

BASW NI Evidence to the Committee for Health Inquiry into the impact of COVID-19 on Care Homes

1. Introduction

- 1.1. The British Association of Social Workers Northern Ireland (BASW NI) is part of BASW, the largest professional body for social workers in the UK. BASW has 21,000 members employed in frontline, management, academic and research positions in all care settings.
- 1.2. There are 6,645 registered social workers in NI. This comprises staff working in Health and Social Care (HSC), in education and training, the criminal and youth justice sectors and the voluntary sector, as well as a growing number of independent practitioners. Approximately two thirds of registered social workers work in HSC.
- 1.3. Social workers play a key role in supporting service users living in nursing and residential care homes. Under normal circumstances, a range of social work statutory functions, including care reviews and Deprivation of Liberty Assessments, are conducted face-to-face with service users. The ability of staff to carry out many statutory functions has been severely hampered by the restrictions placed on access to care homes by social workers during stages of the Covid-19 pandemic. In many instances, assessments have been conducted by videocall or telephone. This has caused difficulties, particularly in cases where residents have experienced cognitive decline or are non-verbal.
- 1.4. As of 13 October 2020, there were 482 registered care homes in NI of which 248 are nursing and 234 residential care. 243 nursing homes are operated by independent providers and five are statutory homes. 191 residential homes are operated by independent providers and 43 are statutory homes. The total number of registered care home beds in NI is 16,110¹.

2. Visiting

- 2.1. Engagement with BASW NI members working in the various HSC Trusts indicates consistency within each Trust area in terms of procedures for visiting and social work access in Trust operated care homes. However, there has been significant variation in the procedures followed by privately owned homes. For example, for Southern HSC Trust statutory homes, visiting slots can be booked for two members of one family although access is restricted to one individual per visit. Visiting slots are booked through the home and arranged via telephone. Guests do not visit client's rooms but meet with their relative in a meeting room which is cleaned down after each visit.

¹ Information provided by RQIA on 14/10/2020.

- 2.2. In comparison, the operating practices differ for private care homes. Some homes do not permit any visits, others, one visit once per week, while some homes permit window visits only. BASW NI recognises that decisions concerning visits have been taken based on rates of infection in specific areas and that in many smaller care homes, visits have been curtailed because the homes do not have the facilities required to enable family members to safely meet with residents.
- 2.3. BASW NI is acutely aware of the importance of minimising the risk of infection to care home residents, all of whom are vulnerable due their age and many of whom are additionally at risk because of pre-existing health problems. It is also vital that risks are minimised for the care home staff who play a vital role in the day-to-day care of residents.
- 2.4. However, BASW NI believes the importance of minimising the risk of infection must be balanced against the need for meaningful interaction between residents and their loved ones. Social workers are very concerned about the mental health impacts for care home residents resulting from the loss of relationships, lack of face-to-face contact with family and friends, and the significant periods of time residents are spending in isolation in their own rooms.
- 2.5. It should be recognised that during a period of lockdown, extra work is required by care home staff to ensure residents are not isolated. Particular challenges are faced by care home staff in caring for residents with dementia, many of whom may be unable to understand the requirement to maintain social distancing, or in the case of an outbreak, the need to isolate. A feature of dementia for many people is the need to walk, indeed many dementia units are designed to enable this behaviour, we acknowledge that this creates an additional difficulty for such homes.
- 2.6. The Association welcomed—as what it considers should be a minimum level of provision—the [announcement by the Minister for Health on 23 September 2020](#) that all health and social care facilities in Northern Ireland should move to facilitate one face-to-face visit per week by one person.
- 2.7. BASW NI also supports the Minister in his call for care homes to develop the concept of care partners who can play an important role in maintaining a relative's physical and mental health, and provide assistance to ensure that communication or other health and social care needs are met. The Association concurs with the Department of Health's position that without this input a resident is likely to experience significant and/or continued distress.
- 2.8. It should also be noted that under the current circumstances very limited respite care is being provided, with respite care only available in cases of extreme emergency. This is placing significant pressure on family carers, many of whom are elderly. The resumption of respite placements is therefore urgently needed.

3. Social Work Visits

- 3.1. Frustrations have been raised by social workers that due to restrictions on social work visits, some residents have not had social work contact for several months, raising significant concerns regarding human rights and safeguarding issues.
- 3.2. Specific concerns have also been raised regarding Mental Capacity Act Deprivation of Liberty assessments being incorrectly conducted in cases where GPs have refused to complete Form 6 of the assessment process. Members have explained that this was a problem prior to the pandemic, but that it has worsened since March.
- 3.3. Fears have also been voiced by social workers regarding the risk to their professional registration if service user need is incorrectly assessed as a result of statutory functions being conducted via telephone or virtually, rather than in person. The inability of some social workers in permeance teams to visit residents has also led to concerns regarding a lack of oversight of the care provided. We would note that social workers are not questioning the care being provided in care homes. However, the role of social workers to safeguard human rights and ensure a holistic approach is being taken to meet people's needs has been severely hampered. This was acceptable in the short term as a necessary measure to protect life and minimise spread of the infection, however, BASW NI would have grave concerns should this continue.
- 3.4. The restrictions placed on social work visits by care homes appears to conflict with paragraph 86 of the Department of Health [Guidance for Nursing And residential Care Homes In Northern Ireland](#) which states:

“Providers must ensure relevant Health and Social Care professionals continue to have access to residents where they need to in order to carry out any essential assessments or deliver care. In order to maintain a reduced footfall through Care Homes, virtual appointments should continue **where the relevant HSC professional deems it appropriate** and is able to facilitate. This will not be the case in all circumstances.”
- 3.5. Concerns have also been raised regarding the huge backlog of care reviews that has resulted from a period of easement permitted by the Department of Health during the initial period of lockdown. It appears that there is some disparity across the Trusts as not all have resumed care reviews. In addition, members have voiced frustration regarding an apparent lack of regulatory oversight and poor communication concerning whether staff should be undertaking Mental Capacity Act assessments or if this requirement has been temporarily stepped down.

4. Social Work Response

- 4.1. Responses to supporting care home residents have varied between the HSC Trusts. The following two paragraphs detail the approach taken by the Northern HSC Trust. The response was highly co-ordinated with clear social work leadership displayed throughout the pandemic, and with risk management process led by senior social work staff.
- 4.2. When the virus initially took hold, a number of homes were badly hit within the Northern HSC Trust area. Large numbers of residents tested positive and there were tragically many deaths. Although there was some initial tension when social work staff engaged with care home operators, this quickly developed into a collaborative approach to working between care homes and the Trust.
- 4.3. A regional RAG rating system was implemented to determine the level of risk for individual homes and the permitted level of contact for social work services. The Trust also introduced a family liaison social work role enabling social workers to visit homes to ensure contact was maintained between residents and their loved ones by telephone and video call services. This role is profiled in detail in the case study included at the end of this paper.
- 4.4. A similar family liaison model has not been replicated by all HSC Trusts. BASW NI members have highlighted that other Family Liaison Services are telephone-based because access has not been permitted to care homes.
- 4.5. In other cases, immediately following the initial lockdown, during which time all homes stopped permitting visitors, including social work visits, social workers made daily phone calls to homes, checked on COVID status, deaths, and issues concerning staff shielding, and shared statistics with the Public Health Agency and RQIA.
- 4.6. Although there is currently sufficient Personal Protective Equipment (PPE) available to social workers, members highlighted shortages of PPE during the initial phase of lockdown. Social workers have also recounted feeling unsupported by HSC Trusts and pointed to a lack of strategic leadership at the outset of the pandemic.

5. Regulation and inspection

- 5.1. BASW NI recognises the RQIA support team continued to maintain contact with each home, and where required—for example, due to existing concerns—regulatory inspections were conducted. However, there were clearly failures in communicating the ongoing work of the RQIA to social workers during the pandemic. This resulted in BASW NI members highlighting they felt regulatory functions had been informally delegated to social workers, who were unable to access residents except by telephone.

6. Testing

- 6.1. Social workers are not currently included in routine rolling testing programmes. BASW NI is of the view that this must change as a matter of priority to ensure social workers are able to have regular access to care homes, in a safe and managed way. This stands in contrast with accounts provided to BASW NI of some care home staff being tested fortnightly.
- 6.2. Given the existing pressures faced by social work teams prior to the pandemic, the loss of staff awaiting test results has major implications for social work colleagues left to carry additional workload. While it is essential that staff displaying any Covid-19 symptoms self-isolate immediately, it is vital that the length of time spent waiting for testing and results is minimised. For example, BASW NI has been informed of an instance in which an Older People's Social Worker was unavailable for four days due to the time taken to book a test and waiting for what turned out to be a negative result.

7. Supporting residents

- 7.1. While it has been appropriate to focus on the needs of the acute sector during the pandemic, BASW NI is concerned this has come at a cost of insufficient attention on the discharge pathway for older people leaving hospital care and support for older people in community settings.
- 7.2. BASW NI understands patients are now tested prior to discharge from hospital and are required to isolate for two weeks on arrival at their care home. There is a clear need for increased provision of step-down discharge hubs where patients can stay prior to returning to their care home to minimise the risk of transmission of Covid-19. It is also important that step-down care is also available for older people who intend to return to their own home following a hospital discharge to ensure risks to others in their household are minimised.
- 7.3. It is vital that social workers are provided access to service users in any such step-down care facilities so needs assessments can be conducted in person, to ensure care needs are correctly identified and appropriate support services are put in place.
- 7.4. It is essential that contingency plans should be drawn up by each Trust to cover the event of a major outbreak in care homes and that sufficient attention is afforded to the roles not only performed by care workers but also those performed by support staff, including catering staff.

8. Case study—Family Liaison Service, Northern HSC Trust

- 8.1. BASW NI's engagement with members to inform the evidence submitted to this inquiry identified the following example of best practice.

- 8.2. During the lockdown period Northern HSC Trust social work senior managers co-ordinated a proactive approach to working with the owners and managers of care homes, which ensured they had access into every care home in the Trust area. A clear risk management process was initiated at the outset which involved care home personnel.
- 8.3. In response to the crisis situation faced by a number of care homes in the Trust area, Northern HSC Trust social work senior managers identified a need to improve communication with families once full lockdown was in place and all family contact with residents ceased. The social workers who were in contact with care homes by phone reported increased complaints from families who could not access the homes to be updated on the well-being of their loved ones.
- 8.4. As a result of increased cases of COVID and rising deaths in care homes, social workers were redeployed from across the Trust to provide a new family liaison role. This involved a number of social workers being based in the care homes, each responsible for a separate section. Working with all residents in their section they systematically identified every person and their significant family and friends.
- 8.5. The social workers made contact directly with family members, let them know who they were and the role they were performing. They updated residents' families on progress, established systems for contact, including video-calling via Facebook, face time, Skype or WhatsApp. This contact was maintained on a daily basis.
- 8.6. The social workers also set up window visits where possible and visits in other areas of the home when safe to do so. They were able to set up calls with family members as far away as Canada and the USA, talking with family and residents, and organised music for residents and opportunities to mix within the home.
- 8.7. The family liaison social workers supported residents at the end of life. When families could not visit to be with their mother or father the social workers stayed with them, talking to them, showing photographs sent by family, and used words and names that were important to that person. The social workers also played music and read poetry as requested by the family. Through this role, the social workers enabled family members to be with their loved one, virtually, as they died.
- 8.8. The social workers also organised "pocket hugs" for family member and residents and sent packages with information and support. They also wrote letters as dictated by residents and put pictures of significant people up in their rooms to help residents remember their family members.
- 8.9. The impact on the residents and families was immense, feedback was incredibly positive with many people saying that it transformed their experience and made

a terrible situation more bearable. The social workers involved were also incredibly positive about the role and would like to see it continue.

8.10. BASW NI recommends that this model should be adopted by all HSC Trusts and extended to cover all care home residents in NI while visiting restrictions are in place.

8.11. The social workers involved were provided scrubs which they wore in the unit and removed before leaving. They wore full PPE, comprising goggles, gloves, mask, visor, apron and gloves. They were offered testing once it became an option and BASW NI believes if the scheme were to be extended, all social workers involved would need to have rolling testing to ensure the safety of residents.