Northern Ireland COVID-19 Regional Action Plan for the Care Home Sector

(September 2020 onwards)

Over-arching Aim:

To deliver a comprehensive and collaborative response to prevent, mitigate and build resilience in relation to COVID-19 pandemic response across the Care Home sector

Overall Planning Assumptions:

- It is assumed that any increase in the R rate will result in increased community transmission with the potential for outbreaks and clusters within the Care Home sector, resulting in outbreaks at a similar or greater level to that seen in the April 2020 COVID-19 surge.
- Care Home residents are more at risk than the general population because of individual vulnerabilities, shared living space and frequent close contact with staff and visitors who can unwittingly spread COVID-19 within and between settings.
- Residential Homes do not provide nursing care and cannot provide care for acutely ill patients with respiratory illness, as such these homes will require additional clinical support during a pandemic.
- The mortality rate is likely to increase given the potential co-morbidity of COVID-19 and Influenza.
- As we move into the influenza season, this, coupled with other seasonal illnesses, may lead to an increased level of clinical acuity among affected residents in individual homes and across the HSC system.
- Care Home residents will require enhanced access to urgent medicines (including End of Life care), both during and outside normal working hours.
- Staff absence will increase as a result of increased community transmission of the virus and regular testing which is likely to identify asymptomatic staff who would otherwise have gone unnoticed.
- The Care Home sector will continue to be dependent on a large and mobile workforce with the potential for some working in more than one setting and frequent bank and agency staff use; this will increase risk of cross infection.
- Due to Covid restrictions, visiting may be restricted at times and so communication with families must be timely and effective.

OBJECTIVES

Prevention: Reduce the number of outbreaks and the number of individuals infected in each outbreak.
Mitigation*:* Provide robust integrated Care home, Primary Care and HSC response including Medical, Nursing, AHP, Pharmacy and Social Care response commensurate with resident health care needs including acute clinical management of COVID-19 in residents.
Resilience (service continuity)**:** work in partnership with and strengthen Care Homes to ensure safe, person-centred care continues to be delivered to all residents irrespective of COVID-19 status, supporting care home staff and resident recovery from an outbreak.

PRINCIPLES

- HSC shared values of compassion, openness & honesty, working together and excellence will inform decision making throughout.
- All decision making/planning will be underpinned by ethical practice considerations as outlined in the DOH COVID-19 Clinical Ethics Framework 2020 to protect the dignity and rights of people living in a Care Home
- Every effort will be made to support and resource Care Homes to remain free of COVID-19 and where there is an outbreak, to reduce the spread and support recovery.
- Whilst technology based/ virtual interventions can be used as a means of limiting non-essential footfall in homes, it is recognized that some contact must still be 'face to face'.
- Lessons learned from the response to the first surge of COVID-19 will inform the response to the next phase of the pandemic. This will include the dissemination of lessons learnt and, for those critical pandemic services which have been stood down, identifying thresholds for reinstatement.
- Effective person centred care will continue to be delivered to all residents irrespective of COVID- 19 status.
- Families should continue to be involved in care planning decisions.
- Cognisance should be given to the differentiation of needs in nursing & residential homes and varying levels of support needed.
- Effective governance, including Safeguarding, will be adhered to.
- The Care Home Leadership role will be respected and work will be progressed in partnership.
- Partnership and mutual aid across HSC and with Care Homes at local and strategic levels will be maintained.
- The HSC will continue to support the Care Home sector to provide safe, effective person centered care through the next phase of the pandemic.
- COVID-19 +ve residents remain in Care Homes when clinically appropriate and in line with their advanced care plan preferences and anticipatory care plans, where available and in discussions with families.
- Care Home residents should have the same access to secondary care as all other citizens. Care should be escalated to secondary care when clinically appropriate.
- Care Home residents should not remain in secondary care or hospital care if not clinically appropriate and should return to their home as soon as possible or be in "home-based" care similar to their usual place of residence.
- There will be good communication between the HSC, Care Home Sector, residents, family, staff, Union representatives and the public.
- Ensure residents and relatives can openly share their experiences with key staff and decision makers for Care Homes and embed their voice into the development and improvement of Care Home services.
- There will be access to palliative care, End of Life care and bereavement support.
- All information and communication will be in Plain English and made accessible in formats required.
- At strategic level, the collaborative partnerships established for the purpose of the initiative should continue and develop further, to support future development of Strategy and Policy.
- This plan will be kept under regular review.

Care Homes in NI

In August 2020, there were 482 Care Homes in Northern Ireland providing capacity of 16,080 beds. The number of care homes/ beds across each Trust area varies, as does the occupancy rate of individual care homes.

COVID-19 DECISION SUPPORT FRAMEWORK FOR THE CARE HOME SECTOR

A decision support framework is outlined overleaf to provide stakeholders with high level triggers to reflect the current COVID-19 related pressures in the Care Home system.

- **Stage 1** of the framework reflects high level indicators of service pressures to inform levels of support that may be required at individual home level.
- **Stage 2** illustrates how individual Care Home pressures can be translated into an overall home RAG status which would be helpful at Trust and Care Home Group level
- **Stage 3** of the framework identifies the surge status of the Trust locality at a point in time.

ACTIONS (RLI recommendations noted in Red Font)

1.0 PREVENTION
1.1 Epidemiology and Public Health Management
- Analysis of current outbreak patterns/characteristics in order to identify trends and patterns, prioritise infection control, management and support arrangements.

1.2 Partnership Working
- Existing engagement frameworks with the Care Home sector should be imbedded at local/ regional level informing decision making and common problem solving.
- Maintain the Trust's Single Point of Contact (SPOC) for Care Homes for COVID-19 24/7 to direct and support Care Homes in taking appropriate actions.
- Engagement with residents, families and HSC professionals should inform the development of policies and practices through co-production approaches.
- Co-produce a communication strategy with residents and relatives to ensure all official information and guidance is cascaded directly to the residents & relatives.
- Develop a system which provides a continuous feedback loop between residents, relatives, staff and decision makers and helps identify good practice/ areas for development.

1.3 Strengthen IPC
- Provide Care Home staff with freely accessible regional IPC training e-learning modules.
- Provide dynamic risk assessment training, underpinned by a rights based approach, that enables Care Homes to manage a range of areas including safe visiting arrangements, implementation of physical distancing measures, resident access/egress to the home, management of residents with cognitive impairment who have difficulty understanding/complying with safety requirements, access to hand washing facilities, cohorting of residents/staff, single room occupancy. This list is not exhaustive.
- Review the built environment to inform best practice regarding IPC.
- Establish a sustainable mechanism for supporting the supply of PPE to Care Homes in a pandemic.
- Provide training for the domestic staff response in a pandemic.
- Provide guidance on enhanced and terminal cleaning processes for application during a pandemic.
- Ensure that increased levels of cleaning are implemented in all care homes
- Ensure footfall is kept to a minimum, whilst supporting essential access from health and social care staff
- Assess how to reduce or stop the number of agency and bank staff working across more than one care home
- Have a plan in place to rapidly isolate residents who have suspected or confirmed COVID-19. These must take account of Deprivation of Liberty considerations.
- Raise awareness of atypical presentation of COVID-19 in older residents and have a low threshold for isolation and testing**.**
- Continue to enhance HSC IPC staff support to Care Homes, including specific advice at the time of an outbreak.

1.4 Testing
- Deliver a rolling COVID-19 Care Home resident and staff testing program in line with Departmental policy.
- Develop a regional standing operating procedure for supporting the testing of residents and Care Home staff in conjunction with Care Home providers.
- Put in place arrangements for Trust led whole home testing (staff and residents) and result reporting in line with outbreak management procedures, this will include testing for flu and other respiratory viruses as advised by PHA.

1.5 Shielding and lockdown
- Provide guidance on the transfer of residents to and between hospital and from the community into Care Homes to reduce transmission of COVID-19.This will include 'Step-Up' and 'Step-Down' services.
- Provide clear and consistent visiting guidance for Care Homes.
- Provide appropriate technology to enable virtual visiting.
- Have in place standard operating procedures for isolating residents who "walk with purpose" as a consequence of cognitive impairment.
- Develop tools and resources in partnership with stakeholders to support communication skills and offer activities which stimulate all residents.
- Develop strategies to support residents with cognitive impairment and communication difficulties to share their emotions and to connect, for example, talking mats.
- Provide alternative occupation and activities for residents who have limited opportunity for communal activities.
- Provide opportunities for residents to exercise appropriately to maintain their mobility, appetite and digestion, and reduce risk of deconditioning

1.6 Staff
- HSC will continue to deliver appropriate training to support Care Home staff (including IPC, use of PPE, managing the deteriorating patient, end of life care, managing difficult situations and recognising the importance of good IPC practices in preventing spread of the virus, avoidance of deconditioning. This list is not exhaustive.
- Implement staff rotas and robust IPC practices to reduce movement of staff between settings to an absolute minimum, including agency staff and students .
- Establish mechanisms to engage with staff, including communication of key messages and receipt of feedback.
- Provide training on safe use and governance associated with the use of technology.
- Ensure access to staff from all sectors to Occupational Health, mental health and psychological support services and advice.

2.0 MITIGATION
- Rapid and co-ordinated response to COVID-19 outbreaks in Care Homes, PHA Health Protection Service will continue to support outbreak identification and management. Trusts to undertake onsite IPC risk assessment, assessment of clinical capacity and undertake testing as required.
- Provide critical, consistent clinical support (including GP, Consultant, Nursing, AHP, Social Work and Pharmacy) which is timely and accessible.
- Implement an overarching clinical care pathway, including use of assessment tools, to support early identification and optimal management of COVID-19 in line with regional plans.
- Provide technology to support virtual interventions with the multidisciplinary team (including Primary Care services).
- Provide Care Home staff with tools and skills training for recognising the deteriorating resident, relevant to individual roles within the COVID-19 response, and with a multidisciplinary approach.
- Provide guidance on the allocation of in reach support staff for Care Homes which mimimises footfall and affords in reach support staff the opportunity to be familiar with Care Home operations in COVID-19 and residents care needs.
- Trust home oxygen assessment and review teams (HOS-AR) to review and monitor home oxygen use in nursing homes to ensure appropriate allocation of resources.
- Continue to augment existing supplies of clinical equipment and PPE in line with additional demands linked to COVID-19 ie Oxygen / Drugs / Hydration and Nutrition / Equipment.

3.0 RESILIENCE (Service Continuity)
- Develop and implement local action plans approved through formal Trust processes to support the Care Home sector in line with the agreed regional action plan.
- Have in place a workforce plan addressing skill mix, induction & training to mobilise staff at short notice in support of the Care Home sector enhancing care capacity and resilience.
- Work in partnership with the Universities to consider learning from first wave regarding student placement in Care Homes, to inform pandemic response going forward.
- HSC Trusts will use the Decision Support Framework for Care Home Sector to inform additional 'on the ground' support requirements.
- Simplify information flow: RQIA to act as a single point of access to provide consistent information to all Care Homes.
- Offer leadership support for Care Home Managers and HSC Trust teams to enhance their abilities to manage effectively during high pressure times such as a pandemic.
- Promote the utilisation of the extensive range of initiatives already in place to support the mental health and emotional wellbeing of staff.
- Continue to build on the important partnership working between Care Homes and Trust Care Home Support Teams.
- Complete advance care plans with individual residents (and their families where appropriate) which include conversations on DNACPR.
- Put in place systems to promote the physical health, wellbeing, mobility and independence of all residents, particularly those post COVID infection.
- Undertake and prioritise anticipatory care planning in advance of the second COVID-19 surge.
- Implement robust plans to address COVID19 related palliative care, end of life care and bereavement support.
- Implement arrangements to support ongoing access to medicines, including palliative care
- HSC Trusts to refine their COVID-19 Response plans in line with this updated regional plan to support the Care Home sector.
- Care Homes must have arrangements in place to report Safeguarding concerns and incidents and Trusts must ensure they have robust arrangements to respond safely to these.
- RQIA must have arrangements to identify and respond to concerns about compliance with minimum care standards in the event of reduced regulatory visits

Decision Support Framework for Care Home Sector

STAGE 1: CARE HOME TRIGGER MATRIX

- The matrix below will be used by HSC NI and the Care Home Sector as a point of reference for Care Homes and Trusts to guide decision making on when additional targeted support may be required. It is not meant to replace professional decision making.
- The variables listed reflect key high level indicators of service pressures and risk, some of which are based on subjective opinion. Local knowledge will be important in the interpretation due to the complexity of intelligence that is associated with each indicator. Where Care Homes report pressures in more than one variable, a more comprehensive response may be required.
- Care Homes may move between levels of pressure within relatively rapid timeframes. Actions to strengthen prevention, mitigate risk and support service continuity should continue in ALL Care Homes. This will provide a regional overview and allow identification of any patterns and/or information that requires a more strategic response.

Status	Green	Amber	Red
COVID-19 related pressures	Low →		**High**
COVID-19 Outbreak	No outbreak	Outbreak notified (2 or more cases)	Outbreak with 3 or more current cases (Evidence of ongoing spread)
Workforce	Sufficient staffing for 6+ days	Sufficient staffing for 4-5 days	Not sufficient staffing to meet the care needs for the next 3 days
PPE & Equipment required for management of COVID-19	Sufficient PPE & equipment for 6+ days	Sufficient PPE & equipment for 4-5 days	Not sufficient PPE or equipment to meet the care needs for the next 3 days
Residents in acute decline N=Nursing Home R=Residential Home	N / R / Home size 0-1 / 0-1 / Up to 30 0-2 / 0-1 / 31-50 0-3 / 0-1 / 51+	N / R / Home size 2 / 2 / Up to 30 3 / 2 / 31-50 4 / 2 / 51+	N / R / Home size 3 / 3 / Up to 30 4 / 3 / 31-50 5 / 3 / 51+
Def Residents in acute decline	Residents in last 24 hours who have had a significant change in baseline clinical condition requiring ongoing additional clinical care including: • Complex end of life care • New or increased need for supplementary oxygen • Non-routine calls to GP or significant new medication issues • Attendance at emergency department		

Notes:

- Version 2 of the Decision Support Framework is based on feedback from stakeholder organisations on experience to date from responding to the 1st wave of COVID-19.
- Learning suggests early intervention improves outcomes. With this in mind, homes moving between RAG status should be considered a trigger for early proactive engagement from Trusts, Primary Care and GPs to assess the need for enhanced support. It is not an indication of performance.
- The timeframes used in the RAG status for staffing reflect the reduced opportunities in care home settings to access agency staff or redeploy staff across the sector, and to access PPE, as compared with HSC organisations.
- Residents in acute decline – numbers indicated are based on access to Trust, Primary Care, GPs to support from community nursing or acute care at home teams (or similar) over each 24 hour period.

STAGE 2: DEFINITION OF CARE HOME STATUS

Once there is a clear understanding of the pressures facing an individual Care Home, the tool below assists the designation of a COVID-19 status to an individual Care Home.

An individual Care Home status is defined according to the trigger with the highest pressure point as follows:

Status		Definition of Individual Care Home Status
	Red Home	The Care Home identifies with one or more of the criteria in the Red Status column of the Surge Trigger Matrix
	Amber Home	The Care Home identifies with one or more of the criteria in the Amber Status column of the Surge Trigger Matrix and no red criteria.
	Green Home	The Care Home identifies with all the criteria in the Green Status column of Surge Trigger Matrix.

The designation of a status to each Care Home will assist Trusts to develop an overview of the Care Home status in a geographical area or a Care Home Group.

STAGE 3: IDENTIFICATION OF SURGE STATUS

It is important at a system level (DOH, PHA/HSCB, Trust, RQIA) to be able to identify the level of Surge across the Care Home sector. The tool below classifies the level of Surge based on the percentage of Care Homes presenting with green, amber or red status.

Surge Status	Surge Level	Criteria Level
Green	Low Surge	• 85% or more in green status • Less than 15% in amber status • Less than 3% in red status
Amber	Medium Surge	• 15 % or more in amber status **OR** • Between 3% and 15% in red status
Red	High Surge	• More than 15% in red status

- Surge level is based on the Care Home sector's ability to continue to deliver services safely.
- The limits set at each level reflects reported Trust experience to date on their capacity to support care homes.

Links to Useful Resources

Guidance for Nursing and Residential Care Homes in Northern Ireland:
https://www.health-ni.gov.uk/publications/covid-19-guidance-nursing-and-residential-care-homes-northern-ireland

Regional Principles for Visiting in Care Settings in Northern Ireland:
https://www.health-ni.gov.uk/covid-visiting-guidance