



Social
Policy and
Ageing
Research
Centre

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Implications of the New Nursing Home Standards

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Outline of Presentation



- ⑥ General observations
- ⑥ Standards vs. Regulations
- ⑥ Care Home Standards in England
- ⑥ Implications / Next Steps for Policy Makers
- ⑥ Implications for Providers
- ⑥ Implications for the Long-Term Care Sector in Ireland

General Observations



- ⑥ Detailed, but not as detailed as in some other countries
- ⑥ Often lack specificity
- ⑥ Many appear very ambitious
- ⑥ Lack of clarity as to which ones are ‘mere’ standards as opposed to binding regulations

Standards vs. Regulations (I)



Some of these standards are linked to regulations.

Regulations differ from standards. They are based on primary legislation and are designed to give effect to it. A regulation...spells out the detail of what the legislation intends.

All residential care settings must be **registered** to operate within the law. In order to be registered the residential care setting must comply with the **regulations**.

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Standards vs. Regulations (II)



In the case of those standards which are not regulatory standards, or standards linked to regulations, failure to comply will not in itself lead to failure to be registered or loss of registration, but they are *designed to encourage continuous improvement*.

Standards vs. Regulations (III)



Which ones of these standards are/will become regulations?

When will we know?

‘The Department of Health and Children have the responsibility to develop the regulations...they will start to do this shortly. Some of the standards will be covered by regulation, and providers of nursing homes will have to comply with these regulations in order to be registered with HIQA. Until the regulations are developed HIQA cannot begin its inspection and registration function.’

Written response from HIQA, 16 April 2008



Care Home Standards in England



Legislation: Care Standards Act (2000)

General policy framework: National Service Framework for Older People (2001)

The Commission for Social Care Inspection (est. 2003 by the Health and Social Care Act)

National Minimum Standards

Care Home Standards in England (II)



Registration

Key inspections:

- Interviews with staff and service users
- Information provided by service provider
- Surveys filled in by service users and relatives
- Visit to the service by inspectors

Use of Key Lines of Regulatory Assessment (KLORA)

Care Home Standards in England (III)



38 National Minimum Standards (NMS)

Choice of Home (Standards 1-6)

Health and Personal Care (7-11)

Daily Life and Social Activities (12-15)

Complaints and Protection (16-18)

Environment (19-26)

Staffing (27-30)

Management and Administration (31-38)

Care Home Standards in England (IV)



Some of these NMSs are ‘Key’ standards:

- | | |
|-----------------------------------|----------------------------|
| 3: Needs Assessment | 26: Hygiene |
| 7: Individual Plan of Care | 27: Staff Compliment |
| 8: Health Care Needs | 28: Qualifications |
| 9: Medication | 29: Recruitment |
| 10: Privacy and Dignity | 30: Staff Training |
| 12: Social Contact and Activities | 31: Day to Day Operations |
| 13: Community Contact | 33: Quality Assurance |
| 14: Autonomy and Choice | 35: Service User’s Money |
| 15: Meals and Mealtimes | 38: Safe Working Practices |
| 16: Complaints | |
| 18: Protection (from abuse) | |
| 19: Premises | |

NMS 10: Privacy and Dignity



Outcome:

Service users feel they are treated with respect and their right to privacy is upheld.

10.1. The arrangements for health and personal care ensure that service users' privacy and dignity are respected...with particular regard to:

- Personal care-giving
- Examination by health professionals
- Maintaining social contact with relatives and friends
- Following death



NMS 10: Privacy and Dignity (II)



GUIDANCE:

- service users have easy access to a telephone for use in private and receive their mail unopened
- Service users wear their own clothes at all times
- All staff use the term of address preferred by the service user
- All staff are instructed during induction on how to treat service users with respect at all times



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NMS 12: Social Contact and Activities

NMS 13: Community Contact



Guidance



- Receive visitors in private
- Are able to choose whom they see and do not see
- Choose their time of rising in the morning
- Interests are recorded in care plan
- Information on activities is circulated
- Informed how to contact external agents (e.g. advocates) who will act in their interest

Implications for Policy-Makers in Ireland



Clarifying which standards are regulations

Spelling out the meaning / content of both standards and regulations

Making the results of inspections easily accessible and understandable

BEFORE this can happen:

Consult widely

Learn lessons from other countries

Several of the standards will become
regulations and
have implications for providers...



Communication and Documentation (Standard 1:
‘Each resident has access to information, in an *accessible*
format...to assist in decision making’; visual aids)

Linkage to other service providers (e.g. health care,
community care, community-based facilities, advocacy
services)

Procedures (e.g. three-monthly needs assessment,
complaints procedures, prevention of / responding to
abuse)

Implications for Providers continued



Decision-making / organisation (Standard 2: ‘...resident’s rights to consultation and participation in the organisation of the care setting...are reflected in all policies and practices’)

Time (e.g. Standard 4, Criteria 4.1: ‘Care practices are personalised to respond to the resident’s individual needs and preferences’)

Staff qualifications, training, working practices (E.g. Criteria 4.4 ‘Staff demonstrate their respect for...the resident...through the manner in which they address and communicate with the resident’)

BUT: NO guidelines/regulations on the minimum number of staff required.

Physical infrastructure (e.g. Criteria 12.7: ‘Opportunities are provided for indoor and outdoor exercise and physical activity...’; Bedrooms and communal areas)

Implications for Long-Term Care System



- Structure the **financing system** to support improvements in quality
- Make **inspections** meaningful and transparent [star-ratings, displayed on the Internet?; focus on poor performance by pegging frequency of inspections to performance?]
- Private accreditation** to supplement regulations?
- Emphasis on consumer choice and **home/community services** – may lead to increased **competition**