

# **Adults Social Care Covid-19 Scrutiny Report**

2<sup>nd</sup> June 2020

## **1. Introduction**

This report outlines the ongoing situation of the Covid 19 pandemic and Cheshire East Councils Adults Social Care, Public Health and Communities department response from the commencement of the outbreak until the present day.

## **2. Background**

Thousands of people across Cheshire East rely on the Adults Social Care sector to provide them with the support they require to live their everyday lives. There are 92 Care Homes (Residential and Nursing), 59 Care at Home Providers and 73 Complex Care Providers in the Borough. Covid-19 has had a significant impact on Adults Social Care, but the sector has shown remarkable resilience in the numerous ways it has addressed this challenge.

## **3. Scope**

This report presents the impact of Covid-19 on the wider care sector in Cheshire East to date, including outbreaks, impacts on service delivery, and testing. It will also lay out the actions which have been taken by Cheshire East Council to support the sector and minimise the negative impacts of Covid-19 on service users and staff.

## **4. Format**

The report is separated into the following care domains:

- Accommodation with Care
- Care at Home

The report will also cover the following key areas:

- Personal Protective Equipment
- Support which has been offered to providers
- Safeguarding and Care Concern Information
- Quality Assurance Monitoring (CEC and CCG)

## 5. Accommodation with Care

There are 92 Care Homes in Cheshire East, including both Residential and Nursing Homes. At the start of the pandemic, and ongoing through the pandemic, all Care Homes have been given a RAG (red, amber or green) rating, based on the following criteria.

- Red - any providers with an outbreak (Infection, Prevention and Control define this as two cases or more, be they confirmed or suspected in residents and/or staff)
- Amber – fewer than two cases, suspected or confirmed in residents and/or staff
- Green – no reported cases in residents or staff
- Staffing level within the home also informs the RAG rating

These ratings are held on a Risk Log which is maintained and saved on a week by week basis. The Risk Log details all homes, their RAG rating and staffing status.

Each home has a designated CEC Quality Assurance (QA) officer who is in regular contact with the home offering professional advice, guidance and emotional support. These calls also offer assurances to the Authority that care homes were operating efficiently and effectively.

The frequency of this contact is determined by the home's RAG rating:

- Red - contacted every other day, if not daily.
- Amber - contacted twice a week.
- Green - contacted once a week.
- The frequency of these calls is increased if a home is escalated from one RAG rating to another and if intelligence is received to warrant increasing the frequency.

The Risk Log gives an overview of the status of each care home with homes being moved upwards from green to amber to red if they experience an outbreak, and vice versa once an outbreak has passed and the home is clear of infection.

### 5.1 Service Delivery

A group of providers have reported elevated levels of staff absence, due to staff self-isolating, shielding or caring for family members. Homes affected by staff absence completed a risk assessment to ensure safe staffing levels were maintained, and this included the use of agency staff. No homes reported unsafe staffing levels.

### 5.2 Outbreaks

At the start of the pandemic, there were a small number of homes who reported an outbreak (meaning two or more suspected or confirmed residents and/or staff). This number increased as the pandemic progressed reaching a peak week commencing 29<sup>th</sup> April 2020. This number has then since declined with more homes reporting no further cases.

More recently there has been a small increase in homes reporting an outbreak due to the commencement of the Whole Home Testing Programme by the Department of Health and Social Care whereby all residents and staff are tested at one time.

The Council and the CCG wrote to providers and hospitals and stated the following:

- All patients who are being discharged to a care home will be tested between 48/72 hrs for COVID-19 before discharge from hospital. Results obtained shared with the care home.
- Patients who test positive need to remain in hospital for 14 days from the date of the positive test. Patients will then have to be re-tested to ensure that they have a negative result before discharge.
- On discharge the care homes should be advised, as a precautionary measure to self-isolate the patient for the first 14 days of admission.
- A discharge letter will be completed for each patient on discharge.

### 5.3 Deceased Residents

Information on 'Covid-19 deaths' in Care Homes in Cheshire East has been collated by the Office for National Statistics (ONS). It includes deaths occurring up until 15th May 2020 (ONS Week 20) and registered by 23rd May.

'Covid-19 deaths' includes people who tested positive for Covid-19 prior to death, or where Covid-19 was mentioned as part of the death certification process. It is worth noting that the former is impacted by testing availability and testing of Care Home residents was not routine for some time. Further, the latter may include deaths where Covid-19 was present, even if it was not the main cause of death.

The percentage of care home residents in Cheshire East who have died after a positive test for Covid-19, or with Covid-19 mentioned on their death certificate is 4.38%. This is based on current occupancy of 3495 care home residents, and 160 deaths.

### 5.5 Testing for Care homes

There are 3 main routes for testing for Care Homes:

- Self-Referral Portal (commenced early May 2020)
- Whole Home Testing (commenced late May 2020)
- Purchase of tests privately

There has been a significant amount of guidance regarding testing distributed to providers, and this has changed frequently. There have also been issues with the testing processes, however this has settled now the Whole Home Testing programme is operational.

The more recent increase in testing in care homes has enabled homes to put in place targeted quarantining and barrier nursing. The increase in testing has also allowed staffing levels to stabilise within homes, as staff who were displaying symptoms and therefore self-isolating could return to work if they had a negative test result. Likewise,

any staff testing positive could self-isolate for the statutory 14 days thus reducing the spread of the virus within the care home.

## **5.6 Whole home testing programme**

As of 15<sup>th</sup> May 2020, a Whole Home Testing Programme (WHTP) was initiated for Care Homes. This was a national initiative organised by the Department of Health and Social Care (DHSC), through which Care Home residents and staff could be tested on a 'whole home' basis. Local Authorities and CCG's are asked to collate a list of homes (the number is dependent on their local population number) using the criteria provided by DHSC, for submission to the programme. The submitted Care Homes are processed by DHSC, who then organise Whole Home Testing.

The basic qualifying criteria for Care Homes to be submitted to the WHTP are that they have not had an outbreak, have over 50 beds and have a primary care need of dementia. Care Homes which are submitted but do not meet the criteria are rejected. In collaboration with partners, CEC wrote a Statement of Purpose detailing plans to review the criteria for selection to the programme to better suit the demographic of the Local Authority. However, considering updated National Guidance received this week, it is unlikely to be adopted locally.

CEC are maintaining a log of testing in homes in order to ensure that no Care Homes are missed, and that duplication is avoided.

## **5.7 Quality Assurance and Support for Care Homes**

Quality Assurance during Covid-19 lock down commenced Monday 23rd March and remains ongoing.

### **5.7.1 Quality Assurance Support**

All 92 Residential and Nursing homes across the Borough receive a telephone call from the Quality Assurance Team, weekly as a minimum. Homes which are risk rated Red (where there has been an outbreak and/or staffing issues within the home) are called every day. These calls are to ascertain the current situation in the home in terms of resident's welfare and staff who are suspected to have Covid 19, any confirmed cases, and any deaths.

These calls are also the opportunity for Care Home Managers to share any operational issues, concerns or blockages there are experiencing within their homes. Quality Assurance Officers escalate any concerns to relevant colleagues for follow up.

The Quality Assurance Team have maintained a strategic view of the Care Homes in Cheshire East, by reviewing information and intelligence received from the Care Quality Commission, Safeguarding, Healthwatch, North West Ambulance Service, District Nurses, GPs and CCG colleagues.

The current method of quality assurance is being undertaken remotely by Officers, however if Intelligence is received that is of significant risk or connected to Safeguarding concerns, Officers would undertake an unannounced visit to the home and carry out the appropriate investigations.

### **5.7.2 Accommodation with Care Operational Calls**

A multi-agency call takes place every day (Monday to Friday and including Bank Holiday Weekend). Agencies who participate on the call include the local CCG, Infection Prevention and Control, and Quality Assurance and Safeguarding (for Cheshire East Council and Cheshire West and Chester Council). Any concerns with homes are discussed on these calls and relevant colleagues take actions forward and report back the outcome.

### **5.7.3 Mutual Aid Calls**

These are weekly calls hosted by CEC where all Care Home Managers are invited to dial in. These calls allow providers to share any concerns/issues; and to pose any questions they may have which they would like to address. There are representatives from the Quality Assurance and Contracts Team on these calls. This call also offers the opportunity for providers to share examples of good practice and develop stronger localised working relationship between providers across the Borough.

### **5.7.4 Senior Management on Call Rota**

A structured rota has been in place across 7 days which includes the contact details for CEC and CCG Managers. This was distributed to all Care Homes for their reference should they require support, guidance or emergency PPE out of hours.

### **5.7.5 District Nurses**

District Nurses have continued to attend Care Homes where they were required to do so. They have also offered telephone support to homes e.g. for support with application of dressings.

### **5.7.6 Infection Prevention and Control (IPC)**

The IPC Team have offered Care Homes support and guidance via physical visits and remote telephone calls 7 days per week. CEC has worked closely with IPC to identify homes requiring support. IPC send through their daily situation report updates to CEC and colleagues in relation to the homes with outbreaks. Additional functions undertaken by IPC team include; reviewing homes' infection control procedures and making any recommendations for improvement; support with IPC staff training and social distancing; and swabbing education and information.

## **6. Care at Home**

Care at Home is support provided to service users within their own home. 54 Care at Home providers are currently commissioned by Cheshire East Council.

### **6.1 Service Delivery**

All Care at Home providers have maintained safe staffing levels throughout the pandemic, with little reliance on agency staff. Providers have substituted physical calls for telephone contact for those service users who have chosen to self-isolating. They also continue to signpost self-isolators to People Helping People, the social brokerage service established by CEC at the beginning of the pandemic.

At the beginning, the number of service users opting to self-isolate helped to offset the initial surge in staff isolating for 7-14 days. Staff returning to work, coupled with a boost in recruitment, has led to the wait list for Care at Home currently being at its lowest level for the past 12 months.

### **6.2 Outbreaks**

At the start of the pandemic, there were a small number of care at home providers who reported an outbreak (meaning two or more suspected or confirmed residents and/or staff). More recently there has been a small increase in providers reporting an outbreak due to increased testing through the Public Health testing pathway.

### **6.3 Support and Recovery Planning**

Ongoing support has been provided to all providers; see section 8.

A risk log and recovery plan has been compiled for Care at Home providers following the Government's announcement on May 10th regarding the planned strategy for recovery in the United Kingdom. These have been developed in line with the feedback received from providers and internal observations as to how the market has behaved throughout the course of the pandemic. Recovery planning is currently underway, and elements of the risk log have been shared with providers.

Any amendments to this will be made once all responses are compiled and reviewed. Providers are also sharing with the Council their individual visions for recovery from the COVID-19 pandemic.

### **6.4 Key Priorities Going Forward**

- Reopening of CAH (Care at Home) framework
- Reopening of Prime contract for South Cheshire
- Preparations for winter pressures and how will a potential second phase of Covid-19 impact this

- Work in collaboration with the Communities team to develop the post-Covid-19 people helping people service. This will look to reduce the number of people who present to the Council for the first time from accessing CAH services when need could be met in a different way.
- Continue to strengthen the positive and collaborative relationships between providers and CEC. Using the platform created by the mutual aid calls and turning it in to a regular forum for all providers will allow the Council to ascertain any specific areas where the providers require additional support (e.g. recruitment, training etc.) and what can be done to help.

## 7. Provider Feedback

Some providers have reported increased costs due to increase in agency staff and extra expenditure on PPE. A questionnaire was sent out to all providers, to determine the extraordinary expenditure which they have incurred as a result of Covid-19. Some providers responded to this survey, and the responses have been used to inform recommendations to Cabinet for allocation of the Covid 19 funding to care providers.

These recommendations will be put to Cabinet in the report 'Covid 19 - Emergency temporary financial support to the Social Care external Market' on the 9th June 2020.

## 8. PPE

PPE has been sourced and bought by CEC and has also been delivered on an ad-hoc basis through the Local Resilience Forum. PPE has been stored at Westfields and delivered to organisations, as a minimum, three times per week. Deliveries of PPE have been undertaken by our Community Enforcement Officers.

Urgent stock has also been issued as and when needed, including over weekends and Bank Holidays, through Senior Managers establishing an 'on call' rota.

To date, 2,073,096 items of PPE have been distributed.

Organisations who have received PPE include Care Homes, Care at Home Providers, Supported Living Providers, Extra Care Housing Providers, Special Schools, Nurseries, people using a PA services, all Care4CE services, ANSA, Rough Sleeping Team, Environment and Neighbourhood services, 3rd sector providers, Occupational Therapists, Funeral Directors and numerous other organisations.

CEC have received some excellent feedback from providers thanking us for the effectiveness of our response and the quantities of stock we have managed to get to them.

As we move into the Recover Planning phase of the Covid-19 crisis, we are looking to reduce the amount of days deliveries are made to free up the Community Enforcement officers to return to their normal day jobs; we have received an offer from Cheshire Fire and Rescue service to help with delivering PPE and this is under consideration.



We are also trialling PPE collection on Monday's, Wednesday's and Friday's, 1pm – 3pm from Westfields reception. We are into our second week of this trail and thus far it has worked well.

## **9. Infection Prevention and Control**

Infection Prevention and Control (IPC) services are commissioned by CEC from Cheshire and Wirral Partnership NHS Foundation Trust. Providers are asked to report all suspected or confirmed cases of Covid-19 to the IPC team, who then offer support in line with Public Health England guidance. The IPC team have been in regular telephone and email contact with Care Homes which have experienced outbreaks and have visited them where appropriate.

They have provided advice on infection control, including on: isolation of symptomatic residents; restricting staff to supporting small groups of residents; appropriate use of PPE; laundry and waste management; cleaning; and answering any questions which staff may have as well as reassuring them.

## **10. Mental Health and Wellbeing**

CEC acknowledge that the Covid-19 pandemic has had a significant impact on the Mental Health and Wellbeing of staff working in Adults Social Care, public health and communities. A comprehensive support booklet has been developed and distributed to all providers in the Borough, and Quality Assurance officers and Contract Managers signpost providers to emotional support as required.

## **Conclusion**

This report evidences the substantial range of support from the Local Authority and its key partners to commissioned providers. Significant changes have been made in the way we engage, quality assure and collaborate with our social care market, developing and implementing a whole system approach.