

# National Council on Ageing and Older People



## LONG-STAY CARE Ageing In Ireland Fact File No. 7

While the future development of the Irish health services is in the direction of community-based care, there will always be a need to provide long-stay residential care for some older people. Exact figures about the number of older people in long-stay care at any one time are not available but it is clear that the percentage (approximately 5%) is much lower than is commonly thought.

In recent years the long-stay sector has seen a number of changes. The number of older people in geriatric and psychiatric hospitals has fallen while the number in private nursing home beds has increased. In the future, an increasing number of older people may receive long-stay care in community hospitals.

Long-term care facilities in Ireland comprise health board geriatric homes/hospitals, health board welfare homes, health board district/community hospitals, voluntary geriatric homes/hospitals, private nursing homes and psychiatric hospital units.<sup>1</sup>

### Numbers in Long-Stay Care

- Private nursing homes provide the most common long-stay setting, followed by health board geriatric homes and hospitals. There are approximately 14,000 private nursing home beds in Ireland (2001), representing about 55% of all long-stay beds.
- It should be borne in mind that many older people reside temporarily in acute hospitals, usually receiving short-term care but often awaiting transfer to a more suitable long-stay setting. It was estimated that 4,590 older people (1.19%) resided in acute hospitals at any one time in 1986.<sup>3</sup>
- Roughly two thirds of residents in long-stay settings were female (65.4%) with the majority (96.1%) over 65 years of age. A total of 62.7% of residents were aged 80 years or over compared to 22% of the older population as a whole.<sup>4</sup>
- Residents aged 85 years and over represented 37% of the total number of residents of long-stay care units. Some 42% of female residents were in this age group whereas the males were more evenly distributed between the categories 80–84 years and 85 years and over.

- Since 1980 there has been a steady increase in the proportion of persons aged 75 years and over resident in long-stay care units.

### **Health Board Geriatric Homes and Hospitals**

- This sector includes both geriatric hospitals and homes and long-stay geriatric units within general hospitals. Geriatric hospitals and homes account for the largest type of long-stay unit for older people with an average of 130.3 long-stay beds per institution.<sup>4</sup> The size of the older institutions is a result of policies in the 1950s and 1960s designed to gather dependent older people and the destitute in 'county homes'.
- The old style geriatric hospitals and homes are gradually being reduced in size and the trend for new facilities is towards smaller geriatric units within general hospitals. As a result, the number of long-stay beds in this sector has been falling steadily, from 7,005 in 1988<sup>5</sup> to 5,925 in 1996.<sup>4</sup>
- A total of 73.4% of residents in these settings were rated as having high or maximum dependency levels.<sup>4</sup>
- About three quarters, 76.1%, of residents were discharged or died within three months of entering geriatric homes or hospitals while 12.1% had been resident for more than one year and 2.5% had been resident more than six years.<sup>4</sup>

### **Health Board Welfare Homes**

- The welfare home was intended to provide an alternative to admission to the county home when it was first advocated by the Interdepartmental Committee on the Care of the Aged in 1968. Welfare homes were designed to provide residential care for those with very low incomes or those who had difficulties in living independently for other social reasons, such as living alone in remote areas. Since *The Years Ahead* report<sup>6</sup> in 1988, however, welfare homes are no longer seen as the preferred option for dependent older people. As a result, the number of long-stay beds in welfare homes has been falling, from 1,589 beds in 1988 to 1,025 beds in 1996.
- Welfare homes are quite small with an average of 39.1 beds per home, making the provision of high levels of medical support impractical. Despite this, 39% of residents were in the 'high to maximum' level of dependency in 1996.<sup>4</sup>
- On average, 67.1% of welfare home residents were discharged within less than three months of admission, 24.1% stayed longer than one year and 14% for more than four years.

## Health Board District and Community Hospitals

- District or community hospitals also provide long-stay beds for older people at a local level. District hospitals are staffed by general practitioners and nurses. Community hospitals are based on a newer model advocated by *The Years Ahead* report and are designed to provide a broad range of services including long-stay care, assessment and rehabilitation, convalescent care, day hospital and/or day care services, respite care, and information, advice and support for those caring for older persons at home.
- Since 1988 the district/community hospital has become increasingly popular. In 1996, 2,200 long-stay beds were available<sup>4</sup> compared to 1,465 beds in 1988.<sup>5</sup> Each hospital has an average of 49.8 long-stay beds.
- In 1996, 69.4% of residents were in the high or maximum dependency categories.
- Residents in community hospitals have the shortest average length of stay of all long-stay units with 86.7% residing for less than three months and only 6.9% residing for more than one year.

## Nursing Homes

- Nursing homes fall into two categories – voluntary homes (usually run by religious organisations) and private (ie commercial) homes. There have been important developments in this sector since 1990 with the implementation of the Health (Nursing Homes) Act 1990 and the Nursing Homes (Care and Welfare) Regulations 1993. These require all nursing homes to apply for registration with their health board. The home must reach and maintain certain standards to become a registered nursing home.
- A subvention may be paid towards the cost of a nursing home where a person is unable to meet the cost and has been assessed by a health board as needing nursing home care. Subject to passing a means test, the amount of subvention available will depend on the degree of nursing care that the person requires, on his/her means and on family circumstances. There are three maximum rates of subvention: £150, £120 and £90 per week (as of 1 April, 2001). The means test is employed in such a manner as to take account of the person's income and the income of a spouse/partner.
- There is a total of some 24,000 nursing home beds available in Ireland – 14,000 public beds and 10,000 private beds.<sup>6</sup> This translates to fifty-eight nursing home beds being available per 1,000 of the over 65 population, which stood at 414,000 in 1996.
- Voluntary homes are twice as large, on average, as private homes (an average of 45 beds to 25.7). There has been a slight change in the total number of voluntary beds available in recent years, increasing from 3,509 beds in 1988<sup>6</sup> to 3,617 in 1996.<sup>4</sup> The private sector, by contrast, seems to be enjoying a period of rapid growth. In 2001

there was a total of 14,000 beds available in private nursing homes.<sup>7</sup> Nursing home residents are generally not as dependent as long-stay hospital residents: 61.8% of voluntary and 61% of private nursing home residents fell into the high or maximum dependency categories in 1996.

- Nursing home residents tend to have longer stays compared to other long-stay unit residents. Totals of 17.8% of voluntary home residents and 22.6% of private home residents have been in care for more than one year.

### **Psychiatric Hospitals and Hostels**

- There are two main types of long-stay psychiatric care facility in Ireland: within the long-stay wards of psychiatric hospitals and units and in community residential accommodation (psychiatric hostels). In addition, a small number of residents reside in de-designated psychiatric facilities.
- The rate of institutionalisation of older people in psychiatric hospital and units has declined significantly over the last few decades. In 1971, the rates were 147.2 per 10,000 population for people aged 65–74 and 173 for persons over 75 years.<sup>8</sup> By 1991 these rates had fallen to 74.5 and 104.9 respectively.<sup>9</sup> The decline has been brought about mostly by the development of community psychiatric services and community residences and by the de-designation of facilities that were solely for the care of individuals with mental handicap or for older people. Since 1998, this pattern of decline has been disrupted. While the rate of institutionalisation of older people aged 75 and over has declined to 91.87 per 10,000 population, the rate of institutionalisation of older people aged 65–74 has increased to 80.33 per 10,000 population.
- However, older people continue to have the highest rate of psychiatric residence of all age groups. The rate per 10,000 population over 75 was 104.9 in 1991 compared to 6.9 for people aged 20–24 years, for example.<sup>9</sup> This does not indicate a dramatically higher rate of mental disorder in older people. In most cases, the older residents were admitted at a younger age and have ‘grown old’ in the institution.
- Long stays in psychiatric settings are still common. In 1998, only 20% of those aged 75 and over had been residents for less than a year whereas 61% of those aged 75 year and over had been residents for more than five years.<sup>10</sup>
- There has been a change in the most common diagnoses of older psychiatric residents since 1991. Schizophrenia (44%), manic-depressive psychoses (22%) and organic psychoses such as dementia (17%) were the most common diagnoses of older psychiatric residents in 1991.<sup>9</sup> Depressive disorders (43%), organic psychoses (17%) and schizophrenia (13%) were the most common diagnoses of older psychiatric residents in 1998.<sup>10</sup> The proportion with organic psychoses fell from 24% in 1971<sup>8</sup> to

17% in 1991 where it has remained in 1998 as a result of policy changes on the placement of residents with dementia.

- Hostels are not specifically located or designed for older people as they cater for all those with a mental illness who require supported accommodation. This can present problems for older residents with mobility impairments.

### Medical and Social Status of Long-Stay Care Residents

- The most common primary reason for residence in long-stay care is a chronic physical illness (35%). Some form of mental disorder accounts for 26% of residents.<sup>5</sup>
- A 1996 survey revealed that significant variations in the medical and social status of long-stay residents existed across the health board regions in the country.<sup>4</sup>

**Table 1. Primary medical/social status of older people in long-stay care 1996**

Category of Unit	Health Board Geriatric Home/ Hospital	Health Board Welfare Home	Health Board District/ Community Hospital	Voluntary Geriatric Home Hospital	Private Nursing Home
Chronic mental illness	6.9	9.1	4.9	4.3	5.1
Chronic physical illness	45.8	33.5	41.6	28.2	25.2
Convalescence or rehab	3.5	1.3	9.2	3.0	3.4
Mental infirmity/ Dementia	16.8	6.3	13.1	18.0	23.8
Physical disability	10.7	12.0	12.1	20.5	18.0
Mental handicap	2.6	2.0	1.7	1.5	1.2
Social reasons	11.5	34.5	10.8	15.2	18.4
Terminal illness	1.2	0.8	3.9	4.7	1.4
Other	1.1	0.4	2.7	4.6	2.8
Not specified	0.0	0.0	0.0	0.0	0.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Department of Health Survey of Long-Stay Units 1996.

## Reference Material

- 1) The National Council on Ageing and Older People, 2000. *A Framework for Quality in Long-Term Residential Care for Older People in Ireland*. Dublin: National Council on Ageing and Older People.
- 2) O'Shea, E., Donnison, D. and Larragy, J., 1991. *The Role and Future Development of Nursing Homes in Ireland*. Dublin: National Council for the Elderly.
- 3) Department of Health and Children, 1998. *Long-Stay Activity Statistics*. 1996. Dublin: Department of Health and Children.
- 4) Blackwell, J., O'Shea, E., Moane, G. and Murray, P., 1992. *Care Provision and Cost Measurement: dependent Elderly People at Home and in Geriatric Hospitals*. Dublin: Economic and Social Research Institute.
- 5) Irish Nursing Homes Organisation.
- 6) Working Party on Services for the Elderly, 1988. *The Years Ahead - A Policy for the Elderly*. Dublin: Stationery Office.
- 7) Department of Health and Children, 2001. Unpublished data.
- 8) O'Hare, A. and Walsh, D., 1974. *The Irish Psychiatric Hospitals Census 1971*. Dublin: Medico-Social Research Board.
- 9) Moran, R. and Walsh, D., 1992. *The Irish Psychiatric Hospitals and Units Census 1991*. Dublin: Health Research Board.
- 10) Browne, C., Daly, A. and Walsh, D., 2000. *Irish Psychiatric Services Activities 1998*. Dublin: Health Research Board

## Useful Contacts

Irish Nursing Homes Organisation Ltd, 2021 Citywest Business Campus, Naas Road, Saggart, Co Dublin. Telephone 01 466 0183.