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Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes

17 May 2020

Introduction

The nature of the Covid 19 pandemic means that care homes in particular need extra support to help them ensure the wellbeing of people who live there, and the staff who care for them. In particular, straightforward and transparent Covid-related oversight for every care home is vital. This document sets out arrangements that must be put in place to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take direct responsibility for the clinical support required for each care home in their Board area.

Professional roles

Every Health Board and its Health and Social Care Partnership colleagues in the Local Authority must put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

Support and role

The Health Board and Local Authority will provide support to the Care Home Clinical and Care Professional Oversight team to enable it, in conjunction with the healthcare associated infection (HAI) lead, to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus:

1. Care needs of individual residents
2. Infection prevention and control measures, including PPE and cleaning requirements
3. Staffing requirements including workforce training and deployment
4. Testing arrangements for outbreak management and ongoing surveillance

These senior leaders will be responsible and accountable for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed. The Executive Nurse and Medical Directors may devolve these roles where appropriate but will retain accountability through clinical governance arrangements. Close

relationships will be maintained between this group and the Care inspectorate relationship manager.

This will be done by continually taking account of up to date data and the latest guidance available, published 15 May https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/, national reporting requirements and operating framework as set out at **Annex 1**; and via reporting on the additional measures as set out at **Annex 2**. The reviews may require to be a mix of in person visits and remote reviews where the care home remains stable.

Via the Health and Social Care Mobilisation Plans, Chief Officers have already provided in their local areas assurance that:

- care home support processes have been active in accordance with HSCP mobilisation plans to create a 'wrap around' effect
- arrangements for testing are in place and these are following the most recent extensions put in place
- arrangements are in place for response to Covid 19 outbreaks
- redeployment plans have been activated to maximise local staffing support for care homes

Each oversight team will build on this activity and detail to ensure granular scrutiny and support as required. Each oversight team will:

- hold a daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed
- ensure testing guidance is clarified urgently, and maintained as a priority, with clear routes and responsibilities set out to ensure:
    - staff are tested in accordance with the guidance and regardless of impact on staff rotas
    - patients and service users are also tested in accordance with the guidance in relation particularly to admissions to care homes
- ensure a range of responsibilities are fulfilled:
    - NHS Boards take direct responsibility to ensure staff are tested
    - NHS Boards ensure contact tracing is undertaken where required
    - NHS Boards ensure linked home testing is delivered
    - NHS Boards and Local Authorities ensure clinical and care resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care
    - Joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns

These arrangements will be put in place in every area in the week beginning 18 May.

All organisations including care providers (statutory, third sector and independent sector) are responsible for effective and safe care in their services and are expected to work closely together and at pace to give effect to these arrangements.

There are specific responsibilities that Health professionals will need to deliver within these whole system arrangements. This is because Covid-19 is a public health crisis in our social care settings, and therefore clinical colleagues have a critical role to play in assuring the safety of people who live in care homes. These responsibilities are:

- Nurse and Medical Directors taking direct responsibility for the clinical support required for each care home in their NHS Board area in collaboration with Directors of Public Health
- Nurse and Medical Directors, in conjunction with HAI leads, providing practical expert advice and guidance on infection prevention and control

Escalation

Where the Care Home Clinical and Care Professional Oversight team believes there is a significant issue that requires onward escalation – i.e., which cannot easily be resolved through routine local reporting and support mechanisms – that should be escalated by the Director of Public Health to the Chief Executives of the Health Board and local Authority. Such issues should also be escalated to the Care Inspectorate and Scottish Government, and ultimately if required, to use emergency powers held by Ministers.

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Annex 1

Safety Huddle

Based on activity, dependency and acuity care homes will be asked to work through the template to identify care needs and if staffing levels are adequate to be able to deliver safe and effective care. The questions that will be asked are

Local information

H&SCP
Name of Residential/Care Home
Bed Number
No of Residents

Covid-19 related Information

Total number of positive COVID-19 residents
Total No of Covid-19 symptomatic residents
Active outbreak
Adequate PPE equipment
Ability to comply with IPC measures
Total number of deaths (COVID-19 related)

Additional Information to aid staffing decision making

No of 1:1 care
End of Life Care
No of deteriorating Residents –
No of residents with cognitive impairment

Workforce

Staff absences
Additional team requirements
Registered Nurse,
Senior Social Care Worker,
Social Care Worker

Testing
How many residents tested
If not tested why not
How many staff tested
If not tested why not
Testing completed by care home staff yes/no

The professional judgement template set out below should also be used by care homes to identify staffing requirements. Care homes with sophisticated electronic rostering may get the same functionality from that.

Annex 1 (cont)

Care Home Clinical and Professional Oversight team should develop a process for care homes in their area similar to that detailed below from NHS Forth Valley

Situation	Actions
Homes currently in green	Homes will have a joint visit with nursing and senior social care staff. Nursing will assure: • infection control measures – PPE, cleaning solutions and matrix, hand hygiene • documentation of patients normal abilities, DNACPR/AWI/ACP • fundamental care – personal hygiene, FF&N, medicines are being met • communication – with families, virtual visiting Care home will either be doing really well in which care assurance is achieved or standard information can be shared at this point – infection prevention posters, SOP's on setting up PPE stations/cohorting if required. This will allow forward planning in the event of patient contracting Covid-19
Homes who have patients testing positive (amber and green)	Joint visit with nursing and social care staff to: • clarify all of the above are in place • assess for other services to support: palliative care, dementia, mental health, infection control • supply any other helpful resources eg palliative care • mobilise other relevant services – this will require one person to co-ordinate • are residents conditions being documented • are relatives being kept informed • are PPE stocks adequate and being used correctly • has cohorting/zoning been put in place • do residents have appropriate medicines • are staff aware of just in case medication accessed via PSD and COVID medication pathway for care homes • are patients receiving appropriate fundamental care • have the ANP's/GP's reviewed all symptomatic patients • staffing arrangements have been considered if there is increasing acuity and care needs
• leadership within the care homes will remain with the care home staff. Wherever possible a senior member of the care home staff should be on site and there should be access to a detailed handover on all residents • significant staffing levels will be supported via NHS/HSCP staffing flowchart • utilise grab box with clinical information for major incident	

- Head of Nursing for HSCP will provide leadership and link with the care home and determine support an expert advice required from other teams including care home liaison, PDU and palliative care, psychological therapy

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Annex 2

Additional measures for monitoring progress

Additional measures	**Lead**	**Timescale – all additional measures reviewed every two weeks from implementation**	**How will we know it has been delivered**
Nurse and Medical Directors take direct responsibility for the clinical support required for each care home in their Board area in collaboration with Directors of Public Health These Directors will lead in providing practical expert advice and guidance on infection prevention and control Boards will provide DHPs with the resources needed	Nurse Director Medical Director	Immediate	Reports on safety huddles and visits to be included in weekly DPH return to SG
Daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed	Nurse Director	Immediate	Reports to SG on outcomes to be included in weekly DPH return to SG

Annex 2 (cont)

Testing guidance for staff to be clarified urgently with clear routes and responsibilities set out to ensure staff are tested regardless of impact on staff rotas - including any guidance issued by HSCPs	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards to take direct responsibility to ensure staff are tested	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards will ensure that contact tracing is undertaken where required	DPH	Immediate	Reports on staff tracing to be included in weekly DPH return to SG
Boards will ensure linked home testing is delivered	DPH	Immediate	Reports from Boards to be included in weekly DPH return to SG
Boards to ensure clinical resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care	Nurse Director	immediate	Reports and data from safety huddles to be included in weekly DPH return to SG
Direct inspection visits to care homes by CI and HIS, including unannounced inspections	CI	Immediate	Reports from CI to be included in weekly DPH return to SG
Testing requirements on all admissions	DPH	Immediate	Reports from safety huddles
Significant adverse event	HIS and CI	Immediate	Proposals to be discussed and advice on implementation
CI and HIS joint inspections	As above		