

Wednesday 9<sup>th</sup> September 2020

Care Home Edition 7

## Care@Home newsletter

Supporting people living with frailty and experiencing escalating needs during Covid-19



The Care@Home work stream is leading on the organisation of our COVID-19 response for care homes and the frail elderly at home in Bradford district and Craven.

We are working with key NHS, local authority, VCS and independent sector partners to keep as many of these patients at home as possible and are working directly with care homes to support them in a different way for the next few months.

We are introducing practical pathways for managing people that get sick in care homes, and frail elderly who get sick in their own homes - with covid, or non-covid related illness.

If you have any questions or feedback about this newsletter, or suggestions for articles to include, please contact Walter O'Neill - [walter.oneill@bradford.nhs.uk](mailto:walter.oneill@bradford.nhs.uk)

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# 1. Medication administration issues

## Help us to help you improve safety

Medication errors are a common issue within the care home sector, impacting on the health and wellbeing of residents as well as adding additional challenges for care home staff and managers to overcome. The Airedale Digital Care Hub receives some calls from care homes requesting support around medication administration errors and we would like to explore this in more detail to capture and share learning that helps improve safety.

A recent report has identified that 3-way communication between Care Home, GP Surgery and Community Pharmacy is an important factor, as are training, leadership and safety culture.

To find out more about how the Digital Care Hub can support you with safer systems and reduced risks, our pharmacist, Liz Butterfield, has prepared a short survey which has been circulated to all care homes in Bradford District and Craven CCG. Please complete this survey and share your insights and suggestions with us so we can design systems that are as safe as possible to prevent and learn from errors.

# 2. Your Covid recovery

## A new website to support people with ongoing symptoms on their road to recovery

Evidence shows that a proportion of post COVID-19 patients are likely to have ongoing health problems, notably breathing difficulties, tiredness and cough, reduced muscle function, reduced ability to undertake physical activity and psychological symptoms such as PTSD and reduced mood status.

[Your Covid Recovery](https://www.yourcovidrecovery.nhs.uk/) is a new NHS website designed to help people recover from the long-term effects of COVID-19 and support them to manage their recovery. It includes information from rehabilitation experts about how to manage ongoing symptoms and health needs at home, and signposts to sources of support.

Please include the site in your conversations with post-covid patients and their families/carers.

<https://www.yourcovidrecovery.nhs.uk/>

## 3.a) Keep Telemedicine (Immedicare) ready for use

Telemedicine offers quick access to high quality specialist care for residents with escalating care needs who require same day care.

- Keep your Immedicare laptop charged and switched on – ready for use.
- Keep the camera plugged into the USB port – ready for use.
- Every Sunday night restart the laptop so it can install any updates. Check it is switched on and ready for use after the restart.

Report any technical issues

- by telephone to 0330 088 3312
- by email to [support@immedicare.co.uk](mailto:support@immedicare.co.uk)
- through the desktop by selecting 4 in the Nurses option or by video calling technical support
- 

## 3.b) 'Immedicare Portal to support access to patients living in Care Homes

A Portal has been developed by Immedicare which allows much broader virtual access across integrated health and social care systems in to Care Homes with the Immedicare service. This will allow GPs, Primary Care teams, Community teams, ED and ward teams, District Nurses, Social Care and Safeguarding teams to access all the Care Homes in their locality via a high definition, secure video link. The portal will not only provide direct access to care homes for health and social care professionals but may also be a beneficial link for homes to access local online training resources and those developed and delivered by Immedicare.

The Portal can be used by GPs to do their ward rounds and virtual 'check ins'

**For access to the Portal, please email [rachel.binks@nhs.net](mailto:rachel.binks@nhs.net)**

Care Homes are encouraged to leave their Immedicare laptops turned on, plugged in and ready to accept video calls, just as they do with a telephone as this will enable easy access virtually from all health and social care professionals with access to the Portal'

Immedicare also have a 'Training Room' facility which can be used by multiple users to undertake a virtual MDT with the care home.

## 4. Guide to Advance Care Planning

Working with Dr Sara Humphrey and Dr Andrew Sixsmith, West Yorkshire and Harrogate Health and Care Partnership have created a new resource pack [My Future Wishes - A Guide to Advance Care Planning \(August 2020\)](#), and [the Partnership website has been updated](#).

This guide is a resource pack designed for patients, families and professionals to help them to have conversations about their future wishes for care and to record these in the form of an advance care plan. It will help people to have what can be quite difficult conversations in a supportive and compassionate way.

Often people are not given the opportunity to consider and express their future wishes in a timely way and this can lead to regret on behalf of both families and professionals. Starting these discussions early gives the opportunity for conversations to evolve over a period of time without any pressure on the individual or family to make rapid decisions.

The guide includes easy navigating sections on why advance care planning is important and when and how these conversations should be started. It includes top tips and links to a wide range of other resources, including videos and e-learning. Recording future wishes can be empowering and a way for people to feel more in control when the future seems uncertain. If at a future time, the person is no longer able to make their wishes known, they will have the assurance that their wishes will still be heard.

# 5. Effects of Covid-19

## Effects of COVID-19



**Sussex Community  
NHS Foundation Trust**

### Delirium

- Longer term, fluctuating delirium is possible (up to 6/12 in some cases)
- Delirium is likely to be worse in those with dementia

### Insomnia

- May be an ongoing issue for up to 60% of patients for 6/12+

### Neurology

- Some evidence emerging of increased incidence of neurological difficulties including stroke, ADEM and Guillain Barre.

### Mental Health

- Up to 40% may have ongoing anxiety issues
- Up to 30% may suffer with depression
- Up to 20% may have PTSD symptoms
- Alcohol use can worsen impact
- Issues may be ongoing 2 years post hospital d/c

### Mild Cognitive Impairment

- Up to 25% of patients may have difficulties for up to a year with memory, attention, information processing and thinking and reasoning.
- Problems may not be noticed until return to normal activities such as driving, work or education
- Potential impact on social, family and work
- Patients scoring <26 on MoCA when d/c from hospital should be followed up at 2-3 months

### Oral Care

- Risk of damage to teeth and surrounding soft tissues following intubation
- ↑ incidence of dry mouth and throat

### Dysphagia

- ↑ numbers of patients with swallowing difficulties
- Patients may have difficulty with eating, drinking or swallowing medication
- Shortness of breath may make eating, drinking and swallowing more difficult

### Voice

- Changes to voice tone and pitch
- ↓ ability to speak for long periods (tiredness)
- Issues with dysphonia and language processing
- ↑ incidence of longer term communication difficulties

### Heart

- Up to 12% of patients may have an acute MI
- ↑ incidence of heart failure in patients suffering a cardiac event due to COVID-19 infection

### Lungs

- ↑ Breathlessness impacting on activity
- Some patients will need oxygen support at home for a time
- Chronic cough, lasting > 8/52
- ↑ risk of thrombo-embolic disease (blood clots) and pulmonary arterial hypertension
- ↑ incidence of long term lung damage – pulmonary fibrosis, bronchiectasis

### Impaired Activities of Daily Living

- Wide ranging impact possible on personal care, driving, shopping, work and social activities
- Increased support may be needed for some patients in the short and long term

### Muscle Strength

- Up to 50% of patients have significant muscle weakness
- This deconditioning and its impact ↑ with age
- ↓ in functional abilities, mobility and balance
- ↑ risk of falls in elderly population

### Nutrition

- Loss of appetite and interest in eating may impact on diet and weight, as may longer term loss of sense of taste and/or smell
- ↑ incidence in type II diabetes
- ↑ requirements for insulin therapy
- ↑ requirements for nutritional supplements
- Potential malnutrition in obese patients following severe COVID-19 infection

### Pressure Ulcers

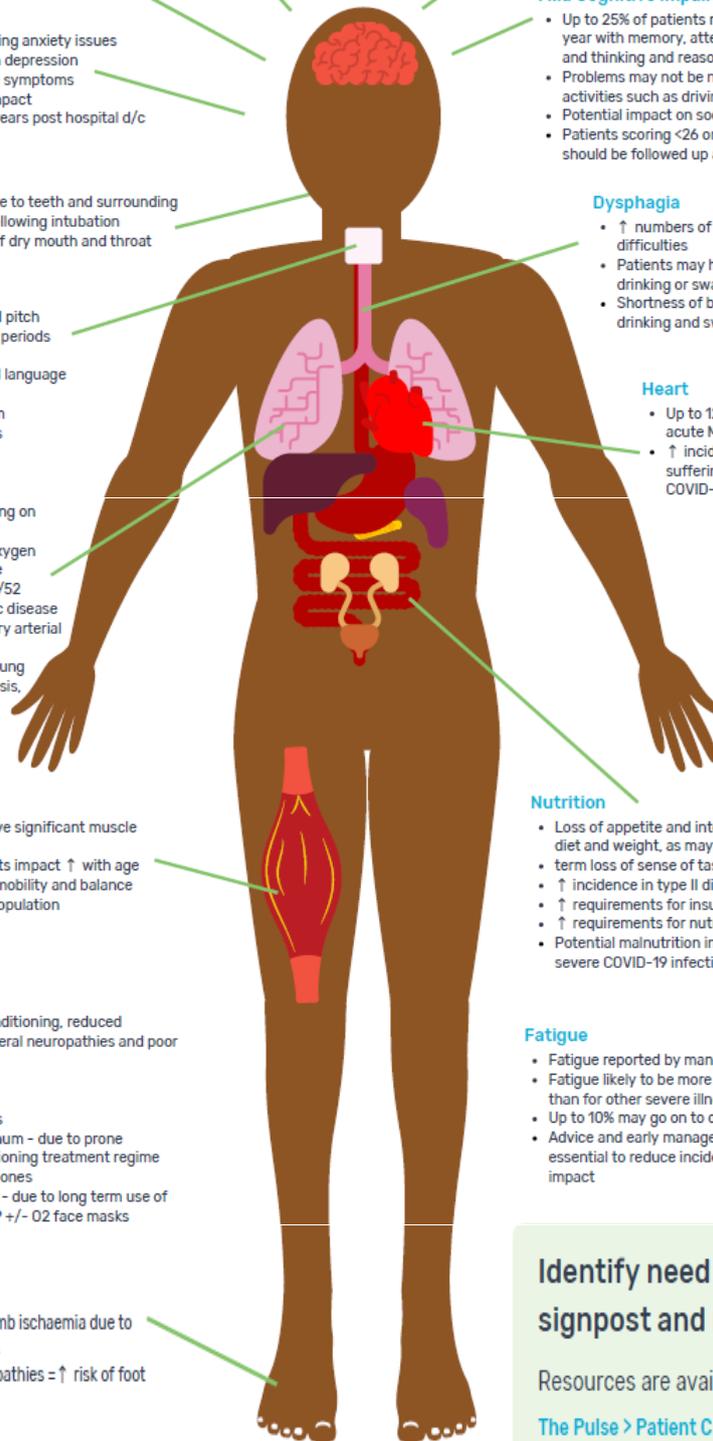
- ↑ risk due to deconditioning, reduced muscle bulk, peripheral neuropathies and poor nutritional status
- Areas at risk:
  - Feet
  - Heels
  - Sternum - due to prone positioning treatment regime
  - Hip bones
  - Face - due to long term use of CPAP +/- O2 face masks

### Fatigue

- Fatigue reported by many patients post-COVID-19
- Fatigue likely to be more extreme and longer lasting than for other severe illnesses
- Up to 10% may go on to develop chronic fatigue
- Advice and early management of fatigue is essential to reduce incidence of such long term impact

### Footcare

- ↑ risk of peripheral limb ischaemia due to cardiac complications
- ↑ risk of distal neuropathies = ↑ risk of foot ulceration



**Identify need early,  
signpost and refer for help.**

Resources are available on **The Pulse**

[The Pulse > Patient Care > Rehabilitation Resources](#)

## 6. The dos and don'ts of mask wearing

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust have produced a useful visual guide on the do's and don'ts of mask wearing available in the link below

<https://www.infectionpreventioncontrol.co.uk/content/uploads/2020/05/Wearing-a-mask-Dos-and-donts.pdf>



### Wearing a mask: Do's and don'ts



**Do** cover nose, mouth and chin



**Do** pull hair back



**Do** tie top strap first, then bottom strap



**Do** keep phones away from mask



**Don't** pull below nose



**Don't** pull below chin



**Don't** hang from one ear



**Don't** hang around neck



**Don't** cross straps



**Don't** leave straps hanging



**Don't** wear on forehead



**Don't** leave hair down



Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust  
 Tel: 01423 557340 | [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk) June 2020  
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## 7. Flu vaccinations for health and social care workers

### Facts all staff need to know

Flu is an acute viral infection which can spread rapidly in closed communities. Common complications of flu can be bronchitis and/or pneumonia which can be fatal in some vulnerable population groups.

Within the past 5 years in England there have been over 56,000 reported deaths related to flu, 87% of these deaths are people aged 65 years and over. Out of all care facilities in the UK, care homes have the largest number of respiratory outbreaks year on year. Home closures due to infections can not only affect vulnerable residents and service users but also cause severe disruption to the care homes and can prevent timely discharges from hospital.

Care home and home care staff look after the most vulnerable people. They do this with great care and compassion. Residents and service users are often seen as family members, and care staff would never want to cause harm or distress. However, each year residents and service users are put at risk because health and social care staff have not had their annual flu vaccination. It is important to note that as we age the effectiveness of the vaccine becomes less.

Therefore those aged 65 and over who have the flu vaccine may not have the same protection from the vaccination as others. The greater the number of people who are vaccinated against flu the less risk of the transmission of the virus.

The flu vaccine is recommended for all frontline health and social care workers in England and offers the best and safest protection against flu. The flu vaccination is

FREE for frontline health and social care workers. It is the responsibility of employers to ensure both their staff and their residents/service users are adequately protected against infectious diseases.

The Health and Social Care Act 2008 (DH 2015) provides regulations of infection prevention measures. Within this code it is highlighted that “health and social care bodies have a responsibility to ensure, as far as is reasonably practicable, that health and social care workers are free of, and are protected from exposure to infections that can be caught at work”.

COVID-19 has taught us lessons – let’s use them, prepare for flu and save lives

COVID has taught us the importance of infection prevention and control measures. Health and social care staff will have been worried about passing on COVID-19 to loved ones. 30 - 50% of people can have flu with no symptoms. We may be awaiting a COVID vaccine to prevent the spread of this virus, BUT we DO have a vaccination to prevent the spread of flu.

**Protect yourself, protect others – Get the flu vaccine!**

## **8. ReSPECT - resources for staff**

**Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) information for nursing/residential home staff**

As we get ready for the roll out of ReSPECT forms on 3rd October 2020 you may find the following short resources useful to share with staff

- 1) 2 minute video <https://www.youtube.com/watch?v=wWkyao8tWRQ>
- 2) 2 page summary for developed for the Care Home setting  
<https://www.resus.org.uk/sites/default/files/2020-06/ReSPECT%20information%20for%20nursingresidential%20care%20home%20staff.pdf>

## **9. Update to the COVID-19 Admissions and Care of People in Care Homes guidance.**

A link to the document, first published in April 2020 can be found here

[https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes?utm\\_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm\\_medium=email&utm\\_campaign=11789422\\_NEWSL\\_HMP%2020-09-04&dm\\_i=21A8,70ORY,RCGQZI,SBE7D,1](https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11789422_NEWSL_HMP%2020-09-04&dm_i=21A8,70ORY,RCGQZI,SBE7D,1)

We have listed the changes made below

- 2 September 2020-Added a new section on how care homes can support the NHS Test and Trace service.
- 27 August 2020-Updated links to hospital discharge service guidance.
- 14 August 2020-Added a new section on testing people moving from the community into a care home (Annex K).
- 31 July 2020-Changed to reflect that self-isolation period for people with symptoms of coronavirus has changed from 7 days to 10 days, and added link to recent updated guidance on visiting care homes during coronavirus.
- 19 June 2020-This document has been updated throughout in line with the care homes support package announced on 15 May and the latest advice on testing, and infection prevention and control. The changes are set out in full in the document.
- 19 May 2020-Updated the guidance to add a loss of, or change in, normal sense of smell or taste (anosmia) as a symptom of coronavirus. The changes are in Section 2, Annex A and Annex B.
- 20 April 2020-Added a note to say that the guidance is being reviewed following publication of the COVID-19 adult social care action plan.
- 2 April 2020-First published.

## 10. Decision guide for family carers of people living with dementia during Covid-19

The Centre for Ageing & Population Studies at UCL has developed a decision guide for family carers of people living with dementia during Covid-19, based on rapid review of literature and evidence, interviews with staff from both Marie Curie and Dementia UK support lines, analysis of the talking forum on the Alzheimer's Society website and co-designed with professionals and family carers. The guide has been produced with Marie Curie, Alzheimer's Society and Dementia UK and covers going to hospital, treatment at home, and decisions about visiting in care homes.

The guidance is available via the press release:

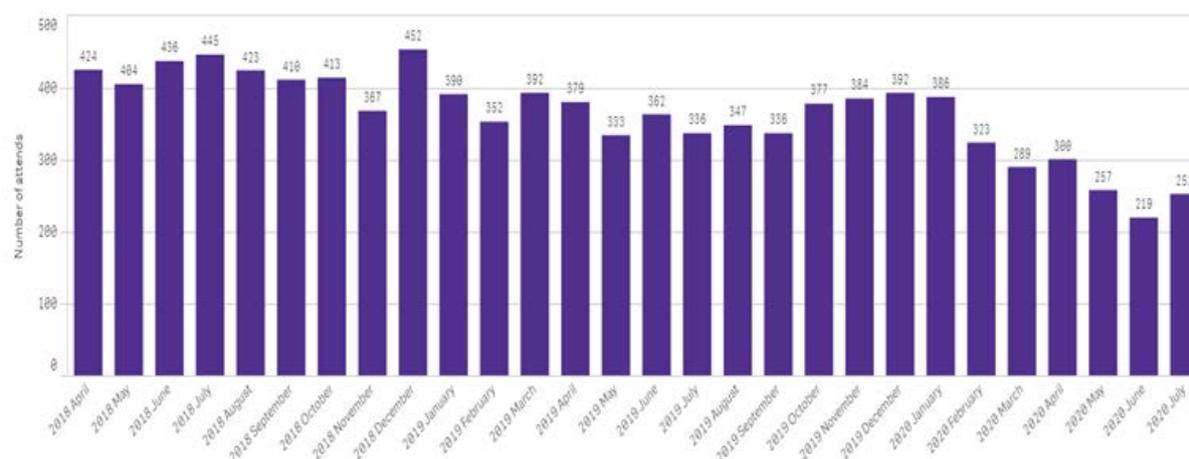
<https://www.mariecurie.org.uk/media/press-releases/new-support-for-carers-when-making-difficult-decisions-for-people-with-dementia-and-covid-19/280132>

## 11. Telemedicine or A&E?

A&E attendances are useful for some patients but for others increase the burden of medicalisation in the last years of life. The concept of 'Burdensome Transitions of Care' suggests that patients with Dementia have high levels of A&E and hospital admissions in the last year of life and some of these admissions and A&E attendances could have been avoided if care is brought to the patient. Some residents will always need A&E but telemedicine can often provide better care.

Telemedicine	A&E
Care home staff know resident's history and usual levels of function	Accompanying care home staff often do not know resident and cannot help hospital staff
Resident's documentation remains with resident and care home staff	Resident's documentation may be lost
Meals and medications as usual	Meals and medications may be missed
Care needs including pain management are identified and met	Resident may have unnecessary investigations Pain may remain uncontrolled
Resident remains in familiar environment	Distress and disorientation Increased risk of delirium for residents with dementia Increased risk of pressure ulcers Increased risk of hospital acquired infections including COVID-19 exposure Risk of unnecessary admission Risk of unnecessary prolonged hospital stay: <ul style="list-style-type: none"> <li>• deconditioning</li> <li>• functional decline</li> </ul> Resident must isolate for 14 days on discharge

A&E attendances by year/month



The table above shows the no of A&E attendances of people over 65 from care home postcodes across Bradford District and Craven area from April 2018 to July 2020

## 12.Help the fight against COVID-19

### PRINCIPLE trial for those who are COVID positive

Affinity Care is supporting a national Urgent Public Health clinical trial called PRINCIPLE. The trial is investigating treatments for people aged over 50, with COVID-19 symptoms. We would like to ask you to help by displaying the attached poster and talking about it with staff, residents and families. Anyone can ring the free phone number 0800 138 0880 to find out more or to find out if they're eligible to take part.

If residents in your care is a patient of one of the Affinity Care Practices below

- Shipley Medical Practice
- Haigh Hall Medical Centre
- The Willows Medical Practice
- Sunnybank MP
- Cowgill Surgery
- Thornton and Denholme Surgery

Please contact [deborah.askham@bradford.nhs.uk](mailto:deborah.askham@bradford.nhs.uk) to take part

For any other practice please register via the central study team on [www.principletrial.org](http://www.principletrial.org)

## 13. The correct Personal Protection Equipment (PPE) to wear

The Integration and Better Care Fund in partnership with the Academic Health Science Network North East and North Cumbria have funded a video for staff providing care out of hospital on what PPE to wear.

The video <https://vimeo.com/408471512> is based on guidance published by PHE in April and includes:

- Advice in all cases
- What to wear when providing direct care
- What to wear when caring for an extremely vulnerable/shielded individual

## 14. Bradford Care Home Resource Pack

Bradford Council have published the first interactive care home resource pack for providers, which brings together clear guidance and good practice to be used locally. This guide is designed to complement and not replace local guidance and professional judgement. It is a live document and will be updated as a minimum, every 2 weeks, to align with other national and regional guidance.

To provide feedback, report inaccuracies or to provide updates on this pack please contact: [Commissioning.Inbox@bradford.gov.uk](mailto:Commissioning.Inbox@bradford.gov.uk)

The resource pack can be accessed here:  
<https://bradford.connecttosupport.org/provider-zone/care-home-resource-pack/>

## 15. Orthostatic Hypotension (OH)

Orthostatic hypotension (also known as postural hypotension) is a fall in blood pressure that occurs when changing position from lying to sitting or sitting to standing. A fall in blood pressure leads to reduced blood supply to organs and muscles and can cause a variety of symptoms

Along with the National Institute for Health Research (NIHR) and Newcastle University, Dr James Frith has created an informative animation on Orthostatic Hypotension (OH) in adults. The animation provides information on the causes, symptoms and potential interventions related to OH.

<https://www.youtube.com/watch?v=fvMBBtcjil8>

