

FROM: NR

DATE: 22 April 2020

TO: ROBIN SWANN MLA, MINISTER

SUB-1313-2020 – COVID-19: REVISED GUIDANCE FOR RESIDENTIAL AND NURSING HOMES IN NORTHERN IRELAND

SUMMARY

ISSUE: Guidance for the management of COVID-19 in residential and care homes was issued to the sector on 17 March. This guidance has now been revised and updated to reflect developments since then. This submission seeks your agreement to issue the revised guidance to the sector, and provides a draft press release to accompany issue of guidance, for your approval.

TIMING: **URGENT** – given the pressures in care homes, we would hope to be in a position to issue the revised guidance this week.

PRESENTATIONAL ISSUES The response to and management of COVID-19 in care homes continues to attract significant media interest. The revised guidance, while seeking to support care homes in providing the safest possible care and support to residents and their families, contains some measures which may prompt some criticism. A press release is attached which highlights the issue of revised guidance and other key steps being taken to support care homes at this time.

Cleared with Press Office 23/4/20 (TS).

FOI IMPLICATIONS	Likely to be discloseable.
EXECUTIVE REFERRAL:	Not required.
FINANCIAL IMPLICATIONS:	None associated with this submission. The previously provided guarantee of income remains. You should also note the provision of free PPE, staff members and tests to the sector. Separate advice will follow on the issue of additional financial support to the sector.
LEGISLATION IMPLICATIONS:	<p>None associated with this submission.</p> <p>In response to the COVID-19 pandemic, it has been agreed that RQIA will work with providers to support them to make risk-assessed and evidence-based decisions. This will include RQIA working with providers to come to solutions to issues that may be outwith the letter of relevant regulations but which provide safe, pragmatic remedies to issues that could never have been planned for on this scale.</p>
EQUALITY AND HUMAN RIGHTS IMPLICATIONS:	<p>The guidance includes advice on deprivation of liberty provisions under the Mental Capacity Act and confirms that use of the emergency provision must be considered on a case by case basis and cannot be used as a blanket measure.</p> <p>While the guidance asks for restrictions on liberty (and family life) through the use of isolation, encouraging residents to stay in their rooms and restrictions on visitors this has been balanced against the need to take appropriate actions to</p>

help preserve life and prevent harm.

The guidance also provides advice on patient confidentiality and information sharing in the context of disclosure of infection status.

RURAL NEEDS: None associated with this submission.

SPECIAL ADVISOR

COMMENTS:

RECOMMENDATION: It is recommended that you:

- i. note the key changes in the revised guidance, in particular the changes to the discharge process;
- ii. approve the draft guidance at Annex A;
- iii. in particular approve the draft agreement with TUS included at Annex A to the guidance;
- iv. approve the draft press release to accompany the issue of the guidance (**Annex B**).

Background

1. COVID-19 guidance for residential and nursing homes in Northern Ireland was published on 17 March. That guidance has now been revised and updated and is attached at **Annex A**. This submission summarises the main changes, draws your attention to some changes which may attract the greatest scrutiny and seeks your agreement to publish the revised guidance. A draft press release to accompany publication of the guidance is attached at **Annex B**, for your approval.
2. The guidance has been developed with input from relevant departmental policy and professional leads and in consultation with HSCB, HSC Trust, PHA, RQIA, representatives from the care home sector and TUS.

Summary of revised guidance

3. The revised guidance at Annex A is aimed at Health and Social Care Trusts and registered providers of accommodation for people who need personal or nursing care. It also includes important messages for relatives and friends of those in nursing and residential homes.

4. It provides updated advice and guidance on the use of and access to PPE, infection prevention and control measures, testing for care home staff and residents, and the management of symptomatic residents in a care home setting. It also provides revised guidance on visiting restrictions and the approach to discharging people from hospitals to a care home setting. Further information on these areas is provided below.

Visiting restrictions

5. The earlier guidance for residential and nursing homes, published on 17 March, confirmed that—while there was no blanket ban on visitors—visiting restrictions were advised. The updated guidance (paragraphs 73-76) tightens this wording up and confirms that visiting by relatives should be strictly limited to essential visits only and discussed with the care home manager in advance. However, the guidance as drafted suggests that, where end of life is imminent, the care home should facilitate one relative to visit to say goodbye. This should be for a short period of time of no more than one hour and with PPE if required. This approach is broadly in line with guidance for hospitals here.

Discharge arrangements

6. Previous guidance advised that nursing and residential homes should work closely with Trusts to facilitate discharges from hospital. The revised guidance provides additional detail (paragraphs 26-32) on the process for discharging people from hospital to care homes. In particular, it advises that:
 - people deemed medically fit for discharge and waiting on a residential placement may be allocated the first place that is

available. This may not necessarily be the first choice for the individual, their family or friends. However, people can subsequently move to the home of their choice, once it becomes available. The timing of any move will need to take into account the need to limit movement between homes to ensure COVID-19 is not spread. Trusts will arrange any transfers as and when appropriate.

- All individuals discharged to a care home must have been subject to a COVID-19 test. Where the care home has the resources to isolate an individual they should accept new residents discharged from hospital while test results are awaited.
- All new residents in care homes should be subject to isolation for 14 days as per infection control advice. The RQIA is currently assessing care homes to consider their ability to provide isolation facilities and will work with Trusts as necessary on this issue.

7. This new approach is in line with the recently published Social Care Strategy in England. It does, however, carry some risks as the requirement to test could lead to some delays in discharge and the requirement to isolate residents in homes will be more resource intensive for homes, creating some limits on their ability to receive discharges. It has not been possible to create a model or make clear calculations on the impact of this on flow through the system. However, given surge within the acute surge has (so far) been lower than expected we do not believe there will be any significant impact on acute care capacity. We will keep this under review however and provide further advice as necessary. We understand Scotland and Wales either have or are intending to take similar approaches.

Workforce

8. Previous guidance set our expectation that Trust would both facilitate mutual aid between homes and provide their own staff as necessary. Given emerging evidence that staff working at multiple homes is a major risk for infection spreading between homes, we have removed

the mutual aid concept. There is, however, a clear expectation that Trusts will support homes and will provide the necessary multi-disciplinary support. We have been clear that homes should not be charged for the provision of staff from Trusts in order to ensure there are no delays in getting the staff that are needed into homes.

9. The guidance asks Trusts to prioritise those identified by the HSC workforce appeal with the right skills for deployment in care homes and to consider the use of volunteers.
10. The guidance includes as its Annex A, an agreement between the HSC and Agenda for Change Trade Unions regarding the provision of publicly employed staff to assist the independent sector at this time. This draft agreement was, unfortunately, leaked and the subject of news reporting earlier this week. The agreement confirms how staff will report when moved to work in care homes, that they will retain their Agenda for Change terms and that subsistence and travel will be payable. At this time moves to care homes will be voluntary. However, we will keep this approach under review and provide you further advice if there are significant challenges in sourcing staff to work in homes.
11. Trusts are also asked to provide any spare hotel capacity that they have booked to care home providers, without charge, where they are seeking it.

PPE

12. The revised guidance provide some additional detail on the requirement for Trusts to provide PPE where providers are unable to source their own. It confirms that Trusts should provide a 'buffer' some providers are not forced to seek PPE only when they have a case. All Trusts have already moved to this approach. This is balanced by a requirement on Trusts to ensure they are providing quantities which see providers building up unnecessary stockpiles.
13. The guidance also notes we will be undertaking work to ensure consistency of approach between Trusts.

14. The guidance also summarises the UK wide guidance on the use of PPE which is relevant to care homes (noting that the recent re-use guidance issued by PHE does not apply here).

Infection control

15. More detail is provided on infection control than in the previous version. We are explicit that we are supportive of 'sleeping in' approaches when done safely.

16. The guidance also encourages residents to be restricted to their rooms as far as possible, as part of maintaining social distancing.

17. There is advice on those with a learning disability and dementia (noting clearly that restraint should not be used as a way of managing social distancing).

18. The atypical presentation of symptoms in many of those in care homes is noted. You should also not be asking all homes to test the temperatures and symptoms of residents and staff twice a day.

Symptomatic individuals

19. More detail is provided on managing symptomatic individuals. There are also new sections on GPs, on medicines and on care after death.

Moving people out of a home

20. Paragraphs 82-84 cover the issue of moving individuals who are not infected out of a home with an outbreak for their safety, in the context of cohorting or isolating residents. You are aware of recent union calls for residents to be moved to hotels. The guidance makes clear the risks and challenges with any isolating, cohorting or movement of residents out of the home – and the need to carefully mitigate any risks.

Recommendation

21. It is recommended that you:

- a. note the key changes in the revised guidance, in particular the changes to the discharge process;
- b. approve the draft guidance at Annex A;

- c. in particular approve the draft agreement with TUS included at Annex A to the guidance;
- d. approve the draft press release to accompany the issue of the guidance (**Annex B**).

NR

Ext I&S

CC list:

Richard Pengelly	Ellis McDaniel
Michael McBride	NR
Charlotte McArdle	Aine Morrison
Sharon Gallagher	NR
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Jackie Johnston	NR
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Alastair Campbell	Kieran McAteer
Andrew Dawson	Press Office
Chris Matthews	EOC Gold Policy Cell
Jackie McIlroy	

Annex A

[attached separately]

DRAFT PRESS RELEASE

HEALTH MINISTER STRENGTHENS PROTECTIONS FOR RESIDENTIAL AND NURSING HOMES IN NORTHERN IRELAND

The Health Minister has today announced the publication of revised and updated COVID-19 guidance for residential and nursing homes in Northern Ireland. The guidance provides advice on areas such as the use of PPE, testing for staff and residents, staff redeployment and caring for residents in a care home setting. Importantly, the guidance sets out a new approach to managing discharges from hospital.

Minister Swann said: “Our nursing and residential care homes are at the forefront of the battle against COVID-19. I want to pay tribute to the hard work and dedication of staff working across the care sector at this very challenging time. It is vital that we continue to support care homes and their staff to keep themselves, and the vulnerable people they care for, safe and well.

The revised guidance published today provides up to date advice on how to do that. Ensuring that care homes have sufficient supplies of PPE is an absolute priority, and Trusts will work with nursing and residential homes in their areas to ensure that each home has a buffer of PPE stock.

I am also taking steps to ensure that homes can continue to operate at this difficult time. The Health and Social Care Service will work in partnership with care home providers to help deal with staff shortages at this time. Where staff have responded to the HSC Workforce Appeal, those with the right skills will be prioritised for deployment with independent care home providers. In addition, around 3,000 people have volunteered to support the response to COVID-19 and Trusts will work with care homes to consider whether and how these volunteers can support social care work. Trust staff may also be redeployed to care homes, where necessary.”

The guidance published today also confirms a new approach to testing, which will see testing for everyone discharged from a hospital to a residential or nursing home. This will mean that all appropriate measures can be put in place to try to ensure that both current and new residents are protected and cared for. We are also clear that all patients discharged from hospitals into care homes – whether they have tested negative or not – should be subject to isolation for 14 days.

The Department is also considering what further support it can provide to residential and nursing homes to ensure that can continue to provide vital services to some of the most vulnerable in our society at this difficult time.

We are determined to take all the steps we can to protect resident and staff in care homes.