

## **Governance arrangements for Care Home Professional Oversight – Dumfries and Galloway**

### **1. Introduction**

This Governance Framework is applicable to the Care Home sector across Dumfries and Galloway with the purpose of ensuring a clear understanding of the new accountabilities and responsibilities. Scottish Government requires NHS Boards and Local Authorities to establish enhanced professional clinical and care oversight arrangements for Care Homes from 18 May 2020.

### **2. Background**

It is recognised that adults living in Care Homes often have multiple health and care needs and many are frail with varying levels of dependence. Current estimates are that over 40,000 residents live in the 1083 adult Care Homes across Scotland (approximately 950 in 31 Care Homes in Dumfries and Galloway). The vast majority (75%) of adult Care Homes are for older people. In Dumfries & Galloway, all of these Care Homes are run by the private sector.

Adults living in Care Homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions.

The Scottish Government expects NHS Boards and Local Authorities to ensure appropriate clinical and care professionals across Scotland take direct responsibility for the professional support required for each Care Home in their areas; recognising that Care Homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.

Within Dumfries and Galloway we are working in partnership with and building on the strong working relationships we have with local Care Homes to ensure engagement with the assurance process

The range of factors and provisions that must be taken into account:

- the arrangements that must be in place to maintain effective clinical standards to prevent outbreak or to manage an outbreak if it occurs
- testing
- workforce planning and deployment
- staff support and wellbeing
- support and engagement with General Practice; support for palliative and end of life care

### **3. Dumfries and Galloway arrangements**

A Care Home Oversight Group has been established with the following membership:

- HSCP Chief Officer
- Nurse Director
- Chief Social Work Officer
- Director of Public Health
- Medical Director

- Director of Strategic Planning and Commissioning

The Care Home Oversight Group (the Oversight Group) meets seven days a week to discuss key safety information in relation to Care Homes across the region and to plan the care assurance, testing and support arrangements for Care Homes during this period of COVID19

The Oversight Group has established a prioritised plan for assurance visits to all Care Homes in the region, taking cognisance of the intelligence and data available from a number of sources

The purpose of the visits is to gain assurance around;

- Infection Control and Prevention support
- Meeting care needs of residents; including medicines, food, fluid and nutrition and personal hygiene
- Documentation of a residents abilities plus appropriate DNACPR, AWI and ACPs
- Communication with families and virtual visiting arrangements

In addition members of the Oversight Group oversee and gain assurance on;

- PPE availability
- Staffing requirements
- Testing requirements

The Oversight Group will receive immediate feedback on all assurance visits in order that it can be assured of any action taken to address urgent concerns.

#### **4. Reporting (Appendix 1)**

The Oversight Group reports to the Chief Executives of both NHS Dumfries & Galloway and Dumfries & Galloway Council

The Oversight Group will also:

- Update the NHS Board, Integration Joint Board and Dumfries and Galloway Full Council at each meeting
- Share any themes from assurance visits with the Care Inspectorate
- Submit weekly updates to Scottish Government via the Directors of Public Health Reporting template
- Ensure appropriate linkage with Commissioning and Contract Monitoring

#### **5. Process of visits**

All visits are planned and prioritised by the Oversight Group and supported by a small team of Nursing and Social Work staff, led by senior and experienced leads from Nursing and Social Work.

The Oversight Group established key links with our local Care Home Support Group which includes staff from across the Partnership, Public Health, Scottish Care and the Care Inspectorate to advise them of the purpose and progress of the Care Home oversight work.

The Care Home Support Group discussed the communication to Care Home teams and had early oversight of the assurance visit template (Appendix 2)

All Care Home Managers received communication from the Oversight Group explaining the purpose and process of the assurance visits, including a copy of the assurance visit template and timetable for visits

One of the Senior Leads contacts the Care Home on the day before the visit to confirm the date and ensure all plans are in place and clear and confirming that staff visiting the home have undertaken a CoVID test

There are daily updates to the Oversight Team on the visits

All staff involved in visiting the homes, including the senior leads, have CoVID tests carried out every 4 days

All staff check temperatures before visiting every Care Home and any staff member showing symptoms of any illness is removed from the visiting team.

During the visit 10% of residents notes will be reviewed (minimum of 3 records for Care Homes with small numbers of residents)

#### **6. Feedback to Care Homes and Oversight Group: (Appendix 3)**

Care Home staff are given immediate, verbal feedback on their visit.

Any immediate concerns are raised with the Nurse Director, Chief Social Work Officer and/or Medical Director depending on the nature of the concern.

Written reports of the visit are shared with the Care Home Manager for factual accuracy checking

Written reports of every visit are submitted to the Oversight Group for review

The Oversight Group will receive a summarised version of all reports from the senior Nursing and Social Work leads. This report will provide an overarching analysis of any broad themes that identify particular and shared challenges and issues for Care Homes.

The Care Homes will not be individually identifiable in this summary report, which will be used in feedback to Chief Executives, NHS Board and IJB.

#### **7. Care Home support**

Support will be offered to Care Home staff to address any immediate concerns.

Any aspects of the assurance process which need to be addressed will be discussed with the Care Home Manager or senior staff member and a plan of improvement and timescale agreed.

Support will be offered to address concerns.

## **8. Continued assurance and support**

Safety Huddle information will be collected daily at locality level and concerns escalated to the Oversight Group for consideration of action

In addition to the assurance visits, the daily safety huddle information will be used to agree the requirement for support, staffing, testing or further care assurance visits

The Oversight Group will give consideration to the need to supplement Care Home staffing with staff from the Health and Social Care Partnership

## **9. Escalation**

Care Homes are asked to escalate any areas of concern that arise from their safety huddle or at any other time out with, to the Partnership. Within hours escalation is to the locality teams discussing the daily safety huddle. Out of hours, escalation is via the on call General Manager

## **10. Testing:**

Testing in Care Homes happens on three levels:

- Care Homes with symptomatic residents or staff
- Surveillance testing for non symptomatic residents
- Routine testing for non symptomatic staff

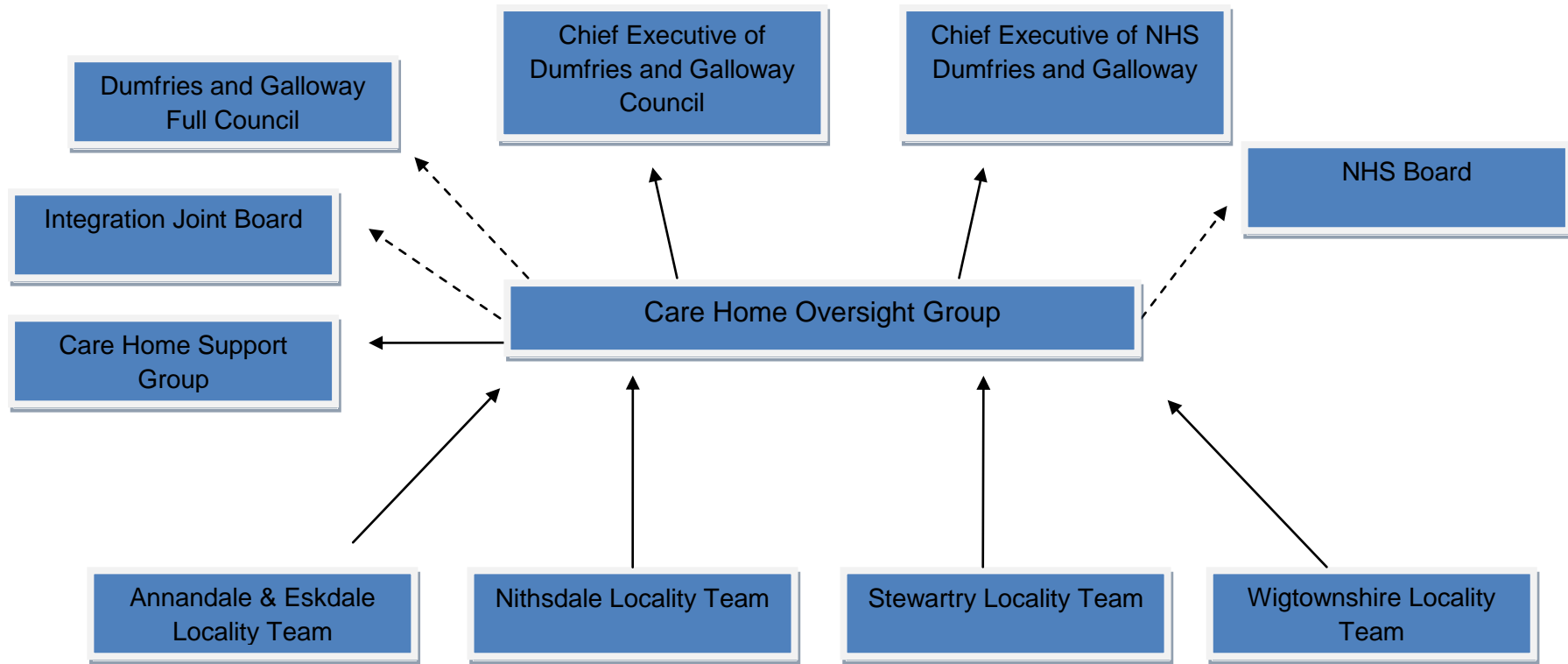
For Care Homes with symptomatic residents, they will be temporarily closed to admissions until the result of the test is known to be negative

For Care Homes with symptomatic staff, the staff member will require to self isolate until the result of the test is known to be negative

Surveillance testing will be managed mainly by training Care Home staff to test their own residents. Where this is not possible, the locality team will make arrangements for testing residents and a rolling programme will be in place to ensure each resident is tested monthly.

Routine testing for non symptomatic staff will be offered on a weekly basis through a combination of the social care portal and mobile testing units.

Appendix 1



**Appendix 2**

Evidence will be found by talking to the Care Home Manager; talking to Staff; observation; reading records and care plan sampling. Seeking residents' views as far as possible whilst minimising the risk of cross infection

**Name of Care Home:**

**Date and Time of visit:**

**Visiting team names:**

**Date of Visit:**

**Person in charge of Care Home at time of visit:**

**Status of service:**

Home open or closed to admissions	Current Number of residents:	Number of beds in care home	Number of residents nearing end of life	Number of residents positive for Covid-19:	Number of residents awaiting test results	Number of tests still to be carried out:

**Staffing levels**

		Number absent through:		
Number of posts	<i>Number of Staff Vacancies</i>	Sickness	self-isolation	Underlying health conditions

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Standards	Yes/No	Comments	Recommendations
<p><b>Access and Communal spaces</b></p> <p>The door entry and reception is accessible, secure and welcoming.</p> <p>Hand sanitiser is available at door entry and visitors are required to use it</p> <p>Signage is present at the front door and all delivery entrances noting the care home is closed to visitors because of coronavirus restrictions</p> <p>There is a visitors' log which records time date, reason for visit and contact details – please comment on visiting patterns of deliveries and professionals during lockdown period</p> <p>Fire safety arrangements are clear and there is appropriate signage.</p> <p>There are floor markings where possible to indicate the 2 metre social distancing rule for visitors</p> <p>Are there arrangements in communal areas to allow social distancing to be achieved by residents?</p> <p>The environment is clean, bright, warm, comfortable and well-maintained.</p>			
<p><b>Infection Prevention and control</b></p> <p>Hand washing facilities are designated for staff in their changing</p>			

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<p>area and each floor or unit of the service.</p> <p>All wash hand basins have liquid soap, paper towels and a pedal bin or open bin for waste towels (no “flip bins)</p> <p>Staff are observed carrying out effective hand washing technique at the correct times and a poster displayed at each sink.</p> <p>There are documented spot checks by managers on hand hygiene compliance.</p> <p>Staff change their clothing when they arrive for work and separate staff changing facilities are provided to support this. The manager is checking compliance</p> <p>There is clear guidance on PPE use e.g. poster?</p> <p>The correct PPE is available in all required areas e.g. aprons, masks and gloves.</p> <p>Stations are available with instructions for donning, doffing and disposal</p> <p>PPE is seen in use by staff.</p> <p>The correct products are in use for cleaning and disinfection and in good supply</p> <p>Staff are clear on the correct dilution levels for disinfectants/sanitiser.</p> <p>There a poster to remind staff about correct products and</p>			
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<p>dilution</p> <p>There is a robust cleaning schedule for frequently touched surfaces such as handrails, door handles etc</p> <p>Personal items – including mobility aids- are stored in resident's room and not left in communal corridor.</p> <p>Any communal items are cleaned correctly to prevent cross-infection.</p> <p>There is a contingency plan for zoning to keep suspected or confirmed infected residents apart from non -infected residents</p> <p><b>Waste management</b></p> <p>There is a poster about using paper tissues, binning after use and washing hands</p> <p>Colour coding of bags and segregation is observed</p> <p>Any clinical waste is appropriately labelled and traceable</p> <p><b>Laundry</b></p> <p>Resident's clothing &amp; linen is appropriately stored and laundered to a good standard</p> <p>There is a hand wash basin for staff use</p> <p>Items are laundered at the correct temperature.</p> <p>There are water soluble bags for soiled items</p> <p>Staff uniforms are being laundered by the service.</p>			
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<p>If staff are taking uniform/work wear home for washing check it is being carried home in a disposable or water-soluble plastic bag and brought back in a clean bag</p>			
<p><b>Individual Care Planning and communication</b></p> <p>Residents have individual care plans which fully involve them.</p> <p>Individual care plans include an up to date Anticipatory Care Plan within the last 6 months. Are you and staff clear from the plan how much medical intervention would be wished should the resident become unwell?</p> <p>Staff are aware which residents have a Guardianship order or enacted Power of Attorney in place</p> <p>Individual care plans are supported by a clear risk assessment for those who struggle to understand and manage the COVID 19 restrictions</p> <p>Residents are enabled to understand the COVID 19 precautions within their capacity</p> <p>Next of kin, family and legally representatives (e.g. Guardian, Power of Attorney) contact details are up to date and readily available</p>			

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<p>There is good communication between the care home and significant others in the person's life.</p> <p>Any changes in care or treatment are fully discussed with relevant parties and decisions are clearly recorded.</p> <p>All relevant medications for individual residents are available</p>			
<p><b>Residents Care and Wellbeing</b></p> <p>There is good nutrition including access to fresh water and snacks.</p> <p>Residents are supported to exercise and move around.</p> <p>There is sufficient variety and choice for involvement in stimulating activity.</p> <p>Residents are treated with compassion including time given to individuals.</p> <p>People have their privacy respected</p> <p>People are supported to maintain hygiene</p> <p>People are enabled to maintain relationships with family, friends, and other community links available through telephone, video or internet.</p> <p>Residents are fully involved through the removal of</p>			

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<p>communication barriers (e.g. glasses at hand, batteries for hearing aids replaced, consideration of cognitive impairment)</p> <p>Residents are confident that they will receive a prompt response when needed whether in their own rooms or in communal areas</p> <p>Do staff know the process if a resident requires testing for COVID 19?</p>			
<p><b>Residents Health Care</b></p> <p>Staff are checking and recording the temperature of each resident at least twice a day and recording these: if raised reporting this and checking if any other symptoms</p> <p>Appropriate signage is visible on doors of residents who are isolating</p> <p>Residents are supported and enabled to remain well-nourished and hydrated particularly if they are unwell and /or isolating.</p> <p>Staff provide extra fluids and supplements to residents who cannot eat a normal diet and advice is sought if they require special supplements.</p>			
<p><b>Staff Health and wellbeing</b> (Staff discussion – please comment on how staff are feeling)</p>			

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<p>There is signage to remind staff about reporting illness, COVID-19 testing and return to work.</p> <p>Are staff aware of how and when they can access testing?</p> <p>Staff are logging their own temperature on arrival in the service and if raised being advised to go home</p> <p>Staff have opportunities to debrief, reflect, and receive support.</p> <p>Staff can access services to support their mental health and wellbeing</p>			
<p><b>Education and training of staff</b></p> <p>All staff have received training about COVID-19, infection prevention.</p> <p>Staff are aware of how Covid-19 can present in atypical ways</p> <p>Staff have received training on PPE and infection control and are confident in the use of PPE</p> <p>Staff are confident about who they can access advice from if they have any concerns</p> <p>Staff have up to date written briefing or access to web-based materials to supplement verbal messages</p>			
<p><b>Continuity of Care</b></p> <p>Individual Care Plans provide clear information about each resident's care needs and pre-existing conditions which are</p>			

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<p>accessible as required for all staff including agency staff</p> <p>There are good handover practices at the end of shifts</p> <p>The care home is fully staffed, or managers are addressing and resolving any staffing issues in light of Covid 19.</p> <p>There is continuity of key workers</p>			
<p><b>Leadership and Management</b></p> <p>Staff rotas are clear and there are sufficient breaks between shifts</p> <p>Managers lead by example and role model positive behaviour</p> <p>Arrangements are in place for maintaining contact with, and support from the Health and Social Care Partnership</p> <p>This includes regular contact from community nurses, links with social work and input from public health</p> <p><b>Contingency Planning</b></p> <p>There is a contingency plan in place to address high levels of staff absence</p> <p><i>This includes:</i></p> <p>A clear position on how the home would manage if too great a proportion of staff were off.</p>			

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Thresholds for contacting/escalating to the Health and Social Care Partnership for support			
<b>Key strengths</b>			
<b>Areas to consider for development and support</b>			
<b>Overall Analysis</b> ( <i>Overall impressions of how well the Care home is delivering high quality care and support within the Covid 19 restrictions – referring to areas above – balancing strengths and areas for improvement</i> )			
<b>Overall Assurance provided</b>			

### Appendix 3

#### Care Assurance Process and feedback:

