Southampton City
Care Homes Oversight Group

Action Plan

Last updated 5 January 2021

Care Homes Action Plan Overview

Southampton City
Care Homes Oversight Group

1. Infection Prevention & Control

Key areas of focus:

- PPE and infection control training
- Access to PPE
- Testing
- Outbreak management

Key metrics:

- Number of participants attending Weekly Training
- % of providers reporting PPE issues (amber/red status)
- % of homes signed up to the testing portal
- Symptomatic/Asymptomatic testing TBC
- No. care homes with COVID cases
- % of homes with COVID cases vs. other Local Authorities
- % of homes COVID-free in previous 28 days
- Number of homes with an overall R/A/G/W severity rating within the last 28 days
- Number of COVID-related care home deaths
- Cumulative % of COVID-related care home deaths vs. other Local Authorities

2. Clinical Support

Key areas of focus:

- Enhanced Health in Care Homes (EHCH)
- Out of Hours support
- Secondary care geriatrician support
- Mental health provision

Key metrics:

- The percentage of patients in Care Homes that SPCL support where a medication review has taken place in the previous 6 months
- The percentage of patients in Care Homes that SPCL support with a Current Care Plan
- The percentage of weekly check-ins taking place
- For our 6 Care Homes not covered by SPCL but with private arrangements with City Practices; summary of three key activities
- % of all Non-Elective Admission from Care Homes
- Number of Non-Elective Admissions from Care Homes with COVID identified

3. Workforce Resilience

Key areas of focus:

- Staffing contingency plans
- Staff welfare
- Staff retention
- Staff bank/pool
- Sickness monitoring

Key metrics:

- % staff off sick
- Number of providers rated R/A/G staffing status

4. Training

Key areas of focus:

- Local training programmes
- RESTORE2
- Diabetes

Key metrics:

- % of homes trained to use RESTORE2
- Other metrics to be identified – no other relevant metrics currently due to COVID restrictions

5. Digital

Key areas of focus:

- Telemedicine support
- NHS Mail
- Microsoft Teams

Key metrics:

- % of homes with access to NHS Mail
- Active users of the Care Homes Microsoft Teams pages.

6. Provider Sustainability

Key areas of focus:

- Finance and financial sustainability
- Contingency plans

Key metrics:

- Number of care homes subject to safeguarding action
- Provider vacancy levels suggesting reduced income
- New Metric TBC
- Activation of the provider failure protocol; reported by exception

7. Hospital Discharge

Key areas of focus:

- Trusted assessment
- Processes to minimise risk of COVID-19 infection from hospital

Key metrics:

- Number and % of failed hospital discharges to care homes (for reasons outside care home control) – due to a positive COVID test and those that were for other reasons.
- % discharges to care homes occurring within 72 hours of referral
- Hospital readmissions from care homes within 48 hours of patient being discharged from hospital
- Hospital readmissions from Care Homes as a percentage of all those Discharged

8. Comms & Engagement

Key areas of focus:

- Dedicated care homes webpage
- Regular communications to homes
- Seeking feedback from homes, clients and families

Key metrics:

- Percentage of active users who have accessed the Care Homes Teams Webpage in the past 30 days
- Number of providers which have opened communication emails
- Number of providers which have actioned a “call to action” in a communication email

Action Plan

1. Infection Prevention & Control

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
1.1	**Establish and deliver a Train the Trainer model to care homes to improve infection prevention and control techniques**	✓ All 63 homes emailed invite for training sessions – 38 accepted, 25 declined. ✓ All 38 homes who accepted received training by 29 May. ✓ All homes who declined training have been offered access at a later date if they change their mind. Offer made by 29th May and will continue to be offered via IPC/Care Homes teams	• Further sessions being offered as needed, and via IPC / Care Homes weekly training sessions	Ongoing. Next review end of October	Complete and ongoing
1.2	**Ensure systems are in place to enable homes to have access to PPE**	✓ System online and responding. ✓ Response is within the day, often receiving supply within a day from making the request.	• Encouraging providers to access new national supply systems as they become available	Complete at the end of July	**Complete**
1.3	**Dedicated line for homes to access advice, PPE on a daily basis**	✓ Dedicated Flextel number in operation 09:00 - 16:00 daily including weekends. This is manned by an IPC specialist. PPE advice is usually referred to the online portal or to the Local Resilience Forum.	• Continue to provide dedicated line	Ongoing and will be reviewed regularly	Ongoing
1.4	**Coordinate care home priority testing**	✓ All CQC registered care homes and nursing homes registered on national online care home portal. Further work to be done on encouraging the remaining LD and smaller homes to register. ✓ Weekly testing prioritisation list plan and criteria agreed - whole home testing for care homes with new outbreaks, on going outbreaks, large (50+residents) care homes with no Covid-19, and professional judgement/local knowledge of IPC team for other homes. ✓ Hold weekly meetings between IPC and PH teams to agree weekly prioritisation list using agreed criteria – first meeting held 22 May. ✓ Director of Public Health or deputised member of public health team to submit prioritisation list via email each week – first submission completed 22 May. ✓ HIOW-wide testing service in place for care homes (CTS)	• IPC team to encourage remaining LD and smaller homes to register on the national online care home portal	End of July	Complete
			• Continue to hold weekly meetings to agree weekly prioritisation list	Completed – prioritisation no longer required	Complete
			• Continue to submit prioritisation list each week	Completed – prioritisation no longer required	Complete
			• Continue assurance that the priority homes are accessing testing to reduce risks	Review end of September	Complete

1. Infection Prevention & Control

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
1.5	**Support care homes to manage outbreaks**	✓ Our Infection Prevention and Control (IPC) team follow up all care homes identified as experiencing one or more Covid-19 cases. ✓ Our IPC team support care homes that have actual or suspected Covid-19 cases, providing telephone advice and support about PPE, isolation, staffing and other support to the management of the home. Frequency of calls guided by an IPC team RAG rating system and based on specific situation in each home (range from daily calls to weekly). ✓ Collect care home data during calls, using a newly developed local data collection tool (local public health) including metrics such as new symptomatic residents, tests taken and awaited, new positive tests, hospitalisations, deaths in hospital, deaths in care home, EOL care, staff sickness, staff tests take and awaited, new positives staff tests ✓ Hold and record weekly 2 hour teleconference sessions via Microsoft Teams to provide updates on PPE, IPC practice and Q&A session for care homes	• Review and update Action Check List in the Local Outbreak Control Plan and ensure preventive and operational responses are aligned	October	Ongoing
			• Continue to provide support to homes that have actual/suspected Covid-19 cases	Ongoing and reviewed on a monthly basis or sooner if an outbreak is declared	Ongoing
			• Continue to collect outbreak data	Ongoing and reviewed on a daily basis	Ongoing
			• Continue to hold and record weekly 2 hour IPC Q&A sessions	Ongoing on a weekly basis. Review occurring week 26/10/20 as to change in format and forward planning	Ongoing

2. Clinical Support

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
2.1	**Delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care**	✓ All homes on the CQC list have been checked and all receive clinical support in a number of ways on a weekly basis. ✓ Enhanced Health in Care Homes (EHCH) provided by Southampton Primary Care Ltd (SPCL) into all residential homes. Includes GP with Special Interest (geriatrics), paramedics, advanced practitioners. Video consultation and visits. Ability to do SATs monitoring. Making relevant referrals. Links with specialist Older Person's Mental health advice. Links with relevant community nursing services. ✓ End of Life Virtual ward round daily – Solent, SPCL and Countess Mountbatten hospice. ✓ 6 out of 9 Nursing Homes have contracts with specific practices to provide support and visits . SPCL are working with the rest.	• Reporting to be set up by SPCL on the weekly check-ins they are doing.	End October	Ongoing
			• Regular contract review meetings to be set up with SPCL	End October	Complete
			• Contact GP practices with separate contracts with Nursing Homes to ensure that the service they deliver includes at least weekly 'home rounds'.	End September	Complete
2.2	**Ensure appropriate access to clinical support**	✓ Acute Visiting Service and Enhanced Health in Care Homes contract extended with SPCL until end of March 2021. ✓ Each care home now has a named lead clinician who will be in regular contact with the home to provide support. The EHCH and private GP arrangements covered the majority of homes. SPCL agreed to take on those homes that were not covered. ✓ Discussions have been restarted with Primary Care Networks (PCN) to ensure that EHCH becomes part of PCN activity. ✓ Medication reviews take place within the care homes as part of EHCH activity, and 6 of the 9 nursing homes. ✓ Support with medication queries, supply and ordering advice etc. is provided via the CCG Medicines Management team. ✓ Access developed to hospital Geriatrician support for all 9 nursing homes via a telehealth solution to support care and admission if needed.	• Reporting to be set up by SPCL on the medication reviews they are doing.	End July	Complete
			• Contact GP practices with separate contracts with Nursing Homes to ensure that they are carrying out Structured medication reviews as approriate.	End September	Complete
			• Discussions continue however these have slowed substantially as a result of the COVID vaccination program. We may need to consider a further extension of the current arrangements as the current deadline may now be in jeopardy.	End March 2021	Ongoing
			• Work with PCNs to ensure appropriate communication with Care Homes confirming their Clinical lead	December	Complete

2. Clinical Support

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
2.3	**Development and delivery of personalised care and support plans for care home residents**	✓ All care home residents have a plan in place, as part of EHCH. ✓ Palliative care residents in nursing homes will as well – most residents will have this in place due to six steps programme and GP activity to support early stages of pandemic. Some will be ongoing. ✓ Primary Care team contacted residents as part of national COVID-19 advice. ✓ Anticipatory care plans proposal agreed	• Reporting to be set up by SPCL on the numbers of personalised care plans.	End July	In Progress
			• Contact GP practices with separate contracts with Nursing Homes to ensure they are completing and updating personalised care plans as clinically appropriate.	End September	Complete
			• Anticipatory Care Plans proposal to be discussed at PCN Clinical Directors group	Start July	In Progress
2.4	**Ensure that clear and consistent out of hours provision is in place for each care home**	✓ Clinical cover is provided 08:00-22:00 daily via SPCL to all care and nursing homes who have access to all Southampton registered patient records (System 1 and EPR viewer in the community via Think Pads). ✓ SPCL provides a dedicated clinical triage and coordinates and triages calls from care homes, coordinates GP visits and signposts as required 18:30–22:00 weekdays and 08:00-22:00 weekends. ✓ After 22:00, SPCL handover to 111 and PHL for overnight cover and home visiting as required. ✓ Nursing homes have access to a dedicated phone line that links with the Same Day Emergency Care Service (SDEC) based in A&E. This gives the opportunity for direct dialogue with a geriatrician. ✓ The Urgent Response Service (URS) is available to support all homes out of hours if required. ✓ During the Covid-19 response, a 7 day commissioner response line is available through which they can raise concerns allied to those stated above.	• *No further actions*	Ongoing review	Ongoing

2. Clinical Support

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
2.5	**Ensure access to Mental Health expertise**	2 practitioners (1wte) available to offer advice and support on older peoples	• *Explore potential to widen the support available to homes on dementia and behaviour*	April 20121	**In progress**

3. Workforce Resilience

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
3.1	**Ensure that critical staffing issues can be responded to**	✓ Southampton City Council temporary staffing agency able to support the sector if needed. ✓ Plans in place utilising Solent NHS Trust Nurse Bank – induction training will be provided to support staff who have not worked in the sector	• Work with providers to facilitate their use of LRF and National recruitment workstreams.	Review monthly	Ongoing
			• Engagement with the sector to ensure early warning of critical staffing issues	Review each month and following up with providers where issues are found	Ongoing
3.2	**Ensure that care homes can be supported to maintain safe levels of staffing to minimise the risk of spreading infection**	✓ Contingency plans are in place and are being utilised regularly by homes who are continuing to update them in light of circumstances changing.	• Maintain regular contact with homes to assess impact and provide support.	Ongoing and reviewed monthly	Ongoing
3.3	**Establish a long term view of staffing vacancies/turnover**	✓ Programme established and in place to work in partnership with the care sector on workforce development initiatives including: recruitment, retention, training and support for staff. ✓ Providing access to recruitment campaigns in the city, organised by the council. This is resulting in recruitment to some providers. To continue to advertise opportunities. ✓ Developed and published resource packs to provide skills training and information to support staff in line with retention plans. ✓ Establishing new section on SCC website accessible to providers covering: • Social care vacancies • Training • Wellbeing resources etc	• Work with providers to facilitate their use of LRF and National and regional recruitment workstreams.	Review opportunities regularly	Ongoing
			• Engagement with the sector to understand longer-term pressures on staffing as part of the workforce development work.	Regular reviews of tracker data undertaken.	Ongoing
			• Development of recruitment strategy to be developed for the sector, including resources for the sector in one place.	March 2021	In progress

4. Training

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
4.1	**Provide care homes with resources to support staff wellbeing**	✓ Initial ideas on staff support received from sector managers. ✓ Bespoke support offer in place for care home staff and their managers. ✓ Shared sites identified; relaxation techniques signposted; counselling support in place; staff recreation opportunities signposted; staff health and wellbeing options identified. ✓ Contact made with skills for care and skills for health on support programmes. ✓ Considering the design of support courses, the value of counselling availability - and its practicality - and resources required to offer full support to staff. ✓ Look, stop, care resource published. ✓ Wellbeing resources published on SCC website.	• Published. Now considering specific element of SCC website dedicated to the care system..	Published in August on SCC website. Information provided to all homes and HCA advertising via their network. Ongoing work regarding wellbeing support is continuing	**Completed**
4.2	**Offer training programmes**	✓ IPC training has been provided to all nursing and care homes and ongoing support is provided. ✓ Weekly 'round table' Q&A webinar sessions with homes to discuss issues and infection control with IPC Nurse Specialist - Webinar is recorded ✓ EHCH Team and Quality and Safeguarding Team provides training sessions, support with NEWS2 implementation and other practical clinical skills support as needed. ✓ 18 care homes have been trained to use NEWS2. ✓ Programme of NEWS2 training with LD homes is underway. ✓ Free training negotiated from a Skills for Care Centre of Excellence endorsed provider on topics such as Infection Prevention and Control, End of Life Care and "Coronavirus (COVID-19) Essential". ✓ Task and Finish Group to established to develop and implement process to support care home staff in management of diabetes	• Continue weekly 'round table' IPC Q&A webinar sessions	Ongoing on a weekly basis.	Ongoing
			• Develop additional appropriate IPC training in the virtual format	Ongoing on a weekly basis	Ongoing
			• Complete NEWS2 training with LD homes	End March 2021	In Progress
			• Virtual NEWS2 training will be offered to a further 14 care homes and 1 nursing home	End March 2021	In Progress
			• Develop diabetes training programme, resources and ongoing support required	March 2021	In Progress
			• Our CCG Enhanced Care Home Quality team will be delivering the following three sessions starting early November and covering the following topics: React to Red, Pressure Ulcer classification, Catheter Care. Heart failure, diabetes, SALT, mental health awareness, repositioning and falls, hypoglycaemia, podiatry, basics in continence care	March 2021	In Progress

5. Digital

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
5.1	**Utilise digital technology and equipment to support the effective and safe delivery of care**	✓ Established a Digital Team to support care providers to adopt technology. ✓ Worked with UHS to introduce a telecare service for Nursing Homes staff, operating 7 days per week and staffed by Geriatricians. ✓ 81 out of 98 residential and home care providers in Southampton have access to NHS Mail. 54 out of 60 residential homes in Southampton have access to NHS Mail. 6 out of 98 care providers in Southampton have declined to participate. Note: it is not mandatory for care providers to take up NHS Mail, providers are able to decline. All providers have been offered NHS Mail on several occasions. ✓ 22 care providers in the city are known to be using NHS Teams. ✓ Day service providers now being offered access to NHS Mail through CCG sponsorship. ✓ Many other commissioned providers from outside of the city boundary have been supported in line with CCG partnership working. ✓ All residential homes with NHS Mail have access to Microsoft Teams to enable communication over video. ✓ £60,000 worth of funding acquired to procure iPad carts for Southampton residential care homes. ✓ 51 out of 60 care homes have been allocated an iPad Cart in Southampton, and 3 out of city homes with Southampton city service users have also accepted a device. ✓ Microsoft Teams pages for care providers developed and under-going continuous development. 79/150 users classified within analytics as active users of the pages.	• Work with Southampton Primary Care Limited to ensure a telemedicine service is available for care homes.	Review meeting 12/1/21	In progress
			• Implementation of NHS Mail and Microsoft Teams to care providers. • Day service providers to be offered sponsored NHS Mail accounts	All providers willing to participate have been supported to enrol	Complete
			• iPad Carts to be procured and delivered to city care homes.	All deliveries now complete as of 18/12/20	Complete
			• Providers accessing NHS Mail to complete the Data Security & Protection Toolkit to ‘Standards Met’ level.	June 2021	In progress

6. Provider Sustainability

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
6.1	Ensure financial support is given to the care home sector.	✓ Providers were paid early in May by Southampton City Council for the period 19th March to 30th June to support cash flow, and also for the period up to end of July. Agreement to ASC to utilise funds for both tactical and reactive cases in the care market. ✓ Infection Control Fund money from May to September for care homes, and agreement to fund i-pad carts and home care agencies. ✓ Infection Control Fund for October to March in place. ✓ Payments for additional costs have been made where agreement is reached.	• Consider appropriate responses to market conditions	March 2021	In progress
			• Infection Control Fund payments for May to September managed and expenditure returns made to DHSC, in line with grant conditions.	Completed. Payments made. Returns from homes due in September	Completed
			• Grant agreements sent out to all homes and first instalment payments made in line with DHSC conditions. Second instalment due in December, and being paid to all providers continuing to meet the conditions Expenditure return to be made to DHSC by end of April 2021.	April 2021	In Progress
6.2	Consider the sustainability of care homes now and beyond recovery	✓ Continued to research and understand financial implications for homes resulting from COVID. ✓ Discussions with providers and representative organisations.	• Enhanced short term contingency plans have been developed which describes the support available for providers should they experience short term sustainability issues, e.g. staffing, equipment or other functions which impact on safety of care delivery. • Amended protocols to support providers	March 2021	In Progress

7. Hospital Discharge

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
7.1	**Develop Hospital Discharge processes that minimises the risk of Covid-19 infection to care and nursing home residents and staff through admission from hospital**	✓ UHS has established processes that ensure that all patients being discharged to a care/nursing home to be tested for Covid-19 within the previous 48 hours of discharge, and their result will be confirmed before the patient is discharged to the care home. Those going home to a live in carer will also be included in this cohort. Discharge summaries will include the results of the Covid19 test. ✓ Draft FAQs on pre-discharge testing have been developed ✓ All patients are monitored within the hub to ensure that this has taken place. ✓ Risk assessment process in place to ensure appropriateness and safety of any placements – this has been strengthened with contact with a care home prior to placement by the community discharge hub to risk assess with the home their ability to provide 14 days isolation. ✓ The IPC team and Quality and Safeguarding teams have worked closely (and continue to) with homes to ensure that they are able to manage Covid-19 patients effectively. ✓ Process in place to ensure that CHC nurses contact care homes before each planned discharge to ensure that they are able to manage the admission safely. ✓ Working group in place to develop additional step-down capacity SL3 on discharge prior to admission to care home setting. ✓ Outline Business case for additional unit finalised agreement in principle . However decision made to pursue alternative Discharge to Assess capacity	• Draft FAQs on pre-discharge Covid-19 testing to be finalised and shared with care homes • Add an FAQ to cover non-admission assessments and policy for testing/isolation	Second week of July End of August . Ongoing review	Ongoing as subject to updating
			• The community discharge hub to continue to ensure that all patients being discharged to a care/nursing home to be tested for Covid-19 within the previous 48 hours of discharge.	Ongoing and will be reviewed regularly	Ongoing
			• The IPC team and Quality and Safeguarding teams to continue to work with homes to ensure that they are able to manage residents effectively.	Ongoing and will be reviewed regularly	Ongoing
			• Pre-admission contact to care homes by HDT and CHC teams continues and remains a useful way of double checking that up to date info on the COVID status in the homes is known.	Ongoing and will be reviewed regularly	Ongoing
			• Working group to continue to develop additional step-down capacity.	September	Complete – Designated premises commissioned with Hampshire
			• The new Trusted Assessor role is being actively recruited to. Interviews to take place end of November. The TA role will be based at the IDB at UHS.	February 2021	Complete

7. Hospital Discharge

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
7.2	**Develop Trusted Assessment on behalf of Care/Nursing Homes to support timely hospital discharge**	✓ Feasibility study undertaken to assess the appetite for Trusted Assessment across the homes ✓ Report of recommendations produced and agreed to move forward with a pilot.	• Develop the operational model, including processes and paperwork, in readiness for the pilot	End August	Complete
			• Set up online provider meetings	End August	Complete
		✓ Trusted assessor commenced in post January 2021 but currently seconded to UHS to support complex discharge processes	• Introduction to the care home market in Southampton and establishement of the role	June 2021	In progress
7.3	**Provide initial up to 10 designated beds for Covid Positive patients on discharge from hospital**	✓ Reviewed position in city to identify potential designated beds ✓ Work underway with 1 nursing home on City boundary to establish up to 10 designated beds ✓ Submitted details to trigger CQC inspection of this facility	• Work with potential provider of designated beds to ensure they can meet CQC requirements • Establish contracting relationship with provider • Complete quality impact assessment of this provision	End November	Completed - Monitoring
7.4	**Establish if any Southampton Care Homes wish to apply for designated status to allow them to accept back previous residents who are being discharged Covid-19 positive**	✓ Update providers on plans for designated beds via weekly teleconference	• Write to all care homes asking if they wish to take on designated status	End October	Completed

8. Comms & Engagement

	What we need to do	What have we done so far	What we still need to do	When we aim to complete it	Status
8.1	**Set up a provider COVID webpage to ensure one point to access to information**	✓ FAQ page has been set up on Southampton City Council's website and has been shared with providers	• Change the FAQ page so that it is wider than just FAQ information, such as stating how we will update providers and get their feedback	End July	Complete
			• Add a link on the CCG's website to the webpage on the Southampton City Council website	End July	Complete
8.2	**Circulate proactive, joint health and care communications to providers on a regular basis with key messages**	✓ Guidance has been regularly communicated to providers	• Discuss approach and key messages at Care Homes Oversight Group, such as getting views of Hampshire Care Association	Ongoing	Complete
			• Implement agreed processes – information on website, regular communications	Ongoing	Ongoing
			• Circulate comms agreed at the Care Homes Oversight Group • Promote health and care communications through commissioning hub (up to daily)	Ongoing	Ongoing
8.3	**Seek feedback from homes, clients and families and use this to make improvements**	✓ Some homes have been contacted by Healthwatch to gain feedback of what their concerns are ✓ Healthwatch Southampton are designing a piece of engagement work with care homes, residents and carers to better understand user experience over this period.	• Link in with Healthwatch in surrounding areas to share learning, such as setting up a provider forum	End July	In Progress
			• Discuss sending out a '360 degree' survey to homes, clients and families	September	In Progress
			• Develop survey questions	TBC	
			• Send out survey	TBC	
			• Analyse feedback and present to Care Homes Oversight Group	TBC	