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 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 (e.g., no requirement for single rooms)

- Clarity of the Standards:
  - Some standards lack specificity (e.g., 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
  - 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
References


Contact Details

Ciara O’Dwyer
Social Policy and Ageing Research Centre,
School of Social Work and Social Policy,
Trinity College
Email: cmodwyer@tcd.ie