COVID-19 Nursing Homes Expert Panel Stakeholder Survey

In line with the Terms of Reference for the establishment of the CoViD-19 Nursing Homes Expert Panel, the purpose of this group is to report to the Minister for Health in order to provide immediate real-time learnings and recommendations in light of the expected ongoing impact of COVID-19 with regard to Nursing Homes over the next 12-18 months.
As part of this process the Expert Panel is undertaking rapid consultative processes to engage with a range of key stakeholders through various means. There is a short timeframe for the completion of its considerations, including a broad range of actions required to meet its purpose, including data and evidence gathering and analysis, stakeholder feedback and relevant deliberations and the development of a report to the Minister. Therefore, the Panel is conscious of the need to progress its work in a timely manner.
With this in mind, as a key stakeholder, you are invited to participate in a concise, focused engagement process.

Instructions for use:

- The form may be typed or handwritten, bearing in mind recipients' ability to interpret the submission for processing and inclusion in consideration
- For tick boxes (☑) – please select one only under each question
- For free-text boxes – please limit submissions to 250 words per question, and make use of bullet points and brevity to aid the impact of your submission

All submissions submitted for this purpose are subject to release under the Freedom of Information (FOI) Act 2014.

Personal, confidential or commercially sensitive information should not be included in your submission and it will be presumed that all information contained in your submission is releasable under the Freedom of Information Act 2014.

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Your organisations name (required): Irish Association of Social Workers (IASW)

Your name (optional): Aine McGuirk (Chair of IASW)

An organisation for:	
Resident / patient	
Family members	
Workers and staff	
Management of a centre	
Relevant research/ academic body	
Other: **Professional body**	Yes

Section 1: Key Learnings and actions – COVID-19 and Nursing Homes

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Based on your knowledge or experience, what are the **key lessons** for the immediate term arising from the experience of the COVID-19 pandemic to date?

The lack of representation of social work in the national planning processes has impacted on the scope/ quality of the national response in nursing homes, as evidenced by key lessons:

1. The needs and rights of the dying and bereaved in nursing home communities are unmet in terms of communication care, psychosocial, end of life care and bereavement support.
2. The national HSE psychosocial response has been led by Psychology who prior to CoVID-19 were not associated/familiar with the nursing home sector. The HSE national approach to date is focused on delivery of therapeutic support for managers and care staff, in the belief that this support will enable familiar, trusted care staff to meet the psychosocial, end of life and bereavement needs of residents and families. This ignores the social context of nursing homes during CoVID-19 where familiar staff are often ill, quarantined, absent, or working intensively to care for the physical needs of residents. It does not align with our National Model of Palliative Care (HSE & RCPI, 2019) which recognises the need for skilled, pre and post death, systemic family perspective/support and is used to support dying people and families in hospitals, hospices and communities – why are residents and families in nursing homes treated differently?
3. National planning shows a lack of understanding of the risks of abuse and neglect in nursing homes. Essential public health measures inadvertently increased risk, by reducing resident access to their social supports. Additional safeguarding measures should have been put in place to protect cocooned residents from abuse and neglect, with priority given to nursing homes identified as high risk by HIQA. Safeguarding social workers have continued to investigate sexual, physical, financial and emotional and organisational abuse allegations in nursing homes during CoVID-19. IASW has had long standing concerns about the lack of equitable access to direct unhindered safeguarding social work service to residents in different settings, concerns which are exacerbated as residents are now essentially cocooned, with reduced protective factors. Current safeguarding policy does not adequately protect residents in any setting. This includes the inability of HIQA to respond to individual complaints about nursing homes but more worryingly the lack of right of entry of the national Safeguarding and Protection Teams to investigate allegations of abuse in private nursing homes.
4. It is known that failures in healthcare communication cause considerable and lasting distress to unwell individuals and their families (HSE 2017, Scally 2018). Social work representation or consultation would have provided the communication care and psychosocial expertise required to avoid the experience of the families in Dealgan House, Rock House etc. and helped in the consideration of residents as people, rather than patients.
5. The voices of residents and families themselves, are absent from any planning process. What is known about the lived experience of CoVID-19 in nursing homes?

Based on your knowledge or experience or key learning, what key actions or measures do you think are required for the short, medium and long term to safeguard residents in nursing homes, against the impact of COVID-19?

1. Adoption of IASW Liaison Social Work Model to address the communication care, psychosocial, end of life and bereavement care rights and needs of residents and families.
2. Broader professional and lived experience representation on the national planning processes, to include social work at senior level (as per the experience in Northern Ireland, where the Chief Social Worker has led out on nursing home response) to ensure safeguarding, person & family approaches are placed at the centre of planning processes. Planning processes should also be open to external expertise.
3. Weaknesses in current safeguarding measures must be addressed. It is unacceptable that location of care during CoVID-19 dictated a resident's access to direct, unhindered, safeguarding social work assessment and intervention. As experts in the field of human rights and safeguarding, social workers call for the progression and full enactment of the *Adult Safeguarding Bill, 2017.*
4. As we move toward Autumn/Winter 2020, recent events have created a potential "perfect storm" in the coming months. Older persons recovering from CoVID-19 face significant challenges and may not return to pre CoVID-19 functioning. The impact of cocooning and social isolation on those over 70 or those with chronic conditions have not yet been fully realised but the likelihood of reduced mobility and confidence in this population must be considered. As a sad consequence of higher mortality rates from CoVID-19 in residential settings there will be higher than normal capacity within the nursing home sector in the coming months. Given that this is the only care pathway with both a statutory basis and a secured funding stream, there is a risk that nursing homes will continue to be the "default option" for many seeking to address capacity issues in the acute hospitals. Protective measures must be put in place to prevent this 'default option' being used as a social care response to people who might, with relevant supports, live in their own homes.
5. The role of the HSE National Safeguarding Office must be clearly defined in the national response. This office has a key role in national adult safeguarding and staff shortages, yet social work staff were redeployed at a time when nursing home residents were increasingly vulnerable and there has been limited engagement from the office in national and media discourse on nursing homes.
6. There are a high number of nursing home vacancies and an established stream of Fair Deal funding. It is essential that older people and younger vulnerable adults do not prematurely enter long term care, due to a lack funding structure to support them in their communities.
7. Nursing homes residents include older people and young vulnerable adults. People's needs change over the course of their lifetime. Residents must be viewed as full members of communities with the same rights and entitlements to health and social care services as other citizens. This should include access to rehabilitation, primary care, safeguarding social work services and integrated care services, all of which optimise independence and abilities and allow for regular review of care.
8. National policy should support a statutory home care service and develop a community model of long term care.

Section 2: Public Health Measures Priorities

Describe what you think are the existing **and** additional priority national protective public health measures for nursing homes in the context of COVID-19

1. Public health planning should be supported by broad representation reflecting Ireland's modern health care service. At times social work expertise may be particularly relevant, but the key expertise and skill set of other health professionals should be proactively sought to deliver a comprehensive response.

2. Public health measures must consider the social context of nursing homes during planning and response stages. All public health measures should be accompanied by safeguarding and person and family centred measures and expertise to address the broader socio-emotional needs of residents and their families.

3. Any future restrictions on visiting or access to external support, must be accompanied on clear guidance to all nursing homes about how to facilitate and support communication and human relationships during cocooning.

Other relevant matters you wish to bring to the attention of the panel.

The CMO, Minister for Health, Chair of the NPHET Vulnerable Adult Subgroup failed to acknowledge or respond to valid concerns raised. Lack of representation makes it exceptionally difficult to raise or receive a response to valid concerns, as the current planning process does not value professional concerns. The dominance of the medical model in the planning process, without broad consultation to include views of the wider, modern healthcare service, has resulted in a narrow view and response to the needs of residents. This should be viewed in the context of the Northern Irish response, where Chief Social Worker Sean Holland had a key leadership role in the response to nursing homes, including the development and delivery of family liaison social work services.

At the outset of the pandemic, safeguarding social workers noted that people were discharged to nursing homes prematurely in order to clear hospital beds for anticipated high number of CoVID-19 patients. There is no clear plan in place to ensure these people are supported to return to live in their communities. This group moved into a cocooned nursing home environment, which holds increased risk of infection, high emphasis on clinical care, rapid movement/turnover of staff and lack of access to social activities and community supports. The lack of visitors to the unit gives new residents less opportunity to raise any concerns they may have and they require specific support.

Finally, Community Health Organisation 9 (St Marys, Navan Road, St Clares, Clarehaven and Lusk community unit) and St. James's Hospital's governance of Hollybrook Nursing Home have successfully integrated social work into the nursing home response to positive feedback from bereaved families. Please see attached '*The Liaison Social Work Role in Nursing Home and Residential Care Settings, A Model for Practice*' for additional information.

References:

Adult Safeguarding Bill, 2017

Health Service Executive, (2017), HSE Maternity Clinical Complaints Review, Final Report

Health Service Executive and Royal College of Physicians in Ireland, (2019), Adult Palliative Care Services Model of Care for Ireland. Dublin: National Clinical Programme for Palliative Care.

Scally, G., (2018), Scoping Inquiry into the Cervical Check Screening Programme. Dublin: Department of Health.