



# Care Homes and Covid-19

Presentation to Hackney Health Scrutiny Committee



# The presentation will cover:



The Hackney Health Scrutiny Committee invited key partners to help the committee review the processes around hospital discharges into care homes, both during the first round of Covid-19 and how we have learnt lessons to prepare for the winter months and second wave of Covid-19. This presentation covers the specific asks of the committee:

1. Local Context
2. How effective the current processes are around the discharge of elderly patients from the Homerton to Care Homes, when and how they are tested, how long they have to wait for results before discharge, how they are accommodated in Care Homes, whether they are isolated into 'covid sensitive' wards or floors.
3. To explore how processes might have improved since the emergency in April when acute patients, including many frail elderly, had to be discharged rapidly because of the pandemic.
4. Help members learn about the current status of 'Discharge to Assess' and how Covid-19 has impacted on that policy?
5. In the context of a developing second wave of Covid -19 - what plans are in place to ensure that the elderly are being kept safe and what work is ongoing with local care homes.



# 1. Local Context

# Context - Number of Care Homes in Hackney



Within the London Borough of Hackney we have 15 CQC registered care homes with a total of 331 beds (226 in Nursing Homes). These are broken down into the following types of homes:

- 4 Care Homes for Older People that are registered for Nursing
- 6 Mental Health Residential Care Homes
- 5 Learning Disability Residential Care Homes

Hackney has a particularly low number of registered care homes, to put this into context as an example Redbridge have 43 Care homes and Islington 48 (information taken from the NHS Tracker)

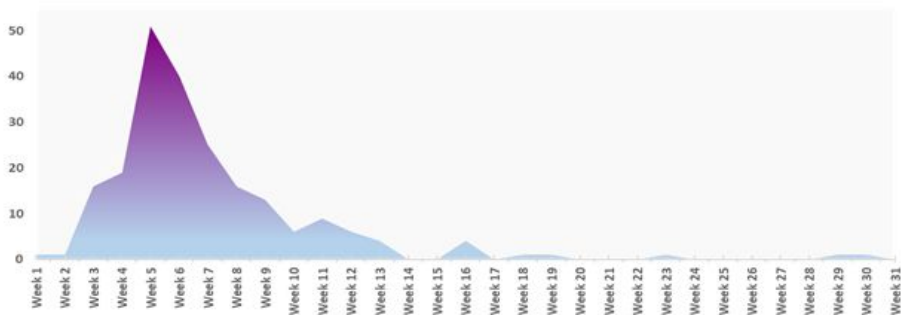
In addition there are:

- 43 Supported Living Services
- 14 Housing with Care schemes
- 22 Home Care Agencies

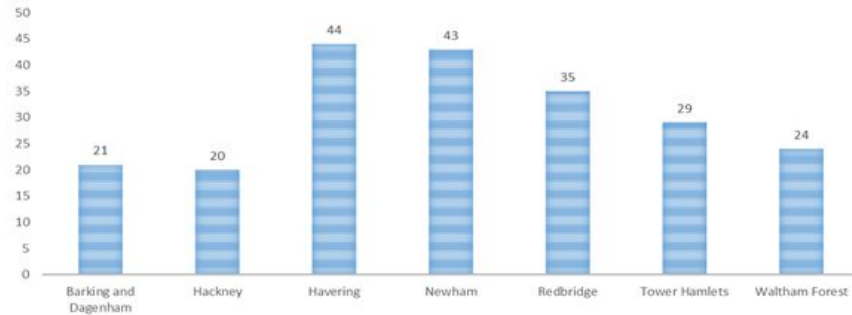
# Care Home Deaths related to Covid-19 (up to 16/10/20)



COVID-19 CARE HOME DEATHS ACROSS NEL



COVID-19 CARE HOME DEATHS BY LOCAL AUTHORITY



Care homes with COVID-19 deaths	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May	15-May	22-May	29-May	05-Jun	12-Jun	19-Jun	26-Jun	03-Jul	10-Jul	17-Jul	24-Jul	31-Jul	07-Aug	14-Aug	21-Aug	28-Aug	04-Sep	11-Sep	18-Sep	25-Sep	02-Oct	09-Oct	16-Oct
Barking and Dagenham	1	1	3	0	4	2	4	2	1	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Havering	0	0	1	4	12	9	2	4	5	0	3	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Redbridge	0	0	0	4	4	4	6	6	2	5	2	1	1	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
Newham	0	0	9	10	5	7	7	3	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tower Hamlets	0	0	1	3	13	8	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Waltham Forest	0	0	0	1	2	7	4	0	4	0	2	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Hackney	0	0	2	1	11	3	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEL	1	1	16	19	51	40	25	16	13	6	9	6	4	0	0	4	0	1	1	0	0	0	1	0	0	0	0	0	1	1	0

Total no. of care home deaths in NEL	32	48	105	110	153	116	87	41	42	35	31	26	22	27	15	32	17	25	25	17	30	24	33	18	19	23	13	26	15	27	24
% of care home deaths caused by COVID 19	3%	2%	15%	17%	33%	34%	29%	39%	31%	17%	29%	23%	18%	0%	0%	13%	0%	4%	4%	0%	0%	0%	3%	0%	0%	0%	0%	0%	7%	4%	0%

# Care Home Deaths related to Covid-19 (up to 16/10/20)



- There have been 20 Covid-19 related deaths occurring in care homes in Hackney, which occurred in April and May.
- Across North East London (NEL), there have been 216 Covid-19 related deaths occurring in care homes, which represents 17% of the overall deaths across the NEL footprint.
- The information used to produce these statistics is from ONS, which is based on details collected when certified deaths are registered with the local registration office. This report is published every Tuesday on a weekly basis.



## **2. The current processes around discharge of elderly patient to Care Homes**



## Discharge of patients to Care Homes

- The NHS now has responsibility for testing patients being discharged from hospital to a care home, in advance of a timely discharge.
- No one will be discharged into or back into a registered care home with a Covid-19 test result outstanding, or without having been tested within 48 hours preceding discharge.
- At the Homerton, patients are being tested 24-48 hours prior to discharge; usually within 24 hours. A very small number of discharges have been delayed to await swab results.





### **3. How processes have improved since the emergency in April**

# Improvements:



- Better PPE access, which now comes from a government central ordering portal
- Better access to testing, although this remains challenging for wider settings
- People are no longer discharged to care home without testing/waiting for the results
- Patients are only discharged to settings that can self isolate
- The NHS Capacity Tracker is a national database which providers update daily, including vacancies, staffing situation, infection control status and numbers of people with infection.
- CQC new guidance and standards for designated settings are been published
- Regular training has been offered to all Care Homes, supported living accommodations and home care staff

# Primary care and community services support to care homes



- A national Primary Care Network (PCN) Directed Enhanced Service contract officially started the 1 October and includes requirements for delivery within Care Homes. All local care homes have been aligned to our Neighbourhoods/PCNs with a GP clinical lead in place.
- GPs had already been doing weekly multidisciplinary team meetings and ward rounds under previous contracts or new Covid-19 arrangements. The GP and care home staff compose the core team and PCN pharmacists will also conduct weekly rounds with specific residents. A wider Multidisciplinary Team (MDT) may take place monthly with additional community service staff as required.
- Mental health, learning disability, community nursing and therapy leads have been identified for all care homes (as required), with only a couple gaps remaining.
- Flu immunisation: GPs have been undertaking flu vaccinations with care home residents. Community Pharmacists will support wider roll out of vaccination for residents and staff in all residential care settings.



## 4. The new Home First Policy

# Home First Policy - Headlines



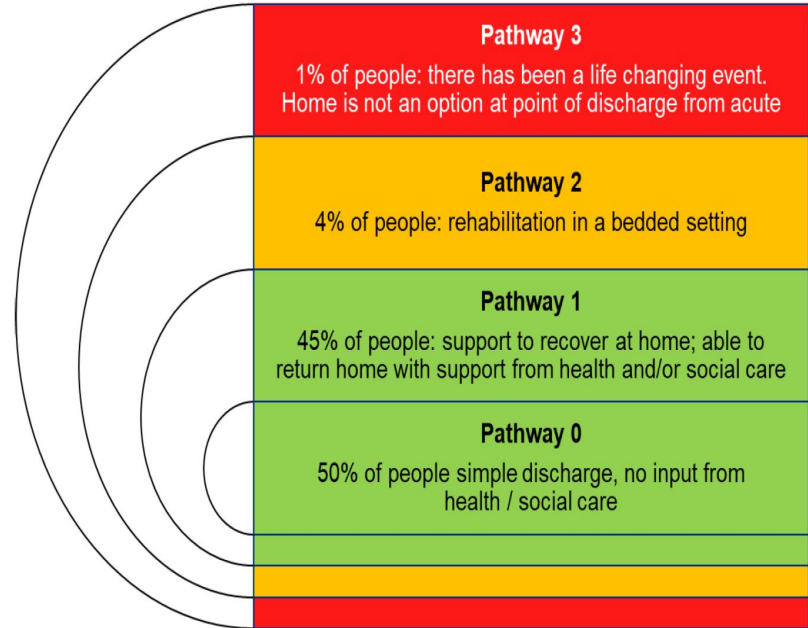
- This policy was published on 1st September with immediate effect
- Hospitals will carry out two daily ward rounds to identify those patients who no longer meet the criteria to reside who should then be discharged on the same day
- Safeguarding and mental capacity assessments will continue to occur in hospital
- Discharge should be happening 7 days per week 8a.m. - 8 pm
- NHS will pay for up to the first 6 weeks of care and/or rehabilitation
- All social care, therapy and continuing healthcare assessments to be conducted in community

Example: In the old system, a patient may have been assessed in hospital and transferred to residential care - taking 2 weeks. Now that same patient will go back home with a full care package –including a live in carer if needed. They will be assessed during the first 6 weeks and may go to residential care; or may find that they can live independently at home with a care package.

# 3. Discharge to Assess - “Home First”

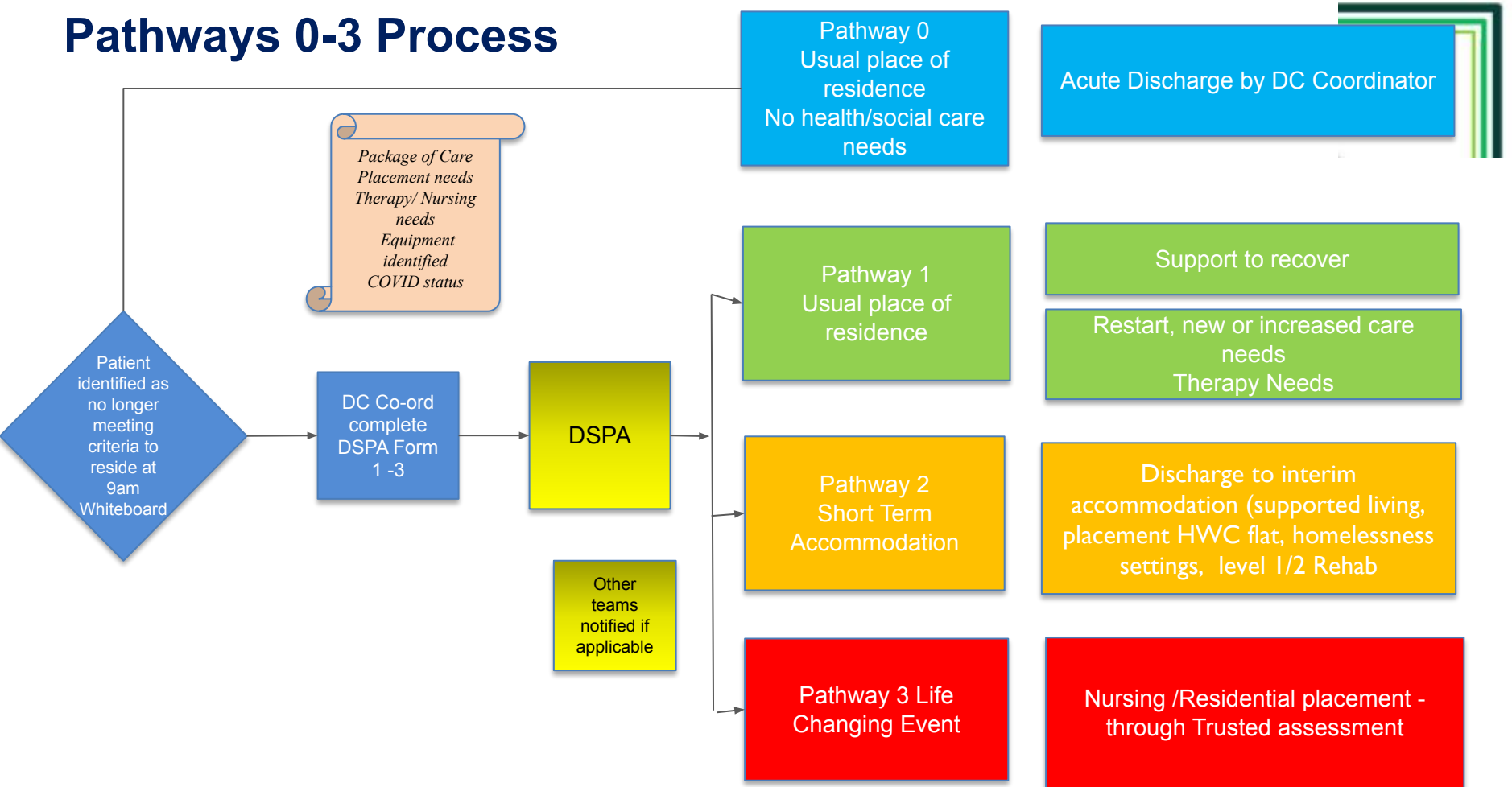


The new Discharge Single Point Access (DSPA)



Pathways defined in new policy

# Pathways 0-3 Process





**5. What plans are in place to ensure that the elderly are being kept safe and what work is ongoing with local care homes**



# Summary:



Here is a summary of all the new support that has been given since the first wave of Covid:

- The government has provided 2 rounds of **Infection Control Funding** which has been given to providers on a per bed basis, which equated to £1,945 per bed per home. This is to support full pay to staff who are self isolating, hiring staff to reduce staff moving between homes and a variety of other infection control measures.
- The NHS **Capacity Tracker** is the new national database which helps us identify vacancies, review how homes are managing their PPE supplies, staffing and infection control measures.
- The Public Health team developed **Standard Operating Procedures** for CQC registered and non-registered settings and Visitor Policies to ensure safe visitation.
- **Staff Training** and **Peer Support** has continued to be provided throughout the year.
- The government has required to find **Designated settings** for people leaving hospital who are infected and to ensure they meet the new CQC standards.
- GP Confederation **Swabbing Service** training, advice, and testing support

# Infection Control Fund



On 13th May the Government announced an additional £600 million to support providers through a new adult social care infection control fund.

At the end of September a second tranche of the infection control funding was announced.

The Hackney allocation for the second tranche is £991,677. Unlike Tranche 1, where 75% split of the funding went directly to registered care homes and 25% was distributed at our discretion, Tranche 2 is required to be split as follows:

## **80% of funding to:**

- Care Homes
- Community Care Providers (including Dom Care/Home Care)
- Other care settings

## **20% local discretion - Allocated to:**

- Supported living providers
- Single homeless pathway providers
- Women's Refuge services

# NHS Capacity Tracker

These indicators show the measures put in place by each home



mark.watson@hackney.gov.uk (Logout)

Find Providers Accounts Reports Help

ASC Infection Control Fund Return - Details Help Guide: Infection Control Return Details

Search:

1) Infection Prevention and Control Measures			2) Testing			3) PPE / Clinical Equipment		4) Workforce Support			5) Clinical Support	
1.1) Ability to quarantine / isolate / cohort when needed	1.2) Actions to restrict staff movement between care homes	1.3) Paying staff full wages while isolating following a positive test	2.1) Registration on the government's testing portal	2.2) Access to testing for all asymptomatic residents and staff	2.3) Testing of all residents discharged from hospital to care homes	3.1) Access to sufficient PPE to meet needs	3.2) Access to clinical equipment needed for COVID-19	4.1) Access to training in the use of PPE from clinical or PH staff	4.2) Access to training on the use of key medical equipment needed for COVID-19	4.3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	5.1) Named Clinical Lead in place for support and guidance	5.2) Access to mutual aid offer (primary and community health support)
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✗ No	✗ No	✗ No	✓ Yes	✓ Yes	Other	✓ Yes	Other	✓ Yes	Other	✓ Yes	✓ Yes	✓ Yes
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Those homes who have the ability to isolate/ quarantine when needed

# Visiting Policy



- New guidance was published on the **5 November** to support safe care home visits during lockdown (<https://www.gov.uk/government/news/new-guidance-to-support-safe-care-home-visits-during-lockdown>)
- The guidance will enable care home providers, families and local professionals to work together to find the right balance between the benefits of visiting on wellbeing and quality of life, and the risk of transmission of COVID-19 to social care staff and vulnerable residents.
- Public Health has arranged a meeting with Care providers to offer advice and support in implementing the guidance.
- We will be working with local providers to ensure when developing their visiting policies, they undertake both an overall risk assessment and individualised ones for residents that balance their needs and vulnerabilities.
- Providers will be encouraged to use the new infection control funding to fund any necessary changes.
- In the event of an outbreak in a care home, the home should stop visiting except at end-of-life.
- Options for safe care home visits in line with the guidance could include:
  - visits using COVID-secure visiting areas/pods with floor to ceiling screens and windows where the visitor and resident enter through different entrances, are separated by screens and visitors do not need to enter or pass through the care home
  - visits at windows, where the visitor doesn't need to come inside the care home or where the visitor remains in their car, and the resident is socially distanced
  - outdoor visits with one other person
  - further support for virtual visits, encouraging the use of video calls

# Residents Mental Health & Wellbeing



- Whilst observing COVID Infection control measures, Care homes have continued to deliver activities to ensure residents Mental Health & wellbeing is maintained.
- Activities include (walks around the garden, board games, visiting the library), hairdressing, hand massages, reading to residents, music sessions including singalongs, activities for residents who require 1 to 1 support (e.g. cognitive)
- Extra resources have been used to increase activities (e.g extra staff)
- Residents are keeping in touch with relatives/friends via technology (iPads, secure video calling in addition to any new visiting arrangements)

# Staff Training & NEL Group /Peer support



System partners worked together and with the care homes to identify their training needs and delivered training through a weekly webinar and individual calls with homes

- Dementia support; Infection Prevention and Control (IPC); Community support and signs of deterioration; ParaDoc and Integrated Independence Team
- Infection Prevention and Control, focus on Personal Protective Equipment (PPE); NHS Coordinate My Care (CMC)
- Infection Control Training from NHS England and how to keep safe when travelling; Mental capacity, DoLS and testing for Covid 19
- medication used in psychotic conditions
- training on supporting people who are non-compliant or have beliefs around medication, also for identifying patients who may be over medicated;
- MIND provided psychological support to care homes/supported living organisations. Interventions forming a Stepped Care model which focus on enhancing mutual resources.

## **North East London Commissioning Support Unit (NEL CSU) Infection Prevention and Control Team Advice:**

- Clinical infection control advice, including pathophysiology of infection, and IPC
- Management of an individual with an infection
- Outbreak management
- Water management
- Decontamination management
- Estates management including new builds and refurbishment, and adherence to relevant Health Technical Memorandum (HTMs) and Health Building Notes (HBNs)
- Audit and surveillance of alert organisms and conditions

# Training by GP Confederation



The GP Confederation have been commissioned to offer the following specific training:

- An overview of Covid-19: transmission, who is vulnerable, symptoms, daily clinical observations of residents
- Infection control: handwashing, PPE and cleaning advice. A video demonstration on how to put on and take off PPE, is provided
- An overview of the Swabbing Service: what is available and when can care homes and supported living establishments access the service
- Current government guidance on how to manage residents and staff with symptoms of Covid-19 and what to do in an outbreak
- Overview of Antibody testing (they don't provide this test; however, it is accessible to social care staff)
- How and when to test for Covid-19. A video demonstration is also provided

# Testing



## **National Requirement on Testing for Employer referral for essential workers:**

Employers can refer essential workers for testing if they are self-isolating because either they or member(s) of their household have coronavirus symptoms. They can do this by uploading the names and contact details of self-isolating essential workers to the secure employer referral portal. Referred essential workers will then receive a text message with a unique invitation code to [book a test for themselves](#) (if symptomatic) or their symptomatic household member(s) at a regional testing site.

**Current Resource;** Walk-in Test Centres (Location) ; Antibody Testing; & Home Kits;

## **These are some of the Challenges we have had regarding testing:**

- Lack of access to test kits for all providers as national portal is for CQC Registered Care Homes only and initially was only for older adults;
- Delays in receiving test results where staff continue to work while asymptomatic
- Booking appointments can be problematic;

City and Hackney CCG commissioned the GP Confederation to provide a Covid-19 swabbing service for 15 CQC and 75 Non CQC registered establishments. The service will:

- Screen asymptomatic staff and residents in CQC registered homes using the PCR test (polymerase chain reaction)
- Test symptomatic residents in other settings for Covid-19, using the PCR test
- Test all staff and residents during an outbreak of Covid-19, using the PCR test
- Provide infection control advice
- Provide training in infection control related to Covid-19



# Designated Setting



A designated settings is:

- a Care home or facility that can accept Covid positive individuals from hospitals or from the community. The setting needs to be CQC rated 'Good' or above and be able to meet the new CQC Infection Control standards. It must be able to provide self isolation and staff well trained in infection control. Housing with Care, Supported Living and Extra care facilities will not met this criteria

## Local Approach

- We nominated Acorn Lodge to be our designated setting
- CQC have said we cannot use this provider as a designated setting as they require them to be rated Good or above. Acorn Lodge was assessed the 17 October 2019 and CQC rated 'Requires Improvement'.
- Our own QA teams are confident the home has made all the necessary improvements and would meet Good criteria. A meeting has occurred the 3 November with the CQC, LBH staff and Care Home Manager to provide evidence on action plans, LBH Quality Assurance team visits and attempts to find other Designated Settings. We are awaiting a response from CQC.

# Second Wave Plans



- We have developed a comprehensive Winter Plan 2020/21 using the national guidance and confirmed to the Department that we have this in place.
- As part of the Winter Plan Public Health have developed Flu Vaccinations communications
- PPE access has now become available through a national portal
- NHS Capacity Tracker will continue to be used to monitor the health of Care Homes
- Training will continue to be offered every fortnight
- Infection Control Fund second round of funding has been announced and funding being distributed
- NHSx iPad Offer - local homes should each receive 1 iPad (excluding Beis Pinchos who has indicated they already have devices)

# Conclusion



- We have taken a whole systems approach - NHS, Council, Providers, Public Health, CQC Voluntary sector, and local businesses: this system response has allowed us to be proactive where possible and reactive where necessary with changing issues and fluctuating national guidance
- All providers adapted well to the emergency - we collectively continue to learn and reflect
- Safe discharge is our priority
- We are mindful of the wellbeing of all those working and volunteering in social care
- We hold central the impact the pandemic is having on residents and families who can't visit loved ones, and will work collectively to find safe ways to enable this to happen as soon as possible