

Appendix 2: Lewisham approach to care home support during COVID-19

Infection prevention and control

As well as providing care homes with supplementary financial support for COVID-19 related expenses, including IPC, Lewisham Council have also maintained regular communications with care home managers to ensure they have had up to date information around infection prevention and control measures which they need to follow, based on the latest evidence and in line with government guidance at each stage of the pandemic. This communication has been coordinated from the Joint Commissioning Team on behalf of Lewisham Public Health. Lewisham Public Health have also provided direct and tailored support and guidance to care homes when there have been outbreaks, but also on request where they had specific concerns or queries.

The CCG Safeguarding Nurse has proactively reviewed all the older adult care homes Infection Prevention and Control Policies, and has worked with public health colleagues to provide additional support and guidance as required. Over the next few weeks, Commissioners with the support of public health will continue to review Infection Prevention and Control Policies for Learning Disability and Mental Health Care Homes.

Infection Prevention and Control is an area which all care home staff received training in on induction either as part of the Care Certificate or equivalent induction programme. Training is monitored both by CQC and Contracts & Quality Assurance Officers on visits to care homes. In response to COVID-19, specific training on Donning and Doffing of Personal Protective Equipment has been made available to all care homes through Lewisham Public Health. This is in addition to the comprehensive suite of COVID-19 digital resources available through PHE, CQC and Skills for Care which providers have been encouraged to use. This training has been delivered remotely. The identified super trainer was not able to deliver the training and Lewisham has been supported by the CSU to deliver this training to those care homes who wish to sign up. We are expecting all such care homes to have completed the training by 29 May 2020.

Providers have taken the risk of COVID-19 to their residents and staff very seriously, and were swift to introduce measures to minimise infection risk. Early in the pandemic, care homes providers in Lewisham stopped allowing visitors into homes, to minimise the risk they would bring COVID-19 into the home. They contacted relatives to inform them of these changes and continuously informed relatives how they could get in touch with their loved ones. Some care homes also sent newsletters to update relatives. Dedicated phones and iPads were made available on some units within care homes. Care homes have quarantined patients being discharged from hospital who are COVID-19 positive, but also as a precautionary measure in many cases to avoid the risk of transmission of the illness to other residents. Due to the layouts of care homes and staffing constraints it has not been practicable to “zone” staff to work exclusively with one group of residents, except for

in a couple of the larger older adults homes which are normally managed in this way. Many larger homes have, however, limited access to communal areas and asked people to stay in their rooms during this period as part of their overall risk management approach.

Over the next phase of the pandemic response, commissioners and colleagues from both the CCG and Health will review these measures jointly with care home managers, now that testing has been made widely available to care homes residents and staff, to ensure that ongoing measures do not have a disproportionate negative impact on the physical and mental wellbeing of residents.

The Council's care commissioners have maintained high levels of detailed communications with care home providers over this period. In those discussions we have worked with providers to identify potential situations where individuals could not be isolated in their rooms or cohorted in specific areas to (a) seek alternative placements with sister care homes in the group (b) look at wider building based alternatives within the provider group (c) whether the Council needed to broker a temporary placement with another care home provider and (d) whether the Council needed to source self-contained accommodation through an RP of similar and fund separate packages of care via a domcare agency.

In the event, option (a) was invoked in partnership with a provider where additional beds had been blocked booked early in the COVID19 contingency planning and option (b) was invoked in partnership with a learning disability provider where the provider moved the usual staff team with the client. The Council would generally apply this approach with providers as part of business continuity planning. There is currently sufficient care home availability to manage any requirement for alternative accommodation.

Access to PPE

At the early meetings with care home providers in mid-March, it was already becoming clear that the NHS was being prioritised for PPE. It was apparent that while many providers delivered personal care, and had PPE providers already identified, they did not as a matter of course use or have access to fluid repellent masks recommended by PHE, nor would they have access to visors/goggles if those were required; secondly there were a large number of providers of supported accommodation for vulnerable adults who did not use PPE and so had no Business as Usual source of PPE should it be required to manage a COVID-19 outbreak. By the end of that week, two care homes for older adults were already reporting COVID-19 positive residents and a PPE emergency.

Officers from the Integrated Commissioning Team, through the CCG primary care commissioning team, approached One Health Lewisham for support with urgent access PPE and in particular face masks. One Health Lewisham offered to share the details of its PPE provider with the Council. The Executive Director of Community Services gave authority to the team to progress this relationship and place an order for PPE from that supplier.

This relationship successfully supported PPE delivery to all providers in Lewisham in need of emergency PPE from the end of March to the end of April while the wider system response through the London Resilience Forum was safely established and PPE distribution could be centralised within the Council. The main PPE distributed was masks and hand sanitiser, plus the distribution of reusable goggles and the occasional roll of aprons. Gloves remained difficult to order even through this route. The total indicative cost of this PPE through this period was £328,017.60

Providers are encouraged to use their regular supply chains to source Personal Protective Equipment (PPE). In line with national guidance, where service providers are unable to obtain PPE through their usual supplier and dedicated wholesaler routes, they have access to an emergency supply chain facilitated by the London Resilience Forum. Since 14 April, Lewisham Council has been coordinating the distribution of these emergency supplies for providers based in borough. Since the establishment of the local emergency supply hub, officers have been working to ensure that the supply of PPE stabilises and that there is sufficient emergency stock to ensure that front-line workers are not without. Relevant providers have been notified of the emergency supply process, and those which report low stock (less than 3 days of supply) to ADASS have received reminder phone calls. Since its inception, it is estimated that between 5-10% of PPE supply for the nursing & residential, home care and extra care providers has been through this emergency channel. Whilst providers have been effective in sourcing their own PPE, all eligible requests for emergency supply have been honoured before the provider runs out.

In order to minimise reliance on London Resilience Forum PPE stock, local authorities in London have entered into an agreement for the procurement of PPE. The London Borough of Ealing are providing coordination of the procurement, and Southwark are Lewisham's sub-regional 'hub' borough. On 29 April, Lewisham placed an order for 300,000 items of PPE (across masks, aprons, gloves, eye protection and sanitiser) in line with South East London boroughs. The need was modelled on an approximately 10% of total demand for the sector over a six week period, and in line with the proportion of supply which had been issued on an emergency basis over the proceeding weeks. A number of aprons, masks, sanitiser and eye protection have already been received as part of this pan-London procurement exercise.

As part of Lewisham's emergency PPE distribution hub, we are tracking the availability of stock across a number of PPE suppliers, including all dedicated wholesalers identified within Government guidance, through regular communication. The Council is tracking stock availability across 34 providers (this includes those which are not accepting new accounts). This activity helps officers supporting the emergency supply to work with providers to access stable business as usual supplies (reducing reliance on emergency provision), and this also gives us advanced warning of supply chain breakdowns. Currently an average of 6 suppliers will have good stock of each item and a further 2 will be low in stock (the remainder will have no stock or are not accepting orders). The tool is updated throughout the week, as the availability of stock changes between suppliers.

Testing

Members of the Lewisham Public Health Team, Joint Commissioning Team and a representative from Lewisham CCG meet on a weekly basis to review the position of Care Homes in relation to notification of outbreaks of COVID-19, receipt of testing kits and test results in order to prioritise whole care home testing. Due to the increase of routes to access testing (CQC and Care Home portal) a brief survey of the homes was carried out during the week 18-22 May 2020. Results from the survey are outlined below. It should be noted that the position with regard to testing requests and results received changes daily.

As of the week 18-22 May 2020, sixteen of seventeen older adult homes have requested testing for their residents. Six reported that all residents had been tested, except for a small number of residents that had declined to be tested, six reported that not all residents had been tested, four were awaiting tests and one had not requested tests. In total 250 residents have been tested out of approximately 487 residents. Of the known results 8 have been reported as COVID- 19 positive.

Fifteen older adult homes have requested testing for staff. One home had a staff member who wished to be tested but as didn't have access to a car to go to a test site was not able to attend. One home has not requested testing for staff. To date 166 staff have been tested. Tests kits and tests results are awaited by the majority of homes. No positives tests have been reported.

There are thirty-three Learning Disability and Mental Health Care Homes in Lewisham. As of the week 18-22 May 2020, ten homes have requested testing for their residents, three have tried through the Care Home Portal but are not eligible and nineteen homes have not requested testing. Fourteen Learning Disability and Mental Health Care Home residents have been tested. Four positive COVID-19 results are reported.

The main route for staff from Learning Disability Care Homes to be tested is through the Essential Worker route and are required to be symptomatic before testing. Fifteen homes have requested testing for staff. A total of thirty-one staff have been tested. No staff are reported as COVID-19 positive.

NHS Clinical Support

The Enhanced Health in Care Homes Group is comprised of clinicians and commissioners from both CCG and Lewisham Joint Commissioning Team, and representatives from One Health Lewisham (Lewisham's borough-wide GP Federation) to coordinate activity to support care homes. The Group had focused on falls, urinary tract infections and hydration prior to the pandemic. The focus has shifted to COVID-19 and the group is now meeting weekly to coordinate activity to ensure that care homes have access to the clinical support, equipment, training and guidance they need to work safely with residents with suspected or confirmed COVID-19.

SEL CCG Lewisham commission One Health Lewisham to provide the enhanced primary care service to our nursing and residential homes which is managed through

a formal monthly contracting meeting. One Health Lewisham have delivered this service since April 2017.

Clinical support and advice is also available to older adult care home providers through the CCG Safeguarding Nurse and the Care Home Intervention Team. Lewisham's Contracts and Quality Assurance officers sample the care and support plans at regular quality assurance visits. During the pandemic, as care homes have closed their doors to visitors to reduce the risk of infection, this support has been made available virtually. Specifically, the CCG Safeguarding Nurse hosts a weekly meeting with Care Home managers to provide clinical support and guidance (topics covered include Swabbing and PPE). Weekly Care Home ward rounds have been continued virtually by the named clinical lead for the home.

Lewisham and Greenwich Trust (LGT) also provide support directly to care homes, including the formally commissioned Medicines Optimisations Service (LIMOS). Lewisham Council and SEL CCG Lewisham are actively engaged with LGT to explore community and acute support requirements as part of this Enhanced Health in Care Homes workstream.

All Older Adult Homes which did not already have access to key medical equipment required to monitor COVID-19 positive residents health, have now been provided with a pulse oximeter, blood pressure cuff and a thermometer. Staff have also been given guidance on how to use these and how to observe the measurements, under the supervision of the GP clinical lead. Tablets (and some laptops) have also been provided to care homes and GP clinical leads to ensure that they can record results and communicate effectively to coordinate care for COVID-19 patients. Oxygen is also made available on an individual basis to patients with COVID-19 symptoms via prescription from a GP, with input from the Respiratory Service.

St Christopher's Hospice has built on their existing relationship with Lewisham Care Homes to offer COVID-19 "virtual" training to Care Home in Lewisham via the ECHO software. This has been well attended and included information on support available to Care Homes for patients at End of Life.

One Health Lewisham has a dedicated member of staff assigned to working with Care Homes regarding Coordinate My Care (CMC) and Do not attempt to resuscitate (DNAR). 80% of residents in older adults residential and nursing Care Homes in Lewisham have patients with CMC records in place. There is a local task and finish group set up to look at this and another group looking at the use of CMC in LD Homes.

Proactive clinical support for care and support planning for people in Mental Health care homes is provided through SLAM. Mental Health Care homes have been advised that the named clinical lead for COVID-19 related support is the residents' GP, however, this is under review currently.

Clinical support in care and support planning for Learning Disability care homes support is ordinarily provided through SLAM and the GSTT Therapies team. Learning Disability Care homes have been advised that the named clinical lead for

COVID-19 related support is the residents; GP, however, this is under review currently.

Workforce support

Early in the pandemic, the Contracts and Quality Assurance Officers contacted all providers to understand the level of staffing vacancies they had. They encouraged care homes to take advantage of ADASS' Proud to Care initiative and the fast track DBS Service to recruit into these vacancies. Anecdotal feedback from providers suggests that they have had more applicants in recent recruitment drives than prior to the pandemic. As a result, now few of the older adults care homes in Lewisham have current vacancies. Those who do not have a full staffing complement are offering additional shifts to permanent staff as overtime or using bank staff to avoid using agency staff where they can. Most older adult care providers have seen a reduction in the number of residents due to the effect of COVID-19 and as the capacity is reduced the need reduces for more care staff.

It is difficult to guarantee that bank or agency staff do not work shifts elsewhere. To minimise this likelihood, homes have offered more shifts to regular bank/agency staff on the basis that they will then not need to work in other settings. Some homes have asked bank/agency staff to choose to work with them exclusively. In many older adult care homes all staff are required to change into uniform on site, including bank or agency staff, and changing spaces are provided for this purpose. Some care homes have told us that they check staff temperatures at the beginning of every shift to identify symptoms.

Older adult care home providers have considered how their staff come to work and are supporting them to walk or drive where possible. Care homes have made parking available in their own car parks to enable staff to drive, and have requested keyworking parking permits from Lewisham. In total, 240, have been provided to care home staff by Lewisham Council. Where staff cannot walk or do not have access to a car, older adults care homes have supported staff to car pool over using public transport. Where use of Public transport is unavoidable, care homes have provided PPE to staff for use during their journeys and many have asked staff to change when they arrive to work, alongside other usual hygiene measures.

Council officers have asked older adult care homes to consider making rooms available for staff to sleep in or near the service to avoid the need to travel and to reduce risk of transmitting COVID-19 to or from their usual homes. Seven of seventeen homes have accommodation available, but only one home reported that staff were using this accommodation. In the homes which didn't currently have an offer of accommodation for staff, the expected numbers who may benefit from this were low and in many homes it was thought that nobody would be interested.

Mental Health care homes and Learning Disability care homes are generally much smaller than older adult care homes, and the COVID-19 has impacted on them differently to Older Adult Care Homes. Many Mental Health care home and Learning Disability care home providers have commented to us that staffing levels have remained stable for these smaller homes and that they are more likely to use Bank than Agency staff.

Most Mental Health care home and Learning Disability care home providers have made changes to rotas to limit the number of homes any individual worker visits, and to minimise the cross-over of staff to reduce the likelihood of COVID-19 transmission. Some providers have advised us that they have staff working over 2-3 homes as this gives them more flexibility around staff hours, whilst still limiting the number of people that the worker is in contact with and whilst limiting transmission.

Some providers have fed back to the Council that they have been unable to secure Agency staff to cover shifts and they have relied on staff taking on additional shifts to maintain a safe service. This is because there is increased competition for Agency due to COVID-19 related staff absence and some agencies have charged a premium on top of their usual fees.

Learning Disability Care Homes and Mental Health Care homes reported similar low levels of public transport use for their staff. As the majority of these homes are small group homes with local staff teams most staff live within walking distance. Some providers have reported that staff have access to the Cycle to Work scheme. Again, staff are encouraged to car share rather than use public transport if they can't walk or cycle to work. Where public transport use is unavoidable, PPE is provided for staff to use on their journeys. Some providers have made changes to rotas to limit the number of days which staff need to travel or to travel away from peak times.

Many Learning Disability and Mental Health care homes have sleep-in rooms for staff which could be used for staff if they wished to stay away from their usual homes. Some providers also reported that they had some vacant rooms which could be used if staff wished to stay at work, however, very few reported this offer to be taken up. One provider reported that a member of staff stayed at the home they worked whilst there was a person with COVID-19 symptoms as there were concerns about staffing.