



This an easy-to-read summary of a report by the National Advocacy Service and the Patient Advocacy Service. There are 3 other reports like this one.



This report is about how Covid-19 impacted on people living in nursing homes. It also says how we supported these people through the difficult Covid-19 times.



During the Covid-19 time, the National Advocacy Service and the Patient Advocacy Service changed how we worked to phone and video meeting contact. Many services did not have this available at first.



We kept providing a quality advocacy service to people in nursing homes who needed it. We provided vital support to people who were alone, anxious and fearful about Covid-19.



Covid-19 was very hard for nursing homes and their staff as well as the people we advocated for. Many staff had Covid-19 and stress and frustration.



Many people living in nursing homes were at risk as they had other illnesses.

There was more Covid-19 in nursing homes.

Staff levels were very low due to Covid-19.

People were very restricted in their movement.

There was poor communication about what was going on.

Visiting was not allowed, especially during the first Covid-19 lockdown.



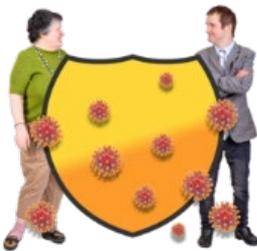
Families said it was very hard to get any information and they could not contact their loved ones. Some were not told about Covid-19 outbreaks, or if their family member had Covid-19.



Some families did not see their loved one before they died.

Residents said staff were so busy that they could spend little time with them to talk about their worries.

In trying to protect residents, people told us the following:



Many people spent all day in their room.

All activities were stopped.

Some people shared a room with no physical distancing.

Early on, there was a shortage of PPE for staff.

Staff shortages led to greater risk of infections.



The mental health of nursing home residents suffered during the Covid-19 period.

They were isolated from friends and family.

They had high anxiety of catching Covid-19, with lots of talk of risk and death.

They witnessed many friends die.



There are many people under 65 living in nursing homes. This isn't right. During this time we noticed more younger people placed into nursing homes.

The moves were meant to be short term only.

People are now cut off from their previous community based supports which has impacted their mental health greatly.

Recommendations



We supported people in nursing homes and their families in many difficult situations during Covid-19. Quality independent advocacy needs to be available to people with disabilities and properly funded.

The Covid-19 experience of advocates, families and residents should be used to improve services.

There is a report by the Nursing Homes Expert Panel.
Its recommendations need to be put in place.



- Better complaints policies in nursing homes.
- An external part of the complaints policy.
- Access to advocacy for residents.
- Develop better communication systems with the input of residents and families for 'virtual visits'.



To limit infection spread, nursing home residents should have their own bedroom. There should also be smaller group spaces, better outdoor spaces and a safe space for visitors.



There needs to be clear guidance on the amount of skilled staff in nursing homes.

Staff should be permanent to reduce the amount of agency staff used.



There needs to be more funding for community based services so younger people are not put into nursing homes.

The HSE pilot plan to move some younger people out of nursing homes to community settings must be



carried out. A longer term plan to move all younger people out of nursing homes needs to be planned for.



When leaving hospital, people with disabilities must have a choice in where they go to live.

For people already wrongly in a nursing home, there needs to be additional staff to provide them with good quality, daily activities.



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