

From the Chief Nursing Officer
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BY EMAIL:

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RE: Implementation of Care Partner in care homes in Northern Ireland

Evidence from across the world continues to show that residents in care homes remain some of those most vulnerable to death and serious harm from Covid-19.

Managing the impact of the transmission of Covid-19 into care homes by placing protective restrictions on access to residents has been a key strategy in keeping them safe. Throughout the pandemic, a series of restrictions, applied in line with the current Regional Alert Level Position, have been put in place for care home visiting arrangements to prevent, or mitigate, the impact of infection.

The revised guidance¹ took effect from 23rd September 2020, following the Executive decision on the 21st September 2020 to raise the Alert level to its current Level 4. This is defined as **“a high or rising level of transmission - enforced social distancing”**.

This means that currently for Care Home settings:

“Indoor visiting in residents’ rooms – one person for one hour once weekly will be permitted where this can be accommodated within social distancing. This does not apply to care partner arrangements.*

Alternatives in line with Care Homes’ visiting policies, e.g. outdoor visiting, virtual visits, designated visiting rooms etc. should be provided.”

¹ <https://www.health-ni.gov.uk/Covid-19-visiting-guidance>)

We are all aware of the very real distress to some residents and their families that has resulted from restricting visiting, and of the implications that restricting visiting has in terms of potential breaches of Article 8 Human Rights, the Right to Private and Family Life².

We recognise that a range of innovative methods have been developed and used by care homes to facilitate contact between residents and their loved ones during the ongoing pandemic, Covid-19 remains a developing journey and we must continue to look for solutions that meet the needs of relatives, families and staff.

We continue to combine our learning here and in the other UK jurisdictions with the learning being identified across the world about the virus and its transmission into and within care homes, to make every effort to address the challenges faced in safely increasing footfall and access to residents, using a risk based approach and taking account of the overall restrictions placed by a particular Alert Level.

As a result, the revised guidance issued in September 2020 included the following concept:

“Each care home should work to introduce and support “care partner” roles.”

“Care partners will have previously have played a role in supporting and attending to their relative’s physical and mental health, to ensure that other health and social care needs are met due to a pre-existing condition”.

The underlying concept for the role of a care partner is to find a balance between mitigating the impact on the health and wellbeing of residents through the transmission of Covid-19 by restricting access to care homes and mitigating the impact on the health, wellbeing and the human rights of residents by restricting their access to those who had been providing an essential element of maintaining their physical and mental health and wellbeing.

We do not underestimate both the practical and the emotional challenges for residents, families and care home staff in seeking to achieve that balance, but, in common with other UK jurisdictions and the Republic of Ireland, we must find a way to do so as we all learn to “live with” Covid-19 and manage its impact on care home residents in the longer term.

We acknowledge that the speed at which the revision of the visiting guidance needed completed to reflect the change in Alert Level in September 2020, impacted on the ability to engage as widely as we would have wanted at the time. However, the description of the care partner was shaped by learning from similar approaches in the other UK jurisdictions and internationally.

We wrote to Trusts on the 24th September 2020 setting out both the support we expect them to provide and the actions we expect them to take to ensure every effort is being

² European Convention on Human Rights https://www.echr.coe.int/Documents/Convention_ENG.pdf

made to safely enable loved ones to be together. A copy of that letter is attached at **Annex A** for your information

Since that time we have been engaging with a range of stakeholders, including representatives of families and of care homes, Independent Care Home Providers, Trust staff, including those providing support to care homes, DOH officials with relevant policy responsibility and representatives of other statutory organisations involved with the independent care home sector, to listen to concerns regarding the implementation of the care partner and to provide a supplementary description around the concept.

However, this supplementary description is not a reason to delay the implementation of the care partners within care homes. The underpinning principles have not changed and remain as per the regional visiting guidance issued on 23rd September 2020. Therefore the expectation remains that care homes should have either implemented, or be progressing the implementation of, the care partner concept in their care home, such as making progress in identifying who among their residents would benefit from having a care partner and in holding discussions with those residents and their families.

We have acknowledged the concerns from Care Home Providers of the resource implication of the care partner concept, and additional funding to support visiting processes was **announced** by the Minister of Health on 22nd October 2020. We would encourage each care home to consider how they can make use of that financial support to facilitate visiting and to progress the implementation of the care partner concept.

We remain convinced of the critical importance of enabling visiting and introducing the care partner role but also recognise that this will be challenging for some care homes whilst mitigating the transmission of Covid-19. Where there are difficulties in progressing the care partner role, we have asked Trusts to work with care homes to support them to seek a solution as a matter of urgency given the impact on the residents and their families.

We are deeply concerned at the reports from some families that there are care homes who are not completing individual risk assessments for their residents and in fact, not facilitating visiting and/or the care partner concept as described in the Visiting Guidance. Where that is the case, we expect Trusts to be taking active steps to ensure that it is explored as a matter of urgency given the impact on the residents and their families.

For purposes of clarity – the care partner arrangement is in addition to visiting that is arranged in line with the Visiting Guidance.

With regards to visiting, under the current Alert Level 4, care homes should facilitate indoor visiting for one hour per week in a resident's room, where this has been indicated in individualised visiting plans as the method appropriate to that particular resident's needs. As described in the Visiting Guidance, care homes should also be providing alternatives in addition to visiting inside a resident's room, such as indoor visiting rooms/areas, visiting pods, outdoor visiting and virtual visits, that can take place in line with the care homes visiting policy. The visiting guidance acknowledges

that the number of visits may have to be limited to a maximum number per week to allow every resident to avail of opportunities for visiting. The guidance does not currently stipulate a number as a maximum, other than those who can only receive visitors in their own rooms, in acknowledgement that each home and its risk assessment and policy will be unique to that home.

The visiting guidance also makes reference to facilitating visits for those residents who are considered to be actively dying.

We have also requested the Trusts and the Health and Social Care Board work together to establish robust mechanisms that assure themselves and the Chief Social Work Officer that visiting is being facilitated in line with the extant Visiting Guidance and the implementation of the care partner concept is being progressed within care homes and to identify where further support from Trusts may be required.

In conclusion, we would like to take this opportunity to inform you that the Chief Nursing Officer and Deputy Chief Nursing Officer will be holding a series of virtual discussion sessions with the independent care home sector in November 2020. Invitations have been issued to all care homes in Northern Ireland to inform them of the detail of the sessions and how to take part. The sessions form part of ongoing engagement with the independent care home sector and we would very much encourage you to take up this opportunity to join the discussion.

Yours sincerely



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Chief Nursing Officer



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Chief Social Work Officer

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Dear Colleagues

Having come through what has been called the “first wave” of the Covid-19 pandemic period, the entire health and social care sector continues to deliver their services in difficult conditions. This has been particularly challenging for the independent care home sector. Some of the most challenging situations have been restricted visiting and managing reduced footfall through care home premises. The issue of revised guidance on 23 September 2020 for visiting care homes <https://www.health-ni.gov.uk/news/visiting-guidance-issued-hospitals-and-care-homes> recognises that a balance is required in those measures which aim to minimise infection transmission with those which protect the mental health and emotional well-being of residents, and their Article 8 Human Right to family life.

In addition, given the physical and mental health complexities of a significant number of care home residents, bespoke arrangements are required in order to enable that balance, and to protect family-centred mental health, emotional well-being and relationships.

The recent Rapid Learning Initiative into the transmission of Covid-19 in Care Homes recognised the benefits of reducing footfall but also highlighted the negative impact of restricted visiting on residents and their loved ones and how staff found it very

challenging to make such difficult decisions. Family and close carers can advocate for a resident's needs and support them in managing their health, long-term care and overall mental well-being. Because they know their loved one best, families are uniquely attuned to subtle changes in their behaviour or status. This makes visiting an important strategy for reducing the risk of preventable harm now, and in the event of potential further surges of infection.

Care homes are being asked to introduce "care partners" for those residents who would benefit from additional care and support from a loved one. Care partners are more than visitors. Care partners will have previously played a role in supporting and attending to their relative's physical and mental health, and/or provided specific support and assistance to ensure that communication or other health and social care needs are met due to a pre-existing condition. Without this input a resident is likely to experience significant and/or continued distress.

We will be living with this virus for some time necessitating significant societal adjustments to everyday living. The move towards autumn and winter and possible further surges of infection will require care homes to apply dynamic risk assessment principles to visiting arrangements/policies. A variety of arrangements for visiting will need to be considered, including for example, weather dependant contingencies, and provisions for those who cannot access outside visiting or internal visiting areas, and/or use of technological solutions to support virtual visiting, whilst recognising the limitations of this approach for some residents and families.

Care homes must also be able to clearly describe the rationale for changes to visiting arrangements in response to an infection outbreak etc. Clear communication with residents and families will be key in the successful implementation of visiting policies and where possible residents and their loved ones should be involved in decision making regarding the risks and benefits in facilitating visiting.

PHA provided care homes with training and resources to assist in undertaking dynamic risk assessments with regards to accommodating a balanced approach to visiting in July 2020, (as attached). The principles and templates within these resources may also be useful for care homes who are considering how they might re-introduce other services, such as hairdressing services.

However, safely and holistically managing visiting arrangements is a challenging area for care homes.

Actions required:

HSCTs should assure themselves that care homes that accommodate their clients are operating in accordance with the guidance issued on 23 September 2020 with the implementation of a dynamic risk assessed approach to visiting at their premises. This may include:

- providing support and advice where there are difficult to navigate situations relevant to a particular HSCT client;
- considering if the arrangements in place for individual clients recognises the balance in managing infection transmission with protecting the mental health

and emotional well-being of residents and takes account of each client's personal health and care needs (e.g. those who may be hearing impaired, visually impaired, cognitively impaired etc.);

- considering if the arrangements in place recognise and facilitate the role of care partners;
- ensuring that individual clients and their relatives have been involved in agreeing visiting arrangements, recognising that residents and/or their representatives should be involved in the individual discussions and decision-making about their own tolerance of risk and their own judgements about the balance of risks; and,
- ensuring that there are mechanisms for ongoing review of clients' individual visiting arrangements.

In terms of introducing care partners to the care home, it is expected that care homes will have completed this process as soon as possible but no later than 5th November 2020. Care homes may require support from care managers/social worker to identify the care partner or in managing the process.

Yours sincerely



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