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Via E-mail

Mr Colm Gildernew MLA
Chairperson, Committee for Health
Room 410 Parliament Buildings
Stormont
Belfast
19 October 2020

Dear Mr Gildernew

COVID AND CARE HOMES INQUIRY

The Public Health Agency is grateful to the Committee for Health for opportunity to respond to the inquiry into the impact of COVID-19 on residents and staff working in care homes.

The impact of the virus on older people living in care homes and the staff who support them in Northern Ireland has been significant. Protecting vulnerable people from Covid-19 and the mental and physical impact of limited visits and reduced interaction has proved challenging, the impact of which we are learning more about as we listen to the stories of residents and staff within the long term care sector.

The ability of the Public Health Agency to bring together multidisciplinary team experts at speed is reflected in its diverse responses to address and support the challenges placed on the care home sector by COVID-19. Whilst there are two reports for the two separate organisations taken together they encapsulate the combined single effort of the PHA and HSCB 'team' for care homes.

As requested, the attached paper provides an overview of the steps required to minimise infections in care homes and care for those infected while prioritising the care and wellbeing of all residents and staff, paying particular attention to the subject areas identified for particular consideration.

We look forward to receiving the report from the Committee.

Yours sincerely

Olive MacLeod
Interim Chief Executive

COVID-19 and Care Homes Inquiry

Report to the Committee for Health

Public Health Agency

19th October 2020

Version 1.0

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Executive Summary

Northern Ireland had the lowest share of care homes infected (46% in Northern Ireland, 79% in England, 66% in Wales, 62% in Scotland) and the lowest level of excess deaths in care homes (20% increase in mortality in care homes in Northern Ireland, 38% increase in England, 29% in Scotland, 22% in Wales) compared to other UK countries.

The PHA has played a significant role in this successful outcome, in terms of its early identification of a range of care home related challenges, its health protection response, use of effective communication, deployment of health improvement, engagement with the Trusts, independent sector, support to the work force, infection control work, testing regimes in care homes, support to the development of departmental guidance, and close working with the Health and Social Care Board.

Each and every death of a person in a care home brings grief to that person's family and to the staff who care for that person. No person should ever be treated as insignificant in their own right and all people have a right to high quality care. The PHA is therefore committed to working intensively with the HSCB, Trusts, independent sector, staff and other stakeholders to prevent each and every death in care homes that can be prevented over the coming winter. We believe that we have prepared for all the eventualities that we can prepare for, within the available resources as our disposal.

Public health also has an epidemiological role to advise on population patterns. Given the variation in excess winter deaths each winter over the last decade and more, it would not be unexpected if around 1,000 very frail elderly, out of the Northern Ireland population of 1.8 million, were to succumb to the combination of a respiratory infection and co-morbidities this winter. A significant percentage of these cases may have COVID-19 as one of a number of conditions factor listed on their death certificate. This is a long standing phenomenon and should not be viewed as a reflection of the quality of care that these individuals receive.

Introduction

The Public Health Agency (PHA) is grateful to the Committee for Health for the opportunity to respond to the inquiry into the impact of COVID-19 on Care Homes and provide recommendations aimed at mitigating and managing a second surge in infections.

The impact of COVID-19 on older people living in care homes in Northern Ireland and the staff who support them has been significant. The majority of care home residents in NI are older people, with underlying health conditions presenting at increased risk of death from the virus. Mortality rate for people with COVID-19 in care homes is significantly greater than the general population across all UK countries. The pandemic has placed inordinate strain on the care home workforce, managers and teams who care for the most vulnerable in our society. Many people living in long term care settings due to Covid-19 restrictions have limited access to their families and friends. The PHA has led on a project collecting over 600 stories of the experience of residents, carers and families of living in a care home during the pandemic (10,000 more voices, PHA)[1] which has been central to informing our guidance and collaborative planning approach; PHA /HSCB Covid-19 Regional Surge Plan for the NI Care Home Sector[2].

The long term impact of policy, guidance, recommendations and approaches to minimise infection in care homes and care for residents and staff is and will be the subject of debate and evaluation for years to come. Emerging research evaluating the comparative performance of UK countries in the first wave relating to care homes is encouraging. The performance of Northern Ireland comparative data is multifactorial however the collective leadership approach to support care home teams and the long term care sector was in part led by steps advocated by the PHA to minimize infections and prioritize the care and wellbeing of all residents and staff, in the wake of a global pandemic.

The PHA is a multidisciplinary, multi professional body with a strong national, regional and local presence. The core functions of the PHA are health protection, health and social wellbeing improvement and addressing health inequalities through

strong partnerships. The PHA has great demonstrated strength in its ability to bring together local and regional experts, organisations and sectors at speed to respond quickly, decisively and in a variety of ways to support the care home sector. Partners include the HSCB, Trusts, RQIA, DoH, IHCP and the National Testing Partnership to deliver standardised, expedient and efficient collaborative solutions to assist the care home sector navigate this challenging time.

The focus of this report is to provide an overview from the perspective of the Public Health Agency of the steps and suggestions required to minimize infections in care homes and care for those infected, while prioritising the care and wellbeing of all residents in the broadest sense as well as the wellbeing of all staff, across the ten areas for particular consideration.

Aim of Health Committee Inquiry

The aim of the Committee's inquiry is to produce recommendations to mitigate and manage the impact of a potential second surge of coronavirus on care homes.

Health Committee Terms of reference for inquiry

The Health Committee will:

- Identify the key issues impacting care homes as a result of the COVID-19 pandemic;
- Identify domestic and international examples of best practice in arrangements to protect and care for residents of care homes during the pandemic; and
- Report to the Assembly on its findings and recommendations by 13 November 2020.

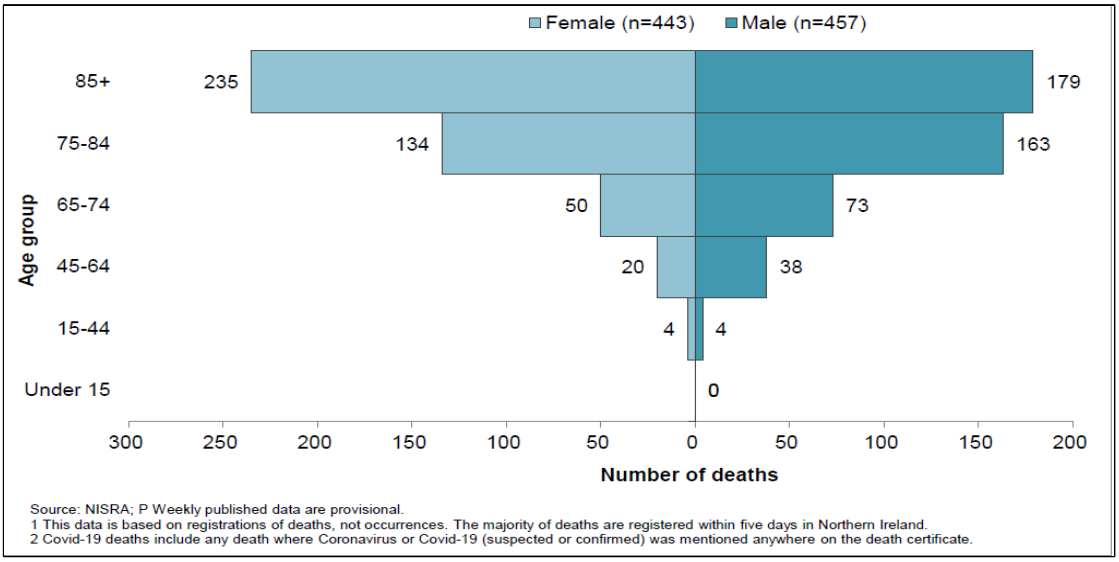
The impact of the first wave of Covid-19 In Northern Ireland's Care Homes

There are 481 care homes in Northern Ireland, caring for 14,935 residents (RQIA, 2020)[3]. The first laboratory confirmed case of COVID-19 in Northern Ireland was identified on 25 February 2020 and COVID-19 was classified as a notifiable disease on 28 February 2020[4].

The PHA Health Protection team has ramped up its robust COVID -19 surveillance and monitoring systems across the care home sector alongside providing effective direct advice and support to care home managers in outbreaks and mitigating onward spread of COVID-19. Data from this surveillance system was shared on regular basis with the Department of Health and all other stakeholders to inform policy and response to care home outbreaks.

The profile of the COVID-19 has very much been a disease of the elderly. The figure below indicates the age spectrum of COVID-19 associated deaths. Deaths among people living in long term care services (residential or nursing) increased substantially increased during the COVID-19 pandemic across the United Kingdom.

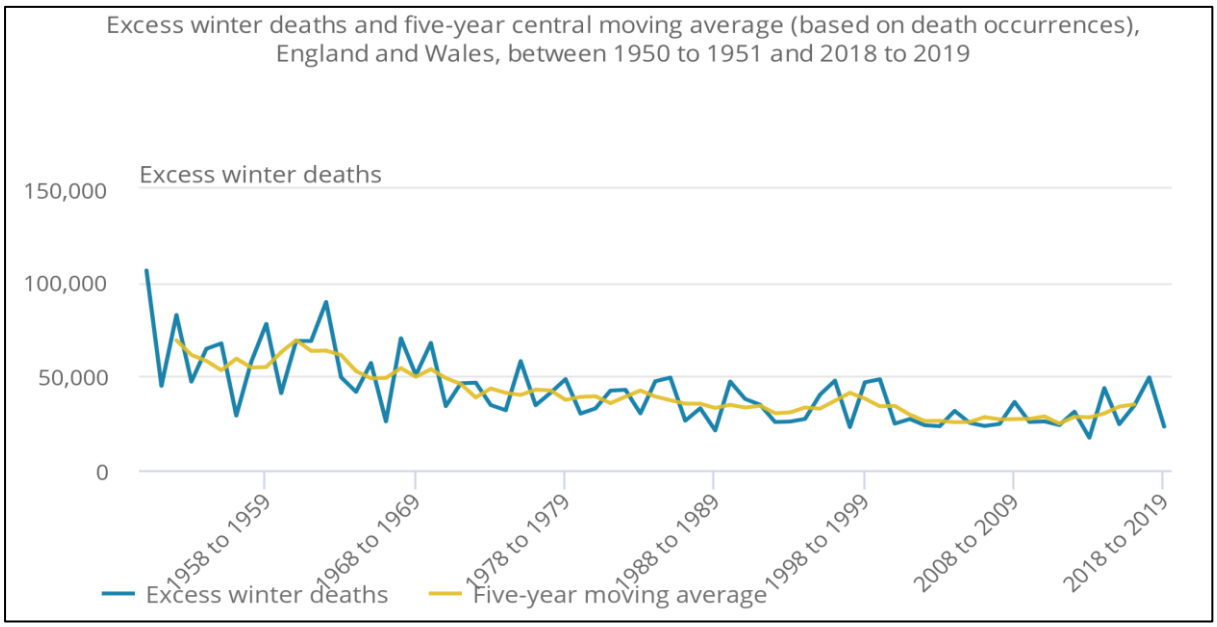
Figure 1: Registered COVID-19 related deaths, by age and gender, 2020[5]



Variation in testing approaches and data reporting across the UK makes comparing the approach of countries in supporting care homes against Covid-19 very challenging. Internationally, the handling of the pandemic is measured by comparative performance in relation to "excess deaths". Monitoring excess deaths provides understanding of the impact of COVID-19 during the course of the pandemic and beyond. It is defined as the number of deaths above the average for the corresponding weeks in previous years[6]. Using this internationally recognised comparative performance, Northern Ireland had the lowest share of care homes infected (46% in Northern Ireland, 79% in England, 66% in Wales, 62% in Scotland) and the lowest level of excess deaths in care homes (20% increase in mortality in care homes in Northern Ireland, 38% increase in England, 29% in Scotland, 22% in Wales) compared to other UK countries[7]

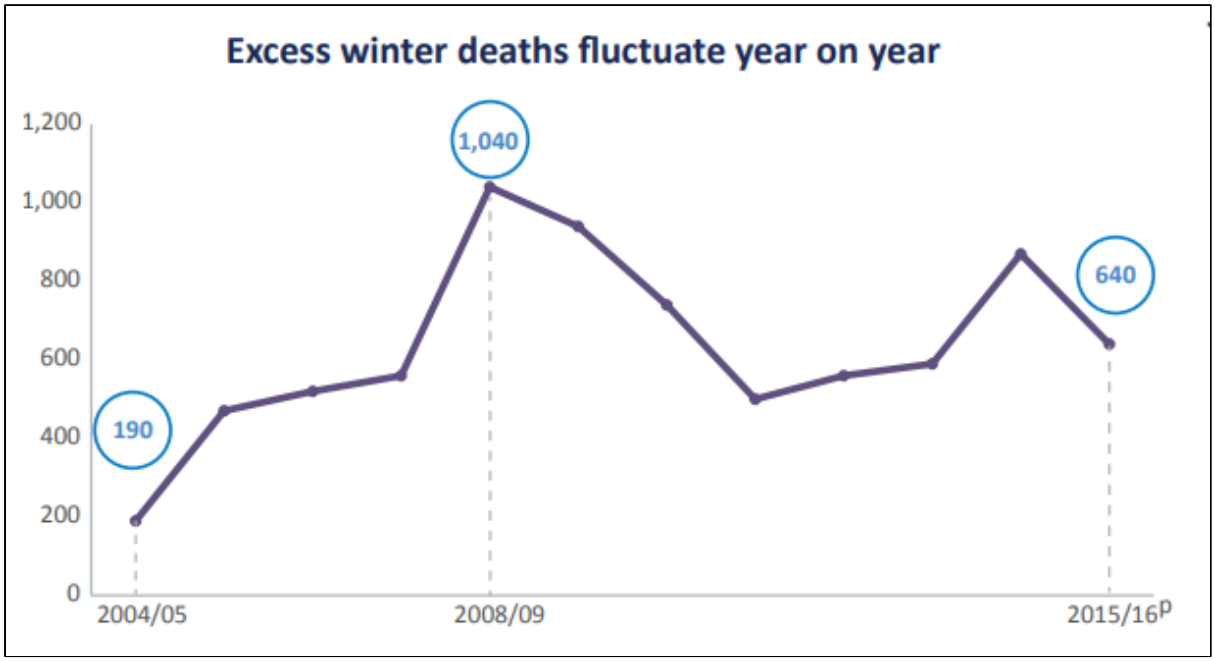
Figure 2 below indicates that excess winter deaths are a long standing challenge, but that these have reduced over a number of decades in England and Wales. A pandemic disease which particularly affects the very elderly inevitably will see a greater fluctuation in excess deaths. There is a reasonable chance that very frail elderly patients who would have died of influenza, if COVID-19 did not exist, will die of COVID-19 this winter instead.

Figure 2: Excess Winter Deaths, England and Wales from 1950/51 – 2018/19[8]



The number of excess winter deaths can vary from year to year. This is illustrated from some historic data from Northern Ireland below.

Figure 3: Excess winter deaths 2004/05 to 2015/16[9]



Based on the information provided above, it would not be unexpected if around 1,000 very frail elderly, out of the Northern Ireland population of 1.8 million, were to succumb to the combination of a respiratory infection and co-morbidities this winter. A significant percentage of these cases may have COVID-19 as one of a number of conditions factor listed on their death certificate.

When the rise in care home deaths was first identified, the PHA worked intensively with the care home sector on a wide range of measures to contain the spread of the virus and prepare care homes. This response reduced death rates faster than in other UK counties. The PHA has also worked in close collaboration with other regional organisations e.g. HSCB. Our intervention had a dramatic effect as illustrated in Figure 4 below. After week 17 there is a much more dramatic fall in death rates in Northern Ireland, which coincided with a strong collective leadership to protect the care home sector from the Director of Public Health in the PHA, the Director of Nursing and Allied Health Professionals in the PHA, the Director of Social

Care in the HSCB, other regional representatives and organisations including the independent care home sector.

Figure 4: Death Rates for England, Wales, Scotland and Northern Ireland during the first wave of the pandemic[10]

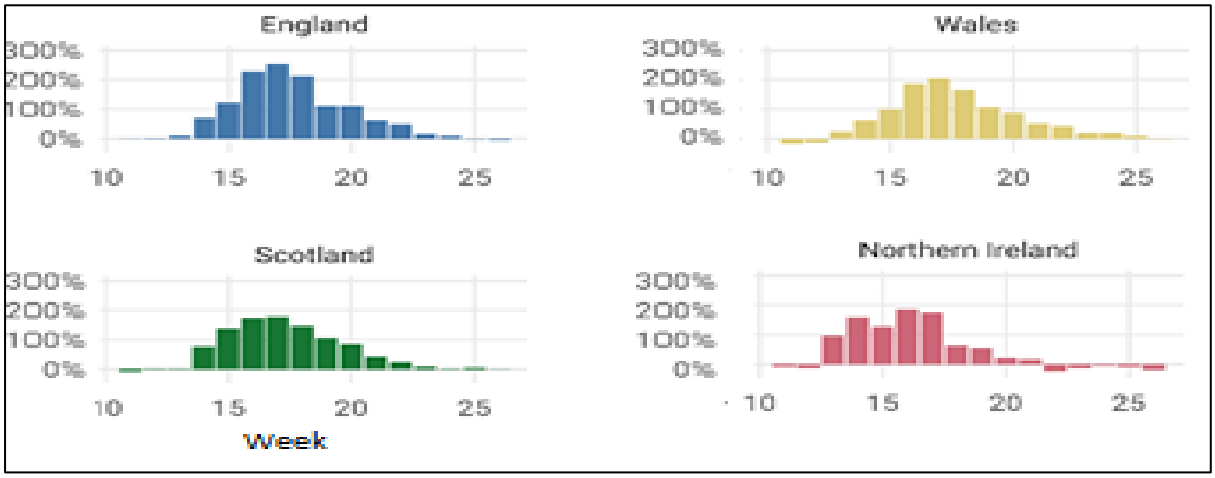
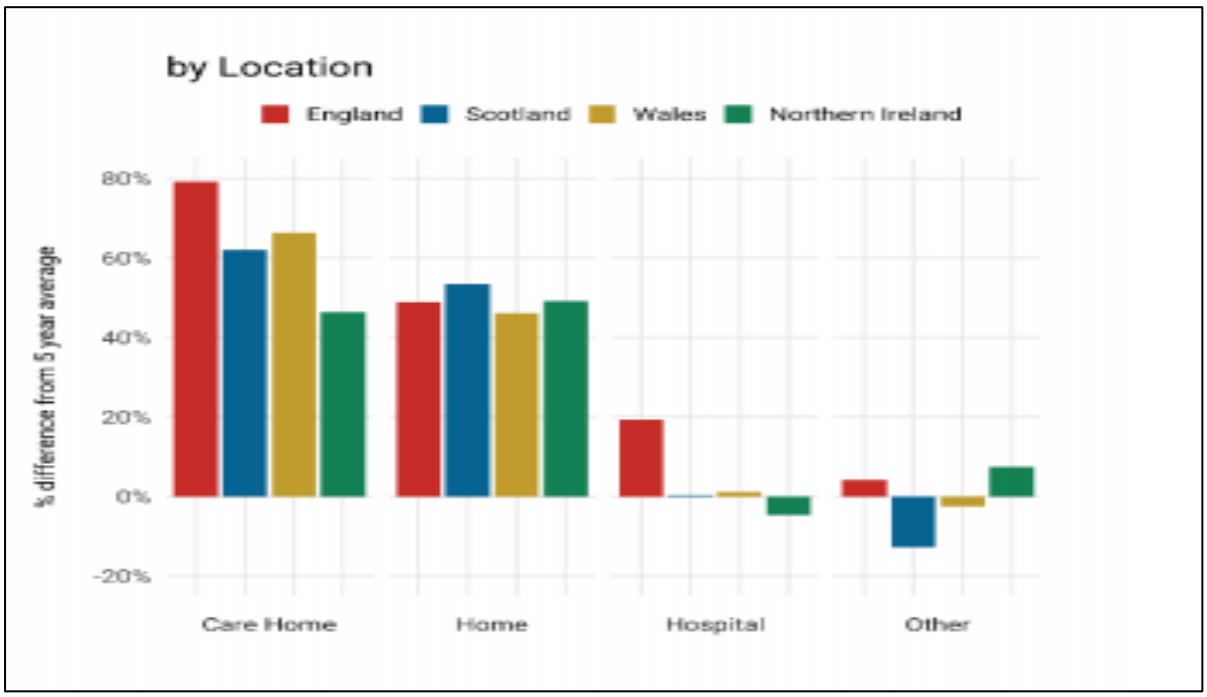


Figure 5 below indicates that the mortality rate in weeks 11-26 was lower in Northern Ireland than in other parts of the UK.

Figure 5: Excess mortality rate in the UK according to location (Weeks 11-26 breakdown)[11]



PHA / HSCB COVID-19 Regional Surge Plan for the NI Care Home Sector

This report is not able to touch on all the activities of the PHA that impact on care homes. For example, the work of the PHA communications team, work on influenza vaccination, health improvement work in the community and other preventative work has not been covered in detail.

In the initial stages of the pandemic, surge plans were developed to respond to an anticipated overwhelming of acute and intensive care capacity. Care Homes Surge planning was included within the broader scope of social care services and planning focussed on supporting people receive care and treatment in the community and ensure effective and efficient discharge of hospitalised patients. As the pandemic continued, focus was redirected to the increasing number of infections and outbreaks within the care home sector. The PHA worked in partnership with Health Protection and HSCB to develop a dedicated PHA/ HSCB Covid-19 Regional Surge Plan for the NI Care Home Sector[12] with three overarching objectives:

1. Prevention: to provide support to address areas where action could prevent the spread of infection and included: proactive funding for enhanced clearing, free IPC training and education for all care homes, risk based approach to visiting; staff and resident testing in line with the national programme.

2. Mitigation: to manage ongoing issues arising from the consequence of an outbreak or a rise in community spread of infection. This includes the provision of virtual and in-reach acute care and clinical support to all care homes as required; virtual and in reach outbreak management support; introduction of the Care Partners model in order to mitigate the risk due to restricted visiting. The plan also includes a review of therapeutic and meaningful activities in order to reduce the risks associated with isolation.

3. Resilience: to respond to the financial, workforce and operation issues emerging as the pandemic progressed. This includes workforce planning and support from HSC bodies; plans for post-covid rehabilitation input from Allied

Health Professionals. The funded provision of Clinical equipment, nutrition, hydration, oxygen and technological equipment to support care homes.

Additionally, the Care Home Surge Plan includes a Decision Support Framework, a risk matrix which measures the care providers' assessment across four domains of Outbreaks, Staff Resilience, access to Infection Prevention Control (IPC), Personal Protective Equipment (PPE) and Resident Acuity. Together this matrix is used as a point of reference to guide HSC Trusts in the early identification of risk and enable targeted intervention and inform local and regional surge response / planning. This matrix has been incorporated into RQIA monitoring system to allow a single point of contact for reporting of pressure areas within the system. Furthermore, PHA Health Protection team have access to a data warehouse that enables enhanced oversight of COVID-19 outbreaks across Northern Ireland enabling rapid feedback of information to front line providers.

Specific areas of inquiry by the Committee

The specific areas of inquiry, where views have been sought are addressed below.

Discharge from hospital to care homes

It is recognised that extended stays in hospital are generally harmful to wellbeing detrimentally impacting service efficiency[13]. The PHA identified the need to support discharge of people from hospitals to care homes as key factor that would maintain the flow of patients through our healthcare system and ensure sufficient capacity was maintained to treat those who became acutely ill. In order to mitigate against the spread of COVID-19 early in the pandemic, steps were taken to provide advice and guidance on testing, isolation and cohorting of people with COVID including staff.

Early on in the pandemic PHA experts collaborated closely with Trusts, the DOH, RQIA, HSCB to provide streamlined centralised messaging to the care home sector via the Regional Guidance for the Nursing and Residential Care Homes, Northern Ireland (March, 2020)[14] intended to complement individual testing policy in Health

and Social Care Trusts and minimize the risk of infections to staff providing information for managers, staff, visitors and family members. This guidance has subsequently been updated reflecting the complexity of issues emerging during the first wave and faced by the care home sector. The latest version; Regional Guidance for Nursing and Residential Care Homes, Northern Ireland September, 2020[15] is available online. Key information includes a Regional Guidance pre admission infection prevention and control risk assessment to assist staff to identify and record relevant information regarding past or current infection alongside a detailed discharge process to support transfer from acute hospital, mitigating further spread of infection.

Testing prior to and post discharge

The following steps have been taken to minimize infection in care homes:

- The PHA had a leading role in developing and supporting the regional guidance COVID 19 Interim Protocol for Testing Version 7[16]. Comprehensive Information relating to testing prior to and post discharge from hospital to care homes is detailed in the guidance.
- Recommendations specify that “in advance (48 hours) of hospital discharge to a care home the patient must be tested for COVID-19. This new testing requirement is designed to support a timely discharge. The information from the test results, with any supporting care information, must be communicated and transferred to the relevant care home.
- April 2020: the DOH Rapid Learning Initiative confirmed the potential for transmission of COVID-19 from those who are symptomatic, pre-symptomatic, and asymptomatic of infection with a view to inform testing policy. It emerged that limiting testing to symptomatic residents and staff may not identify all residents and staff with SARS-COV2. The PHA facilitated implementation of whole home testing of all residents and staff for both active/open care home outbreaks retrospectively that were notified prior to 24th April as well as ensured implementation of testing policy for all new outbreaks.

- PHA led on the development of the updated guidance for the management of outbreaks within care homes. The PHA, Public Health team, provided health protection support and advice within a risk assessed approach to individual care home outbreaks (classified as >2 symptomatic residents) in care homes (nursing and residential). This included the need for all residents and staff to be tested for COVID-19 as part of the initial risk assessment of each outbreak
- The PHA duty room continued to provide advice and support to all care homes which reported positive cases through to support translation of planned regular care home testing programme on notification after 24th April to duty room.
- In August approximately 33,000 tests were completed with a further 40,000 tests completed in September. We estimate the continued rolling testing program will involve 10-12,000 tests per week from all care homes.
- Most of the current care home outbreaks have been detected as a result of the regular testing which will improve protection for care homes in this further wave of the pandemic.

<u>Management; Working in Partnership with the National Testing Programme</u>:

- May 2020: under the direction of the expert testing group, the PHA sought to utilise the national testing partnership to support whole care home testing of all residents and staff without a COVID-19 outbreak
- June 2020: 197 Care Homes were tested using this partnership approach. The satellite channel of the National Covid 19 Testing Partnership was trialled with project management support from PHA and testing support from HSCT staff.
- PHA staff coordinated implementation of this early testing by supporting homes with specimen orders, test pickups, mobile testing units on sites for larger homes and all queries in regard to managing testing.
- August 2020: A regular program of COVID-19 testing for all care home residents and staff across Northern Ireland was commenced[17]. All asymptomatic residents are tested for COVID-19 every 28 days with all asymptomatic staff testing every 14 days.

- Guidance was developed to ensure that all new admissions to care homes from community settings, including those from supported living accommodation, would have their COVID-19 status checked 48 hours before admission to the care home setting. The same conditions apply to people admitted to care homes from community settings as apply to people discharged from hospital to a care home.

Isolation within Care homes

PHA have supported and informed the guidance for Care Homes on isolation measures within care homes: Regional Guidance for Nursing and residential Care Homes, Northern Ireland September 2020[18]. This guidance assists staff to identify when it may be appropriate to move someone to a different home or facility as well as reference to Infection Prevention and Control (IPC) Measures. Information on where and how to access additional support and advice from their local HSC Trust, RQIA and the Public Health Agency (PHA) is signposted providing streamlined collaborative messaging to the care home sector.

Care Homes may also be signposted to other resources including The Regional Infection Control Manual[19] which is regularly updated and used as a key point of reference by Health Protection Duty Room staff providing advice to Care Homes.

Step down facilities

The PHA aims to support the care home sector to support residents in their home for as long as it is safe to do so in line with current policy in Northern Ireland.

Working in collaboration with HSCB, the PHA supported the identification of Step Down and alternative accommodation for residents on discharge from hospital or where adequate isolation measures could not be maintained within individual care homes.

Access to PPE

Coinciding with global demands for PPE, the care home sector faced unprecedented demand for Personal Protective Equipment (PPE) to safeguard residents and staff. In the early stage of the pandemic, it became clear that supplies of PPE were being prioritised for HSC system and private providers were encountering difficulties with procurement of adequate supply.

The PHA, in consultation with the HSCB addressed this challenge by developing the COVID-19 Regional Surge Plan for the NI Care Home Sector, May 2020[20] which was subsequently updated frequently to reflect the changing needs of the sector Covid-19 Regional Surge Plan for the NI Care Home Sector September 2020[21] Specific reference was made to the need for HSC Trusts to co-ordinate and manage the supply of PPE to care homes within their geographical area, thus promoting security of supply. A regional process was challenging to embed however it has since demonstrated agility in responding to the needs of the care home sector and demand for PPE. Going forward the regional Surge Plan for the NI Care Home Sector will require enhanced monitoring and collaborative engagement with partners such as HSCB and BSO to respond to emerging need.

The PHA undertook a Demand Modelling study to provide the Department of Health with data on the volume and usage of PPE based on a number of assumptions to make provision for peak surge. This informed the DoH response to sourcing PPE for the entire Health and Social Care system in NI, both statutory and Independent sectors. Between 6th March - 2nd October 2020, over 232 million items of PPE were delivered across our HSC System, including 129,245,000 gloves; 42,503,000 aprons; 1,576,000 FFP3 face masks.

In support of a standardised approach across both statutory and Independent Sectors, PHA Infection Prevention Control Cell, developed and distributed guidance posters that identified the correct PPE to use in particular circumstances, along with posters detailing how to don (put on), doff (remove) and dispose of PPE correctly. Training videos that could be accessed at any time, and interactive zoom sessions were delivered by PHA and HSC Trust using regionally agreed procedures. These

will be reissued as part of an education refresh as we move through Second Surge of the pandemic.

There is a need for more academic research into the optimum use of PPE in care homes. There are some potential adverse effects, in that residents cannot see the face of members of staff and may not recognise them when wearing a face masks. Face masks covering the mouth result in difficulty communicating effectively with people with hearing impairment or who are deaf. Guidance to highlight and support effective communication whilst wearing PPE equipment was developed to highlight the importance of communicating effectively whilst wearing PPE and promoting effective contact with residents, promoting mental health and wellbeing.

Testing in Care Homes

Effective frequency and management

Early in the pandemic the PHA recognised the need for systematic health protection advice and guidance along with the need for regular testing. Working in close partnership with regional bodies and under the oversight of DoH, the PHA developed and supported implementation of a comprehensive care home testing strategy (this is explored in detail in the “Testing Prior to and Post Discharge” section).

Symptom and monitoring

The PHA Health protection Duty room has played an integral role in the symptom monitoring of COVID-19 in Care Home settings. The PHA Health Protection team has long-established, well-trusted and robust systems in place to monitor infectious diseases and provide direct advice and support to manage outbreaks and limit onward spread. These arrangements were actively implemented early in the initial stages.

Notifications of respiratory illness from care homes to the Public Health Protection Duty Room team were thoroughly investigated and support provided to the care home provider in managing the outbreak. A comprehensive risk assessment was

completed of the incident, which included an assessment of each individual resident and the environment and an ongoing assessment of the severity, spread and context of the incident. Advice specific to COVID-19 was given regarding isolation, containment, and infection prevention and control practice, including cleaning, testing information, how to manage symptoms, when to request additional medical advice, and support for PPE. The outbreak was then followed and care home supported till the outbreak conclusion

As we learned more about Covid-19, the revised case definition was expanded to alert clinicians and care homes to the need for a higher index of suspicion regarding possible atypical COVID-19 presentations particular to older people, thus raising staff awareness of the presence and pervasive nature of COVID-19 in care homes.

Subsequently, the PHA amended the COVID-19 guidance for care homes in response to the change in definitions advising care home to treat all residents with atypical symptoms as probable COVID-19 positive in facilities and to manage these situations as potential COVID-19 outbreaks.

Personnel

- Care home staff are supported in this process with information on a dedicated PHA website page. Information includes:
    - A checklist - overview of testing process – simple one page guide
    - How to use non-Randox test kits
    - Full NI guidance booklet
    - FAQ courier information
    - FAQ testing in care homes

- Weekly educational zoom seminars were held over a four week period in addition to an on line training tool that was available to all homes. Staff training on testing in practice was also established through CEC.
- A full time support officer has been appointed to support care home staff queries. Daily support is given to care home staff with managing the ordering system, kit registration, results queries and general communications.

Funding and increased cost for care homes

Cleaning

Nursing home environmental cleanliness is integral to minimising transmission of COVID-19. Messaging and advice was directed to the Care Homes via letter that even if they were not affected by COVID-19, they should implement proactive enhanced cleaning. Guidance on enhanced cleaning is located on the PHA Regional IPC Manual[22].

For those Care Homes affected by COVID-19, the PHA Health Protection Team in the Duty Room provide advice and guidance on a daily basis and care homes are provided with specific actions as set out within the COVID-19 outbreak pack, provided to each home. Upon clearance of a nursing or residential care home outbreak, the duty room provided support to facilitate a thorough clean of the facility. Subsequently, a final outbreak summary report is produced.

To support care homes during the COVID-19 pandemic, additional funding was made available to care home to enable them to meet the requirements form enhanced cleaning. The PHA supported a bid for funding of up to £6.4M which was made available to Care Homes to increase domestic staffing levels & support post outbreak cleaning June-August inclusive (CSWO letter 3/6/20).

Other infection control measures

An Infection Prevention and Control (IPC) Cell was established which brought together IPC nurses, Public Health Doctors and leading experts in IPC to act as an Expert Reference Group, reviewing relevant national and international evidence in order to provide resolved and consistent regional advice for Northern Ireland, under the leadership of the Director of Nursing and Allied Health Professionals in the Public Health Agency.

In response to an identified need for enhanced Infection Prevention and Control support to care homes, the Public Health Agency co-ordinated a dedicated team of infection and prevention control nurses, who worked with Local HSC Trusts to provide specific advice and guidance in relation to individual outbreaks.

Five nurses (one per Trust) were redeployed to assist the Trust Infection Prevention and Control Nursing and Community Teams with a unique strategic role crossing organisations and teams.

This unique role involved:

- Leading in supporting Community Infection Prevention & Control activity including input and support to the Independent Care sector.
- Supporting implementation of the most recent PHE IPC guidance.
- Liaising with relevant HSC stakeholders including RQIA

Staffing issues and levels

The Care Home Surge Plan made specific reference to the need for adequate contingency plans in the event of increased staff absence as a result of COVID-19 infections among care home staff.

As we move forward through a second surge which is resulting in increased community spread of infection, the number of staff requiring to self isolate as a consequence of infection or contact with an infected person is increasing, with stark implications for the sustainability of care home workforce. The pressure and the challenge to maintain adequate staffing levels will be significant and will require additional focus and solutions if we are to maintain our response to pandemic and at the same time support or Rebuild and restart ambitions.

Training and guidance

The diverse range of guidance developed by the PHA supporting the wellbeing of residents and staff within care homes is threaded through this paper. The PHA provided a leading strategic role in providing guidance and supporting

implementation of guidance by initiating and informing the training of the care home workforce. Initiated by PHA nursing experts, a diverse range of COVID-19 training courses for care homes staff to support symptom management, infection control and supporting the mental health and wellbeing was implemented in regional platforms to reach 2,695 Nursing and Residential home staff from the period March – 30th of June 2020 (CEC) and 251 ECHO sessions to 8,408 Residential, nursing and domiciliary care home staff.

Staff pay and conditions

Providing guidance for sick pay to care homes is not within the remit of the Public Health Agency, however advice and guidance was provided through PHA / HSCB working groups as part of the partnership approach to supporting care homes.

The PHA provided online guidance relating to social distancing and maintaining a safe working environment as much as feasibly possible. Specific advice was drafted on 'Reducing workforce movement between care homes' and additional guidance drafted on: 'Key Principles for staff visiting community settings' with the aim of reducing the likelihood of nosocomial spread of COVID-19.

In support of staff health and wellbeing, a project led by PHA saw the distribution of Rainbow Room resource boxes to each of the 483 care homes across Northern Ireland, filled with information and advice on health and wellbeing issues to support staff as well as activity packs, toiletries, biscuits etc. The Rainbow Rooms idea was adopted from the rainbow symbol of solidarity used by the NHS / HSC during the current pandemic. The initiative was delivered through collaboration with Health and Social Care Board (HSCB), Integrated Care Partnerships (ICPs), Public Health Agency (PHA), HSC Trusts and the Healthy Living Centre Alliance as a gesture of support to help strengthen the relationships between the care homes and the local voluntary and community sector.

Visitors

Virtual visiting, socially distanced visiting and wellbeing

The DoH developed and issued Covid-19 Guidance on Visiting in Care Settings in Northern Ireland, June 2020[23] and in support of the implementation of this guidance within care homes, PHA developed risk assessment and supporting policy documents to assist care homes with the reintroduction of visitors to care homes. A training session was delivered on 29th July 2020: 'Balancing the Rights and Risk of Visiting during Pandemic'.

The PHA has assisted with the process to scope the need for tablet devices that were subsequently made available to care homes to support virtual visiting.

The PHA led on a 10,000 More Voices project exploring the Lived Experience Project for Residents, Relatives and Staff in Care Homes during COVID-19 Pandemic. Key messages from residents, their carers and families have been central to the Rapid Learning Initiative in Transmission of COVID-19 in Care Homes and has informed the Surge plan for Care Homes.

To date over 600 stories have been collected and analysed to inform regional learning and service improvement. A key area of learning is the importance of developing open and transparent conversation between the residents, relatives, providers and decision makers.

The PHA are working towards implementation of an online user feedback system to promote continuous feedback loop in the Care Home sector. Also in collaboration with the Patient Client Council the PHA are developing a system which reaches out to relatives and residents of Care Homes to provide feedback on a regular basis on key topics, such as visiting.

Nationally, there are emerging calls to re-evaluate the balance between protecting people from the virus and protecting their wellbeing. Responding to the recommendations of the Rapid Learning Initiative, and the Care Home Action Plan (September 2020) includes reference to enhancing the opportunities for residents to have access to visitors. Although the evidence is not completely clear, a lack of

visitors may be a factor in shorten the life of residents, particularly those with Alzheimer's Disease. Confining residents to their rooms also reduces physical activity, which is associated with more rapid decline.

Regulation

Throughout the pandemic the PHA has met regularly and worked closely with RQIA personnel, trust directors and HSCB to support effective communication between the statutory agencies. PHA worked in partnership with RQIA to develop the regular monitoring survey that informs the risk assessment and surge response identified within the Care Home Surge Plan and incorporated into the revised Care Home Action Plan (September 2020).

Medical Care within Care Homes

Dedicated Care Home Support teams were established or enhanced from 2018 with Transformation funding. In each of the five HSC Trusts, a team of clinical staff are employed with the aim of enhancing the competence of care home staff to facilitate discharge from hospital and prevent inappropriate hospital admission. A Regional Care Home Transformation programme led by PHA, refocused to respond to COVID-19 challenges across care homes.

Advanced care planning

The PHA has an active role within the Palliative Care in Partnership (PCiP) Programme which provided support to care homes caring for people in the last days of life during the COVID-19 pandemic:

- **COVID-19: Management of Symptoms in the Last Days of Life (RPMG April 2020)**

  The Regional Palliative Medicines Group (RPMG) working with the NI Specialist Palliative Care Pharmacy Group and supported by the PCiP programme have developed specific symptom management guidance for people with COVID-19 in the last days of life in light. This guidance is relevant for use in both secondary and primary care settings (including care homes).

- **Advance Care Planning**

  Ideally all people living in care homes should already have documented Advance Care Planning Summaries. Further information regarding advance care planning and using the '**Your Life, Your Choices – Plan ahead'** resources can be found in the resources section of the Palliative Care in Partnership website[24]. The PHA funded the printing and delivery of these booklets to every care home in Northern Ireland during 2019 as part of Care Home Transformation programme.

  If advance care planning discussions and decisions have already taken place with regards to the care preferences of the person then those decisions should be reviewed and confirmed (or changed) in light of Covid-19 with person/ those important to them (if the person lacks capacity).

  The nature of Covid-19 presents a risk to all people living in care homes even those which are currently considered stable. Anticipatory plans in case of the person becoming infected should be discussed with and for each person to establish clear understanding of goals of care. These discussions may include:

  - Use of IV/SC fluids
  - Use of oxygen or antibiotics (if appropriate)
  - When/if to transfer the person to hospital
  - DNACPR and/or ADRT
  - Their wishes for the last days of life

  All discussions should be clearly documented and if necessary involve the person's GP who can document agreed decisions relating to medical interventions and share these via the patient's Key Information Summary (on NIECR) so that they are available to colleagues in other care settings.

  In the event that the person is admitted hospital (or another care setting) for treatment the care home should ensure that details of their advance care planning preferences are transferred with the person.

- **COVID-19 Guidance surrounding death**

  A range of guidance surrounding deaths in Northern Ireland during COVID-19 has been developed and is available on the Department of Health website[25].

  This guidance includes new arrangements for completing and issuing Medical Certificates of Cause of Death and guidance for verification of life extinct during COVID-19.

Preparedness within the HSC and in Care Homes:

From August 2018 through to March 2020, each HSC Trust received additional funding (Confidence and Supply Transformational Funding) to enhance or establish a Care Home Support Team with the aims of: reducing unnecessary hospital admission from care homes; enhancing the confidence and competence of care home staff; greater collaborative working between HSC and Independent Sector and improving resident care. Funding was also made available from the Chief Nursing Officer to enhance the quality and safety of care in nursing homes.

Engagement workshops were held within each HSC Trust and Care Home Providers with the aim of identifying a range of priorities that would enhance patient and resident care. Training and education was provided free of charge to every nursing and residential care home and this included Leadership and Governance training for care home managers. This programme of activity was led by a dedicated Nursing Team within PHA. As the pandemic progressed, the established relationships between care homes and Trusts provided a firm foundation that enabled emergency measures to be put in place rapidly and often without the usual engagement and attention to co-production that we would aspire to.

Moving forward, it will be important to revisit the Care Home Transformation programme to establish outcomes and consider the value in consolidating Care Home Support Teams on a more permanent basis.

Conclusion

This report has addressed the steps taken by the Public Health Agency to minimize infection in care homes and care for those infected while prioritizing the care and wellbeing of all residents and staff with specific attention to ten areas of consideration. Additional deaths of people in the care home sector due to COVID-19 has been a complex and troubling feature of the global pandemic with the long term impact of restrictions and measures only to be fully understood in the coming years.

Calls for wider re-evaluation to balance the impact of social isolation on care home residents are emerging on the national agenda. Emerging data comparing performance of UK countries in terms of the international measure of excess deaths in care homes suggests early positive indicators in terms of the “lowest share of care homes infected” and the “lowest level of excess deaths” in NI care homes as compared to England, Scotland and Wales all of which can be linked to decisive collective actions led by the PHA alongside regional and local organisations. This is only one facet of data and a more complex holistic data set will continue to emerge and challenge our thinking and approach as we enter the second wave.

This report demonstrates quality PHA collaborative leadership and working that has emerged from the first wave and demonstrated our flexibility to emerge as a relevant and in demand organisation to promote the wellbeing of care home residents and staff in Northern Ireland now and in the challenging times ahead.

References

[1] 10,000 More Voices, Public Health Agency

[2] PHA / HSCB Covid 19 Regional Surge Plan for the NI Care Home Sector available: http://www.hscboard.hscni.net/download/PUBLICATIONS/covid-19/Covid-19-Care-Sector-Pandemic-Plan.PDF

[3] RQIA, Services registered with RQIA, 2020. https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/

[4] The Public Health Notifiable Diseases Order (Northern Ireland) 2020 http://www.legislation.gov.uk/nisr/2020/23/made

[5] Northern Ireland Statistics Research Agency. (2020)

[6] Northern Ireland Statistics Research Agency (2020) Weekly Deaths in Northern Ireland Death Registration Statistics including COVID-19.

[7] Bell, D. et al., (2020) Covid-19 mortality and long term care: a UK comparison. Article in LTcovid.org, International Long Term Care Policy Network, CPEC-LSE, August 2020.

[8] Source: National Statistics. Excess winter mortality in England and Wales: 2018 to 2019 (provisional) and 2017 to 2018

[9]Northern Ireland Statistics Research Agency. Excess Winter Deaths. 2016 / 2016. Accessed: (October, 2020) https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/EWM_Infographic_201516.pdf

[10] Bell, D et al., (2020). Covid -19 mortality and long term care: a UK comparison. Article in LTCcovid.org, International Long Term Care Policy Network, CPEC-LSE, August 2020

[11] Bell, D et al., (2020). Covid -19 mortality and long term care: a UK comparison. Article in LTCcovid.org, International Long Term Care Policy Network, CPEC-LSE, August 2020

[12] PHA / HSCB Covid-19 Regional Surge Plan for the NI Care Home Sector, Sept 2020. http://www.hscboard.hscni.net/download/PUBLICATIONS/covid-19/Covid-19-Care-Sector-Pandemic-Plan.PDF

[13] Rojas-Garciam, A. (2017) Impact and experiences of delayed discharge; A mixed studies systematic review. Health Experiences. Vol 21, P41-56.

[14]Regional Guidance for the Nursing and Residential Care Homes, Northern Ireland V 1.0 March 2020

[15] Regional Guidance for the Nursing and Residential Care Homes, Northern Ireland V 2.6 11th Sept 2020

[16] COVID-19 Interim Protocol for Testing Version 7, accessible: http://www.hscbusiness.hscni.net/pdf/Covid%2019%20interim%20protocol%206.1.pdf

[17] DoH, 2020. McBride, M., Covid-19: Implementation of planned regular programme of Covid-19 testing in residential and nursing homes. Letter by email

[18] Regional Guidance for Nursing and Residential Care Homes, Northern Ireland Sept 2020 Accessible: https://www.health-ni.gov.uk/sites/default/files/publications/health/GUIDANCE-NURSING-AND-RESIDENTIAL-CARE-HOMES-IN-NORTHERN-IRELAND-SEPTEMBER-2020.pdf

[19] Available at https://www.niinfectioncontrolmanual.net/

[20] Covid -19 Regional Surge Plan for the NI Care Home Sector, May 2020

[21] Covid – 19 Regional Surge Plan for the NI Care Home Sector Sept 2020 accessible http://www.hscboard.hscni.net/download/PUBLICATIONS/covid-19/Covid-19-Care-Sector-Pandemic-Plan.PDF

[22] Available at https://www.niinfectioncontrolmanual.net/cleaning-disinfection

[23] Covid-19 Regional Principles for Visiting in Care Settings in Northern Ireland Sept 2020 https://www.health-ni.gov.uk/sites/default/files/publications/health/COVID-19%20REGIONAL%20PRINCIPLES%20FOR%20VISITING%20IN%20CARE%20SETTINGS%20IN%20NORTHERN%20IRELAND%20-%20revised%2022-09-2020%20%28002%29.pdf

[24] Available from https://pcip.hscni.net/resources/

[25] Available from https://www.health-ni.gov.uk/publications/covid-19-guidance-surrounding-death