

Background briefing notes:

Testing

We moved before other parts of the UK to increase testing in care homes. Testing is available for:

- Anyone being discharged to a care home from hospital;
- Anyone entering a care home from their own home or supported living facility;
- Care home staff with symptoms or whose household members have symptoms;
- Any suspected case in a care home – i.e. anyone with symptoms; and
- All outbreaks (all residents and staff to be tested, with or without symptoms).
- Testing in supported living facilities

In addition:

- We are expanding our testing programme in care homes as a priority;
- Testing will be expanded on a phased and rolling basis starting this week;
- This expansion will be additional to the testing currently undertaken in homes with an outbreak or cluster of infections which will continue (all staff and residents tested);
- Expanded testing will include residents and staff, it will be commenced immediately however it is essential that this expansion is informed by this week's discussion at SAGE to ensure that we adopt an evidence-based and appropriate scientifically informed programme of testing in our care homes.

Financial support

- Measures aimed at safeguarding the financial resilience of care home providers by guaranteeing a level of income have been in place since mid-March.
- This has since been supplemented with a £6.5m support package to address the additional costs they have faced.
- We continue to consider what additional support may be needed.

PPE

- We also stepped in to provide free PPE to homes at a very early stage – and have been providing over a million items to care homes every week.

Staffing

- Trusts have stepped in to provide thousands of hours of free staffing time in homes while support and expertise has been available from the RQIA's Service Support Team and – in the event of an outbreak – from the Public Health Agency.

Communication

- The Department has written to care homes emphasising the need for good communications with residents and staff. The letter, from Chief Social Worker Sean Holland, states: “In line with the most recent published version of the Care and Residential Homes Guidance, I’m asking all providers to ensure that communications with families / relatives remain timely, effective and informative. In particular, when a care home has an outbreak of COVID-19 they should ensure that relatives of their residents are informed of this fact at the earliest possible opportunity. Regular updates on the extent of any outbreak should be provided thereafter. “
- The department has held two very helpful workshops with the independent sector home care providers and the HSCB/PHA.

Reporting of deaths and outbreaks

- The Covid-19 dashboard on the Departmental website provides daily updates on the number of confirmed outbreaks in NI care homes. This dashboard is the responsibility of seconded NISRA statisticians within the Department. NISRA is also responsible for the weekly bulletin, providing comprehensive statistics for confirmed and suspected Covid-19 related deaths across hospital and community settings, including care homes
- The Health Minister has written to NISRA’s chief executive to ask if further published statistical information could be provided.
- The Minister’s letter asked if it is possible for NISRA to move beyond its current weekly bulletin on reporting deaths. It also asked if the dashboard output could be extended to include a breakdown of the daily fatalities by setting. It further asked NISRA to clarify its intentions regarding the detailed information being supplied by RQIA regarding care home infection and outbreak levels.
- The RQIA has been consolidating data collection that was being undertaken by Trusts and the PHA, to provide a single regional picture on care homes which would inform both policy and action taken by Trusts, PHA and RQIA. The information is being sought daily from care homes. Work is continuing to fully validate the data to ensure it is robust enough to be published. Decisions on the level of information to be provided through the daily dashboard will remain the responsibility of NISRA statisticians.

Infection prevention and control

Guidance published on 26th April covers a number of areas:

- Further strengthening the **restrictions on visitors** that were in previous guidance.
- Asking homes to check staff and residents **twice a day for symptoms**, including temperature, recognising that symptoms in care home residents may be atypical.
- Encouraging **staff to live in**, where this can be done safely.

- Re-emphasising the need for enhanced **cleaning** regimes.
- Encouraging the **restriction of residents to their rooms**, even for mealtimes where this is practical.
- Limiting the **turnover in staff** and block booking agency staff to limit movement of staff between care homes. And when staff are in the home, cohorting groups of staff to particular areas of the home or groups of residents.
- Encouraging staff to **change clothes** on arrival and to wash uniforms before each shift.
- Continuing to emphasise the need for staff to have current **training** in PPE and infection control – something that we have been tracking through a daily app that all care homes are asked to complete and bespoke training products.

Joint statement by six NI Trusts

All trusts in NI are actively working to enhance their services in the community and their ability to provide timely specialist advice where and when it is needed.

By strengthening our hospital to community outreach teams, working in partnership with GPs and primary care, alongside our highly skilled district nursing service with AHPs and social care support, we can deliver the skills and expertise to the older person wherever they live. This will ensure that older people will receive the best care at home. If hospital admission is required this will still be fast tracked.

- **This approach provides a wrap round model supporting the older people in the community and improving patient and family experience.**
- **This approach reduces hospital admissions and the associated risks - healthcare associated infections, falls, poor sleep, muscle wasting and delirium.**
- **This will improve focus on advanced care planning and what is important for the older person and their family**
- **This allows the development of a frailty hub to better support older people at home, 7 days a week. The multidisciplinary team can intervene early as they can track subtle changes which will often make the difference.**
- **Using technology and a team of skilled multidisciplinary professionals we can deliver person-centred care that is equivalent to that received in the hospital.**

- **This approach supports all older people regardless of where they live including independent sector care homes, supported housing or at home alone or with family.**