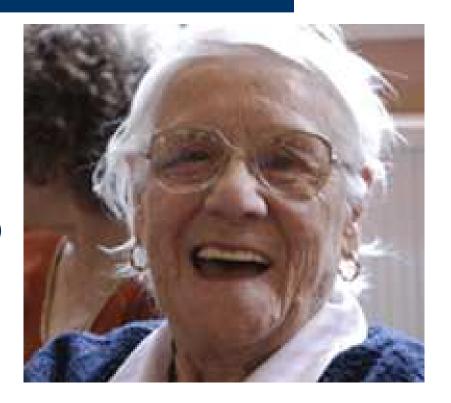


#### **Lessons from Abroad**



# **US, Australia and England: Basis for Comparison**

- 'Liberal' welfare model
- Different regulatory models:
  - US: 'deterrence'(adversarial, legalistic, punitive)
  - Australia: 'compliance'(supportive, few sanctions)
  - England: 'responsive'
    (combination of deterrence and compliance approaches)





#### **United States: Deterrence Model**

- Total of 185 requirements
  - Difficult for inspectors to remember all of the regulations
- Standards vary from state to state, with significant numbers of consistently poorlyperforming facilities (Wiener, 2003)
- Smaller, family-run homes closing down



## **Australia: Compliance Model**

- Industry-led system; accreditation seen as a 'customer services program'
- Only 4 standards: deliberately broad and vague
- Enforcement
  - 1 out of 3000 homes had government funding withdrawn, 1998-2001.
  - Spot-checks have ceased (Braithwaite, 2001)



## **England: Responsive Model**

- England: Deliberately broad and vague
  - Places onus on nursing home owners to ensure facility complies
- Compliance data not available, but evidence to suggest compliance is low (Kerrison and Pollock, 2001)



⇒ None of the three approaches is associated with high levels of compliance!



### **Increasing Compliance**

- Strong system of enforcement
- Give NHs responsibility for meeting standards
- Political and public support for regulatory system
- Involve all relevant stakeholders in developing the regulations
- Combine independent inspections with voluntary accreditation system
- Staff training
- Ensure adequate supply of nursing home beds (Braithwaite et al, 2007)



### Ireland: Benefits and Challenges Ahead

- Regulations will be improvement on current system
- Supportive approach (similar to Australian and English systems) may be more suitable than adversarial US framework
- Views of all stakeholders taken into account

- Lack of clarity about enforcement may limit support from nursing home owners
- Under-supply of beds may limit government's ability to sanction providers



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#### **Contact Details**

Ciara O'Dwyer

Social Policy and Ageing Research Centre,

School of Social Work and Social Policy,

**Trinity College** 

Email: <a href="mailto:cmodwyer@tcd.ie">cmodwyer@tcd.ie</a>