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TO: EXECUTIVE COLLEAGUES

BRIEFING ON CARE HOMES

Introduction

This paper provides the Executive with a summary of actions taken or planned to support care homes during the COVID-19 pandemic. Latest information provided by the RQIA as part of daily self reporting to them from care homes suggests that around 3,500 care home residents have been tested, out of a total number of around 13,000 residents. Of those tested, 27% have tested positive. Over 3,600 care home staff have been tested, of whom 17% have tested positive.

However, in addition to these immediate actions, the COVID-19 pandemic has highlighted the need to reflect and plan for the frailty and clinical acuity of residents in homes. There has been a significant shift in the complexity of care provided over recent years, and the staffing profile needed to provide the best care has also changed, with requirements for more registered nurses and a multi-disciplinary team. Those residents who would have been in hospital 5 years ago due to multiple morbidities and receiving palliative or end of life care for mainly long term conditions, are often now cared for in nursing and residential homes. Residential homes have now become what used to be nursing homes.

The pandemic has also drawn attention to the frailty of the care home sector which has needed so much support to maintain services safely. If we are to be better prepared for the future we will need to address the systemic staffing challenges faced by the sector by moving to address issues such as the living wage.

Actions to date to support care homes

Publication of guidance

Guidance for Social / Community Care and Residential Settings, based on guidance produced by England, was published on 27th February by the PHA. This was updated

and revised – to include restrictions on visitors and to confirm Trusts should provide PPE if needed – on the 13th March.

Guidance focussed solely on care homes was published on 17th March and included clear direction that Trusts should step in to provide staffing resources where homes are unable to source these themselves.

Expanded guidance was published on 26th April, and reflected revised guidance on the use of PPE and a range of additional infection prevention and control measures.

Testing

We moved before other parts of the UK to increase testing in care homes on 27th April.

Testing is currently available for:

- Anyone being discharged to a care home from hospital;
- Anyone entering a care home from their own home or supported living facility;
- Care home staff with symptoms or whose household members have symptoms;
- Any suspected case in a care home – i.e. anyone with symptoms; and
- All outbreaks (all residents and staff to be tested, with or without symptoms).

In addition:

- We are expanding our testing programme in care homes further as a priority;
- Testing is being expanded on a phased basis;
- The NI Ambulance Service is now providing a mobile testing service to assist care home staff and trust teams who support care homes;
- Clinical Education Centre have released 40 registered nurses to provide further testing capacity and expertise to training, education and Infection Prevention and control;

- This expansion of testing is additional to the testing currently undertaken in homes with an outbreak or cluster of infections, which will continue (all staff and residents tested);
- It is essential that our expanded programme of testing will include residents and staff, it will be commenced immediately however it is essential that this expansion is informed by discussion this week at SAGE and the Department of Health's Strategic Intelligence Group, to ensure that we adopt an evidence-based and appropriate scientifically informed programme of testing across our care homes.

Personal Protective Equipment (PPE)

While care homes are still expected to source their own PPE where they can, free PPE has been provided to homes from a very early stage.

From 6th April to 9th May we provided 6,565,137 items of PPE to care homes without charge. Trusts report to us on a weekly basis and since 6th April, when reporting started, have confirmed that no care home has been refused delivery of PPE where they have a genuine need for it.

Guidance on the PPE to be worn has, of course, changed over the course of the outbreak and this has been challenging both in communication and practical terms. Current guidance was issued to the care sector on 3rd of April by the Chief Medical Officer and Chief Nursing Officer. Trusts recently completed an audit to ensure all homes who needed the higher level of PPE associated with aerosolised procedures had been identified and appropriate fit testing of staff undertaken. Provision of PPE to all sectors, including hospitals, was challenging in the early stages of COVID-19.

Training

COVID-19 training has been provided free of charge to care homes throughout NI. This training has been provided by Clinical Education Centre and included a range of practical nursing skills, the assessment and management of acutely ill patients, assessment and management of the resident in a nursing home setting, support for

staff redeploying to the care home sector, Palliative and End of Life Care, Verification of death, Infection prevention and control etc. Online training has also been made available to the sector on a no charge open access basis by the Northern Ireland Social Care Council (NISCC). This training has been on a range of subjects including infection control.

In the period 16 March to 11th May 1,674 care home staff have accessed this training (collated 11th May 2020).

A number of on line videos have been provided by CNO in relation to effective use of PPE which have been heavily utilised.

Staffing

Trusts have also stepped in to provide thousands of hours of free staffing time to homes that need it. While we identified this possibility early, homes have only drawn on Trust staff in recent weeks. We also took steps to facilitate speedy recruitment by providers including deferment of payment of registration fees with the NISCC.

Information provided by three Trusts indicates that to date, across those three, more than 6,000 hours of staff time has been provided in support of care homes. This support has included:

- Additional nursing staff to assess and treat residents who have increased health care needs
- Ward rounds with primary care which have involved medical practitioners assessing and recommending treatment and management plans for individual nurses
- Infection prevention control nurses to support management within the units
- Social workers supporting family liaison work to maintain good communication between the resident and family members
- Hospital diversion staff who have assessed and treated residents with high complex needs

- Palliative care staff who have supported the treatment and management of resident with end of life care
- Dementia homes support staff who have provided guidance and direct care to residents with complex needs associated with their dementia
- Provision of deep cleaning services

Provision of staff to Trusts is now underpinned by an agreement with the main unions, though Trusts did not wait for this framework before stepping in to provide support.

In addition, we have prioritised any professional staff returning to the HSC for deployment into the care home sector where their skills and experience match requirements. We have also re-prioritised professional staff from arms lengths bodies to provide direct support to or in care homes. For example, over 70 dentists have recently been deployed to care homes as part of the HSC workforce volunteer appeal to provide support and training to care home staff on infection control, use of PPE and swabbing. This is in addition to support already provided by HSC Trust staff to care homes in their areas on these issues. We also reached agreement with local universities to bring forward the qualification date for social workers allowing them to enter the workforce several weeks earlier than would have otherwise been the case.

Trusts have been asked to ensure staff do not move between homes, given the risks of transferring infection.

Specialist support and expertise

Routine inspections of care homes have been stood down to reflect the risks associated with staff moving in and out of different care homes. RQIA have, however, completed a number of inspections where there have been particular concerns. In addition, an aide memoire has also been developed to assist those HSC professionals who do have to visit nursing and residential care homes during the COVID19 pandemic to think about and reflect on their observations and experiences, and to act as an additional protective layer for people living in nursing and residential care homes.

Using the resource this freed up the RQIA set up a Service Support Team (SST), providing a first point of contact for care homes and domiciliary care providers to access advice from experienced inspectors with backgrounds in nursing and social work. The SST was set up on 23rd March and has dealt with well over 1,000 contacts from providers and continues to do so. They have helped stabilise homes who have been concerned about staffing, use of PPE or infection control without Trusts needing to step in.

RQIA has also been carrying out analysis to look at risk factors associated with COVID infections, in order to inform a more risk-based approach to support.

The PHA has continued to provide expert advice on infection prevention and control to homes where there is an outbreak and has become increasingly focussed on supporting the prevention of infection within homes that do not have an outbreak. At an early stage, the PHA's care home transformation team has been repurposed to provide support and advice to care homes.

Financial support

Measures aimed at safeguarding the financial resilience of care home providers by guaranteeing a level of income have been in place since 17th March. This has since been supplemented with a support package of up to £6.5m to address the additional costs they have faced. Homes should receive payments into their accounts this Friday.

We continue to consider what additional financial support may be needed to ensure that no home feels it cannot afford to take measures which will help to save lives and protect residents.

Infection Prevention and control

Guidance published on 17th March strengthened restrictions on visitors to homes and provided free training on infection prevention and control and on the use of PPE. Guidance published on 26th April detailed further advice to increase protection, including:

- Further strengthening the **restrictions on visitors** that were in previous guidance.
- Asking homes to check staff and residents **twice a day for symptoms**, including temperature, recognising that symptoms in care home residents may be atypical.
- Encouraging **staff to live in**, where this can be done safely.
- Re-emphasising the need for enhanced **cleaning** regimes.
- Encouraging the **restriction of residents to their rooms**, even for mealtimes where this is practical. avoiding use of communal areas and encouraging residents to eat in their room or in shifts
- Limiting the **turnover in staff** and block booking agency staff to limit movement of staff between care homes. And when staff are in the home, cohorting groups of staff to particular areas of the home or groups of residents.
- Encouraging staff to **change clothes** on arrival and to wash uniforms before each shift.
- Continuing to emphasise the need for staff to have current **training** in PPE and infection control – something that we have been tracking through a daily app that all care homes are asked to complete and bespoke training products.
- The RQIA has also undertaken an audit of care homes' ability to **safely isolate** patients being discharged from hospital or now patients being admitted to a care home. Where a home has been assessed as not having the capacity safely isolate someone, Trusts are required to find suitable alternative accommodation.

Safe at Home

On 27th April I announced we would be pursuing a 'Safe at Home' initiative which would see the Department working closely with a small number of homes to test an enhanced approach to care delivery and to help us learn lessons that we can roll out more widely. Building on initiatives already taking place in the sector, the approach will include

supporting staff to live in the care home – helping to reduce the chances of coronavirus being carried into the home. We selected two homes to work with run by 4 Seasons healthcare, the largest provider in Northern Ireland. Unfortunately, opposition from the trade unions has meant it was not possible to proceed with the chosen homes. I will therefore shortly publish a detailed model for homes to consider following and will invite homes to seek support from the Department to implement it.

Data collection and monitoring

The RQIA's Service Support team have been collecting information from providers since 26 March. This has allowed the vast majority of care homes to report each day that they are 'ok'. This approach has now been expanded to capture a wider range of information, with the aim of having daily reports from every care home.

94% of homes completed the report on 11th May. Of the 449 responses 2 homes gave themselves an overall rating of 'red' – both are already in receipt of substantial support from their local Trusts (including additional workforce). The same 2 homes rated themselves as 'red' for workforce issues. No homes rated themselves as red for access to PPE.

Surge plans

The Health and Social Care Board produced an initial COVID-19 surge plan for social care and children's services in mid-March and submitted this to the Department. These were independently assessed and as a result of this further intensive work was undertaken to develop a regional surge plan. This was jointly led by nursing and social work and covered all elements required to ensure care could be provided safely in care homes. Two workshops were held by the department with the care home providers where the surge plans were shared and discussed.

The regional care home surge plan sets out a range of further measures that are being, or will be taken, to (i) reduce the number of outbreaks in care homes and reduce the number of people affected; (ii) mitigate the impact of COVID-19 in care homes by providing a robust, integrated clinical response commensurate with the needs of care home residents; and (iii) ensure service resilience and continuity so that care can

continued to be delivered to all care home residents. Progress and actions taken in response to this plan are subject to ongoing monitoring and review.

International best practice and evidence

Since mid-April information on international learning and evidence on COVID-19 and care homes has begun to emerge. This has reinforced the importance of testing, basic good hygiene and the use of PPE. It has also highlighted the movement of staff between different homes as a particular risk factor and the use of 'step down' or quarantine facilities by some jurisdictions.

A number of key measures identified as a result of this evidence review have already been, or are being, implemented in Northern Ireland. For example, Trusts have been continuing to provide additional support to care homes including through repurposing existing acute care at home teams to help provide additional clinical support to care home residents. Plans are also in place to establish mechanisms to create virtual wards within care homes and work alongside GPs, COVID-19 centres and other clinical professions.

Work is also being taken forward to consider the learning to date in relation to the transmission of COVID-19 into and out of care homes. This work will consider measures being taken across Trusts to evaluate what worked well in order to inform practice and policies.

Future plans to stop the spread of COVID-19 in care homes

As noted, we already have plans to expand our testing programme on a phased and rolling basis. In addition officials are working on:

- Enhanced availability of clinical staff to support acutely ill residents and intensive support for care homes, including strengthening by Trusts of hospital to community outreach teams, delivering specialist care and support to older people in care homes and their own homes. Teams work in partnership with GPs, district nurses, AHPs and social care colleagues.
- Linked to this is the implementation of vital initiatives such as virtual ward rounds. A virtual ward round allows nurses, GPs and other professionals to

connect with staff in homes. Using a mobile phone or device, they can speak face to face with the nurse or key worker in the home about the needs of each individual, and can also observe and speak with residents. This also reduces footfall into care homes – an important infection control priority at this time.

- Urgent publication of more information about outbreaks in care homes
- Trusts have already put in place alternative arrangements to safely manage the discharge of patients from hospitals to care homes, where homes cannot safely isolate new or returning patients. This is being underpinned by an initial assessment from the RQIA of which homes can safely provide isolation facilities, having considered issues such as their physical layout. We will work with Trusts to review discharges so far and consider whether any expansion of existing arrangements, based on evidence to date, is necessary.
- Increasing sick leave pay for care workers
- Active consideration is being given to what additional support may be provided to care homes, including any additional financial support that may be required to help with costs associated with the COVID-19 response. In particular, we are considering whether our guarantee of income should be increased, to help facilitate better social distancing in homes (by ensuring homes are not penalised for empty beds). We are also considering how to ensure homes who have purchased their own PPE, block booked additional staff and taken other measures to strengthen infection control are not left significantly out of pocket. While we have already provided £6.5m, the longer the current situation continues the greater the costs will be for homes.
- We are also looking to support increased levels of cleaning within homes. Basic infection control such as regular handwashing and cleaning of key touch points remains one of the most effective ways to fight infection. We are in discussions about a regional contract for care home cleaning which would allow most homes to significantly increase their current cleaning regimes.

- Ensuring that all homes have access to key equipment, such as iPads for communicating with families and healthcare professionals and pulse oximeters for measuring oxygens levels of residents. Pulse oximeters are important in managing care but there is some emerging evidence low oxygen levels are an early indication of infection in residents who are otherwise asymptomatic.
- Development of a regionally agreed digital symptom checker for staff to use to note any change in condition.
- A system to track and report on the number of staff hours being provided from Trusts into care homes.

Department of Health.