

NHS Board Meeting  
25 August 2021

Lanarkshire NHS Board  
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## SUBJECT: CARE HOMES UPDATE

### 1. PURPOSE

The purpose of this paper is to provide Board Members with an overview of the IPC input and impact on Lanarkshire Care Homes over the past year.

|              |                          |               |                                     |            |                          |
|--------------|--------------------------|---------------|-------------------------------------|------------|--------------------------|
| For approval | <input type="checkbox"/> | For Assurance | <input checked="" type="checkbox"/> | For Noting | <input type="checkbox"/> |
|--------------|--------------------------|---------------|-------------------------------------|------------|--------------------------|

### 2. ROUTE TO THE BOARD

This paper has been prepared by Julie Burns, Senior Nurse, Care Home Assurance & Support, on behalf of Eddie Docherty, Executive Director NMAHP's.

### 3. SUMMARY OF KEY ISSUES

All care homes received a supportive visit to monitor standards in relation to IPC with the aim to provide assurance that practices were acceptable and also identify any issues to enable IPC to provide advice and support for improvements. An initial schedule of visits, in conjunction with Care Home Liaison, was carried out from July to October 2020 and each home was RAG rated following clinical judgement and the tool shown below. Following each visit a report was provided to the care home manager with a request to complete an action plan within 2 weeks in order for actions to be monitored. Any care homes rated red received follow up visits to monitor progress and provide further support. Issues or concerns were escalated and discussed with the Care Inspectorate and Social Work at the Care Home Assurance safety huddle.

A further collaborative approach of visits was carried out from February to June 2021 alongside Care Home Liaison and Social Work and a significant improvement was noted in many care homes in relation to IPC, as reflected in table below. The improvements noted were particularly in relation to the cleanliness and management of the care environment and care equipment and the amount of work undertaken by care home staff during challenging times was recognised.

Feedback was sought from care home managers following the recent collaborative visits, managers felt that the visits helped identify areas that should be addressed while at the same time being respectful and supportive, as detailed below:

Beneficial  
 Conflicting information Improved Knowledge  
 Supportive Collaboration  
 Stressful Reassuring  
 Constructive Feedback

Although observational practice is carried out internally by care homes e.g. PPE and hand hygiene, this varies between care homes and there is a lack of accessible data available. The IPC Team are currently in contact with the Care Inspectorate to scope the feasibility of influencing and improving standards of IPC data such as hand hygiene.

Outbreaks

HPT continue to have accountability for outbreak management and response and provide advice by telephone, however in response to the pandemic IPC assumed the role of carrying out a visit to care homes when an outbreak of COVID-19 was declared in order to review practice, identify any issues and provide advice and support to the care home staff. It was noted during visits that the process of providing advice by telephone was not adequate as it did not reflect what was observed in practice.

| Date of Visits       | Live issues now, deep concerns with homes ability to cope or sustain best practice | Issues emerging, but assurance gained that collaborative and proactive work can manage this | No Issues |
|----------------------|--|---|-----------|
| July - October 2020  | 16   | 77  | 0         |
| February - June 2021 | 7  | 55  | 31        |

Due to limited IPC resources and number of outbreaks it was challenging to carry out visits timeously, therefore visits were prioritised following discussion at outbreak oversight meetings as determined by local intelligence. From the end of March there has been an increase in IPC resource and therefore there is now the ability to respond and ensure all care homes receive an outbreak visit and follow up if required.

Common themes also emerged during outbreak visits, particularly in relation to PPE practices, cleaning products, physical distancing of staff/residents, hand hygiene. Feedback from visits are provided to the care home managers and also discussed at the outbreak oversight meetings. Follow up visits are carried out where there any issues or concerns and further education and support provided as required.

Following a national review of care homes in Scotland early warning indicators were identified that could potentially prevent a high attack rate of COVID-19. In response, IPC undertook a review of all transfers to and from care homes to scope the impact, however it was found that there was a wide variety of reasons for the transfers not COVID related with no impact on outbreaks.

Following the 2<sup>nd</sup> wave of COVID-19, IPC reviewed the community prevalence data and contacted care homes where there was an increase in the specific areas. The aim was to inform them of the data and to highlight to staff to be vigilant, however this was recently paused due to the increase in numbers overall in Lanarkshire.

Focus Work

Identification of common themes provided IPC with intelligence of gaps in knowledge and practice and gave basis to focus improvements. The initial focus was on the management of the care environment and equipment and PPE practices and the key points identified from outbreaks.

A newsletter was developed to share good practice in care homes and a ‘key point bulletin’ was developed to highlight the main issues identified from outbreak visits and share advice and learning. An IPC Working group was established and is ongoing. This involves care home managers, Scottish Care and practice development and gives a forum to discuss the needs of the care homes and how IPC can provide support to improve and sustain IPC standards. There have been several pieces of work commenced: -

- The Scottish Infection and Control Education Pathway (SIPCEP) has been promoted to increase the knowledge of care home staff and align with training in healthcare.
- A presentation was developed and delivered to care homes highlighting common themes and attention to detail of the care environment and care equipment and the expectation of standards
- A video was developed and shared with care homes as a visual aid to help staff understand the importance of doffing PPE appropriately
- A pathway was developed to condense the national guidance and clarify measures required for admissions to care home due to the lengthy and comprehensive national document, making it easier for staff to follow. This has recently been updated and an SOP is currently in draft to support the pathway and share with acute hospital sites.

The new Care Home National Infection Prevention and Control Manual and National Cleaning Specification were published at the end of May 2021 and it is mandatory that these are implemented in care homes from September 2021. IPCT are currently visiting all homes to provide advice and support in the implementation. Flyers have also been developed and distributed fortnightly focussing on specific elements from the guidance documents that have been prioritised from the IPC working group. Verbal feedback from care home managers has been very positive and feel that the visits and support provided is meaningful and gives them the opportunity to clarify and ensure measures are implemented correctly.

IPC Focus over the next 3 months:

- Continue to involve care home managers in co-producing and co-designing the next cohort of visits.
- Recommence programme of collaborative visits to provide assurance that improvements continue and are sustained.
- Continue to respond to outbreaks to identify practice issues and provide advice and support to staff
- Continue to escalate issues or concerns and work collaboratively
- Scope and further develop work plan to focus on prevention of infection within the care homes
- Continue to work with Care Inspectorate to scope how to improve standardisation of IPC data such as Hand hygiene.

**4. STRATEGIC CONTEXT**

This paper links to the following:

|                          |                                     |                       |                                     |                   |                                     |
|--------------------------|-------------------------------------|-----------------------|-------------------------------------|-------------------|-------------------------------------|
| Corporate objectives     | <input checked="" type="checkbox"/> | AOP                   | <input checked="" type="checkbox"/> | Government policy | <input checked="" type="checkbox"/> |
| Government directive     | <input checked="" type="checkbox"/> | Statutory requirement | <input checked="" type="checkbox"/> | AHF/local policy  | <input type="checkbox"/>            |
| Urgent operational issue | <input checked="" type="checkbox"/> | Other                 | <input type="checkbox"/>            |                   | <input type="checkbox"/>            |

**5. CONTRIBUTION TO QUALITY**

This paper aligns to the following elements of safety and quality improvement:

**Three Quality Ambitions:**

|      |                                     |           |                                     |                |                                     |
|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|
| Safe | <input checked="" type="checkbox"/> | Effective | <input checked="" type="checkbox"/> | Person Centred | <input checked="" type="checkbox"/> |
|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|

**Six Quality Outcomes:**

|   |                                     |
|---|-------------------------------------|
| Everyone has the best start in life and is able to live longer healthier lives; (Effective) | <input checked="" type="checkbox"/> |
| People are able to live well at home or in the community; (Person Centred)                  | <input checked="" type="checkbox"/> |

|  |                                     |
|--|-------------------------------------|
| Everyone has a positive experience of healthcare; (Person Centred) | <input checked="" type="checkbox"/> |
| Staff feel supported and engaged; (Effective)                      | <input checked="" type="checkbox"/> |
| Healthcare is safe for every person, every time; (Safe)            | <input checked="" type="checkbox"/> |
| Best use is made of available resources. (Effective)               | <input checked="" type="checkbox"/> |

**6. MEASURES FOR IMPROVEMENT**

These are monitored on a weekly basis by the Support Team and issues escalated appropriately.

**7. FINANCIAL IMPLICATIONS**

Additional resources have already been committed to the support team until June 2022. These funds are included in the additional COVID costs being incurred by the Board.

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

There is a significant risk if care homes are not fully supported, and for any reason are unable to continue to look after residents appropriately.

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

|                           |                                     |                        |                                     |                               |                                     |
|---------------------------|-------------------------------------|------------------------|-------------------------------------|-------------------------------|-------------------------------------|
| Vision and leadership     | <input checked="" type="checkbox"/> | Effective partnerships | <input checked="" type="checkbox"/> | Governance and accountability | <input checked="" type="checkbox"/> |
| Use of resources          | <input checked="" type="checkbox"/> | Performance Management | <input type="checkbox"/>            | Equality                      | <input type="checkbox"/>            |
| Sustainability Management | <input checked="" type="checkbox"/> |                        |                                     |                               |                                     |

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY**

Not Applicable.

**11. CONSULTATION AND ENGAGEMENT**

The team consult with care homes on an ongoing basis through weekly conference calls, weekly supportive calls and short life working groups.

**12. ACTIONS FOR THE BOARD**

|         |                          |                            |                                     |                          |                          |
|---------|--------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|
| Approve | <input type="checkbox"/> | For Assurance              | <input checked="" type="checkbox"/> | Identify further actions | <input type="checkbox"/> |
| Note    | <input type="checkbox"/> | Accept the risk identified | <input type="checkbox"/>            | Ask for a further report | <input type="checkbox"/> |

**13. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact:

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