

Scottish Care submission to COVID-19 Committee - 29 May 2020

Call for Evidence: Options for refining or reducing the current lockdown arrangements

Scottish Care is a membership organisation and the representative body for independent sector social care services in Scotland. We represent over 400 organisations, which totals almost 1000 individual services delivering residential care, nursing care, day care, care at home and housing support services. Our membership includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and family run services. Our members deliver a wide range of registered services for older people as well as those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

Working on behalf of a range of providers, Scottish Care speaks with a single unified voice for both members and the independent care sector. This includes staff working in and those who access support through independent sector care services. For the purposes of clarity and understanding, the independent sector covers private, charitable and not for profit social care organisations.

The social care sector, and care homes in particular, have been hit especially hard by the Coronavirus pandemic. The extremely distressing rates of infection and deaths have been well documented and have rightly been a significant focus of politicians, the media and the general public.

Since the emergence of the virus in the UK, Scottish Care and its members have been acutely aware of the disproportionately negative impact it risked having on individuals supported by social care services given the existing levels of frailty and range of health vulnerabilities they experience. Despite best efforts to prevent infection and spread, including care homes going into a degree of lockdown before the rest of the country¹, this impact has been reflected in the awful reality experienced in Scotland in recent weeks.

Whilst there now seems to be some signs of hope in the reduction of infection rates and deaths, it is vital to note that we are not yet out of this crisis. This is especially true within the social care sector, which remains extremely fragile. It is why specific consideration must be given to how this sector can respond to and be sufficiently supported and protected in the easing of lockdown measures. Whilst in many ways clear and helpful, the Scottish Government's *COVID-19 Routemap* does not provide the required level of detail on social care – even within the section of health and social care – to enable effective planning for this easing and supplementary guidance would be welcome.

Scottish Care therefore welcomes the opportunity to provide a submission to the COVID-19 Committee regarding the refining or reducing of lockdown arrangements. In this short submission, we will set out why it is essential that the social care sector is engaged with closely regarding the route map out of lockdown.

Vulnerable groups

At all times, we must remember why the lockdown has been in place and why it must be very carefully eased– to protect citizens, especially those most at risk of serious harm or death from infection.

Those in greatest need of protection very much include care home residents and individuals supported by care services in their own homes:

- The largest age and sex group of people accessing social care support are females over 85
- 49.2% of individuals who receive home care services are elderly and frail, which totals nearly 27,000 citizens
- Of the approximately 34,000 individuals supported in care homes, 62% have a diagnosis of dementia. When including those who have not had a diagnosis, the actual figure is thought to be significantly higher.
- More than 56% of people supported in care homes require nursing care, but almost all will have complex health and care needs and the overall level of acuity has increased.²

¹ <https://scottishcare.org/scottish-care-issues-urgent-advice-on-covid-19/>

² <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2019-06-11/2019-06-11-Social-Care-Report.pdf?7462710143>

These individuals will remain at greatest risk, with many likely to meet the shielding criteria, and will most probably be subject to higher degrees and longer periods of ongoing lockdown measures than the rest of the population

However the risks to this group still undoubtedly increase with greater movement and contact taking place, however gradual these permissions are. In order to ensure that the health and wellbeing of individuals supported by care services remains protected, there needs to be specific lockdown planning undertaken related to social care in order to avoid a second spike.

This planning must consider how care staff can be best protected since our developing learning around the virus and its often asymptomatic presentation means they risk unintentionally providing a 'bridge' for infection between the wider population and the individuals they support. Concerns that members and care staff have shared with Scottish Care include:

- What levels and forms of isolation staff may need to undertake as they move between work and home life, given they will be exposed to more contact with people as general movement increases.
- Anxiety and distress amongst staff increasing at the prospect of potentially spreading infection as the risk level increases. Despite public assurances regarding a lack of blame on care staff for infection outbreaks, the level of intense scrutiny and finger-pointing that the care sector has experienced is impacting staff's fears of accidental culpability.
- How transport arrangements will be impacted by the easing of lockdown. As many care staff rely on public transport, there are concerns that increased use by the general public will affect their ability to travel to work and safety when doing so. Particular issues have been raised around bus travel, where it is more difficult for social distancing measures to be enforced and monitored.

Impact on wellbeing

Since early April, Scottish Care has been highlighting the very real and distressing reality being faced by care home residents and their loved ones in not being able to see and visit each other due to lockdown restrictions³.

These measures have been required and accepted in care homes' efforts to do all they can in preventing and minimising infection and spread to residents who are worst impacted by the virus. But the protection of health through isolation measures has absolutely come with a significant cost to individuals' wellbeing and the loss of precious time with family and friends.

This is also true of individuals supported in their own homes, who are likely to have lost access to other forms of support such as family visits and day centre places.

Scottish Care members have reported these negative impacts on wellbeing manifesting in obvious signs of distress and general reductions in health including loss of appetite, as well as more subtle but no less significant signals of loss of motivation and 'quietening'. We are also receiving increasing reports of distress amongst relatives and loved ones.

Factors such as the loss of fresh air and use of outdoor space have not been fully recognised for supported individuals, particularly given the restrictions around communal space. The use of touch and facial expression as important methods of communication and reassurance have been limited by the need for PPE, which can be especially challenging for those with visual or hearing impairments, and people living with dementia. These are all considerations that need to be accounted for as we adjust to a 'new care normal', with staff, families and individuals requiring clear mechanisms for decision-making and balancing risks.

It is therefore really important that in the routes out of lockdown, it is possible to strike a proportionate balance between keeping people safe and connecting people with their loved ones and what is important to them. Whilst a continued focus on health protection is essential, we must see the return of measures that support wellbeing.

Easing of visiting restrictions

³ <https://scottishcare.org/losing-touch-in-the-coronavirus-pandemic/>

Throughout the pandemic so far, care homes have only enabled essential visits to occur in instances such as end of life care or when someone is experiencing significant distress.

In the *COVID-19 Routemap*, it is noted that at Phase 1, consideration will be given to the 'introduction of designated visitors to care homes' and that a phased resumption will commence in Phase 2.

Substantial work will need to be undertaken in order to bottom out the detail of what these phased reintroductions will look like in practice and how human rights will factor in decision making. It is our strong belief that these decisions will require to be taken at a local and individual service level, but that there requires to be national support and frameworks for establishing and clarifying when and how visits can take place which recognise the realities and experiences of all parties.

These are needed urgently. As we move into Phase 1, care services currently reside in a difficult space whereby there is pressure from a wide range of parties – including relatives, residents and the general public - around the urgency of visiting, with some calling for immediate resumption whilst others resisting any visits on the grounds of safety.

Yet undoubtedly, the emerging national political and media finger-pointing and blame narrative is impacting on care homes' ability to exercise their professional judgement around visits at a time when they need support to achieve proportionate measures for residents and families. Care staff are understandably nervous to adopt practices which are not explicitly permitted through national guidance.

In order to address this draft guidance on care home visiting is being developed and will be shared with the Cabinet Secretary for Health and Sport. It is premised on a partnership approach, with required oversight and sign-off by relevant bodies for any commencement of visits combined with service flexibility in adopting models and methods tailored to the needs of individuals.

The ongoing protection of care home residents will be as important as ever as lockdown is eased and the risk of spread further heightens. However, Scottish Care has supported the recent calls of families and carers for ways to be found that recognise the importance of quality of life alongside quantity.

This will not be easy but we believe that through collaboration between families, care homes, national bodies and the Scottish Government, ways of connection and visitation which promote individual choice and the balancing of risk can be found. These are new ways of life and decision making which we all must face. Care home residents are no different and should not be stripped of their right to make such choices, nor should care homes be castigated for making what will need to be unique decisions with and for their particular care home community.

Testing

Central to all of the above considerations as lockdown measures change is the critical need for an effective and timely testing strategy for social care.

In our view, this must combine three important elements:

Routine testing within care services

In Scottish Care's recent submission to the Health and Sport Committee's inquiry on COVID-19 Testing, we highlighted what needs to be in place for testing within social care and the challenges that continue to be experienced⁴. This includes ongoing inconsistency of approach, messaging and responsiveness which is unacceptable given the very clear directions of the First Minister and Cabinet Secretary for Health and Sport around the prioritisation of social care staff, including all care home staff, in testing. Members continue to report to us instances where staff have been told they cannot access testing unless symptomatic, of workers having to use Lighthouse facilities rather than Health Boards and examples of test results not being returned for over a week.

These challenges are incompatible with the urgent need for routine testing, given that initial testing experiences are so variable. There absolutely must be reliable consistency and regularity to provide the required assurances that those in care services remain protected as lockdown eases, and to identify and minimise any outbreaks at the earliest opportunity.

⁴ <https://scottishcare.org/wp-content/uploads/2020/05/Scottish-Care-Testing-Inquiry-response-May-20.pdf>

Wider Test and Protect approach

Scottish Care has publicly stated our belief that the failure to continue a Test, Trace and Isolate strategy earlier in the pandemic was a significant error in controlling the virus outbreak, not least in our care homes. Its reintroduction and extension are therefore welcome.

However, distinct guidance must be developed as a priority to provide clarity on how this system will operate in a social care context.

Scottish Care and colleagues have repeatedly asserted the need for social care to be represented on the Scottish Government's testing group but these calls have gone unheeded.

There are very real practical questions to be answered in this area. These include but are not limited to:

- How does the new approach link in to testing of care staff?
- What will happen if a care staff member is tested positive?
- Will there be a presumption that work colleagues will have to self-isolate thereby threatening the sustainability of care home or homecare services?
- Are contact tracers sufficiently aware and knowledgeable of particular challenges for individuals and staff members in social care, not least in terms of dementia, if someone requires to self-isolate?
- How will confidentiality be balanced against feedback mechanisms for social care employers, providers and next of kin to ensure the safety of an individual as well as others supported?

Equal prioritisation of home care services

Again in our response to the Testing Inquiry, Scottish Care highlighted the failures in terms of testing for social care services other than care homes:

"It has been and continues to be important to address the testing needs of the care home sector, but it is also clear that the testing of homecare staff and their families has not been sufficiently prioritised. There is no targeted or strategic testing for those supported by or working in care at home and housing support services happening at all.

"Without equivalent monitoring and action, there is a real and substantial risk that we will start to see a shift in virus setting – as we have from hospital to care homes – in terms of concentration of outbreaks and deaths to the community, not least because the nature of this support requires staff to move between different households.

"This is of particular concern as the country moves towards the easing of some lockdown measures, which will inevitably see more family interactions and travel between homes and therefore potentially higher community transmission rates."

Scottish Care is happy for our submission to be shared and for further information or evidence to be provided as required.

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