



The Regulation and
Quality Improvement
Authority

Census of Bed Availability in Registered Care Homes in Northern Ireland on 27 September 2023

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Introduction

Background

On 27 September 2023, RQIA undertook a census of registered Nursing Home and Residential Care Home bed availability in Northern Ireland's registered Care Homes.

The purpose of the survey was to validate the information on the certificate of registration to: ensure bed numbers were accurately recorded on RQIA's statutory register of Nursing and Residential Care Homes; to inform inspectors about care provided in the individual Care Homes; to inform key stakeholders about the availability of beds in Care Homes across Northern Ireland; to record the reasons for beds being unavailable in Care Homes to new residents admission; and to provide information on the current processes of planning new admissions to Care Homes. Moreover, the survey aimed to capture the perspective of the Care Home managers regarding the pressures within the wider Health & Social Care system, particularly in relation to timely discharge from hospital.

RQIA are aware of the current and persistent pressures experienced by the whole health and social care system and the increasing pressures on individual services, including care homes, in particular when approaching the winter period. There is a recognised need for a collaborative approach across both statutory and independent sector providers to ensure the timely admission of residents to care homes from a range of settings, but in particular from our acute hospitals where there is evidence of extended stays beyond when medical needs have been met (sometimes referred to as 'delayed discharges').

In order to support a collaborative approach RQIA conducted a census of bed availability of all registered Nursing and Residential Care Homes in Northern Ireland on 27th September 2023. By the final closure date of the survey on 20 October, 99% of registered and currently operating care homes had made a return.

The purpose of the survey was threefold.

- to inform key stakeholders about the availability of beds in care homes across Northern Ireland, the reasons for unavailable beds and to evaluate the efficiency of the current system of admission to care homes.
- to inform stakeholders about the care provided in nursing and residential care homes taking into consideration the categories of care they are registered for; and
- to validate the information on RQIA's statutory register of Nursing and Residential Care Homes, to ensure bed numbers are accurately recorded.

In addition, the census included questions on how care homes engaged with the local commissioning HSC Trusts around care home admissions to evidence any good practice and identify challenges or inconsistencies. The census also provided an opportunity to ask care home providers about any barriers faced in relation to admissions and how this process could be improved. can be improved, and indeed any barriers you face in relation to admissions to your home.

It is hoped the information gathered from this one-off survey will improve the accuracy of the information in relation to care homes and support all organisations working as part of the health and social care system across the region.

Methodology

All Nursing and Residential Care Homes in Northern Ireland are required to register with RQIA. This is the case whether the Care Home is provided by an independent provider or by one of the Health and Social Care Trusts (HSC Trusts). There are 468 registered Care Homes in Northern Ireland and all were asked to complete a questionnaire (see Appendix 1) using an online survey tool (Smart Survey) outlining their bed status on the Census Day of 27 September 2023. The due date for return was the 29 September 2023. Care Homes which did not make a return received a number of follow up emails. Where no return was received by 9 October 2023, Care Homes managers were contacted by telephone by their aligned RQIA Inspector. By the final closure date of the survey on 20 October 2023, 99% of registered and currently operating Care Homes had made a return, set out below:

Table 1: Survey Return Rate from Care Homes

Survey Status	Nursing (NH)	Residential (RC)	Total
Return Received	239	218	457
Service currently not operating.	1	4	5
No Return Received	1	5	6
Total	241	227	468

Data was extracted from the survey tool, matched and validated against the existing statutory register of Nursing and Residential Care Homes in Northern Ireland. Free text answers (qualitative data) were analysed and coded to identify common themes in the answers. The findings of this census are set out in this report.

Executive Summary

In the examination of the data returned, there were significant findings of note. In particular, it can be seen that both the Western and Southern Trust areas have the least number of registered care home beds, in comparison to the other Trusts. This may lead to an impact for services users where there may be a reduced choice of available beds for residents, and their families and carers, within their locality. This may also lead to Trusts competing for available beds across Trust boundaries.

Proportionate to numbers of beds registered with RQIA, there were fewer care home beds available for new admissions in the Trust Statutory Home sector, with 23% of the registered beds unavailable to new residents, compared to availability within the Independent Sector Care Homes, with 6% of those registered places unavailable for new admissions.

Of note, the Census demonstrated that there was material care home bed availability across the region, which would appear to provide capacity to accommodate patients being discharged from hospital requiring a Care Home placement on the census day, however, this may not be located within the patient's residential geography and may not be in the care category that is needed to meet a particular resident's needs. Data highlighted the need to consider barriers to admission to a care home exist, and these are detailed in this report.

The findings indicate the need for a digital solution that could be developed to improve communication regarding location of available beds within particular categories of care. Such a shared, regional, digital approach may also address the reported challenges associated with weekend communication between Trusts and Care Homes, and promote understanding by Trust staff responsible for discharges, about the categories of care available in particular Care Homes, considering patients' particular needs. Some of the key findings are set out below:

- There are 468 registered Care Homes in N Ireland, providing 15,836 beds
- Nursing Home beds make up approximately two thirds of these beds, with one third being within residential care homes
- 1,246 Care Home beds were reported as available for admission across Northern Ireland on the day of the Census, 27 September 2023, accounting for 8% of the total registered beds in NI
- 762 of these available beds were in registered Nursing Homes and 484 were in registered Residential Care Homes
- A similar number of care home beds were reported as unavailable to new admissions, 1100 (7%) of total beds registered
- Independent sector Care Homes account for 93% of the total Care Home beds registered in N Ireland
- Of the total 468 Care Homes, the health and social care Trusts provide a small number of registered Nursing Homes (3) and Residential Care Homes (43) with a total of 1,032 beds
- 233 out of 1,032 HSC Trust care home beds were reported as available (23%) and 234 were unavailable (23%) for admission.
- 1,013 Independent sector beds were reported as available (7% of the total) and 866 were unavailable (6%) for admission
- The most common reason for the 1100 beds being unavailable for admission was reported as bed was in a double or triple room (and these undesirable for

residents), or the room was subject to refurbishment, these together making up 44% for all unavailable beds.

- Care Homes are required to register beds by category. This is to ensure that when a resident is being admitted to a Care Home that the home have the skills and ability to meet the needs of the resident. Not all categories for available beds on the day of the Census were reported. Of those that were reported, the number beds identified as available in the 'old age' category was 147 (nursing and residential) and 97 'dementia' beds (nursing and residential)
- When responding to the question on barriers to considering new admissions to the Care Home, the most common response referred to related to communication between Trusts and the Care Homes with the second most significant constraint being related to staffing levels in the Care Home.
- The responses also referred to insufficient or inaccurate information conveyed from the Trust about the Resident's needs, and information in assessment forms being outdated
- Reporting on communication with HSC Trusts, on weekdays Care Homes reported that email was the most common form (59% of those who responded) with telephone reported as the second most commonly used approach (51% of those who responded)
- 35% of Care Homes reported that they had no communications with Trusts over weekends.
- When asked about ideas for making improvement about planning admissions, Care Homes proposed an IT/ Online system, and a centralised or regional approach.

Care Homes and Registered Beds in Northern Ireland

This section sets out information about the number of registered Care Homes and Care Home beds (places) over the last 5 years and by HSC Trust area.

Number of Registered Care Home Facilities in Northern Ireland Over Time

Table 2: Number of Registered Care Homes in Northern Ireland Over Time

Status at:	Nursing (NH)	Residential (RC)	Total
31/03/2020	248	235	483
31/03/2021	248	233	481
31/03/2022	246	231	477
31/03/2023	242	230	472
20/10/2023	241	227	468
Change since 2020	-7	-8	-15

Commentary:

The number of registered Care Homes has been moderately reducing over the past 5 years. In addition, a small number of providers noted that there were possible inaccuracies within their certification and RQIA will undertake a review of these, and update certificates where appropriate.

There have however been significant changes to the provider profile of the care home sector. The largest independent provider in 2019, accounting for almost 20% of the approved care home places across Northern Ireland, is no longer operating. Three relatively new providers, two of whom were not operating care homes in 2019, now account for 25% of the total approved places.

Number of Registered Beds in Care Homes in Northern Ireland Over Time

Table 3: Number of Registered Beds in Care Homes in Northern Ireland

Status at	Nursing (NH)	Residential (RC)	Total	Change between each year
31/03/2020	10,799	5,294	16,093	N/A
31/03/2021	10,735	5,288	16,023	-70
31/03/2022	10,706	5,280	15,986	-37
31/03/2023	10,605	5,280	15,885	-101
20/10/2023	10,580	5,256	15,836	-49
Change since 2020	-219	-38	-257	

Commentary:

The number of registered Care Home beds (or places) has reduced over the past 5 years and this reduction is greatest within the Nursing Home registered sector.

Number of Registered Care Homes by HSC Trust Area

Table 4: Number of Registered Care Homes by HSC Trust Area

Trust Area	Nursing (NH)	Residential (RC)	Total
BHSCT	45	46	91
NHSCT	64	61	125
SEHSCT	53	54	107
SHSCT	48	30	78
WHSCT	31	36	67
Total	241	227	468

Commentary:

The greatest number of Registered Care Homes are located within the geography of the Northern HSC Trust area. The number of registered Care Homes is significantly lower in Western HSC Trust, closely followed by Southern HSC Trust. This may require those seeking Care Home beds to look for one outside of their geographical area, impacting on choice. In addition, there may be impact on care homes bordering Trust areas, who are receiving an increase in contact regarding bed availability.

Number and Proportion of Registered Care Home Beds by Trust Area

Table 5: Numbers of Registered Care Home Beds by Trust Area

Locality	Nursing (NH)	Residential (RC)	Total
BHSCT	2,059	1,214	3,273
NHSCT	2,628	1,447	4,075
SEHSCT	2,484	1,357	3,841
SHSCT	1,960	608	2,568
WHSCT	1,449	630	2,079
Total	10,580	5,256	15,836

Commentary:

The Northern Trust geographical area has the greatest number of registered Care Home beds; circa 26% of all Registered Care Home beds in Northern Ireland. Two thirds of all Registered Care Home beds in Northern Ireland are Nursing Home beds with one third of beds being within the Residential Care sector.

Given the numbers of Care Homes are relatively close in terms of physical numbers, this significant difference in bed numbers indicates Nursing Homes are of a greater size/scale in terms of places compared to residential care homes. Residential Care homes tend to accommodate fewer people and a significant number offer under 30 beds. See table 6 below.

Table 6: Numbers of Registered Care Homes by Bed Numbers (Banding)

Max Approved Beds (Banding)	Nursing (NH) Homes	Residential (RC) Homes	Grand Total – Care Homes
1-10	3	50	53
11-20	14	71	85
21-30	29	46	75
31-40	68	31	99
41-50	53	19	72
51-60	35	6	41
61-70	22	0	22
71-80	10	2	12
81-90	5	2	7
91-100	2	0	2
Grand Total – Number of Care Home	241	227	468

Commentary:

The average number of beds in a registered Nursing Home is 44

The average number of beds in a registered Residential Care Home is 23

Table 7: Beds per Trust Geographical Area Population

Locality	RQIA Register at 20/10/2023			NISRA	Registered beds per 1000 district residents		
	Nursing (NH)	Residential (RC)	Total	Population (2020) *	Nursing (NH)	Residential (RC)	Total
BHSCT	2,059	1,214	3,273	359,230	5.7	3.4	9.1
NHSCT	2,628	1,447	4,075	480,194	5.5	3.0	8.5
SEHSCT	2,484	1,357	3,841	364,191	6.8	3.7	10.5
SHSCT	1,960	608	2,568	388,688	5.0	1.6	6.6
WHSCT	1,449	630	2,079	303,207	4.8	2.1	6.9
Total	10,580	5,256	15,836	1,895,510	5.6	2.8	8.4

*Source: NINIS: Northern Ireland Neighbourhood Information Service (nisra.gov.uk)

Commentary:

Care Home beds per 1000 population varies from 6.6 beds per 1000 population to 10.5 beds per thousand population (note, Population Census data by age group and HSC Trust area can be found in Appendix 2). The availability per population is again lower in Western and Southern HSC Trusts. South Eastern HSC Trust has the greatest availability per population of the five Trusts.

Survey Findings

This section provides the information submitted by the registered Care Homes through the Census survey and represents information shared by Care Home Managers.

Available Beds in Care Homes

Registered Care Home managers were asked how many of their registered beds (places) were available for admission on the day of the Census.

Beds were considered 'available' if the bed (place) could accept a new resident that day; that the home had sufficient staff or could call upon sufficient staff to provide care and support to new residents. A bed would **not be** available if there was already a resident planned for admission or if the bed (place) could not be used due to its location in the Care Home, state of repair, or any other reason which meant the Care Home could not accept a new resident.

Table 8: Available beds across Northern Ireland

Bed Status	Nursing (NH)	Residential (RC)	Total
Total Registered Beds (From RQIA Register)	10,580	5,256	15,836
Submissions below through the Census			
Beds Available for admission	762 (7%)	484 (9%)	1,246 (8%)
Number of planned admissions	55 (1%)	52 (1%)	107 (1%)
Unavailable beds for any other reason	600 (6%)	500 (10%)	1,100 (7%)

NB: Percentages have been calculated of the total bed numbers registered, though a very small number of care homes did not make a submission via the census.

Commentary:

At the time of the survey there were 1,246 beds reported as available for admission across all Care Homes in Northern Ireland. This represented 8% of the total approved registered beds.

There were 1,100 beds which were reported as unusable/ unavailable for a variety of reasons (7% of the total).

As at 27 September 2023 there were 107 planned admissions to Care Homes across NI. Of note, the demand for beds to enable discharge, on the census day, was lower than the number of beds reported as being available. The bed availability per Trust is presented in Tables 11 to 16. The Care Home respondents outlined their issues and barriers to timely admission in Table 31.

Bed Availability Profiled by Sector (i.e. Statutory Sector Compared with Independent Sector Care Homes)

The following tables present information on Care Home beds reported as available for admission on the day of the Census.

Table 9: Available beds in Independent Sector Homes

Registered within Independent Sector Provider Care Homes	Nursing (NH)	Residential (RC)	Total
Total Registered Beds from RQIA Register	10,553	4,251	14,804
Number of Care Homes	238	184	422
Submissions below through the Census **			
Beds Reported as Available for admission	753 (7%)	260 (6%)	1013 (7%)
Number of planned admissions	54 (1%)	22 (1%)	76 (1%)
Unavailable beds for any other reason	590 (6%)	276 (6%)	866 (6%)

Commentary:

The majority of registered beds within the Care Home sector are operated by the Independent sector (i.e. non-Trust / non-Statutory Care Homes). Of the 10,580 total registered Nursing Home beds in N Ireland, 10,553 are registered with Independent sector providers (99.7%) with the remaining 27 Nursing Home beds being registered within Statutory sector (3 statutory sector Nursing Homes).

Not all independent providers made a return to RQIA Census. 6 Care Homes did not make a submission equating to 5 Independent Sector Nursing and Residential Care Homes and 1 Statutory Sector Residential Care Home. These non-returners account for 94 Residential and 31 Nursing beds. In total the beds in non-responder Care Homes account for 0.8% of the total. A further 5 Care Homes were reported as non-operational, equating to 79 Residential and 26 Nursing registered beds. These beds are counted as unusable for the purposes of this report. Percentages have been calculated against the registered bed numbers.

Table 10: Available beds in Statutory Sector Care Homes

Bed Status	Nursing (NH)	Residential (RC)	Total
Total Registered Beds From RQIA Register	27	1,005	1,032
Number of Care Homes	3	43	46
Submissions below through the Census			
Beds reported Available for admission	9 (33%)	224 (22%)	233 (23%)
Number of planned admissions	1 (4%)	30 (3%)	31 (3%)
Unavailable beds for any other reason	10 (37%)	224 (22%)	234 (23%)

Commentary:

One 25 bedded Statutory Residential Care Home did not make a return.

There are 1,032 registered care home beds in the statutory sector (i.e. HSC Trust provided), the vast majority being residential beds. On the day of the Census, HSC Trusts reported 233 beds in their Care Homes were available for admission.

More admissions were planned to Statutory Homes compared with the independent sector homes, likely due to better lines of internal communication. Compared with independent sector homes the statutory homes have a higher proportion of unavailable beds with almost a quarter (23%) unavailable for admissions.

Total Available Nursing and Residential Care Home Beds by HSC Trust Area and Sector

Table 11: Reported available beds in Nursing and Residential Care Homes by Sector on day of Census

Trust Area	Independent Sector	Statutory Sector	Total
BHSCT	226	39	265
NHSCT	304	76	380
SEHSCT	268	61	329
SHSCT	138	25	163
WHSCT	77	32	109
Grand Total	1013	233	1246

Table 12: Reported Care Home Beds available for admission on day of census in BHSCT Area

Bed Status	Nursing (NH)	Residential (RC)	Total
Total Registered Beds (From RQIA Register)	2,059	1,214	3,273
Number of Care Homes	45	46	91
Submissions below through the Census			
Beds Available for admission	166 (8%)	99 (8%)	265 (8%)
Number of planned admissions	13 (1%)	6 (0%)	19 (1%)
Unavailable beds for any other reason	155 (8%)	173 (14%)	328 (10%)

Table 13: Reported Available Care Home beds in NHSCT Area on day of Census

Bed Status	Nursing (NH)	Residential (RC)	Total
Total Registered Beds (From RQIA Register)	2,628	1,447	4,075
Number of Care Homes	64	61	125
Submissions below through the Census			
Beds Available for admission	260 (10%)	120 (8%)	380 (9%)
Number of planned admissions	18 (1%)	15 (1%)	33 (1%)
Unavailable beds for any other reason	112 (4%)	62 (4%)	174 (4%)

Table 14: Reported Available beds in SEHSCT Area on day of Census

Bed Status	Nursing (NH)	Residential (RC)	Total
Total Registered Beds	2,484	1,357	3,841
Number of Care Homes	53	54	107
Submissions below through the Census			
Beds Available for admission	167 (7%)	162 (12%)	329 (9%)
Number of planned admissions	10 (0%)	15 (1%)	25 (1%)
Unavailable beds for any other reason	189 (8%)	122 (9%)	311 (8%)

Table 15: Reported Available beds in SHSCT Area on day of census

Bed Status	Nursing (NH)	Residential (RC)	Total
Total Registered Beds	1,960	608	2,568
Number of Care Homes	48	30	78
Submissions below through the Census			
Beds Available for admission	113 (6%)	50 (8%)	163 (6%)
Number of planned admissions	8 (0%)	6 (1%)	14 (1%)
Unavailable beds for any other reason	94 (5%)	87 (14%)	181 (7%)

Table 16: Reported Available beds in WHSCT Area on day of census

Bed Status	Nursing (NH)	Residential (RC)	Total
Total Registered Beds	1,449	630	2,079
Number of Care Homes	31	36	67
Submissions below through the Census			
Beds Available for admission	56 (4%)	53 (8%)	109 (5%)
Number of planned admissions	6 (0%)	10 (2%)	16 (1%)
Unavailable beds for any other reason	50 (3%)	56 (9%)	106 (5%)

South Eastern and Belfast HSC Trusts respondents reported the highest proportion of unavailable nursing beds (both 8%). Southern and Belfast HSC Trusts reported the highest proportion of unavailable residential beds (both 14%).

Available Care Home Beds by Care Category

The following tables present the reported position in relation to category of Care Home beds, reported as available for admission on the day of the Census.

Table 17: Available beds for admission by Category of Care (All registered adult Care Homes in NI) on day of census

Beds reported as available for admission by Care Category	Definition of Care Category Code	Nursing Home (NH)	Residential Home (RC)	Grand Total
Cat – I	Old age not falling within any other category	84	63	147
Cat – E	Service users who are over 65 years of age but do not fall within the category of old age	16	21	37
Cat – DE	Dementia	47	50	97
Cat – MP	Mental disorder excluding learning disability or dementia	8	15	23
Cat - MP (E)	Mental disorder excluding learning disability or dementia – over 65 years	9	20	29
Cat – LD	Learning Disability	23	40	63
Cat - LD (E)	Learning disability – over 65 years	21	32	53
Cat – PH	Physical disability other than sensory impairment	56	26	82
Cat - PH (E)	Physical disability other than sensory impairment – over 65 years	44	20	64
Cat – D	Past or present drug dependence	3	3	6
Cat – A	Past or present alcohol dependence	4	12	16
Cat – TI	Terminally ill	33	3	36
Cat – SI	Sensory impairment	10	6	16
Grand Total		358	311	669

*Note: any one bed may be registered to potentially accommodate multiple categories of care

Commentary:

It can be seen (Table 11), that there were 1,246 beds reported as being available overall. Please note that any one bed may be registered to potentially accommodate multiple categories of care. Table 17, demonstrates available beds within particular categories of care (N=669) The largest numbers of reported available beds were in categories 'PH' / 'PH-E' (physical disability under and over 65 years; N=148), 'I' (old age not falling into any other category; N=147), 'LD' / LD(E)' (learning disability over and under 65 years; N=116) and Dementia (N= 97). As stated previously this is the information reported by the care home managers and whilst it may contain some

inaccuracies it is also representative of the depth and breadth of categories of care registered and the fact that an available bed may not be suitable for every discharge inquiry.

Table 18: Reported Available care home beds in Category of Care 'I' ('Old Age') by Trust Area

Trust Area	Nursing (NH)	Residential (RC)	Grand Total
BHSCT	14	13	27
NHSCT	32	17	49
SEHSCT	21	17	38
SHSCT	13	8	21
WHSCT	4	8	12
Grand Total	84	63	147

Commentary: Category I = Old age not falling within any other category

Table 19: Reported Available beds in Category of Care 'DE' (Dementia) by Trust Area

Trust Area	Nursing (NH)	Residential (RC)	Grand Total
BHSCT	8	10	18
NHSCT	10	11	21
SEHSCT	13	16	29
SHSCT	12	7	19
WHSCT	4	6	10
Grand Total	47	50	97

Commentary: Category DE = Dementia

Unavailable Care Home Beds (Places)

The Census survey asked Care Home Managers to explain why some beds within their Care Home were unavailable (unusable) and the results are set out in the following table.

Table 20: Why are beds unoccupied and unavailable? [Primary reason for bed being classified as 'unavailable' as reported by the Care Home]

	Nursing (NH)	Residential (RC)	Total
Total Unavailable Registered Beds	600	500	1100
Beds in double/ triple rooms used as singles	240 (40%)	68 (14%)	308 (28%)
Beds affected by refurbishment	72 (12%)	107 (21%)	179 (16%)
Beds reserved	43 (7%)	48 (10%)	91 (8%)
Beds pre-contracted/block booked	56 (9%)	2 (0.4%)	58 (5%)
Other Beds unavailable (non-quantifiable from data returned)	189 (32%)	275 (55%)	464 (42%)*

*For 42% of respondents there were other reasons for unavailable beds. Please refer to Table 31 for further detailed information – the key additional reasons have been set out below. In summary, the primary additional reasons for unavailable beds to new admissions were reported as:

Table 20a: Themed reasons for bed being classified as 'unavailable' as reported by the Care Home

Themes/Barriers	Nursing (NH)	Residential (RC)	Total Services
Recruitment problems/Staffing levels	21	28	49
Unsuitable category	20	13	33
Complex needs of Residents	16	13	29

Communication between Care Homes and HSC Trusts

Frequency of Contact and Communication

The Care Home Managers were asked to share their experience of communication between HSC Trusts and their Care Home in relation to bed availability and relating to planning for a potential new admission.

The categories of care the Home is registered for and the needs of the Resident have to be aligned. This means that where a discharge of a Resident from an acute hospital into a Care Home is required, for example for a frail elderly person, Care Homes registered for the particular category should be contacted.

Response from Care Homes

Weekdays

5% of Care Homes who made submissions (21) stated that they were never contacted by the Trust on weekdays

15% (67) reported that they were contacted less than once a week by the Trust/s

51% (231) of respondents reported that the Trusts contact them twice, or more frequently, each week

The data describing frequency of calls at the weekend was similarly caveated:

14% of Care Homes reported that they had been contacted once at weekends

6% of homes were contacted twice or more times during a weekend

- 190 of the N=457 respondents (42%) reported no communication between the Care Home and the Trust at weekends.
- The pattern of communications at the weekend was different and is tabulated below (table 21), although telephone contact predominated at weekends.

Mode of Communication

Submissions demonstrated a multimodal approach to communication between Trusts and Care Homes with phone calls and emails being the preferred methods. Responders were able to select multiple communication methods were applicable. The responses below relate to communication on weekdays:

- 49% of Nursing Homes and 52% of Residential Homes reported that the Trust utilised the telephone to contact the Care Home
- 59% of Care Homes reported email as being used
- 31% of Care Homes reported they proactively contacted the Trusts
- 39% reported they make an electronic return to the Trust

Table 21: Communication methods used at the weekend

Service Type	Phone call from Trust	Email from Trust	Proactively contact Trust	Electronic return	No Comms at weekends	Total Responses
Nursing (NH)	42%	24%	12%	8%	38%	239
Residential (RC)	41%	27%	11%	15%	31%	218
Total	42%	26%	11%	11%	35%	457

NB. Homes were able to select more than one communication method in the survey

There were further methods of communication articulated and these were profiled in table 22 below.

Table 22: Other communication methods mentioned as used during week days (Coded)

Theme	Count
Direct liaison with named individual/team	14
RQIA return	11
Proactively contact the Trust/Brokerage	12
Waiting list/Known user pool (respite)	5
Daily bed return	2
<i>Other (Trust internal comms, meetings)</i>	6
Total	50

Responses of the Care Home Managers was sought with regard to effectiveness of the current system of communication and the data presented in Table 23, suggested general contentment across four metrics.

Table 23: How well does communication with Trusts work for homes in terms of -

	Not well at all	Not well	Adequate	Well	Very well	Well/Very well
Communication Style	1%	2%	29%	36%	32%	68%
Methods and tools	1%	4%	30%	38%	27%	65%
Workload Impact	2%	8%	35%	32%	23%	55%
Frequency	1%	3%	28%	36%	32%	67%

The data were examined to consider preferred modes of communication and tabulated below (tables 24 to 25).

Preferred Method of Communication

Table 24: Preferred contact methods

Preferred communication method	Nursing (NH)	Residential (RC)	Total Services
Phone call from Trust	49%	52%	51%
Email from Trust	61%	56%	59%
Proactively contact Trust	33%	29%	31%
Make an electronic return	38%	39%	39%

Table 25: Other methods cited (Count of responses)

Daily calls from Trusts	Count
Trusts should use RQIA data	4
Regional approach needed/Streamlined approach/One Report only	2
Direct Contact with Social workers	1
Electronic return when bed is available only	1
Provider to contact Trust	1
Total Responses	9

Preferred Contact Times (proportion of respondents)

Table 26: Preferred contact times – During the week (Percentage of respondents)

Preferred contact times - Weekday	Nursing (NH)	Residential (RC)	Total Services
08:00 - 10:00	28%	23%	26%
10:00 - 12:00	68%	76%	72%
12:00 - 14:00	39%	34%	37%
14:00 - 16:00	38%	39%	39%
16:00 - 18:00	15%	16%	16%
Out of hours	7%	6%	7%

Table 27: Preferred contact times – At the weekend (Percentage of respondents)

Preferred contact times - Weekend	Nursing (NH)	Residential (RC)	Total Services
08:00 - 10:00	13%	17%	15%
10:00 - 12:00	56%	61%	58%
12:00 - 14:00	38%	34%	36%
14:00 - 16:00	37%	32%	34%
16:00 - 18:00	15%	16%	15%
Out of hours	13%	13%	13%

Reflections upon Admissions Processes

The Care Home Managers were asked to describe how their available beds were filled with one respondent describing the process very succinctly as follows:

“We determine this (bed availability) based on safe staffing levels and the ability to meet assessed needs (of the Resident/ Resident), where additional support is required for each individual, whilst taken into consideration the compatibility of the new referral/admission with the other residents currently living in the home.”

Analysis of the data, grouping qualitative descriptions into themes, were tabulated below (Table 28).

Table 28: Approach of Care Home Manager to determine bed availability

Themes	Nursing (NH)	Residential (RC)	Grand Total
As and when vacancies/Room available	50	47	97
Daily review of lists or registers	56	19	75
Use of waiting or referral list	30	28	58
Admissions and discharges are scheduled/planned in advance	22	28	50
Multifactorial process (occupancy/care needs/staff availability)	22	27	49
A Report is sent to the Trusts (Discharge hubs)/via RQIA portal either ad hoc or daily	24	16	40
Direct Communication with Social worker/Brokerage with Trusts	17	18	35
Safety Briefings/Daily Huddle or Handover/Risk Assessments	14	6	20
Central/Dedicated staff for Management of vacancies	6	9	15
Assessment by Home manager	8	7	15
Use of IT system	9	3	12
Availability communicated to all staff (e.g. whiteboard)	4	6	10
Admission limited to ensure safe settling in (e.g. one per day/floor) or using cohort system	2	3	5
Prioritisation by need	1	1	2
Beds are purchased by Trust		1	1

(**RQIA Portal no longer available)

Home Managers referenced the following electronic systems:

- VCare;
- SharePoint;
- CoolCare;
- Epic Care x 2;
- Goldcrest;
- Person Centred Software.

The Care Home Managers described who undertook the assessment of bed availability in their absence - findings are tabulated below (table 29).

Table 29: Staff involved in assessing bed availability when the Home Manager is absent

Staff Involved	Nursing (NH)	Residential (RC)	Grand Total
Charge Nurse/Senior Staff	111	64	175
Deputy Manager	71	40	111
Administrator	46	19	65
All staff aware	23	36	59
Corporate	22	22	44
Manager is on call/available	14	13	27
Bed/Admissions Manager	3	2	5
Buddy Manager		2	2

The Care Home Managers were asked to describe their internal methods of communication and the data is tabulated in table 30 below.

Table 30: Mode of Care Home Internal Communication

Tools (Themes)	Nursing (NH)	Residential (RC)	Grand Total
Handover (Daily)	44	42	86
Schedule/Occupancy information shared*	23	18	41
Daily Report **	18	18	36
IT System	16	4	20
Only planned admissions in manager's absence	6	5	11
Communication book/diary	4	2	6
Waiting List/Enquiry Log	4	2	6
Staff follow admissions procedure	1	4	5
Group chat	2		2
Daily beds meeting		2	2
Shared email account	1		1
Weekly report	1		1
Handover		1	1
Peeps report		1	1

* Accessible to all staff on whiteboard or book in the office or nurse's station or on a shared electronically in a folder or calendar

** Register, Diary, Fire List, Rota, Safety Briefs, Communication books

The Care Home Managers were asked to describe the barriers they experienced when plans were being made to consider a new admission the data is tabulated in table 31 below.

Table 31: The Care Home Managers described the frequent issues and barriers with regard to the considering new possible admissions

Themes/Barriers	Nursing (NH)	Residential (RC)	Total Services
Issues with Trust/Communication Process – TOTAL	54	33	87
Insufficient/incorrect information about the placement/ Resident needs	14	6	20
Outdated assessment from hospital/information not updated	8	11	19
Trust Staff unresponsive/Delayed paperwork	11	3	14
Funding Issues/Delays	9	5	14
Delayed decisions/Comms between family and social worker	6	3	9
Asked to hold bed but resident never admitted/long delays	2	1	3
Poor Discharge processes and delays		2	2
Information not shared	2		2
Need better communication with trusts about prioritisation of Residents	1		1
Social worker turnover	1		1
Block purchased beds are filled first		1	1
Assessments should not be sent to multiple homes simultaneously		1	1
Staffing and time constraints – Total	28	31	59
Recruitment problems/Staffing levels	21	28	49
Time required to carry out pre-admission	4	1	5
Staffing at weekends	1	2	3
No staff to admit at weekends	2		2
Home/Estates/Environmental Issues - Total	29	25	54
Shared Bedrooms unsuitable/not desired	14	6	20
Lack of Equipment	5	7	12
Building/Rooms unsuitable for users with reduced mobility	5	7	12
Outbreak	3	1	4
Home maintenance	2	2	4
(rural) location of home		2	2
Resident/Resident care needs – Total	30	23	53
Complex needs of Residents	16	13	29
1-1 care	10	3	13
Resident needs to fit in (needs of other long-term residents)	4	7	11
Lack of enquiries/unsuitable categories - Total	22	16	38
Unsuitable category	20	13	33
Lack of enquiries for type of placement offered by home	2	3	5
Local GP restricts number admitted from outside local area		1	1
Grand Total	163	129	292

The following text captures direct comments submitted during the Census by Care Homes:

“When different social workers are calling or emailing about the same Resident, this can be very confusing even though I replied to an email, another social worker would email again requiring the same information.” “Social workers requesting preadmission assessment without confirmation from families that they are alright with the location as could be very far from them especially if family members do not drive.”

“Sometimes difficult to do a preadmission assessment at once due to meetings and other pre-arranged bookings during the week.”

“Recently we have had a lack of referrals. We are a relatively new service and there are still Trusts who do not know we exist.”

“A Project, has made a temporary change to the range of categories that Trust residential units can accept.”

“Either Rehab / Assessment or Contingency, this restricts the range of residents that can be admitted.”

“Local G.P have a restriction on the number of residents that they will accept from outside the local area, this has a knock-on effect on admission rates (to the care home).”

“After the care home compromises to complete a pre-assessment it is difficult to contact wards and find staff available and with knowledge to complete same. Once the home completes the pre-assessments it takes a very long time for the trust to complete their assessments and paperwork related to finances and agreements. Often the care homes are requested to complete an assessment and after the assessment is completed with trust staff and hospital staff, only when family are contacted by the care home they find out about the placement, this regularly results with families not agreeing with discharge plans after all the time and effort spent in the pre-assessments.”

“Extreme difficulty getting through (communication) to hospital wards. Awaiting confirmation funding from the trusts.”

“Delay in receiving up to date assessments.”

“On visiting and assessing clients in hospital they are not always suitable for residential care.”

“Assessments sent through from the hospital do not always reflect barriers which present after admission i.e. Speech and Language Therapy (SLT), mobility.”

Care Home Managers were asked to suggest ideas for improvement and the suggestions were themed, tallied and tabulated, with data being available in tables 32, 33 and 34 below.

Table 32: The Care Home Managers Improvement Ideas

Proposal (Coded)	Nursing Home (NH)	Residential Home (RH)	Total Services
IT/Online system	26	17	43
Centralised/Regional system	18	10	28
Email only	7	3	10
Phone calls only	1	4	5
User BHSCT system for all Trusts		1	1
Trusts to send email communications about processes		1	1
Direct Access to the brokerage system		1	1
QI Project - Flow Board *		1	1

Table 33: Proposed Frequency of communication and update

Proposal (Coded)	Nursing (NH)	Residential (RC)	Total
Daily updates	6	5	11
Updates if availability only	2	1	3
Communication at weekends required	2		2
Weekly updates		2	2
Limit communication to 2-4 pm		1	1
Contact trusts more frequently	1		1
Communicate on set days only	1		1
Reinstate daily (weekday) phone call from Brokerage		1	1

Table 34: Additional proposals

Proposal (Coded)	Nursing (NH)	Residential (RC)	Total
Remove duplication in communication	9	2	11
State Category of Care more clearly	5	3	8
Ensure information about availability is shared	5	2	7
Still receiving phone calls after having submitted electronic return with no vacancies	5	2	7
Compile list of specific/Direct contact numbers/Email addresses	3	2	5
Ensure referrals are appropriate	3	1	4
One nominated contact per Trusts	1	1	2
Ensure that information is not outdated	1	1	2
Ensure wards are contactable for pre-assessments		1	1
Have a staff link in hospitals		1	1
Have protected time to liaise with trusts		1	1
Limit information to that required to assess need and risk	1		1
Regional system should also record length of waiting list for homes		1	1
Trusts asking multiple homes to complete assessments at the same time	1		1

APPENDIX

Appendix 1 – Census Questionnaire issued to Care Homes

1. Home Details

Please enter the service type for which you are making the return *

- Nursing Home
- Residential Care Home

2. Care Home

Please select the Residential Care Home from the drop-down list *

3. Nursing Home

Please select the Nursing Home from the drop-down list *

4. Bed Status

Please check your certificate of registration - what is the current number of REGISTERED beds in this home? This should be the number of beds for this registration only and should correspond with your certificate of registration. *

Are the number of beds listed on the certificate accurate? *

- Yes
- No - please state the number of beds it should be:

What is the number of beds you have AVAILABLE today/on the census day for new admission to this home? e.g. ready to receive admissions on the day. *

Do you have any planned admissions TODAY/ON CENSUS DAY? If there are none, enter 0. If there are, please enter the number of admissions planned.

*

5. Available beds

Which categories of care are potentially available for admission today? Please list all available categories of care for the above beds. A home for example may have 2 available beds but these could potentially be in 5 different categories of care. *

- I - Old age not falling within any other category
- E - Service users who are over 65 years of age but do not fall within the category of old age
- DE – Dementia
- MP - Mental disorder excluding learning disability or dementia
- MP(E) - Mental disorder excluding learning disability or dementia over 65 years
- LD - Learning Disability
- LD(E) - Learning disability over 65 years

- PH - Physical disability other than sensory impairment
- PH(E) - Physical disability other than sensory impairment over 65 years
- D - Past or present drug dependence
- A - Past or present alcohol dependence
- TI - Terminally ill
- SI - Sensory impairment

6. Unavailable Beds

How many beds are registered that you are currently not using or can't use? i.e. registered unoccupied beds that are not available for admission. If all beds are occupied or available for admission, please enter 0. *

7. Unavailable Beds - Detail

Please enter the number of beds unavailable for any of the below specific reasons. Enter 0 if the listed reasons are not applicable. *

Beds reserved for specific individuals (e.g. awaiting admission or in hospital)

Beds in double/triple rooms used as single rooms

Beds unusable because of renovation or refurbishment

Beds contracted/block booked

Please select any further reasons why beds are not available for admission today (if applicable).

- Insufficient Staffing Numbers
- Financial Pressures
- Unable to undertake timely pre-admission assessment
- Incoming requests do not match your current categories of care
- Environment unsuitable for requested admission(s)
- Other (please specify):

8. Admission Process

Do you purely provide short break or respite services? *

- Yes
- No

How do you determine your daily availability for new admissions? *

If the Manager is absent, how do you ensure that the availability is known to all staff in charge? *

9. Communication with Trusts

Which Trusts do you receive referrals from? *

- BHSCT
- NHSCT
- SHSCT
- SEHSCT
- WHSCT
- Other (please specify):

How do you CURRENTLY communicate with Trusts about your bed availability DURING THE WEEK? *

- Receive a phone call from Trust(s)
- Receive an email from Trust(s)
- Care Home proactively contact Trust(s) via phone or email
- Make an electronic return/access an online system run by the Trust
- There is currently no communication
- Other (please specify):

How do you CURRENTLY communicate with Trusts about your bed availability AT THE WEEKEND? *

- Receive a phone call from Trust(s)
- Receive an email from Trust(s)
- Care Home proactively contact Trust(s) via phone or email
- Make an electronic return/access an online system run by the Trust
- There is currently no communication at the weekend
- Other (please specify):

On a typical day, how often are you contacted by Trusts about bed availability? *

	Never	Less once	than Once	Twice	More twice	than
During the week	<input type="checkbox"/>					
At weekends	<input type="checkbox"/>					

How well is communication with Trusts working in respect of *

	Very well	Well	Adequate	Not well	Not well at all
Frequency of contact	<input type="checkbox"/>				
Communication Style	<input type="checkbox"/>				
Methods and tools used	<input type="checkbox"/>				
Impact on your workload	<input type="checkbox"/>				

10. Preferences and Improvement Suggestions

What times would be best to contact you about availability in your care home?

Please select all that apply *

	08:00 10:00	-10:00 12:00	-12:00 14:00	-14:00 16:00	-16:00 18:00	-Out hours	of
Weekdays	<input type="checkbox"/>						
Weekends	<input type="checkbox"/>						

How would you PREFER to communicate with Trusts about your bed availability? *

- Receive a phone call from Trust(s)
- Receive an email from Trust(s)
- Proactively contact Trust(s) via phone or email
- Make an electronic return/access an online system
- Other (please specify):

Are there any barriers that prevent you from filling your beds?

How would you improve the current system for communicating your bed availability?

Appendix 2 – NISRA Population Data (2020) by Trust Area

	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	NI Complete
Total Population (2020)	359,230	480,194	364,191	388,688	303,207	1,895,510
Children (0-15 years)	69,754	97,761	73,105	89,719	65,477	395,816
Young Working Age (16-39 years)	124,472	138,700	101,817	117,618	89,149	571,756
Older Working Age (40-64 years)	109,164	157,719	119,586	122,648	98,872	607,989
Older (65+ years)	55,840	86,014	69,683	58,703	49,709	319,949
Population Change % (2010-2020)	3%	4%	5%	9%	3%	5%
Proportion of Older (65+ years)	16%	18%	19%	15%	16%	17%

NINIS: Northern Ireland Neighbourhood Information Service (nisra.gov.uk)



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews