RCPsych NI Response to NI Assembly Health Committee Inquiry into Impact of Covid-19 on Care Homes

The Royal College of Psychiatrists is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 440 members in Northern Ireland, including Doctors in training. These Doctors provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

The Royal College of Psychiatrists in Northern Ireland is grateful for the opportunity to contribute to this important piece of work. As a Regional and National source of expertise in the assessment and management of mental illness, our Members have a direct interest in ensuring that as much as possible is learned from the experience of managing COVID in the Care Home Sector.

Our members have a well-established role in the Care Home Sector, particularly in the areas of older people, people with dementia, people with intellectual disabilities, those with long term mental illness and those with problems relating to brain injury. They have witnessed what our colleagues in the Care Home Sector have managed to do in the most difficult of circumstances as well as the great resilience shown by Patients and Carers. We are determined to help improve the Regional response in this and future challenges and in our observations on this issue, we have considered a number of themes.

Pressures on the Care Home System during COVID-19:

College Members are largely HSC Trust employees and have an almost unique clinical perspective, being oriented to both inpatient and community care. It was observed that in the early stages of the pandemic that Trusts needed to generate large numbers of acute beds. The Care Home Sector experienced much pressure to accept discharges rapidly. Rapid Patient moves, though necessary, are likely to have been distressing and to have carried some increased risk of mental and physical harm.

There are likely to be some lessons as to how well Deprivation of Liberty Safeguards were practiced. Issues regarding availability of COVID testing, availability of personal protective equipment and stresses on staffing are understood to be already under investigation by HSC.

The need for increased step-down care placements precedes the COVID crisis. People with cognitive problems often need careful planning, staff training and preparation as part of their discharge. Greater availability of interim and step-down placements in general may be helpful in improving hospital bedflow without disrupting the move to suitable longer- term placements with the precise environment, staff and systems that meet an individual's needs best.

The lived experience of Patients and Carers:

The average length of admission to a Care Home is around 9 months and COVID has had a major impact on visitation and support for over 6 months now. The disruption of routines and reduced opportunities for visiting is reported to have had a negative effect on the mental well-being of many Patients and Carers. It is unclear if effects will be lasting - but in the case of dementia, a life-limiting condition, any harm is likely irrecoverable.

Effects on Carers of reduced visiting have proved traumatic in many cases, particularly where there has been bereavement. It is likely to be reflected in stress and decreased mental well-being for years to come among Carers and their families.

It is noted that technological solutions such as video calls were not comprehensively introduced in all Care Homes and there have been major inequities in approach. Moreover extra consideration needs given to how to help families communicate with those with sensory or cognitive difficulties. The need to develop infrastructure (eg WiFi coverage) urgently in some homes also needs considered. Requiring and supporting Care Homes to provide daily telephone and video updates and visits should become the norm.

The effect on Patients and Carers of the requirements around managing COVID also need appreciated. The effect of masks and other PPE on communication and feelings of safety among Patients should be considered and steps taken to look at alternatives such as masks that facilitate communication. Likewise, the potential trauma of swabs for those with cognitive difficulties- in some cases the swab will have been traumatic, in others its results will be questionable and in others it will have not been practical to perform a swab at all. There should be investigation into more user-friendly tests, even if these cost more, as the alternative is to force self-isolation on those who may be least capable of understanding the need for it.

Some Carers have reported a feeling that Care Home Management decisions made rapidly in the early phases of the pandemic regarding visits, admissions and discharges were presented as a *fait accompli.* The need for rapid action is understandable, particularly in the early phase of the pandemic, but equally risks infringing the rights of the individual. For example, a best-interests meeting might be needed to determine if someone lacking capacity should be admitted, discharged or remain in a Care Home. It should be considered how this can be accommodated.

Human rights aspects:

The current pandemic occurred during the introductory period for the Deprivation of Liberty Safeguards (DOLS) of the new Mental Capacity Act. The College has been supportive of the Act as a much-needed means of ensuring equality of rights among those lacking capacity.

The pandemic probably represents the first challenge where the Act has needed to be applied routinely for large numbers of people. Many members have wondered if the Act has been used as intended during COVID. There were welcome emergency additions to the Regulations introduced, but it is thought that use of DOLS may have been less than hoped. It would be helpful if the Department could review data from the first 6 months of COVID to see if there are opportunities for learning in this regard.

Certain aspects of capacity assessment are resource-dependent (eg translation services, optimising communication and assessment) and the ability to provide these safely and effectively during pandemic conditions should also be considered.

Capacitous decision making for Patients and Carers requires an honest appraisal of risk (such as the actual presence of COVID positive cases or details of safety arrangements in a placement). Thought might be given to how these aspects would be communicated to Patients and Carers, but balancing confidentiality and other factors, to allow them to make a "good enough" decision.

The interface between Psychiatrists and Care Homes:

Psychiatrists are among a small number of Trust doctors who routinely visit Care Homes and are well placed to comment on interface issues. In line with individual Trusts' safety policies, many have continued to visit during the pandemic for urgent referrals.

It is generally noted that a clear Regional Policy on visits by Psychiatrists, GPs and other Professionals during COVID would focus Trust planning of services and possibly reduce stress on other areas of the healthcare system.

Generally, our membership perceive a great deal of stress on Care Home Staff during this period. Staffing problems could be exacerbated by Staff needing to isolate and the effects of stress. Caring for people with cognitive problems is stressful at the best of times and close interaction with Patients is frequent. The risk of transmission is increased for these Staff and adequate rest breaks, leave and support are more important than ever during the pandemic. Consideration might be given in future planning whether HSC staff might be re-deployed to Care Homes in future pandemics to strengthen this vital area of the Health system's response to the surge in need for acute beds.

Future Preparedness:

It is suggested that the following areas might be considered in future planning for pandemics and other regional emergencies:

1) The recognition of Care Homes as a vital part of maintaining flow through the Hospital Acute Care system with an examination of how to better support them through re-deployment of HSC Staff and other resources if necessary and expansion of step-down and interim beds. Funding should be expanded and ring-fenced for Care Homes and step-downs as part of preparedness. A Regional Policy addressing the role of Care Homes in times of crisis seems a good way to plan, support and to ensure uniformity of standards for infection control, testing and management;

2) The admission and discharge of Patients to and from Hospitals and Care Homes should have a strong emphasis on COVID testing and information on the cases and measures taken in individual placements to inform risk assessment for Patients and Carers;

3) Standards assessed by RQIA should incorporate areas of pandemic planning beyond infection control. For example, making anticipatory care planning, visitation planning and end of life care planning mandatory might safeguard the

needs of Patients better in a rapidly evolving situation such as the pandemic. Planning for adequate Staff support during pandemics should be reviewed;

4) An appendix to the current DOLS Code of Practice should be considered, incorporating learning from the pandemic (eg how to consider issues such as Patients who are incapable of self-isolation through choice or cognitive or other problems or those who decline testing or are incapable of consenting to testing);

5) In general, the pandemic has generated new questions around how human rights can be maintained during a time of rapid, large-scale change in healthcare provision. There should be planning to specifically address areas such as the right of people in care to visits and the need to provide alternatives such as daily video-calls and telephone updates. There should be clear policy on best practice for testing, isolation and management of those who lack capacity to consent and a process for rapid feedback and learning to the Department. Even emergency policies will need carefully reviewed through a human rights lens before implementation;

6) There was increased demand reported for Respite and Admission linked to unavailability or withdrawal of Care Packages, Day Centres and other resources to maintain people in the community. This also affected flow out of Care Homes and probably had upstream effects on Acute Inpatient beds. Regional Planning could consider earmarking of community resources to allow alternatives to Care Home placement such as Care Packages to continue or expand to help maintain bed flow in the broader healthcare system;

7) The unique challenges of the Care Home environment for Patients, Carers, Staff and others should be recognized as part of planning - for example accepting that Staff working in close proximity to Patients will need regular testing, that specialist PPE and other equipment may be needed, that communication is an enormous challenge and in particular that more user-friendly testing is needed in this setting;

8) A Regional Policy on medical support to Care-Home Patients in time of pandemic would be useful and bridge the potential problems of differing guidance coming from Care Homes, Trusts and Primary Care providers and boundary issues. This would help maintain in-reach and could use technology or closer co-operation between services to minimize footfall and infection risk;

9) In contingency planning it is also suggested that the Trusts should be able to identify critical areas to maintain care in the community such as Day Centres and packages of care in order to stop the breakdown of community care and home placement but also allow greater flow through the Care Home system and ease pressure there;

10) In the longer term, the COVID pandemic has been a significant source of stress, anxiety and trauma to Northern Ireland society. Citizens lived with the actuality or fear of life-threatening illness, separation from loved ones and in too many cases, grief in partial or total isolation. The effect of this trauma will require many years to fully manifest itself and be fully understood. Priority should be given to understanding and mitigating the effects of the pandemic on the longer-term mental health of Patients, Carers and Care Staff.

The College notes that the Department has embraced the principles outlined in the Bengoa report and that true continuous improvement requires a commitment to safety and learning through a psychologically safe and just corporate culture. It is important that poor practice be identified and improved, but individual staff should not become a focus point for blame in complex situations where system- based learning is required.

The College has been engaging with the Regional Ethics Forum and in some decision making by lower command levels in the Department. As a Professional body, we do have expertise working with Patients, Carers and Staff working in the Care Home sector and are willing to provide assistance in response review and planning. We observe that the needs of vulnerable groups may need specific advocacy in Regional planning to mitigate any risks posed to them in addressing "the greater good" and the risk of Group-think is addressed by embracing true co-production.

The Royal College of Psychiatrists in Northern Ireland is committed to the mental health and well-being of our society as a whole and its most vulnerable members in particular and we stand ready to help in this most difficult of times.

The Royal College of Psychiatrists in Northern Ireland welcomes this timely NI Assembly Health Committee Inquiry into this very important subject and thanks you for the opportunity to contribute its views.

Note: *References herein to Patients include Residents – and to Carers include Families.*

Dated: 19 October 2020

Signed:

Dr Richard Wilson, Consultant Psychiatrist

Chair of RCPsych in NI & Vice President RCPsych

Dr Conor Barton, Consultant Psychiatrist
Chair of RCPsych NI's Faculty of Old Age Psychiatry