

Integration Joint Board

Date of Meeting: 27th May 2020

Title of Report: Enhanced Care Home Assurance

Presented by: Caroline Cherry, Head of Adult Service, Older Adults and Community Hospitals

The Integration Joint Board is asked to:

- To note the highlighted risks to older adults within care homes from COVID-19.
- Note the assurances to support care homes within the context of COVID -19.

1. EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to describe the scope and purpose of strategic reporting of care home assurance and describe local responses given the context of COVID -19.
- 1.2 We have 17 older adult homes in Argyll and Bute, around a third internally provided to two thirds commissioned by independent providers.

2. INTRODUCTION

- 2.1 COVID -19 has had a devastating impact on care homes and older adults. A significant percentage of deaths from COVID -19 have occurred in care homes for older adults globally.

In Argyll and Bute, at the time of writing the report, there have been two ongoing outbreaks within two residential settings for older adults.

At the 3rd May there were 21 deaths in older adult care homes out of a total of 55 COVID -19 related deaths.

Additionally, the overall number of available placements within the independent sector has risen from 25 to 87 in the space of 4 weeks.

- 2.2 A letter was sent to Health Boards, around the 21st April, requiring each Board to give enhanced assurance on care homes in the midst of COVID -19, the letter is attached at **Appendix 1**. This reporting function lies with Public Health. Argyll and Bute worked, as part of NHS Highland, and contributed to the overall response which was sent as a high level overview on Friday 24th April. Following the initial work, Boards are asked to consider areas of intervention-including potential visits. Boards, through the Directors of Public Health, report weekly to the Scottish Government.
- 2.3 Argyll and Bute Health and Social Care Partnership had already developed a joint response with care homes to address risks, problem solve and offer support. This will be further described in section **3.5**.

3. DETAIL OF REPORT

- 3.1 The questionnaire for use is attached at **Appendix 2** the main focus for assurance was:
1. Social Distancing including visits
 2. Staffing levels
 3. Infection Control
 4. Testing-Staff*
 5. Testing-Residents* *note guidance changed via letters from the Scottish Government 1st May 2020.*
- 3.2 All 17 care homes took part, this is a brief overview:
Themes at the time of the report:
- ✓ A few homes did not know how to contact the Health Protection Team or report an outbreak.
 - ✓ A few homes had some concerns on infection control; identifying areas of isolation within a care home can be challenging.
 - ✓ Understanding of testing and how to get staff tested was not clear to many homes.
 - ✓ Some contingency planning was reliant on other local homes, which gives difficulty at the time of COVID -19.
 - ✓ PPE overall was concerning but generally improving.

- ✓ Support identified as being of help to staff to deal with COVID -19 included:
 - Financial help due to increased costs of staff, PPE and infection control supplies.
 - Consistent information that addresses concerns in one place.
 - Ideas to boost morale.
 - Staff debriefs led by external professionals.
- 3.3 This questionnaire was a snapshot in time, however there were homes that needed follow-up because of concern regarding responses and significant pressure as a result of outbreaks, staffing etc. Some of the issues identified were addressed through improved communication.
- 3.4 The themes and issues that require to be urgently addressed are:
 - Emergency Mobilisation** in an outbreak (or where staff require to be isolated following a positive result), we have not got this fully in place although work is in progress.
Some of the issues for the HSCP are consideration of the use of external care at home staff and social work staff supporting homes and the liabilities therein.
 - Financial Strain:** increasing additional care costs and income replacement needs clarified urgently, we view financial risks as red and note a care home may close or fold.
 - Testing implementation:** managing this process for staff and residents quickly and safely. Testing for staff, coming from other disciplines, to go into homes.
 - PPE:** Consistent monitoring of the process of supply, the situation fluctuates.
- 3.5 **Local Approach**

Prior to the Scottish Government letter, the HSCP had identified the need for greater assurance around care homes, given their vulnerability, and the following measures had been put in place:

Care Home Daily report: carried out by Scottish Care, co-ordinated by Gillian Maidment from commissioning, giving a snapshot of issues.

Care Home Clinical Pathway: developed by Dr. Helliwell, Clinical Lead and agreed by NHS Highland, this is a flowchart of clinical intervention, seen as good practice by the Care Inspectorate. This should assure care homes that 'older adults' needs should be assessed individually.

Well Being: The Scottish Government have advised HSCP's that equity of mental health listening services; provision to all care services is a key priority. We are scoping the cost of an Employee Assistance Programme

and access to psychological therapies for care home staff and other resources have been circulated and discussed.

3.6 Care Home Task Force

The task force was established on the 21st April following dialogue with local care homes, clinical leads and Scottish Care. The remit for the group is attached at **Appendix 3**. The Vice Chair of the group is a Care Home owner and the agenda is shared. The group have been able to discuss issues that affect providers whilst there has been a sharing of learning, skills and knowledge across HSCP staff, Providers and the Care Inspectorate. Providers say they like the format and it is envisaged that this will continue post COVID -19. In essence this co-production approach of working together is how we should collectively support older adults in care homes.

3.7 Care Home Leadership

This smaller group comprising Scottish Care, HSCP colleagues, and finance staff meet together, twice a week, to advance pieces of work in more depth. The last two sessions have, for example, focused on emergency mobilisation with a focus on Dunoon and Helensburgh.

4. RELEVANT DATA AND INDICATORS

N/A

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The work in this report contributes to the COVID -19 response.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Issues arising from financial constraints and strain on care homes at this time.

6.2 Staff Governance

Issues arising from HSCP staff mobilisation considerations.

6.3 Clinical Governance

Issues arising from HSCP staff mobilisation considerations.

7. PROFESSIONAL ADVISORY

Professional advisors are involved in many aspects of this work.

8. EQUALITY & DIVERSITY IMPLICATIONS

We need to ensure that older adults are treated with the same level of assurance as the rest of the population.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

N/A.

10. RISK ASSESSMENT

N/A

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

N/A

12. CONCLUSIONS

This report has summarised both the Enhanced Care Home Assurance requirements and the processes in place to support older adults in care homes. Given that COVID -19 will come in waves, there will have to be sustainability in the approaches outlined including managing workforce across organisations; support for staff; virtual visiting, clinical interventions. The Care Home Task Force has been welcomed as a co-production approach working with homes.

With a high projection of deaths in care homes worldwide, our role has to be to do everything we can to both prevent COVID -19 in care homes and support residents, families, care homes and staff of those care homes affected.

There are some very real national considerations about the early approach of isolation and impact on leaving care homes to manage these risks. Finally, the very sustainability of care homes is at stake and further work is required on care home provision for older adults.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Appendix 1

**Health Performance and Delivery Directorate
Chief Performance Officer, NHSScotland and
Director of Delivery and Resilience**

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To: Health Board Chief Executives
cc: Directors of Public Health
Chief Officers, HSCPs
Chief Executives of LA's

20th April 2020

Dear Colleague,

CARE HOMES: ENHANCED SYSTEM OF ASSURANCE - RESIDENTS & STAFF

On 17 April, the Chief Executive of NHS Scotland wrote to you to request that your Health Board take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff in response to the COVID -19 emergency. I know that your Directors of Public Health will already be taking forward this work but wanted to further outline our immediate expectations.

Firstly, Boards should undertake an initial assessment of every care home in your area, either by telephone or direct visit by 24 April, against the criteria from the above referenced letter:

- a) knowledge and implementation of infection prevention and control measures;
- b) knowledge and observance of social distancing measures, both for staff and residents;
- c) staffing levels at all times and for all functions;
- d) availability and quality of training for all staff in particular on infection control and the safe use of PPE; and
- e) the effective use of testing.

Secondly, Boards should undertake a programme of associated visits to each local care home on a risk prioritised basis, as informed by the assessments carried out under the initial request. These visits should be carried out as quickly as practicable, drawing upon all the appropriate resources in your Board. I would be grateful if you could provide your outline, initial programme of visits by 24 April. Thereafter, I would expect weekly updates on the local programme.

Thirdly, on testing, I recognise that considerable work has gone into providing access to testing for health and social care workers, or people in their households that are isolating; and where a negative test can support their return to work. I would be grateful if you could also provide assurance in the response by 24 April that, within your area, there is: a robust pathway for workers, or people in their households, to testing with a single point of access; and that has been clearly communicated to all employers in social care; both within the care home setting and employers providing care at home.

It will of course be important to work closely with relevant partners including HSCPs and the Care Inspectorate.

Finally, you will want to be aware that Elinor Mitchell last week asked Chief Officers to submit their local HSCP plan for supporting care homes in their areas. A summary report of the submissions from your Partnership/s will be forwarded separately.

Notwithstanding the request to undertake the above actions by 24 April, I would be grateful if you could provide confirmation that you can carry these out by return; and no later than close of play on 23 April.

Should you have any questions about this request, please get in touch.

Yours sincerely

JOHN CONNAGHAN CBE

Chief Performance Officer, NHS Scotland and Director of Delivery and Resilience

Appendix 2
Argyll & Bute
Care Home Name

CARE HOME AUDIT – SELF-ASSESSMENT QUESTIONNAIRE

	YES	NO	UNSURE
Do you have a COVID -19 plan (which includes all the issues addressed in this questionnaire)?			
BUSINESS CONTINUITY ARRANGEMENTS			
Do you have a business continuity plan to deal with sudden staff shortages?			
Could you advise what these are			
Are you able to access additional staff if you have staffing shortages, without pulling in staff working in other care settings?			
INFECTION PREVENTION AND CONTROL			
Do all staff members in your care home have a good understanding of the characteristics of COVID -19 (e.g. routes of transmission, incubation period, symptoms)? Could you advise what you believe these to be			
Do all staff members in your care home have a good understanding of the principles of infection prevention and control?			
Do all staff members in your care home have the necessary practical skills to practice effective hand hygiene, cough etiquette, use of PPE (e.g. donning and doffing, gloves, apron , eye protection, mask), waste and linen management, and environmental cleaning?			
How can you evidence this			
Is your care home able to obtain the necessary PPE and other materials required to care for residents with suspected COVID -19 infection?			
Have you implemented social distancing within the care home for residents and staff? Please give examples			
What specific support would you like for infection prevention and control going forwards? E.g.			
STAFF EDUCATION AND TRAINING			
Are your staff able to access education about the characteristics of COVID -19 (e.g. routes of transmission, incubation period, symptoms)?			
Are your staff able to access education and training in infection prevention and control?			
Are your staff able to access practical skills training in effective hand hygiene, cough etiquette, use of PPE (e.g. donning and doffing, gloves, apron, eye protection and mask), waste and linen management, and environmental cleaning?			
What are you accessing for the above 3 training areas – can you give examples of things that have been useful? E.g. NES website			
What specific education or training would help you at this time?			

PATHWAYS TO HEALTHCARE AND TESTING			
Can all staff members in your care home identify the symptoms of possible COVID -19 infection in your residents? Please ask 5 staff members prior to your expected call			
Do you and your staff know how to contact primary care in the event of illness in one or more of your residents?			
Do you and your staff know how to obtain diagnostic testing for your residents?			
Do you and your staff know what to do once you are informed of test results? Request explanation			
SUPPORT ARRANGEMENTS			
Do you have a proven way to obtain support or assistance from your local health and social care partnership?			
Do you know how to contact NHS Highland health protection team or relevant Infection Prevention and control nurse?			
CASE, CLUSTER AND OUTBREAK REPORTING			
Do you always report single cases of fever, new continuous cough, pneumonia, or influenza like illness to your NHS health protection team /Infection Prevention and Control Nurse?			
Do you always report clusters of fever, new continuous cough, pneumonia, or influenza like illness to your NHS health protection team/Infection Prevention and Control Nurse (two or more possible cases within 14 days)?			
Do you always report outbreaks of COVID -19 to your NHS health protection team/Infection Prevention and Control nurse (two or more clinically or laboratory confirmed cases within 14 days)?			
Do you report outbreaks/clusters of residents with non-specific symptoms? E.g. lethargy, diarrhea, increased confusion			
OUTBREAK MANAGEMENT			
Do you have daily contact with your NHS health protection team/Infection Prevention and control nurse when you have a cluster or outbreak of possible or confirmed COVID -19?			
Do you know how you will isolate residents with COVID -19?			
Do you know how you will cohort residents with COVID -19?			
Do you know how you will cohort members of staff who are caring for residents with COVID -19? Please give an example			
VISITOR AND STAFF MANAGEMENT			
Are you restricting access to prevent non-essential visitors?			
If visitors do require to visit are they provided with PPE, instructions on its use and strict instructions on			

where they are allowed to go within the care home?		
Are you minimising your use of agency staff?		
Are you minimising use of staff who are working in different care homes or across different care settings?		
Are you minimising staff rotation between different units or wings in your care home?		
Are staff maintaining social distancing during nursing report and breaks		
STAFF SICKNESS AND ABSENCE POLICY		
Are you ensuring that staff do not come to work if they have symptoms of fever, new continuous cough, or influenza-like-illness and understand to self-isolate for 7 days?		
Are you ensuring that staff who have household members who have symptoms of fever, new continuous cough, or influenza-like-symptoms do not come to work while they remain in household isolation for 14 days?		
Do you know how to advise your staff on obtaining keyworker testing?		
Do you know where to seek advice in relation to negative and positive results?		
STAFF SUPPORT		
Are you and your staff being supported with their own physical and mental health and wellbeing?		
What support would be of help to you to deal with COVID -19?		
E.g.: Staff debrief either at the end or every few months – lead by external professionals		
QUALITY ASSURANCE AND QUALITY IMPROVEMENT		
Do you routinely use quality improvement methods to assure quality of care, such as clinical audits or PDSA cycles? E.g. examples		
Is there anything else you wish to raise? E.g.		

Thank you for completing this questionnaire

Please return to:

Appendix 3

Argyll and Bute HSCP and Care Homes Joint Care Home Task Force COVID -19

Chair-Caroline Cherry, Head of Service, Older Adults and Community Hospitals

Vice Chair: Care Home Representative

Fortnightly meeting by Skype (with agreed actions in between meetings)

Remit:

- ✓ Strategically co-ordinate support to Care Homes by the Health and Social Care Partnership during COVID -19
- ✓ Ensure there is a strong partnership approach to every aspect of our COVID -19 response
- ✓ Take national guidance, discuss and disseminate offering training where required
- ✓ Formulation of more robust admission protocols needed for transfers of patients from Hospital to Care Homes (to include discussion on isolation and testing pre admission)
- ✓ A clinical discussion on the care strategy for treating COVID -19 positive residents in their Care Home
- ✓ Discuss rapid reaction multi-disciplinary crisis response teams to assist Care Homes with Suspected or Positive Cases
- ✓ Discuss clinical guidance and its implementation throughout care homes-including palliative care
- ✓ Listen to care homes, their experience of COVID -19 and work together to improve the safety and well-being of residents and staff bringing in HSCP staff for advice and support
- ✓ Discuss and look at morale within and across care homes
- ✓ Feed back to Silver Command issues that need escalated
- ✓ Discuss Public Health guidance and its impact-for example guidance on testing of staff
- ✓ Ensure Champions of PPE work with care homes to protect staff
- ✓ Ensure Care Homes are involved and included in the strategic decision making of the HSCP with reference to the response to COVID -19
- ✓ Oversight of financial sustainability of care homes

Members:

- ✓ HSCP Head of Service Older Adults
- ✓ Care Home Representatives
- ✓ Scottish Care
- ✓ Care Inspectorate
- ✓ Public Health
- ✓ NHS Care Home Education Staff
- ✓ Clinical Lead-Key Link
- ✓ Pharmacy Link
- ✓ Primary Care Link
- ✓ Commissioning Link
- ✓ Locality Manager Representative

- ✓ Infection Control Nurse
- ✓ District Nursing Input
- ✓ PPE support links
- ✓ Finance
- ✓ Feedback from carers and residents on developments/issues