

Stephen Donnelly TD  
Minister for Health  
Department of Health  
Block 1 Miesian Plaza  
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Dublin 2

Our Ref: PQ/EMcC/SD/20211019

19 October 2021

Dear Minister Donnelly,

**RE: COVID-19 Response - Nursing Homes and other designated centres**

Thank you for your letter of 14 October 2021 and your acknowledgement of the continued work of HIQA in response to the challenge of the COVID-19 public health emergency.

On 10 August, in response to an increase in the number of nursing homes notifying confirmed cases of COVID-19 among staff and residents, the agreed escalation pathway<sup>1</sup> between HIQA and the HSE was reactivated. On a daily basis since then the following information held by this office has been shared with the HSE

- numbers of suspected and confirmed cases of COVID-19 among staff and residents in designated centres,
- the number of unexpected deaths in designated centres
- centres in crisis as a direct consequence of an outbreak of COVID-19
- issues of concern or queries raised by registered providers

While outbreaks in centres for disability have not been as pronounced, these daily updates to the HSE recommenced for those centres on 13 August 2021.

The purpose of sharing this information is to ensure timely escalation of worsening COVID-19 outbreaks and/or centres who require additional support as a consequence of such an outbreak.

In addition on 23 August 2021 the Chief Inspector issued a regulatory notice to all registered providers advising them again of the importance of COVID-19 preparedness and contingency planning and since then this office has availed of every stakeholder engagement opportunity to reiterate this message.

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<sup>1</sup> Public Health Emergency Chief Inspector Escalation Pathway, Designated Centres to HSE (revised 26/10/20 v2.0)

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Separately the Deputy Chief Inspectors and Regional Managers continue to engage directly with HSE and local CHO areas where nursing homes are in crisis as a result of an acute COVID-19 outbreak.

HIQA is also concerned with the rising number of outbreaks in designated centres and in response have taken the following action.

Since March 2020 we have conducted 697 inspections in designated centres for older people and 1491 inspections of centres for people with disabilities. These inspections have included a review of a registered provider's infection, prevention and control preparedness and contingency planning and their implementation of National Standards and HPSC guidance.

Where providers failed to demonstrate the required level of compliance to keep residents safe the Chief Inspector employs a number of regulatory actions. For example:

- Registered providers have been required to submit;
  - Immediate or urgent action to remedy immediate risks was required in 11% of older person's centres and 4% of centres for people with a disability.
  - Compliance plans (improvement plan) with clear timelines for completion was required in 100% of centres where non compliances were identified.
- Escalation meetings some of which included warnings issued to provider occurred in 32% of centres for older people and 10% of designated centres for people with a disability.
- 355 follow-up inspections were carried out.
- Notices of proposed decisions to cancel the registration of the centre or reduce the occupancy of a centre were initiated with a number of providers.
- The registration of two designated centres for older people were cancelled by urgent order of the District Court following an application by the Chief Inspection under s59 of the Health Act 2007 as amended.
- The closure of three other nursing homes were effected through other regulatory powers without recourse to the District Court.

In addition HIQA has developed an inspection methodology specific to Regulation 27 Infection Control for both nursing homes and centres for people with a disability focused on ensuring that the National Standards for Infection prevention and control in community services (2018) are implemented in all designated centres. To support the commencement of this program of regulation we have recently completed a series of webinars for registered providers where 791 managers and staff attended from nursing homes and 1105 from centres for people with disabilities. Inspections using this framework will now commence across both sectors.

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We have, through our inspection process, ensured that registered providers implement the most up-to-date visiting guidance as outlined by the HPSC. We also raised at the most recent Expert Panel Implementation Oversight Team meeting, the need to review this guidance in light of the proposed lifting of restrictions on 22 October 2021 to ensure providers are very clear as to the measures required.

To clarify, neither HIQA nor the Chief Inspector have a remit to monitor influenza or COVID-19 vaccinations uptake by staff and residents or where unvaccinated staff are working.

However, HIQA remains extremely concerned about the following areas:

### **1. The availability of staffing supports for nursing homes during the immediate crisis.**

Through our inspections and engagement with nursing homes we have found that many of them have systems in place to recognise, rapidly respond to and contain an outbreak when it occurs. However as previously identified small standalone nursing homes are severely challenged to maintain safe staffing levels where the numbers of who test positive, are symptomatic or are contacts exceed all provider contingency planning. Agency staff are core components of such contingency planning and recent experience is that such resources are not available when required. Increasingly, the HSE have not been able to provide the same level of staffing supports as during waves 1, 2 and 3.

It has been our experience during the previous waves that where these nursing home are supported during the immediate crises many were able to revert to providing good quality care to residents. As we approach winter, we are concerned that without the support of the HSE, many nursing homes may struggle to cope during crisis periods. This will put additional pressures on the HSE, in the event that the staffing levels in a designated centre reduce to a level that the care of residents cannot be assured which could result in the Chief Inspector having to resort to cancelling the registration of a centre in which case the HSE will have to become the registered provider of these centres.

### **2. The availability of testing for staff and residents**

There is currently confusion with regard to testing of staff and residents in designated centres where there are confirmed cases of COVID-19. By way of example one centre with 180 beds, which has been in outbreak since the middle of September, up to yesterday (15 October) had not had all its staff and residents tested while a similar centre has advised that all 153 residents and 164 staff members were tested within three days of the onset of their outbreak.

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Since the onset of this public health emergency providers of designated centres have come to value rapid access to testing and results as a key tool in the effort to mitigate the spread of COVID-19 in their centres. Currently there is confusion and anxiety at the move away from these processes

### **3. Admissions of residents to centres with a COVID-19 outbreak**

Providers of nursing homes have recently reported requests to admit residents while their centre is still in outbreak, albeit to an area in the nursing home not currently affected by the outbreak. Admitting residents to a nursing home in outbreak may place the incoming resident at risk of contracting the virus and increase the pressure on a nursing home as it works to contain an outbreak.

In addition anecdotal reports link outbreaks in some nursing homes to recently admitted residents. The residents were vaccinated and tested negative prior to admission but tested positive on re-swabbing following admission.

HIQA fully endorse the need for a collaborative approach between HIQA and the HSE ensuring the exchange of the most up to date information, which will inform the supports required to aid nursing homes and centres for people with a disability especially over the coming months.

I trust the above goes some way to address the issues and actions outlined within your letter. Should you require any further clarification on the above Carol Grogan, Chief Inspector and I would be happy to provide any additional information required.

Yours sincerely,



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**PHELIM QUINN**  
**Chief Executive Officer**

Cc. Minister of State Mary Butler TD  
Niall Redmond DoH  
Carol Grogan Chief Inspector

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