

West Sussex Care Homes Wellbeing Project - Relatives and Carers

Zoom Webinar held on Tuesday, 23 February 2021 from 3:00 to 3:45 pm (Part 1) on

‘Care Homes must be helped to re-open to meaningful visits by March?’

Background

- Sussex wide collaboration between Sussex Partnership NHS Foundation Trust (SPFT), Carers Support Organisations and Healthwatch.
- Part of the Sussex Care Home Wellbeing Project led by Dr Padma Dalby.
- The project running to the end of March to support Care Home Communities in the context of the Covid-19 pandemic.
- Working with staff but are concerned with the wellbeing of the whole community - staff, residents and their families.

Panel

Dr Padma Dalby, Consultant Clinical Psychologist (SPFT)

Deborah Becker, Occupational Therapist, (SPFT)

Sonia Mangan, CEO, Carer Support West Sussex

Dame Phillipa Russell, Carer and Vice Chair Carers UK

Dr Claire Lehman, Public Health Consultant, West Sussex County Council (WSCC)

Greg Cooper, Public Health Team, (WSCC)

Soline Jerram, Public Health Team, (WSCC)

In attendance

Pam Thomson - Carers Support West Sussex

Cheryl Berry - Healthwatch West Sussex

Emma Radley - West Sussex County Council, Adult Social Care

Liz Mackie - Healthwatch East Sussex, Project Lead

Event Facilitator

Katrina Broadhill (KB) Healthwatch West Sussex

Care Homes Wellbeing Project Team

Dr Padma Dalby (PD) Consultant Clinical Psychologist

Deborah Becker (DB) Care Homes Wellbeing Project

1 Introduction to the Webinar

Katrina Broadhill welcomed attendees to the webinar. and introduced herself as the webinar facilitator from Healthwatch West Sussex and invited the panel and speakers to introduce themselves.

Padma introduced herself as a Clinical Psychologist running a care homes wellbeing service in response to Covid-19. Deborah is an Occupational Therapist involved in the project. Claire is a consultant in Public Health. Soline is the interim Public Health Lead for Social Care. Greg is a Health and Protection Practitioner working within Social Care. Sonia and Pam from Carers Support West Sussex.

2 Setting the scene

Padma stated that this is the second webinar run as a collaboration between Healthwatch and the Carers Organisations. These organisations recognise the challenge to relatives and friends of people living in care homes at this time. The separation has caused emotional difficulties and frustration. Padma noted that things were changing, as limited visiting to care homes was being opened up. She acknowledged attendees would have questions about what this might involve. Public Health would answer these tangible questions. Padma handed over to the Public Health Team.

Claire noted that she understands what attendees are experiencing. She is a GP and has looked after patients in care homes. She has a grandfather who she wants to hug. She shared that she has worked closely with the Clinical Commissioning Group in Dorset and Healthwatch, and appreciates the advocacy they are doing on behalf of the community.

Claire stated that Public Health ensure they have an overview of all the risks in the system to maintain the health of the public. With Covid, that role has become more pronounced relating to care homes and protecting society's most vulnerable. She noted that she was also aware of how not visiting individuals could impact health. Public Health has taken action to execute the guidance from the Department of Health, with the intention of protecting the health of individuals living in care homes and minimising the spread of Covid. The GOV.UK website is regularly updated with new guidance, which Public Health interpret and share with care homes.

Data relating to Covid and the number of cases is also examined, as if staff are isolating or ill it may make it difficult to run the care home. Public Health is working to ensure the right mitigations are in place when that happens. Public Health also communicate regularly with care homes, the Clinical Commissioning Group, Primary Care Networks (which are groups of GPs working together), District Nursing Teams, and the Infection Control Nurses. They have established a weekly meeting where these groups come together to watch over the situation in care homes and have a strong role in prevention.

Claire noted that the Director of Public Health has a statutory duty to protect the health of the local population. A key issue is care home visiting, and how to safely enable people to see their loved ones while protecting the health of individuals. Not every resident will have someone to visit them, and some families may choose not to visit due to the risks. It is necessary to balance these competing agendas, while keeping the risks in mind.

Greg presented an overview of the Covid situation in West Sussex. In the community, positivity rates from symptomatic testing increased over December and peaked in January. It has declined over the last two months in relation to the lockdown. The number of positive cases in care homes from symptomatic and asymptomatic testing started increasing later in December and peaked at the same time, but lasted for 2 weeks longer. In the community, there were 4,473 cases from 9th to 15th January, but only 935 from 7th to 13th February. In care homes, there was a reduction in cases of 80% between these dates. There was a higher increase of care home staff affected by Covid, which affects their capacity. In January, 220 care homes experienced an outbreak of 2 or more cases. Over 18% had more than 25 cases. In February, only 91 homes reported an outbreak and 70% experienced only 2-5 cases. Care homes are now using Lateral Flow Testing to detect an outbreak, and a high proportion of care home staff have been vaccinated.

Soline is a nurse by background, and supports the Instant Management Team. Any home that has an outbreak of two or more cases attends the regular multi-organisational meetings. These support the decision-making about what each home needs to maintain and reduce the impact of an infection within a home. She stated that this wave had a severe impact, as the transmission rate was rapid. One case would end up being a major outbreak across the home. Many of the staff, as well as family and friends, are tired and distressed. Work was done to minimise the infection, including wearing PPE and Infection Prevention Control training, but the infection had an impact. Soline noted that outbreaks were declining as more people were vaccinated. This week, only three new, small outbreaks had been reported.

Soline also identifies issues or themes throughout care homes, and targets these with support and education. There is a fortnightly briefing which any nursing, care home, supported living, extra care, or care agency can attend. They can help shape the agenda to discuss particular issues in their sector or information they need. She stated

that nervousness remains in the sector that Covid is not over. The structure exists to help people feel more confident that there will not be another wave.

Katrina noted that many attendees appreciated the fear amongst staff and care home providers. She asked Soline to define what an outbreak is, and the impact that has on the potential for visiting. Soline clarified that an outbreak is 2 or more cases in either staff or residents. The home would then close for visitors. The current guidance from Public Health England states that an outbreak is in place for 28 days, doubling the 14-day isolation guidance as care homes are multi-residences. SJ noted that this was not a black and white decision. There may be instances where admissions can resume if a home has been clear for 14 days. This depends on the layout of the home, and what visiting is done. More is being learnt about how Covid and the Covid vaccine act. There is now good evidence that people will not be re-infected with Covid for 90 days. The decisions around the length of an outbreak may change, which would have a knock-on effect to visiting, but it currently stands at 28 days. It is not likely to change within current guidance.

Claire noted that all care home staff and visiting staff are regularly tested with Lateral Flow Tests. These are also used for visitors. However, although these tests are reliable at identifying people with Covid, who receive a positive result, receiving a negative result does not mean you do not have Covid. She encouraged attendees to continue to act as if they have Covid while visiting a loved one. This includes maintaining the 2m distance, and 'Hands, Face, Space' behaviour. Claire noted that visitors' actions have a knock-on effect not only on their loved one, but all other residents. She stated that visitors may not have been vaccinated, and may have been exposed to other people who have not been vaccinated. The vaccine may not protect against transmission of the virus. New variants of the virus continue to emerge. Claire emphasised that visitors must act in a precautionary way. She acknowledged this was difficult, and clarified that Public Health is not an arbiter of whether homes could have visitors.

Katrina noted that the attendees have had a year of extreme frustration, lack of visiting/no meaningful contact for many, and poor communication in some cases. She queried where attendees should go next if they are frustrated at a home's response. Claire stated that we are getting closer to the period where things will get better. Acting foolishly now could have severe consequences for care home residents. Katrina commented that attendees want a way to safely challenge care homes who would not let them visit. Claire noted this was Healthwatch's role as a public advocacy agency, as well as the Care Quality Commission (CQC). Public Health have been working very hard to ensure care homes follow these processes. Claire stated that those with family members in care homes can influence the care home as well, and encouraged attendees to write to Healthwatch, liaise with their MP, and communicate with the care home. She clarified that she had not meant to imply that anyone was behaving foolishly.

Claire left the meeting at this point.

Public Health noted that the guidance had stated that as restrictions were lifted, visitors could hold hands with residents if they were tested prior to the visit. Soline noted that they had received the information at the same time as the public, and had to wait for guidance. She emphasised that West Sussex remains in Tier 4 (but this should have been national Lockdown) until 8th March. Soline acknowledged the desire to hold hands, but emphasised a cautious approach. During this wave of infection, it has been difficult to establish how the virus has got into the care homes that has been devastated. This makes homes nervous to open up the gates to everything. Lateral Flow Testing has a high false negative rate, meaning that those who have Covid which will affect the vulnerable will not show up. PPE remains important. Soline acknowledged that touch was important and advised attendees to remain cautious. She suggested perhaps holding hands but at a distance, sitting side on rather than face on, using gloves, and washing hands thoroughly before and afterwards. It is important to listen to the support the care home will give around infection prevention and control.

Webinar participant commented that one of the biggest frustrations has been conflicting information and views from experts. Clear guidance has been given, but care homes either ignore it or say they've been given different guidance, which they do not share. Communication has been non-existent. They noted that Covid is behaving as viruses do, and is likely to continue for a long time. Almost all the most vulnerable people have been protected. People are tired of being told to be frightened and not to be foolish. They want to visit their loved ones. The participant acknowledged that the medical profession are doing a fantastic job, but expressed annoyance at being told that they cannot do something they had been informed was possible because it was foolish.

Katrina thanked the participant for their comments. She acknowledged that it was Healthwatch's role to take up the mantle with individuals against care homes not allowing visitors. The guidance has been given, and it is important to find a route to enable this to happen. The CQC have been clear that if there is a blanket approach to 'no', this may trigger an inspection. Katrina noted that the slides and pre-loaded questions to Public Health would be sent out to attendees. Katrina encouraged attendees to contact Healthwatch as a route to escalating any concerns.

(Appendix 1 Public Health Slides)

DB noted that carers must be given the opportunity to discuss what the webinar had considered, and to focus on the impact of prolonged separation from relatives living in a care home. Family carers have experienced only being able to visit outdoors, in a pod, or via a window, which has been challenging. There have been challenges for care homes in how long it has taken to set up these visits. Prolonged separation has had an impact, and restricted visiting will continue for some time. Feelings akin to a bereavement, such as grief and loss, are not unusual. It may have had an impact on carers' daily lives, resilience, and wellbeing. The loss of being able to provide vital interaction has led to feelings of isolation and loneliness. It is important to maintain

relationships in these challenging times. Carers may seek a safe space in which they feel held, and can acknowledge that they are struggling. They may need to speak about fears and concerns for their own future. DB emphasised the importance of good communication. DB queried how you communicate with someone you haven't seen for a year. Visitors to care homes may have to wear PPE. To help your loved one recognise you, DB suggested wearing a photo on a lanyard, a familiar smell, or familiar piece of clothing, and sharing a piece of familiar music during the visit. DB noted visitors should be prepared that their relatives may not immediately know them, and allow themselves time to build up that relationship again.

KB thanked DB for her presentation. KB thanked the Health and Care colleagues for attending. KB noted the questions and slides would be sent out to attendees, as well as the information for the third webinar. KB closed the first part of the session.

(Meeting concluded at 15:47)

A list of Advanced Questions can be viewed, together with their responses in Appendix 2

Conclusion

Keys themes emerged from discussions in Part One:

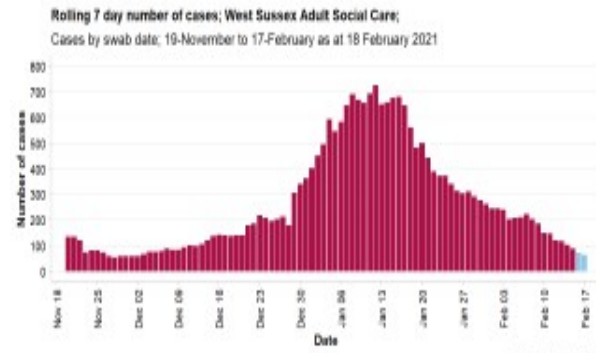
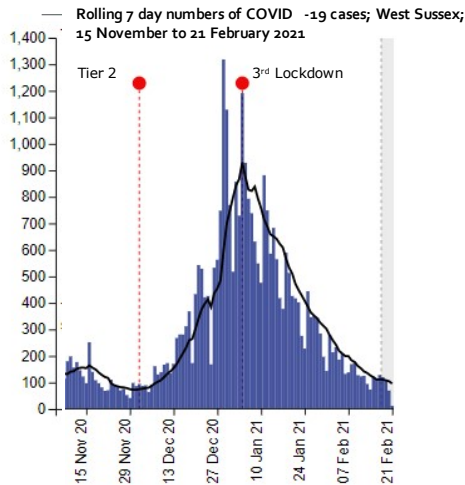
- The participants reaction to the public health messages and comments made in afterwards suggest that family carers will, from 8 March no longer accept homes remaining non-compliant with the Government guidance on visiting and meaningful contact with residents.
- There is an urgent need for agencies to work productively together in the next week to achieve a safe and sensible way to enable what the Government has stated can happen from 8 March (unless a home is in an Outbreak situation).
- There is a need for agencies to ensure family carers know and have access to Healthwatch and the CQC to raise any concerns arising from the changes from 8 March 2021 or in general.

**Final West Sussex webinar in series:
Wednesday, 24 March - 5:00pm - 5.45pm
(Closed session 5.45 - 6.30pm)**

PUBLIC HEALTH PRESENTATION

(Appendix 1)

West Sussex COVID summary



Source: Line listing
Note the last few days will not be complete due to delays in processing and reporting test results. Incomplete days are coloured light blue and are subject to change.



THE WEST SUSSEX WAY

www.westsussex.gov.uk

West Sussex COVID summary: Community & Care Homes

7 day rolling COVID cases between	West Sussex	Care Homes	Percentage of identified cases:	
			Resident	Staff
9 to 15 Jan 2021	4,473	676	38%	57%
			Unknown 5%	
07 to 13 Feb 2021	935	121	50%	44%
	80% reduction		Unknown 6%	

Scale of cases in ASC settings in 28 days	Number of cases	Number of cases				
		2-5	6-10	11-20	21-25	Greater than 25
Up to 15 Jan 2021	220 care homes reported 2 or more cases	96 (44%)	40 (18%)	35 (21%)	10	39 (18%)
Up to 13 Feb 2021	91 care homes reported 2 or more cases	64 (70%)	12 (13%)	7 (9%)	1	7 (8%)



THE WEST SUSSEX WAY

www.westsussex.gov.uk

(Appendix 2)

Pre-webinar questions and answers

1. From working with care homes in West Sussex are you confident they will be ready to resume visiting in the suggested way from 8 March? If not, what needs to happen now to make sure all homes are ready?

Public Health response - Homes are briefed on how to address this. They have access to all of the government guidance and the expectations that they support visiting. It does however recognise that all care home environments have different challenges and some of the logistics of managing testing and visiting under the required precautions will need the home to review ways of working. Public Health staff will support the local authority work with care homes via the provider briefings and the provider newsletter.

Please note - the visiting guidance was published in the afternoon of 4 March 2021. We have looked closely at this and have produced information to support family and friend carers ahead of Monday, 8 March changes.

2. What will you be doing if a home does not facilitate visiting in line with new guidance?

Public Health response - The role of Local Authority Public Health is to protect the health of our local population; it is up to individual care homes to decide whether they can comply. However we do recognise the importance of ensuring we support the spread of good practice and where there are concerns around enacting the guidance and needing additional support to think through challenges we support this along with infection prevention control practitioners and the expertise in the local authority quality team. Members of the Sussex Community Foundation Trust Care Home matrons teams also support the care homes and are regular contributors to our incident management meetings and they also support managers if required.

3. How will visiting change if a home declares an outbreak, please explain how this changes things? (including what triggers an outbreak).

Public Health response - PHE defines an outbreak as two or more cases; this results in the home being advised to close for 28 days to admissions and visiting except for visiting to individuals deemed to be at the end of life. This may be reviewed prior to 28 days in special incidents.

4. What support is going to be available to any families who are connected to a home that is unwilling to resume visiting in this way? (there needs to be a simple and easy way for carers to escalate concerns and get these resolved).

Public Health response - We would always advise that carers have an open discussion with the care home registered manager as they are ultimately responsible for the management of the home and answerable to CQC for the decisions they make. If we are made aware of challenges we provide support and guidance via the provider briefing to providers as a group. In the case of breaches in their responsibilities then carers can report concerns to CQC via their website.

Public Health have a responsibility to ensure that they have an overview of the risks in the system which affect individuals, their families, staff and the general public. Using data available and national guidance we support local decision making regarding policy which includes visiting to care homes.

We will support regular communication with providers regarding the approaches they should be taking to ensure safe visiting but each home also needs to complete risk assessments in regard to the care and support they provide to their residents and families as ultimately they hold responsibility and are answerable to the CQC to assure they can provide safe care.

Relatives should not expect Public Health to overrule decisions, but we will check if they are justified.

Please note - The Government guidance published on 4 March 2021 states '*Local system leaders such as the directors of public health (DPH) and directors of adult social services (DASS) have a key role in this partnership to support visiting.*

Under 1.2 of the guidance: The DPH may give directions to a specific home about steps they are required to take in order to allow visiting safely. This may at times take the form of a Notice or Direction pursuant to the Public Health Act, ...

Healthwatch would like to hear from any family or friends who are struggling to engage a home around visiting and communication, so that we can involve other authorities to move discussions forward.

5. CQC - have made it clear that a blanket ban (outside an outbreak) may trigger an inspection - are you well placed to promote awareness of this risk and to support inspections to take place?

Public Health response - We work closely with CQC; and communicate with Care homes via provider newsletter. The CQC is represented at our incident management meetings and we escalate concerns as required including if we identify a home needs additional support to manage needs including visiting. The Local authority care and business team also have regular contact with homes and monitor care home compliance around supporting the care of residents including if they are open to visiting.

6. The refusing to have the vaccine - residents and staff, and the impact this may have on visiting going forward came up in Part 2, so an answer to this would be appreciated.

Please note -the guidance published on 4 March states: *it is not a condition of visit that the visitor or the resident should have been vaccinated. However, it is strongly recommended that all visitors and residents take up the opportunity to be vaccinated when they are invited to do so through the national programme.*