Department of
Health, Social Services
and Public Safety
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REVIEW OF MINIMUM STANDARDS FOR

NURSING HOMES

CONSULTATION RESPONSE QUESTIONNAIRE

July 2014

CONSULTATION RESPONSE QUESTIONNAIRE

Introduction

You can respond to the consultation on the review of Minimum Standards for Nursing Homes by e-mail or letter.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: sggu@dhsspsni.gov.uk

Written: Standards and Guidelines Quality Unit
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Stormont Estate
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Responses must be received no later than 5pm on Thursday 23rd October 2014

I am responding: as an individual ☐
on behalf of an organisation √
(please tick a box)

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Background

The Department has reviewed the 2008 Minimum Standards for Nursing Homes.

The final version of the standards will be used by the Regulation and Quality Improvement Authority (RQIA) in registering and inspecting providers of these services.

Minimum care standards are a key element in the Department's drive to improve the quality of health and social care. Standards aim to promote a collaborative, multi-disciplinary approach to providing family-centred care through specification of the facilities, processes and training and qualifications necessary for the delivery of a quality service.

As well as providing service users with information on the quality of service they can expect to receive, the standards will set a benchmark against which service providers can measure their provision. RQIA will use the final version of the standards to assess and report on the quality of services delivered by registered providers.

Purpose

This questionnaire has been designed to aid those who wish to respond to the consultation exercise on the **Review of Minimum Standards for Nursing Homes**.

The questionnaire seeks your views on the draft standards and should be read in conjunction with the standards document itself.

The questionnaire also seeks views on the equality implications of the draft standards. A preliminary equality screening exercise has been carried out and copies are available on request.

Completing the questionnaire

The questionnaire can be completed by anyone who has an interest in the provision of these services and can be completed by an individual or on behalf of a group or organisation.

Q1. Are the standards easy to understand?

Yes ☐ **No** ☑

If your answer is no, please identify the difficulties.

The draft Minimum Standards is a 179 page document, because of the expansion from 40 to 49 new Minimum Standards. There is also additional material contained within the Minimum Standards which were also in the 2008 version of the *Nursing Homes Minimum Standards*. COPNI has concerns about the accessibility of such a long document to individual residents and their families (which are partially mitigated by the production of a Residents' Guide) and professionals (nursing home proprietors, managers and staff). The length and scope of the document will not help staff or practitioners who need to gain information quickly, or practical difficulties for training.

The Commissioner notes that a "Residents' Guide" setting out the main principles of these standards will be produced alongside the main version of the revised standards and welcomes this approach. The easy read version of the resident's guide is substantially shorter and is noteworthy as containing less jargon. [1]

A resident's guide should be written in Plain English and be free of jargon to be accessible. There are further measures which the Department should consider that would make these standards more accessible. Many 'Easyread' versions of official documents use pictures and icons to make the documents easier to understand. [2] COPNI believe that the use of icons and pictures, and a more accessible style of design for the Easyread version of the standards would assist more older people to follow them.

To maximise the number of people who will read the Easyread version of the Minimum Standards, alternative language versions, and versions of the documents using Braille must be available.

[1] http://www.dhsspsni.gov.uk/nursing_homes_consultation_-_residents_guide.pdf
[2] http://www.parliament.uk/documents/commons-information-office/Easy-Read-Guides/Easy-read-laws.pdf

Q2. Do the standards cover areas that are priorities for residents of nursing homes? If your answer is no, please identify any areas you feel are missing.

Yes ☐ **No** ☑

Comment:

COPNI welcomes the increased focus in these draft Minimum Standards on developing them *"with the aim of keeping person-centered care to the fore,"* and the recognition that in the past the *"task driven nature of much of the care delivered left little time for meaningful engagement with residents."*

The principle that residents, families and carers *"must be engaged and involved in all aspects of their care and home life and staff should facilitate them not only to make their views known, but also to understand how their feelings and wishes have been taken into account"* is fundamental to providing quality care, and must be supported by additional resources and the change in culture necessary to achieve it.

The recognition that minimum standards alone will not ensure quality care, and need to be read in conjunction with other factors, cannot be overstated. COPNI would add to this that the needs of residents must be at the heart of planning and delivering nursing care, and the monitoring, regulation and inspection of this care must be person-centered, focusing on a series of individual fundamental rights and needs. Aspirational standards that require excellence and continuous improvement are essential.

There is a wider question of whether minimum standards are the best way to promote the high quality of care in nursing homes that individual older people desire.

In England the term 'Minimum Standards' has been phased out of official documentation in favour of 'Essential Standards'. 'Required Care Standards' would be more appropriate terminology than 'Minimum Standards' in Northern Ireland.

Scotland and Wales are moving towards less constrictive modes of defining quality care that more closely reflect the experience of the older person who is receiving nursing care.

Standards can be met in a nursing home that still provides poor quality care. The experience of the individual person using the service can be overlooked if inspections are conducted on a basis of simply fulfilling standards and completing checklists and paperwork according to templates.

The phrase ‘Minimum Standard’ itself raises questions. The term alone provides an impression that the point of the nursing home system is to provide a bare minimum standard of care to an individual. The purpose of the system should be to provide consistent, high quality care for individual older people, that is of a high standard, not a minimum standard.

‘Minimum Standards’ implies an excessive focus on meeting a basic level of standard care. Minimum standards are only a basic threshold. Further standards should be developed to set out aspirational levels of care and measure excellence. Gearing the focus of documents like this to the provision of high quality care leaves more room for driving the quality of care continually upward as nursing homes seek to innovate and work harder to drive quality upwards. Improving care quality should be a constant process.

Minimum standards can miss essential requirements for service users by being too detailed and not coherently benchmarking the ‘lived experience’ of the individual older person. Is the individual being treated with dignity and respect? Do they have a good quality of life? Are they receiving the level of care and support that they expect? Individual standards can obscure assessment of these fundamental questions.

High numbers of standards can create an environment where care staff have to engage in a great deal of paperwork to provide sufficient evidence that they are abiding by standards. The paperwork can consume signifcant amounts of staff time while being relatively ineffective in capturing the quality of relationships between care staff and residents. Excessive amounts of time spent on paperwork can have a negative impact upon the time staff possess for nursing care. [3]

Minimum standards lead to methods of inspection that are overly focused on ‘ticking boxes’ and not examining what constitutes quality care in a more involved and comprehensive manner, such as by enhanced engagement with individual older people and their families. [4]

Standards can be effective at dealing with provision of facilities, but can be ineffective at providing a baseline for other factors that contribute towards high quality care, like building relationships or good emotional health.[5]

[3] Joseph Rowntree Foundation, ‘Is Excessive Paperwork in Care Homes Undermining Care for Older People?'.
[4] Feedback from engagement undertaken during ‘Regulation, Inspection and Delivery of Care (Nursing, Residential and Domiciliary)’, COPNI.
[5] Feedback from engagement undertaken during ‘Regulation, Inspection and Delivery of Care (Nursing, Residential and Domiciliary)’, COPNI.

Promoting 'tickbox' approaches can eliminate the need for individual initiative. [6]

Minimum standards do not leave much room for covering quality of life, which encompasses well being and satisfaction. Promoting a high quality of life places an imperative on care homes to be continually setting higher and higher standards, not just meeting minimum standards. [7]

The National Care Standards in Scotland are an example of standards that are less constraining in detail. They contain 20 standards compared to the 49 in these draft Minimum Standards, and were developed from the perspective of the individual people who use the services, describing what they can each expect, and *"focus on the quality of life that the person using the service actually experiences."* [8] In the future Scotland will be moving to focus on a rights based approach, providing a set of tools that create a drive to push standards up rather than implying homes should do what is 'barely adequate'. [9]

The *Draft National Standards for Residential Care Settings for Older People in Ireland* include 35 standards which are grouped into 8 themes: Person-centered care and support, effective services, safe services, health and wellbeing, leadership, governance and management, use of resources, responsive workforce and use of information. The standards then inform these themes, and there are a list of features that a service meeting each standard may include. The draft standards therefore provide a statement of what the resident's experience of a home that is meeting standards should be like, providing more clarity for homes and service users. [10]

In England the Care Quality Commission (CQC) are in the process of moving towards a system where there will be 11 fundamental standards of quality and safety which all care services are expected to meet. [11] CQC material has already moved from citing 'minimum' standards to 'essential' standards, that describe what a resident can expect from their perspective. [12] The inspection model based on the standards will look at 5 areas: are services safe, effective, caring, responsive to people's needs and well-led? While standards

[6] Feedback from engagement undertaken during 'Regulation, Inspection and Delivery of Care (Nursing, Residential and Domiciliary)', COPNI.
[7] European Centre Policy Brief, 'Quality Management by Result-Oriented Indicators: Towards Benchmarking in Residential Care for Older People'.
[8] http://www.nationalcarestandards.org/72.html#informing
[9] Feedback from engagement undertaken during 'Regulation, Inspection and Delivery of Care (Nursing, Residential and Domiciliary)', COPNI.
[10] Health Information and Quality Authority, 'Draft National Standards for Residential Care Settings for Older People in Ireland'.
[11] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274719/Regs_draft.pdf
[12] Care Quality Commission, 'What Standards to Expect from the Regulation of Your Care Home'.

can be a comprehensive guide to the minimum levels of care a nursing home must attain, inspection processes also should be guided by global assessments of the lived experience of the individual older person.

Assessment should be structured around reduced criteria that focuses on the critical benchmark of the individual older person's experience.

In Wales, inspections are structured around ascertaining the experience of the older person and making an assessment of their quality of life. Inspections assess four quality themes, Quality of Life, Quality of Staffing, Quality of Management and Leadership and Quality of the Environment. [13]

In Wales there also exists a Declaration of Rights for older people which are based on the rights of older people underpinned by the law, and provide a guide for statutory bodies and service providers on what is expected. The rights are: I have the right to be who I am; I have the right to be valued; I have free will and the right to make decisions about my life; I have the right to decide where I live, how I live and with whom I live; I have the right to work, develop, participate and contribute, and I have a right to safety, security and justice. [14] Rights written from the perspective of the individual older person would make it clear how they expect to be treated in nursing home settings. A declaration of rights should be developed in Northern Ireland.

COPNI would welcome more assessment of the need for minimum standards that are heavy on detail and alternative ways of laying down standards that will facilitate high quality care.

[13] http://cssiw.org.uk/docs/cssiw/general/140730baselineinspectionguideen.pdf
[14] Welsh Government, 'Declaration of Rights for Older People In Wales'.

Q3. Is it reasonable to expect providers of services to meet these standards now?

Yes ☐ **No** ☑

Please outline any criteria which you think cannot be met and explain the difficulties.

The new draft minimum standards should be supported by adequate levels of staffing and training and the fostering of a change in culture that supports the consistent delivery of high quality care. Changing the culture will be a long term process that it would not be reasonable to expect service providers to meet immediately.

Crucially many of the standards do not acknowledge the resourcing and training that will be needed to implement them adequately. Indeed, COPNI have concerns that without proper resourcing and training, the new draft minimum standards will be ineffective in real terms. With regard to the lack of detail in these draft Minimum Standards about how extra resources and training will be achieved, it appears unreasonable to expect providers of services to meet all of these Minimum Standards immediately.

Q4. Will any of the standards have significant costs associated with compliance?

Yes ☑ **No** ☐

Please comment on which standards you feel will have cost implications.

COPNI believe that the commitments in these draft Minimum Standards need to be reinforced by the appropriate resources, personnel and training to enable high quality regulation, inspection and consistent delivery of care that meets these standards, otherwise they will have very little actual effect. Given that most of the standards reference staff having up to date knowledge or skills in the relevant area, when the document is taken as a whole there are significant cost implications associated with full compliance. While COPNI welcomes more comprehensive training for staff in nursing homes, more detail is needed about how the resources to achieve this and other objectives set out in these draft Minimum Standards will be delivered.

These extra cost commitments are in the context of the likely increasing general demand for nursing care over the coming decades. COPNI would also welcome clarity from the Department about their plans for managing this likely increase in demand. Population projections demonstrate that there will

be greater numbers of older people, representing a larger proportion of Northern Ireland's population, in the future. In particular there will be rapidly increasing numbers of those aged over 85. In 2062 there are forecast to be 223% more people aged 85-89, 501% more people aged 90-94, 1,406% more people aged 95-99 and 4,821% more people aged 100 or over. [15] While many of these older people will want to, and may be able to continue living in their own homes, especially with the help of new technology and domiciliary care services, the increased prevalence of long term conditions and restricted mobility among over 85's mean that there is likely to be continued high demand for nursing home services.

2012 figures show there are 6,779 nursing home care packages in effect across Northern Ireland, [16] representing around two thirds of the care packages in place. [17] In 2013 there were approximately 10,800 available nursing care beds, in 162 nursing homes and 106 dual registered homes (i.e. providing nursing and residential care). [18] This reflects a significant increase in demand for nursing home care. From 1999 to 2009 the number of nursing home care packages increased by just over 51%.[19] The scale of demand for nursing care in Northern Ireland means there will be significant costs associated with compliance.

[15] NISRA 2012-based population projections for Northern Ireland.
[16] NISRA, 'A Profile of Older People in Northern Ireland – 2013 Update', http://www.ofmdfmni.gov.uk/a-profile-of-older-people-2013-update.pdf
[17] http://www.northernireland.gov.uk/news-dhssps-211212-statistics-on-community
[18] NISRA, DHSSPS, 'Statistics on Community Care for Adults in Northern Ireland 2012-2013'.
[19] Northern Ireland Human Rights Commission, 'In Defence of Dignity: The Human Rights of Older People in Nursing Homes', http://www.nihrc.org/documents/research-and-investigations/older-people/in-defence-of-dignity-investigation-report-March-2012.pdf

Q5. Do you think the new standards are reasonable? These standards are:

- **Daily Life;**
- **Individual and Human Rights;**
- **Use of Restraint and / or Restrictive Practice;**
- **Responding to Residents' Behaviour;**
- **Dementia (3 Standards); and**
- **Intermediate Care**

Yes [√] **No** [ ]

Please outline the reasons for your answer.

Human and individual rights: Standard 5 in the new draft Minimum Standards. It states that individual and human rights must be *"safeguarded and actively promoted within the context of services provided by the home."* Residents' rights must be *"respected and protected through care which is person-centered; focused on individual outcomes; and promotes and supports rights, dignity, privacy, choice and control."*

Nursing home staff must understand what human rights are and how to ensure that they facilitate them. Staff must both know how to access independent advocacy services and facilitate access for any resident, their families and carers. Nursing home staff should be trained to understand the significance of a person's Human Rights and their role in supporting them to make decisions. COPNI welcomes the anti-discriminatory ethos behind this standard, and the stipulation that access to independent advocacy services must be facilitated. Older people are a diverse collection of individuals who deserve the freedom to express their individual identities.

Human rights in a nursing home setting encompass economic, social and cultural aspects. [20] Understanding individual preferences is key to achieving human rights for an older person. Staff must first be able to understand individual preferences, in order that they can allow the individual older person to exercise their rights effectively.

Engagement, participation and involvement: Standard 7. Residents' views should be *"regularly sought and acted upon."* COPNI agree that the culture should be *"person centered and ensure that residents feel valued and supported."* The home should facilitate assistance to communicate needs, wishes and likes through specialist technology. Residents and their family must *"know how to make a complaint and are supported to take up issues in*

[20] Northern Ireland Human Rights Commission, 'In Defence of Dignity: The Human Rights of Older People in Nursing Homes'.

the most appropriate way." All of these elements are extremely important and COPNI want to see an environment in nursing homes where residents' views are regularly sought, they do not feel intimidated or confused about bringing matters to the nursing home's attention, and receive appropriate attention to their views. Further explanation is required in terms of the practical mechanisms to be put in place to ensure that such an environment is consistently achievable.

Daily life: Standard 9. COPNI agrees with a new standard reflecting that residents should be *"given opportunities for as full an experience of a supportive, homely environment as possible."* Daily living must be *"flexible, responsive and varied to suit residents; individual expectations, preferences and capacities,"* with support based on capability and choices as stated in the Care Plan. The home should take least restrictive options and maximise choice in areas including leisure and social activities, mealtimes, types of food and drink, bedtimes and times for getting up, personal and social relationships and religious observance. COPNI supports this extra emphasis on choice, and on always taking the least restrictive option. A nursing home is the living space of the individual older person. As far as possible, their activities and surroundings must be dictated by their own individual choice.

Memory, Life Story Work and Reminiscence: Standard 10. Diaries, notebooks and visual stimuli can be *"used as part of the process of effective engagement and activity for residents"* and staff should be trained in effective reminiscence work. This emphasis on richer engagement with residents needs to be underpinned by appropriate and consistent training, resourcing and staffing support procedures to ensure that this happens.

Activities and Events: Standard 11. This standard maintains that activities should be *"offered that are meaningful to the resident and reflect their life story."* The principle of making an individualised experience for the resident part of the essential standard for a nursing home must be properly resourced and consistently embedded in the core training and development for staff.

Responding to Patients' Behaviour: Standard 17. This is a new standard that specifies the *"home ensures safe, effective and person-centered care for residents whose behaviour challenges others."* Proactive and preventative strategies should always be the first option. Staff should receive appropriate training for supporting residents whose behaviour challenges others. COPNI strongly supports the emphasis on person-centered care, and on preventative strategies being prioritised.

Use of restraint and/or Restrictive Practice: Standard 18. This specifies

that the *"philosophy and provision of care is the least restrictive and controlling possible for the individual service user."* Restraint or Restrictive Practices must be used as a last resort, the restriction must be proportionate, with every effort made to gain consent, and the reasons why it was used being communicated to families immediately. COPNI agrees that the use of restriction should be treated as a last resort measure at all times, always be justified, and never become a 'normal' mode of care.

Falls Prevention: Standard 22. The new standard states that residents must be *"appropriately assessed for the risk of falls and preventative measures are in place."* This must be carried out no later than 24 hours after admission to the home. Fear of falls should be fully acknowledged and appropriately supported with medical and other appropriate interventions to ensure this is *"not necessarily a barrier to allowing walking."*

COPNI hopes that this new standard will lead to a better falls prevention process following an assessment that is carried out by an appropriate person. This is an area in nursing care provision where COPNI is seeking improvement. COPNI engagement indicates that falls prevention is an area that individual older people would like to see improved and an area where there is room for raising standards. Falls prevention work should be more proactive in indentifying older people who are at risk and instituting measures in consultation with the individual older person that make them safer.

Three new standards referencing Dementia: COPNI welcomes the introduction of standards 24-26, new standards relating to care for people living with dementia. Cases of dementia are projected to increase in future[21] and providing consistent, person-centered, high quality care for individuals with dementia will be of critical importance in all of Northern Ireland's nursing homes. Care supported by thorough training and resident involvement has the most potential to succeed.[22]

Recognising the Signs of Dementia and Responding to Need: Standard 24. Staff must be aware of the *"signs, symptoms and disabilities associated with dementia"* and when residents show signs of dementia, staff should seek timely assessment or re-assessment and appropriate professional help. This must be consistently available and fully and properly resourced.

Approach to Care for Residents with Dementia: Standard 25. Residents should be provided with appropriate support to settle in, for example using a

[21] It is projected that the number of cases of dementia in Northern Ireland could rise from around 20,000 to around 60,000 – DHSSPS, 'Improving Dementia Services in Northern Ireland: A Regional Strategy'.

[22] Alzheimer's Society, 'Alzheimer's Society Response: Northern Ireland Dementia Strategy'.

buddy system, and have the freedom to make decisions and choices where they have the mental capacity to do so. Staff must have adequate knowledge of the approaches to use in order to promote effective communication with residents living with dementia. COPNI believe that ensuring staff have appropriate knowledge and comprehensive training about caring for people living with dementia is essential. Care for older people living with dementia would also be enhanced by improving the ratio of staff to residents so that staff have more time to engage with older people living with dementia. This should be done in conjunction with the consistent provision of specialist training to significantly improve the care experience for these older people.

Understanding and Responding to Distressed Behaviour in Residents with Dementia: Standard 26. Staff should have knowledge of the range of distressed behaviours a resident living with dementia may exhibit and how to respond in a respectful way and recognise where behaviour is caused by pain. This will require adequately resourced and planned training, on a regional basis, to fully develop and support nursing home staff.

There are other considerations when assessing ways to provide the best possible care in nursing homes for those living with dementia. The physical environment can be designed and modified so it is more dementia friendly. Correct medication prescription, that is based on thorough review of a range of options, is also an important factor in ensuring high quality care for those living with dementia in nursing homes. COPNI believes that environment and medication should also be prominent considerations when caring for those living with dementia in a nursing home.

There are many different factors that impact upon the quality of care for those living with dementia, and often older people living with dementia require special consideration. Older people living with dementia may require additional considerations when:

- Their care needs are being assessed
- Care in a nursing home is planned and delivered.
- The environment in a nursing home is designed.
- Activities are planned.
- Staff are trained and instructed on how to care for and interact effectively with older people living with dementia.

Given the amount of special considerations applying to those older people living with dementia, and the expertise needed. Specific standards where

people living with dementia are cared for are essential. There are examples of standards like this, such as in Scotland. [23]

Intermediate Care: Standard 27. Intermediate Care is defined as care *"delivered in a nursing home for a time limited period with the aim of promoting recovery from illness and premature admission* (sic) *to long-term residential care, by supporting timely discharge from hospital and return to independent living."* COPNI believes that it is important to remember that the needs of the individual older person in every case should be the first consideration, and plans should be flexible enough to deliver appropriate care at all times.

Ethos and Statement of Purpose: Standard 35. This is proposed as a new standard, having been previously referenced, but outside of the main list of standards. New requirements are that the Statement of Purpose be *"available to and understood by residents."* COPNI welcomes this standard being introduced to reflect and publicise the ethos of each care home. Making the need for a nursing home to have a clear ethos and statement of purpose into a regulatory standard emphasises that it is an essential aspect of care that every nursing home must make clear.

Having a clear ethos and purpose that is understood by residents and their families has the potential to improve the quality of the experience for individual residents. Individual older people will be able to assess quality of the care against the stated ethos of the home and feel more confident about raising matters that are unsatisfactory. For this potential to be fully realised, the culture in nursing homes should be also supportive of older people, their families and carers bringing their experiences of failings in care or associated concerns to the attention of management. All older people, their families and carers must be able to express their individual hopes and wishes.

Environment: Standard 44. The *"internal and external environment of the home is arranged so as to be suited to the needs of residents."* It stipulates requirements in terms of arrangements of furniture, noise management, personalisation of bedrooms, markings in bathrooms, lighting levels and garden space. COPNI welcomes this standard and hopes it will mark the start of a concerted focus on the design of the environment, which is a very important part of a person's lived experience.

COPNI welcomes the new commitments in the minimum standards, particularly where they reflect more person-centered care. To achieve these

[23] 'Scottish Government, 'Standards of Care for Dementia In Scotland', http://www.scotland.gov.uk/Resource/Doc/350188/0117212.pdf

aims nursing care services must be well resourced and adequately staffed by workers who possess a high level of clinical skill and training, specifically in the field of geriatric care and other relevant specialties (diabetes; tissue visibility; dementia).

COPNI would welcome further detail about how these new standards will be inspected. More detail on how they will be reviewed would give a more complete insight into how these new standards might work in practice.

Q6. Do you think qualifications levels for care assistants should be set out in these standards? What level should the qualification be set at?

Yes ☐ **No** ☑

Please outline the reasons for your answer.

The most important objective of policy in this area should be that care assistants are appropriately trained, registered and regulated, leading to a high quality unit of care assistants working in nursing homes. Qualification levels should be addressed in this context by the regulatory body, or organisation for registration and qualifications, training and practice.

Equality implications

Q7. Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

Yes ☐ **No** ☑

If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

As older people will be the main users of nursing homes, and demographics show this situation will continue in future, then the draft Minimum Standards will have a disproportionate impact upon older people.

Q8. Are you aware of any indication or evidence – qualitative or quantitative – that the draft standards may have an adverse impact on equality of opportunity or on good relations?

Yes ☐ **No** ☑

If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact?

COPNI is not aware of any qualitative or quantitative evidence that the draft standards may have an adverse impact on equality of opportunity or good relations.

Q9. Is there an opportunity to better promote equality of opportunity or good relations?

Yes ☐ **No** ☑

If yes, please give details as to how.

COPNI is not aware of any opportunity to better promote equality of opportunity or good relations.

Q10. Are there any aspects of the draft standards where potential human rights violations may occur?

Yes [√] **No** [ ]

If yes, please give details as to how.

COPNI believe care must be taken that attempts to protect the human rights of one resident do not affect the human rights of other residents. While COPNI welcomes the emphasis on gaining the resident's consent where possible as part of standards like restraint, COPNI also recognises there may be circumstances where consent must be waived in order to adequately protect the rights of other residents.

Further Comments

Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to these draft standards.
COPNI have identified further suggestions and observations relating to the standards that were carried over from the 2008 version of the Minimum Standards. In Standard 1, 'Before Admission', which relates to the existing Standard 3 'Admission to the home', there is a requirement for an information pack or residents' guide to be written in *"plain English or in a language and format suited to the prospective resident."* The information this document should contain has been substantially expanded, including: • The aims, objectives and philosophy of the home. • Accurate and transparent information on the homes' fees and charges to include arrangements for third party payments and changes to fees. • The current programme of activities or events – including any additional costs. • Arrangements for transport costs incurred in the resident's care. • Arrangements for communication with families. • Arrangements in place for termination of the accommodation. COPNI welcomes this commitment to giving residents more information in Plain English, in a format that they understand. Through casework undertaken by the Commissioner's office, and through ongoing engagement with older people and their families, the need for better information to be given to potential residents has been identified as an area where action needs to be urgently and consistently taken. Standard 2, which relates to the Individual Agreement, now includes provision for *"signposting to independent advocacy services."* COPNI welcome this measure and is of the view there should be a minimum level of access to advocacy services. Advocacy is essential in ensuring fair treatment for older people in nursing homes and there is substantial potential for advocacy to help older people who find their voices harder to be heard. Advocacy must be independent, high quality, available at no cost and across all areas of Northern Ireland.

Standard 3 about Informed Consent has been expanded. It is important that residents have as much input as possible into decisions about their treatment. The revised standard includes provision for residents and their families being *"effectively involved in making decisions about their treatment and are provided with information"* about options. Residents must be clear about what is involved in the procedures, and residents who do not have the capacity to give consent should receive the *"least restrictive option."* Residents, their families and carers must be involved in key decisions about treatment as far as possible.

Standard 4, Individualised Care and Support, now stipulates that the initial Care Plan be in place within 24 hours of admission. A detailed care assessment must now be completed within five days, instead of eleven days. COPNI welcomes acknowledgment of the need to put Care Plans and assessments in place more quickly. This must be supported by the appropriate level of resources and personnel so it can be implemented successfully and consistently.

The standard also contains more material about personal involvement in the care plan - planning and agreeing the nursing intervention necessary to meet the assessed needs of residents. This must be done in *"partnership with the resident and their families or carers and includes their values and preferences."* The Care Plan must clearly demonstrate the *"promotion of maximum independence and rehabilitation."* It must also record evidence of involvement of the resident and their family or carers. A new addition is that it must be *"written in a suitable format and so as to be accessible to, and understood by the resident and their representatives."* All interventions, activities and *procedures "must be appropriate to the resident's individual needs."* COPNI welcome the change in language and ethos around meeting the residents' assessed needs and promoting independence where possible. Evidence of the involvement and understanding of the resident and their family being recorded is a positive measure which will help to ensure that the maximum number of residents will be involved.

Standard 13 focuses on protecting patients from abuse and has been renamed "safeguarding," and includes a new provision for a *"written protocol to be followed in the event of an allegation of abuse, neglect or exploitation made about a member of staff…..residents know how they will be supported in the event of an allegation being made."* There also must be *"written policy and procedures on whistleblowing in line with regional protocols…Staff know and understand the whistle blowing policy and know how to raise concerns with appropriate bodies outside the home and, if appropriate, wider*

organisation." Refresher training for staff is to be provided annually instead of every three years. Staff, residents or families must be assured of the Registered Manager's support if they express concerns about the care practices of colleagues or the Registered Manager.

COPNI strongly supports all new measures that will make it easier for whistleblowing activity to happen. Changes to make whistleblowing easier will only have the potential to be much more effective if accompanied by the fostering of an open and responsive culture that means people can speak freely and without fear of reprisal. The new content about whistleblowing in the standard is welcome but will require a wider cultural and managerial change in a significant number of nursing care homes. Protection from victimisation for staff is essential, as is protection from unreasonable termination of occupancy when patients or families raise a concern.

Standard 16 now requires that staff, as well as knowing how to receive complaints, have been given training on dealing with complaints, where their attendance is officially recorded. COPNI welcomes this amendment. This training would represent a positive first step in giving staff more knowledge about the correct way to deal with complaints.

Standard 17 which relates to responding to the behaviour of residents states that they must be protected against receiving inappropriate care or treatment by a *"comprehensive person-centered assessment of the needs of the resident"* and in evaluation of care that meets the residents' individual needs and protects their rights. Restrictive interventions should be proportionate, evidence based and the least restrictive option required. All staff should receive regular training and updates suitable to the level of behavioural challenges within the home. COPNI believes that strengthening the level of individual care planning whilst giving staff increased training suitable to the level of behavioural challenges represents a key balance and the correct approach to be followed.

Standard 39, on 'Recruitment of Staff' contains a new requirement that the nursing home use interview techniques like the Warner process or another suitable tool for ascertaining a candidates' suitability to work in the home. Measures that increase the likelihood of finding suitable staff for the important task of providing care and make the process of hiring staff more rigorous and robust are welcome. Ongoing performance management and key reviews are essential in providing for a long term effective and efficient workforce.

Standard 40 relating to training does not include many new mandatory training requirements. COPNI believes that this section has room for expansion as there are a number of areas of potential improvement in terms of the content

and length of training. To achieve many of the objectives set out in these new Minimum Standards comprehensive training will be needed. This must be fully resourced and implemented decisively.

Please return your response questionnaire.

Responses must be received no later than 5pm on Thursday 23rd October 2014

Thank you for your comments.

Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;

- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature;

- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: **http://www.informationcommissioner.gov.uk/**).

Appendix 2

EQUALITY IMPLICATIONS

Section 75 of the Northern Ireland Act 1998 requires the Department to "have due regard" to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to "have regard" to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary equality screening exercise to determine if the draft standards are likely to have a significant impact on equality of opportunity and should therefore be subjected to an Equality Impact Assessment (EQIA). The Department has concluded that an EQIA is not appropriate for a number of reasons including:

- The preliminary screening and engagement/consultation with key stakeholders to date has showed no evidence of any adverse impact on the different groups;
- The draft standards are intended to set a transparent and consistent regional benchmark for the quality of these services, which will benefit all those who use and provide these services.

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