

## **Option Appraisal for the potential reconfiguration of Residential Services in St Joseph's Hospital Ardee**



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# **1. Executive Summary**

## **1.1 Introduction**

This options appraisal report is designed to aid discussion, consultation and decision making in relation to reconfiguration of residential services in St Joseph's, Ardee. The report examines various options for the reconfiguration of services within St Joseph's, Ardee. The options examined are based on what members of the steering group believe assists in the strategic development of older person's residential services both now and into the future.

The development of a strategy, and the proposals contained herein, are focused on enhancing the Health Service Executive's (HSE's) ability to respond to the requirements of the ageing population as efficiently and effectively as possible. The HSE must manage within available resources while advancing the stated strategic aim of the HSE for services for Older People to maintain older people in their own home for as long as possible, and where this is not possible, to provide high quality residential care, appropriate intermediate rehabilitation step-up/step-down and respite beds. It is, therefore, about challenging the current service models that are in existence and putting forward proposals that will benefit the greatest number of older persons as well as being responsive to individual needs. This may involve changing from current models of care which have an emphasis on residential care to newer more responsive models such as the Comprehensive Geriatric Model. This model includes the re-ablement model of homecare in an individual's home. This change will require the reconfiguration of services and the respective transferring of resources.

A new more responsive care model will provide for:

- Strengthening and expanding the provision of care in an individual's home
- Making more efficient use of funding available
- Strengthening the long stay care service to meet the needs of highly dependent clients
- Make more efficient use of resources

The policy position of the HSE is to provide an integrated model of care which will provide for appropriate services in appropriate settings along a continuum from home and community based services through acute intervention, intermediate care to long stay residential care, with older persons' needs and preferences being central to the decision making required throughout the process. The HSE is committed to the Comprehensive Geriatric Model of care. The aims of this programme are that every older person has access to the right care and support. The objectives of the programme are:

### *Quality*

- Improve the management of acutely ill frail older adults in the acute hospital
- Increase independence in the home/reduce inappropriate admission to nursing homes
- Reduce the number of falls in older people (Implement 2008 falls and fracture prevention policy)
- Improve education – of the public, medical professionals, allied health professionals and policy decision shapers

### *Access*

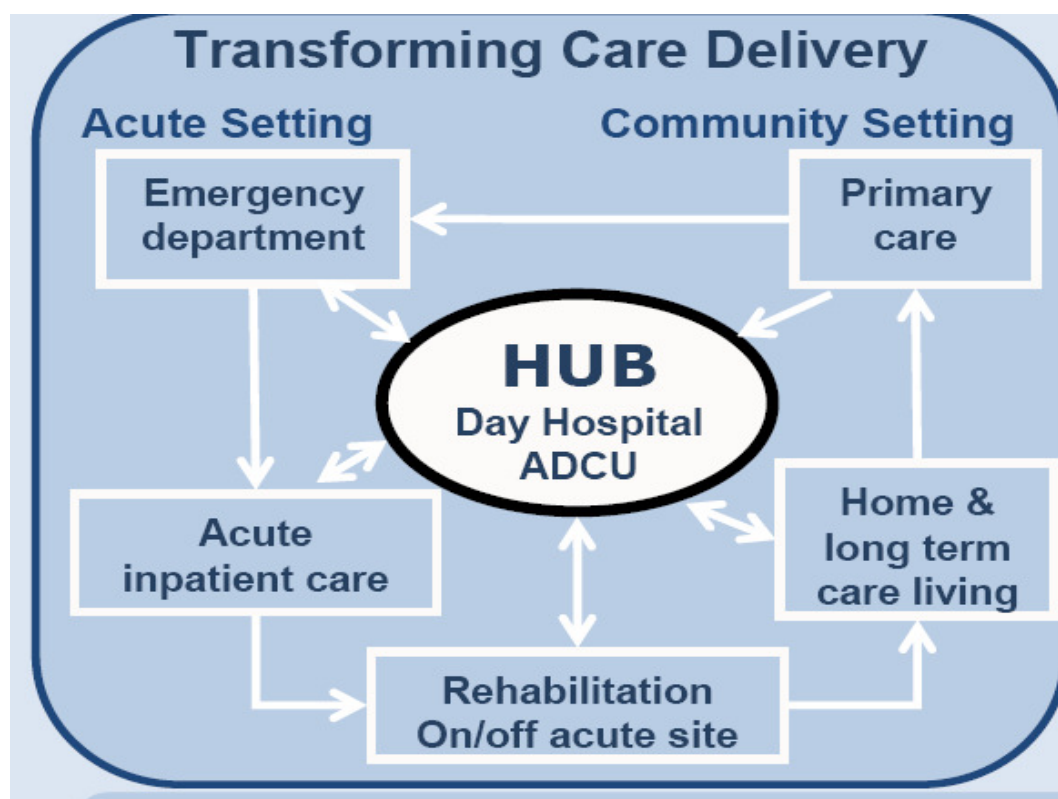
- Every patient has quick access to the right care
- Integrate acute and community services for elderly

- Integration with private sector – ensure appropriate services available for their client group

#### Cost

- Overall reduction of Emergency Department (ED) attendances, readmissions, hospital bed days and nursing home bed days by the following:
- Reduce delayed discharges
- Decrease Average Length of Stay for > 65 years, > 75 yrs, > 85 yrs
- Reduce risk of re-admission following discharge
- Decrease risk of re-attendance at ED
- Improved access to funding for home care support services
- Reduce % of inappropriate admissions to long term care

A model of service transformation is contained in the diagram below.



*ADCU: Ambulatory Day Care Unit*

## 1.2 Rationale

It is important to recognise that the reconfiguration programme is a proactive process being undertaken by the HSE, to enable the organisation to reshape the roles of our health and social care system to ensure we can meet these challenges and deliver the type and quality of services required to meet the needs of the local communities we serve, in line with international best practice.

This report critically examines a range of options in relation to St Joseph's, Ardee. The rationale for this focus is that the centre will not comply with Section 25 of the HIQA standards by 2015. Section 25.39, Section 25.40 of the HIQA Standards set out the standards in relation to space required for residents in bedroom areas. It states "The existing

residential care setting provides a minimum of 9.3 m<sup>2</sup> usable floor space (excluding en-suite facilities) in all single rooms. Where the residential care setting provides less than 9.3 m<sup>2</sup> usable floor space, it must be provided within 6 years of the implementation of these standards. Furthermore it states “Existing bedrooms which are currently shared have at least 7.4 m<sup>2</sup> per resident. Within 6 years of implementation of these standards, there are no more than 2 residents per room except in a high dependency room where up to 6 highly dependent residents, in need of 24 hour high support nursing care, or who are in transition from hospital to nursing home care, can be accommodated together (HIQA Standards, page 40).

The costs associated with making St Joseph’s, Ardee compliant to standard 25 by 2015 would be considerable. In addition the moratorium on recruitment and the number of staff who took early retirement from these centres places considerable pressures on remaining staff resources which is not sustainable in the short to medium term, unless a series of options are examined to strategically assess the future provision of services in these centres. The moratorium on recruitment has resulted in the increased use of overtime and agency nurses. This has an impact both on the quality of care to residents and puts additional pressure on the budgets of this service. Residents and relatives have both highlighted through various in-house residential fora that they find that lack of consistency in staff available from agency personnel decreases their sense of satisfaction with services. While service areas try to have a consistency in terms of availability of agency staff, this is not always possible.

Ireland is currently facing unprecedented financial pressures that will be an influence on health service transformation in the years to come. This option appraisal document for the potential reconfiguration of services for older people in St. Joseph’s offers a consultation road map in order to assist in decision making with current residents and families, current service users, staff, members of the wider community and public representatives and action groups.

### **1.3 Financial context**

The HSE National Service Plan for 2012 states that “If the cost base within the health service is to be adjusted in line with the *Comprehensive Spending Report 2012 to 2014*, the focus must be on reconfiguration, reform, greater productivity, and challenging traditional cost structures and models of service delivery”.

Any proposals to reconfigure public residential beds should take into consideration the priorities contained within the HSE’s clinical strategy and programmes, in particular the clinical programme for older people. This programme seeks to improve the quality of care, access to services and cost effectiveness of services for older people. A number of these services would require short term bed provision e.g. respite and rehabilitation. The potential may exist to convert some public beds to meet short term bed requirements.

In terms of the options considered, whether they be reconfiguration, closure or a mix of public and private provision, the context of reducing resources and the need to achieve value for money are relevant factors. The budget for all long stay beds both Public and Private is held within the National Nursing Home Support Scheme (from 1<sup>st</sup> January 2012). The Scheme calculates a cost per bed week for each public unit based on 95% occupancy and then reimburses each unit for the actual number of long stay residents. The national average

unit cost of a public bed is €1,296 <sup>1</sup>per bed week. The cost of private nursing homes in Louth currently ranges from €870 to €998 per bed week.

The option appraisal process requires the inclusion of a “Do Nothing” option which reflects the current position within St Joseph’s. All other options considered can then be measured against the “Do Nothing” option. In St Joseph’s, Ardee, the current cost, adjusted to facilitate comparison with private sector provision is €1,716 per bed week. This cost is in excess of the current national average for a public bed and significantly in excess of local private sector provision. Based on current costs, a ratio of 1.8 private sector beds could be purchased for the price of 1.0 public sector bed in these units. As a consequence of this position, the issue of the sustainability of St Joseph’s, in terms of value for money needs to be examined.

#### 1.4 Services for Older People in Louth

The table below sets out the population of Louth for those aged 65 years and over using census 2011 figures.

**Table 1**

Area	Age Group	65 - 69 years	70 - 74 years	75 - 79 years	80 - 84 years	85 years and over	Total
Louth	Total	4,488	3,364	2,471	1,702	1,452	13,477
	Male	2,207	1,626	1,125	644	393	5,995
	Female	2,281	1,738	1,346	1,058	1,059	7,482

#### 1.5 Residential Services for Older People in Co. Louth

Table 2 below provides an overall picture of the historical bed capacity of the five public residential centres in Louth. It also provides an outline of the reduction in bed capacity since 2009. This reduction has been the direct result of complying with Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Table 2 - Reduction in bed capacity 2009 to 2012**

UNIT NAME	Nov -09	Dec-11	Feb-12	Reduction Nov-09 to Feb-12
Boyne View House	31	26	26	5
Cottage Hospital	39	30	29	10
St. Mary's Hospital	48	38	38	10
<b>Sub Total - Drogheda</b>	<b>118</b>	<b>94</b>	<b>93</b>	<b>25</b>
St. Joseph's Hospital Ardee	33	24	24	9
St. Oliver Plunkett Dundalk	138	92	92	46
<b>LOUTH</b>	<b>289</b>	<b>210</b>	<b>209</b>	<b>80</b>

<sup>1</sup> This cost was published in March 2011 and was based on 2009 bed capacity. A more up to date cost for each public unit is to be published in the near future which will reflect 2011 cost and bed capacity.

The long stay bed capacity in Louth is currently 573 (180 public sector and 393 in the private sector). The planning norm for the provision of long stay beds is currently estimated at 4% of the population over 65 years. The population of Louth aged 65 years and over is 13,477 (Census 2011). Therefore, the planning norm is approximately 540. This suggests a current bed surplus of 33. Additional capacity of 60 beds has come on stream in July 2012 in the south Drogheda area. It is not possible at this stage to accurately predict how many may be utilised by Louth residents, however it is likely to increase the existing bed surplus in the short term.

The bed capacity of public residential units will be decreased in order to become HIQA compliant by 2015 (Standard 25). The planning norm in 2015 and beyond cannot be quantified with certainty. If it remains at 4% of the population aged 65 years and over, the current norm of 540 will increase to reflect population growth. However, the current number of public beds will decrease in order to meet Standard 25 of HIQA standards. Any proposal to increase bed capacity needs to take account of the current bed surplus and also the need to prioritise the development of services which enable older persons to continue living at home for as long as possible.

## **1.6 Key Drivers for Change**

The key drivers for change have been identified as HIQA standards, quality of care, use of agency staff, cost, the moratorium and clinical leadership. These drivers have been explored in terms of their impact on economic constraints and weaknesses within the current provision of services.

## **1.7 Proposal on Future Options for St. Joseph's Hospital, Ardee**

A summary of the options considered in respect of St. Joseph's Hospital Ardee is set out below. Each option has been explored using the key drivers for change.

### **OPTION 1**

**St. Joseph's continues to provide long stay care for 20 residents and respite care for 4 clients per week. Services are provided on two floors (24 beds in total). The Unit will only be HIQA compliant under standard 25 until 2015.**

Detailed analysis of the advantages, disadvantages, costs and the impact of key drivers on this option are on page 21

### **OPTION 2**

**20 long stay care beds will be located on the ground floor of St. Joseph's. Respite beds will transfer and all of the current respite service will be provided from within other existing public and private resources in Co. Louth. St Joseph's will only be HIQA compliant under standard 25 until 2015. St Josephs could be upgraded to meet HIQA standard 25 by 2015 with reduced capacity of 20 long stay care beds. This development would require capital investment of approximately €500k (excl fees) for which no national allocation is currently available.**

Detailed analysis of the advantages, disadvantages, costs and the impact of key drivers on this option are on page 25

### OPTION 3

**St. Joseph's Hospital closes and the current residents will be transferred to existing public/private residential units in accordance with their wishes and those of their families/representatives. Respite services will transfer to other public and private resources in Co. Louth. This closure will be completed as per HIQA guidelines.**

Detailed analysis of the advantages, disadvantages, costs and the impact of key drivers on this option are on page 29

### OPTION 4(a)

**St Joseph's retains 20 long stay care in the short/medium term with a view to a long term strategy of developing a replacement 50 bed long stay care unit. The new facility would form part of the replacement strategy to address not only the current 20 beds in St. Joseph's Hospital but also the reduction in the remaining public units arising from the requirement to meet standard 25 of the HIQA standards by 2015. The recently completed Feasibility Study for St Josephs has indicated that this would require capital investment of approx €8.47m (excl fees) for which no national allocation is currently available. This figure includes €1m costs for temporary accommodation costs in private nursing homes.**

Detailed analysis of the advantages, disadvantages, costs and the impact of key drivers on this option are on page 32

### OPTION 4(b)

**St Joseph's retains 20 long stay care beds in the short/medium term with a view to a long term strategy of developing a replacement 50 bedded long stay facility within a sheltered housing/retirement village, primary care and day care services. Under this proposal the HSE will only fund the 50 beds. This proposal will be delivered in conjunction with a Housing Association and Louth County Council. The recently completed Feasibility Study for St Josephs has indicated that this 50 bed facility would require capital investment of approx €8.47m (excl fees) for which no national allocation is currently available. This figure includes €1m costs for temporary accommodation costs in private nursing homes.**

Detailed analysis of the advantages, disadvantages, costs and the impact of key drivers on this option are on page 35

### OPTION 5

**The HSE undertakes a procurement process to build and operate a 50 bed replacement unit on the site of St. Joseph's Ardee through a preferred provider. The preferred provider manages and operates the service subject to a service agreement and ongoing monitoring by HSE management. The recently completed Feasibility Study has indicated that this would require a capital investment of approx €8.47m (excl fees) for which no national allocation is currently available. This figure includes €1m costs for temporary accommodation costs in private nursing homes. This option can also be expanded to include the sheltered housing/retirement village opportunities outlined in 4(b) above.**

Detailed analysis of the advantages, disadvantages, costs and the impact of key drivers on this option are on page 38

## OPTION 6

**A Community Trust is established to manage and operate St. Joseph's Hospital. A Community Trust is a not for profit body. The Trust acquires and manages St. Joseph's Hospital on behalf of residents and the community while preserving affordability and the continuation of services as they currently exist. The Trust is independent of the HSE and is legally chartered and regulated to undertake the current activities. It is accountable to the people of the local community. Issues in relation to resources and funding are planned for, and managed by the community in conjunction with the Department of Health and the Nursing Home Support Scheme.**

Detailed analysis of the advantages, disadvantages, costs and the impact of key drivers on this option are on page 41

### 1.8 Capital Funding

Options 1 and 3 above assume no additional capital funding is available to the service. Options 2, 4 and 5 require additional capital funding and are beyond the scope of responsibility of the HSE Dublin North East.

### 1.9 Acknowledgements

The steering group would like to express its sincere gratitude to all who worked on this document. The steering group were conscious at all times to ensure that current and future service users would be central in all options appraised. The members of the working group would also like to express their gratitude to the Chairperson of the group for his time, commitment and energy.

## 2. Terms of Reference

This report provides a background to the current provision of Residential Services for Older Persons in Co Louth. It identifies the current pressures that exist within the public residential units and highlights the need to develop plans aimed at reconfiguring the public units in order to adequately meet the needs of residents.

In order to develop plans for future service provision, a steering group was established by Louth/Meath Primary Care Services to identify a number of options which would address the existing pressures within St Joseph's, Ardee.

### 2.1 Membership of the Steering Group includes:

William McAllister, Operations Manager Louth Primary Care Services (PCS) - Chairperson  
Brighide Lynch, Area Co-ordinator Services for Older People (SFOP) up to 29/2//12  
Maura Ward, Area Co-ordinator SFOP after 29/2/12  
Seamus McCaul, Director of Nursing, Drogheda Services for Older People  
Geraldine Matthews, Assistant Director of Nursing, Drogheda Services for Older People  
Eileen Dullaghan, Director of Nursing St. Joseph's Hospital Ardee up to 29/2/12  
Bernie Murphy, Person in Charge, St. Joseph's Hospital Ardee after 29/2/12  
Kay O'Keeffe, Director of Nursing St. Oliver Plunkett Hospital Dundalk  
Mary McKearney, Management Accountant, Louth Primary Care Services

## **2.2 The Terms of Reference for the Steering Group are:**

- To identify potential options regarding the future provision of residential services in St. Joseph's Hospital, Ardee.
- To undertake a full appraisal of future options for this facility and the current capacity and sustainability.
- To undertake a review of the costs associated with this centre and establish a cost comparator with private residential facilities.
- To assess the centres financial sustainability in terms of value for money.
- To examine the impact of the key drivers for change on each of the identified options for the unit.
- To develop an appropriate communication and consultation strategy focused on residents and families, staff and wider community.
- To produce a report for the HSE setting out the identified options and the outcome of the appraisal process.

In preparing this report, the Steering Group has endeavoured to keep the content and format clear and easily understood by all stakeholders.

The terms of reference require the Steering Group to examine a wide range of options, some of which would result in the current residents remaining in St Joseph's, Ardee. Other options would result in the residents moving to alternative facilities. The Steering Group wishes to acknowledge that St Joseph's, Ardee is the home of the current residents. It will be important that decisions taken regarding the future provision of residential services in these two units take cognisance of the needs and wishes of the current residents.

The group identified a range of options which would address the future reconfiguration of services in St Joseph's, Ardee. These options include a range of service delivery models some of which would retain the units as public sector provision and others which would involve the private sector.

A "Do Nothing" option has been drawn up for St Joseph's, Ardee so that the advantages and disadvantages of the other options can be measured against the "Do Nothing" position.

## **3. Introduction to Services for Older People in Louth**

### **3.1 Policy background**

Since the 1960s successive Governments in the Republic of Ireland have stated a commitment to pursuing policies with the intended effect of enabling as many older people as possible to continue living in their own homes (Inter-departmental Committee on the Care of the Aged, 1968; Working Party on Services for the Elderly, 1988). Current government policy in relation to older people is aimed at supporting people to live in dignity and independence in their own homes and communities for as long as possible and, where this is not possible, to support access to quality long-term residential care. This policy commitment is renewed in the most recent social partnership agreement, *Towards 2016* (Government of Ireland, 2006). The overall emphasis is on promoting a high-quality service, delivered to those who require it, in the most appropriate setting. A critical concern is to ensure that the needs of older people are met to the greatest possible extent in a community setting and, where this is not possible, through residential services.

In relation to care, which is considered a priority area for older people, *Towards 2016* states that:

Every older person would, in conformity with their needs and conscious of the high level of disability and disabling conditions amongst this group, have access to a spectrum of care services stretching from support for self-care through support for family and informal carers to formal care in the home, the community or in residential settings. Such care services should ensure the person has opportunities for civic and social engagement at community level (Government of Ireland, 2006).

### **3.2 Services for Older People**

Services for Older People aim to support older people to remain at home in independence for as long as is possible or, where this is not possible, in an alternative appropriate residential setting. A range of services are provided in partnership with older people, their families, carers, statutory, non-statutory, voluntary and community groups. The principles of person-centeredness and empowerment of service users underpin service delivery. In the context of population ageing and increasing demands on state spending, issues relating to long stay care of older people are at the forefront of Health and Social care policy debates. It is important to acknowledge that the majority of older people lead active and independent lives and are not in need or receipt of long stay care services. In Ireland, the stated vision in relation to Health and Social care for older people is “of an Ireland which provides the supports where necessary to enable older people to maintain their health and well being, as well as to live active and full lives in an independent way in their own homes and communities for as long as possible”, (Government of Ireland 2008).

### **3.3 Long stay care.**

The term long stay care is a term which is strongly coined with the ideology of “being taken care of” (Ruppe 2011). However long stay care cannot any longer be reduced to passive “keeping” of older people in care homes. The World Health Organisation has defined long stay care as the system of activities undertaken by informal caregivers (family, friends and/or neighbours, and/or professional care givers such as health and social care service professionals to ensure that a person who is not fully capable of self care, can maintain the highest possible quality of life, according to his or her individual preferences with the greatest possible degree of independence, autonomy, participation, personal fulfillment and human dignity (WHO 2000, 2000B).

Long stay care within the institutional care sector such as private, public and voluntary nursing homes has veered towards small scale living and caring arrangements. While there are some forms of communal and sheltered housing which allow for the utmost possible autonomous and active ageing with the appropriate intensity and quality of care are still regarded to be at the pioneering stage. However these will be the models of future care and as such will require appropriate facilities different to those we have today. The development of these services and facilities require planning and implementation now for the future. By contrast, the large scale hospital of today and impersonal nursing home structures and often hospital-like formats are judged to foster a passive rather than an active concept of ageing. The issue of quality of life in the context of institutional long stay care depends not only on the size of the institution but to a large extent on the applied quality standards within the institution. The safe guarding of dignity, autonomy and independence as well as individual

preferences with the possibility of participation and continuation of a social life are decisive factors for the quality of life for residents and the realization of these new ways of working and providing service

Long stay care is not synonymous with entering a nursing home or the need for 24 hour care. Instead long stay care should be aimed at offering frail older people with long term support needs a coordinated network of appropriate therapy, care or support at the right time and in the right place, which should be their home for as long as possible. Services are provided in this manner in order to best compensate for dependencies and to promote and maintain individual resources for autonomous dignified and active ageing. The HeSSOP Report (National Council on Ageing and Older People, Report no 64) clearly shows that older people want to be cared for in their own homes. Older people express their strongest preference for independent dwellings. As far back as 2004, older people in Co. Louth and the North East expressed preference to remain at home in their own community for as long as possible (Healthy Ageing a Secure Future, NEHB 2004 – consultation meetings). Older people expect that in the event that they could no longer live independently they would still want to live in their own homes, with respite services being the one service that they would value. Long stay care is almost never the first choice of any individual. It may be the best or only option, given the persons needs and circumstances. Those who go into long stay care are invariably those in most need of care and those who are most vulnerable. Therefore those who are most vulnerable are those who deserve their rights, dignity and autonomy to be respected (Mangan 2002).

Within the context of this report, the authors wish to place at its centre a more individual choice for those older people in receipt of funded care. The authors also had as their focus, options that would be flexible for older people and would increase their self determination. Having a choice amongst alternative care providers can empower older people as consumers. Choice can also help address quality aspects that are difficult to quantify but easy to experience by users. The following services are available for older people in Co. Louth:

### **Primary Care Services**

Older persons in Louth can avail of a range of primary care services delivered through the current Primary Care Structure. Louth delivers services through two primary care networks which includes eight primary care teams.

### **Home Help Service**

The Home Help service in Co. Louth includes the provision of personal care and essential domestic support for individuals and is provided by a combination of HSE directly employed Home Support workers and a number of agencies under contract to provide this service. In December 2011 there were 1,183 clients in receipt of a home help service.

### **Home Care Packages**

Home Care Packages provide enhanced services for older people and are multidisciplinary in nature, and they may include community nursing, physiotherapy, equipment, enhanced home help etc. Packages of care are designed to reflect the assessed needs of the individual. In December 2011 368 home care packages were provided in Co. Louth.

### **Elder Abuse Service**

A Senior Case Worker for the protection of Older People provides investigative capacity to ensure that incidents of suspected abuse of older people are investigated and appropriately managed.

### **Community Supports – Voluntary Agencies**

Through Service Level Agreements the HSE supports a number of voluntary community groups to provide additional supports for older people.

### **National Nursing Home Support Scheme (Fair Deal)**

The funding of placements in long stay residential care, be it in private or public facilities, has been streamlined and equalised under the National Nursing Home Support Scheme (Fair Deal) introduced in 2009. Under this scheme people who have been assessed as needing long stay residential care are subject to a financial assessment and then make a contribution towards the cost of their care based on the outcome of this assessment. The HSE will pay the balance of the cost of care in both public and registered private nursing homes covered under the scheme.

### **Louth Age Friendly County**

As part of a broader response to the rapid ageing of populations around the world, the World Health Organisation (WHO) has launched a global network of Age Friendly cities. In 2009 County Louth became the first location in Ireland to be awarded Age Friendly status. An Age Friendly Alliance has been established within the County and is a partnership of multiple agencies which includes the HSE. Age Friendly status means that Louth will lead the rest of Ireland in showing how:

- People of all ages benefit when communities are designed to be age-friendly, and when older people live healthy, active and fulfilled lives;
- Older people's talents, life experience and wisdom are valued and tapped into.

### **Louth Public Residential Services (including respite prior to June 2012)**

Residential services in Co. Louth are delivered through a combination of public sector provision and private sector provision. Currently the total number of public beds is 209 and the total number of beds in private nursing homes is 398. A detailed analysis of the existing provision is set out in **Section 5.4** of this document.

## **4.0 Relevant Policies and Legislation governing Older Person's Services (A full listing of all policies and legislation governing older person's services is contained within appendix 4 of this document)**

The system of Health Care within the Republic of Ireland is a mix of public and private provision. The expenditure of the Department of Health represents approximately 25% of total current public expenditure (*2011 Government Estimates*). Entitlement to publically funded health services is determined primarily by an individual's income. Individuals are defined as having either Category 1 or Category 2 eligibility. Category 1 recipients are eligible for the General Medical Services Scheme and receive 'Medical Cards'. This means that most health services can be accessed free at the point of use. Health services include GP services, public hospital, dental and optical services, a range of community and personal social

services and maternity and infant services. Since April 2010 drugs and medicines prescribed under the medical card scheme are subject to a 50 cent charge per prescription item up to a monthly ceiling of €10 per family.

#### **4.1 Department of Health**

The Department of Health is responsible for the strategic development of the Health System including policy and legislation. There are a number of divisions within the department covering areas of acute and primary care including a dedicated office for Older People services. Key department policy documents include; 'Quality and Fairness in Health: A Health System for You', (2001), 'The National Disability Strategy,' (2004), 'A Vision for Change' (2006), 'The National Action Plan on Social Inclusion', (2007-2016) and the 'National Positive Ageing Strategy' (2009).

#### **4.2 The Health Service Executive**

The Health Service Executive (HSE) was established on 1 January 2005 and is responsible for managing and delivering health and personal services. It delivers services through four administrative regions: HSE West; HSE South; HSE Dublin North East and HSE Dublin Mid Leinster.

#### **4.3 Health Information and Quality Authority**

The Health Information and Quality Authority (HIQA) was established in May 2007. HIQA are also responsible for the inspection and registration of public and private nursing homes in Ireland. (Please see section 6.2 on HIQA)

### **5. Residential services for Older People in Louth**

This section provides a "pen picture" of St Joseph's, Ardee. It also identifies the current bed capacity in terms of both public & private sector provision for long stay care and for respite.

#### **5.1 Overview of the five public residential units in Louth**

The public residential units in Louth comprise of:

Boyne View House, Drogheda  
St. Mary's Hospital, Drogheda  
St. Joseph's Hospital, Ardee  
St. Oliver Plunkett Hospital, Dundalk  
The Cottage Hospital, Drogheda

#### **5.2 St. Joseph's Hospital, Ardee**

This centre comprises a four-storey building originally constructed in the late 18th Century. A new single storey extension was added in 2009 to enhance the ethos of a Household/Teaghlach Model of care. The Teaghlach Project aims to change the culture of care away from the task-orientated model to one which supports older people to direct their own lives 'at home' supported by consistent and valued teams of health care staff in an environment reflective as much as possible of the older person's own home. St. Joseph's is situated in the town of Ardee and is close to the town centre shops and all local amenities. The facility presently has 20 long stay care beds. The facility was managed by a Director of Nursing until the end of February 2012. However from March onwards the facility is being managed by a Clinical Nurse Manager 2 (CNMII) who has adopted the role of Person in

Charge (as per HIQA requirements). Deputy to the CNMII the role of Key Senior Manager (HIQA requirements) is filled by a Clinical Nurse Manager 1. Both of these managers are supported by the Area co-ordinator for services for older people in Louth.

### 5.3 Bed Capacity

The bed capacity in all five public residential units in Louth has been reducing since 2009. These reductions have taken place as a result of the requirements set out by HIQA with regard to its environmental standards. A summary of the current (July 2012) bed capacity within Louth Services for Older People, in both the public residential sector and the private residential sector, is set out in the tables below. The bed capacity is broken down according to long stay care and respite care.

**Table 3 - Current bed capacity of the Public Residential Units in Louth**

Residential Unit	Current Bed Capacity	Long-term care	Respite
Cottage Hospital, Drogheda	29	14	15
Boyne View House Drogheda	26	21	5
St. Mary's Hospital Drogheda	38	38	0
St. Joseph's Hospital Ardee*	20	20	0
St. Oliver Plunkett Hosp. Dundalk	92	87	5
<b>TOTAL</b>	<b>205</b>	<b>180</b>	<b>25</b>

*\* Four Respite beds in St Josephs Hospital transferred in July 2012*

**Table 4 - Current bed capacity of Private Nursing Homes in Louth**

Private Nursing Home	Total Bed Capacity	Long-term care	Respite
Sunhill Nursing Home Termonfeckin, Drogheda	66	66	0
Dealgan House Dundalk	53	53	0
St. Francis Nursing Home Dundalk	25	25	0
St. Peter's Nursing Home Castlebellingham	39	37	2
Blackrock Abbey N. Home Dundalk	60	59	1
Aras Mhuire N. Home Drogheda	30	30	0
Carlingford N. Home Carlingford	44	42	2
Moorehall Lodge N. Home Ardee	81	81	0
<b>TOTAL</b>	<b>398</b>	<b>393</b>	<b>5</b>

### 5.5 Bed Requirement for 2012 and beyond

As Table 3 & 4 above indicates, there are 573 **long stay** care beds in public and private nursing homes. Approximately 31% of beds are currently provided by the public sector and 69% by the private sector. In 2005 Prospectus Consultancy was commissioned by the HSE to become members of a Task Force to undertake an up-to-date needs assessment of residential care services for older people. The task force used a planning norm of 4.5% of the population over 65 years to identify the need for long stay care beds for older people with a reduction to 4% by 2016. Based on 4% there should be 540 long stay care beds available for older people

with a population of 13,477. Currently there are 573 long stay care beds or an excess of 33. In July 2012 an additional capacity of 100 beds is coming on stream in the South Drogheda area. A proportion of these beds will be utilized by Louth residents which, in the short term, will further increase the surplus capacity in Louth.

In reviewing the current long stay care bed provision (both public and private) within Louth, as illustrated in Tables 3 and 4 above, it is evident that there is a surplus of 33 long stay care beds in Louth (see Table 5 below). Planning norms for the provision of long stay care is based on a public/private mix of public 20% and private 80%.

**Table 5 - Planning Norm versus current bed provision**

<b>Louth</b>	<b>Long stay care</b>
Planning Norm (based on 2011 census data)	540
2012 public & private long stay care (per table 3 & 4)	573
Existing bed capacity less Planning Norm*	+33

*\*In July 2012 an additional 100 private sector beds will be available in the South Drogheda area. These beds will provide services for both counties, Louth and Meath. At this stage it is not possible to say how many will be utilised by persons from Co. Louth.*

## **5.6 Residential Respite Care**

Residential respite care involves the provision of periodic relief for families from the responsibility of supporting an elderly person in the home. This is a partnership arrangement designed, in support of families, to maintain the individual in the home. Usually, access to respite is available following assessment and patterns of provision may vary according to the support needs of the individual. Respite care in Louth is provided through a combination of public sector and private sector provision. Details of the existing service are shown in Table 6 below.

**Table 6 - Residential respite provision in Louth at July '12**

<b>Name of Unit</b>	<b>Total No. of clients accessing service</b>	<b>Pattern of Provision</b>	<b>Financial charge</b>
Cottage Hospital, Drogheda	150	Every 6-12 weeks	Nil
St Joseph's Hospital Ardee*	30	Every 10-16 weeks	Nil
St. Oliver Plunketts Dundalk	38	Once every 4 ½ months average	Nil
St. Peters N.H. Castlebellingham	36	1 week every 4 ½ months average	Nil
Carlingford N.H.	26	1 week every 4 ½ months average	Nil
Blackrock N.H.	11	1 week every 4 ½ months average	Nil

*\* Four Respite beds in St Josephs Hospital transferred in July 2012*

## **6.0 Key Drivers**

The current pressures facing Louth Residential Services for Older People include costs of the provision of services within the public sector, quality of care, clinical leadership, moratorium on recruitment, agency usage and the need to comply with HIQA standards. Each of these key drivers are set out in more detail below. These key drivers necessitate the development of a structured plan aimed at reconfiguring residential services in Louth in order to adequately meet the needs of our residents in a best practice manner. Ireland is currently facing unprecedented financial pressures that will influence health service transformation in the years to come. This option appraisal document for the potential reconfiguration of services for older people in St Joseph's offers a consultation road map in order to assist in decision making with current residents and families, current service users, staff, members of the wider community and political and action groups.

### **6.1 Quality of care.**

Quality of care within health care has two principal dimensions for individual residents. One is access to services and the other is effectiveness of care delivered. In essence the HSE has a responsibility that users get the care they need and that the care is effective when residents get it. Quality of care applies to individual residents and is most meaningful when applied to individual users of health care.

### **6.2 Compliance with HIQA Standards. Care regulation, standards and inspection.**

Prior to July 2009, the HSE had a statutory responsibility, under the Health (Nursing Homes) Act, 1990, for registering private and voluntary (but not public) nursing homes and to carry out inspections to ensure that these nursing homes were providing a minimum standard of care. Since July 2009, the Health Information and Quality Authority (HIQA), an independent body established under the Health Act 2007, has responsibility for the registration and inspection of all residential care services for older people, including public, private and voluntary nursing homes. The purpose of the inspections is to ensure the delivery of quality of care and adequate standards.

All residential care services for older people including HSE-run centres, private and voluntary nursing homes are subject to registration. Residential care services for older people are only allowed to operate if they are registered with HIQA and each centre is re-registered every three years. Two statutory instruments were enacted in 2009 to give effect to the registration and regulation of designated centres. These are Statutory Instrument S.I. No. 236 of 2009 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and Statutory Instrument S.I. No. 245 Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. In order to be registered, the residential care setting must comply with the legislation. If the setting is not in compliance, it may fail to achieve registration status or it may lose the registration status.

HIQA (2009) has developed The National Quality Standards for Residential Care Settings for Older People in Ireland. The purpose of the standards is to promote best practice in residential care settings for older people and to improve the quality of life of residents in these settings. There are 32 Standards which are made up of standard statements and criteria. The standard statements set out what is expected in terms of the service provided to the resident. The criteria are the supporting statements that set out how a service can be

judged as to whether the standard is being met or not. The Standards are grouped into seven sections to reflect the dimensions of a quality service. These are: (1) the rights of older people, (2) protection, (3) health and social care needs, (4) quality of life, (5) staffing, (6) the care environment and (7) management and governance. In addition, the proposed Standards include supplementary criteria that apply to units that specialise in the care of people with dementia (HIQA, 2009). The standards, which were mandated by the Minister for Health and Children in March 2009, were developed by the Authority in consultation with a variety of stakeholders. The National Quality Standards for Residential Care Settings for Older People in Ireland are underpinned by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. HIQA also deals with complaints made by family members of a person in care, if the complaint or issue cannot be resolved locally.

HIQA inspects nursing homes to gather evidence on which to make judgments/assessments on the fitness of the registered provider and to report on the quality of the service. Nursing homes are inspected against the relevant regulations and National Quality Standards for Residential Care Settings for Older People in Ireland to see if they are safe and whether the residents are cared for properly. Inspections are made consistently and unannounced visits are a feature. All inspection reports are made available to the public. Where a registered provider fails to comply with Standards that are not regulatory Standards (that is, Standards that are linked to regulations), this does not in itself lead to failure to be registered or loss of registration, as standards that are not regulatory standards are designed to encourage continuous improvement (HIQA, 2009). (Source Pierce, Fitzgerald and Timonen 2010).

St Joseph's Hospital recently had its registration inspection and, while there are some significant actions in terms of general maintenance to be completed, the unit has been registered as "substantially compliant". This registration will ensure compliance with HIQA standards up to 2015.

The only public facility in Louth which will be compliant after 2015 is St. Oliver's in Dundalk, which has completed a feasibility study and where plans have been drawn up to bring St. Oliver's to a level where it would be compliant with HIQA standards post 2015. This will be dependent on considerable capital expenditure when available. However it should be borne in mind that all residential care services are currently meeting all other HIQA Standards, and service areas will continue to build upon the work already achieved in delivering best quality standards in care delivery.

### **6.3 Costs**

Costs incurred by the provision of Health Services are significant and the concept of value for money is central to health policy and the delivery of health and social care. The HSE is accountable in ensuring that money is spent in an efficient and effective manner. As will be seen from figures below, the current unit cost of St Joseph's, Ardee is well above the national average. In 2012 there has been a further 4.6% (€1.1m) reduction in the overall budget for Louth Services for Older People. In January 2012, in line with new national financial arrangements, €14.2 million was transferred from Louth Services for Older People budget to the National Nursing Home Support Scheme (Fair Deal) budget in respect of the long stay care beds in the five public residential units. This was based on a Department of Health decision to move funding for all long stay beds to Nursing Home Support Scheme (NHSS) The

scheme calculates a unit cost per bed week for each public centre and reimburses each centre for the number of long stay residents.

#### **6.4 Clinical Leadership**

St Joseph's Hospital Ardee presently has 20 long stay care beds. The facility was managed by a Director of Nursing until the end of February 2012. However from March onwards the facility is being managed by a Clinical Nurse Manager 2(CNMII) who has adopted the role of Person in Charge (as per HIQA requirements). Deputy to the CNMII the role of Key Senior Manager (HIQA requirements) is filled by a Clinical Nurse Manager 1. Both of these managers are supported by the Area Co-ordinator for services for older people in Louth.

Leadership within clinical nursing and care of older people has an important role to play in realising the values and beliefs and culture of an organisation by having an impact on employee related variables such as job satisfaction, commitment and performance. Employees will be led by the values and behaviours of its leaders, in order to accomplish the mission and goals of an organisation. Good clinical leadership is associated with the provision of high quality service. A lack of leadership leads to an overall lack of clinical strategy, service direction and goals. The retirement and moratorium on recruitment of clinical leaders has resulted in deficits in reaching clinical strategy objectives and goals despite contingency arrangements being in place by the HSE within St Joseph's, Ardee.

#### **6.5 Moratorium on recruitment**

The Government introduced a moratorium on recruitment and promotions in the Public Services with effect from the 27<sup>th</sup> of March 2009. There exists a general moratorium on recruitment, promotion and acting appointments to all management and administrative grades and all other grades in the health sector, with the exception of some clinical grades that are seen as essential to meet the requirements of integrated care delivery and address community and primary care needs.

#### **6.6 Agency provision**

The HSE's National Service Plan for 2012 requires a significant reduction in the use of agency staff. There will be no means of replacing recently retired staff with agency. The use of agency nurses is expensive. Evidence suggests that the use of agency nurses is consistent with similar quality outcomes as with regular staff, but not so consistent with agency care assistants (Castle 2008). However agency workers can provide cover for permanent staff holidays, maternity leave and sick leave. It also has to be acknowledged that some agency staff do indeed have specialist skills over and above regular staff skills.

## **7. Proposal on future options for St. Joseph's Hospital Ardee**

Although St. Joseph's Hospital, Ardee is the oldest building of all 5 residential units it has been registered "substantially compliant" by HIQA. This registration will only last up until 2015 as under standard 25 of the HIQA standards St. Joseph's will not be compliant. However while the care delivery to the residents is at a consistently high level, the sustainability of a 'value for money' service in St. Joseph's is under strain in 2012 and beyond. Taking this into account the proposals regarding future service provision have been examined under a number of options.

## OPTION 1

### OPTION 1:

**Under this “Do Nothing” option St. Joseph’s Hospital continues to provide long stay care for 20 residents and respite care for 4 clients per week. Services are provided on two floors. (24 beds in total). The Unit will only be HIQA compliant under standard 25 until 2015.**

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>➤ 4 beds provide respite care for approximately 30 people, therefore ensuring a reduction in the need for people to be admitted to acute care and long stay care</li> <li>➤ Local access to public respite &amp; long stay care beds</li> <li>➤ Minimal disruption to the residents, staff and community</li> <li>➤ Residents can remain in familiar surroundings for the remainder of their lives if St. Joseph’s comply with standard 25 of the HIQA standards by 2015</li> </ul>	<ul style="list-style-type: none"> <li>➤ The unit moving forward will not be compliant with standard 25 of the HIQA Standards (2015)</li> <li>➤ Requires a high level of staffing relative to the number of residents</li> <li>➤ Cost of care per bed is above average and difficult to maintain in the current economic climate. On average it could be possible to purchase 1.8 beds within the private sector for the price of 1 bed in the public sector</li> <li>➤ Would require recruitment of at least 1.5 whole time equivalent (WTE) nurses within a ceiling of 12.7 WTE nurses and 21.33 WTE care assistants – moratorium difficulties</li> <li>➤ Agency requirement to address gaps in rosters.</li> </ul>

## 7.1 Cost Implications of Option 1

The cost of this option is based on what is required annually to operate St Joseph's Hospital having adjusted for the savings that resulted from all retirements up to the 29<sup>th</sup> February 2012. There were 4.89 whole time equivalent (wte) staff who retired in the period from November 2011 to February 2012 and in order to maintain the existing bed capacity across two floors, a minimum of 1.5wte's would require to be backfilled.

It should be noted that the current published cost of care for St Joseph's Hospital is €1,695 per bed week. This price was published in **March 2011** and was based on 2009 bed capacity. Therefore it does not take account of reduced bed capacity since 2009 (Table 2) or the cost reduction arising from staff who retired during 2011 and into 2012. The reduced bed capacity since 2009 will inevitably mean an increase in the existing unit cost per bed. The average cost of a public bed nationally based on the March 2011 publication is €1,296 per bed week.

In calculating the "unit cost per bed week" for each of the options, the costs have been analysed between those that the HSE incur but are **excluded** from comparison with private sector provision. These are referred to as "HSE Specific Costs" and a list of these Expenditure categories are shown in Appendix 3.

After adjusting the 2011 costs to exclude retirements, Table 7 below indicates that the unit cost of St Joseph's Hospital is currently €1,716 per bed week which is above the average for public sector provision and significantly in excess of private sector provision. The local private nursing home in Ardee has a cost per bed week of €945 under the Nursing Home Support Scheme (Fair Deal).

The budget for the 20 long stay care beds in St Joseph's Hospital which was located within Louth Services for Older People until 31<sup>st</sup> December 2011 has been transferred to the Nursing Home Support Scheme from the 1<sup>st</sup> January 2012. The Scheme is currently reimbursing St Joseph's Hospital €1,695 per bed week as outlined above, the impact of which is a financial deficit in the Unit.

It is uncertain at this stage, if the Nursing Home Support Scheme will continue to reimburse public residential units to a level which is in excess of the national average. It is anticipated that new prices for public residential units will be published in the near future which will reflect 2011 costs and bed capacity.

**TABLE 7 – Summary of Cost under Option 1**

DESCRIPTION	Number of beds	Projected Annual Cost	Projected Unit Cost per bed wk	Projected Unit Cost per annum
Long stay care beds	20	€1,784,167	€1,716	€89,208
Respite Beds	4	€356,833	€1,716	€89,208
HSE Specific Costs	n/a	€154,000	n/a	n/a
<b>TOTALS</b>	<b>24</b>	<b>€2,295,000</b>		

Payroll costs are the major driver of the unit cost, accounting for 80% of the total. The staffing analysis as set out in Table 8 below reflects the current requirement to staff the unit across two floors despite only a small number of beds being located on the first floor. These staffing levels incorporate replacement cover of approx 20% to address all staff leave including annual leave, sick leave and maternity leave. The payroll costs which are based on 2011 actuals, include shift premiums which represent 20% of basic pay for nursing staff and 16% of basic pay for multi-task attendants (MTA's).

**TABLE 8 – Summary of WTE's and Payroll Cost under Option 1**

Staff Category	WTE	Payroll Cost per WTE	Projected annual payroll cost
Nurse Management	2.00	€61,500	€123,000
Staff Nurses	12.67	€57,000	€722,190
Multi Task Attendants *	21.33	€41,000	€874,530
Other (administration and general operative)	2.80	€37,500	€105,000
<b>TOTALS</b>	<b>38.80</b>		<b>€1,824,720</b>

*\*includes catering attendants*

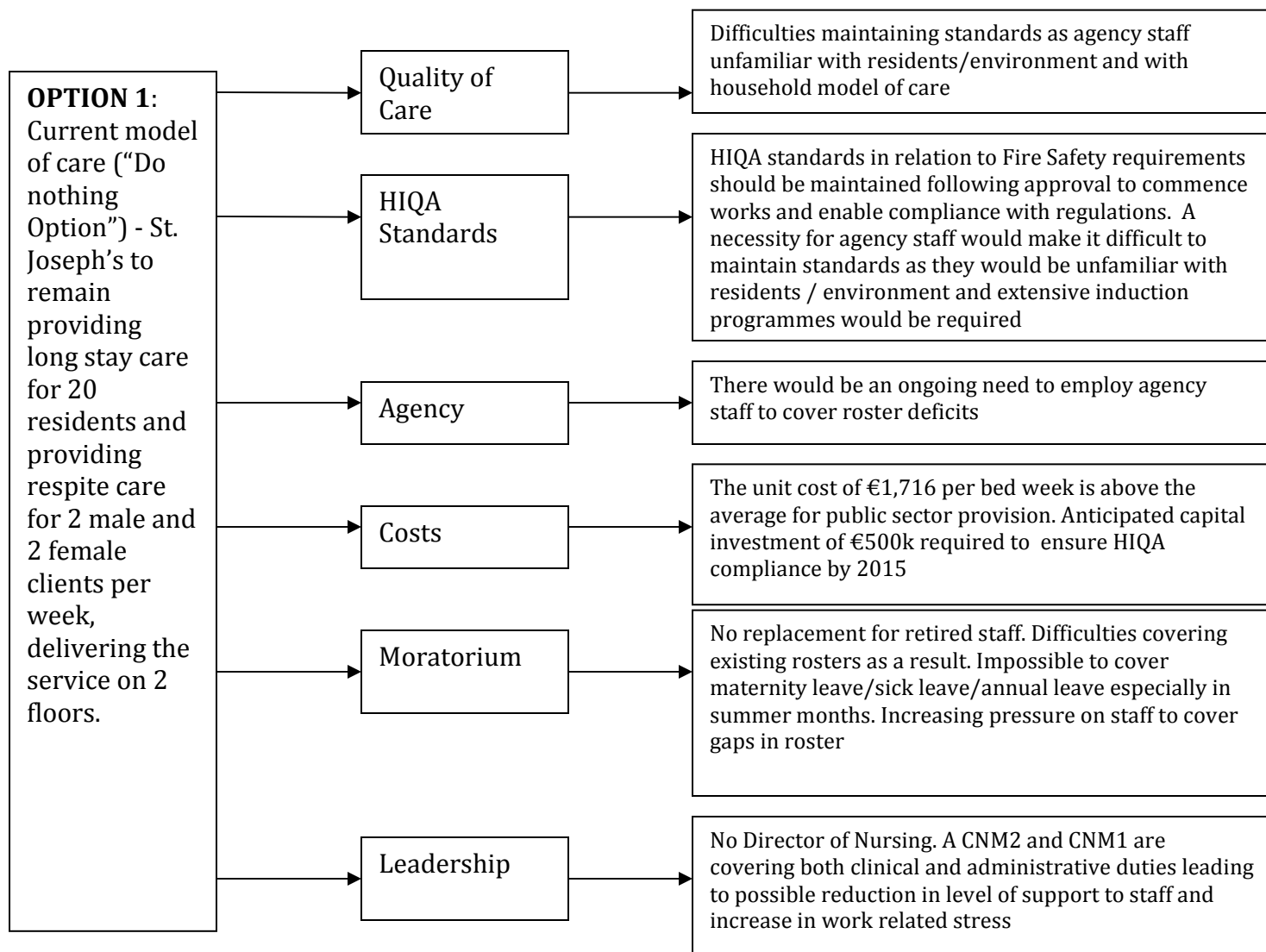
The average payroll cost of a 1.0wte staff nurse is €57,000 and reflects the fact that many of the nursing staff are close to the maximum point of the staff nurse pay scale (€43,800 max). When shift premiums of 20% and Employer PRSI costs are added, the overall cost of a whole time equivalent nurse is circa €57,000. Again the average payroll cost of 1.0wte multi-task attendant is €41,000 and reflects the fact that many of the staff are at the maximum point of the pay scale. (€32,906 max). When shift premiums of 16% and Employer PRSI are added, the overall cost of whole time equivalent MTA is circa €41,000.

## **7.2 Cost comparison between Public & Private Sector Provision**

The cost differential between a public sector bed and a private sector bed is a significant issue. In the absence of a detailed breakdown of the costs in the private sector, it is difficult to say with certainty what the cost drivers are that account for the difference. However, it is likely that the following form part of the differential.

- The replacement costs in a public residential unit are in the order of 20% which covers annual leave, sick leave and maternity leave. Replacement costs in private nursing homes are more likely to reflect only annual leave of 8% to 10%
- The shift premiums in the public residential units include double time for Sundays and Bank Holidays. The premium for night shifts is time plus a quarter. It is unlikely that a private nursing home would pay a similar level of shift premium.
- The skill mix of nurses and care attendants in the private nursing home is likely to be more heavily weighted towards attendant staff than is the case within the public sector. Care attendants are remunerated at a lower level than nurses.

## Impact on Change Drivers



## OPTION 2

**OPTION 2: Under this Option 20 long stay care beds would be located on the ground floor of St. Joseph's Hospital. The four existing respite beds will close and all of the existing service will be provided from within current respite resources in Co. Louth, public/private. However one additional respite bed will be purchased by the HSE from the private sector to alleviate dilution of the current service. St Joseph's Hospital could possibly be upgraded to meet HIQA standard 25 by 2015 with reduced capacity of 20 long stay care beds. This development would require capital investment of approximately €500k (excl fees) for which no national allocation is currently available.**

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>➤ Reduced staffing requirement to provide this service</li> <li>➤ Staff additional to the required complement could be redeployed to Drogheda Services for Older People to reduce the need for agency staff</li> <li>➤ Improved quality of care using the Teaghlach Model of Care for residents</li> <li>➤ Reduced cost of care per bed</li> <li>➤ Continues to support the same model of delivery</li> <li>➤ No disruption to current long stay care residents</li> <li>➤ The long stay care service can be delivered on the ground floor</li> <li>➤ Nursing Home Support Scheme funding will more closely match the cost of the service that is being delivered</li> </ul>	<ul style="list-style-type: none"> <li>➤ No respite service in St. Joseph's</li> <li>➤ No longer able to provide a respite service in a public residential unit within the Ardee area</li> <li>➤ Disruption to current residents in the reconfiguration e.g. current residents on the 1<sup>st</sup> floor are familiar with this environment and any move, even downstairs, will cause them stress and in some cases disorientation in the short term</li> <li>➤ Disruption to staff through partial redeployment</li> <li>➤ Clients would have to re-orientate themselves in a new respite facility</li> <li>➤ The unit, moving forward, will not be compliant with HIQA standards post 2015</li> </ul>

### 7.3 Cost Implications of Option 2

The cost implication of this option is set out in Table 9 below. Long stay care beds have been reduced to 20 and respite services are delivered outside of St Joseph's Hospital. One additional respite bed would be purchased from the private sector.

The revised cost of St Joseph's Hospital under this option is €1.656m as per Table 9 below compared to €2.295m in Option 1. This represents a saving of approximately €639k which has been achieved through a much lower level of staffing when all beds are located on the ground floor.

***The Unit cost per bed week for the remaining long stay beds is €1,465 compared to €1,716 under Option 1.***

**TABLE 9 – Summary of Costs for Option 2**

DESCRIPTION	Number of beds	Projected Annual Cost	Projected Unit Cost per bed wk	Projected Unit Cost per annum
Long stay care beds	20	€1,524,000	€1,465	€76,200
Respite Beds	0	€0	€0	€0
HSE Specific Costs	n/a	€132,000	n/a	n/a
<b>TOTALS</b>	<b>20</b>	<b>€1,656,000</b>		
Respite Bed (Private)	1	€49,140	€945	€49,140

Details of the reduction in WTE's and a cost comparison between Option 1 and 2 are shown in Table 10 and Table 11 respectively. Again these staffing levels incorporate replacement cover of approximately 20% and the payroll costs include shift premiums and allowances.

**TABLE 10 – Summary of WTE and Pay Costs for Option 2**

Staff Category	WTE	Payroll Cost per WTE	Projected annual payroll cost	WTE reduction from Option 1
Nurse Management	2.00	€61,500	€123,000	0.00
Staff Nurses	7.88	€57,000	€449,160	-4.79
Multi Task Attendants*	15.80	€41,000	€647,800	-5.53
Other (administration and general operative)	2.00	€37,500	€75,000	-0.80
<b>TOTALS</b>	<b>27.68</b>		<b>€1,294,960</b>	<b>-11.12</b>

\* includes catering attendants

**TABLE 11 – Cost Comparison of Option 2 and Option 1**

DESCRIPTION	Option 1			Option 2			Reduction in cost of Option 2 versus Option 1
	Number of beds	Projected Annual Cost	Projected Unit Cost per bed wk	Number of beds	Projected Annual Cost	Projected Unit Cost per bed wk	
Long stay care beds	20	€1,784,167	€1,716	20	€1,524,000	€1,465	€260,167
Respite Beds	4	€356,833	€1,716	0	€0	€0	€356,833
HSE Direct Costs	n/a	€154,000	n/a	n/a	€132,000	n/a	€22,000
<b>TOTALS</b>	<b>24</b>	<b>€2,295,000</b>		<b>20</b>	<b>€1,656,000</b>		<b>€639,000</b>
Respite Bed (Private)				1	€49,140	€945	-€49,140

#### **7.4 Savings**

The saving of €639k assumes that staff no longer required in St Joseph's Hospital, would be redeployed on a cost neutral basis within Louth e.g. to reduce agency usage across the Drogheda residential units or redeployed to the catering department of St Brigid's Psychiatric Hospital Ardee. The meals for the St Joseph's residents would then be supplied from St Brigid's. The HSE would engage with staff and unions using the Public Service Agreement Framework to progress the redeployment process.

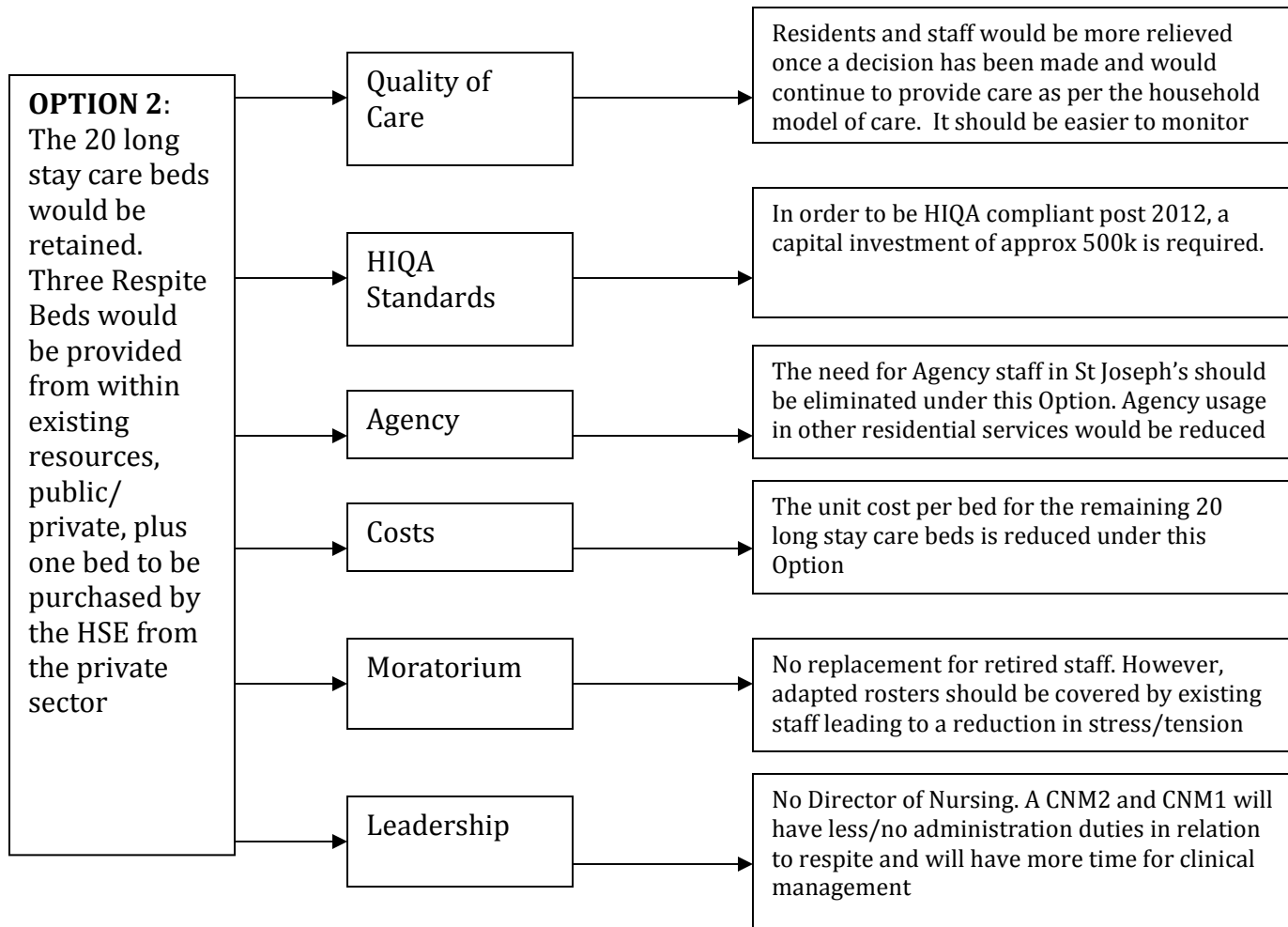
As outlined above, it is assumed that the existing respite service in St Joseph's Hospital would be delivered from within the current respite provision in Co Louth both private and public. However in order to minimise any dilution of the current service, one respite bed would be purchased from private sector provision at an annual cost of approximately €49k. Given that the existing four respite beds are costed in Option 1 at €357k, the net saving on respite under Option 2 is estimated at €308k and this would accrue locally to Louth SFOP and will assist in addressing deficits within the Louth service - See Table 11 above.

The additional saving of €260k under this option relating to the long stay beds will accrue to the National Nursing Home Support Scheme budget (Fair Deal).

#### **7.5 Capital Requirement**

The anticipated capital investment required to make St Joseph's compliant with HIQA standard 25 post 2015 is estimated at €500k with capacity reduced to 18 long stay care beds.

## Impact on Change Drivers



### OPTION 3

**OPTION 3: Under this Option St. Joseph's Hospital would close. The current residents would be accommodated in existing public/private residential units in accordance with their wishes and those of their families/representatives. Respite services would be reconfigured, as outlined in Option 2. This closure would be completed as per HIQA guidelines.**

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>➤ Staff could be redeployed to Services for Older People throughout Louth to eliminate agency costs</li> <li>➤ Vacant management posts in Louth Services for Older People would be filled with existing management posts from St. Joseph's Hospital</li> <li>➤ The unit cost per bed in private sector provision is much lower than the existing unit cost</li> </ul>	<ul style="list-style-type: none"> <li>➤ Loss of the residents' home and the family unit that has been established in St. Joseph's Hospital</li> <li>➤ Disruption to residents in relocating to other facilities</li> <li>➤ Disruption to relatives travelling to locations outside Ardee area</li> <li>➤ Possible increase in mortality &amp; morbidity</li> <li>➤ Disruption to staff and community</li> <li>➤ Breakdown of the ethos of a community in St. Joseph's Hospital</li> <li>➤ Loss to the HSE of the only Public Residential Unit for Older People practising a household model of service delivery</li> </ul>

## **7.6 Cost Implications of Option 3**

The key financial assumption underpinning this option is that the staff currently employed in St Joseph's Hospital can be redeployed on a cost neutral basis to other services within the HSE. The HSE would engage with staff and unions using the Public Service Agreement (PSA) framework to progress the redeployment process. Table 10 under Option 2 details the staff numbers that would remain to be redeployed.

Based on current utilization, approximately 9.0 wte nurses and 10.0 wte attendants could be redeployed to the Drogheda units to eliminate agency usage but there will be a number of staff who will require suitable redeployment to other areas.

The financial position in respect of the four respite beds is the same as outlined in Option 2.

However in relation to the long stay care beds and for costing purposes, it is assumed that all existing 19 long term residents are relocated to private sector provision. The estimated annual cost based on €945 per bed week is €934k as shown in Table 12 below.

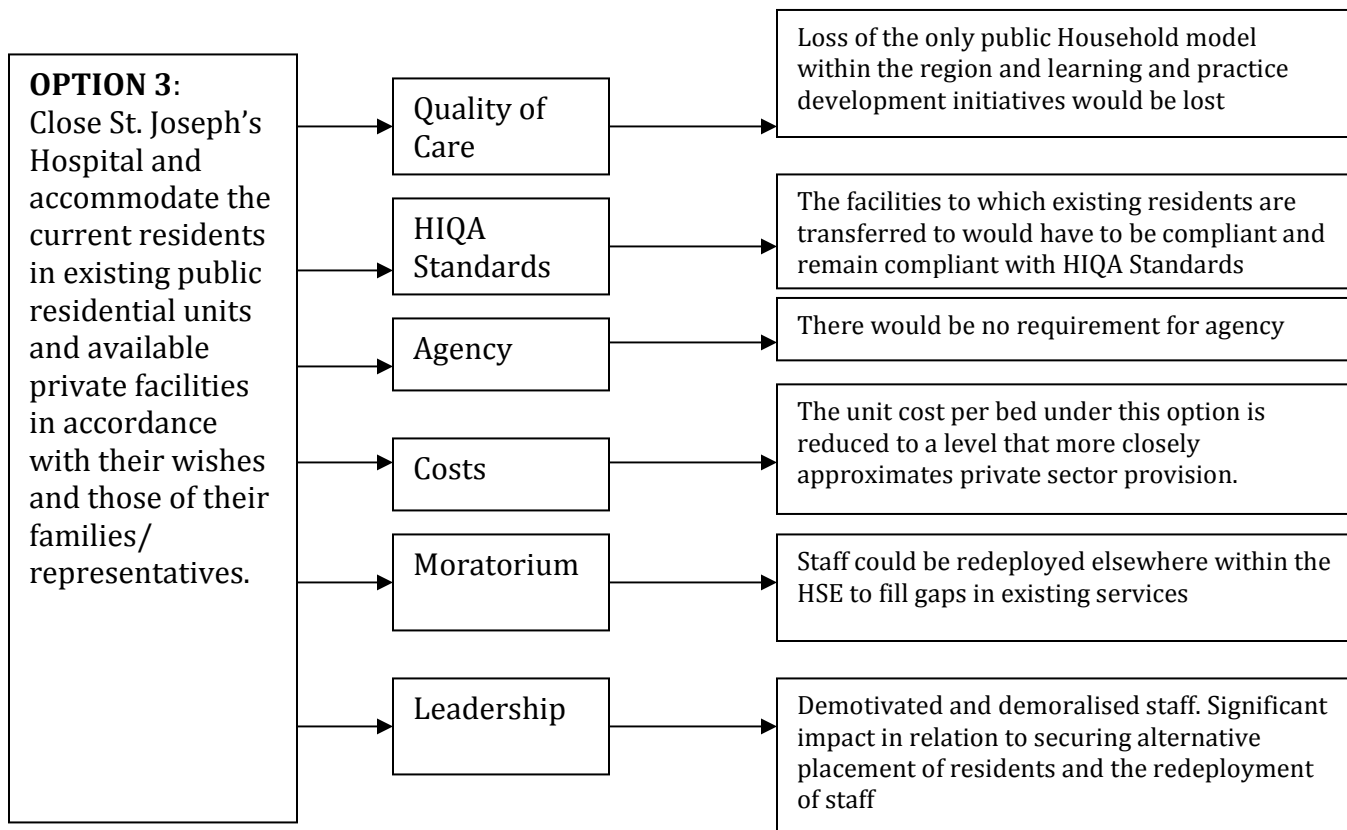
## **7.7 Savings**

When staff have been redeployed and the beds relocated to the private sector, there would be an annual saving of approximately €590k which would accrue to the Nursing Home Support Scheme in respect of the long stay care beds. In addition the saving on the HSE specific costs of €132k would accrue locally to Louth SFOP. See Table 12.

**TABLE 12 – Cost Comparison on the Closure of Long stay beds in St Joseph's**

<b>DESCRIPTION</b>	<b>Number of beds</b>	<b>Projected Annual Cost per Option 2</b>	<b>Replacement Cost in Private Sector based on €945 per bed week</b>	<b>Projected Annual Saving</b>
Long Stay Beds	19	€1,524,000	€933,660	€590,340
Respite Beds	0	Financial position is the same as in Option 2		
HSE Direct Costs	n/a	€132,000	€0	€132,000
<b>TOTALS</b>	<b>19</b>	<b>€1,656,000</b>	<b>€933,660</b>	<b>€722,340</b>

## Impact on Change Drivers



## OPTION 4(a)

**OPTION 4(a):** Under this Option, 20 long stay care beds in St. Joseph's Hospital would be retained in the short/medium term with a view to developing a replacement unit comprising 50 long stay care beds. The 50 bed facility would form part of the replacement strategy to address not only the current 20 beds in St. Joseph's Hospital but also the reduction in the remaining public units arising from the requirement to meet standard 25 of the 2015 HIQA standards by 2015. The recently completed Feasibility Study for St Josephs has indicated that this would require capital investment of approx €8.47m (excl fees) for which no national allocation is currently available. This figure includes €1m costs for temporary accommodation in private nursing homes.

Advantages	Disadvantages
<ul style="list-style-type: none"><li>➤ Residents can remain "living at home" in St. Joseph's Hospital</li><li>➤ HIQA compliant for 2015</li><li>➤ Could further develop the household model of service delivery and the associated learning and practice development that accompanies this model</li><li>➤ Provides an opportunity to develop a more cost effective model of service delivery in line with there being a purpose built facility e.g. skill mix, rosters and devolved management structures etc</li></ul>	<ul style="list-style-type: none"><li>➤ Uncertainty regarding the source of funding for the required capital investment</li><li>➤ Disruption to the residents and staff while construction work is undertaken</li><li>➤ Staffing increase will be necessary to manage the additional bed capacity and this will be challenging due to the moratorium if redeployment from other areas is not feasible</li></ul>

## **7.8 Cost Implications of Option 4(a).**

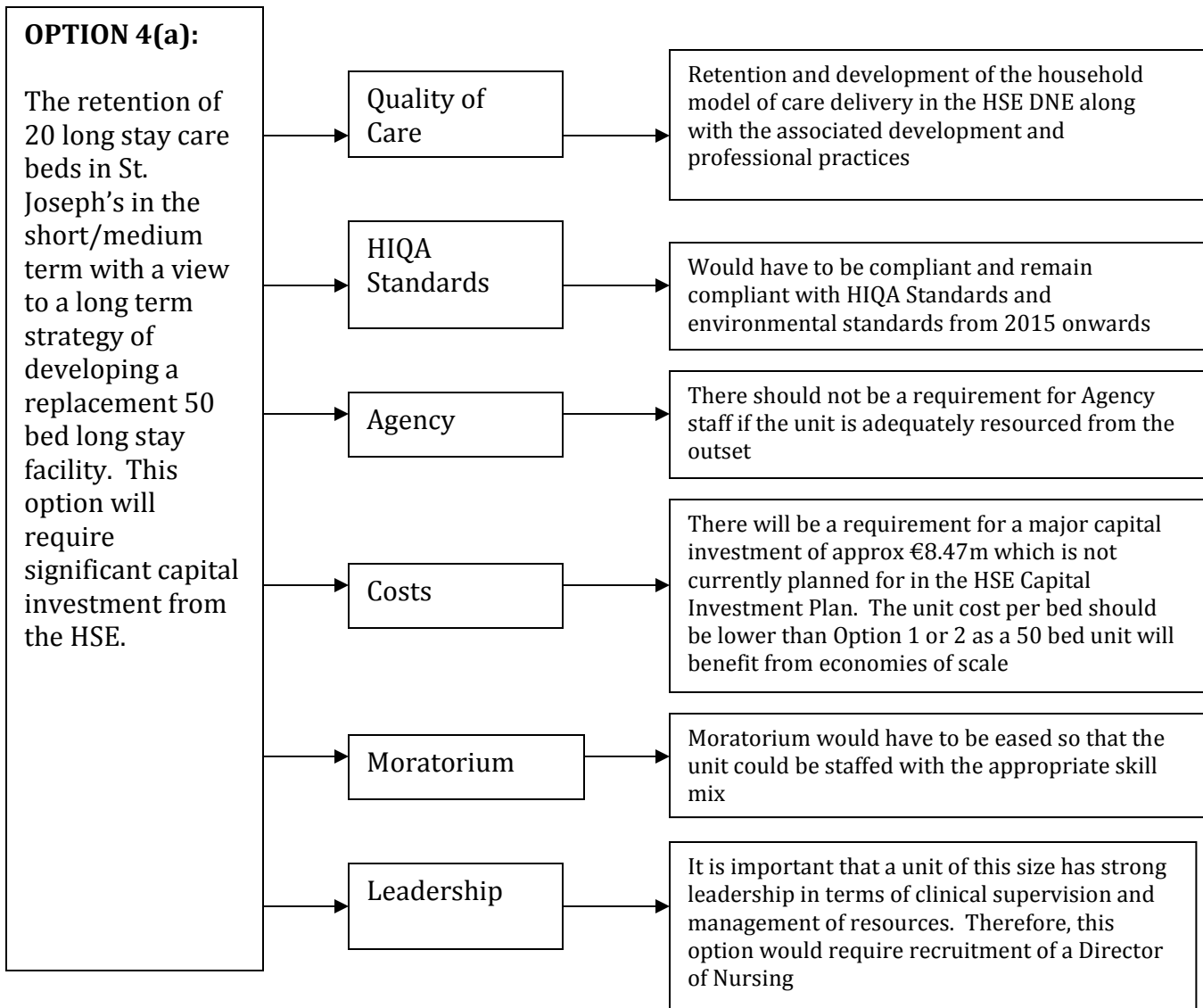
There is limited information available to cost Option 4(a). The initial cost will be identical to Option 2 (€1,465 per bed week). However further consideration needs to be given to the following:

- A recently completed feasibility study for St Josephs has indicated that this development would require capital investment of approx €8.47m (excl fees). This sum includes €1.0m to facilitate the transfer of the current residents to an alternative residential setting for a period of up to 12 months, while the building works is ongoing.
- The revenue costs will initially be the same as outlined in Option 2.
- There is insufficient information to calculate a revenue cost per bed for the 50 bed extension. Additional information would be required on the proposed skill mix, rosters and management structure in order to facilitate an accurate costing.

The source of revenue funding for this option would be a matter for the National Nursing Home Support Scheme.

The unit cost per bed should be lower than in Option 1 or 2 as a 50 bed facility will benefit from economies of scale not available in a smaller unit.

## Impact on Change Drivers



## OPTION 4(B)

**OPTION 4(b):** Under this Option, 20 long stay care beds in St. Joseph's Hospital would be retained in the short/medium term with a view to a long term strategy of developing a replacement 50 bedded long stay facility within a sheltered housing/retirement village, primary care centre and day care centre complex. This could be done in conjunction with a Housing Association and Louth County Council. This option would require capital investment from the HSE of approx €8.47m (excl fees) for which no national allocation is currently available. This figure includes €1m costs for temporary accommodation in private nursing homes. A representative group of all stakeholders would be established to develop this proposal.

Advantages	Disadvantages
<ul style="list-style-type: none"><li>➤ Residents can remain "living at home" in St. Joseph's Hospital</li><li>➤ Would be a social housing/residential care mix for Older People</li><li>➤ The area has been zoned for social housing</li><li>➤ HIQA compliant for 2015</li><li>➤ Offer potential opportunity to have local community ownership</li><li>➤ Provides an opportunity to develop a continuum of care for people living independently moving to more dependant living as needs change</li></ul>	<ul style="list-style-type: none"><li>➤ Considerable amount of work will have to be done by the stakeholders involved to ensure there is partnership and cross-agency collaboration in order that the model developed links in with the HSE's vision for Residential Services for Older People going forward</li><li>➤ Uncertainty regarding the sources of funding for this capital development project</li><li>➤ Disruption to the residents and staff while construction work is being undertaken</li><li>➤ Staffing increase will be necessary to manage the additional caseload and this will be challenging due to the moratorium</li></ul>

## **7.9 Cost Implications of Option 4(b).**

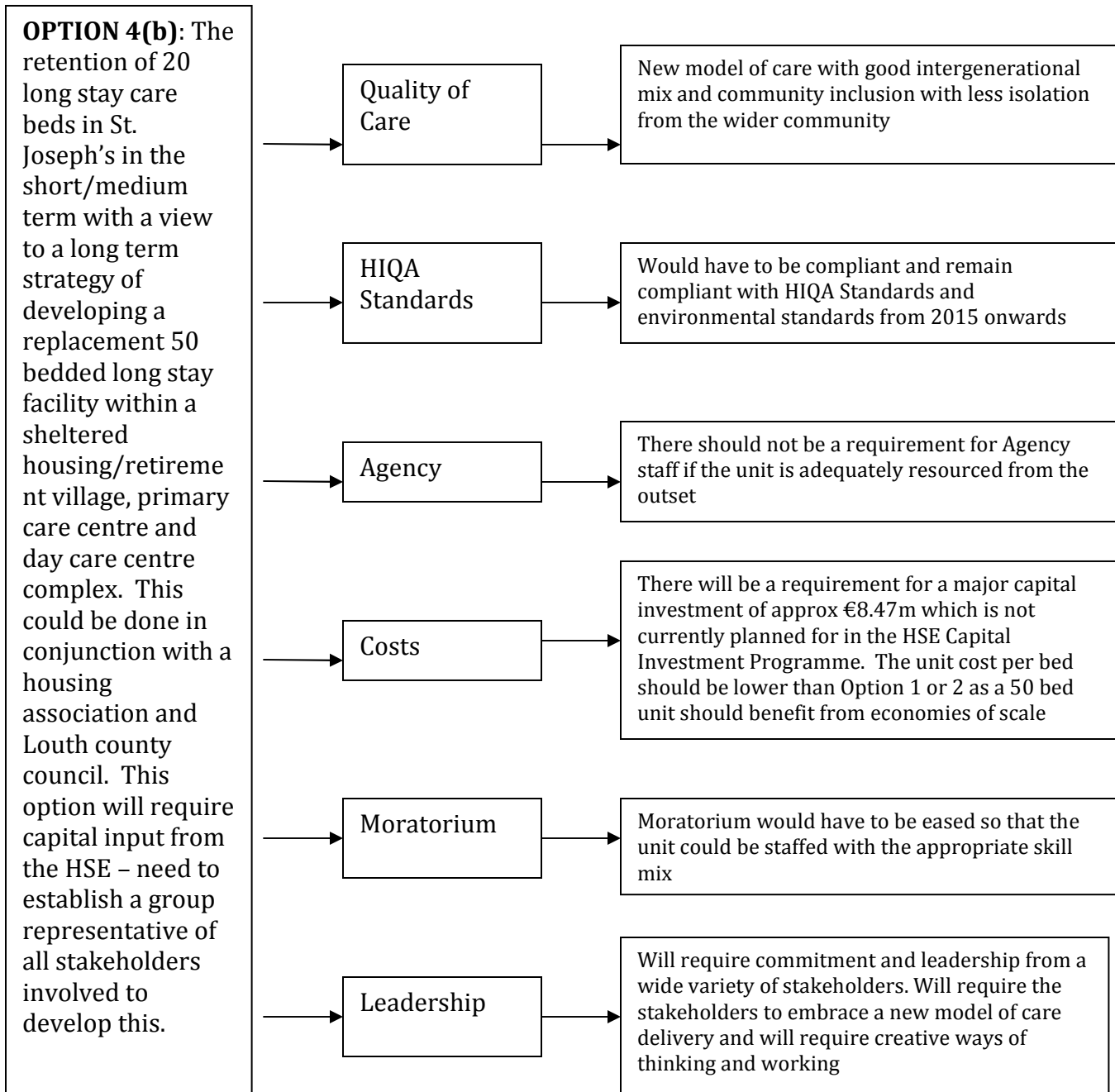
There is limited information available to cost Option 4(b). The initial cost will be identical to Option 2 (€1,465 per bed week). However further consideration needs to be given to the following:

- A recently completed feasibility study for St Josephs has indicated that this development would require capital investment of approx €8.47m (excl fees). This sum includes €1.0m to facilitate the transfer of the current residents to an alternative residential setting for a period of up to 12 months, while the building works is ongoing.
- The revenue costs will initially be the same as outlined in Option 2.
- There is insufficient information to calculate a revenue cost per bed for the 50 bed extension. Additional information would be required on the proposed skill mix, rosters and management structure in order to facilitate an accurate costing.

The source of revenue funding for this option would be a matter for the Nursing Home Support Scheme.

Additional revenue costs would inevitably arise from the proposal to develop the site of St. Joseph's as described in this Option. A detailed analysis of the proposal would be necessary in order to quantify the impact on the HSE in terms of revenue requirements.

## Impact on Change Drivers



## OPTION 5

**OPTION 5:** Under this Option the HSE would undertake a procurement process to build and operate a 50 bed replacement unit on the site of St. Joseph's Hospital through a preferred provider and in particular to provide the staffing and associated service in the unit. The service would be 100% managed by the preferred provider. This arrangement would be based on a robust service agreement and subject to ongoing monitoring by HSE management. The recently completed Feasibility Study has indicated that this would require a capital investment of approx €8.47m (excl fees) and it is unlikely that a Public Private Partnership project would be sustainable as there is no national allocation currently available to support a project of this type. This figure includes €1m costs for temporary accommodation in private nursing homes.

This option could also be expanded to include the sheltered housing/retirement village opportunities outlined in Option 4(b).

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>➤ Residents can remain "living at home" in St. Joseph's Hospital</li> <li>➤ HIQA compliant for 2015</li> <li>➤ Unit cost per bed would more closely approximate private sector provision (€950 - €1,000 per bed week)</li> <li>➤ Provides an opportunity to deliver a new model of care</li> </ul>	<ul style="list-style-type: none"> <li>➤ All existing staff in St. Joseph's Hospital would be redeployed to other HSE services</li> <li>➤ Disruption to the residents and staff while construction work is undertaken</li> <li>➤ Significant amount of lead in time required from planning to completion</li> <li>➤ Would require engagement with unions under the Public Service Agreement</li> <li>➤ Therapy inputs would be contracted in at sessional rates of pay as the service requires and as such does not provide for ongoing monitoring of progress</li> <li>➤ Current residents would lose staff who are familiar with them and their care needs</li> </ul>

### **7.10 Cost Implications of Option 5.**

The funding for all public long stay care beds is located within the Nursing Home Support Scheme from 1<sup>st</sup> January 2012. Therefore the revenue funding requirement for this option would have to come from the scheme.

Assuming that the cost to the private provider would be approximately €945 per bed week then the revenue cost of a 50 bed facility would be circa €2.5m.

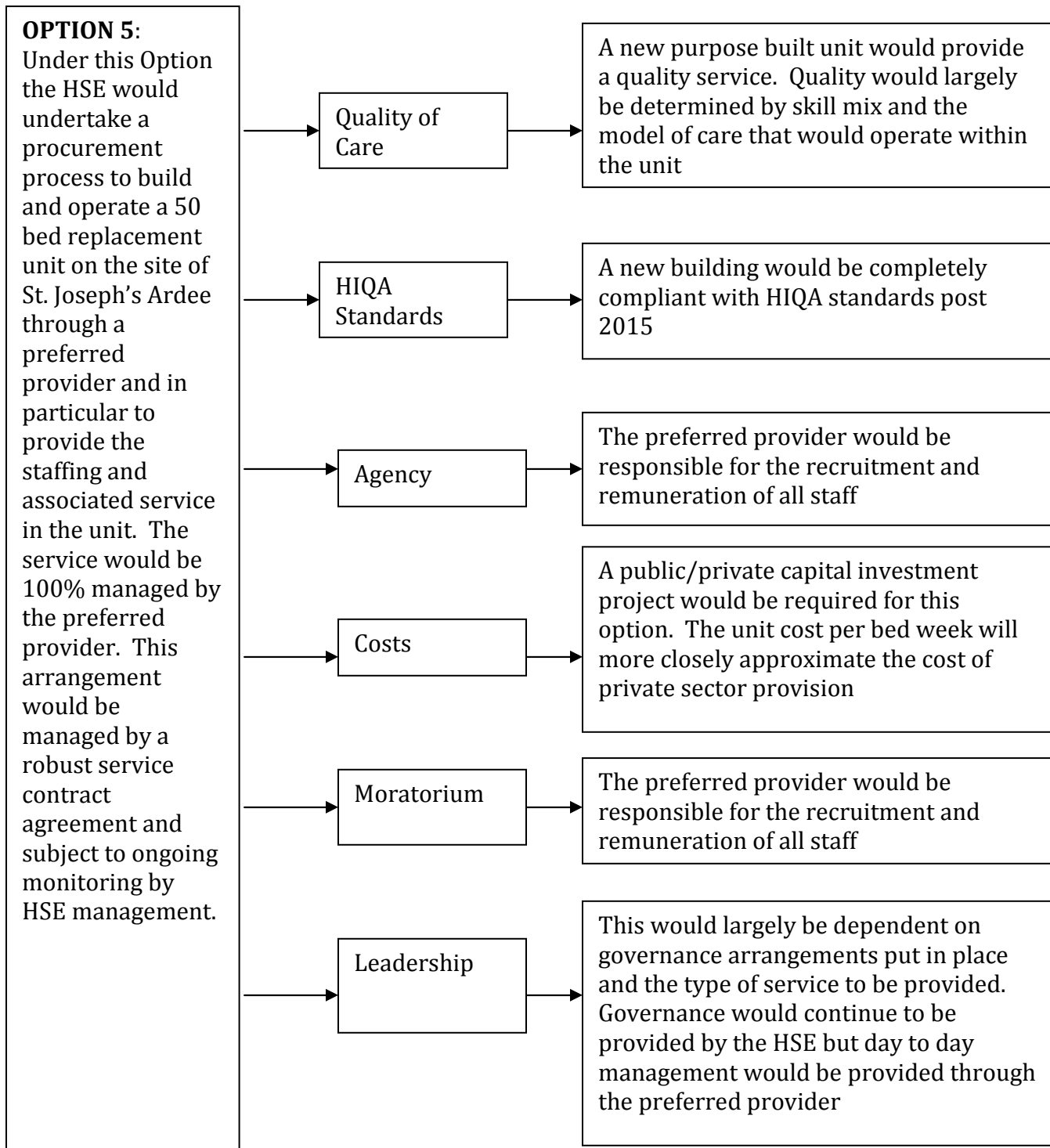
The unit cost per bed week is likely to more closely reflect the cost of private sector provision (€900 to €1000 per bed week).

A key financial assumption underpinning this option is that the staff currently employed in St. Joseph's Hospital can be redeployed on a cost neutral basis to other services within the HSE. The HSE would engage with staff and unions using the Public Service Agreement (PSA) Framework to progress the redeployment of existing staff in St. Joseph's Hospital. Table 10 under Option 2 details the staff numbers that would remain to be redeployed.

### **7.11 Capital Investment**

The recently completed Feasibility Study for St Josephs has indicated that this option would require a capital investment of approx €8.47m (excl fees) and it is unlikely that a Public Private Partnership project would be sustainable as there is no national allocation currently available to support a project of this type. This sum includes €1.0m to facilitate the transfer of the current residents to an alternative residential setting for a period of up to 12 months, while the building works is ongoing.

## Impact on Change Drivers



## OPTION 6

**OPTION 6: Under this Option it is proposed that a Community Trust would be established to manage and operate St. Joseph's Hospital. A Community Trust is a not for profit body which would acquire and manage St. Joseph's Hospital on behalf of residents and the community while preserving affordability and the continuation of services as they currently exist, on behalf of the community. It would be independent of the Health Service Executive and would be legally chartered and regulated to undertake the current activities being accountable to the people of the local community. Issues in relation to resources and funding would have to be planned for, and managed by the community in conjunction with the Department of Health and the Nursing Home Support Scheme.**

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>➤ Will have local community ownership</li> <li>➤ Retaining services in the Ardee area</li> <li>➤ Managed by a Board of Trustees appointed by the local community</li> <li>➤ Ensures St. Joseph's Hospital continues as a facility for older people</li> <li>➤ No disruption to current residents</li> </ul>	<ul style="list-style-type: none"> <li>➤ Not having a clear understanding of what form a community trust would take</li> <li>➤ Need to establish a group independent of the HSE to develop this proposal</li> <li>➤ Considerable amount of work would have to be done by the community to develop a model which links with the HSE's vision for Residential Services for Older People going forward</li> <li>➤ Probable gap between existing revenue running costs and available Nursing Home Support Scheme funding would require significant fundraising to address the shortfall</li> <li>➤ Major capital investment would be required to make the unit HIQA compliant post 2015</li> <li>➤ Possible redeployment of existing staff to other areas of HSE if the Trust terms and conditions is less favourable than HSE terms and conditions</li> <li>➤ Possible loss of household model</li> <li>➤ Current residents may lose staff who are familiar to them and their care needs</li> </ul>

### **7.12 Cost Implications of Option 6.**

It is not possible to provide detailed costs in respect of this option. However, some issues that have a financial impact are outlined below:

- The funding available to the “Trust” from the Department of Health/Nursing Home Support Scheme is likely to approximate what is currently available for private sector provision i.e. in the range of €900 to €1000 per bed week.
- Given the above it is unlikely that the existing staff in St. Joseph’s Hospital would transfer to the new “Trust” as their terms and conditions would be less favorable than the existing HSE terms and conditions. Therefore, all staff currently employed in St. Joseph’s Hospital are likely to require redeployment to other HSE services.
- There are legal issues in relation to the transfer of assets which would require further clarification.

## Impact on Change Drivers

### OPTION 6:

Under this Option it is proposed that a Community Trust would be established to manage and operate St. Joseph's Hospital. A Community Trust is a not for profit body which would acquire and manage St. Joseph's Hospital on behalf of residents and the community while preserving affordability and the continuation of services as they currently exist on behalf of the community. It would be independent of the Health Service Executive and would be legally chartered and regulated to undertake the current activities being accountable to the people of the local community. Issues in relation to resources and funding would have to be planned for, and managed by the community in conjunction with the Dept. of Health.

Quality of Care

Quality of Care will be dependant on the Trusts' ability to ensure all HIQA standards will be met

HIQA Standards

A new Trust would have to ensure compliance with HIQA standards if providing extended care, and compliance with Hygiene & Infection Control standards

Agency

The Trust would be responsible for the recruitment and remuneration of staff

Costs

The level of funding available from the Department of Health/Nursing Home Support Scheme is not clear at this time.

Moratorium

The Trust would be responsible for the recruitment and remuneration of staff

Leadership

Leadership and governance arrangements would need to be established by the new Trust within the framework of existing legislation including compliance with all HIQA standards

## **8.0. Conclusion**

The steering group has identified six potential options for St Joseph's Hospital Ardee, a number of which are financially challenging, and would require significant capital investment.

It is essential that whichever of these options are considered viable, the preferential route to the preferred model of service delivery must meet the HIQA standards for 2015 and beyond, as well as providing a high quality, safe environment for older people who will use the service and must be aligned to and advance the strategic development of services for older people in Louth as defined by the Comprehensive model of care.

Given the nature of many of the proposed changes, the group must advise that development of a number of suggested models of service delivery will not be achievable by the HSE alone. Multi-sectoral engagement (that is the establishment of trusts to run and manage a unit) appears necessary to ensure the successful development of several proposed options. A number of the proposed options identify a dual-phased approach in order to achieve HIQA compliance post 2015.

At this time, the Steering Group recognises the need to give all options serious consideration. In reaching a conclusion as to a preferred option it will only be possible when variables presently unresolved are clarified. These developments will, if funded, render more viable many of the options detailed in this appraisal. In addition, the updated national "unit cost of care per bed week" for public residential units is due to be published in the near future. These costs will help to determine the financial viability of certain options detailed in this appraisal. These costs will help to further determine the financial viability of certain options detailed in this appraisal. However, in times of reducing Health Service budgets all service configuration must be subject to additional scrutiny in terms of the continued viability of a number of the proposals above.

The Steering Group acknowledge the co-operation of the various Local Action Groups for the level of positive engagement which they have demonstrated. The Steering Group would also like to acknowledge the professional approach and the engagement that the staff in St. Joseph's Hospital has displayed in what is an uncertain environment.

The Steering Group look forward to further positive engagement with all stakeholders with regard to the Option Appraisal. The decision making process will be informed by this consultation process and the decision will be communicated to all stakeholders in a timely and appropriate manner.

## **9. Public Engagement to date**

### **9.1 Context**

The HSE have developed national protocols and guidelines to guide consultation with all stakeholders in respect of proposals that consider the potential closure of Community Nursing Units. The HSE DNE is fully committed to implementing this protocol and ensuring appropriate consultation and communication takes place with all relevant stakeholders regarding the potential closure of St Joseph's, Ardee. The HSE will also aim to ensure that communication is timely, transparent and appropriate to all stakeholders including residents, staff, community and public representatives. There is intense local public interest in the process to determine the future of St Joseph's, Ardee involving residents and families, local community action groups, local public representatives/Oireachtas members and local media.

A significant amount of discussion and debate is ongoing in the public arena and a significant amount of information is being discussed by stakeholders on such issues as cost per bed to make units viable, developing pilot projects on intermediary care to building alternative residential units.

The HSE has reiterated in all communications that;

- No decision has been taken to change the current function of any unit
- The HSE has already given a firm undertaking to complete a thorough appraisal of the services and to share the findings

The level of service to be provided in any community nursing unit, in 2012 will be determined by available levels of staffing, funding and the requirement to comply with all national standards in relation to the provision of long stay residential units.

The HSE is committed to ongoing engagement and information sharing with all stakeholders including the residents, their families, advocates, staff, local action groups and public representatives.

To date, significant information sharing has taken place with stakeholders:

### **9.2 Residents and Families:**

Management in St Joseph's Ardee issued a letter to all residents and their families and have provided assurances that no decision has yet been taken to close any unit. They also advised residents that the managers of the units are available to discuss directly any concerns a resident or family member may have.

The HSE acknowledges that residents and families are the main stakeholders and consultation and communication with them will always be the priority of the HSE.

### **9.3 Staff meetings and briefings**

Management have been available to discuss concerns raised by staff on an ongoing basis through briefings and staff meetings. Any public statements issued in relation to the unit and the ongoing process will be circulated to staff through the managers of the units.

### **9.4 Unions**

Louth Meath Area management have held meetings with staff union representatives and advised them of the option appraisal process.

### **9.5 Meetings with public representatives and Oireachtas Members:**

Both local area management and regional management have met with local public representatives and Oireachtas members. The HSE has also provided responses to Parliamentary Questions, and Dublin North East Regional Forum requests with regard to both units,

### **9.6 Local Management meetings with local action group representatives:**

Management have met with representatives from local action groups directly and also at meetings involving public representatives. A commitment has been given by the HSE to undertake an option appraisal and to share the findings of the appraisal with all stakeholders.

### **9.7 Media**

The HSE Dublin North East has issued Media Statements and responses to all media queries on the process at hand. These statements have reiterated HSE commitment to engage with all stakeholders, to provide open and transparent information and to undertake a thorough public consultation.

## **10. Public Consultation Plan and Process**

The HSE has already given a firm undertaking to complete a thorough appraisal of the services in St Joseph's, Ardee. As agreed this Option Appraisal Document is a public document and forms the basis for undertaking the current public consultation process.

In developing the document the steering group has been mindful of the need to ensure the document is accessible, clear and informative and provides sufficient detail to allow all stakeholders to form opinions and to participate in and make submissions to the public consultation process. The purpose of the consultation process is to open a formal channel of communication with all stakeholders regarding the future of St Joseph's, Ardee. This includes the residents, their families, the staff and all interested parties.

The most significant element of this consultation process will involve consultation with the long-term residents of St Joseph's, Ardee. This part of the consultation process will be thoroughly guided by the HSE national protocols and guidelines and will include detailed consultation with each resident involving their individual care plan as well as collective consultation with the residents.

Key Stakeholder	HSE Staff Responsible for communications	Key Communication Actions		
		Pre consultation	Consultation Phase	Decision Making/Outcome Phase
Residents	SFOP/Unit Managers	Letter to Inform residents of units current status and key contact person i.e. Unit Manager	Letter to each resident explaining the consultation process	Individual meeting with each resident
		Face to face discussions	Individual consultation meetings with residents	Written confirmation of the outcome of the consultation
			Group Residential Consultation Meetings	Additional actions to be determined by outcome
			Identified key contact person i.e. Unit Manager	Identified key contact person
Next of Kin/Families	SFOP/Unit Managers	Letter to residents/family rep to inform of current status	Copy of Consultation/ Option Appraisal Document	Copy of final report
			Letter to each family/next of kin explaining the consultation process	Written confirmation of the outcome
			Copy of Consultation/ Option Appraisal Document	Additional actions to be determined by outcome
			Meetings with families	Identified key contact person i.e. Unit Manager
Staff working in St Joseph's, Ardee	SFOP/Unit Managers	Briefings Meetings Copy of Public	Request for written submission Identified key contact person i.e. Unit Manager	Copy of final report
			Meetings with staff	Written confirmation of the outcome
			Copy of Consultation/	Additional actions to be determined

		Statements Intranet	Option Appraisal Document  Consultation Meetings  Request for written submissions Copies of Public Statements	by outcome  Identified key contact person  Copy of final report  Copy of Public Statement
Staff working in the wider Louth SFOP	Louth Manager SFOP	Include update at meetings Intranet	Copy of Consultation/ Option Appraisal Document  Request for written submissions	Written confirmation of the outcome  Public Statement  Copy of final report
Union Reps	Area Manager	Meetings	Copy of Consultation/ Option Appraisal Document  Consultation Meetings  Request for written submissions	Written confirmation of the outcome  Copy of final report  Additional actions to be determined by outcome
Public Reps	Operations Manager / Area Manager	Meetings Copies of Statements PQs Dáil Questions	Copy of Consultation/ Option Appraisal Document  Schedule of Consultation Meetings  Request for written submissions  Copies of Public Statements	Written confirmation of the outcome  Copy of final report  Copy of Public Statement  Additional actions to be determined by outcome
Local Action Groups	Operations Manager / Area Manager	Regular Meetings	Copy of Consultation/ Option Appraisal Document	Written confirmation of the outcome

			Schedule of Consultation Meetings Request for written submissions	Copy of final report  Additional actions to be determined by outcome
Advocacy Groups	Operations Manager / Area Manager		Copy of Consultation/ Option Appraisal Document  Schedule of Consultation Meetings  Request for written submissions	Written confirmation of the outcome  Copy of final report  Additional actions to be determined by outcome
Senior HSE Management RDO Specialist	Operations Manager / Area Manager	RMT meetings  Meetings	RMT meetings  Copies of Public Statements	RMT Meetings  Copy of final report  Copy of Public Statement  Additional actions to be determined by outcome
Department Health and Ministers Offices	Operations Manager / Area Manager RDO	Briefings Provided  Copies of Statements	Regular Briefings  Copy of documents published  Copies of all statements	Written confirmation of the outcome  Copy of final report  Copy of Public Statement Additional actions to be determined by outcome
Regional Forum	Forum Office	Update at Meetings  Copies of Statements	Copy of Consultation/ Option Appraisal Document  Schedule of Consultation Meetings  Request for written submissions	Written confirmation of the outcome  Copy of final report  Copy of Public Statement

			Request for written submissions Copies of Public Statements Update/ Presentation at Meetings	
Media	Communications Office	Public Statements Interviews/ Briefings	Public Statements Interviews/ Briefings	Public Statement Interviews/  Copy of final report  Briefings  Additional actions to be determined by outcome

## Proposed timeline for consultation:

KEY ACTIONS / STAGES	Start	End
Issuing Option Appraisal Document and announce details of consultation process	3/12/12	
Consultation with Residents / Next of Kin & Families	3/12/12	
Consultation with Staff and Unions	3/12/12	
Consultation with Elected Public Representatives	3/12/12	
Consultation with Local Action Groups and all interested parties	3/12/12	
Closing Date for Submission of Written Responses		18/1/13
Preparation of report detailing the information supplied at the Consultation Process with Residents & Next of Kin, highlighting any issues as appropriate	30/1/13	
Preparation of report detailing the information supplied at the Consultation Process with Staff and Unions	4/2/13	
Preparation of report detailing the information supplied at the Consultation Responses from Elected Reps/Action Groups/Friends Of highlighting any issues as appropriate	8/2/13	
Preparation of report detailing the information supplied at the Consultation response received in written format only	13/2/13	
Publication of final reports	18/2/13	
Local Management Response to final reports of Consultation Responses	20/2/13	
Consideration by the Decision Maker of: <ul style="list-style-type: none"> <li>• Consultation Document</li> <li>• The final meeting report</li> <li>• Local Management responses to the final reports</li> </ul>	22/2/13	
Submission of Decision by Decision Maker to HSE/Dept	TBC	
Announcement of Decision	TBC	

To support the consultation the HSE is committed to advising all stakeholders of the process and how they may participate. Key actions will include;

- The provision of an information document with basic details on how to participate in the consultation process, the timeframe and closing date for written submissions
- Media Statement announcing consultation process
- Media Spokesperson to advise on the process and provide public information
- Option Appraisal Document and all relevant background information to be provided on HSE website
- Circulation of information on consultation process to all identified stakeholders
- Copies of all documents given to staff in St Joseph's, Ardee and staff within Services for Older People
- Schedule of meetings as part of process and agreed format for making representations or observations, either in writing or orally (written record/recording)
- Skilled facilitator to chair any meeting to be recorded as a representation or submission
- Preparation of reports detailing the information supplied at the Consultation Process

Once the consultation has concluded and all submissions are received the HSE assures stakeholders that in making any decision regarding maintaining or changing any current service that such decision is made based on all information on hand and in consideration of all appropriate submissions received.

In announcing the decision HSE will ensure a process is in place for communicating the outcome appropriately to all stakeholders. The HSE will, in the first instance, inform the residents and the staff of the outcome.

**Key Actions will include:**

1. **Residents and Families:** Verbal and written confirmation and meeting to discuss each resident's future care plan
2. **Staff:** staff briefing outlining implication of the decision and how it will impact on each staff member, future opportunities etc
3. **Action Groups/Public Reps-** formal written communication supported by point of contact for further clarification and any other information required
4. **Public Statement**
5. **Written Report**

1. **Statement of Purpose – St Joseph's, Ardee.**
2. **Categories of expenditure excluded from Private Sector Price Comparison**
3. **Relevant Legislation and Policies governing provision of Services to Older People.**
4. **HSE Protocol Consultation Policy Document in relation to the Potential Closure of Public Long Stay Unit.**

## **Appendix 1**

**St. Joseph's Hospital**

### **Statement of Purpose and Function**

**St Joseph's Hospital**

**Ardee, Co Louth.**

**Centre ID 537**

Date of Issue	1 <sup>st</sup> September 2011
Review Date	1 <sup>st</sup> August 2012 or sooner if required
Developed by	Eileen Dullaghan

## **Statement of Purpose and Function St Joseph's Ardee**

The purpose of this document is to provide information for the residents, staff and public, of the purpose of the services in St. Joseph's Hospital, Ardee.

Our purpose is to serve the elderly population of Ardee and surrounding districts of Louth by providing a first class, quality assured residential and respite service to those older people who are entrusted to our care.

### **1. St. Joseph's Hospital, Ardee Co Louth**

**Tel: 353 (0)41 658 3304 Fax: 353 (0) 41 685 3663**

### **2. Registered Provider – Health Service Executive.**

**3. Fit Person** –is Mr. William Mc Allister Operations Manager, Oriel Suite, St Brigids Hospital Complex, Ardee, Co. Louth. Telephone Number: 041 68 53264.

### **4. Qualifications & Experience**

William's Qualifications are Social Work Qualification, Post Grad qualification in Social Work in Mental Health and Social Work Practice Teaching.

General Manager x 6 years with responsibility for Older Persons Services in Co. Louth.

Project Managed the decanting of Old Age Psychiatric Services at St. Ita's, Portane, to a new purpose built centre in St.Vincent's, Fairview.

Involved in the Steering Committee for the Age Friendly County (Co.Louth).

Also on the Steering Committee which established the Nestling Project, Dundalk. This Project provides independent accommodation for older people who require a level of home support and/or technical support, in order to be maintained in the community.

**Person in Charge – Bernie Murphy** – Clinical Nurse Manager II - St. Joseph's Hospital, Ardee, Co. Louth. Telephone Number: 041 68 53304

### **Qualifications**

RGN in 1979

E.N.B.941 Nursing Elderly People

E.N.B.998 Teaching and Assessing in the Clinical Area

E.N.B N.I8 The Professional Development of Nurses in Leg Ulcer Management

### **Experience**

Worked on general medical and surgical wards in the Whittington and Royal Northern Hospitals in London

Worked as a research nurse in the Memory Clinic at the Whittington Hospital

Worked in the Dorothy Warren Day Hospital which offered rehabilitation – out patient and wound care facilities for the Older Person

Worked in the Louth County Hospital in 1996 on general medical and surgical wards

Obtained CNMII post in 1997 in St. Mary's Hospital – Drogheda in Residential Services for the Older Person

From 2007 to present time working in St. Joseph's Hospital Ardee as a Clinical Nurse Manager II

**5. Aoife Bailey** - Clinical Nurse Manager 1- St. Joseph's Hospital, Ardee, Co. Louth.  
Telephone Number: 041 68 53304

Extra Qualifications of Staff Nurses:-

6 – Midwives

1 – Diploma in Gerontology

1 – Higher Certificate in Arts in Health Promotion

1 – Diploma in Holistic Massage.

**6. Registration Number 12/01/0537**

**Registration Date: 27 06 2012**

**Expiry Date 26 06 2015**

**7. Any conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Act.**

The designated centre shall be operated at all times in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

**8. Maximum number of residents that can be accommodated is 24.**

No of Residents in Extended care	No of Residents in Respite Care
20	0

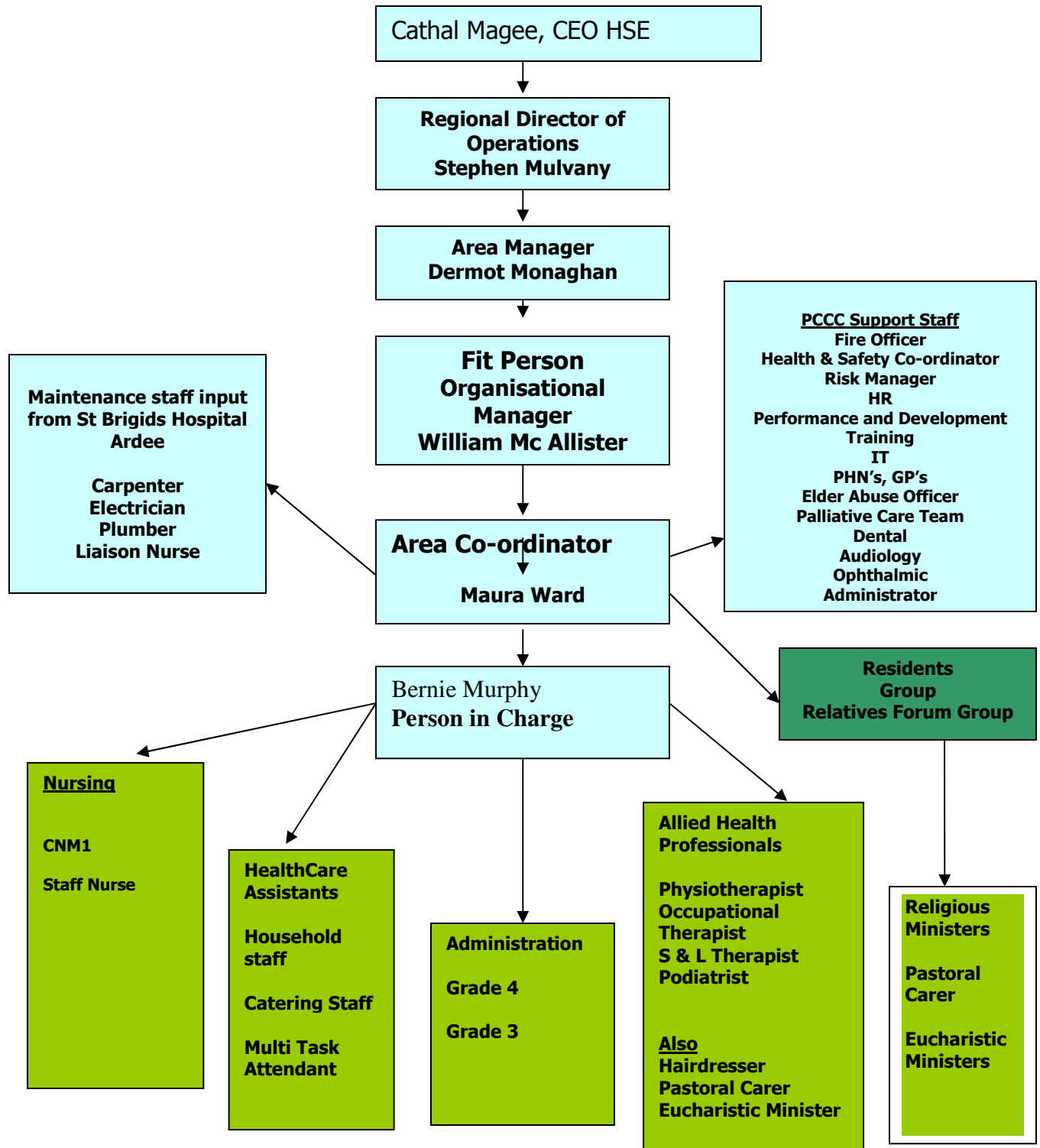
**9. Maximum number or Residents who will be accommodated**

<b>Maximum number or Residents who will be accommodated is.</b>	20
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**10. Staffing**

Staff	Total Number of Staff	Total W.T.E.
Clinical Nurse Manager 2 (WTE)	1	1
Clinical Nurse Manager 1(WTE)	1	1
Staff Nurses (WTE)	14	10.22
Health Care Assistance (WTE)	9	7
Catering Staff (WTE)	10	7.80
Household Staff (WTE)	2	2
Multi Task Attendants (WTE)	6	5.50
Office Administration (WTE)	2	1.50

## Organisational Chart – St Joseph’s Hospital Ardee.



## 12. Age Range of Residents

The age range for Residents in St. Joseph's is from 65 years and Onwards.  
9 Male and 15 Female Residents will be accommodated.

Male Residents Extended Care	Male Residents Respite care	Female Residents Extended Care	Female Residents Respite Care
VARIABLE	0		VARIABLE

## 13. Range of Needs

A resident needs range from medium to maximum levels of dependency. We provide extended care and respite care services.

We believe our ultimate purpose is to provide care in an individualised, fair and equal way, by involving residents, families and staff in order that residents can live their lives to the full. Our purpose is to enable choice, and work with our resident's values and beliefs, needs and choices, in order to meet the physical, psychological and spiritual needs of all those receiving care.

## 14. Nursing Care provided is for dependant older persons over 65 years old.

24 hour nursing care is provided for all residents we are actively involved in adapting a social model of care to a more home like environment called the Household Model of Care. Our philosophy is to embrace positive ageing and place the elderly person at the centre of all our decisions in relation to the provision of the residential service. We act as the residents advocate and provide a forum for residents to take an active role in relation to decisions of the service. We promote independence, health and well being and aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected. With empathy, kindness and a holistic approach, we address physical, emotional, social and spiritual needs of the residents.

We encourage individual choice and active participation in care related decisions based on effective communication and information exchange. Involvement of family and friends enrich care and contribute to a happy homely atmosphere.

We recognise the expertise and valuable contribution of all staff and the importance of team working. We strive for excellence and ongoing learning and development inform our high standards of care.

## 15. Admission Criteria

A multi disciplinary group of professionals meet fortnightly. The needs of applicants for extended care are discussed. The applicant should require 24 hour nursing care. The multidisciplinary team makes a decision based on the dependency needs of the applicant. The person seeking placement for extended care has the option to state the nursing home of their choice. Residents should be 65 years or over. While we can cater for Residents with Dementia we exclude those who have a tendency to wander.

Admission for Respite care is through the Public Health Nurse (PHN), who makes application by completing a nursing assessment form and this is accompanied with a medical report from the applicants General Practitioner (GP). The PHN will forward the application to St

Joseph's Hospital. After discussion with the applicants PHN and the Nurse Manager will provide dates for respite.

Family and prospective residents are welcome to visit St. Joseph's Hospital prior to the Residents admission.

St Joseph's does not accept emergency admissions.

## **16. Social Activities & Leisure Interests**

Residents are encouraged to participate in a variety of activities on offer; these include, gentle exercise, sing-a-longs, film shows, board games, and short walk outdoors or outings.

The library service visits once a fortnight and offers books, DVDs/Videos for residents to enjoy.

There are two multi sensory gardens with raised flower and vegetable beds.

We have our resident family pet dog "Cara".

An art teacher provides art classes on Wednesdays for any resident wishing to take part. A variety of the art work can be seen displayed throughout the Hospital.

We welcome singers, musicians, dancers etc to St. Joseph's Hospital to provide entertainment to our residents.

Daily papers are available on request.

For the visually impaired we can provide the local newspapers on tape.

Some of our residents have been offered the opportunity to visit Lourdes in conjunction with the Armagh Pilgrimage to Lourdes, France.

Residents attend local festivals, such as St. Patrick's Day Parades: Turf Man from Ardee festival.

We have developed a pathway from St Joseph's to the local town centre. Residents are accompanied to the local shops by a member of staff if they wish to go shopping or to enjoy a cup of tea or coffee in the town.

Relatives are encouraged to take residents out when possible, transport can be arranged to assist these outings

We have also developed a Multi-Sensory Room. This provides relaxation therapy for residents.

We have developed a relationship with the local day care centre and partake in activities in conjunction with them e.g. May Procession and Easter Bonnet Parade.

We celebrate birthdays, special occasions such as Christmas, Easter, St. Patrick's Day, Halloween and the Feast of St. Joseph.

Each year in November/December we host a Memorial Service in our church for deceased residents and resident's family members, staff members and their families. Our residents and staff participate in the ceremony. The local Ardee parish choir also contributes to the service.

Visits are facilitated to the local garden centre, local amenities and areas of interest.

We encourage family members to bring in family pets or belongings to our residents.

## **17. Consultation with Residents**

There is a Residents Group in operation here in St Joseph's Hospital. This enables residents to voice their opinions on a variety of topics in relation to the daily operation of St Joseph's. We welcome any ideas for improving the service and the Residents' Group provides a forum for residents to put across their views.

Issues raised at these meetings are brought to the attention of the Nurse Manager and any action taken / outcomes are fed back to the residents at the next meeting.

### **Relatives Forum Group**

This is a committee composed of relatives and friends of residents. We encourage people to join and give their views on enhancing the service. We would encourage the Residents/Relatives Group to advise us on to improve life here at St Joseph's, and maintain links with family/community.

We encourage relatives or friends to become actively involved in the relatives committee

### **Advocacy Services**

**The Person in Charge will act as an Advocate.**

Her role is:

- Receive, investigate, work to resolve issues/concerns made by or on behalf of residents in St. Joseph's Hospital
- Provide information
- Protect resident rights
- Advocate for positive change within St Joseph's Hospital
- Chair residents meetings

### **Protection and Rights**

There is vigilance throughout the hospital campus in respect of elder abuse and a full pathway is clearly identified to deal with any suspicions of abuse.

A designated educational programme on elder abuse is provided for all staff.

There is a dedicated Social Worker who deals with any issues concerning elderly abuse.

Her contact details are (**Mrs. Máire Brady**) Phone number 041 9832963. All suspected allegations of abuse will be taken very seriously. All allegations will be referred to Máire Brady.

All new staff are advised of the Trust in Care policy as part of their induction

### **Contract of Care**

A Contract of Care is available for all residents. This will be explained to the resident and/or their families on admission and they will be requested to sign the contract.

### **Personal Property / Possessions**

While we advise our residents not to take in large sums of monies or valuables our "Personal Property & Possessions" Policy is available for residents and their families should they wish to read it.

If residents wish their relative to manage their finances, arrangements can be put in place for this to happen.

### **Infection Control**

St. Joseph's Hospital prides itself on good hygiene standards. Throughout our Residential unit, visitors, residents, relatives and staff will see clear, understandable easy to read signage in relation to Hand Cleansing. We ask you to co-operate in this matter by using the facilities provided. You can help prevent, control and reduce Health Care Associated Infection.

If you find any area that requires attention please inform a member of staff.

If for any reason a resident is found to have an infection that requires specific precautions for e.g. The Winter vomiting bug or MRSA, prompt measures will be put in place to address this problem.

The Residents relatives/carers will need to be informed of their infection status by a member of the nursing team. The Residents and their relatives /carers will be supplied with any relevant information.

### **18. Fire Precautions**

St Joseph's hospital has a full safety statement and risk assessment in compliance with Health and Safety at Work Act (2005). The risk assessments are reviewed on an annual basis or as new risks are identified. A safety committee is in operation and the site is supported by the Regional Fire and Safety officers and designated safety reps. The Hospital has a Fire Plan in force. Each ward has a fire alarm and warning system. Fire instructions are clearly displayed throughout the hospital. All fire Exits are clearly marked and Fire Extinguishers are situated throughout the hospital. All beds have fire evacuation blankets under each mattress and a horizontal evacuation pattern is employed as standard. All staff have yearly fire training to include the use of extinguishers and evacuation of premises. Any item purchased by the hospital is of a flame retardant nature. Resident's personal belongings must also comply where possible.

### **19. Religious Services**

Mass is held weekly on Saturday mornings in our Church attached to the hospital. It is televised to all areas for those residents who are unable to attend.

We have a Pastoral Carer, who visits St Joseph's each Tuesday and Friday. In addition Eucharistic Ministers attend twice weekly to distribute Holy Communion. Every Friday there is a Holy Hour in the Church which can be availed of by residents, their families/friends/and staff. The confessions and Sacrament of the Sick is administered to residents on a regular basis by local clergy.

### **Other services/denominations**

The service of a Church of Ireland Minister or a Minister of any other denomination can be accessed at the Residents request.

### **20. The arrangements for contact between residents, relatives and friends**

St Joseph's has an open visiting policy; we encourage residents to have as much contact with their relatives and friends as possible.

There is a portable phone system which can be used by the residents to make phone calls or receive phone calls. If residents wish to use a personal mobile phone there are facilities to charge the phone.

Arrangements will be made to assist residents to write letters or cards and facilities are available for these items to be posted as required.

There is a quiet sitting room which provides Residents with privacy to meet other residents, relatives or friends/visitors.

Relatives and Residents are encouraged to partake in or arrange celebrations e.g. Birthdays or anniversaries/ special occasions.

## **21. Complaints and Comments**

The hospital fully participates in the **(HSE Your Service, Your Say)** comments and complaints system. Residents and their families are advised that complaints may be made openly or anonymously and that complaints will be dealt with thoroughly and sensitively as per the HSE Complaints procedure. There are guidelines displayed throughout the hospital on the procedure involved in making complaints, comments or compliments. A box is provided in the Link corridor (i.e. that connects male floor to unit area) for completed forms.

**Inform a Staff Member or Nurse in Charge .If problem remains unresolved,**



**Inform Clinical Nurse Managers,  
i.e. Aoife Bailey CNM1 and Bernie Murphy CNM2.**



**If problem remains unresolved,**



**Inform Maura Ward**



**If you remain unhappy with the response we will give you an information leaflet on how to proceed with your complaint. Written complaints will be acknowledged within 5 working days**



**All complaints will be investigated within 30 working days. If the process takes longer, we will keep you updated every 20 working days  
If the complainant remains unhappy with the response, they may contact the complaints officer Maura Ward Acting Area Coordinator at Community Care Offices, Dublin Road, Dundalk on Telephone No 042 93 32287.**



**If following a review by the complaints officer the complainant remains dissatisfied, contact Willie McAllister (Organizational Manager) at St. Brigid's Complex, Oriel Suite, Kells Road on telephone no. 041 68 53264 where an external review will be carried out.**

**If complainant remains dissatisfied they may be advised to seek a review by the Office of the Ombudsman.**

**Complainants may also contact the Health Information and Quality Authority.**



**Dr. Tracy Cooper  
HIQA Chief Inspector  
Dublin Regional Office in Smithfield  
George's Court  
George's Lane  
Dublin 7  
Tel: +353 1 814 7400**

**Please note that HIQA are not part of the appeals process.**

## 22. Arrangements for reviewing Residents Care Plans

Residents Care Plans will be developed in conjunction with the resident and/or their relative / friend/ carer. They will be reviewed on a three monthly basis or sooner as necessary e.g. if a Residents condition changes / deteriorates. Care Plans can be accessed on request by the Resident or their Relatives.

## 23.

The Male floor consists of a large front lobby /sitting area. A combined dinning room and sitting room adjacent to a kitchen which residents and visitors have access to. There is one shower room with toilet, one bath room with an assisted bath; there is no toilet in this area. There is a separate toilet area with two toilets, the toilets are wheelchair accessible. Residents have a visitors or relatives room in the unit area or on the third floor. The family room on the third floor has kitchen facilities and over night accommodation if required. There is a lift which has access to all floors.

There are two large rooms which accommodate four residents in each room. There is one single room

Name of Ward	Measure /Size	Capacity of Beds
St.Matthews	44 Sq Metres	4
St. Patricks	44 Sq Metres	4
St.Johns	8.9 Sq Metres	Single room

## Measurements of Ground Floor of Male floor

Name of Ward	Measure /Size
Toilet	6.3 Sq Mtrs
Staff Toilet	2.3 Sq Mtrs
Single room	8.9 Sq Mtrs
Kitchen (store)	7.4 Sq Mtrs
Store	2.4 Sq Mtrs
Bathroom	16.00 Sq Mtrs
Store room	1.50 Sq Mtrs
Sluice room/ wash room	5.00 Sq Mtrs
Toilet	8.7 Sq Mtrs
Kitchen	7.6 Sq Mtrs
Day room	29.50 Sq Mtrs
Ward 4 bed	44.00 Sq Mtrs
Entrance Hall	21.00 Sq Mtrs
Entrance Porch	7.5 Sq Mtrs

## Measurements of Unit

Name of Ward	Measure /Size
Domestic Store	4.0 Sq Mtrs
Smoking Room	4.0 Sq Mtrs
Bathroom	7.2 Sq Mtrs
Store	2.3 Sq Mtrs
Toilet	4.7 Sq Mtrs

Sluice	6.00 Sq Mtrs
Ward 3 Bed	27.8 Sq Mtrs
Store	1.4 Sq Mtrs
Hairdressing room	7.8 Sq Mtrs
Quite room	7.8 Sq Mtrs
Bath Room	6.2 Sq Mtrs
Staff Toilet	2.2 Sq Mtrs
Office	5.0 Sq Mtrs
Store	1.7 Sq Mtrs
Kitchen, Dining, Living area	50.00 Sq Mtrs
Single Bedroom	9.5 Sq Mtrs
Single Bedroom	11.1 Sq Mtrs
Ward 3 Bed	32.8 Sq Mtrs
Single room	9.8 Sq Mtrs
Single	9.6 Sq Mtrs

### Measurements of Chapel Area

Name	Measure /Size
Porch	6.6 Sq Mtrs
Alcove	8.4 Sq Mtrs
Lobby	6.6 Sq Mtrs
Alcove	8.4 Sq Mtrs
Chapel	73.5 Sq Mtrs
Toilet	4.5 Sq Mtrs
Sacristy	7.5 Sq Mtrs

### Measurements of Second Floor Top of the House

Name	Measure /Size
Meeting room	23.4 Sq Mtrs
Bathroom	7.2 Sq Mtrs
Kitchenette	9.2 Sq Mtrs
Storeroom	12.00 Sq Mtrs
Staff Canteen	30.3 Sq Mtrs
Drugs store	10.5 Sq Mtrs
Ward Sister Office	21.00 Sq Mtrs
Matrons Office	11.00 Sq Mtrs
Admin Office	26.00 Sq Mtrs

### Measurements of First Floor, Female Floor

Name	Measure /Size
Lobby	14.3 Sq Mtrs
Kitchen	6.1 Sq Mtrs
Toilet	7.2 Sq Mtrs
Sluice Room	6.75 Sq Mtrs

Bathroom	17.3 Sq Mtrs
4 Bed Ward	63.8 Sq Mtrs
Recreation Room	30.2 Sq Mtrs
Hot Press	3.2 Sq Mtrs
Single Bed room	8.7 Sq Mtrs
Nurse Staff Area	21.2 Sq Mtrs
Nurse Office	9.3 Sq Mtrs
Press	1.2 Sq Mtrs
Day Room	30.0 Sq Mtrs

### Measurements of Basement

Name	Measure /Size
Medical Store	12.00 Sq Mtrs
Cold Room	6.00 Sq Mtrs
Food Store	13.00 Sq Mtrs
Wash up Area	10.6 Sq Mtrs
Kitchen Area	41.7 Sq Mtrs
Domestic Store	9.9 Sq Mtrs
Domestic Store	8.7 Sq Mtrs
Locker Room	14.2 Sq Mtrs
Shower Room & Toilet	6.6 Sq Mtrs
Laundry Room	11.5 Sq Mtrs

The Unit Area is situated on ground floor. There is an open planned kitchen sitting/dinning room area. Residents and relatives/visitors have access to these areas. There is an enclosed garden with raised flower beds. The entrance to the garden area is covered with a canopy which gives access to garden in all weathers. There is a resident's visitors/family room in this ward area. A second resident's family room is situated on the third floor and is accessed by a lift. The hairdressing room is housed in this area. An assisted bathroom is available in this ward; there is an assisted toilet in the adjacent room. There is separate shower room with an assisted toilet. There are two larger rooms which accommodate three residents in each room. There are four single rooms

Name of Ward	Measure /Size	Capacity of Beds
St.Peters	37.8 Sq Metres	3
Our Lady's	44 Sq Metres	3
Single Room	9.8 Sq Metres	Single room
Single Room	9.6 Sq Metres	Single room
Single Room	9.5 Sq Metres	Single room
Single Room	11.1Sq Metres	Single room

The Female Floor is situated on the first floor; it is accessible by stairs or lift. There is a resident's visitors/family room on the ground floor unit area ward area .A second residents family room is situated on the third floor and is accessed by a lift. . An assisted bathroom is available in this ward. There is a double toilet area with wheelchair access. There is a sitting room/ dinning room on this ward.

There is one single room and a 4 bedded ward in this area. The 4 bedded ward has a small sitting room area for residents or visitors.

Name of Ward	Measure /Size	Capacity of Beds
Single Room	8.7 Sq Metres	Single room
St. Lukes	63.8 Sq Metres	4

#### **24. Therapeutic Techniques**

There are two multi sensory gardens with raised flower and vegetable beds. Residents enjoy planting flowers and vegetables and herbs. The vegetables grown include lettuce and scallions, the herbs include rosemary, thyme and parsley.

We have our resident family pet "Cara". Residents enjoy her company and residents occasionally take her for walks into the town accompanied by staff. We have a visiting pet dog who visits the hospital three days a week.

Residents have access to Physiotherapist, Occupational Therapist, Speech & Language Therapist and Chiropodist. Dental and ophthalmic care is also available. If residents require Psychiatry services, referral can be made to the local psychiatry team who will visit the resident in St Joseph's. If palliative care is required we have access to this service.

#### **25. Privacy and Dignity**

We aim to ensure that all our residents are cared for in an environment where privacy, dignity and confidentiality are respected. In accordance with our local Privacy and Dignity Policy all procedures must be fully explained in a quiet manner and implied / verbal consent obtained. Each Resident has a lockable wardrobe for personal items. Curtain screens are available for beds in shared accommodation areas. Residents have access to a portable phone for making or receiving calls, in addition Residents may use their own personal mobile phones. Mail is delivered to the hospital on a daily basis and distributed to Residents. Personal records are stored in a private area of the relevant unit. There is an open visiting policy here in St. Joseph's Hospital. All staff members are expected to adhere to the privacy and dignity policy.

#### **26. Day Care Facilities**

We have no day care facilities here at St Joseph's. There is a local day care centre which is independent of St Joseph's Hospital, Ardee. If residents are attending the centre prior to admission to St Joseph's they will continue to be facilitated.

## **Appendix 2.**

### **Categories of expenditure excluded from a price comparison between public and private residential provision**

#### **Payroll Costs**

- Allied Health Professionals (Physiotherapy, Occupational Therapy, Speech & Language Therapy)
- Medical Practitioners

#### **Non Pay Costs**

- Drugs and Medicines
- Incontinence Products
- General Equipment costs that exceed €7k
- Specialist Equipment adapted for individual patients
- General Maintenance Works that exceed €7k
- Professional Services e.g. Chiropody
- Transport Costs e.g. to Appointments in Acute Hospitals
- Education costs if not attributable to Health and long stay care
- Bad Debts

## **Appendix 3**

### **Recent legislative and policy documents pertaining to Services for Older People**

***The Nursing Homes Support Scheme Act 2009*** was signed into law by the President in July, 2009.

***The Health (Nursing Homes) (Amendment) Act 2007*** ensures that the Subvention Scheme is provided for in Primary Legislation.

***The Interdepartmental Working Group on Long-Term Care Report was published in 2008.*** The report examined the range of services, benefits and grants relating to long-term care that were in place and also considered policy options for a financially sustainable system of long-term care. The group continues to meet with particular emphasis on dealing with future funding of long stay care and evaluation of home care packages.

***National Standards for all Residential Care Settings for Older People*** were formally launched in March, 2009

***The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009*** introduced on 1 July, 2009

***Health Information and Quality Authority*** commenced inspections and registration of designated centres on 1 July, 2009.

***The Commission of Investigation (Leas Cross Nursing Home) report*** was published in July, 2009.

***An Action Plan for Dementia (1999)*** outlines the complexity and range of issues involved in the effective management of dementia. The plan emphasizes the need for the development of co-ordinated, multi-layered and well-resourced services, which are responsive to the individual needs of people with dementia and of those who care for them. The Action Plan describes a model of best practice for the provision and planning of dementia care in Ireland.

A report “**Excellence in Dementia Care**” (2012) lays the foundation for Ireland’s first National Strategy for Dementia. The report estimates prevalence rates of dementia in Ireland; quantifies the economic and social costs of dementia; assesses current service availability for people with dementia and best practice in dementia care nationally and internationally. It was launched on the occasion of the opening of the 2012 conference ‘Developing a National Dementia Strategy’.

## **Appendix 4**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

### **HSE Protocol**

### **Consultation Policy Document in relation to the Potential Closure of Public Long Stay Unit.**

#### **INTRODUCTION**

This protocol has been drafted to provide a guide to HSE staff who are undertaking a consultation process in relation to a proposed closure of a public long stay residential unit (the “**Unit**”).

The protocol provides information on the consultation process that must be undertaken prior to any decision being reached on whether the Unit may or may not close.

This protocol has the following key sections:

1. **Guiding Principles**
2. **Consultation Process**
3. **Learning and outcomes**
4. **Appendix Documents: - Sample letters/Questionnaires/templates to be used in consultation process.**

#### **SECTION 1 – GUIDING PRINCIPLES**

- 1.1 The HSE acknowledges that the consultation process and the outcome of that process may cause anxiety for residents where the Unit is their home and also staff of the Unit. Bearing this in mind, the consultation process should be managed sensitively and with care.
- 1.2 The views of residents and/or named next of kin/representatives (“**Residents**”) are an important factor to be considered by the HSE prior to making a decision to recommend to the Minister for Health (the “**Minister**”) about whether a Unit should or should not close. There will be an open and transparent consultation process with Residents. Other interested parties who will also be invited to participate in the consultation process including staff, unions, elected public representatives and action groups.

- 1.3 Information about the consultation process should be made available in a mode and language appropriate to the individuals involved. Where possible, information should be made available to Residents in a manner which allows them an opportunity to reflect upon it particularly in circumstances where information is given orally to Residents.
- 1.4 It is important that the HSE endeavours to communicate with Residents and other parties in the consultation process in a consistent and timely manner. It is also important that all written records about the consultation process are comprehensive, secured and archived.
- 1.5 Where a Resident is unable to consent or make an important decision because of mental or physical incapacity, arrangements should be put in place to ensure their next of kin or representative is consulted on behalf of the Resident.
- 1.6 The following principles should be adhered to throughout the consultation process:-
- Safety
  - Minimising distress and disruption of services
  - Dignity
  - Choice
  - Respect for family life
  - Equality and diversity
  - Privacy
- 1.7 It also needs to be recognised that the HSE operates within the boundaries of resource constraints. Realistic expectations and planning should be utilised to make the best use of available staffing and resources.
- 1.8 Patient safety and health is of paramount concern in the conduct of any consultation process and the consultation process is focused on understanding the needs and preferences of the Residents.
- 1.9 The HSE may choose to publish documentation and information surrounding the consultation process with the exception of personal data and commercially sensitive data.

## **SECTION 2 – GENERAL GUIDELINES**

- 2.1 This section of the protocol sets out the general guidelines that should be followed by the relevant HSE personnel in circumstances where the HSE is commencing a consultation process in relation to its potential decision to recommend to the Minister for Health that a Unit should or should not be closed.
- 2.2 A 12 week period of formal consultation is recommended however a longer or shorter time frame may be necessary. This process should not be rushed and should include face-to-face contact with Residents and other interested parties (where appropriate) explaining the reasons why the HSE is contemplating making a decision to recommend the closure of the

Unit. The consultation process should include Residents, staff, general public, stakeholders and Unions and any other interested parties as are deemed appropriate.

- 2.3 A Consultation Team should be put in place and should be made up of the appropriate HSE staff who are in a position to offer information and assistance to Residents throughout the consultation process.
- 2.4 During the course of the consultation process all interested parties should be given an opportunity to make representations or observations, either in writing or orally.
- 2.5 The purpose of the consultation process is to open a formal channel of communication with interested parties about the potential closure of the Unit and to facilitate consultations with each Resident about their needs (medical, psychological, physical and social).
- 2.6 The consultation process, and the conduct and outcome of that process, is of importance to the HSE. This is because the outcome of the consultation process will be a factor to be considered by the HSE in making its decision to recommend to the Minister for Health that the Unit should or should not be closed.
- 2.7 The purpose of this section of the guideline is to outline the eight stages of the consultation process. The stages can be summarised under the following headings which are expanded upon in this guideline:
  1. The purpose of the consultation process;
  2. The timetable/time period for consultation;
  3. Who is invited to participate in the consultation;
  4. Individual meetings with Residents and the format and outcome of those meetings;
  5. Who conducts the consultation interview with Residents;
  6. Consultation with other interested groups;
  7. The recommendation making process;
  8. The outcome of the consultation process and the next steps including communicating the outcome to Residents and/or interested groups.

**Appendix 6 below gives a diagram of the different phases of the Consultation Process.**

## **CONSULTATION PROCESS**

### **1. The purpose of the consultation**

- 1.1 The HSE is contemplating making a decision to recommend to the Minister for Health that a Unit should be closed. Prior to making any decisions, the HSE wishes to engage in a meaningful consultation process with all interested parties.
- 1.2 The purpose of the consultation is to explore with Residents:

- (a) their physical, medical, psychological and any other requirements;
- (b) the alternative accommodation options available to suits their needs;
- (c) if applicable, any special transfer requirements;
- (d) if applicable, the format of the transfer itself; and to also explore with Residents and/or interested parties the following topics:
- (e) to explain the reasons why the HSE is contemplating making a decision to recommend to the Minister for Health that a Unit should be closed.
- (f) to ascertain their views.

## 2. **The timetable/time period for consultation**

2.1 The HSE should write to each Resident informing them that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the Unit to notify Residents about the consultation process, its nature and the time period for consultation. A letter should also issue to other interested parties including, staff, unions, elected public representatives and action groups as appropriate. A three month consultation time period is suggested, however the consultation process may be shorter or longer depending on the circumstances of each case. Please see **appendix 1** for a copy of the consultation timetable.

2.2 The three month consultation period can be broken down into the following constituent parts:

### (a) **Month 1**

- (i) A letter should be sent to Residents notifying them that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the Unit and informing them about the nature of the consultation process and its format. Please see **appendix 2** for a copy of the notification letter to Residents.
- (ii) A letter should be sent to Residents outlining the consultation meeting date and time and enclosing a copy of the questionnaire to be discussed at the meeting. In certain circumstances the HSE should consider sending one letter to Residents outlining the information set out in 2.2(a)(i) and 2.2(a)(ii)
- (iii) A multi disciplinary health review of each Resident should be carried out and a report prepared. The HSE will appoint an appropriate medical person, who is not involved in the Unit, to carry out a paper based review of all the Residents multi disciplinary reports and prepare a medical assessment report for consideration by the person appointed by the HSE to make the decision to recommend to the Minister for Health (the “**Designated Officer**”) at the conclusion of the consultation process. The medical assessment report should not contain any information which would enable the patient to be identified
- (iv) A letter should issue to staff in the Unit notifying them that the HSE is contemplating making a decision to recommend closure of the unit to the Minister for Health and informing them about the nature of the consultation process and its format.

- (v) A letter should be sent to other interested parties including, unions, elected public representatives and action groups as appropriate notifying them that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the unit and informing them about the nature of the consultation process and its format.
  - (vi) The HSE should issue an “Information Document” which provides information on the Unit that is the subject of the consultation process. (See **appendix 3** which set out the information that should be included in the information document).
- (b) **Month 2**
- (i) Meetings should take place with Residents and other interested parties including staff, unions, elected public representatives, and action groups, as appropriate. The interested parties should be advised at the commencement of any meeting that their views and opinions may be included in a report published by the HSE and their express consent to this should be obtained. They should be advised that no personal information will be disclosed in any published report. They should also be advised that any information provided may be made available under a Freedom of Information request.
  - (ii) A report should be prepared following the conclusion of each meeting with the Residents and/or interested parties (“**Individual Reports**”). The Individual Reports should append any written submissions received from the relevant interested party and in the case of Residents it should also include the completed questionnaires. The Individual Reports should not contain any recommendations and should not contain any personal information which would allow the Resident to be identified in a published report.
  - (iii) The closing date for the submission of written responses from all interested parties should occur at the end of the second month.
  - (iv) A composite meeting report should be prepared which includes all the Individual Reports as sections in the overall report and appended to the report should be copies of all the written responses and questionnaires. This report should be presented to the Designated Officer for consideration.
- (c) **Month 3**
- (i) The HSE may decide to publish documentation and information surrounding the consultation process with the exception of personal data and commercially sensitive data.
  - (ii) The management of the Unit should submit a written response addressing any issues that have emerged during the course of the consultation process.
  - (iii) The Designated Officer at the conclusion of the consultation process consider the following information prior to the making their decision to recommend to the Minister for Health that the Unit should or should not be closed:
    - (A) The Unit Information Document (see section 2.2(a)(vi));
    - (B) The composite meeting report including appendices (see section 2.2(b)(iv));
    - (C) The medical assessment report (see section 2.2(a)(iii));
    - (D) The management of the Units submission on the potential closure (see section 2.2(c)(ii));

- (E) Any additional information which the Designated Officer deems relevant.
- (iv) The Designated Officer should inform the National Director Integrated Services/Chief Executive HSE of their decision to recommend that the Unit should or should not be closed for submission to the Minister for Health.
- (v) Once the Minister for Health has communicated his decision to the HSE then it should inform each Resident of the Unit of the outcome of the consultation process.
- (vi) The HSE and the Minister/Department of Health should announce the Minister's decision publicly.

### 3. **Who is invited to participate in the consultation process**

- 3.1 The Residents are invited to participate in the consultation process. Each Resident is invited to attend a meeting and bring someone of their choice to the meeting.
- 3.2 Staff and unions should also be invited to participate in the consultation process.
- 3.3 Elected public representatives should be invited to participate in the consultation process.
- 3.4 Management of the Unit should be invited to participate in the consultation process.
- 3.5 Any other interested groups, such as action groups, may be invited to participate in the consultation process, as appropriate.
- 3.6 A newspaper advert should be placed in a newspaper which is local to the Unit and the advert should advise that a Consultation Process is taking place and inviting participation from interested parties.

### 4. **Individual meetings with Residents (format and outcome)**

- 4.1 During the course of the consultation process each Resident should be given the opportunity to attend a meeting in the Unit with a representative from the HSE and a nurse from the Unit. The Resident should be invited to bring a representative should they wish to do so. In advance of the meeting, the Resident should be provided with a copy of the questions to be addressed at the meeting (see section 2.2(a) (ii)). The purpose of the meeting is to address any questions the Residents may have, to explore with the Resident their needs and concerns in relation to the fact that the HSE is contemplating making a decision to recommend to the Minister for Health the closure of the Unit to explain why the HSE is considering the matter. The Resident should be given an opportunity to make any oral representations and can also submit written representations at or following the meeting. There is no obligation on the Resident to attend the consultation meeting and they can choose not to and make a written submission instead or alternatively do nothing.
- 4.2 As set out in section 2.2(b) (ii) an Individual Report should be prepared following the conclusion of each meeting with the Residents. The Individual Reports should append any written submissions received and it should also include the completed questionnaires. The Individual Reports should not contain any recommendations and should not contain any personal information which would allow the Resident to be identified.

## 5. **Who conducts the consultation interview with Residents**

5.1 The consultation interview with each Resident should be lead by a HSE representative. A nurse from the Unit should be the note taker and record the comments made and views of the Resident. The Resident should be advised at the commencement of any meeting that their views and opinions may be included in a published report but no personal data would be included in that report which would enable them to be identified and their express consent to this should be obtained.

5.2 Prior to the commencement of the interview the HSE representative should present to the Resident the Data Protection Consent Form enclosed as **appendix 4**. It is prudent, and for compliance with the Data Protection Acts 1988 and 2003 for a formal consent to be obtained from each Resident to the collection of their data, together with an explanation of the proposed use of any data collected from them as part of the consultation process. The Resident should be advised at the commencement of any meeting that their views and opinions may be included in a published report but no personal data would be included in that report which would enable them to be identified. It should also be explained to Residents that their comments in an anonymous form, may be obtainable under the Freedom of Information Acts 1997 and 2003.

### 5.3 **Advice and Considerations for Interviewers**

- (a) Change is by its nature unsettling and particularly so for older people. The Residents concerns should be managed sensitively during interviews and interviewers should reassure Residents that their views are of concern to the HSE in making its decision.
- (b) If a Resident has a cognitive functioning deficit or issue this should be addressed in advance of the consultation.
- (c) If the Resident attends the consultation meeting with a number of parties it would be prudent to identify at the commencement of the meeting who is advocating on behalf of the Resident.
- (d) The interviewer should explain at the commencement of the interview that she/he will ask the questions, a response will be given and recorded. The interviewer should explain to Residents at the commencement of the interview that they can raise additional questions with the interviewer and the interviewer will do their best to respond to the questions but further clarification may be required in order to adequately respond to certain questions.

### 5.4 **Consultation Questionnaire**

- (a) Please find attached at **appendix 5** the questionnaire to be distributed to Residents in advance of the consultation interview.

## 6. **Consultation with other interested groups**

6.1 Consultation should take place with staff, including Management, Unions, Oireachtas Members, Local Elected Public Officials and other interested groups.

6.2 The HSE representative should arrange meetings with each interested party to outline the HSE's proposals and to address any questions as appropriate.

- 6.3 Written submissions can be made and they should be duly considered.
- 6.4 A report should be prepared following the conclusion of any meeting with any interested party and the Individual Reports should append any written submissions received.
- 6.5 The consultation with interested groups should not include discussion on specific Residents. The interest group should be advised at the commencement of any meeting that their views and opinions may be included in a published report and their consent to this should be obtained. They should also be advised that any information they provide may be made available under a Freedom of Information request.
- 6.6 Any meetings with staff and unions should follow normal guidelines and procedures.

7. **The Recommendation Making Process**

- 7.1 The Designated Officer should not be involved in the consultation process and should at the conclusion of the consultation process and prior to making any decision consider the documents below and then make a decision to recommend to the Minister for Health that the Unit should or should not be closed:-
- (a) The Unit Information Document (see section 2.2(a)(vi)) ;
  - (b) The composite meeting report (see section 2.2 (b)(iv));
  - (c) The medical assessment report (see section 2.2.(b) (iii));
  - (d) The management of the Units submission on the potential closure (see section 2.2(c) (ii)).
  - (e) Any additional information that the Designated Officer deems relevant.
- 7.2 No HSE staff who are involved in facilitating the consultations should be involved in the recommendation making process.
- 7.3 Information submitted or provided during the consultation process, may be made available under a Freedom of Information request and interested parties should be advised of same.

8. **The outcome of the consultation process and communicating the outcome to Residents**

- 8.1 The Designated Officer should inform the National Director Integrated Care/Chief Executive HSE of their decision to recommend that the Unit should be or should not be closed for submission to the Minister for Health.
- 8.2 This decision to recommend that the Unit should or should not be closed should then be forwarded to the Minister for Health for consideration.
- 8.3 Once a decision has been made by the Minister, the decision should be communicated to the HSE who will then communicate with Residents and then a public statement should be issued by the HSE in conjunction with the Department of Health/Minister about the outcome of the consultation process.

### **SECTION 3 – LEARNING AND OUTCOMES**

- 1.1 It is recommended that this protocol is formally reviewed annually.

- 1.2 To facilitate a continuous approach to learning and improvement, it is recommended that each time the protocol is utilised, the Lead Manager overseeing the process, following the debriefing of residents, their representatives and staff will complete a short learning report and make recommendations around any necessary changes required in the protocol.

This should be done within 3 months of the decision being announced.

## APPENDIX 1

### Suggested Time Table for Consultation Process

*The start and end dates should be amended to suit the Consultation Process for the particular area involved to reflect the date the Consultation Process commences. The dates below are for guidance purposes only*

KEY ACTIONS / STAGES	Start	End
Issuing of Consultation Document		
Consultation with Residents & Next of Kin		
Consultation with Staff and Unions		
Consultation with Elected Public Representatives		
Consultation with Interested Groups		
Closing Date for Submission of Written Responses		
Preparation of report detailing the information supplied at the Consultation Process with Residents & Next of Kin, highlighting any issues as appropriate		
Preparation of report detailing the information supplied at the Consultation Process with Staff and Unions		
Preparation of report detailing the information supplied at the Consultation Responses from Elected Reps/Action Groups/Friends Of highlighting any issues as appropriate		
Preparation of report detailing the information supplied at the Consultation response received in written format only		
Publication of composite reports		
Local Management Response to composite reports of Consultation Responses		
Consideration by the Designated Officer of: <ul style="list-style-type: none"> <li>• The Unit Information Document</li> <li>• The composite meeting report</li> <li>• The medical assessment report;</li> <li>• The management of the Units submission on the potential closure</li> <li>• Any additional information which the Designated Officer deems relevant</li> </ul>		

<b>KEY ACTIONS / STAGES</b>		
Submission of the decision to recommend that the Unit should or should not be closed by Designated Officer to National Director Integrated Services/Chief Executive. HSE for submission to the Minister for Health		
Submission of decision to the Minister for Health		
The Minister makes his decision		
Communication of decision to Residents and Interested Parties		
Publication of decision by the Minister/HSE/Department of Health		

## APPENDIX 2

### **[DRAFT LETTER TO RESIDENT OF NURSING HOME THE SUBJECT OF A POTENTIAL CLOSURE DECISION]**

**[insert name of resident]  
[insert address]**

**[insert date ]**

**Re: [insert name and address of nursing home]**

Dear **[insert name]**,

I write to inform you that the HSE is contemplating making a decision to recommend to the Minister for Health that the above nursing home should be closed and to arrange for your transfer to a suitable alternative nursing home. **[If a term other than “nursing home” is more appropriate, that other term should be substituted for the words “nursing home”].**

I also wish to inform you that before making a decision to recommend to the Minister for Health on whether or not to close the nursing home or making any transfer decisions, the HSE proposes to engage in a consultation process in relation to its potential recommendation in this regard. The HSE will be writing to you further in relation to that consultation process but, at this stage, I wish to inform you that if you or anyone authorised to act on your behalf wishes to make any representations or observations regarding any aspect of the potential recommendation of the HSE, there will be an opportunity to do so in the context of the consultation process. The HSE will, of course, have regard to any such representations or observations (and other relevant matters including your health and welfare, the wishes of individuals to remain together, medical and nursing input, staffing resources issues and financial issues) when making its recommendation(s) in relation to the nursing home.

If you have any queries in relation to the above, please do not hesitate to contact me.

Yours faithfully,

**[insert name of representative of the HSE and his/her position in the HSE]**

**cc [the authorised / appointed representative of the above-named resident]**

## **APPENDIX 3**

### **Information Document (Part of Consultation Process)**

The management overseeing the consultation process should prepare an Information Document which should include the following information:-

- **HSE Corporate & Service Plan Strategy overview**
- **Overview of Unit** – profile of Unit including description of and standard of the Unit, number and breakdown of beds, details and numbers of clients, dependency levels, accessibility etc.
- **Alternative Capacity** - details of the long stay capacity in the locality and the region. Consideration should also be given to demand/occupancy of the Unit over the past three year period.
- **Environmental Factors** – short, medium and long term viability of operating the unit eg. HIQA standards, requirement for minor or major capital, accessibility, transport, community.
- **Staffing** – the availability of adequate staffing to operate the Unit at a safe and effective level.
- **Plan for existing staff if a decision is made to close the Unit.**
- **Budget** – running costs and the continued availability of funding to ensure the unit can be operated at a safe and effective level.
- **HSE Capital Strategy**
- **Needs Assessment** – what will be required to ensure a smooth transition for residents should a decision be made to close. Social and healthcare assessment of each individual resident.
- **Any other mitigating factors that need to be considered.**

**This document should be made available to all interested parties involved in the Consultation Process and should be available when the Consultation Process commences.**

## APPENDIX 4

### DRAFT Resident Consent Form

#### **Introduction**

The HSE is contemplating making a decision to recommend to the Minister for Health to close the [NAME TO BE INSERTED] Community Nursing Unit (the “Unit”). Before reaching any decision the HSE proposes to engage in a consultation process. The HSE wishes to obtain your views as part of this consultation process. If you or anyone authorised to act on your behalf wishes to make any representations or observations regarding any aspect of the potential recommendation of the HSE, there will be an opportunity to do so in the context of the consultation process.

The HSE will, of course, have regard to any such representations or observations (and other relevant matters including your health and welfare, the wishes of individuals to remain together, medical and nursing input, staffing resources issues and financial issues) when making its decision to recommend that the nursing home should or should not be closed. For the avoidance of doubt, there is no obligation on you to engage in this consultation process or to provide any submission to the HSE.

#### **Reports**

Your views and opinions which the HSE obtains as part of this consultation process may be included in certain reports prepared and published by the HSE and shared with the person ultimately responsible for making the decision in relation to the Unit. A report will be prepared following the conclusion of each meeting with each resident of the Unit and/or interested parties. Such individual reports will append any written submissions received from each resident together with a resident’s completed questionnaire. However the individual reports will not contain any personal information which would allow you or another resident to be identified in a published report. In addition a composite report will be prepared which includes all the individual reports as sections in the overall report and appended to the report will be copies of all the written responses and questionnaire. The HSE may publish a summary of the composite meeting report, less the appendices which contain written submissions and completed questionnaires received. This report will be presented to the Designated Officer appointed by the HSE for consideration as part of the consultation process. Again the composite reports shall not contain any personal information which would allow an individual resident or interested party to be identified in a published report.

#### **Privacy and Confidentiality**

Patient safety, health, confidentiality and privacy is of paramount concern in the conduct of any consultation process and this consultation process is focused on understanding the needs and preferences of those effected by any potential closure of the Unit, in order to reach the right outcome for all concerned. The Health Services Executive, shall comply with its obligations under the Data Protection Acts 1988 and 2003 in the collecting, processing, keeping, using and disclosing of your personal data. Please note that subject to compliance with privacy consideration, information submitted or provided during the consultation process may be made available under a freedom of information request.

**By signing this form I give consent, pursuant to the Data Protection Acts 1988 and 2003, to the Health Services Executive collecting and processing<sup>2</sup> my personal data (which includes**

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<sup>2</sup> Any sharing of personal data envisaged should be identified.

**information regarding my health, my condition, and my treatment) for the purposes outlined, and in the manner described, in this form.**

Date: \_\_\_\_\_

Signature of Consenting Individual: \_\_\_\_\_

Print Full Name of Consenting Individual: \_\_\_\_\_

Address of Consenting Individual: \_\_\_\_\_

## **APPENDIX 5**

### **Draft Questionnaire**

1. In advance, the two interviewers should have transcribed the following information into the questionnaire :

- 1.1 Name of resident
- 1.2 Home address of resident
- 1.3 Next of kin – Contact details (address/phone number)
- 1.4 Name of person accompanying resident at interview – (relationship to resident)
- 1.5 Residents Date of admission
- 1.6 Current accommodation type (Single/Double/other)
- 1.7 Current GP (if different from Unit medical officer)
- 1.8 Details of physical or cognitive ability/impairment
- 1.9 Special requirements (equipment/medicines/therapies etc), if any?
- 1.10 Regular visitors (who, how often, home address, means of transport etc)

### **Introduction and Outline of Interview**

- 2. Explain who the interviewers are, their job title and role.
- 3. The interviewer is to explain why the HSE is contemplating making a decision to recommend the closure of the Unit (the factors relevant to that Unit) to the Minister for Health, the nature of the consultation process, where the interview fits in with the consultation process and what will occur after the interview has concluded including the decision making process and timing of same.

### **Proposed Questions :**

- 1. Why were you admitted to the Unit?
- 2. Why did you choose the Unit?
- 3. What do you like or not like about the Unit?
- 4. Do you have a view about the HSE's proposal to close the Unit?
- 5. If you were to move to another Unit what facilities would you like to have available to you?
- 6. If you were to move to another Unit what type of facilities are a priority for you?
- 7. What type of bedroom do you currently have? Are you open to sharing a bedroom if you currently don't share?

8. What are the important relationships for you?
  - 8.1 Good friends?
  - 8.2 Family?
  - 8.3 Staff?
9. What activities or events that take place in the Unit are important for you?
10. If you were to move to another Unit where would your first preference be out of the following options: [details to be included] and if this is not available what would be your second preference?
11. Do you have any questions – is there anything we haven't covered or anything you'd like to add?
12. You will have an opportunity until XXXXX to provide any further written information if you think of anything they would like to add.

## APPENDIX 6

