

NHI Survey on Nursing Homes' COVID-19 Experience: Executive Summary

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Executive Summary

Background

In December 2019, a new variant of coronavirus, COVID 19, emerged in the city of Wuhan, China. Within a relatively rapid timeframe, this virus spread across the globe, leading to the World Health Organisation (2020) declaring a pandemic on March 11th 2020. Ireland's first case was declared on February 29th. From this point, public health measures were taken, however, the greatest mortality impact has been within the older population, particularly residents in nursing homes. The pandemic represents an unprecedented health crisis, which required substantial measures in infection prevention and control. In order to better understand the extent of the impact of COVID 19 in residential care settings for older people, Nursing Homes Ireland (NHI) undertook an e-survey between the period 26th May-1st June 2020. A factsheet summarising the key learning points was shared with the Nursing Homes Expert Panel in July 2020.

Survey

A survey was developed to elicit the experiences of private and voluntary nursing homes in Ireland during COVID 19. The survey was comprised of 12 sections. Data were collected through a total of 53 questions which enabled both quantitative and qualitative responses. A Survey Monkey ® link was forwarded to the Director of Nursing/Person in Charge of 460 facilities. Accounting for duplicates, there were 129 responses, representing a 28 percent response rate. Data were imported into Excel for analysis. Descriptive statistics was used to describe the quantitative data and thematic analysis underpinned the exploration of the qualitative responses.

Key Findings

There were a number of repetitive findings due to flaws in the design of some of the questions. While all findings are outlined within the full report under each individual topic they have been summarised here and are presented under five overarching themes.

An isolated and disconnected health service

The survey demonstrated that private and voluntary nursing homes were disconnected from both the national and local Health Service Executive (HSE) acute and community services. Ninety one percent of the nursing home responses (n=117) indicated that prior to the pandemic, they had no standard, regular contact with their local Community Healthcare Organisation (CHO). However, this changed as a necessity for support and information flow as the pandemic progressed.

Prior to the pandemic, over half of the respondents (n=73) reported not having previous access to a geriatrician, however, 30 respondents indicated that this subsequently changed. Just under 10 percent of respondents (n=12) also indicated a need to increase access to HSE allied health services for residents. The disconnect manifested in an undercurrent theme running throughout responses. In particular, this translated to a need to recognise and value the staff who work in private and voluntary nursing homes and the need to highlight the unique voice of the gerontological nurse working in the sector.

Respondents noted that one of the most beneficial changes was the collaborative and supportive relationship that had built up with the HSE in recent months. Many identified that this brought an overdue recognition that nursing homes were a critical part of the health service rather than simply being a peripheral healthcare setting.

The continued relationship with HSE was a development that many nursing homes valued and its continuance post-crisis was desirable.

Challenges

Respondents identified a number of challenges both in the preparedness phase and during the outbreak. These related to the supply chain (n=44), training and staff development (n=27), staffing (n=26), information (n=14), implementing visiting restrictions (n=14), and managing fear, anxiety and stress among staff, residents and relatives (n=14). Access to a continuous supply of PPE was evident, however supply issues also extended to other critical items such as oxygen and including hand hygiene products and chemical/ cleaning supplies as these were in high demand or were being redirected to the HSE. While nursing homes did have a general stock of PPE, they did not have the necessary quantities available nor did they have a need for specialist items such as hospital gowns or respirator masks that the pandemic now required.

Challenges with training and staff development were mainly impacted by time pressures, physical distancing and staff availability. Whilst nursing homes would have regular infection control training for all staff there was a need to upskill staff on the specifics of COVID-19 and the donning and doffing of PPE. The speed at which an outbreak occurred and the resulting impact on staffing the roster when many staff were required to self-isolate also made scheduling training more difficult.

Staffing issues were primarily impacted by losing staff to the HSE recruitment drive, staff being unable to work due to being in the vulnerable category themselves or requiring to self-isolate following a COVID-19 positive testing result or being a close contact of a confirmed case. For some respondents, another issue of concern was obtaining access to test results. Responses indicated that the average time taken for staff test results was in the region of 4-6 days for the majority of respondents (n=37, 40%) or in excess of 7 days for one quarter of respondents (n=23). Residents' test results were also delayed, with the majority of nursing homes that responded to this question (n=29, 32%) reporting that the slowest time took between 6-10 days for results to be returned. Six nursing homes reported it took three weeks or more. Given the high levels of asymptomatic cases this delay in response times severely impacted the ability of nursing homes to limit the transmission of the virus.

Level of Preparedness and Information

Accessing information and the lack of sector-specific information contributed to the workload and a degree of uncertainty particularly in the early days of the pandemic. Respondents spoke of having to navigate constantly changing guidance, sift through and respond to multiple information requests (often duplicated by different agencies) and ensure all staff were kept adequately informed (see appendix 2). Despite the challenges

and the level of disconnect from state services, nursing homes demonstrated a proactive approach in the management of their preparedness for the pandemic. Using their specialist gerontological knowledge and expertise, coupled with learning from the emerging evidence and practices occurring internationally, many nursing homes took preventative steps in advance of formal HPSC guidance. These included:

- Visiting restrictions (n=86, 87%) in advance of 13th March 2020
- Twice daily staff temperature checks (n=62, 66.7%) in advance of 1st April 2020
- Wearing of facemasks (n=54, 58.6%) in advance of 22nd April 2020
- Cessation of large group activities (n=86, 91.5%) in advance of 7th April 2020
- Cohorting of staff (n=62, 71.3%) in advance of 14th April 2020
- Risk assessment of staff living and travelling together or working elsewhere (n=56, 61.5%) in advance of 1st April 2020

Another indirect but important finding indicated that there were very high levels of influenza vaccination among residents, with the majority of nursing homes having more than 95 percent vaccinated (n=60, 65%). Conversely, forty-seven nursing homes indicated they had less than the HSE recommended target of 65% uptake of the vaccine among staff. Although the reasons for this may be multifactorial it is critical that this anomaly is addressed as we approach the winter months, to further safeguard residents, aid in differential diagnosis and continue to bolster staff availability for work.

Communication and a new way of working

The risks presented with inadvertent transmission of the virus meant that all but essential staff were restricted from entering nursing homes. This presented its own challenges with accessing medical and allied health supports; maintaining occupation and connectedness for residents; keeping relatives informed and updated; and maintaining regulatory compliance, all while juggling the extra demands of service delivery, often with reduced staffing levels.

In over half of nursing homes (53%, n=68), anxiety and stress were recurrent experiences, considerably impacting the emotional well-being of staff. Although small in number (n=8), the testimonies of those who had experienced a large outbreak demonstrated a profound and lasting impact, which culminated in feelings of devastation, grief, fatigue and being emotionally spent. Although residents and relatives missed face to face interactions, they were reported as being resilient, grateful for staff efforts and accepting of the situation. Respondents reported that frequent and supportive communication was critically important at all levels to manage emotions and maintain coping mechanisms. Consequently, nursing homes used a number of communication methods including one-to-one support, daily briefings, video calling (e.g. WhatsApp®, FaceTime®, Zoom®, etc), telephone, email, letters, text messaging and nursing home websites and social media accounts for these purposes.

Recognition and Media portrayal

At various points throughout the survey, many respondents indicated their dismay at the constant and often unfounded media portrayal of the sector, much of which they felt was

overly negative and not based on the reality of nursing home life. Some respondents specifically highlighted the need to stop the public apportioning of blame as this was not helpful and impacted negatively on both staff and residents.

One respondent suggested that instead of focusing on the negatives (i.e. clusters and deaths), that the media and other agencies should recognise the high standards of care and skilled care which enabled many residents to recover from COVID-19.

Conclusion

This survey has provided insights into the experiences of private and voluntary nursing homes in Ireland during COVID-19. While COVID-19 has continued to require public health measures beyond the point of data collection, there are valuable lessons to be learned from the experiences of the sector. What is clear is the need for a cohesive and collaborative partnership between public, private and voluntary healthcare providers. Nursing homes are not peripheral to healthcare but an essential environment where specialised, person centred care is delivered. The COVID-19 pandemic has enabled an enhanced relationship between sectors and this should be foundational to further collaborative interactions to continuously improve care for older people. Furthermore, it is recommended that policy should be revised to mandate a joint cohesive approach for any similar future health crises. Moreover, public, political and media discourses should have a representative balance, recognising the responsibility of transparent reporting.



Recommendations

1. That the gerontological expertise and the unique voice of those who work in private and voluntary nursing homes, is recognised and involved at all relevant levels of decision making about the sector
2. That guidelines provided for the sector are in line with both the timing and content of international recommendations. A defined list of 'must do' preventative or 'best practice' measures that are sector-specific should be created and supported by posters, etc., as per the national campaign.
3. The collaborative working arrangements set up during this pandemic to align and support private and voluntary nursing homes into the general governance and management structures of the HSE (specifically the contacts with the local CHO office) should continue indefinitely to improve cohesion between service providers and improve the lived experience for all in receipt of services.
4. That the serial testing programme for staff in nursing homes continues to be undertaken regularly for the foreseeable future, with improved timelines for results for all staff
5. The high level of residents receiving the influenza vaccine should continue into the 2020-21 season with a concerted effort required to increase the uptake of the vaccine among staff. Providing direct access for private and voluntary nursing homes to the 'cold chain' supply of vaccines or providing access following consultation with a nominated GP is preferable.
6. Given the intensive nature of rehabilitative supports that is now required for residents that have recovered from COVID-19, there is a need to ensure residents with medical cards in private and voluntary nursing homes are afforded access to Geriatricians and all allied health services from the State to ensure equity of access for all citizens.
7. Recognising the resultant trauma and residual emotional and psychological impact for nursing home staff following the management of an outbreak, it is essential that the necessary supports are made available to staff e.g. Employee Assistance Programmes, counselling and/ or psychotherapy services
8. The supportive nature adopted by HIQA inspectors during the regular phone calls and the regulatory assessments of the preparedness of nursing homes should continue in post-COVID-19 inspections to maximise the opportunities for identification of learning points that can be applied to the whole sector. In addition, there is an urgent need for HIQA to publish updated 'Assessment and Judgement' or regulatory frameworks for post-outbreak inspections so that nursing homes who have experienced an outbreak are assured of fairness and transparency in the inspection process.

9. To account for time lost when all efforts were concentrated on the pandemic, HIQA should provide recognition and allowances should be made during any regulatory activity when assessing individual nursing homes' regulatory compliance or continuous quality improvement. In particular, in relation to items such as training and staff development, implementation of actions in previous compliance plans or annual review reports, etc.
10. Media reporting of nursing homes should provide greater balance and context to enable consumers to have a more comprehensive overview of the issues being discussed. All media outlets should apply an ethical framework in their decision-making around publication, cognisant of the impact discussion may have on residents, families and staff. Furthermore staff working in private and voluntary nursing homes should be recognised and valued and be attributed with the same accolades as colleagues in the public sector who are often branded "HSE Heroes".



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Report compiled by Sinéad Morrissey Consulting Ltd on behalf of Nursing Homes Ireland.

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If you have any queries about the contents of this report please direct these to your usual contacts within NHI.