

NHS Board  
30 March 2022

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## SUBJECT: CARE HOMES UPDATE

### 1. PURPOSE

This paper is coming to the NHS Board

For approval	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Noting	<input checked="" type="checkbox"/>
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### 2. ROUTE TO THE NHS BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by Caroline Martin, Gwen MacIntyre and Julie Burns Senior Nurse, Care Home Assurance, on behalf of Eddie Docherty, Executive Director NMAHP's.

### 3. SUMMARY OF KEY ISSUES

#### Collaborative Support Visits (Cohort 3)

Cohort 3 of the scheduled collaborative visits involving Care Home Liaison, IPC and Social Work recommenced in February following their suspension throughout December and January. The decision to suspend visits was due to the surge in the Omicron variant of COVID and its associated pressures on all systems. Visits continue however to be postponed at present due to a further spike in COVID outbreaks and therefore many are requiring to be re arranged. To date, 33 visits have been undertaken.

Written reports including recommendations for improvement are provided to care home managers following each visit with request for an action plan to be completed and feedback regarding visit. Action plans are reviewed by visiting team to ensure they are robust and align with the findings and recommendations.

#### Support in Outbreaks

Over the last 18 months, when a COVID-19 outbreak was declared in a care home IPC responded and aimed to visit all homes to review practices and provide advice, guidance and support in relation to the outbreak. In recent months this was challenging to achieve due to the prevalence and increase in the number of homes affected, therefore outbreaks were discussed and IPC visits prioritised at the outbreak oversight meetings. Throughout

January – March, 123 outbreak visits were carried out having a significant impact on IPC resources, preventing improvement work, education etc. being undertaken.

A new approach is currently being reviewed and a trial is in progress with the view to providing more effective support to care homes. Local intelligence and any concerns along with requests by care homes for support will form the basis of future outbreak visits. This will allow the IPC team to plan and focus on prevention and improvement projects going forward.

The care home outbreak management oversight group meet to ensure that all outbreaks identified as a significant concern are discussed. At this meeting a risk assessment is undertaken around the home being allowed to be 'Open with Care' with Public health, Care Inspectorate and Care Home Assurance ensuring that the human rights and effects of isolation of each resident is considered when looking at risks and in any decisions made. Homes are closed as only in exceptions, with named visitors taking place throughout the majority of outbreaks. Essential visits are always permitted regardless of the care homes status.

### **Discharges from acute sites to care homes**

The Acute sites continue to experience significant capacity and staffing challenges. Work is ongoing across the whole system to respond to the demand challenges. Within the Acute sites there are patients who have been identified for discharge to care homes but are unable to be discharged due to covid restrictions within the care home. The Care Home Assurance Team are working with Public Health to look at all avenues for safe discharges and currently meet daily to review each resident and the care home they are being discharged to. Public Health are carrying out risk assessments to enable the safe discharge of residents to homes during COVID-19 outbreaks.

### **Voluntary Closure & Proposed cancellation of a North Lanarkshire Care Home's registration**

Following inspection by the care inspectorate there were concerns raised regarding the quality of care of residents were receiving within a North Lanarkshire Care Home. Despite support being provided, the home did not progress significantly with requirements given. The home was issued with a formal notice of proposal to cancel registration on 25<sup>th</sup> October 2021. An ongoing legal process continues with court proceedings due late March. Evidence will be presented from the Care Inspectorate findings and the Social Work integrated large scale investigation (LSI) review of all care and residents, which was completed earlier this year.

Concerns re quality and safety of care being provided was shared with all 17 placing local authorities who have worked to find alternative care arrangement for all residents. The Care Home Assurance Team have supported the homes residents and staff up to the safe transfer of the last resident on 4<sup>th</sup> March. A number of Adult Support and Protection API's were raised during this process along with staff referrals to relevant professional bodies including NMC and SCCC. Outcomes from the legal case will be shared in due course.

## Task and Finish Winter Improvement Projects – Update

The Care Home Assurance Team have been involved in 3 key improvement projects over the winter to reduce ED presentations and ensure residents Anticipatory Care Plans (ACP) are considered when they become unwell.

- The radiology project aimed to reduce hospital waiting times for residents requiring non-emergency radiology tests however no suitable candidates have been presented since the beginning of the project work. An alternative approach is being explored with consultant influence in developing a pathway for Minor Injury triage system using digital solutions to avoid unnecessary attendance. Preliminary meetings have been planned for week beginning 21<sup>st</sup> March.
- The ACP project has gathered written ACP information held in 4 care homes and is in the process of transferring this to the electronic Key Information Summary (eKIS) where it will be visible for clinicians in and out of hours to help inform decisions regarding residents care, ensuring their wishes are taken into account. Training is also being offered to care homes to help support staff and equip them with the skills to complete good quality ACPs.
- The Care Home Frailty Multi-Disciplinary Team (MDT) project involves the completion of holistic assessments for care home residents. An MDT meeting is then held to discuss the findings and agree decisions to ensure the best care for residents ensuring their wishes are at the centre of any decisions made. Residents Power of Attorney/ guardians attend the meetings.

The ACP and MDT projects are focusing on care homes that have been identified as having a higher than average number of ED attendances over the past 6 months

### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<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"/>
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#### *Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input 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 type="checkbox"/>
Best use is made of available resources. (Effective)	<input type="checkbox"/>

**6. MEASURES FOR IMPROVEMENT**

Set out in this report.

**7. FINANCIAL IMPLICATIONS**

N/a

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

N/a

**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 type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

Has an E&D Impact Assessment has been completed?

Yes   
No

**11. CONSULTATION AND ENGAGEMENT**

N/a

**12. ACTIONS FOR THE NHS BOARD**

The NHS Board are asked to:

Approve	<input type="checkbox"/>	Gain Assurance	<input checked="" type="checkbox"/>	Note	<input type="checkbox"/>
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**13. FURTHER INFORMATION**

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

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