



The Health Committee decided in July 2020 based on evidence taken in Spring of that year regarding the impact of Covid-19 on care homes, to carry out a short inquiry to produce recommendations.

I have set out below the recommendations detailed in the Health Committee Inquiry Report on the Impact of Covid 19 in Care Homes dated 1 February 2021 and the submissions the Commissioner made to the Committee by way of oral briefing and written submissions under the relevant recommendation.

Recommendation 1- The Committee recommends that safe and meaningful visiting be facilitated and resourced through the identification, development and implementation of innovative measures.

Commissioner's Submissions

The Commissioner recommended that care homes need additional financial and staffing resources to enable them to organise and manage care homes especially for visiting. There is a need to facilitate some form of safe visiting that allows older people in care homes a chance to see family. The Commissioner recommended that care homes should look at innovative safe ways to enable visiting (see also paragraph 44 and 45 of COPNI's Oral Briefing and paragraph 18 of COPNI's written submission)

Paras 44 and 45- COPNI's Oral Briefing- I am aware of care home providers reporting that they see the impact of the lack of social contact between residents and their families and see the deterioration of some people as a result. It is a serious issue that we need to consider. However, doing it safely is a fine balancing act. I have had many calls, on a weekly basis, with organisations and colleagues across the UK, including the Welsh commissioner. We are looking at the issue in a lot of detail. We are very aware that families do not want to go without contact with their loved ones in the long term. We know that the average stay in a care home is not that long; it is about 18 months. If we start to say that this could be a longer-term thing over another year or so, that has huge implications for families seeing their loved ones.

We need to look at the issue, and I am looking at it closely. If there is a way of doing it safely, we should definitely explore it. We have heard of examples elsewhere of care homes organising drive-through visits. There is still a limit to the contact that they can have, but it gives families more of an opportunity to see their loved ones in care homes. There are difficulties as well, though. The other thing that we have to recognise is that families themselves have different views. It is about striking a balance between putting a ring of steel around care homes and recognising the social and emotional needs of residents and their families.

Care homes need extra resources to facilitate a safe, humane visiting policy for residents, many of whom will not understand why families aren't visiting or will be in the final stages of their lives (paragraph 33 of COPNI's written submissions)

Visiting or access relatives is the biggest concern being brought to the COPNI office at present – some relatives are even more concerned about not seeing their family member for the remaining months of their lives, than they are about Covid (paragraph 31 COPNI's written submission)

Recommendation 5- PPE must be provided as required to facilitate safe visiting

Commissioner's Submission

The Commissioner stated that care home providers need access to free PPE. Staff in care homes should be trained in the donning and doffing of PPE. (see para 10 and 11 of COPNI's written submissions)

Recommendation 7 -The Committee recommends that, subject to rapid testing becoming available, care home workers should be tested daily; those moving between homes be tested before entry to any home; and residents should continue to be tested as frequently as necessary and at least fortnightly.

Recommendation 8: Testing should be extended to all those entering care homes including visitors, care partners, residents returning from an external appointment, and all professionals entering homes; and should take place as often as necessary to take advantage of improvements in testing capabilities.

Recommendation 9: The Committee recommends that local capacity to undertake testing and process results should be increased to improve timeliness of results.

Commissioner's Submission:

The Commissioner recommended increased testing in care homes and noted in his oral submissions that in the early months of the pandemic there was a delay in test results being received. The Commissioner stated that at least there should be weekly testing of care workers and nurses who live in the community. He said 14 day testing was too big a gap. There needs to be a move from the twice weekly tests to weekly tests for care home workers. Care home workers are front line workers and testing of them needs to be a priority. (see para 14 of COPNI's written submissions, see also para 10 of COPNI's oral briefing)

Para 10 COPNI's Oral Briefing- *I still have a couple of concerns with regard to the testing. One is the length of time to test all care homes. At this stage, the Minister's commitment is for everyone to be tested by the end of June, and that is still some time away. The other is the regularity of testing. The Minister said that staff and residents would be tested every 14 days: I would like to have that on a more regular basis to increase the effectiveness of the testing regime.*

Testing for visitors to care home residents (and care partners) should be considered based on risk and local transmission rates. (see para 15 of COPNI's written submissions)

Recommendation 15- The Committee recommends that no-one be discharged from hospital to a care home in which they are a resident, without having tested negative for COVID-19, unless the care home confirms that it has the staffing and facilities to ensure isolation for the required period; and that this is subject to monitoring and review.

Recommendation 16: New residents should not be admitted to a care home unless they have tested negative.

Commissioner's Submission

COPNI was contacted by families emphasising that new residents had been moved into their relative's care home at the start of the pandemic with no assurance of their Covid status. Outbreaks of Covid occurred in such settings. The Commissioner called for appropriate testing prior to any patient discharge from hospital to a care home. The Commissioner required that testing must also be undertaken within an adequate timeframe for the test results to be returned. No-one should be discharged and placed in a home before being tested and confirmed as being Covid negative. (See paragraph 7 of COPNI's written submissions)

Para 21 COPNI's Oral Briefing- There is no specific evidence to show that they may have had COVID-19 and contributed to its spread, but we know that that happened in many care homes, and families have brought their concerns to my office in relation to people being brought into homes without testing. Families are concerned that that might have contributed to outbreaks to or the spread of COVID-19. There is no concrete evidence that people with COVID-19 were brought into care homes, but, certainly, it was the case that older people were transferred out of hospital settings without being tested.

Recommendation 18- The Committee recommends that during a pandemic, there should be centralised procurement and supply of PPE to care homes, without charge.

Recommendation 19: Further charges for PPE should not be imposed care homes without a review of the tariff.

Recommendation 20: Training remains critical and all staff should be able to access regular and prompt updates as new knowledge or innovations emerge.

Recommendation 21: Consistency in the use of PPE should continue to be monitored.

Commissioner's Submission

Care home providers should continue to be provided with appropriate and adequate stock of PPE free of charge on an ongoing basis until a full and independent economic review of the regional tariff (and the real cost of care) is undertaken (para 10 of COPNI's written submission)

COPNI was advised by officials in the Department of Health that throughout the first wave they did identify settings where staff needed to be properly trained on the 'donning and doffing' of PPE. This is likely to continue to be needed given the known levels of change or turnover of staff in care homes. This requirement for required basic and ongoing training of care home staff links directly to the issue of staffing (addressed later) and the continuity of appropriate skills and levels of staff in care settings (para 11 of COPNI's written submission)

Recommendation 23: Funding for adult social care should be considered as a whole, including care packages and day-centre capacity which impact on care home pressures and bed-flow across the system.

Commissioner's Submission:

Additional funding is needed to facilitate safe visiting during the next six months and beyond. This is a sector which for many years has advised that it was not sustainable at the level at which the current care tariff was set by the DoH. A review of the cost of care was long overdue, prior to Covid, and is even more urgent now. The commissioning model for the independent provision of care beds requires significant, meaningful reform (para 18 COPNI's written submission)

Recommendation 25: The Committee welcomes the Minister's commitment to progress reform urgently and calls for low pay and poor terms and conditions to be addressed as quickly as possible.

Recommendation 26: The Committee recommends that the Department set minimum standards for sick-pay in care home workers' contracts and that arrangements be put in place to ensure standards are adhered to.

Recommendation 27: In the interim, the Committee recommends that any additional funding provided to care homes should include conditions regarding fair pay and treatment.

Recommendation 28: The Committee recommends consideration of additional measures to make social care a more attractive career, including developing career pathways.

Commissioner's Recommendations

COPNI's 'Home Truths' report recommendations made clear the COPNI perspective on care home staff, from adequate staffing levels to employment terms and conditions. There was pressure on the availability of nurses in care homes even prior to Covid. Residential homes are not required to have nurses in their staff cohort and staffing levels and consistency of care staff remains a grave concern. (para 23 of COPNI's written submission)

Caring for older people in care homes is a difficult job which is still not well paid. As a society, we need to ask ourselves, is this how we value the roles and jobs who care for our older relatives? Is it really OK? The reality of the pandemic here is that wave 1 saw our 17, 18 and 19 year old relatives going into homes to look after the most

vulnerable, and often not properly protected themselves (para 24 COPNI's written submission)

Recommendation 34: Advance Care Planning should be discussed with each care home resident, on an individual basis, ideally ahead of any crisis; it should be led by the clinician who knows the individual best, with the input of other relevant professionals; and reviewed as necessary.

Commissioner's Submissions

The COPNI position on Advance care planning is that these conversations must be handled sensitively between the clinician and the family / next of kin. It is not appropriate that a family member is asked this question for the first time when they have become unwell and need hospital treatment as a result of Covid (see para 39 of COPNI's written submission)

Recommendation 37: The Committee recommends that additional resources be provided to ensure that routine inspections continue, subject to appropriate PPE and testing, in tandem with a high level of dedicated advice and support for care homes, during a pandemic.

Recommendation 38: Additional monitoring is required to ensure the consistent implementation of guidance and policy.

Commissioner's Submissions:

When lockdown commenced we received queries from concerned family members regarding the fact that RQIA were not completing care home inspections. There was a real sense of fear their loved ones had no safeguards to ensure their welfare and security. (para 36 of COPNI's written submission)

Residents' families have expressed to the Commissioner that in a lockdown situation, no external verification of standards of care of their relatives is possible (para 37 of COPNI's written submission)

Please see also Paragraphs 90, 91, 114, 128, 153, 164, 240, 250, 270, 338 of the Health Committee's Report where COPNI's submissions are referenced.