



Experiences of Residents

2022

Thank you!

Thank you to all the residents and their family members and friends who participated in Ireland's first National Nursing Home Experience Survey.

Without your support and participation, the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve nursing home care in Ireland. By putting the voice of the residents, family members and friends at the centre of nursing home care, we can help make sure that the needs and wishes of the people who matter most are met.

Thank you also to the staff working in all participating nursing homes for supporting the implementation of the survey, and in particular, for engaging with and informing residents while the survey was under way. Without your commitment and generous support this survey could not have happened.

The National Nursing Home Experience Survey was overseen by a national steering group and a programme board. We acknowledge the direction and guidance provided by these groups. Appendix 1 lists the members of these groups and the core project team.

About the National Care Experience Programme

The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The National Care Experience Programme is a joint initiative by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health.

The National Care Experience Programme has a suite of five surveys that capture the experiences of people using Ireland's health and social care services: the National Inpatient Experience Survey, the National Maternity Experience Survey, the National Maternity Bereavement Experience Survey, the National Nursing Home Experience Survey, and the National End of Life Survey. The surveys aim to learn from people's feedback about the care received in health and social care services to find out what is working well, and what needs to be improved.

A National Care Experience Programme Survey Hub is available to provide support, guidance, information and resources to assist providers to develop, conduct and analyse their own surveys, and act upon the findings.

Find out more at www.yourexperience.ie.

About this Report

This report provides detail on residents' experiences from the National Nursing Home Experience Survey. The survey was developed in response to a recommendation made in the COVID-19 Nursing Homes Expert Panel Report¹.

This report includes information on overall experience ratings and highlights questions where there was a strong relationship with the reported overall experience rating. It provides an overview of findings under the thematic areas that questions were grouped under and notes the highest and lowest scoring questions under each theme. Finally it includes sample comments made by residents and relatives and friends in response to the open-ended questions. Comments included reflect both positive experiences and areas for improvement.

Two further reports on the survey findings are available at www.yourexperience.ie. One report provides a high-level overview of the survey findings, and the second report details the methodology and findings of the survey with relatives and friends.

¹ Department of Health. COVID-19 Nursing Homes Expert Panel: Final Report. Dublin. 2020. Available from: <https://www.gov.ie/en/publication/3af5a-covid-19-nursing-homes-expert-panel-final-report/> This included a recommendation calling for nursing home residents to be provided with an opportunity to have their voice and experience heard in a structured manner with a view to improving services and the lived experience.

Executive Summary

The National Nursing Home Experience Survey offered residents in a representative sample of nursing homes in Ireland, and their family members or friends, the opportunity to share their experiences of nursing homes. The survey aims to learn from and understand these experiences in order to improve the care provided in Irish nursing homes.

A total of 53 nursing homes took part in the survey. The survey sample was created by dividing all registered nursing homes into groups based on three characteristics: region (Munster, Leinster, Connacht, Ulster and Dublin), centre size (40 or fewer beds, 41 to 99 beds, and over 100 beds) and provider type (public, private and voluntary). Nursing homes were randomly selected from each of these groups to be invited to take part. If a nursing home was unable to take part, it was replaced with another nursing home matching its profile.

A questionnaire was developed for residents to gather information about their experiences of living in a nursing home, and their experiences during the COVID-19 pandemic. An interview-based survey approach was selected in order to be more inclusive of residents with cognitive impairment or residents who may lack the capacity to complete a paper questionnaire. Not all residents chose to take part, and not all were capable of taking part due to cognitive or physical impairment. In total, 1,055 residents were invited to participate in the National Nursing Home Experience Survey, while 718 took part.

A second questionnaire was developed for relatives or friends of residents ('designated representatives') to understand their experiences. Relatives or friends had the option to complete a hardcopy survey questionnaire or to complete the survey online. In total 1,579 relatives or friends were invited to participate in the survey, and 943 took part.

Relatives and friends have a unique, external perspective on nursing home care. While they did not act as proxy respondents for nursing home residents, the inclusion of their perspective allowed for a broader viewpoint to be represented including, to a limited extent, those unable to participate themselves. A report on the findings from relatives and friends can be found on www.yourexperience.ie.

What were the main findings of the survey for residents?

Most residents said they had a good or very good overall experience in their nursing home (90.3%). Residents were particularly positive about the living environment in the nursing home and the staff and caregivers.

The highest-scoring questions among residents indicated that most residents' basic needs were being met, with most residents saying they got enough fresh water to drink and most residents saying the nursing home was very clean. Analysis of the survey findings identified several high-scoring questions that had a strong relationship with residents' ratings of their overall experience. Residents tended to have a good overall experience when they had confidence and trust in the staff who cared for them, when they said the staff were knowledgeable about the care and support they needed, and when staff checked in with them often enough to see if they needed anything.

9.6% of residents said that they had a fair-to-poor experience in their nursing home. While this is a minority of residents, this finding is nevertheless of great importance. For residents, the nursing home is where they live. A negative overall experience with the nursing home could have a significant impact on their comfort and wellbeing. The lowest-scoring questions indicated that some residents had limited awareness of relevant advocacy organisations and how to contact them, were provided with insufficient information about the nursing home before they moved in, and were not always involved in decisions that affect them.

Lower-scoring questions that strongly related to ratings of overall experience were identified. Residents said they had a poorer overall experience when they did not like the food, when there was no staff member that they felt they could talk to about their worries or fears, and when they were not involved in decisions about the care and support they received.

There were no significant differences in residents' rating of their overall experience based on the size, region or provider type of the nursing home. However, there were differences for two of the six themes addressed in the survey. Compared to the national average, residents in nursing homes with 40 or fewer beds reported a more positive experience with caregivers and staff in the nursing home and with the living environment in the nursing home².

² Residents in nursing homes with 40 or fewer beds rated the 'staff and caregivers' theme at 9.2 out of 10, compared with the national average of 8.9 out of 10. Residents in nursing homes with 40 or fewer beds rated the 'living environment' theme at 9.2 out of 10, compared with the national average of 9 out of 10.

Experiences during the COVID-19 pandemic

The survey asked residents an open-ended question about their experiences during the COVID-19 pandemic. These comments were analysed using a framework approach, with further detail provided in Chapter 5. In their comments, residents were typically positive about the care received during the COVID-19 pandemic. They frequently mentioned the care received during that time as being good, the staff being attentive and the situation being well handled.

Some residents made references to missing visits from family, but they also described understanding why precautions were taken. As well as noting that the restrictions were difficult, residents also described how they coped during this time, such as using their phone to stay in touch, or having visitors come to the window. Some residents talked about their wellbeing and the psychological impact of the restrictions, including feeling alone, isolated, and uncertain. Other residents talked about their experiences contracting the virus and the symptoms they experienced.

Conclusions

Overall, most residents who participated in the survey said they had either a good or a very good experience in their nursing home. Residents were particularly positive about the living environment in the nursing home, and the staff and care givers. However, 9.6% of residents said that they had a fair-to-poor experience, and scores for individual themes indicate that there is room for improvement in particular aspects of care such as provision of information, involvement in decision-making and availability of staff to discuss residents' worries and fears.

What happens next?

Nursing homes can use the survey results to develop plans on how they will respond to the findings. All nursing homes, public, private and voluntary that participated have been invited to share initiatives they have undertaken in response to the findings of the survey. These will be available on www.yourexperience.ie from November 2022. Extensive engagement has taken place to support participating nursing homes, and organisations that represent them, to understand and use the findings of the survey.

The Department of Health will use the findings to help inform the development of policy and strategy in relation to nursing home care as appropriate. Finally, the findings of the survey will inform national standards and HIQA's regulation of nursing homes.

Contents

Executive Summary	5
Chapter 1: About the National Nursing Home Experience Survey	9
Chapter 2: Residents' characteristics	15
Chapter 3: Overall experience, areas of good experience and areas needing improvement	18
Chapter 4: Residents' results for individual themes	23
Chapter 5: In their own words	37
Chapter 6: Conclusion.....	44
Appendix 1- Membership of the National Nursing Home Experience Survey governance groups.....	46
Appendix 2 - What nursing homes participated in the 2022 National Nursing Home Experience Survey?	49
Appendix 3 – A technical note on analyses and interpretation	51
Appendix 4 – Questions and Response Options from the National Nursing Home Experience Survey Questionnaires	55

Chapter 1: About the National Nursing Home Experience Survey

The National Nursing Home Experience Survey offered residents in a representative sample of nursing homes, and their family members or friends, the opportunity to share their experiences of nursing home care. The survey aims to learn from and understand these experiences in order to improve the care provided in Irish nursing homes.

The survey is part of the National Care Experience Programme. This programme is a joint initiative by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The survey was developed in response to a recommendation made in the COVID-19 Nursing Homes Expert Panel Report³.

A total of 53 nursing homes took part in the survey. The survey sample was created by dividing all registered nursing homes into groups based on three characteristics: region (Munster, Leinster, Connacht, Ulster and Dublin), centre size and provider type (public, private and voluntary). Nursing homes were randomly selected from each of these groups to be invited to take part (see Appendix 2 for more details). If a nursing home was unable to take part, it was replaced with another nursing home matching its profile.

Participating nursing homes played an important role in administering the survey. Nursing homes were responsible for identifying residents with the functional ability to participate in an interview, as well as engaging with relatives and friends to share their contact details with the survey team so they could receive a postal questionnaire. A process guide was developed by the NCEP team to assist nursing homes with these administrative tasks.

A questionnaire was developed for residents to gather information about their experiences of living in a nursing home, and their experiences during the COVID-19 pandemic. An interview-based survey approach was selected in order to be more

³ Department of Health. COVID-19 Nursing Homes Expert Panel: Final Report. Dublin. 2020. Available from: <https://www.gov.ie/en/publication/3af5a-covid-19-nursing-homes-expert-panel-final-report/> This included a recommendation calling for nursing home residents to be provided with an opportunity to have their voice and experience heard in a structured manner with a view to improving services and the lived experience.

inclusive of residents with cognitive impairment or residents who may lack the capacity to complete a paper questionnaire.

Methodology

How was the survey conducted?

The National Care Experience Programme provided participating nursing homes with guidance to support the identification of eligible participants. Eligible participants were those with the physical, psychological, cognitive, and social capabilities required to take part in the interview. The National Care Experience Programme team encouraged nursing home staff to be as inclusive as possible when applying the eligibility criteria.

Participating nursing homes were asked to distribute information packs (provided by the survey team) to all eligible residents in advance of the survey period. Residents who agreed to take part in the survey participated in an interview. Participation in the survey was voluntary and residents were assured of the confidential and independent nature of the survey. Survey responses were anonymised and it is not possible to link responses back to individual participants.

The 53 participating nursing homes had a combined maximum occupancy of 3,105 residents.

In total, 1,055 residents were identified as having the functional ability to participate in the National Nursing Home Experience Survey. Of these, 718 took part in a face to face interview. Not all residents chose to take part, and not all were capable of taking part due to cognitive or physical impairment. Nursing homes were encouraged to be as inclusive as possible when assessing the ability of residents to participate. In order to encourage participation, residents could invite someone to accompany them in the interview. In addition, a brief 10-question interview was developed for those unable to complete the full interview. This report details the findings from the residents' questionnaire.

A second questionnaire was developed for relatives or friends of residents ('designated representatives') to understand their experiences of having a relative or a friend living in a nursing home, and their experiences during the COVID-19 pandemic. The findings relating to relatives and friends are presented in a separate report.

What questions did we ask residents?

The questionnaire asked questions about six themes, identified as important in the development of the survey. Table 1 displays a description of the themes and number of questions for each theme.

Table 1 Themes, description of themes and number of questions per theme

Theme	Description	Number of questions
Moving into the nursing home	Experiences of moving into the nursing home, including involvement in the decision to move, receiving information and support prior to moving, staying in contact with family and friends upon moving into the nursing home.	3
Caregivers and staff in the nursing home	Experiences with caregivers and staff in the nursing home, including perceptions of staff, treatment by staff, emotional support and staff behaviours.	6
Spending time in the nursing home	Experiences of day-to-day life in the nursing home, including choice in how to spend the day, support to engage in activities, receiving visitors and marking special occasions.	7
The living environment	Experiences of the living environment in the nursing home including cleanliness, homeliness, safety of personal belongings, control over finances and privacy.	5
Person-centred care	Experiences of person-centred care, including involvement in care and support, independence, autonomy, giving feedback, making complaints and advocacy.	14
Food and nutrition	Experiences of food and nutrition in the nursing home, including food preferences, dietary requirements, choice of meals, support to eat, adequate hydration, and access to snacks and drinks outside of mealtimes.	6

Residents were also asked to rate their overall experience on a scale from 0 to 10.

All residents were asked four open-ended questions, covering the following topics: areas of particularly good experience, areas for improvement, experience during the COVID-19 pandemic, and other comments and suggestions. These questions were analysed using the framework approach, outlined in more detail in Chapter 5.⁴ Illustrative comments made in response to these questions are used throughout this report alongside responses to the structured questions.

Residents were asked 54 questions in total. See Appendix 4 for all questions included in the questionnaire.

The administration and survey fieldwork was carried out by Behaviour & Attitudes⁵ on behalf of the National Care Experience Programme.

Participating nursing homes

Fifty-three nursing homes agreed to participate in the survey. Table 2 presents the characteristics of participating nursing homes in terms of provider type, region and maximum occupancy. See Appendix 2 for a comparison of participating nursing homes to the national profile and the profile of invited nursing homes.

Table 2 Profile of participating nursing homes

Region		Provider type breakdown (N)			Maximum occupancy range breakdown (N)		
		HSE	Private	Voluntary	≤40 beds	41-99 beds	≥100 beds
Connacht	11 (20.8%)	3(5.7%)	8 (15.1%)	0	5 (9.4%)	5 (9.4%)	1 (1.9%)
Dublin	8 (15.1%)	2 (3.8%)	5 (9.4%)	1 (1.9%)	2 (3.8%)	3 (5.7%)	3 (5.7%)
Leinster	13 (24.5%)	2 (3.8%)	10 (18.9%)	1 (1.9%)	4 (7.6%)	7 (13.2%)	2 (3.8%)
Munster	17 (32.1%)	3 (5.7%)	12 (22.6%)	2 (3.8%)	6 (11.3%)	9 (17%)	2 (3.8%)
Ulster	4 (7.5%)	2 (3.8%)	2 (3.8%)	0	2 (3.8%)	2 (3.8%)	0
Total	53 (100%)	12 (22.6%)	37 (69.8%)	4 (7.5%)	19 (34%)	26 (49%)	8 (15.1%)

⁴ Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology. 2013;13(1):117.

⁵ Behaviour & Attitudes is a market research agency. More information on the company can be found on their website www.banda.ie.

How were survey responses analysed?

The survey contained a mix of tick-box type responses, as well as open-ended responses to the questions that asked participants to describe their experiences in their own words. As a result, a mix of qualitative and quantitative analysis methods were used.

Appendix 3 contains details on how responses to the tick-box questions were converted into quantitative scales scored from 0 to 10 and the subsequent analyses that were carried out. Converting responses into scales allowed for the identification of higher- and lower-scoring questions within the survey, and the results of these questions are presented later in the report. This was the first step in identifying areas where nursing homes performed well, and areas where improvement were possible. The next step involved examining how strongly each question correlated with participants' ratings of their overall experience. While it is not possible to establish causation, by focusing on the lower-scoring areas that strongly correlate with overall experience, nursing homes can attempt to address the areas that appear to be of particular concern to residents and their relatives and friends.

A framework approach⁶ was used to analyse the comments received in response to the open-ended questions where participants described their experience. This approach involves multiple analysts reviewing survey comments, identifying a framework of key concepts and themes identified within the comments, then applying the framework across all survey comments. An analytical framework consisting of five categories and 37 themes was developed. This framework helped organise and systematically reduce the thousands of comments into manageable segments of information. The framework approach is suited to analysing large volumes of qualitative information and has previously been used to analyse comments made in response to the National Inpatient Experience Survey and the National Maternity Experience Survey.

⁶ Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*. 2013;13(1):117.

What were the limitations of the approach taken?

The approach to the National Nursing Home Experience Survey involved structured interviews with eligible residents.

The 53 participating nursing homes had a combined maximum occupancy of 3,105 residents. Studies indicate that a large proportion of nursing home residents experience a degree of cognitive impairment including dementia, both internationally⁷ and in Ireland⁸ (up to two thirds or more). The interview-based survey approach was selected to be more inclusive of residents who may lack the capacity to respond to a paper questionnaire. If they wished, residents could invite someone to accompany them to the interview. In addition, a brief 10-question interview was developed in order to be as accessible as possible to residents. However, not all residents chose to take part, and not all were capable of taking part due to severe cognitive or physical impairment.

In total, 1,055 residents were identified by nursing home staff as having the physical, psychological, cognitive, and social capabilities required to take part in the interview and were invited to participate in the survey. 718 residents took part in the survey (68.1% of eligible residents). Of those who were invited but did not take part, 84 declined to participate on the day of the interview, 218 were unwell and 35 passed before the scheduled interview.

COVID-19 outbreaks during the survey period limited opportunities for interviewers to enter nursing homes to conduct interviews, as well as potentially impacting the findings.

⁷ Magaziner J, German P, Zimmerman SI, Hebel JR, Burton L, Gruber-Baldini AL, et al. The prevalence of dementia in a state-wide sample of new nursing home admissions aged 65 and older: diagnosis by expert panel. *Epidemiology of Dementia in Nursing Homes Research Group. Gerontologist* 2000 Dec; 40(6):663- 672.

⁸ Cahill S, Diaz-Ponce AM, Coen RF, Walsh C. The under detection of cognitive impairment in nursing homes in the Dublin area. The need for on-going cognitive assessment. *Age Ageing* 2010 Jan; 39(1):128- 131.

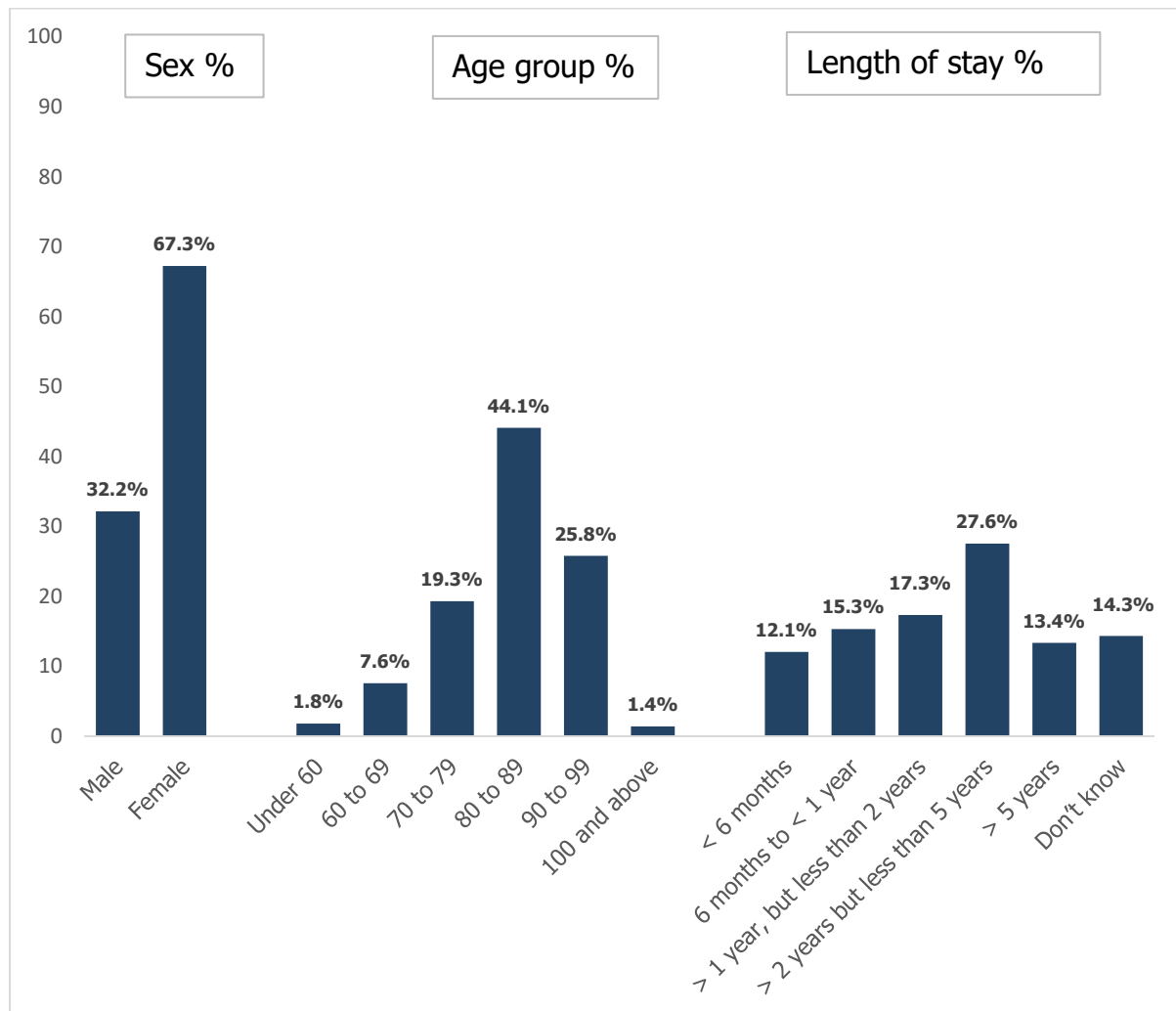
Chapter 2: Residents' characteristics

Who participated in the survey?

The 53 participating nursing homes had a combined maximum occupancy of 3,105 residents. In total, 1,055 residents were identified as having the physical, psychological, cognitive, and social capabilities required to take part in the interview and were invited to participate in the survey, and 718 residents took part (68.1% of eligible residents). Of those who were invited but did not take part, 84 declined to participate on the day of the interview, 218 were unwell and 35 passed away before the scheduled interview.

The average age of participating residents was 83.4 years. The majority of residents who participated were aged between 80 and 99 years (70%). In total, 67% of the participants were female (483), and 32% were male (231). Four residents described their gender as 'other' or did not disclose their gender. Residents were asked to indicate their ethnicity. 96.2% said they were 'White, Irish', with fewer than five responses in all of the other categories. Figure 1 shows the characteristics of nursing home residents who participated in the survey.

Figure 1 Characteristics of residents who participated in the survey



Residents were asked why they lived in a nursing home in an open-ended question. Residents could mention as many reasons as they wanted to. The responses were analysed and assigned to a set of categories. Figure 2 shows the most common reasons residents gave for living in the nursing home. The most common reasons given included not being able to live independently, having a medical care need or condition, loneliness or a personal preference for living in the nursing home, and the absence of sufficient support to live at home or with other family or friends.

Figure 2 Most common responses to 'why do you live in a nursing home?'

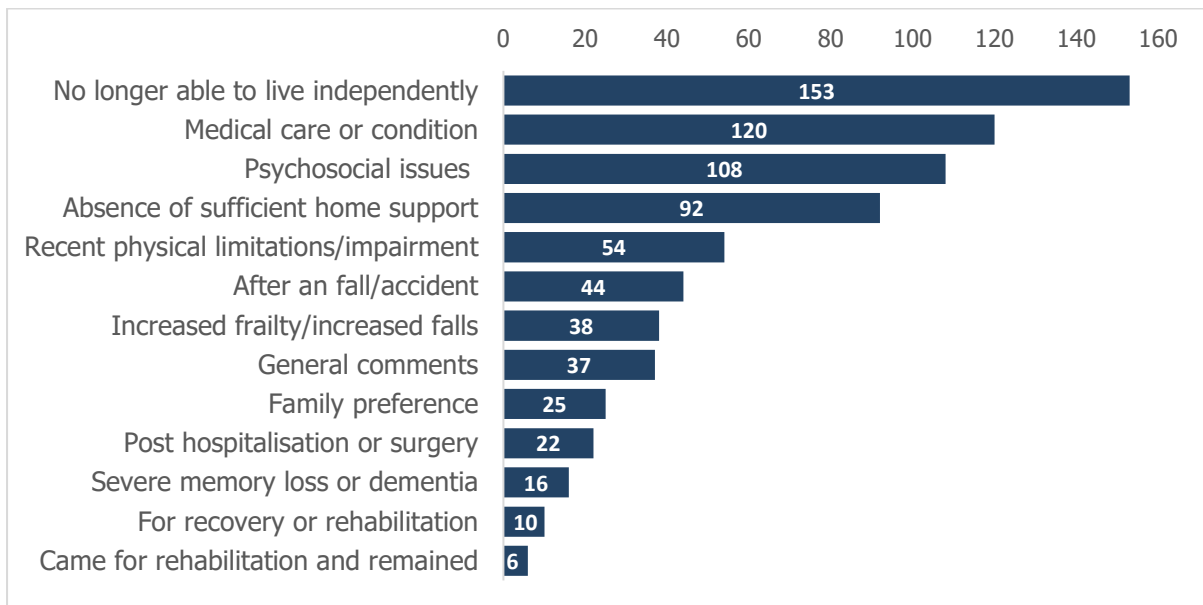
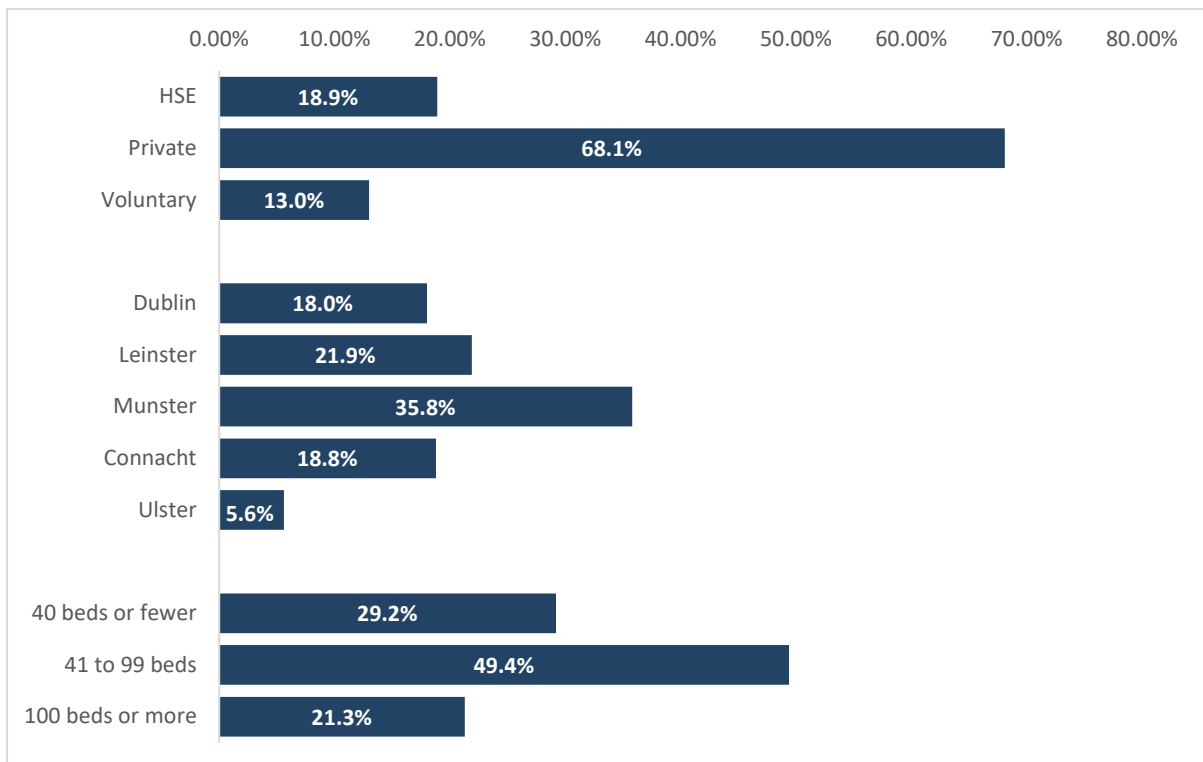


Figure 3 presents the proportion of residents living in participating nursing homes by characteristics of the nursing home (provider type, region and size). The largest proportion of residents lived in privately-operated nursing homes, and in nursing homes with a maximum occupancy of 41 to 99 beds.

Figure 3 Proportion of participating residents by provider type, region and size (maximum bed occupancy) of the nursing homes they live in

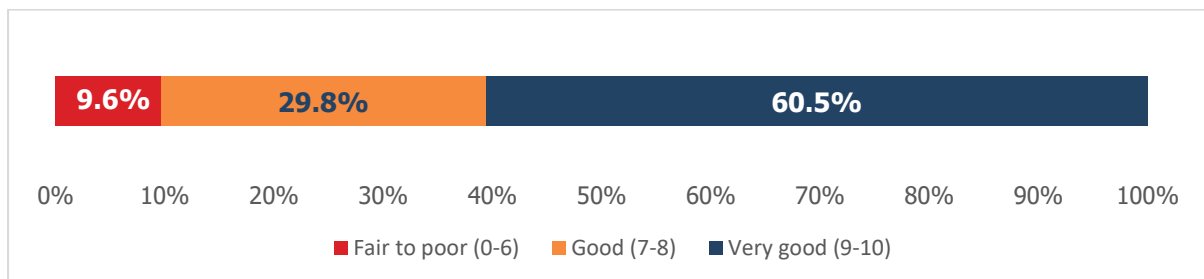


Chapter 3: Overall experience, areas of good experience and areas needing improvement

The National Nursing Home Experience Survey asked residents and designated representatives to rate their overall experience with their nursing home on a scale from 0 to 10, with 0 indicating a very negative experience and 10 indicating a very positive experience.

The average overall rating was 8.6 out of 10. In total, 402 residents (60.5%) said that they had a very good overall experience with their nursing home (overall rating between 9 and 10), 198 residents (29.8%) rated their experience as good (overall rating of 7-8), and 64 residents (9.6%) rated their experience as fair-to-poor (overall rating of 0-6). Figure 4 summarises residents' overall experiences.

Figure 4 Residents' overall experience



There were no statistically-significant differences in the overall experience score of residents based on the region, size or provider type of the nursing home compared to the national average.

Males and females gave similar ratings of their overall experience. There were no statistically significant differences in overall experiences by age.

Areas of good experience, and areas needing improvement

In the analysis of findings, the responses to all the questions in the survey were compared to residents' ratings of their overall experience. The top three higher-scoring questions that were associated with a better overall experience were identified. The bottom three lower-scoring questions on the survey that were associated with a poorer overall experience were also identified. Appendix 3 explains how these areas were identified. Table 3 shows the questions associated with a good overall experience among residents. Table 4 shows the questions associated with a poorer overall experience among residents.⁹

This section also presents the five highest and five lowest-scoring questions among residents from across the survey regardless of their relationship to overall experience. The list includes the relevant question number and theme for each area. Table 5 presents the five highest-scoring questions among residents, and Table 6 presents the five lowest-scoring questions among residents.

⁹ Please note: Not all residents chose to answer every question. The number of residents who responded to the questions referenced in Tables 3, 4, 5 and 6 is presented for information. For the purposes of statistical analysis 'don't know' type responses are excluded from some calculations.

Table 3 Questions associated with a good overall experience among residents

Theme	Question
Staff and caregivers Question 5	585 of 705 residents (83%) said that they always had confidence and trust in the staff who cared for them.
Staff and caregivers Question 14	532 of 653 residents (81.5%) said the staff were definitely knowledgeable about the care and support they needed.
Staff and caregivers Question 15	631 of 683 residents (77.7%) said that staff definitely checked in with them often enough to see if they needed anything.

The questions identified as having a strong association with an overall good experience reflect the themes most frequently occurring in residents' comments. The survey included the following open-ended question 'overall, is there anything particularly good about the care here?' (Question 49). Most comments in response to this question related to the quality of care (271), and staff relationships (148).

The questions identified as having a strong association with an overall poorer experience reflect the themes most frequently occurring in comments by residents when they were asked the open-ended question 'Is there anything that could be improved?' (Question 50). Responses related to food and drink, activities and entertainment, staff availability and responsiveness, and person-centred care and involvement in choices. See Chapter 5 for more information on residents' responses to open-ended questions in the survey.

Table 4 Questions associated with a poorer overall experience among residents

Theme	Question
Food and nutrition Question 37	107 of 688 residents (15.5%) rated the food in the nursing home 'poor' (16 residents, 2.3%) or 'fair' (91 residents, 13.2%).
Staff and caregivers Question 16	82 of 557 residents (14.7%) said there was no staff member they could talk to about their worries and fears.
Person-centred care Question 2	124 of 707 residents (17.5%) said they were not involved as much as they wanted to be in decisions about the care and support they received.

While comparatively few residents said they had negative experiences across the various questions and topics in the survey, those areas strongly correlated with residents' ratings of their overall experience and should be an important focus for responding to the survey findings.

The five highest-scoring and five lowest-scoring questions in the survey

The highest-scoring questions in the survey give an indication of the areas that are currently working well within nursing homes from the perspective of residents. The five highest-scoring questions on the survey show that most residents say their basic needs were being met and the staff were treating them well. The five lowest-scoring questions among residents came from the 'person-centred care' theme and the 'moving into the nursing home' theme. These areas are useful in terms of identifying where improvement efforts are required.

Table 5 Top five high scoring questions for residents

Theme	Question
Food and nutrition Question 40	652 residents of 674 (96.7%) said that they always got enough fresh water to drink.
Living environment Question 23	635 of 695 residents (91.4%) said their nursing home was 'very clean'.
Staff and caregivers Question 7	636 of 698 residents (91.1%) said that staff definitely kept them safe and protected them from harm.
Staff and caregivers Question 6	631 of 707 residents (89.3%) said they were always treated with respect and dignity by the staff who cared for them.
Living environment Question 9	604 of 697 residents (86.7%) said they always had enough privacy in the nursing home.

Table 6 Five lowest-scoring questions among residents

Theme	Question
Person-centred care Question 36	418 out of 542 residents (77.1%) said they did not know how to access organisations that could help them to express their views and wishes, and to help them to assert their rights ¹⁰ .
Moving into the nursing home Question 12	243 of 632 residents (38.4%) said that they had not received enough information about what life would be like in the nursing home.
Person-centred care Question 2	124 of 707 residents (17.5%) said that they were not as involved as they would like to be in decisions about the care and support they received.
Moving into the nursing home Question 11	133 of 634 residents (21%) said they were not involved as much as they wanted to be in the decision to move into the nursing home.
Person-centred care Question 3	142 of 565 residents (25.1%) said that they were not involved as much as they wanted to be in planning ahead for any changes in their circumstances and their preferred care in the future.

¹⁰ Residents were prompted with examples of advocacy organisations using the following wording “for example, the Patient Advocacy Service, Sage Advocacy or Age Action Ireland.”

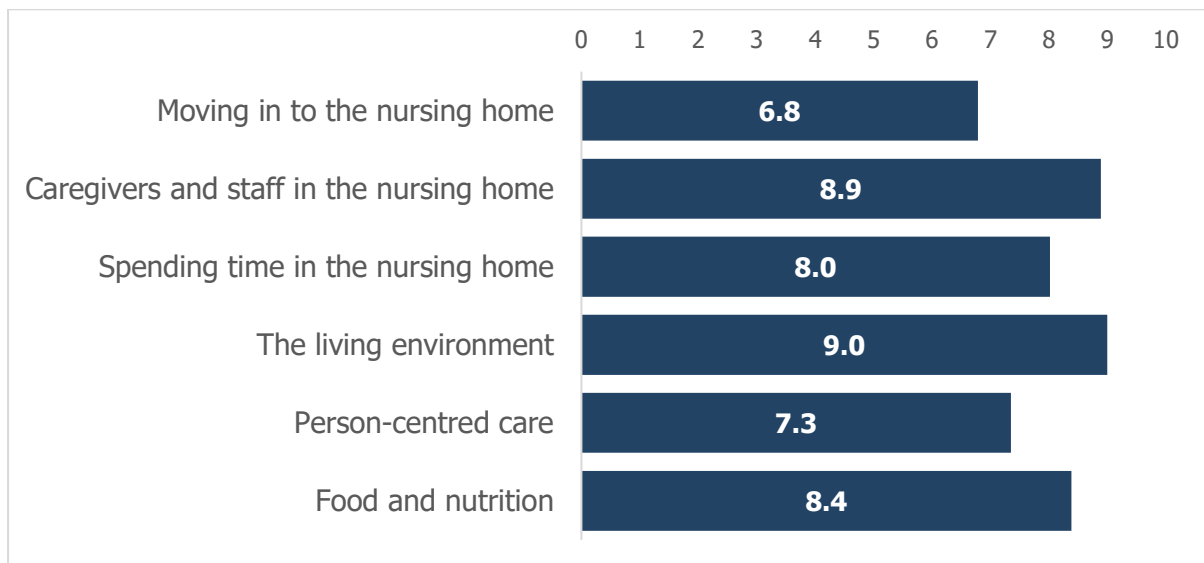
Chapter 4: Residents' results for individual themes

The questions in the National Nursing Home Experience Survey were grouped into six themes. Scores out of 10 were calculated for each theme. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience.

Statistical tests were carried out to examine if there were significant differences between the scores for specific groups, for example for provider type, size of nursing home, gender, age group, and the national average (see Appendix 3 for further information). Quotations from residents are used to illustrate particular themes. These have been redacted to remove information that could identify an individual.

Figure 5 shows the average score out of 10 for each theme. The remainder of this chapter details the highest and lowest-scoring questions in each theme, shows the average scores for each question in each theme, and describes any differences based on nursing home size or provider type.

Figure 5 Survey themes and scores out of ten for residents



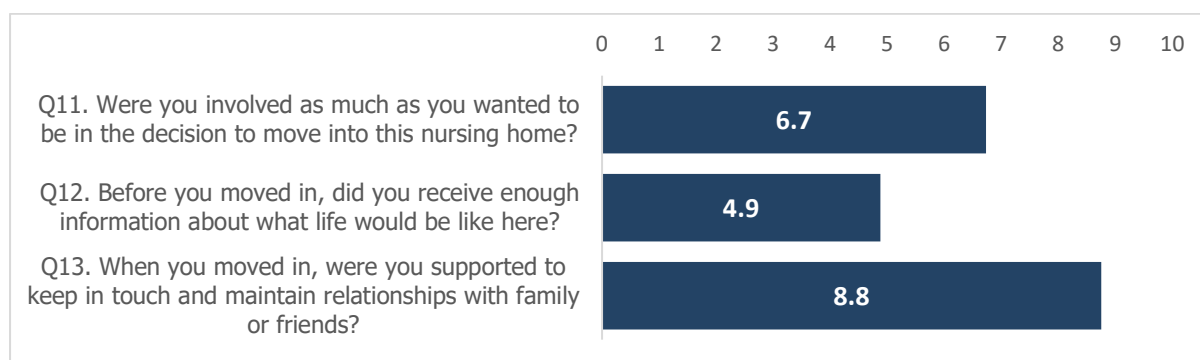
Moving into the nursing home

Residents were asked three questions about moving into the nursing home. The questions covered involvement in the decision to move, receiving information and support prior to moving and staying in contact with family and friends upon moving into the nursing home. Figure 6 shows the results for these questions.

The highest-scoring question for this theme related to staying in touch with family and friends. In total, 537 residents (81.5%) said that they were definitely supported to keep in touch and maintain relationships with family or friends when they moved into the nursing home.

Question 12 was the lowest-scoring question for this theme. It asked about whether the residents had received enough information before moving into the nursing home. In total, 243 residents (38.4%) said that they had not received enough information.

Figure 6 Individual question scores for 'moving into the nursing home'



Differences in experiences of moving into the nursing home by characteristics of the nursing home

There was no statistically-significant difference in the overall score for the 'moving into the nursing home' theme by nursing home size or provider type.

Sample comments

"Had five carers taking care of me at home and it got too much. I preferred to come to the Nursing Home."

"I have Parkinson's and my husband can't look after me."

"I was in [Hospital Name] with a broken leg and then I was put in here."

"I don't know exactly why I came in here."

"I was living alone [...] I was so lonely and then I had a fall and was alone for some time before I was found, so I had to go to a nursing home. I am very happy here, it was my choice."

"The doctor said I should come here for a while and I stayed because I was happy here."



Caregivers and staff in the nursing home

Residents were asked six questions about the caregivers and staff in the nursing home. The questions covered perceptions of staff, treatment by staff, emotional support and staff behaviours. Figure 7 shows the results for these questions.

Question 7 was the highest-scoring question for this theme. In total, 636 residents (91.1%) said that staff definitely kept them safe and protected them from harm.

On the other hand, 82 residents (14.7%) who responded to Question 16 felt that there was no staff member with whom they could discuss their worries and fears. This was the lowest-scoring question for this stage.

Figure 7 Individual question scores for 'caregivers and staff in the nursing home'



Differences in residents' experiences of caregivers and staff by characteristics of the nursing home

Compared to the national average the overall score for the 'caregivers and staff' theme was slightly higher among residents in nursing homes with a maximum occupancy of 40 or fewer beds.¹¹

¹¹ Residents in nursing homes with 40 or fewer beds rated the 'staff and caregivers' theme at 9.2 out of 10, compared with the national average of 8.9 out of 10.

Sample comments

"I depend on how cheerful the staff are and they are extremely cheerful. Their smiles pull me along."

"The staff are so kind and friendly."

"Staff are very good to me."

"More staff are needed. They are too busy."

"There should be a full staff here at all times and vacancies should be filled as soon as people leave, if a staff member has to accompany a resident to a hospital they should have a replacement here for that time in the nursing home."

"Most of the staff are great, know what is needed and deal with situations very well."



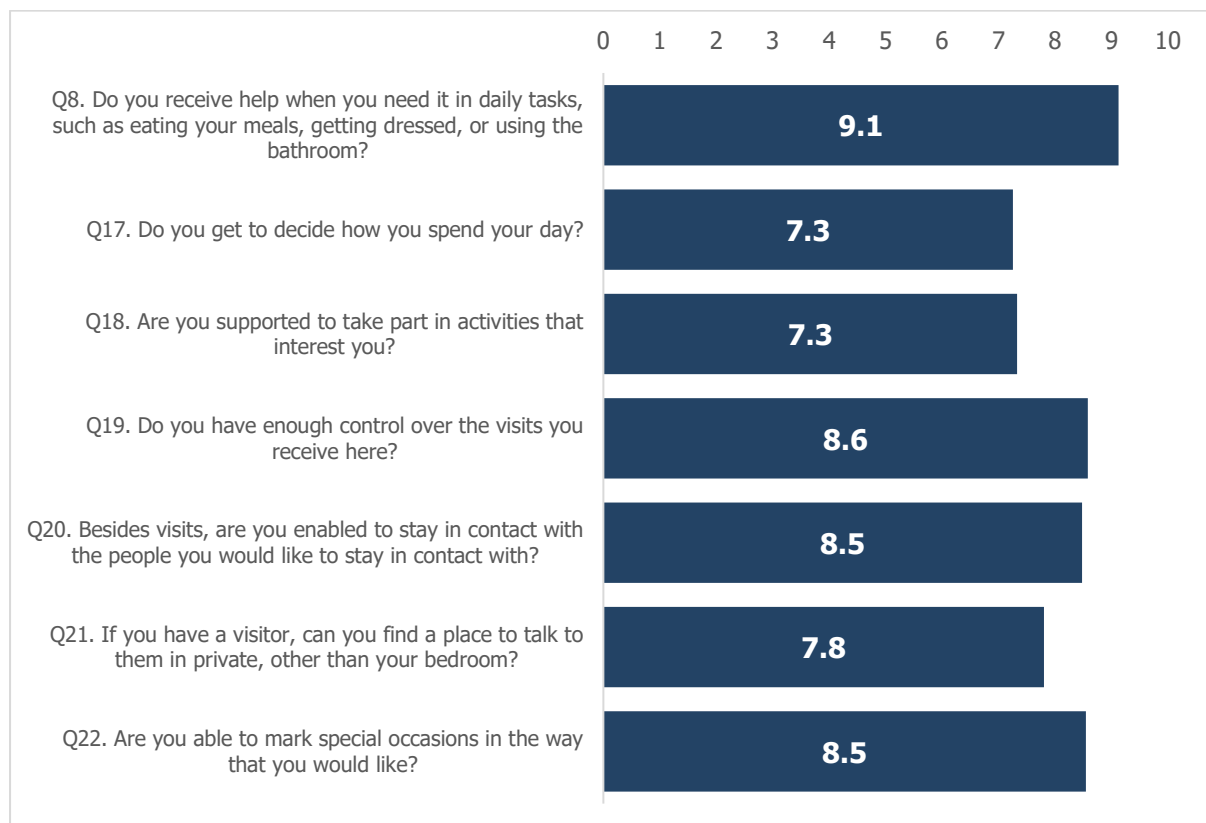
Spending time in the nursing home

Residents were asked seven questions about 'spending time in the nursing home'. The questions covered experiences of day-to-day life in the nursing home, including choice in how to spend the day, support to engage in activities, receiving visitors and marking special occasions. Figure 8 shows the results for these questions.

Overall, 449 residents (84.6%) said that they always got help when they needed it with daily tasks. This was the highest-scoring question for this theme.

The two lowest-scoring questions on this theme were Question 17 and Question 18, with both scoring 7.3 out of 10. For Question 17, 98 residents (14.9%) said they did not get to decide how to spend their day. For Question 18, 93 residents (14.3%) said that they did not get to take part in activities that interested them.

Figure 8 Individual question scores for 'spending time in the nursing home'



Differences in experiences of spending time in the nursing home by characteristics of the nursing home

There was no statistically-significant difference the overall score for the 'spending time in the nursing home' theme by nursing home size or provider type.

Sample comments

"The entertainment team are very good and we have an opportunity to do arts and crafts."

"More activities to get people going and talkative."

"I am enjoying all the activities here and I think the management are doing an excellent job."

"I'd like to get outside more but I need somebody with me."

"Activities are good."

"It's fine. They do the best they can. Always short staffed."



The living environment in the nursing home

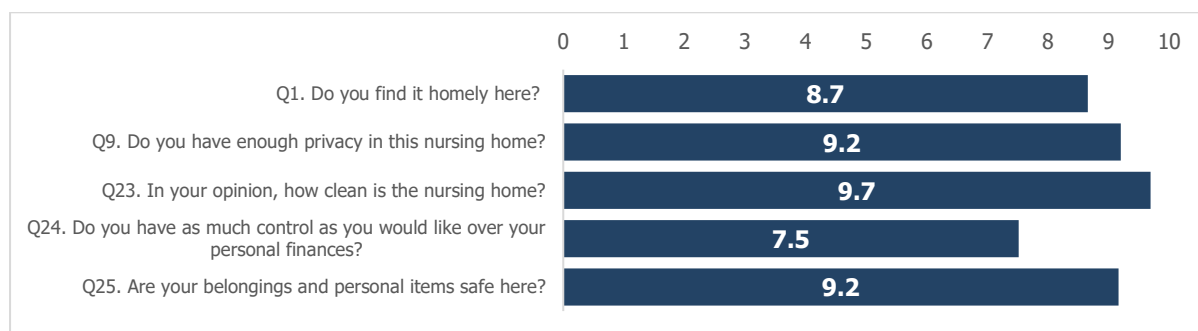
Residents were asked five questions about the ‘living environment in the nursing home’. The questions covered cleanliness, homeliness, safety of personal belongings, control over finances and privacy. Figure 9 presents the results for these questions.

The highest-scoring question for this theme related to cleanliness. Most residents, (91.4%) said their nursing home was ‘very clean’.

The lowest-scoring question related to personal finances; 52 residents (16%) said that they did not have as much control over their personal finances as they would like.

Residents were asked whether they shared a bedroom or a bathroom with other residents. In total, 176 (25.1%) residents said they shared a bedroom and 227 (32.4%) residents said they shared a bathroom with another resident.

Figure 9 Individual question scores for ‘the living environment in the nursing home’



Differences in experiences of the living environment by characteristics of the nursing home

Compared to the national average the overall score for the ‘living environment’ theme was slightly higher among residents in nursing homes with a maximum occupancy of 40 or fewer beds.¹²

¹² Residents in nursing homes with 40 or fewer beds rated the ‘living environment’ theme at 9.2 out of 10, compared with the national average of 9 out of 10.

Sample comments

“Very clean and tidy home.”

“I feel safe here.”

“Emergency alarm bell can be pressed any time day or night. It is always answered.”

“They take a long time to answer the bell.”

“Sometimes they put call bell out of reach at night by mistake and I can’t reach it. I would like a call bell around my neck for access.”

“I would like to have my bedroom with someone else as I get lonely.”



Person-centred care

Residents were asked 14 questions about 'person-centred care'. The questions covered involvement in care and support, independence, autonomy, giving feedback, making complaints and advocacy. Figure 10 presents the results for these questions.

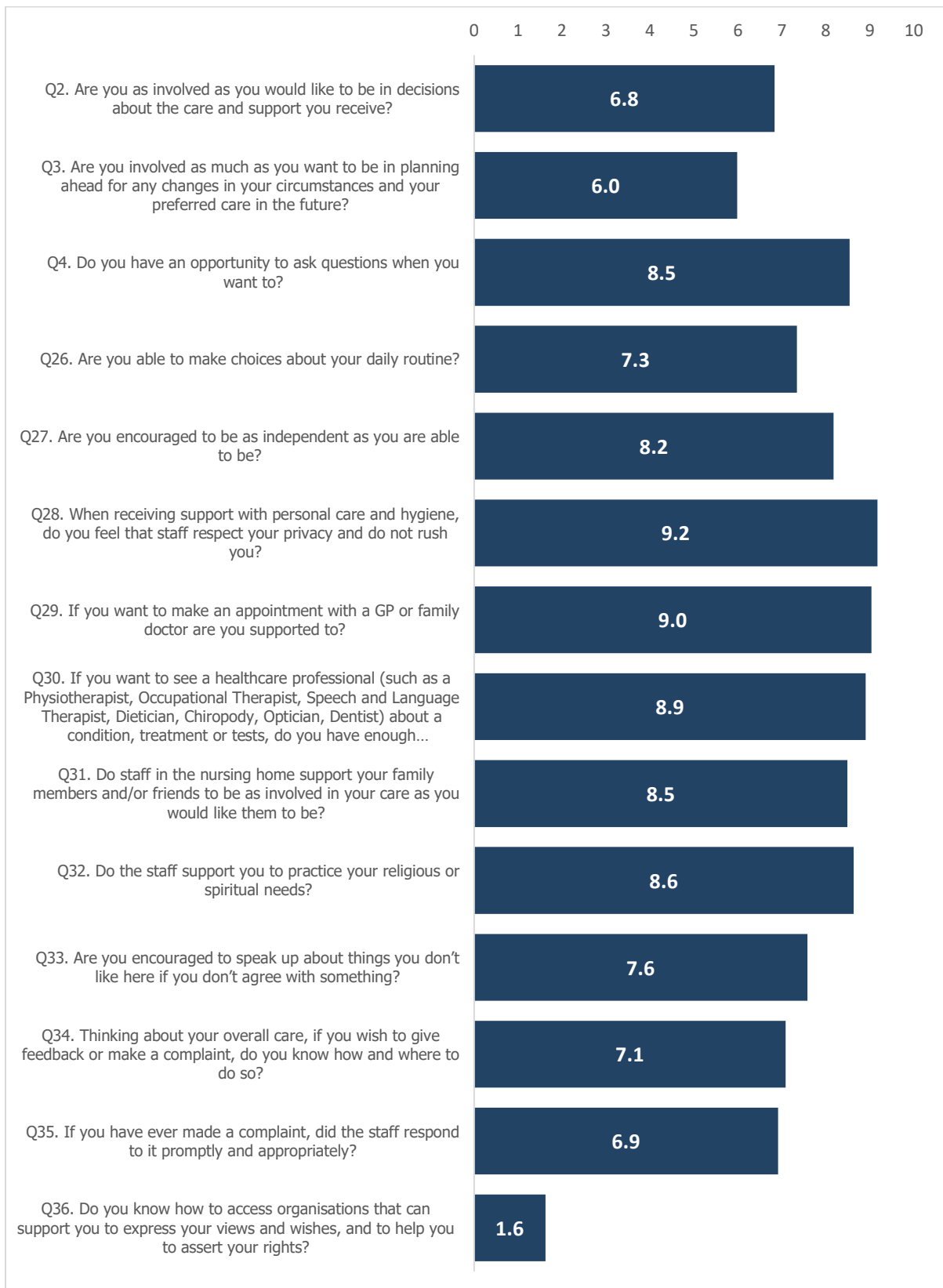
The highest-scoring question for this theme related to privacy. 516 residents (85.7%) said that staff always respected their privacy when they were receiving support with personal care and hygiene.

On the other hand, 418 residents (77.1%) said they did not know how to access organisations such as advocacy organisations that could help them to express their views and wishes, and to help them to assert their rights. This was the lowest-scoring question for this theme.

Differences in experiences of person-centred care by characteristics of the nursing home

There was no statistically-significant difference in the overall score for the 'person-centred care' theme by nursing home size or provider type.

Figure 10 Individual question scores for 'person-centred care'



Sample comments

"I think that the nursing home doctor should be available when residents need her, I was supposed to see her recently and she never came near me."

"I get my breakfast in bed. The staff are very nice they listen to me if I want something."

"They listen to you if you have anything to say."

"I need more freedom, not able to go out alone."

"I would like a bit more time between meals if possible."

"I find it very good here. I get the care I need."



Food and nutrition

Residents were asked six questions on 'food and nutrition'. The questions covered food preferences, dietary requirements, choice of meals, support to eat, adequate hydration, and access to snacks and drinks outside of mealtimes. Figure 11 shows the results for these questions.

Results show that 652 residents (96.7%) said that they could always get enough fresh water to drink. In total, 129 residents (20.7%) said that they did not always get a choice of food, this was the lowest-scoring question.

Figure 11 Individual question scores for 'food and nutrition'



Differences in experiences of food and nutrition by characteristics of the nursing home

There was no statistically-significant difference in the overall score for the 'food and nutrition' theme by nursing home size or provider type.

Sample comments

"I am vegetarian and would like more choice like a vegetarian burger."

"I like small dinners. I get too much food on my plate and then I can't eat it."

"The food is always good. Nourishing and wholesome."

"Food is excellent."

"Never a change in your meal. The veg change and they give you things you have said over and over again that you don't like. They need a chart to note individual likes and dislikes. Food comes from the kitchen so no changes."

"The food service here is excellent. No shortage of food."



Chapter 5: In their own words

Four survey questions asked residents (questions 49-52) to provide additional information, in their own words, on their experiences in the nursing home. These open-ended, free text questions allowed participants to give a more in-depth description of specific aspects of their experiences with their nursing home. Residents made 2,548 comments across the four questions.

A framework approach was used to analyse and manage information provided in the comments.¹³ An analytical framework consisting of five categories and 37 themes was developed (see Table 7). This framework helped organise and systematically reduce the thousands of comments into manageable segments of information.

¹³ Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*. 2013;13(1):117.

Table 7 Analytical framework for responses to open-ended questions

Category	Themes	Comments
Staff	Staff relationships	201
	Staff availability and responsiveness	75
	Communication with designated representative	16
	Management staff	16
	Communication with resident	14
	Nurses	12
	Healthcare assistants	6
	General staff - cleaners/security/catering	2
	Doctors	1
Medical aspects	Quality of care	421
	Medical care or condition	38
	COVID-19 and vaccine-related comments	10
	Physio and other physical therapies	8
Material needs	Food and drink	121
	Physical environment (including cleanliness) and equipment	120
	Personal hygiene	10
	Health and safety	8
	Personal property	7
	Personal services	4
	Finance	2
	Support with feeding/drinking/dressing	2
	End-of-life care	2
Emotional needs and wellbeing	Activities and entertainment	102
	Person-centred care and involvement in choices	96
	Visiting	95
	Spiritual care	53
	All other therapies	1
Other	General comments	1372
	Dignity, respect and privacy	10

Open-ended questions

The open-ended questions asked of residents were:

- Q49. Is there anything particularly good about the care here?
- Q50. Is there anything that could be improved?
- Q51. Do you have any comments about how the COVID-19 pandemic affected the care you received in the nursing home or your overall experience in the nursing home during that period?
- Q52. Do you have any other comments or suggestions?

Residents' responses to all questions frequently contained comments coded under the 'general comments' theme. General comments included statements such as "don't know", "no complaints", or "no, I can't think of anything". The remainder of this section describes the themes that occurred most frequently in residents' responses to each question.

Is there anything particularly good about the care here?

For question 49 '*overall, is there anything particularly good about the care here?*', most comments related to the quality of care (271), staff relationships (148), general (105), the physical environment (including cleanliness) and equipment (59), and person-centred care and involvement in choices (53) themes.

Table 8 Overview of responses to Question 49

Theme	Feedback received	Illustrative quote
Quality of care	Comments typically referred to residents' positive evaluation of the nursing home and the care they receive	"Care is excellent."
Staff relationships	Comments referred to positive interactions with and perceptions of staff, and included references to staff being "kind", "caring", "helpful" or "excellent"	"They are all very kind and very helpful."
Physical environment	Comments referred to the cleanliness of the nursing home and the facilities available	"It is very homely and the cleanliness is first class."
Person-centred care and involvement in choices	Comments referred to the residents having autonomy and freedom within the nursing home	"I am very relaxed here. I have no fuss or bother, no-one giving out to me."

Is there anything that could be improved?

For question 50, '*is there anything that could be improved?*', most comments related to the general (401), food and drink (62), activities and entertainment (60), staff availability and responsiveness (30), and person-centred care and involvement in choices (29) themes.

Table 9 Overview of responses to Question 50

Theme	Feedback received	Illustrative quote
Food and drink	Comments included suggestions around the variety and quality of food available, portion sizes, timings of the meals, and less specific comments noting that the food could be improved.	“The food service here is excellent. No shortage of food.”
Activities and entertainment	Comments suggested the need for a greater variety of activities, particularly activities that involved residents getting outdoors, and outside of the nursing home. Comments also included suggestions such as music, singing, dancing, games, and physical activities such as walking.	“More entertainment and activities. More walking facilities because I can't walk on my own.”
Staff availability and responsiveness	Comments primarily related to the need for more staff, staff turnover and having to wait for staff to be available to attend to their needs. These issues impacted the residents' autonomy.	“I'd like to get outside more but I need somebody with me.”

Experiences during the Covid-19 pandemic

For question 51, ‘do you have any comments about how the COVID-19 pandemic affected the care you received here or your overall experience here during that period? If so, please elaborate’, most comments related to the general (370), quality of care (103), visiting (83), spiritual care (32), and medical care or condition (29) themes.

Table 10 Overview of responses to Question 51

Theme	Feedback received	Illustrative quote
Quality of care	Comments were typically positive about the care received during the COVID-19 pandemic. Residents frequently described the care received during that time as being good, the staff being attentive and the situation being well handled. Some references were made to missing visits from family, but residents said they understood why precautions were taken.	“They did their best to keep COVID out and were very strict about it. The staff were very good and they did what they were told as well.”
Visiting	Comments related to restrictions on visits and their impact on the resident. Residents also noted how they coped.	“No visitors allowed but I used my phone.”
Spiritual care	Comments related to the psychological impact of the restrictions, including feeling alone, isolated, and uncertain.	“I was isolated myself and that was discomforting.”
Medical care or condition	Comments referred to receiving vaccinations for COVID-19, getting COVID-19 and its impact, and symptoms experienced.	“I was quite tired when I had COVID and have backache since.”

Other comments or suggestions

For question 52, ‘do you have any other comments or suggestions? If so, please elaborate’, most comments related to the general (496), quality of care (36), staff relationship/attitude/turnover (21), activities and entertainment (16), staff availability and responsiveness (13), and food and drink (13) themes.

Table 11 Overview of responses to Question 52

Theme	Feedback received	Illustrative quote
Quality of care	Comments included primarily positive comments about the quality of care in the nursing home.	“Everything is good and I am perfectly content. The other patients are looked after very well.”
Staff relationships	Comments included positive comments about staff, but also comments noting variability in the care received depending on the staff member, the desire to build better relationships with staff, high staff-turnover and the need for more staff in the nursing home.	“Some staff better than others.”
Staff availability	Comments related to nursing homes being short-staffed.	“They are limited on staff I think.”
Food and drink	Comments included suggestions to improve the food served in the nursing home.	“A better choice of food”

Chapter 6: Conclusion

Most residents who participated in the National Nursing Home Experience Survey had a positive overall experience of care. Residents were particularly positive about access to fresh drinking water, the cleanliness of the nursing home, being kept safe and protected from harm, and being treated with dignity and respect by the staff and caregivers.

Most residents said that staff were knowledgeable about the care and support they needed and that the people who worked in the nursing home would check in with them often enough to see if they need anything. These areas were also associated with a more positive overall experience for residents. When asked to describe in their own words what was particularly good about the care they received, residents talked most frequently about the quality of care and staff relationships.

However, 9.6% of residents said they had a fair-to-poor experience, and scores for the individual themes indicate that there is room for improvement in particular aspects of care. Residents gave lower ratings to questions relating to accessing advocacy supports, information on moving into the nursing home, and being involved in planning ahead for changes in their circumstances.

Residents had poorer overall experiences when they felt that the food served in the nursing home was poor, that there was no staff member to talk to about their worries and fears, and that they were not as involved as much as they wanted to be in decisions about the care and support they received.

When asked to describe in their own words what could be improved in their nursing home, residents talked about food and drink, activities and entertainment. The lowest-scoring question among residents in the survey indicates that there is limited awareness of advocacy organisations and how to contact them.

What happens next?

Nursing homes can use the survey results to develop plans on how they will respond to the findings. All nursing homes, public, private and voluntary that participated have been invited to share initiatives they have undertaken in response to the findings of the survey. These will be available on www.yourexperience.ie from November 2022. Extensive engagement has taken place to support participating nursing homes, and organisations that represent them, to understand and use the findings of the survey.

The Department of Health will use the findings to help inform the development of policy and strategy in relation to nursing home care as appropriate. Finally, the findings of the survey will inform national standards and HIQA's regulation of nursing homes.

More detailed reports on the findings from residents and the findings from relatives and friends can be accessed on www.yourexperience.ie.

Appendix 1- Membership of the National Nursing Home Experience Survey governance groups

National Care Experience Programme Steering Group

Phelim Quinn (Chair) ¹⁴	Chief Executive Office, HIQA, (Chairperson)
Rachel Flynn	Director of Health Information and Standards, HIQA
Angela Fitzgerald ¹⁵	Deputy National Director of Acute Hospitals, HSE Chief Executive Officer, HIQA (Chair from March 1, 2022)
Niamh Bernard ¹⁶	Principal Officer, Department of Health
Patrick Creedon ¹⁷	Principal Officer, Department of Health
Marita Kinsella ¹⁸	Director, National Patient Safety Office, Department of Health
Louise Loughlin	National Manager, National Advocacy Service
Mary McGeown	Head of Patient Safety Surveillance & Performance Unit, Department of Health
Roisin O'Leary	Senior Patient Advocate, Sage Advocacy
Brian Place ¹⁹	Patient representative
Joe Ryan	National Director of Operational Performance, HSE
Liam Woods	National Director of Acute Hospitals, HSE

¹⁴ Until December 2021

¹⁵ Appointed CEO of HIQA and Chair of the Steering Committee in March 2022.

¹⁶ From April 2022

¹⁷ Until January 2022

¹⁸ Until January 2022

¹⁹ The late Dr Brian Place was a patient representative on the steering group since its inception in 2017. He sadly passed away in November 2021.

National Nursing Home Experience Survey, Programme Board:

Rachel Flynn	Director of Health Information and Standards, HIQA (Chairperson)
Tracy O'Carroll	Head, National Care Experience Programme, HIQA
Celine Clarke	Head of Advocacy and Communications, Age Action Ireland
Cara Regan Downey ²⁰	Business Manager, Operational Performance and Integration, HSE
Martina Duffy ²¹	Project Lead, National Office Older People Operations, HSE
Conor Foley	Senior Analyst, National Care Experience Programme, HIQA
Deirdre Hyland	Patient Safety Surveillance Officer, Department of Health
Ultan Hynes ²¹	Head of Service, Nursing Home Support Scheme, HSE
Helen Lindsey	National Operations Manager, Older Person's Services, HIQA
Sarah Lennon	Executive Director, Sage Advocacy
Roisin Maguire	Specialist National Operations Office Services for Older People, HSE
Nuala O'Reilly	Assistant Principal Officer, Older Persons Policy Development Unit, Department of Health
Amanda Phelan	Professor in Ageing & Community Nursing, School of Nursing & Midwifery, Trinity College Dublin
Aileen Killeen ²²	Senior Operations Manager, Partnering with Patients, Office of the National Director Operational Performance & Integration, HSE

²⁰ Until August 2022

²¹ Until February 2022

²² From September 2022

National Nursing Home Experience Survey Team

Tracy O' Carroll	Head, National Care Experience Programme, HIQA
Tina Boland	Project Lead, National Care Experience Programme, HIQA
Conor Foley	Senior Analyst, National Care Experience Programme, HIQA
Catriona Keane ²³	Project Officer, National Care Experience Programme, HIQA
Lisa Ann Kennedy	Analyst, National Care Experience Programme, HIQA
Trudi Mason	Project Officer, National Care Experience Programme, HIQA
Róisín Murphy	Research Officer, National Care Experience Programme, HIQA
Donnacha O'Ceallaigh	Project Officer, Information management, National Care Experience Programme, HIQA
Alice Reetham	Project Officer, National Care Experience Programme, HIQA
Geneviève Ruiz-O'Sullivan	Research Officer, National Care Experience Programme, HIQA

²³ Until December 2021

Appendix 2 - What nursing homes participated in the 2022 National Nursing Home Experience Survey?

National profile of nursing homes.

Province		Provider type breakdown (N)			Bed occupancy range breakdown N			
Province		HSE	Private	Voluntary	≤20 beds	21-40 beds	41-99 beds	≥100 beds
Connacht	95 (16.6%)	21 (3.7%)	74 (13.0%)	0	6 (1.1%)	33 (5.8%)	54 (9.5%)	2 (0.4%)
Dublin	111 (19.4%)	12 (2.1%)	94 (16.5%)	5 (0.9%)	3 (0.5%)	17 (3.0%)	60 (10.5%)	31 (5.4%)
Leinster	148 (25.9%)	24 (4.2%)	117 (20.5%)	7 (1.2%)	10 (1.8%)	34 (6.0%)	93 (16.3%)	11 (1.9%)
Munster	177 (31.0%)	42 (7.4%)	131 (22.9%)	4 (0.7%)	3 (0.5%)	71 (12.4%)	89 (15.6%)	14 (2.5%)
Ulster	40 (7.0%)	14 (2.5%)	26 (4.6%)	0	2 (0.4%)	14 (2.5%)	23 (4.0%)	1 (0.2%)
Total	571	113 (19.8%)	442 (77.4%)	16 (2.8%)	24 (4.2%)	169 (29.6%)	319 (55.9%)	59 (10.3%)

Profile of nursing homes invited to take part.

Province		Provider type breakdown (N)			Bed occupancy range breakdown (N)			
Province		HSE	Private	Voluntary	≤20 beds	21-40 beds	41-99 beds	≥100 beds
Connacht	13 (18.1%)	3 (4.2%)	10 (13.9%)	0	1 (1.4%)	5 (6.9%)	6 (8.3%)	1 (1.4%)
Dublin	13 (18.1%)	2 (2.8%)	10 (13.9%)	1 (1.4%)	0	3 (4.2%)	7 (9.7%)	3 (4.2%)
Leinster	19 (16.4%)	2 (2.8%)	15 (20.8%)	2 (2.8%)	2 (2.8%)	4 (5.6%)	11 (15.3%)	2 (2.8%)
Munster	23 (31.9%)	3 (4.2%)	18 (25%)	2 (2.8%)	0	6 (8.3%)	15 (20.8%)	2 (2.8%)
Ulster	4 (5.6%)	2 (2.8%)	2 (2.8%)	0	0	2 (2.8%)	2 (2.8%)	0
Total	72 (100%)	12 (16.7%)	55 (76.4%)	5 (6.9%)	3 (4.2%)	20 (27.8%)	41 (56.9%)	8 (11.1%)

Profile of nursing homes who participated.

Province		Provider type breakdown (N)			Bed occupancy range breakdown (N)			
Province		HSE	Private	Voluntary	≤20 beds	21-40 beds	41-99 beds	≥100 beds
Connacht	11 (20.8%)	3(5.7%)	8 (15.1%)	0	0	5 (9.4%)	5 (9.4%)	1 (1.9%)
Dublin	8 (15.1%)	2 (3.8%)	5 (9.4%)	1 (1.9%)	0	2 (3.8%)	3 (5.7%)	3 (5.7%)
Leinster	13 (24.5%)	2 (3.8%)	10 (18.9%)	1 (1.9%)	1 (3.8%)	3 (5.7%)	7 (13.2%)	2 (3.8%)
Munster	17 (32.1%)	3 (5.7%)	12 (22.6%)	2 (3.8%)	0	6 (11.3%)	9 (17%)	2 (3.8%)
Ulster	4 (7.5%)	2 (3.8%)	2 (3.8%)	0	0	2 (3.8%)	2 (3.8%)	0
Total	53 (100%)	12 (22.6%)	37 (69.8%)	4 (7.5%)	1 (1.9%)	18 (34%)	26 (49%)	8 (15.1%)

Appendix 3 – A technical note on analyses and interpretation

Preliminary note

Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

Scoring methodology

The scores for the survey were calculated by grouping survey questions into six themes: moving into the nursing home, caregivers and staff in the nursing home, spending time in the nursing home, the living environment in the nursing home, person-centred care, and food and nutrition. Scores are presented for individual questions making up a theme. The responses to all questions in each theme were also summarised to form overall scores ranging from 0-10.

The National Nursing Home Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England, subsequently used in the National Inpatient Experience Survey and National Maternity Experience Survey.²⁴

Below is an example of how response options were converted into scores. It should be noted that only evaluative questions could be scored, that is questions that assessed an actual experience of care. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more 'negative' ones. In the example, 'No' was given a score of 0, 'Yes, sometimes' was given a score of 5 and 'Yes, always' was given a score of 10. The last response option, 'Don't know' was categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

Example of a scored question

Q9. Do you have enough privacy in this nursing home?

- o Yes, always (10)
- o Yes, sometimes (5)
- o No (0)

²⁴ Care Quality Commission. NHS Patient Survey Programme: Survey Scoring Method 2015.

- o Don't know (M)

The following table below shows how scores were calculated for a specific question. In this example, the scores of five respondents are presented. The score for Question 9 of the residents' survey is calculated by adding the scores in the right hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). Thus, the average score for Question 9 is 6 out of 10.

Q9. Do you have enough privacy in this nursing home?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30

Scores for the themes (scales) were constructed by calculating the average scores for all questions belonging to that stage.

Comparing groups – When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in reported experience across different groups (that is by sex, age group, region, nursing home size or provider type).

A 'z-test' was used to compare experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

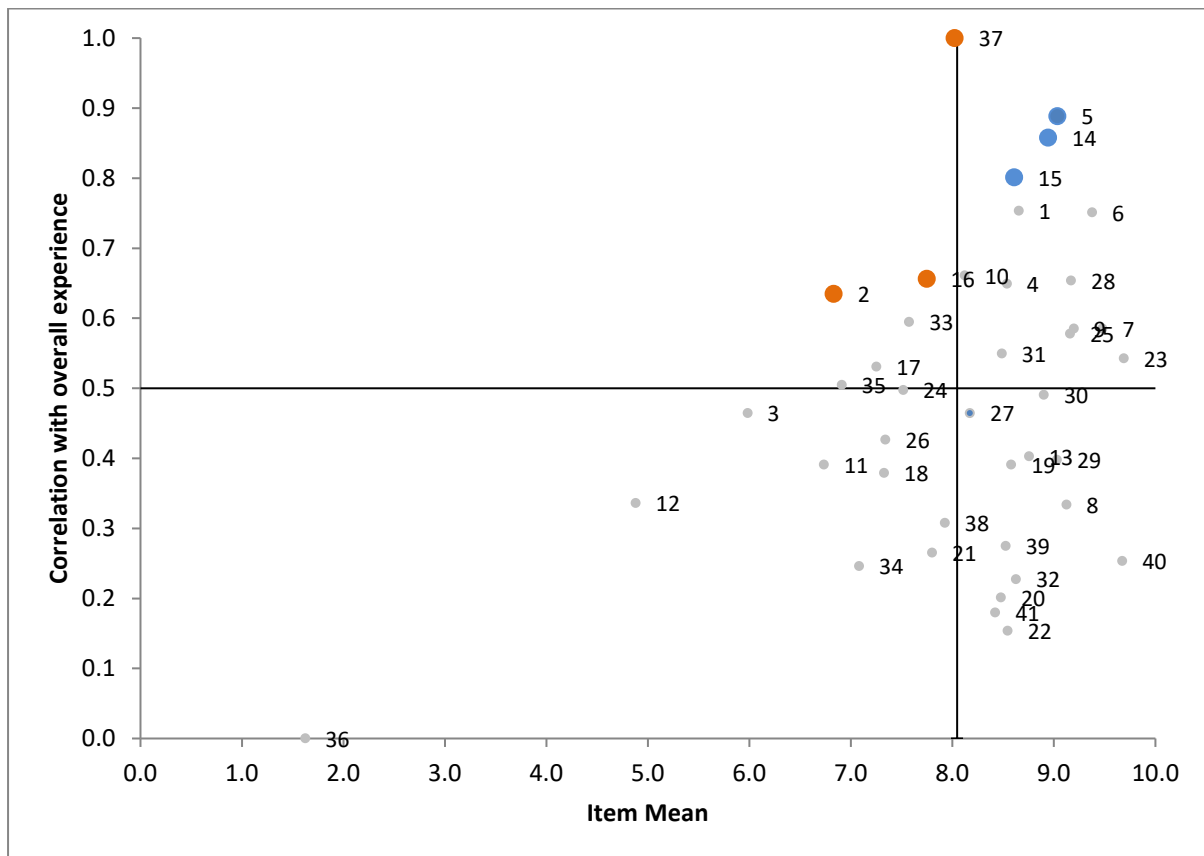
Results on questions comparing two groups of residents (e.g., those who share a bedroom and those who do not) were compared using a 't-test' at the 99% confidence level. A t-test is a statistical test used to compare the average scores of two groups. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is 'higher than' or 'lower than' a comparison group, this is highly unlikely to have occurred by chance.

The National Nursing Home Experience Survey technical report, will be available at <http://www.yourexperience.ie/>, and will provide details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of scores, and statistical comparisons.

Identifying higher and lower-scoring questions

Figure 12 shows the average score out of 10 for each question on the survey for residents, and how strong a relationship it has with their overall experience. The vertical axis shows the correlation of each question with overall experience, the horizontal axis shows each question's score out of 10. Questions with high average scores out of 10 and a strong relationship with overall experience are highlighted in blue. Questions with lower scores out of 10 and strong relationships with overall experience are highlighted in orange.

Figure 12 Overall resident experience map



Survey analysis and reporting

The survey data was analysed by the National Nursing Home Experience Survey team based in the Health Information and Quality Authority (HIQA). Quantitative survey data was analysed using the statistical package SPSS (Version 24).

The responses to the open-ended questions were transcribed and anonymised. All references to names, places, nationalities, and other identifying information were removed from comments.

Appendix 4 – Questions and Response Options from the National Nursing Home Experience Survey Questionnaires

Questions and Response Options from Resident Questionnaire			
Question	Question Text	Response Options	Theme
Q1	Do you find it homely here?	Yes, definitely Yes, to some extent No	Your living environment
Q2	Are you as involved as you would like to be in decisions about the care and support you receive?	Yes, definitely Yes, to some extent No I do not wish to be involved	Person-centred care
Q3	Are you involved as much as you want to be in planning ahead for any changes in your circumstances and your preferred care in the future?	Yes, definitely Yes, to some extent No	Person-centred care
Q4	Do you have an opportunity to ask questions when you want to?	Yes, always Yes, sometimes No I don't have any questions Don't know	Person-centred care
Q5	Overall, do you have confidence and trust in the staff who care for you here?	Yes, always Yes, sometimes No Don't know	Caregivers and staff in the nursing home
Q6	Overall, do you feel you are treated with respect and dignity by the staff who care for you?	Yes, always Yes, sometimes No Don't know	Caregivers and staff in the nursing home
Q7	Do staff here keep you safe and protect you from harm?	Yes, definitely Yes, to some extent No Don't know	Caregivers and staff in the nursing home
Q8	Do you receive help when you need it in daily tasks, such as eating your meals, getting dressed, or using the bathroom?	Yes, always Yes, sometimes No I don't require any help	Spending time here
Q9	Do you have enough privacy in this nursing home?	Yes, always Yes, sometimes No Don't know	Your living environment
Q10	Are your dietary needs and choices taken into account in the food that is served?	Yes, always Yes, sometimes	Food and nutrition

		No I do not have any requirements or preferences	
Q11	Were you involved as much as you wanted to be in the decision to move into this nursing home?	Yes, definitely Yes, to some extent No Don't know/can't remember	Admission/moving into the nursing home
Q12	Before you moved in, did you receive enough information about what life would be like here?	Yes, definitely Yes, to some extent No Don't know/can't remember	Admission/moving into the nursing home
Q13	When you moved in, were you supported to keep in touch and maintain relationships with family or friends?	Yes, definitely Yes, to some extent No Don't know / Can't remember	Admission/moving into the nursing home
Q14	Are the staff here knowledgeable about the care and support you need?	Yes, definitely Yes, to some extent No Don't know	Caregivers and staff in the nursing home
Q15	Do the people who work here check in with you often enough to see if you need anything?	Yes, definitely Yes, to some extent No Don't know	Caregivers and staff in the nursing home
Q16	Is there a staff member who you can talk to about your worries and fears?	Yes, always Yes, sometimes No I have no worries or fears	Caregivers and staff in the nursing home
Q17	Do you get to decide how you spend your day?	Yes, definitely Yes, to some extent No I don't wish to provide input	Spending time here
Q18	Are you supported to take part in activities that interest you?	Yes, always Yes, sometimes No Don't know	Spending time here
Q19	Do you have enough control over the visits you receive here?	Yes, definitely Yes, to some extent No Don't know	Spending time here
Q20	Besides visits, are you enabled to stay in contact with the people you would like to stay in contact with?	Yes, definitely Yes, to some extent No Don't know/ I don't have anyone to stay in contact with	Spending time here
Q21	If you have a visitor, can you find a place to talk to them in private, other than your bedroom?	Yes, always Yes, sometimes No Don't know/I don't normally have visitors	Spending time here
Q22	Are you able to mark special occasions in the way that you would like?	Yes, definitely Yes, to some extent No Not relevant to my situation	Spending time here
Q23	In your opinion, how clean is the nursing home?	Very clean Fairly clean Not very clean Not at all clean	Your living environment
Q24	Do you have as much control as you would like over your personal finances?	Yes, definitely Yes, to some extent No	Your living environment

		I have asked someone else to look after my finances for me	
Q25	Are your belongings and personal items safe here?	Yes, definitely Yes, to some extent No	Your living environment
Q26	Are you able to make choices about your daily routine?	Yes, definitely Yes, to some extent No	Person-centred care
Q27	Are you encouraged to be as independent as you are able to be?	Yes, always Yes, sometimes No Don't know	Person-centred care
Q28	When receiving support with personal care and hygiene, do you feel that staff respect your privacy and do not rush you?	Yes, always Yes, sometimes No I don't require any support with personal care and hygiene	Person-centred care
Q29	If you want to make an appointment with a GP or family doctor are you supported to?	Yes, definitely Yes, to some extent No Don't know/I have not needed to talk to my GP	Person-centred care
Q30	If you want to see a healthcare professional (such as a Physiotherapist, Occupational Therapist, Speech and Language Therapist, Dietician, Chiropody, Optician, Dentist) about a condition, treatment or tests, do you have enough opportunity to do so?	Yes, definitely Yes, to some extent No Don't know/I have not needed to see a healthcare professional	Person-centred care
Q31	Do staff in the nursing home support your family members and/or friends to be as involved in your care as you would like them to be?	Yes, definitely Yes, to some extent No I do not want them to be involved	Person-centred care
Q32	Do the staff support you to practice your religious or spiritual needs?	Yes, always Yes, sometimes No Not relevant	Person-centred care
Q33	Are you encouraged to speak up about things you don't like here if you don't agree with something?	Yes, definitely Yes, to some extent No Don't know	Person-centred care
Q34	Thinking about your overall care, if you wish to give feedback or make a complaint, do you know how and where to do so?	Yes No	Person-centred care
Q35	If you have ever made a complaint, did the staff respond to it promptly and appropriately?	Yes No I have not needed to make a complaint I wanted to make a complaint but was not able to	Person-centred care
Q36	Do you know how to access organisations that can support you to express your views and wishes, and to help you to assert your rights?	Yes, definitely Yes, to some extent No Not relevant to my situation	Person-centred care
Q37	How would you rate the food served here?	Very good Good Fair Poor Don't know	Food and nutrition
Q38	Are you offered a choice of food?	Yes, always Yes, sometimes No	Food and nutrition
Q39	Do you get enough support from staff to eat your meals?	Yes, always Yes, sometimes	Food and nutrition

		No I do not need support to eat meals	
Q40	Do you get enough fresh water to drink?	Yes, always Yes, sometimes No	Food and nutrition
Q41	Can you get snacks and drinks outside of mealtimes if you want to?	Yes, always Yes, sometimes No	Food and nutrition
Q42	Overall, how would you rate your experience here? Select a number between 0 (very poor experience) and 10 (very good experience).	0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	Overall
Q43	In what year were you born?	(Select Year)	About you
Q44	Are you:	Male Female Other Prefer not to say	About you
Q45	In total, about how long have you lived here?	less than 6 months 6 months to less than 1 year more than 1 year, but less than 2 years more than 2 years but less than 5 years more than 5 years Don't know	About you
Q46	Do you currently share a bedroom with other residents here?	Yes No	About you
Q47	Do you currently share a bathroom with other residents here?	Yes No	About you
Q48	Please indicate which ethnic group you belong to?	White: Irish Irish Traveller Any other white background Black or Black Irish: African Any other black background Asian or Asian Irish: Chinese Indian/Pakistani/Bangladeshi Another Asian background Other, including mixed group/background: Arabian Mixed, please specify Other, please write your ethnic group here: Prefer not to say	About you
Q49	Overall, is there anything particularly good about the care here?	(Comment)	Free-text responses
Q50	Is there anything that could be improved? (For example, are there activities that you would like to engage in that you currently cannot? Do you feel limited by anything here?)	(Comment)	Free-text responses
Q51	Do you have any comments about how the COVID-19 pandemic affected the care you received here or your overall experience here during that period? If so, please elaborate.	(Comment)	Free-text responses
Q52	Do you have any other comments or suggestions? If so, please elaborate.	(Comment)	Free-text responses