



HIQA CEO Says Standards of Care Continue to Improve

In a recent interview with *Reach*, Dr Tracey Cooper, Chief Executive Officer of the Health Information and Quality Authority (HIQA), said that the new standards, introduced for residential care centres two years ago, are continuing to improve quality of care.

While the full spectrum of regulation has come to Ireland relatively late in the day, Dr Cooper says there is real evidence of a changing culture. "The overwhelming majority of residential care centres have responded by substantially improving standards. It is often simple changes that make a real difference to people's quality of life such as offering an improved range of activities and providing residents with choices at meal times."

She points out that other less visible improvements have also occurred. For example, improved management of medication is an important safety issue but one that is not necessarily apparent to either the resident or their family members.

Dr Cooper says it is difficult to say how Ireland compares to other countries. "Many countries still do not regulate residential care centres and in general, organised networks of social care are not as advanced as in other areas. However, there is a growing global movement to sharing best practice and HIQA is actively involved in a number of networks."

Story continued on page 2

Contents

Standards of Care	
Continue to Improve	1-2
Sharing the Best	3
Family Album	4
Reader Feedback	5
Did You Know	
How to Make a Complaint	6
We Want to Hear from You	6

About Us

This newsletter is written and produced by the volunteers who serve on the National Relatives Panel. We operate under the auspices of the Social Services Inspectorate, part of the Health Information and Quality Authority (HIQA).

The Social Services Inspectorate is responsible for the establishment of quality standards and the regular inspection nationwide of both private and public residential care centres (otherwise known as "nursing homes").



Dr Tracey Cooper, CEO, HIQA

“You should never be afraid to ask questions. Follow your instinct – never hesitate to push issues if you are uncomfortable or have doubts. Remember, if your relative is cognitively impaired, he or she is depending on you to act as an advocate. A good centre will be happy to address your concerns.”

Continued from page 1

“We have made huge progress but there is still a long way to go. I would place the majority of centres in the middle – they provide relatively good standards of care and are continuing to improve. At the top, a small number of centres are excellent – they are managed by people who have a real passion for what they do. These people are leaders in the true sense of the word – they are qualified, competent and compassionate – they drive high standards, inspire their staff and care about their residents. Unfortunately, there are still a number of centres that need to substantially improve.”

According to Dr Cooper, the most common issues inspectors see are the excessive use of restraints, poor medication management and a lack of infection control. “Restraints – like bed rails, chest straps, lap straps and tilted seating – are often introduced to make life easier for staff rather than help residents. Installing handrails, lower beds, protective mats and new floor coverings that make it easier to move around safely is much more preferable to restricting movement.” Depressing décor is also cited as an issue. “Sometimes, you see chairs that are so shabby, who would want to sit in them?”

“We owe it to older people to give them a decent place to live in, one that enables their independence and provides a good quality of life. We are all getting older. In a couple of years, it will be our turn.”

Dr Cooper believes that family members play a critical role in improving standards. Her advice is simple: “You should never be afraid to ask questions. Follow your instinct – never hesitate to push issues if you are uncomfortable or have doubts. Remember, if your relative is cognitively impaired, he or she is depending on you to act as an advocate. A good centre will be happy to address your concerns.”

She believes that the quality of management at a home is directly related to the standard of care provided. “The person in charge is critical. An average provider with an excellent qualified person in charge is likely to succeed. An average provider with a poor person in charge is not. We assess centres on their ability to provide high standards of care, their focus on ensuring best quality of life, how they respond to residents and on their willingness and ability to implement the required changes,” she says.

In the near future, HIQA will publish lessons learnt from the first 18 months of inspections. Dr Cooper says that the focus will continue to be on risk-based monitoring and inspections but that there will be an additional emphasis on driving continuous improvement in areas such as regular medication review and management, intake of fluids, avoiding the use of restraints, best practice in care planning and extending the range of activities on offer at each centre.

Dr Cooper concludes, “Older people have contributed to the Ireland we have today. We owe it to them to give them a decent place to live in, one that enables their independence and provides a good quality of life. We are all getting older. In a couple of years, it will be our turn.”



Sharing the Best – Maintaining a Sense of Adventure

We continue our spotlight series, looking at best practice in activities.

Community Outings



In the last issue, we discussed potential activities within the centre. However, if possible, getting out and about is also very important. After all, diversity is the spice of life. It reinforces the message to older people that they continue to be key members of their local community and that they can still participate in normal everyday life activities. These outings can be organised by the centre or directly by relatives and friends.

An outing does not need to be elaborate – it can be as simple as a short walk near the centre, visiting the hairdresser or barber that the older person always frequented, going home for Sunday lunch or a drive, attending religious services at the local community church, visiting a garden centre or farmer's market, enjoying a cup of tea in the local cafe, attending a local match or concert, or dropping into the bookies to place a bet. Remember, if the resident has limited mobility, a little forward planning is required. Do check in advance that the places you are visiting are wheelchair accessible.

One-to-one Conversations



Often as people age, they withdraw from social interaction, giving them fewer opportunities to talk to others about things that are important to them. However, an honourable quality built into most people is the desire to share knowledge. Although the older person may have less memory recall and less agility, they have knowledge and a wealth of life experiences. Sharing this experience with younger people can be very stimulating for the older person and increase their self-worth. The younger person also benefits from this wisdom and experience. Remember that some centres actively encourage you to bring the family dog in to visit the older person, which can be a great ice-breaker.

Chat to the older person about what is going on in your life and family – seek their advice and ask their opinion. To prompt a conversation, ask them to tell you about:

- Their views on topics like farming, fashion, sport and cookery.
- Newspaper stories, politics, the economy and current affairs, particularly at home in Ireland.
- The past, particularly their family story, or the history of the locality.
- Experiences from their youth such as emigration and World War II.

Family Album



In this series, we look at residential care centres from a relative's perspective. Meet Helen, whose 86-year-old mother, Frances, has been living in a residential care centre for the past eight years. If you are interested in sharing your story, please contact us.

My mother, Frances, was a very lively person – still driving a car and playing tennis – before she took ill at the age of 79. At that point, she had been a widow for 12 years. When she was diagnosed with breast cancer, the doctors decided not to operate as the cancer had spread. She returned home but then had a bad fall. A scan indicated that the cancer had spread to her brain and the outlook was not very good. As a result of this, the family decided it was necessary for her to be taken care of in a nursing home/residential care environment. One and a half years later, after another fall and scan, it was discovered that the cancer had not spread to her brain. However, at this stage, my mother needed a lot more care due to a hip replacement operation. Since then, she has been in two different residential care centres.

How did you choose this particular residential care centre?

The first centre my mother stayed in was chosen because it was within walking distance of her brother and sister. It was a lovely place like a hotel with a lounge just inside the front door and large windows overlooking the grounds. It also had an open door policy, which was nice. Unfortunately, my mother wandered off one day, quite unexpectedly, fell and broke her hip. We subsequently had to choose a different place for her when she came out of hospital. The second home was chosen on the recommendation of hospital staff. Coincidentally, my mother lived and grew up on its grounds. We thought that this might have been an omen.

How would you describe visiting your mother in this centre?

I used to enjoy these visits but always felt terrible leaving her. Although she recognises me, she is not able to communicate as well as she used to, which can be quite upsetting. However, she does always seem pleased to see me.

Some relatives feel guilty about having a family member in residential care - how do you feel?

I used to feel very guilty. The only way I could cope was to visit as often as possible and bring her out. Occasionally, I would also have her stay with me overnight. Unfortunately, these outings are not really an option any more. I don't feel as bad now because she needs so much care. As time has passed, my mother has also come to accept the situation more.

Are you happy that your mother's needs are met?

Yes – there is nothing I believe that could be done differently that would make my mother any more comfortable. The staff members at the centre take great care of her. I am always informed immediately if there are any changes in my mother's health or if the doctor has prescribed any medication. A coordinator organises activities like bingo, knitting, pitch and putt, arts and crafts, conversation time, exercise classes and music.

Do you think your mother is happy in residential care?

It is not what one would choose if staying at home was a viable option. I would say that my mother is not particularly happy but she is quite content.

What changes would you generally recommend for residential care centres?

Most centres seem to be still organised in the old style, where the residents all sit around in a row lined up against the walls of the living room, I realise that there are some limitations with the layout of existing buildings but imaginative alternatives should be explored. For new buildings, it should become a mandatory planning requirement.

Reader Feedback

We share this thought-provoking poem, courtesy of one our readers. It will perhaps strike a chord with those of you who have family members with Alzheimer's disease or other forms of dementia.

Heart Memories

By Louise M. Eder

I remember you with my heart
My mind won't say your name
I can't recall where I knew you
who you were or who I was.

Maybe I grew up with you or
Maybe we worked together
Or did we pray together yesterday?
There is something wrong with my memory
but I do know you – and I – do love you.

I know I knew you
I know how you make me feel
I remember the feeling we had together
My heart remembers
It cries out in loneliness for you
for the feeling you give me now.

Today I'm happy that you have come
When you leave
My mind will not remember
that you were here
but my heart remembers.

Remembers the feeling of friendship and love
returned
Remembers
that I am less lonely and happier today because of
the feeling because you have come.

Please, please don't forget me
And please don't stay away
because of the way my mind acts.

I can still feel you
I can still remember you with my heart,
and a heart memory is maybe
the most important memory of all.



We Want to Hear from You



We are relatives – just like you. Our mission is to work with HIQA and the providers of residential care centres around Ireland to drive excellence in standards of care for older people. This newsletter is designed to inform and empower you. Do you have ideas for inclusion in this newsletter? If so, we would love to hear from you. If you know friends, neighbours or acquaintances with relatives in residential care centres, please tell them about this newsletter. Help us spread the word! Please contact us as follows:

By email:

acarroll@hiqa.ie, marking the subject of your email *Reach – Relative Newsletter Contribution*.

By post at:

The National Relatives Panel, c/o Andrea Carroll,
Health Information and Quality Authority,
Social Services Inspectorate,
George's Court, George's Lane, Smithfield, Dublin 7.

If you are interested in receiving this newsletter by email or would like to receive back copies, please subscribe by sending your name and email address to the following email, acarroll@hiqa.ie, marking the subject *Subscribe to Reach*.

Learn More

The Health Act 2007, Regulations 2009
www.dohc.ie/legislation/statutory_instruments/pdf/si20090236.pdf?direct=1

HIQA Standards

<http://www.hiqa.ie/standards/social/older-people>

A hard copy of the Standards is also available on request.

Useful Phone Numbers and Websites

HIQA	01 8147400	www.hiqa.ie
Age Action Ireland	01 4756989	www.ageaction.ie
Alzheimer Society of Ireland	1800 341341	www.alzheimer.ie
Western Alzheimer Society	094 9364900	www.westernalzheimer.ie
Parkinson's Association	1800 359359	www.parkinsons.ie

Did You Know?

How to Make a Complaint

Owners of residential care centres (providers) are legally required to have a complaints procedure so that residents, relatives and visitors can express any concerns they may have about any aspect of the service.

Article 39 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) requires providers to display their complaints procedure in a prominent location in the centre.

Should you feel that you need to make a complaint or concern known, you should be able to easily find the complaints procedure, and the procedure should tell you who you need to speak to. The regulations require that you be kept informed of any investigation arising from the complaint or concern.

The regulations also require the owner of the centre to record whether you were satisfied with the outcome of any investigation. The procedure should also provide you with details of a person who is independent of the complaints process that you can appeal to if you are not satisfied with the outcome of the investigation.

Many centres use the information and learning from complaints to improve their service. Some centres provide independent advocacy services to support residents to express their concerns.

What would you like to see covered in future Did You Know features?