

HERTFORDSHIRE CARE HOMES REVIEW OF PRACTICE: COVID-19

SEPTEMBER 2020
HEADLINE REPORT

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1. Introduction

The Hertfordshire Safeguarding Adults Board is a statutory sector partnership which has a key role in supporting and challenging all organisations who have responsibility for safeguarding adults in Hertfordshire. In order to understand the various reasons for the severity of the outbreaks in care homes during the COVID-19 pandemic, the Board have decided to undertake a short review in order to give Care Homes and agencies the opportunity to share their learning from this period and to make recommendations for future plans in preparation for a possible second wave of infection.

This review is not about blaming any individuals or agencies but about learning, improving practice, giving care home staff a voice and making recommendations to support homes and their residents in the future. It is likely that there will be reviews of those elements of the response to the pandemic that are governed by national decision-making, such as PPE policies and supply, and testing. The Board will not be specifically making recommendations on these areas but aims to identify additional lessons learnt to support the sector in case of a second wave of COVID later in the year.

2. Methodology

The survey was set up online and targeted 98 residential homes across the county. 43 care/nursing homes responded returning the response rate of approximately 44%. The survey comprised of 5 open questions to encourage managers' own reflection, insights and learning from this period. Analysis is centred on qualitative data identifying themes in the returned responses.

In addition, follow up telephone interviews with senior managers were conducted.

3. Key factors that impacted on the spread of the virus

The following key factors have been identified as significant in controlling the spread of the virus:

- 3.1 The size of home – generally, smaller care homes were often better equipped and staffed to deal with the virus.
- 3.2 Facilities – private bathrooms and limited use of communal areas helped to contain the virus.
- 3.3 Resident profile – one care home reported that the majority of their residents are not mobile with many being cared for in their rooms with limited access to communal areas. This made it easier to facilitate social distancing.

- 3.4 Human resources – access to regular and dedicated staff. If agency staff were used, care homes managers made sure that regular staff was assigned to their homes and there was no movement between different care settings.
- 3.5 Public transport – eliminating the use of public transport for staff and support with commuting to work or accommodation to remain on site.
- 3.6 Good practice in infection control, including training in how to put on and take off PPE.
- 3.7 Timing of lockdown/visiting restrictions, including leisure staff such as hairdressers.
- 3.8 Screening/availability of testing kits and timing of results.
- 3.9 Hospital discharge and quarantine.

4. Lockdown and early restrictions of visits

4.1 Early action

There is evidence suggesting homes being proactive with the implementation of early lockdown or some restrictions of visiting prior to the official government directives. Some care homes implemented the closures/visiting restrictions as early as 3 weeks prior to the official lockdown.

4.2 Challenges

Restrictions of visiting and limited interaction with the community often led to the decline in residents' wellbeing. Face coverings worn by staff made communication with residents difficult. Residents had variable understanding of the reality with some lacking mental capacity and requiring individual support to maintain social distancing and comply with rules. Boredom and lack of stimulation were quoted as a source of frustration for some residents. This has placed additional pressure on staff.

4.3 Support for residents

The following support mechanisms were introduced to alleviate the impact of lockdown:

- Digital devices were used to maintain contact with families and friends.
- 1:1 support for people with dementia was implemented with individual activities in their rooms.
- Social bubbles were set up for residents.
- Outdoor space was utilised and activities such as gardening proved popular.
- Communal areas were divided into sections to facilitate social distancing.
- Signage, accessible information and visual prompts were used.

4.4 Lack of access to professional and specialist services

The absence of professional expertise sometimes necessitated care staff undertaking tasks beyond their competencies.

'I think because we have had to take temperature, blood pressure, oxygen levels, it's been scary to ensure we have got it right as we are not nurses.'

5. Staff availability

Most care homes reported some steps taken in preparation for increasing levels of the pandemic. This could be recruitment drive or restructure of services. For example, one care home advised of the restructure within the wider organisation to free up staff to meet the greatest needs. Some care homes closed their kitchens and outsourced meals from the local charity. One care home reported working in partnership with the neighbouring care home and supporting each other with staffing if there was a need.

The following steps were taken to reduce staff rotation:

- Longer shifts by mutual agreement.
- Overtime.
- Staff working in teams assigned to specific units/floors.
- Staggered breaks in designated areas.
- Staff were accommodated on site without the need to leave the premises.
- Additional sets of uniform were provided, and designated bathroom/laundry facilities were made available.
- Digital communication between units/floors.
- Use of outdoor space for breaks.
- Individual risk assessments for staff working in more than one service/job.
- Voluntary cancellations of annual leave.

6. Infection control and PPE

Most care homes reported reliable supplies of PPE but there are examples of difficulties in obtaining PPE and anxiety around its availability and sustainability. Good practice around infection control was introduced early and staff trained with support from the wider organisation or Hertfordshire Care Providers Association (HCPA). Enhanced cleaning measures and frequency were implemented:

- Communal toilet facilities cleaned after every use.
- Additional cleaning slots implemented.
- Thorough cleaning of surfaces, tables, buttons, touch pads, door handles, etc.
- Disinfection of delivered goods.
- Hands sanitising stations.
- Correct hand washing technique training.
- Use of PPE and face coverings.
- Designated areas for clinical waste.
- Isolation/quarantine measures for new admissions in selected rooms with allocated staff.
- Symptoms monitoring and isolation for staff and residents.
- Screening and testing.
- Use of uniform within the care home.

7. Partnership working

The majority of care homes reported good support from GP, other health professionals, CCG and HCC. One care home advised that the surgery had allocated a designated person to help them with queries and any needs which was extremely helpful. Most GPs provided regular virtual service with some visiting when there was a need.

‘Sterling service from GP and other health professionals attached to the home and HCC.’

There are some examples, however, where this support was lacking or was slow to start with:

- Misunderstandings around repeat prescriptions.
- Difficulties obtaining a blood test.
- A safeguarding concern raised due to declining pressure sore.
- Difficulties in making sure that discharged residents were tested prior to arriving in care home.
- Professional differences regarding decisions around treatment and care.
- Some speculative practice where the cause of death was attributed to Covid-19 without testing.
- Inadequate information sharing by hospital at the point of discharge.

Regular phone calls from HCC and CCG were generally valued with one care home manager commenting that the relationships during the pandemic had become more partnership focused than contractually driven.

However, there is a collective voice against the repetition of collected information and the amount of time this was taking, placing a pressure on managers during a very demanding time. Care homes also received calls from CQC requesting similar information which again added pressures to the care home managers. More streamlined mechanisms for information collecting and sharing would improve this experience, save time and support care homes during such difficult time.

8. Leadership and organisational culture

There is evidence of staff commitment, flexibility and resilience in adapting to the new reality and working practices. The examples include support for residents to stay in touch with families through digital means, regular communication with relatives of residents, undertaking different tasks/roles and complying with social distancing and quarantine rules. Some care homes report staff cancelling their annual leave to meet the needs of the service, generally positive team spirit and mutual support.

‘Staff who remained working throughout the pandemic brought in clothes and toiletries to keep in the home in case they were required to stay. Some stayed on for as long as they were able to help cover short notice absences. Some staff have gone beyond the extra mile to support the home.’

Care home managers generally reported good support from their senior management and positive working practices based on trust, integrity and transparency. There was recognition

of the exceptional pressure on staff with practical and emotional support provided by head office.

Practice in care homes has been substantially influenced by the pandemic. Care homes retained stringent infection control measures as well as visiting restrictions for the time being. Some care homes are considering an investment in specialist equipment, review of staff uniform, additional space outside of main building for visiting as long-term safety measures.

Care home managers report feeling more confident to deal with the virus, if/when a second wave occurs.

9. Learning points and recommendations

Based on the findings of this report, HSAB has formulated the following recommendations:

9.1 “Tell us once” central mechanism for data collection to avoid repetition, save time and frustration.

- Partner agencies to review contact mechanisms for communication with care homes to mitigate against repetition.

9.2. Reliable access to professional support so that care staff feel confident in their ability and are not expected to undertake tasks beyond their competencies.

- Care home managers to prioritise work with primary health care providers e.g. GPs, district nurses to ensure staff within the home are not undertaking medical tasks during the second wave of COVID-19.

9.3 Individual risks assessment for care home staff working in more than one service.

- Any care home staff member who works in more than one care setting should have an individual risk assessment for each place of work.

9.4 Infection control training and refresher sessions to make sure the awareness and standards are maintained.

- Care home managers should ensure that all staff have regular refresher sessions in infection control and promote its awareness in practice.

9.5 Practical and emotional support mechanisms for staff to maintain the morale and recognise their commitment.

- Care providers management should ensure that all staff working within their organisation have access to support mechanisms to enable staff well-being and continued resilience.

9.6 The identification of separate areas for those residents who are discharged from hospital either having not been tested or having tested positive for COVID-19.

- Care home managers, working together with agencies, should ensure that they have adequate facilities available for people who are released from hospital either having not been tested or who are COVID-19 positive. This includes end of life residents.

10. Acknowledgments

The Hertfordshire Safeguarding Adult Board would like to extend thanks to all the providers who contributed to the review and colleagues across the statutory partnership. It is clear that the resilience and commitment of care homes staff across the county during lockdown has been significant. The combined learnings from this review and the recommendations above are to support providers and give an indication of good practice to help reduce further deaths as the second wave of COVID-19 begins to impact on society.

Appendix 1 Follow up telephone interviews

Follow up telephone interviews with care homes managers were carried out with the following findings:

It is reported that Hertfordshire agencies were heavily involved in contacting and supporting care homes throughout the pandemic. This was balanced out with regards to the amount of contact made and the variety of agencies making contact. It was stated, similar to the feedback from the survey, that some managers found the amount of contact overwhelming and repetitive. They identified that they would like a Single Point of Contact if possible.

One regional manager reported that they felt that the contact from Hertfordshire was supportive and compassionate and above those from other counties where they also have care homes.

It was acknowledged that the support received from Health was also at a very high standard but that the response received by GPs was varied dependent on the area the care homes were in. It was identified that some GPs were outstanding but that some homes received a varied and basic response. A consistent approach in relation to the support given would have been appreciated and would have taken the pressure off the care home managers. It was noted that residents who did not have Covid-19 struggled to receive basic health treatment.

A regional manager stated that they held a meeting with all their care homes in early February and a decision was made to lock down all their homes. This meant that their homes were locked down at least a week before the national lockdown which is believed to have made a difference in the number of residents who contracted the virus. A decision was made that staff and residents would be contained within their units and that there would be no movements between units. It was felt that this was a good approach if the homes were big enough and sufficiently staffed.

It was reported that staff within the care homes had to undertake limited medical procedures and that they received the training, help and support from Health colleagues to carry out these tasks. It was noted that the staff would continue to need the training to carry out the tasks during a second wave and that the upskilling of the staff had been very beneficial and something that the staff felt that they did not wish to lose.

Staff clothing was discussed, and it was identified that a great advantage during the pandemic was to introduce a uniform for all staff within the homes. This meant that staff didn't need to worry about their own clothes but could come into work and get changed into their uniforms for work and then back again before going home. This practice appeared to support the work force who could then limit the use of their own clothing. Care was taken to make sure that the uniform was practical, easy to change into and out of and easy to wash. One chain of care homes who had not had a uniform previously, decided they were now going to bring one in due to these benefits.

The use of agency staff was also discussed, and this was identified as a risk to care homes but something that was mitigated by use of PPE and having a strong testing regime. Some homes were able to keep the same agency staff throughout, but this was not practical.

Different locations in Hertfordshire were discussed and the thoughts as to why some homes in the county had been affected more than others. The homes located in the proximity to

London with deliveries, staff and families often from London, where the outbreak was high at an early stage in the pandemic, were deemed most vulnerable.

It was repeated that the massive impact that the pandemic had had on care homes staff should not be underestimated and that staff had gone over and above their usual tasks to look after and support all their residents.

Good practice identified:

1. Not mixing of residents and staff within different units.
2. Staggering break times and limiting the number of staff taking breaks at the same time.
3. Consistent use of PPE equipment and testing, especially if movement of staff was necessary.
4. Early lock down and restricting visitors including family and non-essential visits especially those services who work from home to home i.e. chiropodists.
5. Increase of supervision and 1-1 meetings with all staff within homes and availability of counselling lines if required.

Recommendations suggested were very similar to those already identified within the main report.

1. Single Point of Contact regarding the collection of information by agencies.
2. Training to continue for care home staff in relation to carrying out authorised medical procedures i.e. recording oxygen levels.
3. The continuation of upskilling care homes staff in relation to the above.
4. Consistent use of PPE and testing for all staff within the care homes to mitigate the risk of movement between homes and units.

Appendix 2 Terms of Reference

Terms of Reference

Hertfordshire Care Homes Review of Practice: COVID-19

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Methodology

1. Hertfordshire Safeguarding Adults Board will request data from Adult Care Services, Public Health and NHS partners in order to understanding where outbreaks took place across Hertfordshire and whether any conclusions can be drawn from trends and data on infections, deaths and other available data sets to inform this work.
2. Responses will be sought from registered care home managers using an easy to complete online questionnaire or a telephone interview – The Board is mindful to ensure that this is not adding additional burden to homes at this difficult time.
3. Homes will be asked to consider and respond to the following points:
 - Management of COVID-19 patients in the care home – any issues that may have contributed to the spread of infection
 - Examples of good practice and lessons learnt
 - A review of partnership working – with local primary health professionals, NHS out of hours services, secondary health services, local councils and hospital trusts
 - How has practice changed since the commencement of lockdown
 - What are the key decisions that were made during the course of the lockdown that (within your organisation) impacted on the number of deaths within care home settings?
4. By agreement, further in-depth discussion will take place between certain identified care home managers and the chair of the Hertfordshire Safeguarding Adults Board following analysis of the information obtained where there are areas of identified learnings or good practices which took place within the homes, to enhance the future learnings.

5. The HSAB will also consult with agencies responsible for helping to manage the response to COVID-19 in particular the Outbreak Cell while conducting the review

Timeline: The period covered by this review starts on 25.02.2020 (the start of lockdown until 30th June 2020

Outcome: An analysis of results and recommendations will be shared with all participants. No individual home will be identifiable from the final report.