Rotherham Metropolitan Borough Council

Public Report
Health Select Commission

Committee Name and Date of Committee Meeting
Health Select Commission – 24 November 2022

Report Title
Scrutiny Review Recommendations – COVID-19 Care Home Safety

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Jo Brown, Assistant Chief Executive

Report Author(s)
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Ward(s) Affected
Borough-Wide

Report Summary
This spotlight review sought assurances around the safety of care home workers and residents during the pandemic and onward. This review of local response and learning complements the national inquiry into Health and Care worker safety which was widely requested by health and care workers and their families in 2020-21. The review was undertaken by Cllrs Yasseen (Chair), Keenan, Griffin, Haleem and Hoddinott.

Recommendations:

1. That the following recommendations be submitted to Overview and Scrutiny Management Board for consideration:

    a) That the learning from the pandemic and ongoing needs in respect of care home safety be noted.

    b) That the service consider how the Council may help support recruitment and retention within the care sector.

    c) That consideration be given to how best to retain where possible the benefits of supportive models such as regular engagement, access to training/guidance and the IMT approach which were adopted during the pandemic.

    d) That outcomes of forthcoming reviews by the Health and Wellbeing Board on learning from the Pandemic be considered for scrutiny.

List of Appendices Included

None

Background Papers
Care home Safety. Presentation.

Care Quality Commission, The state of health care and adult social care in England 2020/21. 21 October 2021. Link.

Department of Health and Social Care, Care Quality Commission, and UK Health Security Agency. Guidance Coronavirus (COVID-19): admission and care of people in care homes. How to protect care home residents and staff during the coronavirus outbreak. 16-August 2021 - 1 April 2022. Link.

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required
No

Exempt from the Press and Public
No

Scrutiny Review Recommendations – COVID-19 Care Home Safety

1. Background

1.1 This spotlight review sought assurances around the safety of care home workers and residents during the pandemic and onward, living with COVID-19. This review of local response and learning complemented broader national concern and inquiry into Health and Care worker safety prompted by requests from health and care workers in other areas of the UK and their families in 2020-21. Similar concerns were reiterated in a 21 October 2021 report by the CQC in respect of the state of care in England. The Government guidance regarding approaches to mitigate the spread of COVID 19 among care home workers and residents was withdrawn on 1 April 2022 as part of the Living with Covid Strategy. Members met with Commissioning officers and team leads and the Cabinet Member for Adult Social Care and Health on 29 March 2022 to discuss and make recommendations to promote the safety of local care home workers and residents through applied learning from the pandemic.

1.2 The review focussed primarily on the external market which provides the vast majority of care, with thirty two care homes for older people operating in the borough. The review also examined the two council-run care homes with the understanding that these represent a small percentage of the market. Relevant information related to learning from the pandemic was requested in respect of infections/deaths rates; PPE availability and use; and challenges around visitation, discharge from hospital to care homes, and vaccination.

1.3 At the time of the discussion, nine care homes had closed on a temporary basis due to COVID 19 outbreaks. This was following Interdisciplinary Management Team (IMT) meetings applying best practice guidance on mitigating the impacts of COVID 19. The Health and Wellbeing Board had conducted an overall survey of Care Homes in November 2021, which informed the scrutiny discussion.

2. Key Issues

2.1 PPE in care homes

Initially supplies of Personal Protective Equipment (PPE) for Health versus other kinds of Care was siphoned to Health care, reducing the supply available for Care Homes and Home Care. During this time, the Care Home mandate was light PPE: face coverings and gloves. New guidance was received each week. Hospitals soon raised their PPE complexity, but care homes did not have parity.

PPE supplies at this time were not readily available from the Government. PPE supplies that were available were sourced from China. Prices rose such that a mask that previously would have cost a few pennies now cost £1 to £2. The Council was a purchaser of PPE and was a partner with care homes in actively supporting the response. The service were at this time

working 7 days a week distributing the PPE. Karen and her team drove the PPE to Care Homes throughout the Borough.

Necessary PPE later became freely available from the Government through a National Portal. Before the portal came online, the Local Resilience Forum (LRF) encountered quality issues regionally. The Local Resilience Forum could be expected to pay only what was reasonable for the PPE that was desperately needed during this phase of the pandemic.

2.2 Adaptive communication and support for care homes

Daily phone calls took place among an Interdisciplinary Management Team (IMT) and care homes to provide all round real-time support. This model of delivering support proved crucial because the experiences of the care homes were unprecedented. For example, one care home lost 9 residents in one week, which was so unusual as to be traumatic for residents and care workers.

To pay for discretionary aid where it was most needed as well as mandatory responsibilities, grants were deployed to help care homes continue to respond to the evolving situation. Further, shared good practice brought in an early uplift in fees in recognition of the pressures on care homes. Fees were moved to November 2021, where they would have come in March 2022, to help support care homes.

2.3 Testing in care homes

The testing regime for care homes also evolved during the pandemic. National schemes and Rotherham schemes were implemented to help identify and isolate the virus early. Multiple outbreaks demonstrated a ripple effect from the community into care homes through the staffing route. Staff could test negative but then be positive due to incubation of the virus and asymptomatic carrying. Resulting workforce challenges meant that in some instances, care home managers were sleeping on the premises until staff recovered.

At the same time, care homes experienced reductions in bed occupancy from 86% to around 72%. To be financially viable, care homes must maintain an 85 to 90 percent occupancy rate. This, coupled with a further challenge of mandatory vaccines for care home workers, created a perfect storm of workforce costs. A small number of staff did leave the care sector at this time; 10 of 1800 care workers. The legacy effect of these challenges remains observable in recruitment and retention of care home staff, with high turn-over and challenges with recruiting to specialist roles such as Nursing and Registered Manager positions.

The timeline care homes experienced was characterised by a spike in early 2020, a lull in the summer of 2020, a rise in winter 2020, and the arrival of vaccination in January 2021, with care workers willingly testing daily. In January 2021, the national direction was taken to use lateral flow testing to support visiting. This came into use in addition to local initiatives which

utilised visiting pods, screens and outdoor or open-air areas to allow residents to see their loved ones safely.

Following publication of the Living with Covid Strategy, the Government identified who would receive free Lateral Flow Tests, such as frontline care workers, and who would be required to pay. This provision has now been removed.

2.4 Understanding ONS data around deaths in care homes

Three key data sets compiled by the Office of National Statistics (ONS) summarise the impact of COVID-19. Considered together, the data sets suggest that COVID-19 resulted in excess deaths for Rotherham residents in general and also for residents within the care sector of Rotherham. Available data indicates that the majority (86.9%) of deaths of service users, in Rotherham, occurred within the care setting during 2020, compared to 86.6% in England. The percentage of deaths in care homes remained stable before the pandemic and through 2020, before dropping in 2021, and was consistently below the England & Wales percentage. There was a slightly higher percentage of deaths in care homes where Covid-19 was mentioned on the death certificate (15.1%) compared to England & Wales (13.1%) across 2020 and 2021. Rotherham experienced significantly higher mortality than England and high excess deaths early in the pandemic when care homes were worst affected. A high burden of underlying health conditions may have been a factor in this.

The increase in the number of deaths within care settings in 2020 compared to the five-year average (2015-2019) was comparable to England & Wales. In the recording of deaths, Practitioners had to note that some suspected to be COVID-19 related had not been confirmed through testing.

Deaths in the care sector, England and Wales - Office for National Statistics (ons.gov.uk)

This data indicates the number of registered deaths of care home residents by local authority, registered in 2020 (not COVID-19 specific). This shows 816 deaths for Rotherham registered in 2020, for all causes. Of these, 805 were reported to the Care Quality Commission (CQC).

Death registrations and occurrences by local authority and health board - Office for National Statistics

The 2020 edition of this dataset shows counts of the number of deaths registered/deaths occurred, including deaths involving covid-19, by local authority and place of death (not specific to care sector residents). The occurrence tabs in the 2020 edition of this dataset were updated for the last time on 22 June 2021.

Deaths registered

For deaths registered up to 1 January 2021, Rotherham:

- There were a total of 623 COVID-19 deaths, of these 149 were in a care home.

- For all causes, in all locations, there were 3,454 deaths registered in this time.
- For all causes, in a care home setting, there were 707 death registrations in this time.

Deaths occurred

For death occurrences up to 1 of January 2021 that were registered up to 19 June 2021, Rotherham:

- 153 of 646 COVID-19 deaths occurred in a care home.
- For all causes, in all locations, there were 3,382 death occurrences during this time. This compares to 2835 deaths of Rotherham residents registered in 2019.
- For all causes, in a care home setting, there were 707 occurrences during this time.

Deaths involving COVID-19 in the care sector, England and Wales - Office for National Statistics (ons.gov.uk)

This data is for Rotherham care home residents, deaths registered in all locations (the location includes care home, hospital, etc). Data runs from 14/03/2020 to 21/01/22.

- In 2020, there were 657 deaths of care home residents registered for all causes.
- For 2021 and 2022 there were 622 deaths of care home residents registered for all causes.
- For covid deaths, there were 179 deaths in 2020, and 58 deaths in 2021/22.
- Of the deaths of care home residents registered in 2020, 27% in Rotherham were COVID-19.

2.5 Vaccination in Care Homes

Care home residents were offered their vaccines the week before the general public. In Rotherham, 99% of care home residents and residential care workers have taken up both doses of the vaccine, 98% have taken up the first round of the booster and 81% the spring booster as of October 2022. This data pertains to residents registered with a Rotherham GP.

In September 2022, those eligible were able to book the autumn booster. The coverage in care home residents and residential care workers continues to increase as the booster roll-out continues.

2.6 Learning from the pandemic

Areas of learning from the pandemic have been implemented. For example, dedicated beds prevent transmission from hospital to care homes, as hospitals strove to discharge patients faster. Enhanced staff PPE in red areas has also been implemented to prevent transmission within care homes. The necessary PPE will continue to be provided by the government through 2023. Meanwhile, the Council has built significant resilience in

maintaining stocks of PPE - enough for at least 200 days. Good hand hygiene has also cut down transmission. The vaccine programme also has continued, facing further surges.

Further learning was derived during the middle stages of the pandemic when staff rotas were affected. In response to workforce shortages, changes to national immigration have meant that care home staff are now given priority. A way to lower levels of infections would be to improve the benefits offer to care home workers. Providing sick pay would result in less reliance on agency staff and lower levels of infections. Contracts should consider these social value elements in contracting with agencies, considering what can be done to prevent infection. An understanding of the Council's influence becomes important in the COVID recovery environment as commissioning decisions are being made and contracts negotiated.

2.7 **Ongoing needs for care home safety**

The Council actually has limited levers whereby to influence care homes, the vast majority of which are private businesses. Ultimately, residence in a particular care home comes down to individual choice. The Council does not issue global contracts. Fees rates are challenging for care homes to pay staff in excess of the Real Living Wage and to compare favourably with the NHS. Workforce shortages in the care sector will continue to be an issue driven not only by pay, but vocational pressures and alternative employment e.g. retail and warehousing. Specific COVID 19 grants from central government such as the Infection Control Fund have previously been issued which could have been used by care homes to pay for staff sick leave – three such grants were returned unspent. Some of the most expensive facilities deprioritise basic sick leave for staff.

The Council does not keep a list of "approved" care homes but does regularly monitor the quality or provision within the borough. As background contracts are being refreshed, these include information around skills for care providers and also capacity tracking. These are mandatory to complete, as part of the Council's requirement to support care homes. Quality issues can result in a care home being rated as "Requires Improvement." Limited staffing and high turnovers of registered managers often signal an issue.

Therefore, a major priority in the service plan is care home quality, with recruiting problems and the need for better terms and conditions and better pay as key areas for improving care. A Government led Fair Cost of Care exercise is exploring these needs, as the Council alongside the South Yorkshire ICB respond to the challenges. A strong workforce, good quality guidance, access to PPE, and a proportionate and accessible testing regime are all needed to deliver care safely going forward.

3. Options considered and recommended proposal

3.1 Members are requested to receive and endorse the recommendations, which were generated by Members during the discursive process of scrutiny.

3.2 Members considered the possibility of recommending that the service collaborate with the social value team to ascertain whether elements of contracts could better reflect learning about care home staffing terms and conditions. This did not become part of the recommendations because the Council does not have the power to directly influence third party staffing terms and conditions.

3.3 Recommendation 2 is that OSMB consider the recommendations from the review. There is no alternative option as this is in line with the Overview and Scrutiny Procedure Rules.

4. Consultation on proposal

4.1 Members have regard to the expressed views of their constituents in their formulation of scrutiny priorities and lines of inquiry. Recommendations from scrutiny are produced as outcomes from consultation with officers and partners providing the service by Members in their role as elected representatives of Rotherham residents.

5. Timetable and Accountability for Implementing this Decision

5.1 The accountability for implementing recommendations arising from this report will sit with Cabinet and relevant officers.

5.2 The Overview and Scrutiny Procedure Rules require Cabinet to consider and respond to recommendations from Overview and Scrutiny Management Board and the Select Commissions in no more two months from the date that Cabinet receives this report.

6. Financial and Procurement Advice and Implications

6.1 No financial implications arise directly from this report, although the response to the review will need to take account of any such implications arising from consideration of the scrutiny recommendations.

7. Legal Advice and Implications

7.1 There are no legal implications directly arising from this report.

8. Human Resources Advice and Implications

8.1 There are no human resources implications directly arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 Implications for children, young people, and vulnerable adults are set out in the main sections of the report.

10. Equalities and Human Rights Advice and Implications

10.1 Furthering equalities and human rights is an objective of scrutiny; therefore, Members give consideration to equalities in the development of scrutiny work programmes, lines of inquiry and in their derivation of recommendations designed to improve the delivery of council services for residents.

11. Implications for CO_2 Emissions and Climate Change

11.1 There are no climate or emissions implications directly associated with this report.

12. Implications for Partners

12.1 Implications for partners are set out in the main section of the report outlining the Commission's findings. Cabinet will need to consider the implications for partners in its response to the recommendations from scrutiny.

13. Risks and Mitigation

13.1 Members have regard to the risks and mitigation factors associated with the services under scrutiny and have made recommendations accordingly.

Accountable Officer(s)
Emma Hill, Head of Democratic Services and Statutory Scrutiny Officer

Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Strategic Director with responsibility for this report	Please select the relevant Strategic Director	Click here to enter a date.

Consultation undertaken with the relevant Cabinet Member	Please select the relevant Cabinet Member	Click here to enter a date.

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