Coronavirus (COVID 19): Enhanced Professional Clinical and Care Oversight of Care Homes

The recently issued guidance on the enhanced professional clinical and oversight requirements placed on local assurance professionals and groups has been assessed against the current assurance arrangements in place in Lanarkshire. There are 93 adult care homes in Lanarkshire; 80 providing care for older adults. It is our understanding that the guidance relates to these 80 Care Homes for Older People. It is also our understanding that the guidance does not extend to Care at Home Services which come under a wholly separate jurisdiction.

Routine governance arrangements for care home provision remains unchanged. Private sector and local authority responsibilities remain in place, including those which relate to the reporting of adverse events and fulfilling the legislative requirements of Duty of Candour.

It is noted that this guidance places additional leadership responsibilities and duties on Health Boards and Health & Social Care Partnerships and their Executive Teams and as such, requires to be assessed and fully costed. It is anticipated that there will be a requirement for additional healthcare professionals, administrative and support staff, facilities and supplies and additional input from Public Health Teams.

A Gap Analysis has been undertaken of arrangements that are currently in place to provide oversight and support for Care Homes during the Covid-19 Pandemic, against those arrangements that we believe are required to fulfil the recent guidance in the context of the above assumptions. The findings and recommended actions are detailed below.

	Enhanced Oversight Requirements	**Current Oversight Arrangements in place in Lanarkshire**	**Proposed changes/recommendations /comments**
1.	Every Health Board and its Health and Social Care Partnership colleagues in the Local Authority must put in place a multi-disciplinary team comprised of the following professional roles: • The NHS Director of Public Health • Executive Nurse lead • Medical Director • Chief Social Work Officer • HSCP Chief Officer: providing operational leadership	A Strategic Care Home Assurance Group has been established, reporting to Gold Command. Membership currently comprises: • Director of Public Health • Heads of Planning HSCPs • Nursing Director – North HSCP • NHSL Head of Infection Prevention & Control • Public Health Consultant • Care Inspectorate representative The Care Home Sub Group focuses on operational delivery of the Care Home Strategic Plan and identifies any areas of concern and escalates to the Care Home Assurance Group. Membership comprises: • Nurse directors North and south • Public Health Consultant • Associate Medical Director Primary care	Review of Care Home Assurance Group Terms of Reference to reflect enhanced oversight requirements. Review of membership to include Executive Director of Nursing, Chief Officers, CSWO's and Medical Director representation *or nominees.

		• Care Home Liaison Service • Local Authority Quality Assurance Managers • Scottish care representative • Staff side representative • Service manager	
2.	Care Home Clinical and Care Professional Oversight team to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus.	The Strategic Care Home Assurance Group currently meets weekly to consider the RAG rating of care homes in relation to: • COVID-19 (suspected or confirmed cases) • PPE • Infection control measures • Staffing levels A prioritisation process has already been used, informed by the considerable amount of data and intelligence gathered from the eighty (80) care homes as part of their RAG status assessment. On the basis of this, structured assessments have been held via 'teams/conference call' with each care home. For the home(s) with additional concerns raised during these calls visits by infection prevention control staff and others have been undertaken. This initial assessment process is currently being updated/reinforced by activity that is received on a daily basis, albeit there is a need to strengthen arrangements to ensure care home submit full and accurate data and any concerns on an ongoing basis.	The highest level of assurance would require structured and balanced inspections for all Care Homes. This will not be possible within the current staffing levels without detriment to existing services. Further investment in additional senior and experienced staff will be required to provide the level of assurance that can only be provided by physical inspections. Given the number of care homes in Lanarkshire (80), it would require a considerable investment of time from existing staff to discuss every care home on a daily basis. It is therefore suggested that until additional staff are available, the existing format continue, but is supported by a more structured approach to the daily assurance being provided a SitRep & Safety Huddle is being developed in partnership with Care Home teams.
3.	The oversight team will ensure NHS Boards take direct responsibility to ensure staff are tested.	Testing for symptomatic staff is routinely available via self-referral to Occupational Health.	SG policy on this is constantly evolving.

		Testing of all residents and staff in care homes is part of a prioritised approach, initially prioritising homes with new or very recently reported outbreaks (from 5 May) as well as homes which are part of chains or groups. Planning is underway to deliver prospective sample testing in homes with no evidence of current outbreak.	Further policy announcements on care homes staff testing have been made which would involve testing circa 5432 care home staff, every 7 days. The implications and logistics in relation to this are currently being considered. The scale and pace of testing expected requires a dedicated testing team to be established and the relevant infrastructure in place. The current provision is subject to available testing capacity, in line with local testing strategy priorities. It is noted that a national TTIS strategy would be beneficial.
4.	The oversight team will ensure testing guidance is clarified urgently, and maintained as a priority, with clear routes and responsibilities set out to ensure:	As above	As above
5.	The oversight team will ensure staff are tested in accordance with the guidance and regardless of impact on staff rotas.	We continue to deliver and monitor testing arrangements in line with national guidance. A workforce group has been established.	There are concerns regarding the potential impact of the new testing strategy on the care home workforce. While staff can be made available to support the care home sector there are timescale challenges in getting staff deployed at short notice. There are also limited numbers of staff available for shift work and unsociable hours.

			Testing needs to be planned and co-ordinated to mitigate the above and the principle of do no harm employed in relation to the safety and wellbeing of residents and staff. New staff going into care homes also need to be tested no more than 48 hours prior to starting. It is imperative that consideration is given to moving residents from Care Homes where staffing cannot be sustained.
6.	The oversight team will ensure patients and service users are tested in accordance with the guidance in relation particularly to admissions to care homes.	This is currently happening.	Require protocol for access to community nursing for testing of patients prior to admission.
7.	The oversight team will ensure NHS Boards ensure contact tracing is undertaken where required.	Currently done for care home staff from a workplace point of view.	Wider contact tracing is part of TTIS and is governed elsewhere.
8.	The oversight team will ensure NHS Boards ensure linked home testing is delivered.	Working with the care homes we believe this is currently in place in Lanarkshire.	
9.	The oversight team will ensure NHS Boards and Local Authorities deploy clinical and care resources in engagement and monitoring activity with care homes to seek assurances that staffing levels demonstrate adherence to delivering safe and effective care. Also through care management review planning, oversight of individual residents support needs will continue to be profiled and addressed Any concerns in either regard will warrant notification to care inspectorate as regulatory body and would also impact on RAG status of care home.	Our current engagements are of a more remote nature, however, all care homes are participating in an initial programme of review and action planning in conjunction with MDT (remote).	The Care Inspectorate does not have infection prevention control capacity to undertake the unannounced visits. Mutual aid has been agreed. Also consideration will require to be given from NHS partnership workforce group about availability and suitability of workforce to be deployed and immediate familiarisation/induction requirement in regard to home they would be deployed.

			The Care Inspectorate remain the responsible regulatory body for care homes. As a member of the care home assurance group, the Care Inspectorate have access to the RAG status of all care homes, as well as daily collection of data through Care Inspectorate daily notifications.
10.	Joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns.	Care Inspectorate colleagues are fully involved in our local programme of engagement with each of the care homes in Lanarkshire.	Reports from Care Inspectorate and Healthcare Improvement Scotland to be included in weekly DPH returns to Scottish Government. This section needs to include the challenges around fielding IPC Nurses for inspection visits. NHSL IPCT routinely do not have responsibility for providing a service to residential or care homes. The Vale of Leven enquiry recommends 'unannounced inspections are conducted by senior infection prevention and control staff'. To ensure this recommendation is adhered to limits the experienced cohort of staff within the team who can be fielded to assist with inspections. Whilst every effort will be made to accommodate the resource may not be available at short notice.
11.	The national reporting requirements and operating framework require a Safety Huddle template to be completed. Based on activity, dependency and acuity care homes will be asked to work through the template to identify care needs and if staffing levels are adequate to be	Much of this information is routinely provided on a daily basis via care home daily returns, Care Inspectorate returns and testing data returns to Scottish government. NHS Lanarkshire will support the development of safety huddles in Care Homes.	We will strengthen the care home daily returns and the format and availability of the data required by the oversight group. That alongside local intelligence should be sufficient to review care homes in a risk assessed, prioritised and manageable way.

	able to deliver safe and effective care. The questions that will be asked are: **Local information** H&SCP Name of Residential/Care Home Bed Number No of Residents **Covid-19 related Information** Total number of positive COVID-19 residents Total No of Covid-19 symptomatic residents Active outbreak Adequate PPE equipment Ability to comply with IPC measures Total number of deaths (COVID-19 related) **Additional Information to aid staffing decision making** No of 1:1 care End of Life Care No of deteriorating Residents – No of residents with cognitive impairment **Workforce** Staff absences Additional team requirements Registered Nurse, Senior Social Care Worker, Social Care Worker **Testing** How many residents tested If not tested why not How many staff tested If not tested why not	We have worked hard to streamline the data requested from care homes. Challenges remain in ensuring full and accurate completion. Adding further information requests will exacerbate current issues. Also some of the data highlighted in the safety huddle is not required on a daily basis and some of this data is reported elsewhere e.g. testing data.	We recognise the benefit that introducing the "safety huddle" approach to care homes however feel that to be effective it would require to be supported using a quality improvement approach and will develop an implementation plan with our Quality Improvement Team. Assurance will be by way of confirmation that safety huddles are taking place and confirmation that they have identified any issues to be escalated to the Governance group.

	Testing completed by care home staff yes/no.		
12.	The oversight team should develop a process for care homes similar to that developed by NHS Forth Valley: **Homes assessed as GREEN** • Homes receive a joint visit from nursing and social care management. • Nursing will assure infection control measures; documentation of patients normal abilities, DNACPR/AWI/ACP; fundamental care – personal hygiene, FF&N, medicines; communication with families • If care home is doing well then assurance is achieved or standard information can be shared – infection control posters, COPS on setting up PPE stations/cohorting if required **Homes who have patients testing positive (AMBER and GREEN)** • Home receive a joint visit from nursing and social care management who will: • Clarify all of the above are in place • Assess for other services to support • Supply other resources • Mobilise other relevant services • Assess documentation of residents' conditions • Assess communication with relatives • Ensure PPE stock levels are adequate • Assess cohorting/zoning • Assess medicine management • Assess fundamental care • Assess whether ANPs/GPs have reviewed symptomatic patients	There are clear assurance arrangements in place where engagement activity is taking place with care homes based on their RAG status and concerns and issues are being identified and escalated, where appropriate. Our local assurance arrangements use information from initial assessment, CI data, PH outbreak data, CHLT and other intelligence, to prioritise and undertake a programme of engagement with care homes (virtual or face to face if deemed essential). These engagement activities provide a comprehensive assessment of care homes which inform individual response plans, actions required and review.	There is a considerable resource implication in carrying out joint visits to care homes, particularly establishments which have been assessed as GREEN and where risks are low. There are also resource implications in providing assurance on every aspect of every care home – there is simply not the nursing or social care management capacity to undertake this role across the entire care home sector. We should avoid face to face visits unless absolutely necessary to reduce the risk of transmission. However, difficult to get full assurance over the telephone. Infection Prevention & Control advice must only be given by someone with suitable qualification. To provide this level of assurance in acute and community settings would require considerable additional infrastructure.

	• Assess how well staffing arrangements are considered in relation to increasing acuity and care needs		