

Dear Colleague

Re: Pathways for people with learning disabilities (LD) living in LD care home settings during the COVID 19

This letter sets out the Bradford district and Craven Clinical Commissioning Group and its partner's response to support people living with learning disabilities (LD) in care homes. We aim to ensure that people receive safe, effective, personalised care at the right time in the right place during the COVID – 19 pandemic.

We know that care home providers are supporting at least 150 people with learning disabilities locally – some of whom have no major health issues, some of whom have complex comorbidities (including people on palliative pathways) and some who require support due to mental health or behavioural concerns.

There has been much discussion about the use of NICE COVID -19 Critical Care and Frailty scales to assess for suitability of critical care but these are not to be used to assess people with LD. **Individualised assessments of suitability for escalation to hospital or critical care pathways** should be completed for people with LD as they are likely to **experience risk factors for susceptibility to COVID**. They are also more likely to experience a severe reaction (Hatton, 2020) and therefore there needs to be best interest decisions made if they themselves don't have capacity to do this around whether they need to access hospital or not if presenting as unwell. This assessment will very much depend on issues such as how the person presents when well, age, comorbidities they may present with or whether they are accessing other pathways such as End of life care or have DNA CPR in place – to reiterate therefore **individualised assessments need to take place**.

Link to updated guidance: <https://www.nice.org.uk/news/article/nice-updates-rapid-covid-19-guideline-on-critical-care>

<https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults/coronavirus-covid-19-guidance-for-care-staff-supporting-adults-with-learning-disabilities-and-autistic-adults>

For those people care homes are supporting who already have End of life plans in place please ensure as a provider that these are reviewed and that up to date conversations are had with people and relevant family members. This should include discussions about how the COVID-19 pandemic may affect people with multiple comorbidities if professionals from the **LD health team at Waddiloves (TEL: 01274 497121)** are involved and working with the person, that the team could also support these discussions. These discussions may need to be held remotely as visiting can vary depending on individual circumstances. Care homes should be aware that for some people transfer to hospital may not be offered if palliative care within the home is deemed more appropriate. It would be better if conversations with families have taken place beforehand to reduce upset at a later stage – however again this should be **based on an individual assessment**.

Many staff within the LD care homes know their residents extremely well as some have supported people for many years – consistent staff teams can usually **identify changes in presentation and spot early warning signs of deterioration**. Public Health England (PHE) has suggested that COVID-19 should be suspected in residents with influenza-like illness. They define this as a fever of at least 37.8°C and at least one of: new persistent cough, hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing or sneezing.

However, COVID-19 in care home residents may commonly present with **non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea**. Care home staff, with their detailed knowledge of residents, are well-

placed to intuitively recognise these subtle signs ('soft signs') of deterioration. All staff working with care home residents should also be aware that COVID-19 may present atypically in the LD group - other things to look for may for instance include increase in seizure activity although this is not identified from an evidence base.

Staying well and controlling the risk of infections in care homes

Infection control and good personal hygiene

One of the most important things that care providers can do during the pandemic is to ensure that the people they support are maintaining good personal hygiene and managing infection control as well as possible. The COVID-19 virus calls for much greater standards of hygiene, both individually, and in the home where the person lives. This can be challenging, because many of the care settings in which autistic people and people with LD live are designed to be as homely as possible, with an emphasis on comfort and domesticity, not infection control. Good role modelling by staff will therefore be essential.

Using Personal protective equipment (PPE) will also be required and care providers must ensure that they are up to date on guidance to support both residents and staff. **Please refer to advice on how to keep care settings safe** through the pandemic available at: [COVID-19 How to work safely in care homes.pdf](#)
This includes guidance for PPE requirements for those undertaking Aerosol Generating Procedures, which some homes may be doing. There are also some staff training videos available at: https://www.youtube.com/watch?v=-GncQ_ed-9w

Managing Outbreaks

In the event of a resident showing any COVID-19 symptoms, **the care home manager should contact the PHE local Health Protection Team (HPT) by calling 0113 386 0300** in line with outbreak control plans that are in place for all infectious diseases.

The team will

- arrange testing of any symptomatic residents

Attached is an easy read leaflet that may help explain this to your resident.



easy read
swabbing.pdf

- complete a risk assessment in collaboration with care home staff and give advice on infection and prevention control measures
- where an outbreak has occurred work with care home staff to identify the cause of the outbreak.

Getting help when a care home resident becomes unwell

Bradford District and Craven CCG has invested in the roll out and implementation of Telemedicine to support care homes to make appropriate decisions about escalating needs and pathways for people with LD who present as unwell with any health need (to include but not inclusive to COVID-19 symptoms) during the pandemic. This service, Immedicare, enables access for care home staff and residents to qualified healthcare professionals (including access to nurses and doctors) to a 24/7 Digital Care Hub.

The service is aimed at supporting people living in care homes by providing clinical assessment, advice and support or coordinating services to provide onsite help.

Where people need to attend hospital the conveyance is coordinated on your behalf.

The hub should be the first port of call, rather than GP or 111. This will be the same for all people living in care homes, irrespective of diagnosis.

FIRST PORT OF CALL –TELEMEDICINE HUB - Any changes or deterioration in health where staff would typically contact GP or 111 needs to go the hub for all people.

Telemedicine will then triage each individual and identify if:

- a) hospital is appropriate and if so, they will support admission
- b) ongoing support at home required, again with supervision from the team as required.
- c) for those people on End of life pathways requiring Gold Line support Telemedicine can advise.

Roll out of telemedicine is in progress and Immedicare are contacting care homes to arrange delivery of the required kit in the next couple of weeks.

Immediate Access

In the interim, until kit arrives with your home, staff can still connect to the Telemedicine Hub by using the www.immedicare.co.uk home page where we have placed a link.

Care homes that have their own device, a webcam and have WIFI connectivity can connect by clicking on the “call our clinical team now” button and will be placed into the queue.

This is a short term option to provide access whilst we are working on the main rollout plan. Alternatively if staff members have a smartphone device that can be connected to the WiFi in the care home, this can also be used to contact the Hub.

Those homes without telemedicine in **should have been contacted by Immedicare to arrange a delivery date for the laptop and kit, and for a remote training session.**

This should have been scheduled for no later than the 8th May.

Please contact Anna Smith via immedicare@bradford.nhs.uk if you do not have a date scheduled

Going into hospital

In case the person being cared for does need to go into hospital, it is worth making sure that their **Hospital Passport is up to date.**

In addition, Mencap have produced a suite of tools, advice and information for people with autism and Learning disabilities to include an [Easy Read Guide to support people that may need to go in to hospital](#)

There is now an LD Liaison nurse at Bradford Teaching Hospital who can support with admissions. Caroline is based in the Safeguarding team and the Telemedicine hub may liaise with her on your behalf if required to ensure reasonable adjustments can be made. Please stress to the Telemedicine team the adjustments needed if you have someone who needs to go into hospital.

Caroline's contact details are below:

Caroline Carass, learning disability lead nurse, Bradford Teaching Hospitals NHS Foundation Trust
T: 01274 36 4706, M: 07966877659 E: safeguarding.adults@bthft.nhs.uk

Government advice has been amended to clarify that people with additional support needs, such as those with learning disabilities, **can have support with them whilst in hospital if they need it.**

Further information is available at <https://www.mencap.org.uk/advice-and-support/health/health-guides>

Further documentation to support staff working with people with learning disabilities is also available at:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0031_Specialty-guide_LD-and-coronavirus-v1_-24-March.pdf

<https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults/coronavirus-covid-19-guidance-for-care-staff-supporting-adults-with-learning-disabilities-and-autistic-adults>