

Adult Social Care Scrutiny Commission Report

Adult Social Care - Response to Covid19
Care Home Testing

Lead Member: Cllr Sarah Russell
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Wards Affected: All
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1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the testing regime for the local residential and nursing care homes in Leicester and to provide a snapshot of the infection rates and number of deaths associated with Covid19.

2. Summary

- 2.1 There are 103 residential and nursing care homes registered with the Care Quality Commission (CQC) in Leicester. 55 of these provide support to those aged 65+ and/or with dementia care. The other 48 homes provide support to those under the age of 65, which tend to be individuals with a learning disability or mental health issue.
- 2.2 Since the localised lockdown for Leicester was introduced on 4.7.2020, care homes have been required to undertake weekly testing of care staff, with residents tested on a 4-weekly cycle.
- 2.3 Since the 4.7.2020 the number of individual residents tested positive for Covid19 has reduced from 73¹ to 2 as at 25.08.2020. The number of staff has also reduced from 61 to 4 as at 25.08.2020. This highlights the hard work and dedication of the care home providers to reduce the infection rates among their residents and staff.
- 2.4 Since 16.03.2020 the City Council has collected weekly data from the care homes to understand if there are any trends or concerns. The data collection also includes the number of deaths of residents from the virus. Since mid-March there have been 117 recorded deaths attributable to COVID-19. This number has remained static with no further deaths (attributable to COVID-19) recorded since 21.07.2020.
- 2.5 Work is currently in progress to introduce testing for supported living, as noted at paragraph 4.25 and 4.26. A detailed report will be presented to the ASC Scrutiny Commission in due course.
- 2.6 In terms of domiciliary care, there are no plans to undertake testing of all staff, see paragraph 4.27.

¹ The figures for staff and residents represent the baseline testing data that was collected as part of the whole care home testing programme.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and to provide comment/feedback.

4. Report

- 4.1 The City Council has maintained regular contact with the 103 care homes operating in Leicester since the beginning of the pandemic in March 2020. The Council has a contract with 99 homes but has engaged with all 103 registered with the Care Quality Commission (CQC). CQC is the regulatory body for all residential and nursing care homes
- 4.2 An intelligence tracker has been developed by the Council to identify emerging issues and trends, allowing the authority to work proactively with the providers to address any concerns. Contact is made with every home at least once a week, which has increased the level of partnership working with the organisations.

Whole Care Home Testing Programme

- 4.3 In June 2020 the Department for Health & Social Care (DHSC) announced the whole home testing regime. This meant that all residents living in the 55 homes registered with CQC for those aged 65+ and/or providing dementia care should be tested. This excluded the 48 homes providing support to working age adults (WAA). However, following challenges to Government all care homes are now included in the testing programme.
- 4.4 Since the localised lockdown for Leicester was introduced on 4.7.2020, care homes have been required to undertake weekly testing of care staff with residents tested on a 4-weekly cycle.
- 4.5 The DHSC engaged Deloitte to support the whole care home testing regime, which included webinars supported by Council staff to ensure the providers understood how the programme would operate, including swabbing techniques, delivery and collection of the testing kits and the use of the online registration portal.
- 4.6 Some early issues were identified, including problems with accessing the portal to order the testing kits and the withdrawal of a certain make of testing kit, due to the lack of safety certification. Whilst these issues have been resolved, they did create a delay to the full implementation of the testing programme.

Care Home Infection Rates

4.7 The following table details the numbers of the test results received from the homes over the last 6 weeks. The information includes the number of staff working in the homes during the week, the number of test results returned during the week and the number of positive tests. The infection rate is then calculated as a percentage of the number of positive results verses the total number of results received back that week.

4.8 The same process is completed for residents, which is also included in the table.

Measure	Baseline	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33
		Total	Total	Total	Total	Total	Total	Total
Total homes	103	135	135	135	135	135	103	103
Homes that have received test results this week (staff or residents)	88	91	126	112	101	92	79	92
Homes that have received no positive results this week (staff or residents)	74	61	107	103	88	82	68	78
Total staff	3525	4364	4667	4658	4661	4654	3449	3462
Number of staff results returned	2222	2281	3811	3338	2794	2236	1937	2318
Number of staff results positive	61	30	43	7	11	7	12	12
Infection rate	2.75%	1.32%	1.13%	0.21%	0.39%	0.31%	0.62%	0.52%
Total residents	2202	2769	2895	2886	2866	2872	2180	2181
Number of resident results returned	1709	1479	2299	1704	1229	754	991	910
Number of resident results positive	73	21	18	9	9	5	16	12
Infection rate	4.27%	1.42%	0.78%	0.53%	0.73%	0.66%	1.61%	1.32%

Unfortunately, the DHSC are not able to provide the data directly to the City Council, so the authority has to rely on the homes providing the information, which is time consuming and may not always be accurate.

4.9 While positive results have been falling since the monitoring began, a spike in resident infections during week 32 has occurred with positive cases being identified at 8 homes. Having analysed the data there is no clear reason why this increase in positive cases has been seen in our care homes.

Care Home Deaths attributed to Covid19

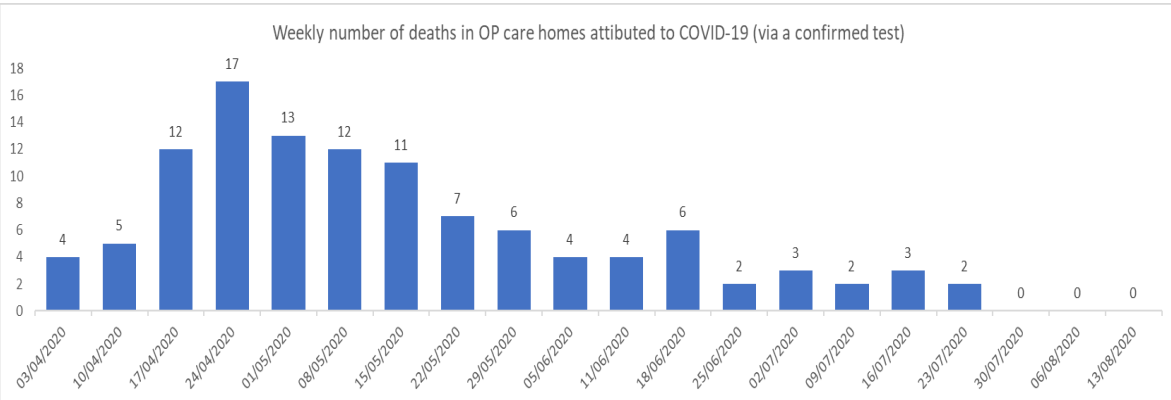
4.10 Since monitoring began (16.03.2020) at the beginning of the pandemic

117 deaths for care home residents have been attributed to/caused by Covid-19. 113 were recorded for those homes 65+ and 4 for WAA.

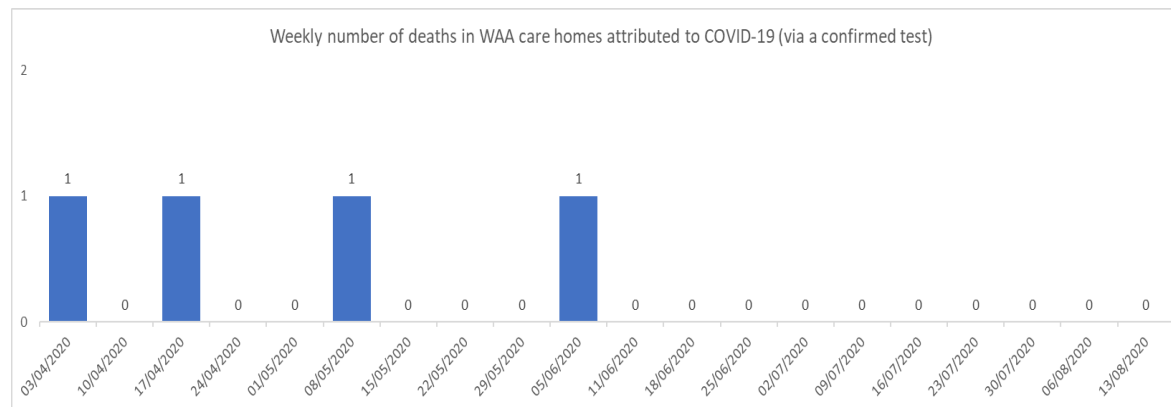
4.11 The figures above are collated from deaths which occurred both in the home and in hospital.

4.12 Resident deaths have occurred at 26 homes for 65+ and 4 homes for WAA. These homes are geographically dispersed and not concentrated in any one area of the City.

4.13 Reported weekly resident deaths (not the actual DoD) for homes 65+.



4.14 Reported weekly resident deaths (not actual DoD) for WAA homes.



Safe Working Practices

4.15 Daily briefings, Government updates and Public Health information is issued to ensure the homes have the latest and most accurate advice to help inform safe working practices.

4.16 Safe working practices as described in DHSC's *Admission and Care of Patients in a Care Home during COVID-19* include: appropriate isolation strategies and cohorting policies, hand hygiene, social distancing, regular testing as part of the whole care home testing programme and compliance with IPC measures in relation to the provision and utilisation of PPE and cleaning and waste disposal.

- 4.17 Care workers are also being restricted to working at one location and relatives and friends not being allowed to enter the home unless their loved one is at end of life. However, homes are using technology and other means to keep residents in touch with their relatives.
- 4.18 Health colleagues have provided equipment to support the homes, this includes the provision of Oximeters (these monitor blood oxygen levels and are used as part of a wider diagnostic picture). Smart phones were offered to all the homes to assist with remote clinical assessments, although not all homes took up the offer as the majority already had this technology in place.
- 4.19 In the early months of the pandemic the City Council centralised its entire stock of Personal Protective Equipment (PPE) to create an emergency supply for the local care market. This ensured that the homes could access items that could not be sourced via their normal supply chains. Emergency PPE is now available via the Local Resilience Forum, although none of the homes have needed to use this route for several months.
- 4.20 Health colleagues have also offered free Infection Prevention Control (IPC) training to all 103 homes, 72 have accepted and to date 63 have completed the training, with positive feedback. The homes that have declined the training, tend to have their own 'in house' infection control training programmes. Also, there is no evidence to suggest that any of the homes have experienced any outbreaks, due to non-compliance with IPC measures.
- 4.21 Face shields were required for 13 homes, as they undertake Aerosol Generating Procedures (to support ventilated patients and those with tracheostomies). The Council identified 80 members of staff that needed face shields and funded the fitting and associated training. This was delivered within 2 weeks of the requirement being identified.
- 4.22 IPC funding (totalling £3.69m) was made available from Government. £3.22m of this has been passported to the care homes to assist them to reduce the spread of the virus. The remaining funding (£479k) was distributed to Supported Living and Domiciliary care providers.

Provision of testing for providers of supported living & domiciliary care

- 4.23 Following advice from DHSC regarding the next stage of the testing strategy for social care, plans have been put in place to support an initial round of testing for staff and residents in supported living schemes, which meet the risk-based criteria as follows:
- A closed community with substantial facilities shared between multiple people, and

- where most residents receive the kind of personal care that is CQC regulated (rather than help with cooking, cleaning and shopping)

4.24 This equates to 18 of the 93 schemes in the city. Work is in progress with the DHSC to agree the logistics of implementing the testing and an update will be presented to the Adult Social Care Commission when more information is available.

4.25 Public Health have advised that local evidence suggests that infection rates for domiciliary care workers are no different to the general population. As care workers are classed as essential workers, if they experience symptoms, they are able to source testing themselves or through their employer.

4.26 For Supported Living and Domiciliary care IPC training has been circulated to providers and a link to the training is now on all of the Local Authorities websites. An audit is due to commence week commencing 24.8.2020 to determine the levels of engagement with the training offer.

5.1 Finance

Additional fee uplifts to standard rates have been provided to residential homes during lock down and, as indicated in the report, £3.2m of Infection Control Fund has also been distributed.

Martin Judson, Head of Finance

5.2 Legal

Awaiting legal comment

5.3 Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

There are no direct equalities implications arising from the report recommendations as the report provides an overview and is for noting. However, COVID 19 will have disproportionately impacted on particular protected characteristic groups, either directly or indirectly.

Individuals living in care homes may have highly complex health needs and will be from across all protected characteristics.

The ability to routinely test colleagues and people supported in care services for COVID-19 is an important tool for protecting those that deliver and receive care.

The PSED has remained in force throughout this time and considerations on the impacts of the immediate response to COVID 19 and the actions that the Council takes going forwards into recovery should fully consider the needs of people with different protected characteristics and where disproportionate negative impacts are identified, steps should be implemented to mitigate this. The report doesn't provide any demographic information in relation to the infection rates and number of deaths associated with Covid19.

Where equality monitoring information is collected, it may be useful in establishing where and for whom COVID 19 has had disproportionate impacts and may provide a useful indication for further work, for the Council and partners.

Any lessons learnt that may develop into recovery plans for opportunities to do things differently, for people needing ASC support including any changes to service delivery or policy as a result of COVID 19 and future new ways of working, should be equality impact assessed prior to making a decision on those changes, to ensure that there are not unintended consequences for people with protected characteristics.

Surinder Singh
Equalities Officer
Tel 37 4148

5.4 Climate Change

Awaiting climate change implications

5.5 Other

None

6. Appendices

None

7. Background Papers

None

8. Is this a Key Decision Y/N = No