POSITIVE FUTURES

16 October 2020

Via Email
Mr C Gildernew
Chair Health Committee

Dear Colm

Re: Covid 19 and Care Homes

Positive Futures wishes to thank the Health Committee for the opportunity to feed into the review being undertaken into the health enquiry into the impact of Covid-19 on care homes.

At the outset we would wish to state that, with the exception of one small (2 person) short break service (registered as a residential care home), the services we provide are all community-based, including supported living Services, peripatetic housing services, shared lives services (which provide short breaks for people in family homes), day opportunities and children and families support services.

In addition, I will share my experiences and observations as Chair of the Association for Real Change in Northern Ireland (ARC NI). ARC NI is an umbrella organisation of providers offering services to people with a learning disability in Northern Ireland. Whilst ARC's members include statutory and private sector providers, the majority are from the private sector. Our response will therefore reflect our experience which will obviously be somewhat different to the experience of residential and nursing home providers. I would suggest that our response will add depth and richness to the review being undertaken and a recognition of the particular issues faced by our sector, which has in many ways not been considered, or considered as an after-thought, by those legislating for and managing the Covid-19 outbreak in Northern Ireland.

Discharge from hospitals to care homes

The single most important discharges, relevant to our sector, are the discharges associated with the learning disability hospitals and, in particular, resettlement from Muckamore Abbey Hospital. Unfortunately, there has been little or no progress in relation to this key departmental policy, since the onset of Covid-19. In spite of the easing of restrictions, progress has still been very, very slow. It is our view that we must not allow Covid-19 to impact and create even more detriment for the individuals, living in Muckamore Abbey Hospital, who have already experienced significant trauma and abuse. A specific programme, with targets and timeframes needs to be introduced to ensure that resettlement continues and this needs to be prioritised and overseen by the Department of Health.

Access to PPE

Following a very difficult initial period, there are now systems and structures in place across all of the Health and Social Care Trusts, in relation to the provision of PPE. Guidance issued by the Department, made it clear that it was, in the first instance, the responsibility of service providers in our sector to source PPE and where this was not possible, the Trusts would provide it. Our experience is that some Trusts have very good processes in place ie South Eastern HSC Trust, while others continue to expect service providers to source their own PPE. As became very evident, owing to supply and demand, the costs of PPE continued to increase, placing a significant financial burden on organisations like ourselves, which previously had little or no need to source PPE.

To assist voluntary sector providers, ARC NI established a link with a local supplier which assisted in the central procurement of PPE at a more competitive cost. It is worth noting that these additional costs have not, as yet, been reimbursed.

Testing in care homes

Whilst there is now guidance and arrangements in place for the testing of staff and people supported in care homes, this does not include the workforce associated with Supported Living or other community-based service provision. There appears to be a lack of recognition and a lack of understanding of the role of the services provided in our sector and, in particular, the fact that many of these are “essential services”, delivered

on a 24 hour a day, 7 day a week basis to very vulnerable people. There is a real risk that if access to testing isn't made available to our workforce, we will experience significant absenteeism as a result of staff unnecessarily needing to isolate. Discussions are ongoing, with the Department of Health, to resolve this situation.

The issue, alongside the matter of consent, has also been raised with the Chief Medical Officer and until this matter resolved, this presents a risk. (See attached letter to the Chief Medical Officer and his response).

Funding and increased costs for care homes

As previously noted, the additional cost of PPE has been hugely significant for our sector. This, alongside the costs of additional cleaning and other infection control measures, has placed a significant financial burden on organisations. Our sector brought this to the attention of the Department of Health, a number of months ago, but to date, no financial support has been provided by the Department. This has been particularly galling for our sector, given the funding to date of some £17m, provided to the residential and nursing home sectors. Discussions are continuing to resolve this matter.

Discussions with the Department for Communities, which part-fund a number of our Services, through Supporting People, have resulted in a positive response, with payments being received in September. However, it is worth noting that the eligibility criteria for the reimbursement of monies from the Department for Communities, did not include the increased costs of technology. Across our sector, this has been significant in terms of keeping the people we support and families connected and, in many instances, has provided a lifeline for individuals and families when statutory services unilaterally ceased service provision.

Whilst larger voluntary organisations have been able to meet these additional costs, many smaller organisations are experiencing significant financial hardship as a result.

Staffing issues & levels, pay and conditions

For a number of years now, it has been apparent that the terms and conditions offered to staff in our sector are simply not competitive. This has resulted in organisations experiencing real difficulties in the recruitment and retention of staff, resulting in organisations carrying

significant vacancies. At the onset of Covid-19, some organisations had up to 50% of their posts vacant and were heavily reliant on agency workers.

As a result of Covid-19, our sector has benefitted from the redundancies in other sectors and whilst this has been very welcome, it is recognised that, without a significant increase in salaries, this trend will reverse. Priority must be given to ensuring that social care staff are recognised and valued and it also needs to be understood that social care provision is vital to the maintenance of our health and social care system. In spite of this being identified in many reviews over recent years, there does not appear to be the will on the part of government to make this happen. This must be prioritised.

In relation to staffing levels, the current risks relate to the lack of capacity of our testing centres and the conflicting guidance in relation to when staff are required to self-isolate. Unless, and until, testing centres are properly resourced, there is a real concern that because staff will be required to isolate this will have an immediate impact on the availability of the workforce. Indeed, this is already having an impact. It is also important to recognise that it is simply not a matter of staffing being provided in sufficient numbers; in our sector it is vital that staff are properly trained and skilled in order to provide support to people with significant challenges and complexity of need on a consistent basis.

In addition to the significant impact Covid-19 has had on the people we support and their families, we must recognise the impact it has had on the health and wellbeing of our staff. Across the sector there has been significant investment in a range of training and supports to strengthen resilience and support positive mental health. We have also had to invest to meet the additional cost of moving our training offer to e-learning and virtual platforms. Whilst this, in some cases, cannot adequately replace face-to-face training delivery, it allows us to continue to ensure that our staff are appropriately trained and skilled.

<u>Sick pay</u>

With reference to sick pay, we have been advised by the Department of Health of our entitlement to claim up to 80% of the cost of sickness absence from the commissioning Health & Social Care Trust. It is worth noting that Positive Futures submitted claims to Health & Social Care Trusts some months ago. In response, a number of Trusts have advised

they are awaiting advices as to how these payments are managed, but to date no payments have been received.

It also needs to be understood that whilst providers are having to pay staff who are absent due to sickness or isolation, they are also having to meet the cost of a replacement worker, often needing to be supplied by an agency at a significant premium.

In recent correspondence from the Western Health & Social Care Trust, it states that:
'Salaries of staff whose costs are supported by HSC funding provided under the contract should continue to be paid, even in circumstances where employees are required to self-isolate or work from home.'

Visitors

In the absence of specific guidance for our sector, we have developed our own guidance, drawing on guidance issued to the residential care sector. With particular reference to Positive Futures, we have developed an individual contingency plan for each person we support, which includes arrangements for visiting. These arrangements take into account, not only the rights of the individual supported, but also those of any co-tenants, staff and family members. Whilst, in the vast majority of cases these arrangements are working well, there are some situations where families find it difficult to accept restrictions to visiting. Members of ARC NI have advised of situations where they are being faced with legal challenges relating to visiting restrictions. The use of technology has been vital in enabling the people we support to maintain connections with their loved ones and vice-versa.

Regulation: RQIA role, inspections & risk factors including public versus private ownership

With specific reference to the role of RQIA - at a generic level RQIA has provided a conduit for the sector in terms of dealing with questions and signposting providers to resources and advices. Unfortunately, without any warning and as the pressures eased, the service was stood down. It is imperative that RQIA prioritise putting this service in place again, in order that providers have the necessary supports to deal with the second wave which is already upon us. Much has been said about the lack of inspections and the risk this presents in terms of being able to ensure the quality of the service delivered. Whilst inspections provide a certain level of assurance, efforts need to continue to identify other ways

of providing assurances. There is an even greater onus on service providers to ensure they have in place systems and processes to evidence the quality of services being provided.

Advance care planning

Specifically, from a Positive Futures perspective, and as previously noted, each person supported has an individual contingency plan which includes advance care planning arrangements. In addition, the organisation has developed a specific training programme for support staff on loss and bereavement, which includes how best to support an individual whose life is threatened by Covid-19. This has been rolled out across the organisation. This, coupled with access to an independent, confidential counselling service, is critical in order that we properly support our staff teams.

Preparedness within the HSC and in care homes

As stated at the outset, our response concerns our experience of delivering community-based services, including Supported Living Services. In the absence of any specific guidance, our sector has had to find its own way through a myriad of, on many occasions, conflicting advices and guidance, to put in place guidance appropriate to the services which we provide. Under the auspices of ARC NI, we have developed a positive working relationship and engagement with the Department of Health, which has proven invaluable. From where we sit, each part of the Health and Social Care system eg HSCB, Trusts and the Department, appear to be operating in their own silos. There appears to be a lack of accountability and clarity around roles and responsibilities and little evidence of a joined-up approach to the management of Covid-19.

ARC NI has commissioned a review of the experiences of service providers during the first wave of Covid-19, and it is hoped this will be ready for circulation at the end of October, at which time the Health Committee may wish to invite ARC NI to share the findings and learning from the sector with a view to improving experiences, not only for people supported, but for service providers as this pandemic continues.

Yours sincerely

Agnes Lunny OBE
Chief Executive

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FAO Dr. Michael McBride

Email: Michael.McBride@helath-ni.gov.uk

5th August 2020

Dear Dr McBride,

Re: Regular testing in Residential and Care Homes

Firstly, I write to introduce Association for Real Change to you. ARC NI supports 45 paid members who are providers of social care services, across charitable private and statutory sectors. Whilst the core business of many providers is support for adults with a learning disability, some operate across multiple programme of care areas e.g. mental health; elderly; children and adults etc.

Services offered by these providers include:

- Advocacy
- Care Homes (Residential / Nursing)
- Day Care / Opportunities
- Domiciliary Care / peripatetic housing support
- Respite / Short Breaks
- Supported Living
- Family support

Last week, I was contacted by multiple providers regarding the communication they received last week introducing the proposed implementation of regular testing. In response we facilitated a meeting whereby these collaborative concerns were identified.

1. Timescale of informing to implementing

Of the 40 non-statutory providers that are ARC members, none had been consulted in advance of this process being declared. This is another example whereby the lack of consultation presents significant challenges for providers and impacts negatively on the trust and confidence of social care workforce. It is therefore, in our view, of critical importance when developing processes and guidance, to talk to those that will be accountable for the implementation.

2. Gaps in guidance

A number of questions were identified which have been left unanswered by the information that came out, as follows:

- Does this programme apply to people with a learning disability supported by nursing/residential services?
- Does this programme apply to respite/short break services, and if so what is the recurring timescales for implementation?
- Will compliance with the programme, including numbers of staff and residents tested, be monitored and by whom?

- Consent is discussed in brief in both the Care Home Instruction video and on page 8 of the guidance, however it is not at all clear about those who have no capacity. Is the right to refuse a test, by both staff and people supported accepted?
- Will a high number of refusals by staff and/or residents trigger any response?
- Should evidence of written consent be sought and documented on the record of swab samples?
- How has the department satisfied itself that the training and competency assessment of social care staff to administer a clinical test can be conducted safely and effectively by an instructional video and online assessment?

3. Logistics

Through discussion of providers' experience of administering tests, a number of financial and resource issues were identified. These include:

- An email from PHA (Conor Lamont) indicated providers would receive a full month of tests (1 set for residents and 2 sets for staff). For one service of an ARC member this is 213 tests. Setting aside where to put them, do they require any specific storage conditions?
- In the absence of nursing staff within a provider's employed workforce, will a Trust provide nursing staff to administer this clinical duty?
- Who will provide the PPE to enable providers to administer the test (approaches continue to vary across Trusts)?
- Will there be additional funding given to providers to cover the costs of management and staff time required to oversee, co-ordinate and administer this process will now demand, on top of the service tasks already commissioned?

ARC and its members are keen to collaborate to continue the success of the HSC as a whole, managing COVID. We do not wish to present problems, however need greater understanding to enable us to continue to play our part.

If it would be helpful to have a conversation to fully understand these points raised, I would be happy to facilitate. Otherwise I would like to thank you for your consideration and look forward to hearing from you.

Yours sincerely,

Leslie-Anne Newton
Director, ARC NI

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From the Chief Medical Officer
Dr Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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BY EMAIL

Lesley-Ann Newton (ARC NI)

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Your Ref:
Our Ref:
Date: 12 October 2020

Dear Lesley-Ann

REGULAR PROGRAMME OF COVID-19 TESTING IN RESIDENTIAL AND NURSING HOMES

Thank you for your correspondence dated 5 August 2020 seeking clarification on aspects of the regular programme of COVID-19 testing in 'green' residential and nursing homes, where there is no suspected or confirmed COVID-19 outbreak. Please accept my apologies for the delay in responding to your letter, however considerable demands continue to be placed on the Department as it responds to the pandemic. The matters you raise are important and it was essential that they be given due consideration.

For ease of reference, I have addressed the queries in the order raised within your correspondence.

Timescale of informing to implementing

On the 18 May 2020, the Minister announced that the COVID-19 testing programme would be further extended with testing made available to all care home residents and staff across Northern Ireland. This included testing in care homes which did not have a COVID-19 outbreak. At that time, the requirement for a rolling programme of testing for staff was also put forward.

The initial phase of the COVID-19 care home testing programme completed in all care homes across Northern Ireland at the end of June 2020; it was made possible through a collaborative and robust multi-agency working partnership between the Department, the Public Health Agency (PHA), Health and Social Care (HSC) Trusts, the NI Ambulance Service and importantly the dedicated staff in care homes across the region. I wish to extend my sincere thanks to everyone involved for their unwavering commitment and support in this regard.

The Department continues to actively monitor and assess the current and emerging science and evidence relating to COVID-19, to further inform our approach to testing in care homes; it is in this context the decision was taken to include the testing of residents as part of the regular programme of COVID-19 testing in care homes.

I note your comments about a lack of consultation with ARC members in advance of correspondence being issued about the introduction of the testing programme. You will be aware that the COVID-19 pandemic continues to pose an unprecedented challenge for all of us seeking to deliver health and social care in safe working environments. Engagement with the independent and voluntary sector is extremely important and I am grateful for the commitment by ARC and its members to collaborate with the Department and wider health and social care (HSC) sector to ensure continued success as we work collectively to effectively manage this pandemic.

However, in view of the rapidly evolving situation and the current transmission rates of the COVID-19 virus in Northern Ireland, I trust you will appreciate that it was necessary for the Department to proceed without delay to announce the introduction of the regular programme of testing in care homes which do not have a COVID-19 outbreak. This testing programme is undertaken through the UK National Testing Programme; all staff are tested for COVID-19 every **14 days**, and all residents are tested for COVID-19 every **28 days.**

<u>Gaps in guidance</u>

The regular programme of testing extends to all care homes, including those in the Learning Disability programme of care. Care home providers which offer respite care (i.e. short breaks including overnight stays, not day care), and are registered with the Regulation and Quality Improvement Authority (RQIA) as either a residential or nursing care home, are also included in the regular programme of testing. The testing of staff is important in these facilities due to the frequent movement of people in and out of the facility, given the nature of respite care. Care homes providing a respite service are also asked to implement a monthly testing programme for residents who are there at the time their testing is undertaken.

Reporting arrangements are in place to capture statistical information on the care home testing programme; this includes routine reporting on the uptake of staff and residents being tested and the outcome of the testing. The Department, in conjunction with HSC colleagues, will continue to actively monitor the number of individuals being tested, in line with the agreed frequency of testing for staff and residents. Results from this ongoing regular programme of testing will help to inform future approaches to testing arrangements. This will be vitally important in the coming months, as our health and social care services looks to manage the normal winter pressures and further waves of the COVID-19 pandemic.

Care home providers have a responsibility to obtain resident consent before commencing any examination, starting treatment or physical investigation or providing personal care; the consent principle extends to obtaining permission for COVID-19 testing to be undertaken. It is for care home providers to arrange to

obtain the consent of residents to be tested for COVID-19; this should be done in line with the care home's written policies and procedures on obtaining valid and informed consent. If a resident with capacity to consent makes a voluntary and appropriately informed decision to refuse to be tested for COVID-19, this decision much be respected. In situations where a resident does not have capacity to consent, a care home must follow the process for "a best interest" decision.

The Department welcomes the positive response from residents and their families about the importance of implementing a regular programme of testing, evidenced by the significantly high uptake of COVID-19 testing to date. The Department therefore hopes that numbers of residents refusing a COVID-19 test will be low as the programme continues.

COVID-19 testing of staff working in care homes is not currently mandatory. However, evidence shows that care homes are particularly at risk of COVID-19. In addition, it is very important to note that not all individuals who may carry the SARS-CoV-2 virus (which causes COVID-19) will have or display symptoms. The importance of care home staff routinely participating in the regular programme of testing, by being tested every 14 days, cannot be underestimated. This testing will help to address the risk that the virus may be brought into a care home from the community. Care home providers should obtain agreement from their staff to be tested and explain how results will be advised to those tested. The Department will continue to closely monitor the involvement of all residents and staff in the regular programme of testing.

Ensuring that tests are carried out safely is essential. You will be aware that for staff, the COVID-19 test kits are self-administered. For staff who will be swabbing residents in care homes, the Department of Health and Social Care (DHSC) England produced detailed and clinically approved guidance for all care homes. This guidance "Care Home COVID-19 Testing Guidance for Northern Ireland" has been tailored to the specific testing requirements in each country across the UK; the latest version of this guidance is available on the PHA website at the following link: (https://www.publichealth.hscni.net/sites/default/files/2020-08/Care%20Home%20Testing%20Guidance%20Northern%20Ireland%20v19-08.pdf)

In Northern Ireland, there has also been ongoing engagement with care home providers to help build confidence in the swabbing process; this engagement has taken the form of a number of seminars and staff training sessions. HSC Trusts are also continuing to provide assistance to those care homes who require support with the swabbing process.

Logistics

It is essential for care homes to ensure they order a sufficient quantity of test kits; any unused test kits can be stored safely at room temperature to be used for future testing.

As explained above, HSC Trusts continue to provide support in the immediate future to care homes requiring assistance with the swabbing process as part of the regular

programme of testing. If there is a suspected or confirmed COVID-19 outbreak in a care home, and the subsequent risk assessment identifies a requirement for a full round of testing of all residents and staff to be undertaken, HSC Trusts will support care homes in their area to complete this testing.

The position on Personal Protective Equipment (PPE) is outlined in the Departmental guidance, "COVID-19: 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). HSC Trusts are required to work with care homes on the provision of appropriate PPE, where they are unable to source their own supplies. A single point of contact (SPOC) has been identified in each HSC Trust for care home providers to secure supplies. Care home providers are asked to identify any particular issues in good time to their relevant HSC Trust.

Since the beginning of this pandemic, the Department has sought to identify and provide support to those parts of the system under pressure. In April 2020, the Minister announced funding of £6.5m for Northern Ireland care homes, as part of a series of measures to support the sector during this challenging time. A further £11.7m package of support for the care home sector was announced in June 2020. To support care homes as they continue to embed the testing arrangements, work is underway to identify funding requirements and to secure additional financial support for care home providers. Information on this financial support will be announced in due course.

I would wish to assure you that protecting residents and staff in our care homes will remain a key priority for the Department throughout all phases of the COVID-19 pandemic. Testing will continue to play a key role in our response to tackling this pandemic and is ultimately designed to ensure the safety of all residents and staff. The regular programme of testing is central to support care homes in managing the spread of infection, helping to prevent and control outbreaks, and allowing the appropriate steps to be taken at the right time to protect some of the most vulnerable people in our society.

I fully acknowledge the dedication of all care home staff who have worked tirelessly over these last few months, and continue to do so, to provide care to residents under such challenging circumstances. The ongoing and continued support of independent providers to robustly implement the programme of regular COVID-19 testing across all care homes is greatly appreciated.

I hope you find this response helpful.

Yours sincerely

DR MICHAEL McBRIDE
Chief Medical Officer

Email received from Deery, Michael <Michael.Deery@health-ni.gov.uk>
Wednesday 14 October at 10.:14

Morning Agnes,

In respect of the points raised in your recent correspondence I have consulted with colleagues in the Public Health Agency (PHA), including the Clinical Lead for the Contact Tracing Service (CTS), and have set out the response below to the issues raised. On a general point I think the reference in one of the emails to "*the conflicting advice from various sources including NHS 111 and PHA is causing absolute chaos"* is inappropriate particularly given the pressures on the PHA at this time in responding to the pandemic on a number of different levels and fails to recognise the excellent work that PHA has undertaken and continues to provide to support a range of sectors.

Turning to the specific points raised I can confirm that in circumstances where someone is a close contact of a positive case, they **must** isolate for **14** days. Getting a negative test result during the isolation period does **not** negate the need to self-isolate as the disease takes **14** days to incubate and so the contact remains at risk. PHA are satisfied that any advice provided by them on this specific issue is clear and consistent. In the instance outlined in the email from your Supported Living Services staff the advice given by NHS 111 was not accurate and this has now been relayed to the service provider.

In regard to PPE the advice from PHA is that individual exposures need to be considered on a case by case basis and will include factors such as the type of PPE worn, the duration of the contact, the proximity of the contact and where the case is in their infectious period. Unfortunately therefore it is not possible to give definitive advice that covers a full range of scenarios in regard to PPE but PHA will risk assess the context of each situation as it arises.

In respect of the StopCOVID App the advice currently provided to Health Trusts is that where a member of staff is wearing full PPE and is in contact with a patient who has contracted Covid-19 then the App should be turned off as the risk is low. However, they are also advised that when not wearing full PPE e.g. in canteen area, the App should be switched on. If you are confident that your organisation's practice in respect of PPE is enough to protect staff from contracting the disease whilst working then you should make a decision about the App on that basis, taking account of any associated risks in doing so. It is also worth noting that the App is entirely anonymous and as such someone getting a notification will never know who has had the positive test and been in proximity to them so it may not necessarily be a Client.

In regard to testing the current policy is that no one should get a test unless they have symptoms, this is consistent with the advice and messaging from PHA and the Department of Health in order to try and manage the pressures on the testing system. In respect of Healthcare workers specifically they are already classed as essential workers and therefore prioritised for testing when capacity is limited. However, there is a large range of employees classed as essential workers but there is no hierarchy within the group. PHA do not prioritise one group of essential workers over another for testing.

I hope that you find the above information helpful.

Best Regards

Michael