

Implementing Quality Standards for Residential Care in Ireland: Lessons from the United States, Australia and England

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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 privately-provided 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 poorly-performing 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 - 1 out of 3000 homes had government funding withdrawn, 1998-2001.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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