

## **ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE**

### **SCRUTINY REVIEW OF MULTI-AGENCY SUPPORT TO CARE HOMES DURING THE COVID-19 PANDEMIC (TASK & FINISH)**

#### **1.0 Executive Summary**

- 1.1 This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's task and finish review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic.
- 1.2 The COVID-19 pandemic has impacted, and continues to impact, all aspects of life, and the care sector has been particularly affected. The health and wellbeing of residents and staff in care homes has gained a high degree of national attention since the emergence of COVID-19, and the recent easing of the latest national lockdown restrictions provided an opportunity to reflect on partnership-working between local care providers and wider support agencies.
- 1.3 It is widely recognised that the last year-and-a-half has been a very difficult and sensitive time for all those employed within health and social care, and even more so for those individuals (and their families) who have contracted, and suffered from, Coronavirus. The Council (and its wider health partners) has long-established strong partnership-working principles, much of which has been tested to the maximum since the pandemic emerged. The need to adapt to the ever-changing COVID-19 scene has meant being flexible and innovative in terms of the support provided (sometimes within the confines of funding restrictions / uncertainties), and it is now appropriate to consider how any new approaches / practices have been received by local care providers.
- 1.4 This task and finish review allows the Council and its partners to showcase the support provided to local care homes / nursing homes, as well as raise any previous or current issues / concerns. Such information will assist in further strengthening partnerships with local care providers as all agencies continue to manage the ongoing impact of the pandemic. Additionally, it may also help provide assurance to residents and their families of the measures that have been / are being put in place to safeguard all those within a setting.
- 1.5 Whilst it was proposed to examine this from a holistic perspective rather than at an individual care home / nursing home level, the ability to assess key data in relation to local care home providers would give a useful overview of the past and present situation across the Borough. However, it is acknowledged that figures alone do not give a full picture, and that care homes and wider partners deal with differing circumstances regarding the health status / needs of residents and the varying types of care settings.
- 1.6 The review was principally focused on examining the overall interplay between local care homes and their various health and care partners since the pandemic began, as well as analysing relevant data and intelligence to assess the impact of the support provided. Regarding the latter, several key conclusions were made clear to the Committee's Task and Finish Group:

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- No evidence was found of any correlation between the first discharge to a care home from a hospital setting and any COVID-19 infection of residents (average time from first discharge to first infection was 49 days).
- No evidence was found of any link between care home rating and outbreaks.
- No evidence was found of any correlation between a care home's CQC rating and its COVID-19 death rate.
- The COVID-19 death rate in Stockton-on-Tees care homes (around 470 per 100,000 65+ population) was similar to the North East average. However, it was higher than the England and Wales average (around 290 per 100,000 65+ population).
- It was likely that the high rates of COVID-19 in the community impacted upon the number of deaths in a care home (not the actions of a care home itself).
- As of the 20<sup>th</sup> May 2021, only 91\* of the Borough's 2,000+ care home staff and 21 of the Borough's 1,300+ care home residents had refused a COVID-19 vaccine (and did not have a medical reason for this) (\* this had further reduced to 36 as of the week commencing 27<sup>th</sup> September 2021).

Interestingly, despite widespread concerns aired in the national media regarding individuals being discharged from hospitals to care homes in the early stages of the pandemic without having a COVID-19 test, almost all COVID-19 cases within the Borough's care homes could not be attributed to hospital discharge.

- 1.7 In terms of the support provided to care homes, the Group welcomed the comprehensive breakdown of engagement with local providers that had taken place through both single-agency assistance and multi-agency forums. Evidence of strong partnership-working has been a notable feature of many previous scrutiny reviews, and those established links were critical in the ability to deploy timely support via several collaborative groups initiated in response to COVID-19 (not just within the Borough but also regionally). The Group did, however, raise concerns that some of these may have been too professionally-led and lacked input from care home residents' families / carers.
- 1.8 Whilst acknowledging the necessary limitations in accessing settings as COVID-19 took hold, the visibility of professionals within care homes during the pandemic, in particular the initial stages, was a key area of interest for the Group. Members welcomed the assurance that Council staff and NTHFT Community Matrons had provided in-person, as well as remote, support throughout (something which, for the former, had ensured the continuation of robust safeguarding oversight, and for the latter, had come though very clearly during the *Scrutiny Review of Hospital Discharge (Phase 1)*). That said, the Group continued to express concerns around the approach of the Care Quality Commission (CQC) during this time and the sense of a shortfall in oversight from the regulator. Similarly, the suspension of the Healthwatch

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Stockton-on-Tees 'enter and view' inspections may have impacted on the identification and addressing of issues.

- 1.9 Backing-up the statements made regarding the support given to local care homes, the Group reflected on their awareness (via a Well-Led Programme presentation to the Committee in May 2021) of providers themselves commending the guidance and assistance they received from the Council and health partners, and reassuring Members that, whilst it may have been portrayed that care homes in other areas of the UK had become cut-off due to COVID-19, they had not been left alone. Indeed, the Group was very pleased to hear about the wider recognition of the support given to the Borough's care homes, including a 'good practice' North East and Cumbria webinar presentation (October 2020) and requests for details of the successful vaccination roll-out (December 2020).
- 1.10 Rarely before has the importance of strong leadership and management been so acutely tested, and to this end, the Council's Well-Led Programme continues to demonstrate huge benefits (leading to national recognition). Officers deserve great credit for enabling a further cohort to access the programme during the pandemic, and the Group are keen to see how this impacts upon future CQC ratings when their inspection programme resumes in full.
- 1.11 Whilst highlighting the many positive aspects associated with support for the Borough's care homes, the Group is also very mindful of the human cost of the pandemic. Despite the laudable endeavours of Health and Social Care partners, North East care homes have experienced a higher death rate (per 100,000 65+ population) than other regions. Some will point to demographics and inequalities which perhaps made such statistics inevitable; others may question the responses of local and national agencies. What is clear is that the actions of the Council and its partners, in co-operation with local care home providers, have contributed to the alleviation of an unparalleled situation not before experienced by the health and care sector.
- 1.12 Across the UK, many care home residents and their families / carers have endured significant stress during COVID-19, but it is also important to recognise the extreme challenges for health and care staff trying to navigate their way through a situation not experienced before. Local professionals, in particular the care home staff themselves, have shown courage, resilience, adaptability (including a willingness to learn new skills), innovation and commendable commitment (often foregoing their own family time) in hugely trying circumstances, and this should not be forgotten.

### **Recommendations**

The Committee recommend that:

- 1) Further to existing arrangements already in place regarding engagement with service-users and their loved ones, any current and future multi-agency professional group that is convened to support care homes ensures that the voice of residents and their families / carers is clearly articulated (whether through direct representation or via another appropriate mechanism). This should continue to include:**
  - **How care home providers gain information and feedback from clients and their families**
  - **How the Care Quality Commission (CQC) gains information and feedback from clients and their families**
  - **How the Stockton-on-Tees Borough Council (SBC) contracting team gains information and feedback from clients and families**
  - **How Social Workers and other Adult Social Care professionals gain information, views and feedback in their assessments / ongoing contact / reviews**
  - **How the safeguarding teams gain information and feedback**
  - **How the Care Home Protection Group gains information and feedback**
- 2) Mindful of potential developments in vaccination requirements for the care sector as a whole, efforts continue by SBC and its partners to reach-out to those staff who remain reluctant to receive a COVID-19 vaccination.**
- 3) The Care Home Protection Group continues on a permanent basis.**