Agenda Item	**3**
Report No	**HCW/07/20**

HIGHLAND COUNCIL

Committee: **Health, Social Care and Wellbeing**

Date: **8 July 2020**

Report Title: **Adult Social Care Assurance**

Report By: **Executive Chief Officer – Health and Social Care**

1. Purpose/Executive Summary

1.1 This paper sets out the current position in relation to the delivery of Adult Social Care by NHS Highland with a particular focus on delivery during the COVID pandemic. There will be a presentation by David Park, Chief Officer at NHS Highland which will supplement the contents of this report.

2. Recommendations

2.1 The Committee is asked to:

i. **Note** the contents of this report.

3. Implications

3.1 Resource - None
3.2 Legal – None
3.3 Community (Equality, Poverty, Rural and Island) – None
3.4 Climate Change/Carbon Clever - None
3.5 Risk – None
3.6 Gaelic – None

4. Background and Legal Requirements

4.1 The Highland Council and NHS Highland entered into a Partnership Agreement in 2012, establishing the principle of service integration in relation to both children's services and adult care services and setting up the lead agency model. NHS Highland are the lead agency in terms of adult social care services and are responsible for its delivery pursuant to the partnership arrangements in place.

4.2 The Chief Social Worker who is an employee of the Highland Council is legally required to maintain governance, quality and professional leadership for all social work services both within the Council and in terms of those functions exercised by NHS Highland and

as such is required to be assured that services are delivered appropriately in terms of the resources provided by the Council.

4.3 Given the role of the Chief Social Worker the role of the Committee is two fold in that it requires to be assured that the Chief Social Worker is assured in terms of the delivery of the commissioned service and, in addition, requires to be assured of the delivery of the service itself.

5. Process of Assurance

5.1 NHS Highland set up a Gold Command Structure within NHS Highland. The Head of Service Integration Adult Social Care has attended what were then referred to as Covid 19 Planning Meetings on a daily basis since 24th March. Those meetings were since designated as Adult Social Care Bronze meetings and now take place 3 times per week. Those meetings have now been added to by a weekly Care Home Assurance Group which is attended by both the Chief Social Work Officer and the Head of Service Integration Adult Social Care. There are also daily operational meetings in relation to care homes which are attended by the Head of Service referred to as Safety Huddles.

5.2 The Care Home Assurance Group was set up as a result of guidance issued by the Scottish Government on 16 May 2020 as a result of the impact of the pandemic on Care Homes and in addition to the Social Work focus added a requirement that Public Health and Nursing should also form part of that assurance group. As such that Care Home Assurance Group includes representatives from all disciplines and considers issues on a weekly basis. Operational meetings in terms of care homes operate as above. Those Safety Huddles consider each Care Home in Highland individually and report on relevant issues in terms of safe service delivery being primarily PPE, Staffing and Covid status.

5.3 Those assurance meetings operate such that the Chief Social Work Officer can be assured that the systems in place are such as to offer a safe and robust process for the continuing delivery of adult social care during the pandemic.

5.4 The areas which have required to be covered at those meetings have been significant. There has been an enormous amount of guidance issued by the Government since the pandemic was announced and that guidance has led to the issue of assurance reports by NHS Highland to Government and the preparation of guidance to the sector in relation to various matters most significantly being guidance in relation to the use and availability of PPE and the testing regime in place.

5.4 On March 17th NHS Highland produced its first Action Plan for Covid-19 Adult Social Care. Throughout March and April specific arms of the service produced contingency plans to monitor those who had been in receipt of services some of which had ceased to operate in the traditional way ie day services for older adults or for those with a learning disability. That has been added to by a Care Home Support Plan which is added to this Report as a supplementary report.

6. Key Areas for Assurance

6.1 The assurance groups referred to above are provided with a daily dashboard which is put together on a daily basis by NHS Highland's Contracts teams which provides details in relation to those key areas where it was thought that providers might be under pressure being:-

- Staffing
- PPE

- Covid Status

That dashboard is circulated 7 days per week and permits NHS Highland to monitor pressure areas by making a daily phone call to all providers of adult social care both care homes and care at home. The dashboard is provided to the Chief Social Work Officer. The dashboard system has been in place since March albeit that since the end of May the Scottish Government have sought to introduce a similar system by introducing templates which the care sector are required to complete direct. At the time of writing those templates are being introduced by NHS Highland who are offering the appropriate support and guidance to the sector in relation to their completion. The emphasis has changed in that the templates are completed by the sector direct and the contents reported back to NHS Highland. As at the time of writing the completion rate is improving on a daily basis. In the event that the templates are not so completed this is chased by NHS Highland. In the event that the templates do show that there is an issue, in terms, for example, of the supply of PPE then that issue is addressed by NHS Highland who facilitate (and deliver where necessary) the required items.

6.2 **Personal Protective Equipment (PPE)** was an issue from the outset in terms of both its availability and its use. NHS Highland have provided guidance to the sector in that regard and as part of the daily phone around have assured that it is available at all times. This has at times been a challenge as there have been issues in terms of the availability of PPE generally which are now largely resolved. At the time of writing the dashboard and templates which provides details in relation to the availability of PPE shows no critical issue for any provider.

The current guidance is such that the RAG status of the templates sets out that a provider is considered “green” if more than 7 days supply is available, amber if between 3 and 7 days supply is available and “red” (critical) if there is less than 3 days supply. This information is clear from the templates and was previously set out in the dashboard prepared on a daily basis.

NHS Highland have also provided guidance to the sector in relation to changes made by the Scottish Government in terms of the process for supply. There were, for example, difficulties at the outset in terms of those service users in receipt of Self Directed Support payments who employed personal assistants being able to procure PPE as they were not care inspectorate registered.

In short at the outset the triage system in place was such that care homes and care at home providers could access the NSS triage system in place to obtain PPE. The triage system provided PPE to both Care Homes and Care at Home services who could access it using that route as they were care inspectorate registered which was a necessary requirement to access the triage system. However that system was not available to service users who made their own arrangements for care using direct payments to employ personal assistants. As such where such service users did have an issue in terms of the availability of PPE NHS Highland made the necessary arrangements to make PPE available to that sector.

This is an issue which has largely been resolved by the creation of a hub at Dalcross operated by British Red Cross which has handled distribution for this sector. NHS Highland prepared and distributed a set of FAQs in relation to this issue, and others, so that the sector were aware of the change to arrangements. That system is working well.

There have also been various changes to the guidance in relation to the use of PPE within the Health & Social Care sector and NHS Highland have provided guidance to the

sector in relation to this with the assistance of the clinical and nursing teams where necessary.

The Chief Social Worker has been sighted on these processes and able to contribute where required.

6.3 It was also anticipated at the outset of the pandemic that providers of care services would be likely to have issues in terms of staffing and as such this issue forms part of the daily phone around with providers. Provision has been made for additional staffing resources to independent sector providers through access to NHSH staff bank, where the provider is unable to access staff through their own contingency arrangements. A Resilience hub was established and a small support team of flexible workers identified who can be quickly mobilised to support services for short periods of time. Information about the use of that hub and the bank staff is contained within the dashboard which is available on a daily basis

In addition it had been agreed that escalated support will be mobilised by NHSH to care homes, where there is a confirmed COVID-19 case; and / or a rapid deterioration of staffing / management resource. Four Escalation Support Teams have been set up which include nursing, social care and housekeeping staff for use as required. One of those teams was deployed at Home Farm, Portree.

6.4 The final issue covered by the daily phone around informing the dashboard is that of Covid 19 status. Policies have been developed in relation to resident management and social isolation. Residents are, where possible, being supported in isolation and a risk assessment has been created to identify control measures to mitigate this action. Alternative means of communication and connection with family and friends were implemented as at the outset of the pandemic a policy was put in place to restrict visits to care homes to essential visitors only. Where a care home is concerned regarding symptomatic residents, they are advised to contact the Health Protection Team who will provide assessment and support as necessary.

6.5 Testing has also been a key issue although it is not a direct function of the Adult Social Care service of NHS Highland but is led by the Public Health Team. It is clear however that a robust testing protocol ,supported by infection control measures has a significant impact on the safe delivery of adult social care and as such testing has also been an issue which is discussed regularly at the Adult Social Care meetings led by NHS Highland and there has been close working between both directorates. Testing is an area where there have been significant changes to national guidance particularly in terms of testing at care homes. Initially the position was such that staff (and others more generally) were only tested in the event that they were symptomatic. This is no longer the case and since 18 May all care home staff are subject to a testing regime. This has caused some logistical difficulties within Highland because of its geography and the availability of testing centres and as such an agreement was made, led by Public Health, such that care home workers could use testing kits which are collected and sent away for testing with a 48 hour turn around time which is consistent with the guidance in place. Public Health have also offered support to Adult Social Care in terms of specific case where guidance is required in terms of infection control measures.

7. Specific Service Areas

7.1 In Highland there are currently 67 Care Homes of which 14 are NHS managed and 53 sit within the independent sector. Within this combined service area there is a staff breakdown as follows:-

Total numbers of staff in all roles: 2552 independent + 501 in house = 3053

Total numbers of staff in care/face to face roles: 1859 independent + 355 in house = 2214

The number or residents varies but there are 2039 beds available although generally some of those would be used for respite provision.

7.2 It is apparent that care homes who provide care for the elderly who may also be vulnerable are likely to require significant support. That has been provided. A Care Home Escalation plan was developed and is attached. The extent of the support provided is set out within that report. There continue to be developments nationally in terms of the care and support offered to care homes and in May the Cabinet Secretary set out details of her expectations in terms of clinical and social care oversight within care homes as referred to at paragraph 5.2 above. That guidance has been complied with and the necessary assurance provided to the Scottish Government. Weekly audits are completed and returned. The testing regime now in place in terms of staffing has contributed to the safe delivery of care and the dashboard process provides information in terms of potential issues such that where necessary a care home would be suspended to admission if an outbreak were considered to be possible. Such care homes are referred to as being “under surveillance” by public health and are closely monitored.

7.3 The issues nationally in relation to the safe delivery of care homes has led not only to the changes to the testing regime but also to legislation such that the Coronavirus (Number 2)(Scotland) Act made provision from 27 May 2020 so as to tighten up the enforcement mechanisms available to agencies to support the safe delivery of service in care homes. Those changes have included provisions so that Health Boards can direct that specific steps are taken by care homes if there is considered to be a material risk to the health of residents as a result of Covid. There are also provisions to ensure compliance in the event that those issues are not addressed by care homes. Further provisions permit Scottish Ministers to apply for what is referred to as an Emergency Intervention Order to permit Ministers to authorise a nominated officer to effectively step in and manage a care home. There are also new provisions permitting both Health Boards and Local Authorities to purchase care homes by agreement. To date these specific powers have not been used in Highland.

7.4 **Learning Disability Services** identified their service users, in terms of vulnerability and arranged that they and their carers be regularly contacted to check on their well-being. They also set up weekly meetings with service providers to ascertain their ability to maintain support packages and set up a 7 day per week phone line for professionals to obtain advice in relation to any concerns.

7.4 A similar arrangement was made in respect of older adults who access care at home where community teams and day care services identified their vulnerable service users and ensured that regular phone contact was maintained. Similar arrangements to those in place for care homes has been adopted such that the dashboard system provides an overview to Care at Home providers who complete a daily return highlighting any emerging issues of concern.

7.5 In relation to both care at home service user and those service users of the Learning Disability Service it should be noted that there is a significant proportion of users who

access Self Directed Support. Those users have been supported to continue to be able to use direct payments in circumstances where there have required to be changes to that use to accommodate the impact of the pandemic. Guidance has been put in place to support such change so that such users can continue to access the support they require.

Designation:	Executive Chief Officer – Health and Social Care
Date:	12 June 2020
Author:	Fiona Malcolm, Interim Head of Integration Adult Social Care

Background Papers:

Supplementary Report

NHS North Highland
COVID-19 Care Home Outbreak
Support Plan
24 April 2020
V0.14

Purpose

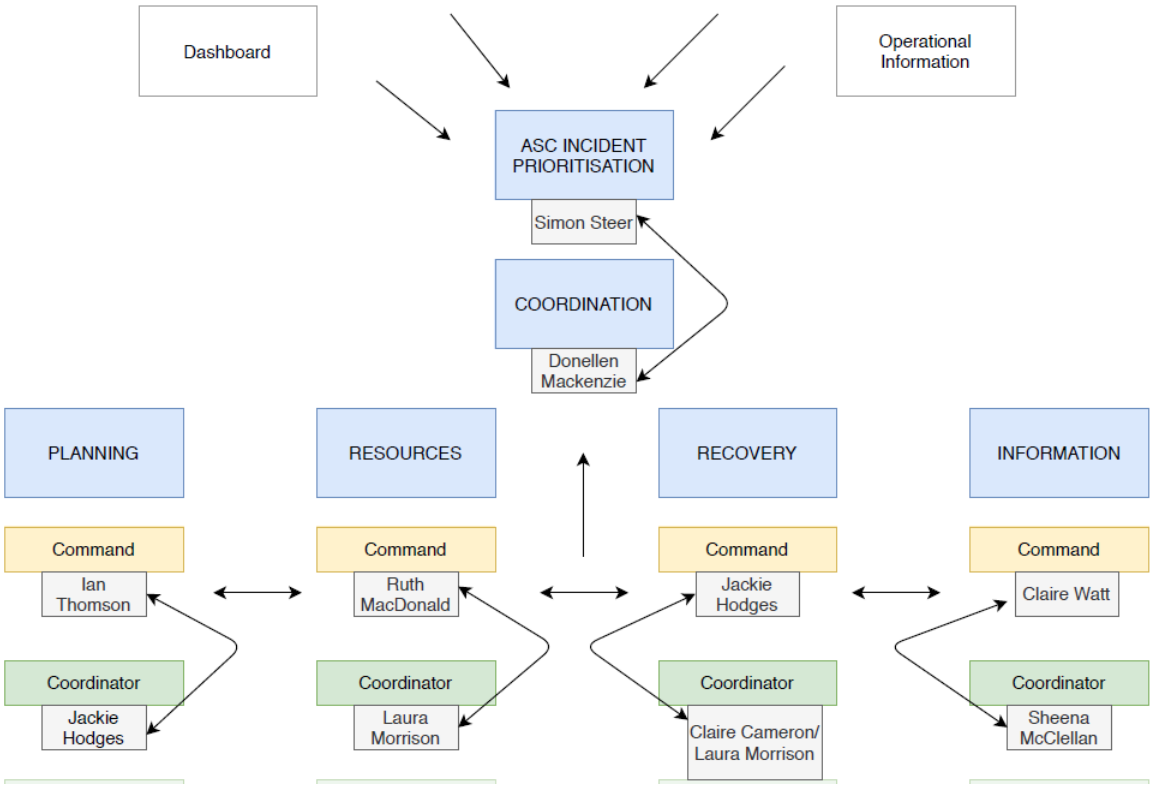
This Support Plan sets out the intended actions of NHSH Highland (NHSH) and expected actions of independent sector providers, in the event of a confirmed COVID-19 outbreak within either an in house care home or independent sector care home.

For information, a list of all care homes in north Highland (in house and independent sector) are as noted at **Appendix 1**.

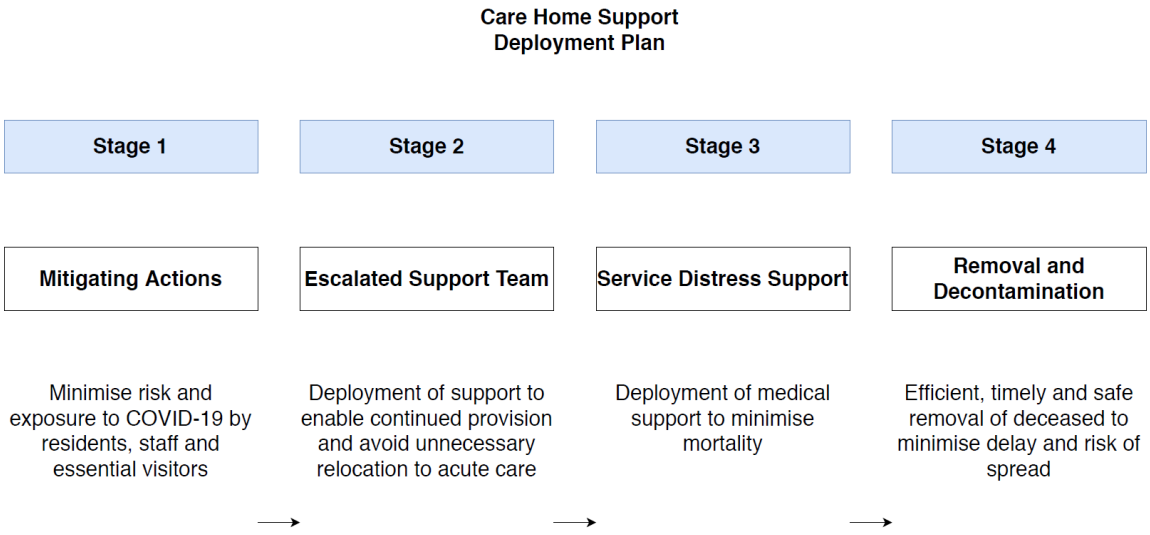
A previous version of this plan and framework has already been agreed by the NHS Highland command structure and this version represents a further and more detailed iteration.

Context

The Adult Social Care Support Plan sits within an overall Adult Social Care Incident Team, covering the following areas



This Support Plan sits within the above recovery command. The stages and objectives of the Support Plan are as summarised here:



Stage 1: Mitigating Actions

Objective: minimise risk and exposure to COVID-19 by residents and staff and essential visitors

NHSH Actions

The following are the immediate actions NHSH will implement. Where these have already been actioned, this is noted accordingly:

Proactive Support Arrangements

- Provide **clear instruction to internal and external care homes** on:
  - receiving admissions from hospital
    (status: complete, SOP prepared and provided to internal and external providers)
  - visiting restrictions
    (status: complete, relatives letter issued)
  - resident management / social isolation. Residents are, when possible, being supported in isolation. A risk assessment has been created to identify control measures to mitigate this action. Alternative means of communication and connection with family and friends are being implemented.
    (status: in place)
  - footfall locations and entry points for essential visitors
    (status: complete, communication issued)
  - staff clothes / uniforms and laundry
    (status: complete, communication issued)
  - enhanced prompt/reminder decontamination guidance
    (status: complete, communication issued)

- Provide a **single location** for all relevant guidance, available to in house and independent care home providers
  (status: in development).

- **Daily contact** with all care homes in relation to staffing levels, COVID-19 status for residents and staff, vacancies and PPE supply. The information is entered into a dashboard and updated daily and shared with key internal NHSH staff. The information on the dashboard informs further proactive actions. Where a care home is concerned regarding symptomatic residents, they will be advised to contact the Health Protection Team who will provide assessment and support.
  (status: in operation)

- Provide a **single point of contact** for queries from in house and independent sector care home managers, to be available 8.00am to 6.00pm, 7 days per week. This is a day by day ASC rota, with access to and interface with, Infection Prevention and Control and Occupational Health Nursing for specialist input as required. The purpose of this resource is to provide an informed first point of contact for care home or delegate, seeking advice or assurance. This will also alleviate pressure on the current OOH service. A high level SOP for this service.
  (status: operational since 1 April 2020)

- Minimise duplicative contact with care homes by coordinating and sharing information obtained by a single point of contact. Where a care home is "under surveillance", the Health Protection Team would continue to discuss and undertake assessments. NHSH and the Care Inspectorate will liaise regarding Care Inspectorate mandatory RAG reporting.
  (status: in progress)

- Managers "check-in" for internal care home managers, 2-3 times per week
  (status: in place)

- Managers "check-in" for external care home managers
  (status: to action)

- Deploy testing for new residents coming in or transfers out, and for all residents and staff at care homes who are suspected / symptomatic COVID-19 positive and for all appropriate stakeholders, in line with government guidance..
  (status: to request approval from Gold command)

- COVID-19 positive protocol for care home and internal NHSH actions
  (status: being finalised).

<u>Clinical Support and Leadership</u>

- All residents assessed as requiring residential care receive support from local community health care teams.
  (status: in place)

- Specialist advice is available to all care homes (Eg Tissue Viability, Continence, Respiratory, Nutrition, Macmillan Palliative and End of Life Care, Infection Prevention and Control)
  (status: in place)

- External providers receive infection prevention and control support from public health protection team.
  (status: in place)

- NHS Care homes have an allocated Infection control nurse for their area
  (status: in place)

- GP practice alignment (Inverness)
  (status: being implemented 20/04/20)

- Enhanced support and guidance to care homes for supporting people with dementia, who are being supported in isolation
  (status: via Care Home Manager hotline, who will provide advice/guidance and expedite access to specialist advice (such as mental health nursing) if required.

- Provision of infection control resources
  (status: to share via single location)

- Provision of essential kit (eg thermometers and pulse Oximetry) to minimise contact
  (status: to be progressed by identified nurse lead)

- Visual consultations to minimise contact, utilising NHS Near Me where possible.
  (status: to be progressed by identified lead)

- Revised death confirmation process to minimise contact
  (status: awaiting Scotland guidance).

<u>PPE</u>

- Establishment of a **PPE expediting process** to ensure independent sector care homes have the PPE they require and monitor daily, working to a minimum of 3 day's supply. To provide an emergency PPE pack, based on an actual size of home, where a provider has advised of "Red" PPE status. This requires to be coordinated by a single point of contact and dedicated resource. In house PPE supply arrangements continuing as currently.
  (status: daily dashboard oversight and current daily troubleshooting to provide supplies. Single supply arrangements for delivery to providers being finalised for implementation)

<u>Workforce Advice / Support</u>

- Provision of additional staffing resources to independent sector providers through access to NHSH staff bank, where the provider is unable to access staff through their own contingency arrangements.
  (status: in operation)

- NHSH online helpline for all care home services in place 7 days per week between 8.00am – 6.00pm, as above.
  (status: in operation)

- Key staff identified as points of contact.
  (status: in place)

- Resilience hub established and a small support team of flexible workers identified. This team can be quickly mobilised to support services for short periods of time. *(status: in place)*

Care Home Actions

These mitigating actions are the steps that all care homes require to implement. These requirements were communicated to Providers on 27 March 2020.

- All care homes are to operate to current relevant guidance:

  https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/

- No visitors are allowed entry into the care home under any circumstances, unless to deliver essential medical or nursing care.

- For the avoidance of doubt, this restriction also applies to family members unless visiting by families of end of life residents or residents with dementia who are in distress. Where these such visits are made, they will be strictly controlled by the care home to minimise footfall.

- All residents should be cared for in isolation, where a risk assessment has been undertaken in conjunction with the resident and their families and where it is considered safe to do so.

  A letter from NHSH in respect of the above points, was made available to care homes to share with residents and families. This messaging was reinforced by a press release issued on 27 March 2020 regarding visiting.

- No face to face training either in or out with the care home.

- Staff to work in identified teams and specific areas to reduce traffic and movement within the care home, and where possible, caring for the same residents on a day to day basis.

- Residents to be supported to remain as far away from their main bedroom door as space allows.

- All resident movement within the care home to be minimised. This may require residents to eat in their rooms. All food to be safely covered whilst in transit and movement minimised. The Provider should, however, continue to ensure as homely an environment and personalised service as is possible.

- There is to be restricted movement of those with dementia. This includes putting place any necessary compartmentalisation, restrictive or environmental measures as appropriate and proportionate.

- Continuous monitoring of residents for symptoms and timely reporting to the Health Protection Team.
  (status: to be actioned)

- To have available and keep updated, a list of all residents with CHI number and GP practice in an electronic format (word or excel), to be shared in the event of an outbreak, in order to expedite NHS response and input.
  (status: to be actioned)

Stage 2: Escalated Support Team

Objective: deployment of support to enable continued service provision and avoid unnecessary relocation to acute care

Escalated support will be mobilised by NHSH to the care home, where there is a confirmed COVID-19 case; and / or a rapid deterioration of staffing / management resource.

Confirmed COVID-19 care home cases will be communicated by the Health protection Team to the Contracts Team and out of hours, to the following contacts:

- Director of Adult Social Care (07887958387), or in their absence
- Depute Director of Adult Social Care (07796315071) or
- Care Homes Improvement Lead (07979 883020).

NHSH Actions

Provide an Escalated Support Team (EST), as instructed by the ASC Bronze Group or initiated by the Director of Adult Social Care, to action the following:

- NHSH identified lead to make initial contact with Care Home Manager to establish the immediate position regarding communication, infection control measures and staffing status and to discuss practical steps, including receipt of resident list.

- Information will be fed back to a short notice ASC triage (to include Public Health), to discuss the bespoke response and specific actions required, based on size and location of care home.

- The following resources may be deployed as necessary:
- Deploy Care Team (as per **Appendix 2**)
    - An identified Care Team per district will be available
    - This Care Team will consist of personnel present on site and nominated advisory contacts (dependent on circumstances and risk assessment based)
    - Team Lead reporting to Professional Lead Registered Services responsible for overall coordination of the EST response;
    - Skills / knowledge / experience:
        - current, recently retired, or previously registered care home manager or practicing nurse;
        - Enhanced knowledge of infection control issues and procedures for those staff delivering care on site;
        - Service delivery input as per residential and nursing care definitions at **Appendix 4.**
    - Deployed within 24 hours notice, unless an assessment is made by the Director of Adult Social Care (or depute) or senior manager in their absence, that earlier deployment is required;

- Supported by the provision of accommodation, catering, PPE in compliance with current guidelines;
- Where there is service stabilisation and improvement, an exit plan will be deployed to stand down the Escalation Support Team.
- Where there is deterioration, a move to stage 3 will be initiated as below.

- Make available counselling and supports for internal and external staff.

Provider Actions

To continue to deliver services and deploy existing contingency arrangements as required by the changing circumstances.

To positively engage, work collaboratively with, and take instruction from NHSH during the deployment of the Escalated Support Team input.

Participate in any debriefs that may be required.

Stage 3: Service in Distress Support

Objective: deployment of medical support to minimise mortality

Service in distress support will be mobilised to the care home following an acceleration of confirmed/suspected COVID-19 cases and assessment of relevant factors such as level / volume of resident illness / infection, staff sickness and availability, organisational resilience and overall risk.

NHSH Actions

Provide service in distress support as instructed by Bronze or through the Director of Adult Social Care, comprising the following:

- Deploy the **Nursing and Medical Care Team** to support existing Escalated Support Team and NHSH Lead, as per **Appendix 3**.
  - Team of:
    - Advanced Nurse Practitioner
    - Remote support for decision from Consultant Physician for Older Adults / Palliative Care Consultant
  - Equipment: will be dependent on the nature of the risks
  - Reporting to: Overall lead will remain Senior NHSH lead / manager. Clinical reporting arrangements will be informed by the nature of the risk.
  - Skills / knowledge / experience:
    - current, recently retired, or previously registered care home manager or practicing nurse;
    - Experience of care for older adults / palliative and end of life care in a care home or hospital setting;
    - Working knowledge of standard infection prevention control measures and application in care home settings;
    - Ability to co-ordinate and manage complex, rapidly changing situations and work under pressure
  - Deployed within 12 hours notice; unless an assessment is made by the Director of Adult Social Care (or depute) / senior manager, that earlier deployment is required;
  - Planning arrangements require to be put in place to initiate a competent process to support this approach, based on the following dependencies:

how to access GP, nurses, medication, including just in case medication; PPE, accommodation, catering, transport, PPE etc for deployed staff.

- Make available counselling and supports for internal and external staff.

Provider Actions

To continue to deliver services and deploy existing contingency arrangements as required by the changing circumstances.

To positively engage, work collaboratively with, and take instruction from NHSH during the deployment of the Escalated Support Team input.

Participate in any debriefs that may be required.

Stage 4: Deceased Removal and Decontamination

Objective: efficient, timely and safe removal of deceased to minimise delay and risk of spread

Deceased relocation actions to be in accordance with the Funeral Directors guidance as issued on 13 April 2020, and any superseding guidance:

https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-funeral-directors/

Initial indications are that the following is likely to be required and that input from other statutory agencies will be necessary.

NHSH Actions

- NHSH will engage with The Highland Council's Additional Deaths Plan and planning group, chaired by THC's Environmental Health Manager and also the regular teleconference with funeral directors across Highland to ensure appropriate contingency plans are in place.

Early indication of potential impact will be alerted by NHSH to THC, who will liaise directly with funeral directors as appropriate and invoke local support or storage plans as may be necessary.

- Deceased Relocation Support
  - NHSH will provide any practical support to the Provider that may be required.
  - NHSH will support the care home's liaison with THC if or where required and escalate if necessary.

- Care Team (already on site as per stages 2 and 3)
  - Preparation of the body after death
  - After care arrangements
  - Communications (family / funeral director liaison)

- Decontamination Team (where required or considered necessary)
  - Deep clean

- Duration of vacancy
- Approval to readmit to room/care home

- Make available counselling and supports for internal and external staff.

Provider Actions

- To continue to deliver services as appropriate and deploy existing contingency arrangements as required by the changing circumstances.

- To positively engage, work collaboratively with, and take instruction from NHSH during the deployment of the Escalated Support Team input.

- Participate in any debriefs that may be required.

- Care homes should maintain an up to date list of funeral directors in Highland.

- Regular procedure for obtaining medical death certification should be followed.

- Initial response should be to contact regular funeral director and if unavailable, consider alternatives.

- In response to incidents where a care home have not been able to source a funeral director, they should call the Council on 01349 886601 (Mon-Fri 9-5). Out with these hours the emergency line 01349 886690.

- THC have established an Additional Deaths Coordinating Group chaired by Alan Yates, Environmental Health Manger. General queries can be raised by emailing envhealth@highland.gov.uk

Appendix 1

North Highland Care Homes

Area	Service Name	Sector	Subtype	Registered Places
North	Bayview House (Care Home)	NHS Highland	Older People	23
North	Caladh Sona	NHS Highland	Older People	6
North	Melvich Community Care Unit (Care Home)	NHS Highland	Older People	6
North	Oversteps (Care Home)	Independent	Older People	24
North	Pentland View - Highland	Independent	Older People	50
North	Pulteney House (Care Home)	NHS Highland	Older People	18
North	Riverside House Care Home	Independent	Older People	44
North	Seaforth House (Care Home)	NHS Highland	Older People	15
North	Seaview House Nursing Home	Independent	Older People	42
North	The Meadows (Care Home)	Independent	Older People	40
West	Abbeyfield Ballachulish (Care Home)	Independent	Older People	30
West	An Acarsaid (Care Home)	NHS Highland	Older People	10
West	Budhmor House (Care Home)	Independent	Older People	29
West	Dail Mhor (Care Home)	NHS Highland	Older People	6
West	Home Farm Care Home	Independent	Older People	40
West	Invernevis House (Care Home)	NHS Highland	Older People	32
West	Isle View Care Home	Independent	Older People	25
West	Lochbroom House (Care Home)	NHS Highland	Older People	11
West	Mackintosh Centre (Care Home)	NHS Highland	Older People	8
West	Mo Dhachaidh Care Home	Independent	Older People	21
West	Moss Park Nursing Home	Independent	Older People	40
West	Strathburn (Care Home)	NHS Highland	Older People	14
West	Telford Centre (Care Home)	NHS Highland	Older People	10
Mid	Castle Gardens Care Home	Independent	Older People	40
Mid	Catalina Care Home	Independent	Mental Health Problems	28

Area	Service Name	Sector	Subtype	Registered Places
Mid	Fairburn House	Independent	Learning Disabilities	40
Mid	Fodderty House	Independent	Older People	16
Mid	Fram House	Independent	Learning Disabilities	5
Mid	Innis Mhor Care Home	Independent	Older People	40
Mid	Kintyre House (Care Home)	Independent	Older People	41
Mid	Mull Hall (Care Home)	Independent	Older People	42
Mid	Redwoods (Care Home)	Independent	Older People	42
Mid	Seaforth House Ltd (Care Home)	Independent	Learning Disabilities	22
Mid	Shoremill (Care Home)	Independent	Older People	13
Mid	Strathallan House (Care Home)	Independent	Older People	32
Mid	Tigh-na-Cloich	Independent	Learning Disabilities	4
Mid	Urray House	Independent	Older People	40
Mid	Wyvis House Care Home	Independent	Older People	50
South	Ach-an-Eas (Care Home)	NHS Highland	Older People	24
South	Aden House (Care Home)	Independent	Older People	24
South	Ballifeary House	Independent	Older People	24
South	Beechwood House	Independent	Alcohol & Drug Misuse	15
South	Birchwood Highland Recovery Centre	Independent	Mental Health Problems	23
South	Bruach House	Independent	Older People	22
North	Meadows Nursing Home	Independent	Older People	40
South	Cameron House (Care Home)	Independent	Older People	30
South	Carolton Care	Independent	Older People	20
South	Castlehill Care Home	Independent	Older People	88
South	Cheshire House (Care Home)	Independent	Physical and Sensory Impairment	16
South	Cradlehall Care Home	Independent	Older People	50
South	Culduthel Care Home	Independent	Older People	62
South	Grandview Nursing Home	Independent	Older People	45
South	Grant House (Care Home)	NHS Highland	Older People	20
South	Hebron House Nursing Home Ltd	Independent	Older People	22

Area	Service Name	Sector	Subtype	Registered Places
South	Highview Care Home	Independent	Older People	83
South	Hillcrest House	Independent	Mental Health Problems	23
South	Isobel Fraser Home	Independent	Older People	28
South	Kingsmills Care Home	Independent	Older People	60
South	Kinmylies Lodge	Independent	Mental Health Problems	18
South	Lynemore	Independent	Older People	40
South	Main's House	Independent	Older People	31
South	Maple Ridge (Care Home)	Independent	Learning Disabilities	18
South	Mayfield Lodge	Independent	Learning Disabilities	12
South	Meallmore Lodge	Independent	Older People	94
South	Southside Care Home	Independent	Older People	33
South	St. Olaf - Cawdor Road	Independent	Older People	44
South	The Manor Care Centre	Independent	Physical and Sensory Impairment	43
South	Wade Centre (Care Home)	NHS Highland	Older People	11
South	Whinnieknowe (Care Home)	Independent	Older People	24

Appendix 2

Escalation Support Team

Name	Designation / Role
Core Team	
Jackie Hodges	Response Lead
Claire Cameron	Care Home Manager Support
Ariane Jamieson	Team Leader
Cath Gillies	Social Care Worker
Gillian Betts	Social Care Worker
Michael Henderson	Social Care Worker
Sharon Fraser	Social Care Assistant / Transport Coordinator
District Manager (dependent on care home location)	Operational link
Virtual Team	
Claire Watt	Programme Manager
Fabien Camus	Learning and Development Manager
Chrissie Lane	Lead Nurse Adviser
Ruth Mantle	Dementia Specialist Advisor
Les Hood	ASP Trainer
Muriel McNab	Trainer Enhanced Skills (BP/Temp/Sats)
Thomas Ross	Lead Pharmacist
Evelyn Newman	Nutrition and Dietetics lead care homes
Gillian Grant / Sonja Matheson	Commissioning Team link
Siobhan Neylon	MacMillan nurse practice (end of life) link
Amanda Trafford	Lead AHP
Caroline Munro	Care Inspectorate link
Hospice advice 24 hour availability	

Appendix 3

Nursing and Medical Care Team – In Addition to Escalation Support Team
[Full team to be identified]

Area	District	ASC Oversight	ASC Lead	Consultant Physician	Palliative Care Consultant	ANP Team
North	Caithness	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
	Sutherland	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
West	Skye, West Ross	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
	Lochaber	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
South	Inverness West	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
	Inverness East	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
	Nairn and Ardesier	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
	B&S	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
Mid	Mid Ross	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		
	East Ross	Jackie Hodges	Claire Cameron / Laura Morrison	On Call		

Appendix 4

Definitions of Residential, Nursing Care and Additional Needs for Older People (January 2017)

RESIDENTIAL Standard Care	
Eligibility	
• People who are unable to function independently with the additional support of carers in their own homes, but who do not require constant medical or nursing care. • People who are vulnerable to significant risk of physical injury or harm e.g. falls due to physical frailty or disability or cognitive impairment.	
NHS Services	
For people assessed and funded as Residential Standard Care, primary responsibility for medical, nursing and Allied Health Professional care needs will remain with the NHS. Primary care services and community nursing services will support residents to enable them to remain in their care home. However NHS services will not normally provide ongoing care for chronic conditions to the level of that described in the standard nursing care definition. Where the requirement for nursing input reaches the level of Nursing Standard Care, a multidisciplinary re-assessment will be undertaken and will consider the appropriateness of the current placement whilst endeavouring to minimise unnecessary moves.	
Definitions	
Standard Care	The accommodation, provisions, personal care and support specified within the service specification for Permanent and Short Term Placements, and provided for the Health Board's Approved Rate.
Accommodation	The provision of all necessary hotel and accommodation services.
Provisions	Agreed locally, in the absence of a national definition, to mean the provision of all other relevant supplies (excluding hotel and accommodation services) required in the delivery of the standard care home service e.g. food. 'Extras' such as hairdressing, dry cleaning and newspapers are also excluded.
Personal care	The day to day physical tasks and needs of the person cared for and the mental processes related to those tasks and needs.[1] ***Washing and Dressing:*** *Supporting and enabling people with bathing, showering, hair washing, shaving, oral hygiene, nail care and foot care, promote control of infection.*

[1] Definition from Section 2(28) of the Regulation of Care (Scotland) Act 2001

RESIDENTIAL Standard Care	
	Skin Care: *Promote good skin health to prevent breakdown and implement prescribed basic skin care regime for people suffering from skin breakdown.* ***Continence Promotion:*** *Promotion of continence and assistance with treatment programmes. Supporting and enabling people to use toileting facilities; awareness of changes in normal urinary and bowel habit and seeking advice; carry out daily maintenance routines for urinary catheter or stoma, incontinence laundry, bed changing.* ***Food, Fluid and Nutrition:*** *Provision of food and fluids to fulfil dietary requirements. Assistance with the fulfilment of special dietary needs. Promotion of normal weight, surveillance for dehydration and unplanned weight gain / loss, supervision of special dietary needs; support with feeding and fluid replacement* ***Mobility:*** *Promote safety, minimise risk of falling, maximise independence and support people to use appropriate mobility aids.* ***Psychological and Social Wellbeing:*** *Promote and facilitate social interaction and meaningful activity to enable people to fulfil their potential and to promote their emotional and mental wellbeing. Participation in appropriate management strategies in conjunction with specialists.* ***Treatments:*** *Administration of prescribed routine, oral, anticipatory/emergency medication as directed by the GP. Prompt people to take / apply medications. Administration of eye drops and simple inhalers; application of creams and lotions to external skin areas, simple dressings, continuous oxygen therapy.*
Standard Equipment	Standard equipment for Residential care includes: **Administration of Medication**- measures, pill cutters **First Aid**- first aid kit, face shields **Infection Prevention & Control**- non sterile gloves, aprons, face masks, goggles **Food, Fluid & Nutritional Care** – range of non-specialist mealtime equipment, e.g. non slip mats, adapted cutlery, chair scales and height measure **Sleeping / Beds** - standard range of beds, range of back rests, bed raisers, mattress elevator, bed table

RESIDENTIAL Standard Care	
	Pressure Sore Prevention & Management - foam / memory foam overlay, foam replacement mattress, foam overlay cushions **Patient Position & Transfer** - hoist, slings transfer boards, glides sheets, attendant propelled wheel chairs (for short-term use), standard transit chairs, and wheelchair cushion/footplate, lap belts (for short term use), replacement tips for walking sticks **Toileting** - bed pan, standard raised toilet seats, urinals standard / non return valve, standard/wheeled commodes **Bathing** - bath seats, bath boards, electric / manual bath lifts, shower chairs / stools, grab rails **Seating** - range of standard adjustable chairs, standard support seating, footstools **Dressing** - long handled shoe horn, button hook, grooming aids, helping hand **Pressure sensors -** floor & chair

NURSING Standard Care	
Eligibility	
People whose care needs are required to be met by a registered nurse or whose care needs require continual monitoring by a registered nurse to appropriately assess, plan, implement evaluate person centred care plans in response to actual / anticipated changes in physical, psychological and social care needs which may impact on their health and wellbeing. The identification of continual registered nursing care may be at the point of admission to the Care Home or more commonly be identified as a requirement to support the evolving and changing needs of existing residents whose condition is changing in response to a disease progression and / or new diagnosis impacting on their health and life expectancy.	
NHS Services	
For people assessed and funded at Nursing Standard Care, primary responsibility for nursing care rests with the Provider. Primary responsibility for medical care rests with the NHS. Access to medical care is through the resident's GP.	
Definitions	
Personal care	Provision of Personal Care will be as per Residential Standard Care, plus the following:- ***Skin Care:*** *Assess, plan, implement and evaluate care for people at risk of, or suffering from, skin breakdown and pressure ulcer occurrence.*

NURSING Standard Care	
	Continence Promotion & Management: *assess signs and symptoms of incontinence; plan, implement and evaluate promotive treatments and the management of incontinence (including urethral intermittent self catheterisation and supra pubic catheterisation), Promote normal bowel function. Assessment and management of signs and symptoms of constipation, diarrhoea and altered bowel habit. Ongoing assessment and monitoring of stoma function including adjustment, implementation and evaluation of care planning.* ***Food, Fluid and Nutrition:*** *Nutritional assessment and support, including management of PEG, nasal gastric and subcutaneous fluids in conjunction with relevant medical and AHP colleagues.* ***Mobility:*** *Falls risk assessment and treatment plan. Prevention of complications from reduced mobility.* ***Psychological and Social Wellbeing:*** *Awareness and recognition of factors which impact on psychological and emotional wellbeing Utilisation of counselling skills. Development of appropriate management strategies in conjunction with specialists.* ***Treatments:*** *Administration of prescribed routine anticipatory / emergency medication by a variety of routes including oral, Intramuscular, Subcutaneous / syringe/ infusion device. Unscheduled administration of medications; wound assessment and management; emergency application of oxygen.*
Standard Equipment	Provision of equipment as per Residential Care Home plus the following: **Administration of Medication**- syringes, needles, pre-injection swabs **Diagnostics/ Treatment** – urine test strips, blood pressure monitor, stethoscope, pen torch, dressing packs, sterile gloves **Infection Prevention & Control**- sharps disposal systems, clinical / hazardous waste disposal **Sleeping / Beds** -variable height profiling, standard electric height profiling, bed cages and bed rails **Pressure Sore Prevention & Management** – Foam or air filled mattress and cushions. Pressure relieving foot and ankle protectors.