

## **Head of Service for Older Persons Cork Kerry Community Healthcare**

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15th February 2024

Deputy Thomas Gould, T.D., Dáil Éireann Dublin 2

## PQ Ref 50648/23

"To ask the Minister for Health whether CRT geriatricians were considered as part of the HSE team when involved with care in nursing home (details supplied - Ballynoe) in Q1 2021; and whether an explanation was given for delay in reporting of deaths to the broader HSE team at that time".

**Details supplied: Ballynoe** 

## PO Ref 50644/23

"To ask the Minister for Health whether consideration was given to the HSE assuming control of a nursing home (details supplied - Ballynoe) on 11 February 2021, or on another date in Q1 2021; and the reason a decision was taken not to act on this consideration". Details supplied: Ballynoe

Dear Deputy Gould,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response.

Carechoice Ballynoe (known as Ballynoe) is a privately owned designated centre for older persons which is part of the Carechoice group. The HSE had extensive communication and provided on-going support through its Covid Response Team to nursing homes in the chain with outbreaks, including the Ballynoe facility.

With regard to **PQ Ref 50648/23**, Covid Response Teams (CRTs) were established in each Community Healthcare Organisation (CHO) as a dedicated resource to support Public Health outbreak teams. These teams were formed so as to deal with the full range of residential care and could, if necessary, be flexibly enhanced with additional skillsets depending on where the outbreaks occurred. As the outbreaks centred mainly in nursing homes, both public and private, the main membership of such teams centred around specialist expertise for older people and residential care inclusive of Consultant Geriatricians, Directors of Nursing, Residential Care services, Public Health personnel, Nursing and administration supports. The teams were provided with the operational direction to deploy resources as required and to escalate any concerns to the Area Crisis Management Team.

On confirmation of an outbreak, a Consultant Geriatrician or other link consultant with local acute hospitals supported CRTs through supporting the provision of clinical care and as a point of contact with GPs and /or Directors of Nursing during management of Covid outbreaks in residential centres for older people. The HSE and the Covid Response Team's designated role throughout the pandemic was to support residential centres; responsibility for the operation of services and adherence to regulations



rested with the Registered Provider. The governance and management of each centre was and remains the responsibility of each provider.

The CKCH Covid Response Team was notified of an outbreak at Ballynoe on 8th January 2021. When notified of such outbreaks, an Outbreak Management Team was immediately convened by the Director of Public Health. In these instances, Public Health specialists and nurses worked with the CRT to support private nursing homes through the provision of a range of supports. As stated previously, the role of the HSE and the CRT was to support residential centres based on the information provided by the residential centres; the governance and management of each centre was and remains the responsibility of each provider. The Covid Response Team was in regular communication with Care Choice Ballynoe during the outbreak and, through the team, Consultant Geriatrician support was provided on an ongoing basis to the GP who was providing the medical clinical service to the centre. The team responded promptly and provided support in relation to all outbreak-related developments as reported by the nursing home.

While the CRTs provided significant support to all nursing homes, individual providers such as Carechoice Ballynoe maintained responsibility for the provision of safe care and services to their residents, in accordance with the law. This included private and voluntary providers, and also included the HSE in the context of its own role as a provider of long-term residential care. While CRTs were established for the purpose of providing additional support and advice to residential care services, including nursing homes, it should be noted that they did not have statutory authority to intervene and direct a private or voluntary nursing home to follow instructions.

With regard to **PQ Ref 50644/23**, because Ballynoe Nursing Home is part of a chain of nursing homes, CareChoice management confirmed during the outbreak control meeting that they had access to infection prevention and control resources and nurses and was also able to manage its staffing requirements through redeployment from other nursing homes and via agency staff. The facility was also in receipt of funding from the Temporary Assistance Payment Scheme (Covid-19 TAPS) for nursing homes.

The primary responsibility for the provision of safe care and service to nursing home residents rests with individual nursing home operators. If HIQA's Chief Inspector of Social Services cancels a nursing home's registration under section 51 and the cancellation takes effect, or if the Chief Inspector obtains an order to cancel a registration in accordance to section 59 and the cancellation takes effect, then under section 64 of the Act, the Chief Inspector notifies the HSE of the cancellation of the registration and of the date on which this takes effect.

In the case of the nursing home in question, Carechoice Ballynoe, the circumstances as outlined above did not occur and no cancellation of registration under the legislation took place whereby the HSE would take charge of the centre.

The HSE Covid Response Teams continued to provide any required support to nursing homes during Covid outbreaks. The nature of support varied but included oversight and management of an outbreak by a public health doctor, who was in turn supported by infectious diseases nurses, support from a Consultant Geriatrician to GPs and Directors of Nursing in relation to the clinical management of Covid positive residents, support from Clinical Nurse Managers on the Covid response team and other routine supports including the provision of oxygen, PPE and testing.

I trust this clarifies the position. If you require any further information, please do not hesitate to contact me.

Yours sincerely,

Jackie Daly

Head of Service for Older People

