



A Dream

Here is a dream with great potential for the care of older people into the future. We would love to hear what you think! **Anne Marie Lee** is a frequent contributor to *The Messenger*.

Nursing homes are an essential part of our health and social care services. They are expensive to run and the bulk of them are in the private sector, operating on a for-profit structure. In the title 'Nursing Home' the key word is 'Nursing'. Not all those in need of residential care are in need of nursing care.

What about local residential care units for those elderly who are unable to live alone? They may be in need of protection and assistance with personal care but do not require a high level of nursing care.

We believe these units should be run on a not-for-profit basis. An all-in fee should be set and the residents would pay on a means-tested basis, any shortfall coming from the state.

These residential units could be managed by an advanced healthcare assistant practitioner with a team of healthcare assistants. The manager would have a management qualification specifically designed for managing a residential care unit. These units, while maintaining their independence, would operate under the local primary



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healthcare system being visited by members of the multidisciplinary care team headed by the public health nurse in the same manner as an elderly person in their own home. They would come under the independent authority the Health Information and Quality Authority (HIQA) for regulation, monitoring standards, complaints and inspections.

A general manager could be appointed to cater for four or five units in terms of hiring and firing, insurance, supplies, health and safety, managing salaries and the use of an eight-seater



car between the units.

The units would be run in a similar manner to a person's own home. Because they are local the resident would be familiar with the area, local shops, church, hairdressers. Family and friends could visit easily. Those residents who were able and willing would carry out routine domestic duties such as setting and clearing tables, flower arranging, welcoming visitors, folding clean linen, updating a notice board, running a residents committee and so on. They might like to do some supervised cooking or

baking; thus, keeping the residents alert and functioning normally as long as possible. The units would have use of the car in their turn and individuals might be accompanied on walks to the local shops, hairdresser, chiropractist etc., if able.

The overall management could be a public/private partnership with involvement from the local community. While the ideal is to keep people in their own homes as long as possible, there will always be those for whom that is not an option and yet, they are not in need of nursing care.

Setting up this type of arrangement will be costly initially, but now is the time to do it. The units could consist of two semi-detached family homes purchased and adapted to be run as one unit, or when a housing estate is being built an 8–10 bedded unit could be built for this purpose as part of the contract, each resident having a single room. It might also be feasible to convert small office blocks into residential care units, given that some are bound to come on the market as a result of COVID-19. It would be essential that no more than ten people be housed in any one unit and that each person has their own room. It would also be essential that the units are run on a not-for-profit basis because then the focus will be on the care and comfort of the resident and not on the profits. In three to four years there should be plenty of staff available to run the units if offered employment on a permanent basis with a national salary scale beginning with a 'living wage' and rising to an acceptable level.💖