



Nursing Homes Ireland
COVID19 Evaluation Submission

September 2025



About Nursing Homes Ireland

Nursing Homes Ireland is the national representative organisation for the private & voluntary nursing homes sector. This sector, and the care NHI members provide, are central to health and social care delivery in Ireland. Private & voluntary nursing homes provide care in a home from home to 27,000 residents and account for more than 84% of all long-term care beds in the country. NHI Members account for 90% of all private & voluntary nursing homes. NHI actively supports and represents members, enabling them to provide quality care to residents in a sustainable manner.

Our work is guided by Nursing Homes Ireland's HOMES Strategy 2024–2026; Highlighting, Organising, Motivating, Engaging, and Shaping the future of nursing home care. This strategic framework informs all aspects of our advocacy, member support, and policy development, with a focus on quality, sustainability, and resident-centred outcomes.

What We Believe

At NHI, we support private and voluntary nursing homes to deliver the very highest standard of care. We are passionate about the delivery of better care.

We support members to create rich experiences of life for residents. NHI members meet residents where they are on their life journey and focus on enriching lives well-lived. Care is better when we work together. NHI empowers private and voluntary nursing home members with the latest information and advocates for the sector so it can continue to maintain standards.

We bring our message of warmth, comfort and responsibility in a clear and strong voice to the wider community.

We are working to shape a new, more dynamic model of care. Caring is best when it is collective and collaborative. With residents, members, communities and stakeholders, we are confidently moving forward together.



Approach and Methodology

This submission is intentionally high-level and evidence-informed and is further informed by the headings provided by the evaluation. It is not a detailed record of individual homes, residents or staff experiences, but rather a synthesis of national trends, sector-wide experiences, and key moments that shaped the response to COVID-19 in nursing homes.

The document draws from a wide range of sources, including:

- Reflections from residents, staff, and managers captured through NHI-led forums.
- Direct feedback and consultation with Nursing Homes Ireland (NHI) members;
- Submissions, engagement, meetings statements, and correspondence between NHI and Government during 2020–2022; also, state agencies, inclusive of all arms of Government.
- Publicly available data and official reports;

In addition, this submission is supported by an extensive repository of documentation, set out in the appendices, which includes a chronology of events and documented communications to Members throughout the pandemic. Together, these materials provide a transparent evidential base for the insights and analysis presented.

The methodology guiding this submission is based on three principles:

1. Factual and Evidence-Based

- a. Each theme highlights verifiable facts drawn from contemporaneous documentation, correspondence, and reports. The submission avoids anecdote or attribution to individual homes, instead presenting aggregated, high-level insights.

2. National Response Lens

- a. The analysis situates nursing home experiences within the wider national response. By examining how public health measures, decision-making structures, and resource allocation affected older person care, the submission identifies systemic issues that must be addressed in future preparedness planning.

3. NHI Engagement, Leadership and Advocacy

- a. The document demonstrates how NHI filled critical gaps in communication, advocacy, and support for residents, families, care providers and staff. From advocating, to addressing the requirement to focus on care of nursing home residents and securing access to testing and vaccination to pressing for equitable funding and representation, NHI's leadership role is a central thread throughout the pandemic response.

Taken together, these themes reflect both the vulnerability and resilience of care of the older person and the nursing home sector. They highlight the lessons that must inform all national emergency planning, not just confined to pandemic preparedness, going forward, ensuring that the voice, rights, and wellbeing of nursing home residents are placed at the centre of policy and practice.

Executive Summary

Nursing home residents and staff were among the most profoundly affected groups in Ireland's health and social care system during the COVID-19 pandemic. Between early 2020 and early 2022, over 30,000 older people living in private and voluntary nursing homes faced unprecedented risks and restrictions.

Decisions taken in the early phase of the pandemic reflected a systemic ageism in the national response with the focus exclusively on our acute hospital system. In practice, acute hospital capacity was prioritised over the welfare of nursing home residents, with older people too often treated as a logistical challenge within hospital planning rather than as citizens with equal rights. Older people in nursing homes were treated as a logistical challenge within hospital planning, rather than as citizens with equal rights to dignity, safety, and care.

In practice, this meant from the outset a disregard for older people in pandemic preparedness, no consideration of the risks to nursing home residents. Nursing home residents were systematically disadvantaged by hospital-centric decision-making in the critical early weeks, while discharges from hospital proceeded without mandatory testing and national supply chains for PPE were prioritised for HSE facilities.

Nursing homes care for some of the most vulnerable citizens in the country. Residents are typically older, majority over 80, and many live with multiple underlying health conditions. From the outset of COVID-19, published epidemiology and mortality data confirmed that this age group, particularly those with co-morbidities, faced the highest risk of severe illness and death. This reality underscored the heightened vulnerability of nursing home residents and the need for urgent, tailored sector specific protective measures.

Nursing home residents were effectively disregarded in national planning, with policy attention directed almost exclusively towards acute hospitals and surge capacity. Despite the evident vulnerability of older people in nursing home care, there was no meaningful focus on their needs in the initial response. Dedicated nursing home guidance was not issued until April 2020, despite repeated requests from NHI. In the crucial early weeks, NPHE and official communications made little reference to older people or to nursing home care, compounding the sense of disregard for the sector and its residents.

The human impact on staff must also be acknowledged. Nursing home staff demonstrated extraordinary resilience and dedication, continuing to provide compassionate care whilst facing unprecedented personal and professional pressures, often without adequate protective equipment in the crucial early weeks. Many adapted their home lives to reduce risk to loved ones, using separate bathrooms, sleeping in spare rooms, or in some cases staying overnight in the nursing homes, or local hotels, to maintain continuity of care.

Staff carried the emotional weight of outbreaks, bereavement, and family separation, frequently working extended hours to sustain both clinical care and the human connections that are vital to residents' wellbeing. They became the primary human contact for isolated residents, facilitating video calls, providing reassurance, and providing end-of-life comfort when families could not be present. Despite public scrutiny and negative media narratives, staff continued to uphold the values of dignity, compassion, and person-centred care, while local communities rallied around homes with support that helped sustain morale.

The lived reality in nursing homes during the first waves was one of profound stress and fear. Unlike most sectors of society that could close their doors, nursing homes were required to remain open, caring for highly vulnerable residents through an unprecedented global emergency. Residents who understood the gravity of the situation often expressed fear of dying to staff, while families were distressed and sometimes demanding, struggling to accept restrictions imposed by national authorities. Staff worked under relentless pressure to balance compassion with compliance, to preserve dignity and human contact. The scale of anxiety, grief, and exhaustion was unlike anything nursing homes had previously faced, leaving a lasting imprint on residents, relatives, and care teams alike.



In this context, Nursing Homes Ireland, representing over 400 homes and caring for approximately 26,000 residents, undertook actions to address critical gaps left by the absence of nursing home care in pandemic planning. In the absence of timely or coordinated structures, NHI issued real-time guidance, secured access to testing and vaccination, and negotiated emergency financial supports to maintain service continuity. These actions provided clarity, stability, and advocacy for care providers, staff, and residents when formal systems were fragmented or slow to respond.

This submission reflects the lived experience of residents, staff, and providers, alongside the lessons NHI has drawn for future planning. It acknowledges both the resilience shown and the hardships endured, while putting forward constructive recommendations to strengthen preparedness and ensure that nursing home residents are never again left peripheral in national decision-making.

International evidence shows that outcomes in nursing home care were shaped primarily by national policy decisions rather than by individual home performance. Systems that acted quickly on hospital discharges, secured equitable PPE distribution across all care providers, and introduced rapid testing with timely results achieved better protection for residents. By contrast, delayed safeguards in Ireland, including untested hospital discharges, uneven PPE access, and slow testing turnaround, heightened risks for nursing home residents and staff. Despite these systemic disadvantages, care providers worked to implement enhanced infection control measures in advance of formal guidance and sustained care under extraordinary pressure.

Key lessons for the future include:

- Nursing home residents must be at the centre of all emergency response planning, with rights, dignity, and wellbeing explicitly recognised.
- Clear and consistent communication frameworks are essential, including single points of contact for residents, families and care providers.
- Equitable access to PPE, testing, oxygen, vaccines, clinical care, and funding supports must be guaranteed for all residents, regardless of provider type.
- Psychosocial supports for residents, families, and staff must be embedded in future emergency planning.
- Workforce recognition and protection must be explicit, including parity of esteem in access to resources and recognition schemes, surge staffing supports, and streamlined, single-channel outbreak management to reduce duplication and burnout.
- Provider expertise and resident voices must be integrated into national decision-making forums from the outset.

NHI offers these reflections and recommendations in a spirit of collaboration, with the aim of ensuring that Ireland's pandemic response is fully understood, that lessons are learned, and that future preparedness is strengthened for the benefit of older people and the wider health and social care system.

These lessons are not only about nursing homes, but about how Ireland values older people, includes them in decision making and prepares for future emergencies.



Timeline of COVID-19 and Nursing Homes¹

This early timeline has been compiled from multiple independent sources, including academic analysis, official correspondence, NHI statements, and parliamentary and expert reports.

- **28 Feb:** NHI writes to Minister for Older People, highlighting PPE access problems and enclosing Scottish Care COVID-19 guidance.
- **4 Mar:** NPHET establishes Subgroup on Vulnerable People.
- **6 Mar:** NHI proactively issues visiting restrictions across nursing homes.
- **10 Mar:**
 - NPHET states restrictions “not required.”
 - HSE issues interim guidance prioritising hospital discharges, with no resident protections.
- **11 Mar:** NPHET reverses stance, recommending suspension of all visiting.
- **13 Mar:** HIQA suspends inspections; warns DoH of risks in private nursing homes.
- **18 Mar:** First PPE provision acknowledged, limited to outbreak homes.
- **19 Mar:** HPSC issues guidance on hospital transfers into nursing homes.
- **Late Mar:** Test turnaround times stretch to a week or more; outbreaks confirmed in 29 homes.
- **27 Mar:** NPHET requests outbreak control teams be established for nursing homes.
- **31 Mar:** NPHET agrees six enhanced public health actions for LTC settings.
- **3 Apr:** NPHET directs HSE to deploy crisis outbreak management across nursing homes.
- **4 Apr:** Minister announces Temporary Assistance Payment Scheme (TAPS) for private/voluntary homes.
- **Apr:** Dedicated nursing home guidance finally issued; 14-day isolation for new admissions introduced.
- **17 Apr:** NPHET recommends national serial testing of staff and residents.
- **18–19 Apr:** National census of mortality across all LTC facilities.
- **21 Apr:** HIQA publishes preparedness framework for nursing homes.
- **23 Apr:** NHI survey highlights staffing crisis escalating in nursing homes.
- **Jun 2020:** Department issues first correspondence on easing visiting (from 15 June).
- **Jul 2020:** Oireachtas Special Committee publishes Interim Report on COVID-19 in nursing homes.
- **19 Aug:** Nursing Home Expert Panel publishes report, with recommendations across 15 thematic areas.

¹ Key sources: Hurley & Burke (2021); Department of Health–NHI correspondence (Feb 2020); NHI statements (Mar & Apr 2020); Houses of the Oireachtas Special Committee (Jul 2020); COVID-19 Nursing Homes Expert Panel (Aug 2020).

Themes

The following themes present a structured account of how the COVID-19 pandemic was experienced within nursing homes, how the national response unfolded, and how Nursing Homes Ireland acted on behalf of residents, staff and care providers.

Each theme highlights three dimensions: the national response, NHI's leadership role, and forward-looking recommendations.

Together, they provide a balanced, factual, and constructive perspective on what occurred, what was learned, and what must now change to ensure nursing home care is fully integrated into Ireland's future emergency preparedness.



Relationships & Community

Relationships, family connections, and community life are central to the wellbeing of nursing home residents. COVID-19 disrupted these in profound ways, as visiting was curtailed, communal activities suspended and contact with families and volunteers restricted. While measures were taken to protect life, the absence of a clear national framework, particularly in the early months, left residents, families, and staff exposed to inconsistent and often distressing practices.

The support of local communities and local businesses was crucial to nursing homes during lockdowns. Local companies, including food suppliers, pharmacies, and other service providers, ensured essential deliveries of milk, meat, medicines, and supplies at a time when national restrictions disrupted normal channels.

"It is extremely difficult for families not being able to have a physical presence in their loved one's life, not to be able to touch or hold someone's hand."

Nursing Homes Ireland, Member Survey, May 2020



Alongside this, neighbours and voluntary groups stepped in with gestures of solidarity, organising collections, offering practical help, and providing comforts that sustained residents and staff. Without this combined support, daily operations would have been near impossible.

Communities also played a vital role in sustaining connection and morale, supplying iPads to enable video calls, organising musical performances in the grounds, and providing personal comforts that helped residents and staff feel less isolated. These acts of solidarity offered relief at a time when restrictions cut deeply into daily life, highlighting the importance of community support when formal systems were stretched.

Timeline of Key Visiting Restrictions & Concerns

- 28 Feb - NHI writes to Minister for Older People, highlighting lack of PPE access and enclosing Scottish Care COVID-19 guidance, urging immediate adoption of tailored nursing home measures.
- 6 Mar 2020 - NHI proactively issues visiting restrictions
- 10 Mar - NPHEP states restrictions “**not required**”
- 11 Mar - A day later, NPHEP recommends suspension of all visiting
- April 2020 - Dedicated nursing home guidance finally issued
- Jun 2020 - Department issues first correspondence on easing visiting (from 15 June)

National Response

At the outset of the pandemic, there was no advance planning for the social consequences of enhanced infection control measures in nursing homes.

Despite the evident vulnerability of nursing home residents, NPHEP’s early focus was almost entirely on acute hospitals, testing capacity, and surge planning. Nursing homes were first mentioned in the NPHEP minutes of 10 March 2020 (Meeting 12), where discussion centred on visitor restrictions as announced by NHI, on the 6th of March.

NPHEP concluded that “unilateral/widespread restriction of visiting to nursing homes, hospitals and healthcare facilities is not required at this time,” while noting that infection prevention advice should be reiterated to the public².

This initial approach reinforced the perception that nursing homes were peripheral to the national response, with the risks to residents not being addressed in a timely or dedicated way.

HIQA Board minutes from January 2020 show a focus on acute hospitals, maternity services, and ICT risks, but no reference to pandemic preparedness or resident rights in nursing home care³.

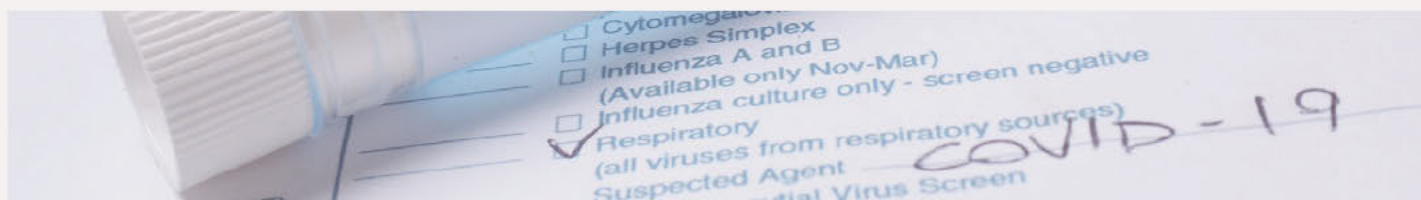
On 6 March 2020, NHI’s National Nursing Committee met to consider the emerging threat and recommended visitor restrictions to limit the threat of transmission⁴. NHI issued guidance to all homes ahead of the weekend, reflecting concerns that increased visiting at this time could heighten the likelihood of COVID-19 entering nursing homes. These were not a complete closure, but precautionary steps designed to protect residents: no non-essential visiting, no children or groups, advance contact before attending, and visits only in urgent circumstances, with homes reserving the right to impose full restrictions if required.

² NPHEP Meeting Minutes, Meeting 12, 10 March 2020 - noting that “unilateral/widespread restriction of visiting to nursing homes, hospitals and healthcare facilities is not required at this time.”

³ HIQA Board Meeting Minutes (22 Jan 2020)

⁴ Mar 6th, Visitor Restrictions announced by Nursing Homes Ireland, Repository of Communications (2020).

These decisions reflected the fear and uncertainty of the early days, when the full scale of the risk was not yet known. Subsequent analysis in Ireland and internationally has consistently shown that the single strongest predictor of outbreaks in nursing homes was the level of community transmission in surrounding areas.



As Dr Colm Henry, Chief Clinical Officer of the HSE, told the Oireachtas Special Committee on COVID-19 Response in June 2020: *“From the evidence we have accrued internationally since the beginning of this crisis, the biggest predictor of outbreaks is community transmission. The level of community transmission is the single most important predictor of how nursing home care facilities are affected...”*⁵.

Later independent analysis reinforced this finding, with the 2021 Trinity College report led by Sara Burke and Eimir Hurley concluding that the trajectory of outbreaks in Irish nursing homes reflected wider levels of community transmission, not failures of care within individual homes⁶.

At the time, NHI’s proactive steps were criticised publicly by NPHE as unilateral action. Yet less than a week later, on 11 March, NPHE recommended a blanket suspension of nursing home visiting nationally⁷. This sequence highlights both the foresight shown by nursing homes and the inconsistency of national messaging in the crucial early days⁸.

When national visiting directives were eventually issued, they varied across CHOs, public health departments, creating confusion and inconsistency⁹. Families often received different messages depending on where their loved one lived, undermining trust in the system.

Testing delays compounded the problem. Slow turnaround times in the early phases created delays in outbreak management and prolonged precautionary measures for residents, as later highlighted in HIQA/HPSC analyses (2022)¹⁰.

Formal correspondence from the Department of Health to NHI regarding the phased easing of visiting did not emerge until June 2020, several months after restrictions had been implemented unilaterally¹¹.

⁵ Dr Colm Henry, Chief Clinical Officer, HSE, *evidence to the Oireachtas Special Committee on COVID-19 Response*, 18 June 2020. Cited in *Interim Report on COVID-19 in Nursing Homes*, Oireachtas Special Committee on COVID-19 Response, July 2020

⁶ Hurley, E. and Burk, S. (2021), ‘Governmental response to the COVID-19 pandemic in Long-Term Care residences for older people: preparedness, responses and challenges for the future: Ireland’, MC COVID-19 working paper 08/2021. <http://dx.doi.org/10.20350/digitalCSIC/13696>

⁷ NPHE Meeting Minutes, 10–11 March 2020 - noting that “unilateral/widespread restriction of visiting to nursing homes, hospitals and healthcare facilities is not required at this time” (10 March), followed by a recommendation of a national suspension of visiting to nursing homes on 11 March

⁸ Jan–Feb 2020 DoH correspondence with NHI; NHI statements (March 2020 submission).

⁹ HIQA Board Meeting Minutes (6 May 2020, 24 June 2020); March 2020 NHI Submission to Inter-Agency Group.

¹⁰ HIQA/HPSC Report: Analysis of Factors Associated with COVID-19 Outbreaks in Nursing Homes (May 2022). p.13

¹¹ DoH Letter to NHI re easing visitor restrictions, 5 June 2020.

The Expert Panel report (August 2020)¹² and the Oireachtas Special Committee (October 2020)¹³ both acknowledged the profound social impact of these measures on residents and called for a more compassionate, rights-based framework for visiting policy.

"Very disappointing with poor portrayal of nursing home staff in the media, not portrayed as a speciality by highly skilled, qualified, experienced staff."

Member Survey, May 2020

NHI Engagement

In this vacuum of clarity, NHI assumed a leadership role in pressing for clear guidance. From the earliest weeks, NHI sought direct engagement on the emerging threat and repeatedly called for dedicated national guidance for nursing homes. On 28 February 2020, NHI formally wrote to the Minister for Older People, enclosing the Scottish Care Coronavirus Guidance (issued 24 February) and requesting its urgent review by the HSE and HPSC. The correspondence also highlighted members' difficulties accessing PPE despite assurances that "adequate stocks" were available and called for confirmation of arrangements for supply to private and voluntary nursing homes¹⁴.

From January 2020 onwards, NHI raised concerns with Government, the Department of Health, the HSE, and HIQA about the risks posed to nursing home residents given their age profile, underlying health conditions, and the congregated nature of care. In correspondence and calls through February and March, NHI sought urgent clarity on a wide range of issues: the availability of PPE, the safety of hospital discharges into nursing homes, workforce planning to prevent destabilisation of services, and the absence of tailored infection prevention guidance for nursing home care¹⁵. NHI consistently warned that nursing home residents were among the groups most exposed to severe outcomes if the virus entered homes, and that delays in issuing comprehensive, sector-specific guidance would heighten this exposure.

This lack of a coordinated national response reinforced the sense that the sector and its residents were peripheral to pandemic preparedness, leaving care providers to implement their own precautionary measures in advance of national directives.

On 6th March 2020, NHI issued its own guidance to members on visiting restrictions, which was widely adopted before national directives were introduced¹⁶.

¹² COVID-19 Nursing Home Expert Panel Report, Aug 2020.

¹³ Oireachtas Special Committee on COVID-19 Response, Final Report, Oct 2020.

¹⁴ Department of Health correspondence with NHI, 28 February 2020, including Coronavirus (COVID-19) Information for Scottish Care Members, Version 1 (24 February 2020).

¹⁵ Jan-Mar 2020 DoH correspondence with NHI.

¹⁶ March 2020 NHI Submission to Department of Health and HSE.

As restrictions endured, NHI pressed for structured and compassionate approaches to reopening. In April 2020, NHI submitted a paper to the Minister highlighting the impact of visiting restrictions, stressing the need for consistent enhanced infection control, contingency planning, and resident/family communication supports¹⁷.

Throughout, NHI issued daily communications, including multiple occasions per day to members, translating fragmented national guidance into clear, practical updates¹⁸. These became a trusted source of stability and reassurance for care providers, staff, and families.

NHI also emphasised the human impact of restrictions, consistently highlighting the dignity and rights of residents in correspondence with Government, in Oireachtas committee statements, and in public communications¹⁹. This helped ensure that the social and emotional costs of visiting bans were recognised at national level, even if inconsistently addressed.

Physical Health and Clinical Access

Protecting the physical health of nursing home residents was one of the most urgent challenges during COVID-19. Residents are among the most clinically vulnerable in society, and the early months of the pandemic highlighted stark gaps in preparedness, access to acute care, and the equity of clinical support available to residents in nursing home care. Failures in hospital discharge policy, slow access to testing and further delays in results, and inadequate PPE provision had immediate and lasting effects, amplifying the risks to residents and staff.

International evidence confirms that nursing homes carried a disproportionate share of mortality during the first waves of COVID-19. A 2021 Lancet study of 49 countries found that residents of nursing homes and other long-term care settings accounted for nearly half of COVID-19 deaths worldwide, despite representing a small fraction of the population²⁰. This highlights both the extreme vulnerability of residents and the critical importance of early, decisive national action to protect them.



¹⁷ April 2020 NHI Paper to Minister Harris.

¹⁸ Repository of Communications (2020).

¹⁹ NHI Opening Statement to Oireachtas Committee, May 2020.

²⁰ The COVID-19 Excess Mortality Collaborators. "A systematic analysis of COVID-19-related mortality, 2020–21." *The Lancet* (2021).

Critical Early Weeks – Mar/Apr 2020

- 10 Mar - HSE interim guidance prioritises hospital discharges, no protections for nursing home residents
- 18 Mar - First PPE provision acknowledged, limited to outbreak homes
- Late Mar - Test turnaround stretches to a week or more
- Apr - Dedicated nursing home guidance finally issued; 14-day isolation for new admissions

"Length of days awaiting results, 5 days is really too long if you have a resident who could have been potentially very infectious with Covid."

Member Survey, May 2020

National Response

The HSE issued interim guidance to nursing homes on 10 March 2020, focused primarily on facilitating discharges from hospitals to nursing home care facilities. The document contained no practical guidance on how to reduce the risk of transmission or care for residents and staff presenting with symptoms. At the same time, nursing homes could not rely on the accuracy of information being received from hospitals about patients being discharged. This uncertainty around clinical history and COVID status created additional risk and heightened anxiety for care providers already facing inadequate protective measures.

NHI immediately highlighted that the document contained no practical direction for nursing homes on reducing the risk of transmission or on caring for residents or staff who developed symptoms and pressed for urgent engagement to address these gaps.

"Waiting for test results for a week is ridiculous and only really gives a snapshot for that day... we should be tested weekly or fortnightly."

Member Survey, May 2020

At that stage, decisions relied on individual risk assessments rather than universal testing, and nursing homes had limited access to PPE. In practice, this approach created heightened risks for residents and staff at the very outset of the pandemic²¹.

²¹ Health Protection Surveillance Centre, Guidance on COVID-19: Admissions, transfers to and discharges from residential care facilities, Version 1.0, 27 March 2020

During this period, nursing homes reported being inundated with calls from hospitals and HSE facilities seeking capacity to facilitate discharges and transfers from acute hospitals. At the same time, in an unprecedented move, both the NTPF and HIQA began contacting nursing homes directly to request details of available beds and capacity for new admissions.

Later versions of the same guidance, published in April and June 2020, introduced requirements for 14-day isolation of new transfers and for mandatory testing prior to admission, reflecting a significant shift in approach over time²².

In [REDACTED] this national approach was reinforced through written assurances in a memo to nursing homes that discharged patients were “low risk” and that “there were no grounds for greater concern²³.”

This sequence of actions represents a breach of the rights of older people to dignity, safety and equality of care, and raises serious questions about accountability.

The Department of Health and HSE were slow to establish a clear admissions and discharge protocol, despite repeated calls from NHI. The May 2020 Department overview of the nursing home care response noted that hospital transfers carried the potential for introducing COVID-19 into nursing homes and emphasised the need for testing and isolation protocols to mitigate this risk²⁴.

“Hospital discharges without mandatory pre-transfer testing exposed residents to avoidable risks and seeded outbreaks.”

Member Survey, May 2020

Testing was another major weakness. Early turnaround times on results often stretched to several days, delaying outbreak management and prolonging precautionary isolation. In the early months, swabbing in nursing homes was carried out by overstretched ambulance staff rather than trained nurses within the homes. Nursing homes also had to accept, without assurance or factual confirmation, that external personnel entering facilities were COVID-free, adding to the risks faced by staff and residents. NHI and care providers highlighted that enabling nursing home staff to conduct testing directly would have reduced delays and resident anxiety, a concern echoed later²⁵ in academic and regulatory reviews²⁵.

²² Health Protection Surveillance Centre, COVID-19 Infection Prevention and Control Guidance for Residential Care Facilities, Version 3.2, 17 April 2020 (requirement for 14-day isolation of transfers); Version 5.0, 2 June 2020

²³ HSE South, Assurances in relation to [REDACTED] discharges, Briefing Note, 9 March 2020

²⁴ DoH Overview of the Health System Response to LTRC Facilities (26 May 2020).

²⁵ March 2022 TCD Directors of Nursing report; HIQA/HPSC Analysis of Factors Associated with COVID-19 Outbreaks (May 2022)

Access to PPE was delayed and often unequal. In the early weeks of March, private and voluntary nursing homes reported being unable to secure basic protective equipment, as national supply chains were prioritised for the HSE. Shortages extended beyond PPE to include oxygen and oxygen generators, which were also restricted.

When supplies did arrive, many items proved unusable, gloves and masks were often in very small sizes, and when face mask standards were upgraded, the newer masks were not always made available to nursing homes.

As an example, an NHI survey highlighted homes resorting to painters' overalls in place of gowns, while suppliers confirmed that hand sanitiser was being diverted entirely to the HSE²⁶. These shortages left care providers feeling unsupported at a time when risks to residents were escalating.

In the first weeks, public hospitals had priority access while private and voluntary nursing homes struggled to secure supply, in some cases resorting to sourcing PPE internationally at high cost. The Oireachtas Special Committee on COVID-19 (October 2020) later acknowledged that inequitable PPE allocation had undermined the ability of homes to control outbreaks²⁷.

When supply eventually stabilised later in 2020, some nursing homes began receiving substantial weekly deliveries of PPE. These were essential to maintain readiness but created practical challenges around storage. In several cases, the use of temporary or emergency storage facilities drew regulatory concern from HIQA, adding to the operational pressures on providers at a time when ensuring availability of equipment was the overriding priority.

In parallel, many nursing homes reported difficulties accessing GPs and hospital care, as clinical resources were redirected toward the acute system. This reinforced a sense of exclusion from national health planning and left residents without timely access to medical oversight at critical points²⁸.



²⁶ Nursing Homes Ireland, Member Survey, March 2020 – examples included reports of homes resorting to painters' overalls due to shortages.

²⁷ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020).

²⁸ Accenture NHI Report (May 2021) – provider survey evidence on GP/hospital access barriers.

NHI Engagement

NHI acted quickly maintaining its position to highlight risks and press for solutions. From late February 2020, NHI was in direct contact with senior HSE and Department of Health officials seeking urgent guidance for nursing homes, raising concerns around PPE, visitor restrictions, and hospital discharges. In early March, NHI warned Government about the dangers of discharging patients from hospitals into nursing homes without testing, urging that all transfers undergo a full risk assessment, medical review, and COVID-19 test.

Despite these warnings, official correspondence from [REDACTED] [REDACTED] [REDACTED] for example, reassured receiving facilities that discharged patients were “low risk” and posed “no greater concern”²⁹. Shortly after, a memorandum issued HSE National Director of Community Operations, advised that once a COVID-19 case was confirmed in a unit, any further symptomatic residents should be assumed positive, with routine re-testing discouraged³⁰. These communications reflected a national policy that prioritised hospital capacity and case management, while nursing homes sought stronger safeguards.

On PPE, NHI engaged in sustained advocacy, repeatedly raising shortages with the Department and Minister, while also securing emergency supplies for members when State distribution prioritised hospitals³¹. Similarly, NHI worked intensively to establish structured outbreak testing and, later, to secure early access to the national vaccination programme for residents and staff, achievements that materially altered outcomes³².

“Delays in test results and lack of PPE are the biggest challenges.”

Member Survey, May 2020

NHI pressed for the adoption of rapid antigen testing to support outbreak management and visiting. From early 2021, NHI wrote to the Minister for Health and HPSC highlighting that antigen testing could provide a faster, practical means of identifying cases among staff, residents, and visitors. In February 2021, the Department of Health reiterated that PCR was the “gold standard” test and highlighted concerns over validation, sensitivity, and governance in the use of antigen testing³³. Despite the validation of some antigen tests later that year, nursing home residents were not prioritised for their deployment.

²⁹ HSE South, Assurances in relation to [REDACTED] discharges, Briefing Note, 9 March 2020

³⁰ David Walsh, National Director Community Operations, HSE, Memo on Testing by NAS at Long Term Facilities, 21 March 2020

³¹ NHI Memo to Dept of Health, 5 May 2020 (Temporary Financial Assistance Scheme), and March–April 2020 correspondence.

³² Accenture NHI Report (May 2021), documenting NHI advocacy on vaccination/testing access.

³³ Department of Health, Correspondence to NHI re: Antigen Testing, 17 February 2021 – response to NHI letter of 4 February 2021, stating PCR is “gold standard” and setting out concerns regarding validation and use of antigen tests.

By November 2021, NHI was again appealing directly to the Minister to ensure antigen testing was made available to nursing home residents, visitors, and staff as an additional safeguard³⁴.

The delays in adopting antigen testing left nursing homes reliant on slower PCR turnaround times, which prolonged precautionary restrictions and added to the anxiety experienced by residents and families.

NHI's persistent communication with the Department, HIQA, and public health authorities ensured that the clinical risks facing nursing homes were made visible and understood, even when systemic response was slow³⁵.

"Ensuring morale of staff who are anxious. Extra workload for all staff due to moving residents in and out of isolation. Time taken for donning and doffing PPE. Maintaining morale and psychological well-being of residents in isolation."

Member Survey, May 2020



³⁴ Nursing Homes Ireland, Letter to Minister for Health Stephen Donnelly re: Antigen Testing, 17 November 2021.

³⁵ Repository of Communications 2020/2021, showing ongoing engagement with DoH/HIQA.

Mental Health and Wellbeing

COVID-19 was not only a physical health crisis but also a profound mental health and emotional wellbeing challenge. For nursing home residents, prolonged isolation, fear of infection, and disruption of daily routines had a heavy psychological toll. Families experienced deep distress at being unable to visit or support their loved ones. Staff carried the emotional weight of outbreaks, loss, and constant scrutiny, often without access to structured supports. This theme reflects how these challenges were handled nationally, and the lessons for embedding mental health and wellbeing into emergency preparedness.

"I am just worried about mental health of our residents and staff. Coping with COVID-19; psychological support essential."

Member Survey, May 2020

Residents who were aware of the crisis often voiced a deep fear of dying, while families struggled with distress and frustration at being unable to visit or provide comfort. Staff were left to absorb this emotional burden, balancing compassion with restrictive rules and managing the grief, anxiety, and anger of all involved under extraordinary pressure.

National Response

National policy during the pandemic focused heavily on enhanced infection control, with limited attention to the emotional and psychological needs of residents and staff. Visiting restrictions, lacked a parallel framework for mental health support.

Staff mental health was under-recognised; research found high levels of stress, anxiety and exhaustion among nursing home staff³⁶. Testing delays added to strain, with slow turnaround times in results prolonging precautionary measures and heightening anxiety for residents and families³⁷. While national bodies acknowledged psychosocial harms and rights impacts during 2020, structured, consistent supports for residents and staff were not put in place early^{38,39}.

HIQA Board minutes from late 2020 note concerns around residents' rights and psychosocial needs, but the absence of early intervention meant residents and staff endured months of heightened emotional strain without structured national assistance⁴⁰.

³⁶ Trinity College Dublin / Oxford Academic, Nursing home staff mental health during the COVID-19 pandemic in the Republic of Ireland (Oct 2021)

³⁷ HIQA & HPSC, Analysis of factors associated with COVID-19 outbreaks in nursing homes in Ireland, 2020–2021 (May 2022)

³⁸ Trinity College Dublin / Oxford Academic, Nursing home staff mental health during the COVID-19 pandemic in the Republic of Ireland (Oct 2021)

³⁹ COVID-19 Nursing Home Expert Panel Final Report (July 2020)

⁴⁰ HIQA Board Meeting Minutes (2 Dec 2020; 14 Dec 2020).

NHI Engagement

Throughout, NHI sought to highlight the emotional toll of the pandemic. In April and May 2020 submissions and statements, NHI emphasised that prolonged restrictions were undermining resident wellbeing and called for a more compassionate, balanced approach⁴¹. In daily communications, sometimes multiple times per day, NHI not only provided clinical updates but also shared resources to help sustain residents' connections with families and communities (e.g., technology-enabled contact, adapted visiting arrangements)⁴².

"Challenges are too numerous to mention here. Stress levels are so high. Residents are unsettled. Staff feel exhausted."

Member Survey, May 2020

NHI also represented staff concerns at national level, warning that the absence of mental health supports and the weight of outbreak management responsibilities were unsustainable. By convening forums and offering peer-to-peer reassurance, NHI created a sense of solidarity at a time when many care providers felt abandoned⁴³.

Member feedback captured by NHI also recorded residents' resilience and gratitude toward staff efforts to keep them safe⁴⁴.



⁴¹ April 2020 NHI Paper to Minister Harris; May 2020 NHI Opening Statement to Oireachtas Committee.

⁴² Repository of Communications 2020 (NHI).

⁴³ February 2021 NHI Opening Statement to Joint Oireachtas Committee; NHI Repository of Communications (2020–2021)

⁴⁴ NHI COVID-19 Experience Factsheet (July 2020)

Workforce & Operational Pressures

The COVID-19 pandemic placed unprecedented demands on nursing home leadership and staff. Care providers and staff were required to interpret rapidly changing guidance, manage outbreaks, communicate with anxious families, and comply with multiple reporting requirements, all while continuing to deliver safe, person-centred care.

The cumulative effect was an extraordinary operational burden, compounded by the absence of a coordinated national framework.

"At the early stage - no PPE. No engagement from CTOs prior to the outbreak. Strongly advised not to send residents to hospital in the early stages."

Member Survey, May 2020

Nursing home staff demonstrated extraordinary resilience and dedication, continuing to provide compassionate care whilst facing unprecedented personal and professional pressures, often without adequate protective equipment in the crucial early weeks. Staff carried the emotional weight of outbreaks, bereavement, and family separation, frequently working extended hours to maintain not only clinical care but also the human connections that sustain residents' wellbeing.

The workforce bore the dual burden of infection risk and emotional trauma yet remained committed to residents even when national recruitment campaigns actively sought to relocate them to hospitals. Nursing home care staff became the primary human contact for isolated residents, from facilitating family video calls to providing end-of-life comfort when relatives could not be present.



Despite these realities, staff were often subject to public scrutiny and negative media narratives. Yet throughout the crisis they continued to demonstrate values of dignity, compassion, and person-centred care that define quality nursing home services.

Unlike most of society, nursing homes remained open and caring. Staff continued to provide round-the-clock care while also facing severe constraints in staffing, deliveries, and even basic maintenance. At times, they were forced to navigate between strict national restrictions and the compassionate needs of residents and families, to preserve dignity and human contact. These pressures compounded the emotional and physical toll already being carried by staff.

National Response

From the earliest months, care providers were expected to respond to daily changes in guidance from the HPSC, HSE, HIQA, and public health authorities. Each agency sought information separately, often in overlapping formats, and there was no single point of contact. HIQA Board minutes of April 2020 highlight that daily risk data from nursing homes was being escalated simultaneously to NPHET, HSE, and HPSC, while the Trinity College Dublin study of Directors of Nursing (2022) records that this duplication was experienced as repetitive, time-consuming, and diverting managers from resident care^{45,46}.

Directors of Nursing and Persons in Charge reported spending hours on daily outbreak calls with HIQA, HSE, and public health officials, in some cases duplicating the same information across multiple meetings. This fragmented structure impacted the time and energy available for resident care at the height of outbreaks. Public health officials, while often well-intentioned, sometimes offered advice that diverged from formal government guidance, leaving care providers caught between conflicting directions at a time of crisis.

Support schemes such as the Temporary Assistance Payment Scheme (TAPS) and Temporary Income Payment Scheme (TIPS) were introduced with complex, bureaucratic requirements.

While they were welcomed and eventually settled into a workable system, care providers reported that they were inequitable in practice. A misdescription of an item could result in it being deemed non-claimable, and there were significant disparities between regions in what was considered allowable. Rather than streamlining operations, the schemes often placed additional administrative burdens on care providers and risked diverting managers from outbreak response and resident care⁴⁷.

⁴⁵ Trinity College Dublin Report: Experiences of Directors of Nursing in Preparing for and Managing COVID-19 in Nursing Homes (Mar 2022).

⁴⁶ HIQA Board Meeting Minutes (22 Apr 2020; 6 May 2020; 24 Jun 2020).

⁴⁷ NHI Memo to Department of Health re COVID-19 Temporary Financial Assistance Scheme (5 May 2020).

The rollout of the Government's €1,000 pandemic recognition payment for staff created further frustration within the nursing home sector. While private and voluntary nursing home staff were formally eligible, the scheme was designed and administered primarily through HSE structures, resulting in long delays, administrative uncertainty, and inconsistent communication.

By June 2022, large numbers of nursing home staff were still awaiting payment, months after it had been promised, while their HSE counterparts had already received it. This uneven implementation left staff "frustrated, annoyed and upset," as NHI and unions highlighted at the time, and reinforced a perception that private and voluntary nursing home workers were treated as secondary despite their frontline role in the pandemic response⁴⁸⁴⁹. The delays undermined parity of esteem for private and voluntary staff, despite their formal eligibility.

The lesson is clear: recognition schemes must be implemented in ways that ensure parity of esteem and fairness across all care settings. Once PPE supply eventually stabilised, some nursing homes began receiving substantial weekly deliveries. Operationally, these had to be stored so that equipment was available when needed, yet in some instances HIQA raised concerns about the use of temporary or emergency storage facilities. This added another layer of pressure at a time when care providers were working to ensure supplies were safely available for residents and staff.

"Enormous amount of paperwork during such a stressful and challenging time."

Member Survey, May 2020

NHI Engagement

NHI played a vital role in translating the complexity of national guidance into practical updates for members⁵⁰. In daily communications, sometimes multiple times per day, NHI summarised essential information in accessible formats, reducing the administrative burden on care providers where possible. This allowed managers and staff to focus their time on resident care rather than navigating overlapping or inconsistent guidance from multiple agencies. NHI also consistently called for a single, coordinated point of contact for nursing homes during outbreaks, warning that the absence of such a structure was leading to exhaustion and inefficiency⁵¹.

NHI also highlighted the tension between regulatory expectations and operational reality. Care providers reported that this was extraordinarily difficult during outbreaks, with staff themselves ill, isolating, or exhausted. NHI pressed for recognition of these constraints and for practical, flexible supports to sustain safe care.

⁴⁸ Irish Daily Mail, "Nursing home staff 'upset' over pandemic bonus wait," 11 June 2022, p.24.

⁴⁹ Simon Carswell, Irish Times, "Covid-19 pandemic bonus payments further delayed for frontline staff," 17 October 2022.

⁵⁰ Repository of Communications 2020 (NHI).

⁵¹ March 2020 NHI Submission to Inter-Agency Group; April 2020 NHI Paper to Minister Harris.

To recognise residents and staff and bolster morale during the crisis, NHI launched Caring Together, a national campaign (nhi.ie/caringtogether) showcasing stories of staff and community solidarity with residents. Running across social media and national radio, it invited public engagement (#CaringTogether) and highlighted person-centred care and resilience⁵².

By capturing and sharing stories of support, from birthday parades to intergenerational projects, the campaign highlighted not only the resilience of residents, the commitment of care staff but also the value placed upon them by wider society.

"Our staff are overworked and exhausted and the effects on their mental health... are immeasurable."

Member Survey, May 2020

For the workforce, Caring Together provided vital recognition at a time of exhaustion and strain. Staff were reassured that their efforts were visible, appreciated, and celebrated beyond the walls of their care settings. This helped to counterbalance the negative narratives dominating much of the national discourse around nursing home care, boosting morale and reinforcing a sense of pride and professional identity.

By amplifying stories of compassion and connection, the campaign contributed to resident and staff wellbeing, demonstrated the centrality of nursing homes within communities, and strengthened sector solidarity. In doing so, Caring Together functioned as both a communications initiative and a workforce support measure, aligning with NHI's wider efforts to reduce burnout and sustain the resilience of those on the frontline of care.

"We are all exhausted both mentally and physically by the stress of keeping our residents safe and the amount of reading and knowledge we are expected to know. After 12-hour shifts this is just impossible."

Member Survey, May 2020

⁵² Repository of Communications 2020 (NHI).

Financial Supports & Sustainability

COVID-19 placed severe financial strain on nursing home care providers and intensified insecurity for staff. Costs escalated dramatically due to enhanced infection control requirements, PPE procurement, staffing pressures, and loss of income from reduced admissions. At the same time, emergency support schemes were delayed and administratively complex, leaving care providers to absorb the shock in the critical early months. For staff, the crisis brought both job insecurity and the destabilising effect of competing recruitment from the HSE.

"The costs overall have been huge, we spent €18.5k on PPE and a further €14.5k purchasing extra cleaning and infection control supplies."

Member Survey, May 2020

National Response

The Temporary Assistance Payment Scheme (TAPS) and Temporary Income Payment Scheme (TIPS) were introduced as a contribution to offset escalating costs. While these supports were essential in maintaining service continuity, they were slow to materialise. Care providers reported that criteria were restrictive, paperwork burdensome, and decisions opaque. Even when claims were eventually processed, inequities persisted: a simple misdescription of an item could render it ineligible, and there were marked regional disparities in what was accepted as allowable expenditure. In contrast, State-run HSE homes received resources directly, with little transparency over the level of support allocated⁵³.

In its initial design, TAPS applied only to residents funded under the Nursing Home Support Scheme (Fair Deal), excluding approximately 5,000 privately funded residents. NHI immediately rejected this approach as discriminatory and "not fit for purpose," communicating its dissatisfaction directly to the Minister for Health and in public statements. In correspondence, NHI highlighted the inequity of leaving thousands of residents unsupported, the excessive administrative burden, and legal concerns over the scheme's application⁵⁴. Sustained lobbying, including legal representations, media engagement, and direct appeals to Government, ultimately secured agreement that TAPS would be broadened to cover all nursing home residents. This outcome established the critical principle of leaving no one behind during the pandemic.

⁵³ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020).

⁵⁴ Repository of Communications 2020 (NHI).

At the same time, the national workforce response created unintended consequences. The HSE's active recruitment from nursing homes to staff hospitals and community hubs exacerbated existing shortages in the sector, undermining stability at the frontline⁵⁵. Staff in nursing homes felt their contribution was undervalued compared to peers in the acute system, despite facing equal or greater risks.

A similar disparity emerged in relation to staffing. The Government's "On Call for Ireland" recruitment campaign, launched on St Patrick's Day 2020, was presented as a national effort to mobilise healthcare workers. Private and voluntary nursing homes, which care for the vast majority of residents, had no mechanism to access staff recruited through this process, despite facing acute shortages⁵⁶.

"Increasing costs of agencies... further staff likely to go to work for agencies as the return for a shift through the agency is way in excess of our own permanent rates."

Member Survey, May 2020

In response, NHI launched its own national recruitment drive on St Patrick's Day 2020, appealing to workers displaced from the hospitality and retail sectors to consider roles in nursing homes⁵⁷. The campaign highlighted the wide range of positions required in homes, from nurses, healthcare assistants, and physiotherapists to catering, activities, and administrative support, and established a direct portal for CVs and applications. While the initiative generated significant public interest and applications, the need for a parallel campaign again underscored the lack of parity in how national supports were extended across the system.

NHI Engagement

NHI was instrumental in securing recognition that the sector required emergency financial supports. Early submissions in March 2020 warned of a potential collapse in service continuity without Government intervention⁵⁸. Through sustained negotiation, NHI secured the introduction of TAPS and TIPS, albeit after protracted and at times fraught discussions with the Department^{59,60,61}.

⁵⁵ NHI Opening Statement to Joint Oireachtas Committee (Feb 2021).

⁵⁶ HSE, Update on 'Be on call for Ireland' campaign, Circular from National Director of HR to Directorate and CHO leadership, 1 April 2020.

⁵⁷ NHI, Recruitment drive launched by Nursing Homes Ireland (March 2017). <https://nhi.ie/recruitment-drive-launched-by-nursing-homes-ireland/>

⁵⁸ NHI Submission to Department of Health & HSE re Service Continuity Funding (Mar 2020).

⁵⁹ NHI Memo to Department of Health re COVID-19 Temporary Financial Assistance Scheme (May 2020).

⁶⁰ Accenture NHI Report – Final (May 2021).

⁶¹ April 2020 NHI Paper to Minister Harris.

NHI also highlighted inequities in support distribution, pressing for transparency in public expenditure on State-run facilities and insisting that all residents, regardless of provider ownership, deserved equal protection⁶². In relation to workforce, NHI consistently raised concerns about HSE recruitment practices, advocating for coordinated planning to prevent destabilisation of nursing home staffing.

Rights, Trust & Integration

The COVID-19 pandemic raised profound questions about rights, trust, and how nursing homes and residents are integrated into Ireland's health and social care system. Residents faced severe restrictions on movement, visiting, and decision-making, often without a rights-based framework to balance protection with autonomy⁶³. Care providers experienced exclusion from national decision-making structures, most notably through the absence of NHI representation on NPHE⁶⁴. At the same time, negative narratives fuelled mistrust, painting nursing homes as sites of failure rather than recognising their resilience and central role in protecting residents⁶⁵.

"Total disorganisation from start to finish... It's very obvious that nobody really cares whether or not we have unfortunates who may be positive; this is simply a tick-box situation."

Member Survey, May 2020

The absence of a strong advocacy voice for residents and care providers within NPHE meant that practical realities, from the impact of visiting restrictions to delays in testing and PPE, were not adequately reflected in decision-making. This contributed to a perception that nursing home residents and staff were peripheral to the national response.

National Response

Restrictions imposed to protect life had unintended consequences for residents' rights. Prolonged visiting bans and inconsistent application curtailed family contact, undermining dignity and wellbeing⁶⁶. The Expert Panel (July 2020)⁶⁷ and the Oireachtas Special Committee (October 2020)⁶⁸ acknowledged the psychosocial harm caused by prolonged visiting restrictions.

⁶³ COVID-19 Nursing Home Expert Panel Report (Jul 2020).

⁶⁴ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020); NHI Opening Statement to Oireachtas (Feb 2021).

⁶⁵ Trinity College Dublin/Oxford Academic: Nursing Home Staff Mental Health during COVID-19 (Oct 2021).

⁶⁶ COVID-19 Nursing Home Expert Panel Report (Jul 2020).

⁶⁷ COVID-19 Nursing Home Expert Panel Report (Jul 2020).

⁶⁸ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020);

Equally significant was the lack of integration of nursing homes into national planning. Despite caring for some of the most vulnerable citizens, the sector was excluded from NPHE and its subgroups, leaving care providers without direct voice in critical decisions.

While HIQA was represented on NPHE and its subgroups, correspondence during 2020 shows that its focus was largely regulatory. In a circular to care providers, HIQA stated that it was “endeavouring to use our knowledge as a regulator and quality improvement authority to inform decisions on national policy and guidance” and had established an escalation pathway to channel sector concerns to the HSE⁶⁹. However, from the perspective of residents and care providers, these issues were not meaningfully advanced at national level. NHI correspondence with HIQA in May 2020 also highlighted frustration at public commentary that reinforced negative stereotypes of nursing homes and risked undermining trust⁷⁰.

“Across all homes, the results have been disgraceful... getting positive results some 8 days after testing. Getting calls from 4 or 5 different sources.”

Member Survey, May 2020

NHI’s submission to the Expert Panel in June 2020 warned that the State response remained hospital-centred and non-integrated, with nursing homes denied timely access to critical supports. Trust deficits between State agencies and care providers were further deepened by practices such as the HSE recruiting directly from the nursing home workforce, while public facilities received resources with little transparency or accountability⁷¹.

The pandemic response frequently reduced older people to a single category of “vulnerable,” overlooking their autonomy and capacity to participate in decisions about their own care. This reflected a broader pattern of structural ageism in health and social care, contrary to the principles of dignity and participation set out in international human rights frameworks.

NHI Engagement

NHI consistently advocated for residents’ rights and the full inclusion of nursing home care in national planning. In April 2020, NHI warned the Minister for Health that inconsistent outbreak teams, unclear contact points, and competing data demands were creating unnecessary burdens for homes, and called for clarity and consistency in national guidance.

⁶⁹ Phelim Quinn, CEO HIQA, Correspondence to Providers, 30 April 2020 - confirming HIQA’s participation in NPHE and subgroups “to inform decisions on national policy and guidance,” and noting an escalation pathway to the HSE for sector concerns.

⁷⁰ NHI, Letter to Phelim Quinn, CEO HIQA, re: media article and easing visitor restrictions, 12 May 2020 - raising concerns about public commentary and stressing the need for HIQA to reflect sector realities in national discussions.

⁷¹ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020); NHI Opening Statement to Oireachtas (Feb 2021); NHI Submission to COVID-19 Expert Panel (Jun 2020).

This message was reiterated in Oireachtas statements, where NHI emphasised that nursing homes are the residents' homes and restrictions must be applied with dignity and balance.

Later analysis commissioned by NHI further underlined that nursing homes remain integral to the health system yet inadequately recognised in policy, reinforcing the case for integration, fair funding, and rights-based frameworks⁷².

NHI also pressed for formal representation in emergency decision-making structures, highlighting that exclusion from NPHECT led to policies that did not fully reflect the realities of nursing home care^{73,74}. At the same time, NHI engaged proactively with media and public discourse, challenging negative portrayals and promoting awareness of the sector's resilience and achievements⁷⁵.

Through persistent advocacy, NHI worked to maintain trust with Government and the public, even amid ideological resistance. By championing residents' rights, seeking fairness in policy, and amplifying the positive contributions of nursing homes, NHI played a central role in reframing the sector's place in the health system.

"There appears to be no adequate/accurate communication between government departments... Can there not be a streamlined system for all?"

Member Survey, May 2020

⁷² April 2020 NHI Paper to Minister Harris; NHI Opening Statement to Oireachtas (May 2020); Accenture NHI Report (May 2021).

⁷³ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020); NHI Opening Statement to Oireachtas (Feb 2021).

⁷⁴ April 2020 NHI Paper to Minister Harris; NHI Opening Statement to Oireachtas (May 2020).

⁷⁵ Repository of Communications 2020–21 (NHI).

Voice and Representation of Resident

The COVID-19 pandemic raised profound questions about whose voices were heard in decision-making, how the care requirements of older people and the sector was represented publicly, and what narratives shaped public trust. For nursing home residents, their lived experience was often overlooked in favour of top-down measures⁷⁶. Nursing Homes Ireland became an indispensable advocate, ensuring that residents and care providers were not left voiceless⁷⁷.

"Only engagement from HIQA is looking for stats. Deluge of information and paperwork... Local CTO seems to have little staff to help."

Member Survey, May 2020

National Response

From the outset, residents were primarily viewed through the lens of vulnerability, with little recognition of their agency or ability to weigh risks for themselves⁷⁸. Visiting restrictions, extended isolation due to slow testing turnaround times, and blanket public health measures were often implemented without meaningful consultation. Residents endured longer and harsher restrictions than many in the wider community, despite their demonstrated capacity for resilience and understanding⁷⁹.

At the same time, media narratives heavily influenced public perceptions of nursing homes. Headlines frequently framed them as sites of crisis, neglect, or failure, with little acknowledgement of the systemic factors at play or the extraordinary dedication of staff⁸⁰. Private and voluntary nursing homes, which provide care to the vast majority of residents, bore the brunt of this scrutiny. Meanwhile, resourcing and outcomes in State-run facilities received comparatively less coverage. This imbalance exacerbated mistrust and created a distorted public narrative that failed to reflect the realities of care delivery⁸¹.

The exclusion of the nursing home sector from NPHE and other central decision-making structures compounded the sense that the nursing home care sector was peripheral to the national response. Despite being home to over 30,000 people, nursing homes had no direct voice in shaping measures that profoundly affected residents' lives⁸².

⁷⁸ NHI COVID-19 Experience Factsheet (Jul 2020).

⁷⁹ HIQA/HPSC Analysis of Factors Associated with COVID-19 Outbreaks (May 2022).

⁸⁰ Trinity College Dublin/Oxford Academic: Nursing Home Staff Mental Health during COVID-19 (Oct 2021).

⁸¹ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020).

⁸² COVID-19 Nursing Home Expert Panel Report (Jul 2020).

While regulators and statutory agencies were represented at NPHEP and its subgroups, there was no permanent place for Nursing Homes Ireland or for resident perspectives. The NPHEP Subgroup on Vulnerable People included the Department of Health, HSE, HIQA, the Mental Health Commission, and several NGOs, but not NHI. Its Terms of Reference, agreed in March 2020, made no explicit provision for care provider or resident representation⁸³.

NHI and a Member nursing home were invited to present to the subgroup on 20 March 2020 to outline the pressures facing the sector and the urgent needs around supply chains and outbreak management⁸⁴. However, this engagement was not acknowledged in the official minutes of subsequent meetings⁸⁵. Across 2020, minutes continued to record updates on long-term residential care being delivered solely by statutory bodies, with no evidence of NHI or member homes presenting directly⁸⁶.

This absence meant that the voice of nursing home providers and residents was not embedded within the national decision-making structures during a critical period of the pandemic response. Despite caring for more than 30,000 people most affected by the crisis, issues central to nursing home care, including testing, visiting, and discharge protocols, were discussed without the direct input of residents or those providing their care.

However, it did not include the nursing home care sector, despite nursing homes being home to over 30,000 people most affected by the pandemic. As a result, issues central to nursing home care, including testing, visiting, and discharge protocols, were discussed without the direct input of care providers or residents.

"Mass testing took place... we received a spreadsheet containing some results, and despite follow up, have not yet received all results."

Member Survey, May 2020

⁸³ Department of Health, NPHEP Subgroup on Vulnerable People - Various Meeting Notes

⁸⁴ NPHEP Subgroup on Vulnerable People, Membership List, March 2020

⁸⁵ Email correspondence: Department of Health to Tadhg Daly, 19 - 20 March 2020, re invitation to present to Vulnerable People Subgroup.

⁸⁶ NPHEP Subgroup on Vulnerable People minutes, 25 March 2020 and 1 April 2020 - no reference to NHI presentation.

⁸⁷ NPHEP Subgroup on Vulnerable People, Meeting Note, 29 April 2020 - showing updates on long-term residential care provided by DoH, HSE, and HIQA

As a result, decisions on critical issues such as testing, PPE allocation, and visiting restrictions were made without the direct input of those with frontline experience of nursing home care. Had this expertise and resident voice been incorporated, measures could have been better tailored, balancing infection prevention with dignity, rights, and quality of life.

The exclusion of nursing homes and residents from NPHEP decision-making reinforced an ageist framing of older people as passive and voiceless. Their perspectives were considered indirectly, if at all, rather than being integrated into national policy decisions that profoundly shaped their lives.

NHI Engagement

NHI consistently advocated for the rights of residents and the need for provider inclusion in national planning.

From early 2020, NHI warned the Minister for Health that inconsistent outbreak structures, unclear contact points, and competing demands for data were creating unnecessary burdens for homes, and pressed for clarity and consistency in guidance⁸⁷.

In Oireachtas statements, NHI reiterated that nursing homes are first and foremost the homes of residents, and that restrictions must be applied with dignity, compassion, and balance⁸⁸.

"We were told everyone would receive a text... then the GP... then the Centre. In the end staff began to call the NVRL themselves and received results over the phone."

Member Survey, May 2020

Later independent analysis reinforced this position, with the Expert Panel⁸⁹ and subsequent Accenture review⁹⁰ both concluding that nursing homes are an integral part of the health and social care system which has never been fully recognised in policymaking, and that this needs to change immediately.

⁸⁷ April 2020 NHI Paper to Minister Harris;

⁸⁸ NHI Opening Statement to Oireachtas (May 2020);

⁸⁹ COVID-19 Nursing Home Expert Panel Report (Jul 2020).

⁹⁰ Accenture NHI Report (May 2021).

Nursing Homes Ireland stepped into this gap, becoming the central voice for the sector, its residents and staff, providing:

- **Advocacy and outcomes:** NHI pressed for equitable access to PPE, testing, and vaccination. It secured tangible outcomes such as the rollout of serial testing, early vaccine access, and the negotiation of emergency funding supports⁹¹.
- **Credible communication:** Daily updates and clear, digestible summaries of shifting guidance gave care providers confidence and clarity⁹². For nursing homes, NHI became the trusted source of information when official guidance was delayed, fragmented, or inconsistent.
- **Media presence:** NHI proactively engaged with journalists and broadcasters to communicate clearly with families and public, to balance negative narratives, amplify care providers' realities, and highlight residents' resilience⁹³. In doing so, it ensured that public debate reflected not only statistics and outbreaks, but also the lived experience of care.
- **Sector solidarity:** Peer support networks were fostered, enabling homes to share resources, strategies, and moral support during one of the most challenging periods in the sector's history⁹⁴.



⁹¹ NHI Memo to DoH (5 May 2020); NHI Submissions Mar–Apr 2020; Accenture NHI Report (May 2021).

⁹² Repository of Communications 2020 (NHI).

⁹³ Repository of Communications 2021 (NHI).

⁹⁴ NHI Submission to Expert Panel (Jun 2020), referencing sector solidarity.

Reflections on the Expert Panel

The establishment of the 2020 Nursing Home Expert Panel was an important recognition of the sector's role in the pandemic and the need for lessons to be drawn early.

However, the process highlighted limitations in how care providers and residents were engaged during crisis conditions.

National Response

The Panel's work produced useful recommendations, particularly around enhanced infection prevention, workforce planning, and integration. Yet it was undertaken at the height of the pandemic, when nursing homes were fully immersed in outbreak management. This limited the ability of care providers to contribute meaningfully and resulted in gaps in the report⁹⁵. Key operational realities, such as the absence of GP access, challenges in implementing national guidance, and the administrative burden of overlapping oversight, were not adequately reflected⁹⁶.

The Panel also operated without structured mechanisms for resident or family input, meaning that the lived experience of those most affected was under-represented⁹⁷.

NHI Engagement

NHI welcomed the establishment of the Expert Panel and contributed as fully as possible despite the pressures of the moment. Through submissions and engagement, NHI sought to ensure that member concerns, particularly around integration, funding mechanisms, GP access, and regulatory consistency, were at least partially captured⁹⁸. At the same time, NHI highlighted to Government that the process would need follow-up to address issues that were overlooked^{99,100}.



⁹⁵ COVID-19 Nursing Home Expert Panel Final Report (Jul 2020).

⁹⁶ NHI Submission to Expert Panel (Jun 2020); NHI COVID-19 Experience Factsheet (Jul 2020).

⁹⁷ Expert Panel Final Report (Jul 2020), noting limited direct engagement of residents/families.

⁹⁸ NHI Submission to Expert Panel (Jun 2020).

⁹⁹ Accenture NHI Report (May 2021)

¹⁰⁰ NHI Opening Statement to Joint Oireachtas Committee (Feb 2021).

Turning Lessons into Action

The COVID-19 pandemic revealed both the resilience and vulnerabilities of nursing home care in Ireland. It showed the extraordinary strength of residents and staff, the critical leadership role of Nursing Homes Ireland, and the systemic weaknesses that must be addressed in future emergency planning.

International evidence shows that nursing home care outcomes depended less on individual care providers and more on national policy choices. Where governments acted swiftly on hospital discharges, PPE distribution, and rapid testing, residents were better protected. The Irish experience underscores the need for decisive, system-wide safeguards in future emergencies.

It also exposed how underlying ageist assumptions, which too often framed older people only as “vulnerable” rather than as rights-holders, shaped aspects of the national response.

Another lesson is the need to address structural aspects of how nursing home care is organised. While each theme of this submission highlights specific insights, the cross-cutting lessons point to clear priorities for reform.

Amplifying Resident Voices

Residents demonstrated resilience, gratitude, and agency, often prioritising safety over visitation or resisting intrusive visiting formats¹⁰¹. Yet their voices were largely absent from decision-making. Nursing home residents are not passive recipients of care but informed stakeholders and rights-holders, and their perspectives must be embedded in future planning.

Public narratives during the pandemic too often portrayed nursing homes as sites of crisis and failure, obscuring the commitment of staff and fuelling mistrust. This coverage contributed to demoralisation and weakened confidence¹⁰². Balanced, evidence-informed reporting is essential in any future crisis.

Representation is equally vital. Exclusion from NPHET and other national structures meant the sector’s expertise and lived experience were not embedded in early decision-making¹⁰³. NHI’s leadership filled this gap, providing advocacy, coordination, and morale.

The lesson is clear: structured, well-resourced representation must be embedded and guaranteed in all future emergency planning.

¹⁰¹ NHI COVID-19 Experience Factsheet (Jul 2020).

¹⁰² Trinity College Dublin/Oxford Academic: Nursing Home Staff Mental Health during COVID-19 (Oct 2021).

¹⁰³ Oireachtas Special Committee on COVID-19 Response, Final Report (Oct 2020); NHI Opening Statement (Feb 2021).

Balancing Protection with Connection: Relationships, Community and Wellbeing

The absence of a single, coherent national framework for visiting created confusion and inequity¹⁰⁴. Residents endured extended restrictions and isolation, often harsher than those applied in the wider community. Future planning must balance infection prevention with dignity, family life, and social connection, ensuring compassionate and proportionate frameworks¹⁰⁵.

Testing delays amplified isolation, while overlapping responsibilities between regulators, public health, and care providers created mixed messaging¹⁰⁶. Clear roles and rapid testing capacity are essential to prevent unnecessary harm.

Residents, families, and staff also needed structured mental health and bereavement supports, which were not provided consistently¹⁰⁷. Investment in digital tools, infrastructure, and community partnerships is essential to sustain connection when physical access is restricted¹⁰⁸.

Safeguarding Health: Clinical Access, Testing and Enhanced Infection Control

Hospital discharges without mandatory pre-transfer testing exposed residents to avoidable risks and seeded outbreaks¹⁰⁹. Testing capacity was constrained, with nursing homes reliant on external teams, leading to long delays¹¹⁰. In future, trained staff within homes must be empowered to conduct testing directly, with rapid lab access.

Equitable access to PPE, diagnostics, and vaccines must be based on resident need, not provider ownership¹¹¹. Residents in private and voluntary homes deserve the same protection as those in public facilities¹¹². Nursing homes must also be fully integrated into clinical pathways, with guaranteed GP and hospital access, alongside preparedness measures such as PPE stockpiles, surge staffing, and outbreak response teams¹¹³.

¹⁰⁴ DoH Letter to NHI re easing visitor restrictions (5 Jun 2020).

¹⁰⁵ Expert Panel Report (Jul 2020).

¹⁰⁶ HIQA/HPSC Analysis of COVID-19 Outbreaks in Nursing Homes (May 2022).

¹⁰⁷ Oireachtas Special Committee Final Report (Oct 2020).

¹⁰⁸ Repository of Communications 2020 (NHI).

¹⁰⁹ DoH Overview of Health System Response to LTRC Facilities (26 May 2020); Sept 2020 Hospital Discharges Briefing.

¹¹⁰ HIQA/HPSC Analysis (May 2022).

¹¹¹ Oireachtas Special Committee Final Report (Oct 2020).

¹¹² Accenture NHI Report (May 2021).

¹¹³ NHI Submission to DoH & HSE (Mar 2020).

Supporting the Workforce Under Pressure

The workload placed on Directors of Nursing and staff was immense, with duplication of reporting across multiple agencies and no single point of contact. This fragmented approach drained capacity and compounded fatigue¹¹⁴. In future, outbreak management must be coordinated through one streamlined channel.

Emergency support schemes were slow, bureaucratic, and resource-intensive at a time when care providers had limited administrative bandwidth¹¹⁵. Operational realism is essential in future, support frameworks must be simple, rapid, and proportionate.

Staff wellbeing also requires structured support. The physical and psychological toll of the pandemic was profound¹¹⁶, and future planning must embed mechanisms to sustain morale and mental health.

Ensuring Financial Resilience and Sustainability

Timely and equitable financial support and resources is critical in crises. Delays in activating emergency schemes left care providers exposed¹¹⁷, while inequities between public and private facilities undermined fairness¹¹⁸. All residents must be assured of equal safety and support, regardless of provider ownership.

Emergency schemes must be transparent, simple to access, and free of unnecessary bureaucracy¹¹⁹. Staffing strategies must prevent destabilising poaching between sectors and instead focus on sustaining the workforce across health and social care¹²⁰.

Embedding Learning into Policy and System Integration

The 2020 Expert Panel highlighted useful recommendations, but its timing, during the height of the crisis, limited the ability of care providers to engage¹²¹. Reviews conducted in crisis mode risk overlooking operational realities¹²². Future evaluations must ensure meaningful involvement of residents, families, and care providers, with processes designed to capture lived experience as well as policy principles¹²³.

¹¹⁴ Trinity College Dublin Report: Experiences of Directors of Nursing (Mar 2022).

¹¹⁵ NHI Memo to DoH re Temporary Financial Assistance Scheme (5 May 2020).

¹¹⁶ NHI Factsheet (Jul 2020).

¹¹⁷ NHI Memo to DoH re Temporary Financial Assistance Scheme (5 May 2020).

¹¹⁸ Oireachtas Special Committee Final Report (Oct 2020).

¹¹⁹ Accenture NHI Report (May 2021).

¹²⁰ NHI Opening Statement to Oireachtas Committee (Feb 2021).

¹²¹ Expert Panel Report (Jul 2020).

¹²² NHI Submission to Expert Panel (Jun 2020).

¹²³ Expert Panel Final Report (Jul 2020), noting lack of resident/family input.

Beyond one-off panels, there is a need for ongoing mechanisms for sector input into policy development¹²⁴. Continuous learning, grounded in the daily realities of care, will ensure that emergency preparedness remains relevant, rights-based, and integrated into the wider health system.

Towards a Rights-Based, Trusted and Integrated System

Nursing home care must no longer be peripheral to health system planning.

Residents must be recognised as rights-holders and active participants in decisions about their lives. Care providers must have equitable access to resources and clear lines of communication. And sectoral representation must be embedded in national decision-making.

By acting on these lessons, Ireland can build a system that safeguards dignity, trust, and preparedness, ensuring nursing home residents are protected and respected in any future emergency.

	Residents must be heard in future planning, with balanced public narratives and guaranteed representation in national structures.
	Visiting rules must balance infection control with dignity, family life, and mental health, supported by digital and community links.
	Future safeguards require pre-transfer testing, rapid onsite testing, equitable PPE and vaccine access, and full clinical integration.
	Streamline outbreak management , simplify support schemes, and embed wellbeing and mental health supports for staff.
	Emergency supports must be timely, fair, and transparent, ensuring equal protection and avoiding workforce destabilisation.
	Reviews must involve residents , families, and providers, with continuous input into preparedness and health policy.
	Nursing home care must be central to health planning, with residents recognised as rights-holders and providers given parity.

¹²⁴ NHI Opening Statement to Oireachtas Committee (Feb 2021).

Appendices

A. NHI Submissions and Statements

- Submissions and position papers to the Department of Health and HSE (2020–2021) on funding, continuity of service, and sectoral needs.
- [Papers and briefing notes to Ministers on COVID-19 measures.](#)
- [Opening statements to Oireachtas Committees and Special Committee on COVID-19 \(2020–2021\).](#)

B. External Research and Reports

- [TILDA and Trinity College Dublin reports on nursing home data, government response, and experiences of Directors of Nursing.](#)
- [HIQA/HPSC epidemiological analysis of outbreaks.](#)
- Peer-reviewed research on staff wellbeing, asymptomatic carriage, and case fatality in nursing homes.

C. Independent Reviews and Evaluations

- COVID-19 Nursing Home Expert Panel Report (2020).
- [Oireachtas Special Committee on COVID-19 Final Report \(2020\).](#)
- [Accenture evaluations commissioned by the Department of Health \(2021\).](#)

D. Correspondence: NHI and Department of Health

- Exchanges between NHI and Department of Health (2020–2021) covering guidance, visiting, workforce, and funding.
 - [Part One](#) and [Part Two](#).
- [Department of Health letters](#) regarding visiting restrictions and sector supports.

E. NPHEP and Regulatory Engagement

- [Extracts from NPHEP](#), and [full meeting minutes](#), relevant to nursing homes and beyond (2020–2021).
- [HIQA Board minutes \(2020\)](#) addressing pandemic preparedness, regulation, and nursing home sector issues.

F. Repositories and Supporting Evidence

- NHI repositories of communications with Members ([2020–2021](#)).
- [NHI Factsheet \(2020\)](#).

The appendices accompanying this submission highlight the national experience of nursing home care during the COVID-19 pandemic. They present documentation and communications that reflect the perspective of Nursing Homes Ireland, as the representative voice of the sector, and are intended to provide additional context, understanding, and perspective to the analysis set out in the main submission.

[A full list of appendices can be downloaded here](#)



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