

Draft National Quality Standards for Residential Care Settings for Older People Consultation Document

A Submission by the Citizens Information Board

1. Introduction

The principal functions of the Citizens Information Board (CIB) are to support the provision of and, where appropriate, provide directly to the public, independent information, advice and advocacy services in relation to social services. The CIB is also required to assist and support individuals, particularly those with disabilities in identifying their needs and options and in accessing their entitlements to social services. In this regard, the Citizens Information Act 2007 provides for the introduction by the CIB of a range of advocacy services, including a Personal Advocacy Service aimed at people with a disability. Other functions of the Board are to support, promote and develop: (i) greater accessibility, co-ordination and public awareness of social services; (ii) the dissemination of integrated information in relation to such services by statutory bodies and voluntary bodies and (iii) the provision of information on the effectiveness of current social policy and services and to highlight issues which are of concern to users of those services. The CIB comes within the remit of the Department of Social and Family Affairs.

CIB sources, produces and integrates information on social services¹. It is involved in the development of Citizens Information Services (CIS), including the development and support of the nation-wide network of Citizen Information Centres (CICs), the Citizens Information Phone Service (CIPS) and the Citizens Information Website (www.citizensinformation.ie). The CIB also works in partnership with voluntary and statutory organisations generally in the provision of information advice and advocacy. Currently, the Board funds and supports the provision of advocacy services to people with disabilities by up to 40 voluntary/community organisations around the country.

The CIB welcomes the opportunity to comment on the *Draft National Quality Standards for Residential Care Settings for Older People* Consultation Document and acknowledges the role of HIQA and the Working Group in developing the draft standards.

2. Context

The establishment of the Social Services Inspectorate within the HIQA and the publication of the Draft National Quality Standards for Residential Care Settings for Older People are significant milestones in addressing many of the issues that have been identified over the years in relation to older people in long-term residential care settings. The adoption of uniform quality standards

¹ Social services mean any service provided by a statutory body or voluntary body that is available or accessible to the public generally and includes a service in relation to any of the following, namely, health, social welfare, education, family support, housing, taxation, citizenship, consumer matters, employment and training, equality, asylum and immigration.

across all sectors should facilitate and encourage all institutions to improve the quality of both the nursing and the social care services they provide.

The National Council on Ageing and Older People² has pointed out that long-term residential care for older people who can no longer be maintained in dignity and independence at home should encompass both health gain and social gain dimensions. The Council has argued that attention must be focused on the quality and effectiveness of long term care services, rather than on the provision of such services to a minimum standard and has called for an authoritative statement of policy on prevention, assessment, rehabilitation, standards of care, and the maintenance of independence and dignity in continuing care.

3. Human Rights Issues

Quality standards for residential care settings should in the first instance be geared towards ensuring that the human rights of residents are fully recognised and protected. Older people in care have needs but they also have rights which need to be fully recognised. Service providers are, therefore, obliged to respect, protect and fulfil the rights of the service recipients in a transparent and effective manner, to provide for equality of treatment and non-discrimination and to facilitate the participation of service recipients in the decision making processes.

There are specific human rights issues relating to older people in Ireland³ which need to be fully addressed in respect of people in residential care settings: these include equality of treatment between older people in long term care and those being cared for at home and between those in public care and in private care; clarity of entitlement to avoid an unacceptable risk of arbitrariness in the assessment of need and the provision of services accordingly; alternative provision for older people resident in long-stay psychiatric facilities which are neither appropriate from a civil rights point of view or suited to their medical needs and the right to an effective remedy, in the absence of adequate complaints and appeals procedures.

The CIB recommends that an explicit commitment to upholding the human rights of older people in residential care is incorporated into the standards.

4. General Comments on Draft National Quality Standards

1. There is a need to accompany standards with a clear statement which sets out the overall ethos within which residential care settings should operate. This should include reference to the innate value of the person, respect for dignity, autonomy, individuality and choice and noting that the residential care setting is deemed a place of safety.

² National Council on Ageing and Older People (2000), A Framework for Quality in Long-Term Residential Care for Older People in Ireland.

³ Mangan, I. (2003), *Older People in Long Stay Care*, Human Rights Commission

2. There is a need to clearly indicate which standards are mandatory in the context of the statement in 1.5 that it is not intended that all standards will be mandatory. This will be a key factor in the enforcement of the standards.
3. Responsible persons for the standards should be clearly identified and training undertaken to ensure implementation as in the case of child protection and health and safety protocols.
4. Mechanisms for reviews and for inventories of compliance with protocols should be put in place by management. The Social Services Inspectorate should require such reports on a regular (e.g., quarterly) basis.
5. The areas of physical restraint and the administration of drugs to manage behaviour require much more clarity, protocols and guidance than that included in the Draft Standards. Such interventions should be made notifiable events, e.g. to the Inspectorate, to the HSE, to the resident's relative/advocate. They should only be initiated for short periods and authorised by a multi-disciplinary team that includes psychological, social work and psychiatric assessment as well as input from a relative/advocate.
6. The legal standing of the quality standards and the implications of not complying with the standards need to be explained in greater detail.
7. An action plan is required for each year during which the quality standards are being implemented so as to ensure that the process is completed over the five-year period.
8. There should be a requirement to have a *Residents Charter of Rights*.
9. All long-term residential care institutions should be required to produce a quality assurance policy statement and a quality assurance service plan.
10. There should be some statement relating to older people as a human resource in terms of their life experiences and insights. Provision should be made for activities and interactions to maximise this resource.
11. Upgrading of standards in residential care settings should occur in conjunction with provision of additional facilities, community hospitals, psychogeriatric units and other special centres where appropriate.
12. The emphasis on the role of nurses and doctors as managers in the document may re-inforce a medical rather than a social model of care in old age.

5. Comments on Specific Standards

Standard 6: Complaints

- Complaints procedures should be clearly set out and made available to residents and families;
- There is a need to make provision for staff training in dealing with and handling complaints;

Standard 9: The Resident's Finances

- 9.4. Provision should be made for this function to be vested in an independent person/body where possible.

Standard 12: Health Promotion

- The components of a health promotion policy need to be set out – diet, exercise, access to alternative therapies, e.g. massage,
- Provision needs to be made for access to the arts – e.g., music, creative writing, book clubs.

Standard 14: Medication Management

- There is a need to fully inform residents and relatives/advocates of the purpose, interaction and possible side effects of different medicines and to be sure that this is understood.
- 14.4 – There is a need for clear protocols and procedures around informing residents and relatives/advocates about medication errors.

Standard 18: Routines and Expectations

- The question of dealing with language/cultural differences between staff and residents is not sufficiently explored.

Standard 21: Responding to Behaviour that is Challenging.

- Physical restraint and/or medication to control behaviour that is challenging must only be used as a last resort and should always be notifiable to the Inspectorate and to relatives and advocates.
- 21.3 – The care plan to deal with behaviour that is challenging must be drawn up by a multi-disciplinary professional team (e.g., GP, psychologist and social worker) in consultation with the resident and relative/independent advocate
- Physical restraint and medication to control behaviour should only be for a defined and limited period of time.

Standard 23: Staffing Levels and Qualifications

- How will the criterion in 23.1 in relation to 'sufficient staffing' be assessed. There is a need to identify both minimum staffing ratios and optimum best practice staffing levels.
- 23.3 It is not clear who has responsibility for drawing up the nationally validated assessment tool referred to.
- Opportunities throughout the country for ongoing training and education for staff in residential care settings are required.

Standard 25: Physical Environment

- Standards for the design of the physical environment should include contemporary ideas relating to lifestyle and well-being, e.g., provision for alternative therapies such as massage, library, tea/coffee shop, library, Internet.
- Promoting autonomy should incorporate provision for:
 - Access to kitchen, tea-making facilities and laundry/ironing;
 - communal games (including outdoor);
 - arts/crafts;
 - opportunities for cooking/baking.
- All available enabling assistive technologies should be provided to facilitate independent living, bathing and toileting.
- 25.44 - Provision should be made for residents to fully and actively participate in gardening activities if they so wish.

Standard 28: Purpose and Function

- This section should be put at the beginning of the Standards Document.

Standard 32: Register and Resident's Records

- The focus here is too narrow with the emphasis on medical aspects only. There should be provision for records to cover general well-being, levels of participation/involvement, health promotion activities and contact with relatives/broader community.
- Criteria for access to resident's records by family members are required.

6. Information Provision

Information provision for older people in residential care settings should be governed by the same principles as those for older people generally and,

indeed, the population as a whole. These principles have been set out in *Meeting the Information Needs of Older People: A Framework for Action*⁴ compiled by a Citizens Information Board Joint Working Group in 2006. The main relevant principles are:

- Information provision for older people should be based on principles of quality service delivery:
 - integrated and based on a partnership approach;
 - needs-focused, person-centred, holistic and flexible;
 - facilitating choice, fostering self-esteem and self-respect and maximizing well-being;
 - based on information materials that are accurate, comprehensive, relevant and up to date;
- The diversity of the older population needs to be fully recognized;
- Information about services should be fully transparent in respect of the actual service available in different settings;
- The particular information needs of specific groups of the older population, including those in long-term residential care require particular attention.
- Information provision should reflect and promote an anti-ageist philosophy and facilitate the empowerment of older people;
- Ageism awareness training should be an integral part of the training for service providers;
- Information should as far as possible be provided at local level and based around transition times, e.g. moving into a long-term residential care setting;
- Information providers have an important advocacy role in relation to older people seeking and getting information in order to ensure that they are helped and enabled to make full use of the information provided;
- Personnel involved in the provision of information to older people need to cater for the fact that some older people may require additional time to absorb and understand the information provided;
- Older people should be consulted on an ongoing basis and in a manner which is inclusive of all categories of the older population in:

⁴ Available from the Citizens Information Board

- finding out what information and advice is needed and how this is/should be disseminated,
 - designing information material,
 - the delivery of information, wherever possible,
 - monitoring the effectiveness of the content and delivery of information;
- Written and audio-visual materials should follow best practice on accessibility, legibility and literacy (taking account of the fact that problems with sight and hearing increase with age)⁵;
 - Particular emphasis should be placed on face-to-face communication which is the preference of older people;
 - Information provision should maximize the potential of new technology;
 - The information needs of those working with older people need to be taken into account – professionals, family carers and voluntary/community organization personnel;

7. Advocacy in Residential Care Settings

It is now recognised that older people who are in receipt of services are vulnerable, not only because of their needs, but also because the system of services in Ireland, both residential and community, is not yet fully supported by an agreed and enforced set of standards. While there are advocacy projects for older people in Ireland, few seem to focus on those living in residential care facilities.

In recent years, the concept of advocacy has become well established in the disability and mental health sectors. The Comhairle Act, 2000 authorised Comhairle (now the Citizens Information Board) to provide information, advice and advocacy to the public on social services and defined advocacy as representing the interests of a person seeking a social service and assisting in securing their entitlements, but not involving legal representation. Since the Mental Health Act 2001 there is statutory provision for legal advocacy for people with a mental disorder. The Disability Act 2005 provides an entitlement to advocacy for persons with a disability while the Citizens Information Act 2007 authorises the Citizens Information Board to provide this service through its Personal Advocacy Service⁶. The Citizens Information

⁵ Reference should be made to the *Access to Information to All: Guidelines on removing barriers and improving access to information for everyone* www.ciboard.ie. This provides a checklist on how to make information accessible, under headings such as, Information in Alternative Formats, Telephone Services, Online Information, Face-to-Face Information and Making Offices Physically Accessible.

⁶ The Citizens Information Act 2007 states that: “ ‘service’ means any service provided by a statutory body or voluntary body that is available or accessible to the public generally or a section of the public pursuant to statute or otherwise and includes, but is not limited to, a service in relation to any of the following, namely, health, social

Board has become a significant national resource in terms of resourcing advocacy services - it funds up to 40 advocacy projects in the area of disability⁷ and has published guidelines on setting up an advocacy service⁸.

- The development of National Quality Standards for Residential Care Settings provide a timely opportunity for service providers and organisations representing the interests of older people to consider how independent advocacy services for older people in residential care facilities could play a role in improving the quality of these services.

It is important to recognise that many of those who provide services for older people in residential facilities – such as nurses, care attendants and doctors, as well as the patient’s family - see themselves as advocates for the older person, although not formally designated as such. At the same time, it is also necessary to recognise that service providers may sometimes experience a conflict between advocacy and their role in the organisation and, for this reason, an independent advocacy service is usually seen as ‘the better option’.

In the UK, since the publication of the National Service Framework for Older People in March 2001⁹, there has been a number of initiatives to develop information, advice and advocacy services for older people.

8. Enforcement of Quality Standards

The effectiveness of the quality standards will evidently be largely determined by the level of enforcement which in return will relate to the nature and consistency of inspections. The following criteria should apply in this regard:

- number of inspections per annum;
- if inspections are carried out at night;
- if inspections are carried out without notice;
- nature of follow-up and actions taken to address problems identified;
- whether problems are more likely to be identified in specific complaints rather than in routine inspections;
- if there are structured interviews with residents, relatives and advocates;

welfare, education, family support, housing, taxation, citizenship, consumer matters, employment and training, equality, asylum and immigration” (Section 2(c)).

7 Comhairle, 2006. Annual Report 2005: Making Connections, Making Accessible, Making Sense, December. Available at: <http://www.comhairle.ie>

8 ‘Comhairle Advocacy Guidelines’, was published in October 2005, and is available at: <http://www.ciboard.ie>. It contains a summary of the principles of advocacy practice, guidelines on planning and developing an advocacy service, and a list of the competencies of advocates.

9 Department of Health, 2001. *A National Service Framework for Older People*, <http://www.dh.gov.uk>

- whether inspections are sufficiently broad to provide information about the quality of life of residents as distinct from checking minimum standards.

9. Other Considerations

One of the most damaging threats to older people generally is likely to be a loss of life purpose and boredom. The focus on ageing as a process of learning and adjustment in which older people themselves are actively involved in developing their own coping strategies lays the foundation for an empowering rather than dependency-based conception of need. The degree to which older people can define a quality of life for themselves should be the measurement of the effectiveness of the quality standards. In finalising the quality standards, care must, therefore, be taken to ensure that they facilitate and support residents in:

- maintaining a sense of purpose, meaning and competence;
- being able to retain involvement in valued aspects of life;
- engagement in meaningful activities;
- retaining continuity with place and relationships;
- receiving social and personal care in ways that ensure autonomy and a sense of control.

Related questions are:

1. How might a social (as distinct from a medical) model of old age be articulated and implemented?
2. How can the concept of 'Age and Opportunity' be extended to involve greater numbers and a wider range of people, and especially those with functional impairment?
3. What can society do to ensure that the wisdom and experience of older people, (including those in residential care settings), is channelled creatively and productively?

The putting in place of National Quality Standards for Residential Care Settings provides a significant opportunity for addressing these questions.

Appendix One

Older People: Guidelines for Information Providers¹⁰

General

- Information provision for older people should be based on principles of quality service delivery¹¹;
- The diversity of the older population needs to be fully recognised – the older population is much broader than those in need of care and support services;
- Information provision should reflect and promote an anti-ageist philosophy, avoid ageist assumptions and help to empower those older people who want to expand rather than limit their options;
- Information providers should take note of *Access to Information for All: Guidelines on Removing Barriers and Improving Access to Information for Everyone* (Comhairle 2005)¹²;
- Apply the *Code of Practice on Accessibility of Services and Information provided by Public Bodies*¹³, developed in conjunction with the Disability Act 2005, in respect of those older people who have disabilities;
- Information about statutory services should be clear on which services are actually available to individuals at local level as distinct from what might be available nationally;
- Older people should be consulted on an ongoing basis. This consultation should include all categories of the older population;
- People involved in frontline service delivery should receive training¹⁴ in:
 - developing an anti-ageist approach;
 - dealing with older people who have hearing/sight difficulties;
 - dealing with older people living in difficult or abusive situations;

Providing Information

- Information providers have an important advocacy role in relation to

¹⁰ These Guidelines were drawn up by a CIB initiated Joint Working Group in 2006 in the context of Developing an Action Plan to Meet the Information Needs of Older People

¹¹ See Principles of Quality Customer Service for Customers and Clients of the Public Service.

¹² This provides a *Checklist* on how to make information accessible, under headings such as, Information in Alternative Formats, Telephone Services, Online Information, Face-to-Face Information and Making Offices Physically Accessible.

¹³ See National Disability Authority, *Draft Code of Practice on Accessibility of Services and Information provided by Public Bodies*, October 2005.

¹⁴ This training may be available within the agency or accessed from other sources.

older people seeking and getting information in order to ensure that they are helped and enabled to make full use of the information provided;

- Pay particular attention to the needs of older people with functional impairment;
- When giving information take into account that some older people may require additional time to absorb and understand the information provided;
- Written and audio-visual materials should follow best practice on accessibility, legibility and literacy (taking into account of the fact that problems with sight and hearing increase with age);
- Make information available in a number of ways (i.e., face to face, telephone, publications, radio, TV, web site) but remember that face-to-face communication is the clear preference of older people;
- Back up verbal information with written documentation either in the form of a printout or a hand written note if possible. This written information should be focused and tailored to the needs of the individual and easily understandable;
- Use a CHECKLIST when older people come into contact with an agency for the first time in order to ensure that they are getting any service or benefit to which they are entitled. However, care must be taken to avoid a repetition of the CHECKLIST by several agencies;
- Websites should be designed to cater for people who may have only limited experience of using the Internet and should include step by step, jargon free instructions on how to find a specific piece of information or to complete an action;
- Telephone-based information services should ensure that the person seeking information can without difficulty speak to a person. Services should avoid extended digital menu options;
- Information providers interacting with older people face to face or by telephone should:
 - Give name and role;
 - If possible, check how the person wants to be addressed;
 - Allow person to speak without interruption - some older people present their query in the form of a story/narrative;
 - Listen attentively;
 - Speak clearly, slowly and in a jargon-free manner - some older people have hearing difficulties;
 - Allow time to deal fully with the query;
 - Follow-up, as far as possible, with written confirmation of the information provided.