



**Written submission to the Committee for Health inquiry
into the impact of COVID – 19 on Care Homes.**

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**Michele Smyth
Senior Campaigns and Communications Officer**

**Age NI
3 Lower Crescent
Belfast
BT7 1NR**

**t: 028 9024 5729
e: michele.smyth@ageni.org**

1.0 Executive Summary

Age NI welcomes the decision by the Health Committee to lead an inquiry into the impact of COVID-19 on care homes with a view to developing recommendations aimed at mitigating and managing a second surge in infections. We welcome, too, the opportunity to provide evidence to the Committee on this important matter.

COVID-19 has exposed and exacerbated difficulties inherent in the planning, commissioning and delivery of social care to the most vulnerable in our society. Older people have borne the brunt of COVID-19 which has forced changes to the everyday care and support systems that older people depend on.

Age NI acknowledges that the focus of this inquiry is on care homes and we urge the Committee to address the similar difficulties faced in all social care settings and services including those delivered to older people in their own homes through domiciliary care.

We believe that people who live and work in care homes, families and the public must be assured that all necessary steps will be taken to prevent the same rate of deaths or levels of illness due to COVID-19 happening again.

We believe that it is more important to ensure:

- the rights and quality of life experienced by older people are protected
- the important role played by families in the quality of life and wellbeing of older people in care homes is respected
- family involvement and ideas on how visiting might happen safely and in comfort while we do not have a vaccine in place, are welcomed and promoted
- the measures put in place to protect older people in care homes are informed by evidence
- that older people are involved in decisions that affect them and that reasons for the measures are communicated clearly to them and those close to them.

2.0 General Comments

Age NI welcomes the decision by the Health Committee to conduct an inquiry into the impact of COVID-19 on care homes with a view to developing recommendations aimed at mitigating and managing a second surge in infections.

Problems associated with the delivery of adult social care have been known for some time and were identified in *Power to People* report produced by the Expert Panel on Adult Care and Support.



COVID-19 exposed and exacerbated many of these difficulties including:

- the fragility of the care sector
- lack of integrated, joined up systems of health, care and support
- an undervalued workforce, with poor terms and conditions, resulting in challenges to recruitment and retention of staff
- complex eligibility criteria on accessing and charging for social care support
- reliance on family carers
- lack of government priority, planning and investment in social care which reflects the true cost of care.

Age NI recognises the complex pressures currently faced by health and social care services. This is across all sectors and in a range of settings, including care homes, domiciliary care, supported living facilities, etc.

While we acknowledge the focus of this inquiry is on care homes, we urge the Committee to ensure the Department has in place a surge plan for all settings to meet the increasing infection rates in communities. Most older people are cared for in their own homes and rely on care staff and their families to help them stay well and as independent as possible.

The impact on and shocking death rate in care homes has highlighted to an even greater extent the importance of balancing protecting people through public health measures with ensuring good quality of life. We are painfully aware of the significant and devastating impact of COVID-19 on the health and wellbeing of older people and their families.

We are mindful, too, of the impact on staff who continue to deliver much needed services, support, care and treatment to older people in very challenging circumstances.

This submission draws upon:

- the insights of older people shared in discussions with Age NI's Consultative Forum¹ and Age Sector Networks² along with feedback from people who use Age NI services
- our experiences as a not-for-profit provider of care services, including one residential care home.

¹ Formed in 2010, Age NI's Consultative Forum engages with, advises and challenges Age NI on policy issues and on its strategic direction. The work of the forum covers the whole of Northern Ireland and focuses on issues affecting people over the age of 50. It works collaboratively with, and in support of, Age NI.

² <https://www.ageuk.org.uk/northern-ireland/get-involved/age-sector/age-sector-networks/>



Age NI believes that it is even more important that the rights of older people are upheld and protected during this pandemic. The following ECHR Protections are particularly relevant:

- Article 2 – the right to life
- Article 3 - freedom from torture or inhuman or degrading treatment or punishment
- Article 8 – the right to respect for private and family life
- Article 14 - freedom from discrimination in respect of protected convention rights

3.0 About Age NI

3.1 Age NI is the leading charity for older people in Northern Ireland. Our vision is a world where everyone can enjoy later life and our mission is to help people enjoy a better later life.

3.2 We achieve this through over 87,000 direct contacts with older people each year: providing information, advice and advocacy to over 10,000 older people; delivering a range of direct care and wellbeing services; supporting age sector networks; campaigning on issues that are important to older people and ensuring their voices are heard.

We currently act as secretariat for the All Party Group on Ageing and Older People at the Northern Ireland Assembly.

Age NI has been actively engaged in debate on reform of adult social care for several years.

Our vision of social care is:

“Quality integrated social care that recognises the rights, aspirations and diversity of us all, and is based on the right to live with dignity, independence, security and choice”.

In September 2020, we published *Lived Experience: Voices of older people on the COVID-19 pandemic*³.

This report highlights the experiences and concerns of Age NI’s Consultative Forum, service users, and members of age sector networks across Northern Ireland. On the basis of this feedback, the report recommends actions necessary to improve the experiences of older people facing life in a time of COVID-19.

³ <https://www.ageuk.org.uk/globalassets/age-ni/documents/policy/lived-experiences-brochure-final.pdf>

,Included within the list of action points in the report are the following which relate to care homes:

- Commit to a robust review of what happened in care homes during COVID-19 so that those who live and work there and their families can be reassured of a better, more immediate and effective response to any future health emergency.
- Provide assurance of good quality care in care homes, protecting older people who are particularly vulnerable to COVID –19. Ensure that rights are upheld.
- Prioritise and value the skills and key roles played by the social care workforce.
- Recognise the role played by family carers.
- Listen to the views of older people – they are experts in what matters to them. Develop and quality assure public health messages with older people. Nothing about us, without us.

4.0 Areas of consideration

4.1 Discharge from hospitals to care homes

4.1.1 Testing prior to and post discharge

Age NI believes there should be more clarity around arrangements on testing prior to and post discharge from hospital settings, including in situations where an older person has attended the Emergency Department (ED) but not been admitted to hospital and returned to their care home.

4.1.2 Isolation within care homes

The design and physical layout of a care home, the needs and care required by individuals living in the care home, the staffing complement and availability will all have an impact on how a care home can isolate in a way that is not detrimental to the health or wellbeing of residents or staff.

Age NI believes that additional expert support and advice should be provided to care homes to explore how each can implement best practice solutions for isolation in their own facility. This at the same time as protecting residents' quality of life, for example, by organising “bubbles” for staff and residents and managing restrictions in movement between parts of a care home.

The Hong Kong model of “decanting” care home residents to a designated facility outlined to the Committee on September 24th should only be considered as an option of last resort.

4.2 Access to PPE

Age NI believes that PPE should be available for all social care workers in all settings. In addition, we believe that information and training should be provided and delivered promptly about any new knowledge or innovations to PPE and its use.

4.2.1 Costs

Age NI believes that, as PPE plays a key part in our response to a public health pandemic, Trusts should not ask providers in the independent sector to pay for the PPE they need.

We suggest that care homes cannot be expected to bear additional costs associated with protective COVID-19 measures under the current tariff. Any review of the tariff should factor in all additional costs and offer realistic compensation based upon the true cost of care and necessary additional measures.

4.2.2 Security of supply

Age NI believes that Trusts should continue to ensure that sufficient stocks of PPE are available for all care services and there is security of supply.

4.2.3 Procurement: central v individual

Age NI believes that the more streamlined provision of supplies of PPE and the centralised arrangements of ordering PPE through Trusts has worked well and should continue.

4.3 Testing in care homes

4.3.1 Effective frequency and management

Age NI believes that it is important to be informed and guided by the evidence with respect to the frequency of effective testing. The current testing regime of every 14 days for staff and every 28 days for residents should be reviewed as a matter of urgency in light of the increase in community transmission.

Training and support measures to ensure testing is carried out safely and effectively by care staff and in care homes should be kept under review. Clear advice on issues such as individual consent should be included in any guidance issued. Best practice in this area should be disseminated.

Age NI believes that steps should be taken to monitor and ensure there is no delay in receiving test results. We are aware that tests originating from care homes are



processed under Pillar II. We ask that these tests are afforded the same priority as those processed under Pillar I.

4.3.2 Symptom monitoring

Age NI believes that training on symptom monitoring should take place, particularly as some older people may not display the usual symptoms associated with COVID-19. We believe that homes should have access to sufficient quantities of equipment (i.e. contactless thermometers) and trained in best practice for monitoring and record keeping.

4.3.3 Consent issues

Clear guidance should be provided to homes to support the management of any issues arising with consent to testing among residents or staff. Such guidance should incorporate any considerations that must be given by law when there is a refusal to comply with testing.

4.4 Funding and increased costs for care homes

COVID-19 has exposed the fragility and inadequate resourcing of the social care system. Prior to the pandemic, the transformation project intended to review and identify the true cost of social care. Age NI believes that this work is even more vital and should be taken forward as a matter of urgency. Steps must also be taken to put in place contingency plans in the event of home closures.

4.4.1 Cleaning

Age NI believes that the additional costs, including staff costs, to carry out enhanced cleaning regimes should be recognised and reflected in payments to care homes.

4.4.2 Technology

Age NI welcomes the focus on how technology can reduce levels of loneliness and increase contact between residents and families. We are concerned, however, that technology will not be appropriate for all older people and urgent and innovative action is required to address how we can enhance connections for people who do not find technology an accessible or valuable tool.

4.5 Staffing issues and levels

Age NI believes that services for older people in need of care should be provided by skilled, competent and valued workers, with decent salaries and appropriate pay scales, stable working conditions and manageable workloads. Opportunities for



continuous learning and improvement should be available to all and caring should be seen as an attractive, viable and progressive career for men as well as women.

A joined-up health and social care system, which values and adequately resources social care services, is vital if we are to respond effectively to the threat posed by COVID-19.

Age NI emphasises the need to urgently step up plans to reform social care so that urgent and necessary changes can be made. The examination of workforce issues already underway is now more important than ever and should be progressed accordingly.

Similarly, we need a skilled workforce, remunerated for the complex, important work it does. Age NI believes that we must make a concerted effort now to recruit, train and retain social care staff, particularly as we move into this period of increasing infection rates and the winter months.

We suggest the Committee should consider incentives to attract and retain social care staff and ensure adequate sick pay arrangements and cover are provided for.

4.6 Visitors

The challenges facing residents, relatives and staff about visiting arrangements have been well publicised. Being unable to visit a loved one in a care home causes feelings of heartbreak, loss and helplessness for both residents and families.

Age NI recognises the importance of quality of life and family involvement in the life of an older person. Developing positive relationships with families and respecting the important part they play is key. We believe that compassion, person-centred care and judgement are all required when considering how we facilitate safe visiting during this pandemic.

Each care facility is the home of the residents who live there. Age NI believes that those residents and their families should be involved in decisions that affect them and their home life. We recognise, too, that the pandemic and keeping everyone who lives in a care home safe and well, mean that restrictions on visiting must be in place, for example, if there is an outbreak in a care home.

We believe that communication between care homes, residents and staff is vital so that there is a greater understanding of the visiting arrangements in place and the reasons for any changes.



Additional clarity on guidance would be helpful in explaining why visiting is not allowed when community and leisure activities re-open and in supporting care homes to be flexible in their approach.

Age NI recognises that a one hour visit per week by a single designated person does allow homes to manage the situation. We believe, however, that a blanket approach may not be appropriate and greater flexibility would help to meet the needs and wishes of older people and their relatives. Feedback from some families indicates that homes should be able to exercise a more person-centred approach that allows for compassionate judgement. For example, an older person with dementia or a person who is anxious, may be better supported by more frequent visits of shorter duration.

We believe designating one person to be the visitor can be problematic too. Clearly this measure is focused on infection control, but it does not factor in the complexities of family relationships and demands.

Finding ways to protect everyone in a care home while also enabling contact, connections and visits are key to improving outcomes and quality of life for older people. We need to be more imaginative and resourceful as we move forward. Care homes will need additional resourcing and support to implement a model of visiting that meets the needs and preferences of residents and families and is aligned with staff capacity and availability.

Age NI draws attention to the work of other organisations, such as Alzheimers Society, TIDE⁴ and John's Campaign⁵, that have emphasized the importance of social contact for people with dementia. These organisations have called for more compassionate guidelines for those living with dementia, and a basic framework of fairness within which individual cases can be considered and person-centred strategies applied.

John's Campaign suggests:

- the NHS criteria for 'essential visitors' should be applied to all settings and clearly published to the public as well as to providers
- the NHS clinical guide for supporting compassionate visiting arrangements should likewise be promoted
- testing should be available for family carers; likewise stringent hygiene protocols (handwashing above all) and the use of PPE where necessary. Whatever staff members are asked to do, family carers should do the same, except they will not be

⁴ <https://www.tide.uk.net/wp-content/uploads/2020/09/DoH-Briefing-tide-carers-of-people-with-dementia-and-visiting-care-settings-1.pdf>

⁵ <https://johnscampaign.org.uk/#/post/an-open-letter>

moving from person to person, only to their own relative by the most direct route possible

- all care home managers should be supported to draw up a list of least-risk locations (out of doors; through a window; in a dedicated, easily-cleaned visiting area nearest to the entrance; resident's own room) and match these to the needs and capabilities of each resident
- all care home managers should be able to show that each resident's individual emotional needs are being monitored, signs of deterioration recorded; remedial strategies discussed, noted in care plan and implemented
- that care home residents should have the same access to wider NHS health care provision as others in their age group (eg GP, district nurse, community mental health, palliative care).

4.6.1 Virtual visiting

Age NI accepts that virtual visiting can provide comfort to some care home residents when other forms of visiting are not possible. It is not, however, suitable or beneficial in all cases. In particular, residents with dementia can find the experience confusing and in some cases distressing. Ensuring appropriate alternative measures are in place to cater for these residents must be considered and every effort made to provide

4.6.2 Socially distanced visiting

Local examples have been widely reported in the media⁶ and show that socially distanced visiting can be accommodated where homes have adequate space indoors and outside. Innovative solutions include visitor pods, drive through visiting and modified rooms with Perspex screening. As we move into the winter months when comfortable outdoor visiting will be more limited, it is clear that we need to adopt innovative solutions to serve us in the longer term.

Whilst these innovations are emerging, a fact-finding exercise should be carried out to identify the most effective innovations and the costs and practicalities of implementing them. This with a view to extending guidance in this area and providing financial support to implement best practice.

4.6.3 Wellbeing

Vital infection control measures in care homes have meant that grief and loss are compounded for many older people and their families. Age NI believes that measures must be identified to mitigate the significant impacts of bereavement in

⁶ <https://www.carehomeprofessional.com/care-homes-innovate-to-reunite-residents-and-families-during-lockdown/>



these circumstances. We must enable compassionate responses for bereaved families, ensure dignity is maintained and rights are upheld. We believe, too, that bereavement support which is available for families, other residents and staff should continue to be resourced and promoted.

Physical deconditioning and mental decline through lack of movement and interactions with others was highlighted in Age NI's *Lived Experience* report. The International Long-Term Care Policy Network (ILTCPN) states that:

“Confinement, isolation and the many challenges brought about by the pandemic are detrimental to the cognitive and mental health symptoms of people with dementia.”

Best practice in this area should be identified and shared and steps taken to ensure that older people living in care homes benefit from any community based initiatives.

4.7 Regulation

4.7.1 RQIA role including inspections and advice

Age NI recognises that providing assurance to families and the public that older people and others in care homes are safe and well cared for is important. Lack of connection and being unable to visit care homes have caused some to worry about the risk of abuse and neglect.

Age NI believes that the RQIA should be considered part of the essential services which enter and visit care homes, taking care to be safe and following infection control protocols.

We suggest that their role on site during the pandemic should focus on observing the quality of care and interactions with residents, ensuring a good quality of life for all who live in a care home. The paperwork element of the inspection should be completed off site to minimise contact time inside the home and limit the risk of transmission.

4.8 Medical care within care homes

4.8.1 In-reach teams; support from Trusts & GPs

Age NI believes that a “wrap around” approach is required to ensure older people in care homes receive equal access to the treatment and care they need. GP and other health care services must become part of the team working alongside staff in a care home to support an older person to stay well and as independent as possible.



Concerns have been raised about the practice of GP consultations taking place over the phone, requiring photographs or video to be taken and sent for use in diagnosis. We believe this approach is not always effective, particularly for people with dementia. It arguably places an unfair burden on social care staff who have limited time availability and are not clinically trained.

Age NI supports the regional approach to the expansion of the “Acute care at Home and at Care Homes” initiative as outlined in the Surge Planning Strategic Framework.

4.8.2 Advance care planning

Age NI believes more should be done to ensure that families’ and others’ concerns, raised at the start of the pandemic, regarding DNACPR forms, are addressed and do not become a feature of the second or any future waves of infection.

We recognise that there is a very real need to find ways to support starting the sensitive conversation about end of life. This should not take place at a time of crisis but at a time and place that suits the individual, family and their doctor with the wishes of the resident and family recorded. We believe the Department of Health should clearly outline and communicate the rights of older people and families in these situations. Age NI also draws attention to the need for protocols to support compassionate end of life strategies.

5.0 In Conclusion

Age NI appreciates the Committee’s invitation to reflect our experience and that of the older people we work with and support. Should further information or clarification of any of the points made in this submission be necessary, we will be happy to respond.

We urge the Committee to ensure the outcomes of this inquiry are acted upon to ensure the immediate safety of care home residents and improve future outcomes for older people and their families.

We ask that consideration is given to the fullest co-production possible (as appropriate in current circumstances) to ensure timely actions and measures but with commitment to include the voices of older people in the long-term review and planning of care services.