GSF Care Homes
COVID -19 Support Call 4

Wed July 1st 2020

Prof Keri Thomas, Dr Julie Barker , Julie Armstrong Wilson

Plan of zoom call July 1st

1. Welcome and Introduction – Keri Thomas
   - Housekeeping ,update and resources on GSF webpage Covid

2. Reflection
   - **What are your main challenges and successes in your home?**
   - **Examples of good practice**

3. Guest Speaker Jo Hockley
   - Reflective Debriefing following deaths
   - Care of the dying

4. Update Dr Julie Barker
   - Update on policies , new resources , verification of death + Questions

5. Open discussion and the 'new normal' + questions

Conclusion and Next Support Call in 3 weeks - **Wed July 22nd**

1. Zoom Housekeeping

- Do use chat room to introduce yourself and add your home and location

- Please stay muted during presentations/ while others talking
- Open times for open discussion and questions
- **Questions- good to know your key challenges and successes**

- **Resources will be available on GSF website homepage**
- + if you have something you can share, send to us to send round

- Chat room for other queries
- Tell us any key issues you'd like to discuss next time

- **Next Zoom Support Call 3 weekly- Wed July 1st 10.30-11.45**

(You don't have to re-register ,we'll send you the link -do invite others)

GSF Accreditation Update and Queries

- Previous round - Spring 2020 awards
  - Successful candidates notified
  - Awards to be posted out

- Current round Autumn 2020 Awards- Oct
  - Confirm if still on track for submitting this round
  - Portfolios to be sent later by post or electronic
  - Oct Awards ceremony event – TBC
  - Or defer to next March ?

HM Government

CARE

CORONAVIRUS

Our plan to further support care home staff and residents

- £600 million infection control fund to keep reducing transmission in care homes
- Tests available for all residents and staff
- Every care home in England to have a named clinical lead
- Helpline support with Hospice UK and Samaritans

STAY ALERT › CONTROL THE VIRUS › SAVE LIVES

NHS and Social Care Helpline

0300 131 7000

or staff can text
FRONTLINE to 85258

RESOURCES

BGS: End of Life Care in Frailty 12th May 2020

https://www.bgs.org.uk/resources/resource-series/end-of-life-care-in-frailty https://www.bgs.org.uk/resources/covid-19-end-of-life-care-in-older-people

https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes

SHARE

COVID-19: Managing the COVID-19 pandemic in care homes for older people

GOOD PRACTICE GUIDE

Authors:

British Geriatrics Society

Date Published:

30 March 2020

Last updated:

02 June 2020

The COVID-19 pandemic raises particular challenges for care home residents, their families and the staff that look after them. This guidance has been developed to help care home staff and NHS staff who work with them to support residents through the pandemic. *This is **Version 3** of this document.*

Navigate to

Key recommendations

Introduction

Identifying residents who may have COVID-19 and how to respond

Isolating residents

Receiving residents from hospital or the community into a care home

Advance care planning and escalation

Decisions about escalation of care to hospital

Supporting care home residents and staff

References

2. Questions and Issues and Examples of good practice

- Verification of death in light of Covid 19
- Telemedicine and its impact on the close relationships built up with GPs through GSF.
- We feel let down by the system. ….need to stop these sort of things happening ever again as "Every life matters", no matter how old they are or where they live. … it is about time to recognise and respect Social care
- Shanci Matthew Morton Grange

Examples of good practice sent in

Joan Sirett Matron ¦ St Mary's Court
Sonnet Care Homes (Essex) Limited

sonnet
Every life sings. Sonnet Care Homes

PLEASE KEEP US SAFE
SONNET BADGES ARE COMING!

Because we know that our team cares about keeping everyone safe, we have ordered some BIG badges for people to wear when they are out an about.

This is of course optional, but we hope that you will wear them, both with pride,

the gold standards framework®

Examples of good practice sent in

- We have not had any COVID 19 case at Wallfield. I would like to learn from other people's experiences.

- We have followed Tricuro(company) policies and guidance's such as social distancing in house, use of PPE, Daily temperature check
- Strict hand washing.
- Residents have not been going out since March. Their well beings were maintained by staff team's commitment, we have not used agency staff or relief staff who work in other establishment. Staff team provided enjoyable and meaningful activities daily.

Misako Green

Wallfield Residential Home for people with learning disabilities

Southbourne Bournemouth

Feedback- how GSF has helped

“ Without the knowledge and skills that the GSF has brought us, we would not have been in the place that we were at the beginning of COVID19.

There was a lot of flurry around ACP's and how important it was to have these in place; GP's having to spend an enormous amount of time to review and get in place (as appropriate), care home staff having to have the difficult conversations for the first time with no prior knowledge, training or support. **Thankfully, this was not us.**

One of the greatest aspects that the GSF has given us, is that **we can discuss our residents prognosis with the medical professionals with the utmost confidence** in relation to end of life care. Some GP's/consultants are afraid to approach this subject but take the lead from us, it seems to give them reassurance that we know what we are talking about and are pleased to learn that this has already been discussed with families.

Another great achievement I want to share - we have **reduced avoidable hospital admissions** (where possible). This means that the resident stays in their home , surrounded by those they love, trust and care for, right to the end.

Of course, COVID19 has increased the risk of death for those most vulnerable and we have seen our fair share, but **we have succeeded in ensuring that they passed as planned with the right care at the right time, every time**.

We were not in this place prior to GSF”.

Jane Borland, Rathgar House via Amanda Taylor

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Reflection

What are your main challenges and successes in your home?

3. Guest Speaker

Jo Hockley

Nurse Consultant/Senior Research Fellow, Primary Palliative Care Research Group, University of Edinburgh

- **Reflective debriefing following deaths**
- **Care of the dying**

What will the session cover?

- Explain how doing ‘reflective debriefing’ in relation to death/dying developed
- Show how learning, support and team cohesion took place as a result of the sessions
- Speak about doing such sessions in the face of Covid-19

How were the sessions developed?

5-year exploratory study (Hockley 2006)
What problems do staff experience in caring for dying residents?
What interventions do staff want to implement?

Aim: to develop quality end of life care in nursing care homes.

An ethnographic first phase found 'dying was peripheral to the care home culture' in both NCHs. Two actions (inductively derived): *adapted LCP + reflective de-briefing /death*.

An integrated care pathway (ICP) for the last days of life as a **SYSTEM** to embed change

Experiential learning through ***reflective de-briefing sessions*** following a death supported and valued the **LIFEWORLD** of staff

Hockley, J (2006) *Developing high quality end of life care in nursing homes: an action research study.* Unpublished PhD thesis: University of Edinburgh

Aim of the original reflective sessions

- To encourage experienced-based learning in relation to death/dying through reflection *within* the nursing home setting
- To support nursing home staff in the care of dying residents

How were these groups were organised?

- Every month face-to-face meetings
  - *Written into the diary*
  - *If no death during the previous month, then the 45 minutes was still used as a teaching sessions*
- 45 minutes long
- Open to any member of staff who knew the person who had died but in particular those who had known the person well

Core Functions from 10-taped reflective debriefing groups

CORE FUNCTIONS	
i) EDUCATIVE **'experienced-based learning model'**	➢ Gaining conventional knowledge: *"being taught"* ➢ Communicating an understanding of knowledge: *"developing understanding"* ➢ Critical knowing & a theory of EOL care: *"critically challenging"* viewpoints within practice

ii) SUPPORTIVE	Opportunity to share together some of the difficulties surrounding death & dying
iii) COMMUNICATIVE	Aiding team cohesion across the nursing home with the different personnel involved in the care of the very old at the end-of-life.

Developing understanding…
[educative]

"Yes!…that is something that I have picked up with this….em, project…to talk with the relatives…you know... appreciating Mary's *daughte*r. You can get so involved with Mary and see them as the sole care. I would [normally] get out of the way when the daughter came in. Now I'll stand and I will speak rather than just carrying on with my work…….Aye! I pay more attention now to….to that sort of thing you know."

[CA]

Critically challenging viewpoints [educative]

CAi We were told that **she was deteriorating, but we weren't told she was actually 'dying'.** So I mean... that was a shock to me because I've just been off for two days, I have just come back to-day.

JH So it is something about using this word 'dying' that is quite important?

CAi It is for me!

CAii ….for **everyone to use the word 'dying'**

SN I thought she was **just declining.**

CAi Even when you think someone is deteriorating, you think they are just going to **bounce back**

CAii For me **'deteriorating' & 'dying'** are two different things

Critical thinking
[educative]

SN ….I know you were considering ‘oramorphine’, but I thought I don’t want to zonk her out completely and not have her drinking at all. Whereas the Diazepam - a small amount - settled her and it was enough to settle her to let her lie…. and D & W sat and read to her all afternoon

(The resident died 12 hours later)

Evaluation of the reflective sessions

- **Care Assistants:**
  - ‘Valued being able to talk about ‘the death’ and the situation….’
  - ‘Realising that one is not alone with ‘these’ feelings’
  - ‘Having access to expert knowledge…’

- **Trained Nurses:**
  - ‘Opportunity to open up to each other as a complete team - including night staff…...cleaners *(Communicative)*
  - ‘Provided opportunity to learn about aspects of end-of-life care’ *(Educative)*
  - ‘Helpful to discuss any problems more deeply’ *(Supportive)*

REFLECTIVE DEBRIEFING

Adapted from Gibbs Model of reflection (1988)

Reflection no:..... Date:.....

Reflective debriefing is the process whereby clinical practice can be re-examined to foster the development of critical thinking and learning for improved practice. The process is on going with each debriefing and should be viewed as an aid to lifelong learning rather than single processes.

1. Describe the person or event.

Encourage all in the group to recall their memory about the person/event.

Person: What were they like, what were their favourite pastimes, food? Did they have family, who was important to them? What did/he they like/dislike? Were they humorous/serious/sad/angry? How did they relate? What were their perspective on what was happening? What are their fears/anxieties? What was it like to care for them?

Event: What happened, when did it happen, who was there, what did they do?

2. What are your feelings about how things went?

Both positive and negative feelings should be described and owned. Feelings can be a very useful guide to how learning is progressing so whilst it is important to be honest it is also important to respect others feelings.

3. What are your thoughts about what went well, what didn't go well?

Analysis is an important part of the reflective process. Looking in detail at the decisions that were made will help you to understand what else could/couldn't be done. Opinions of others will help in this process. Remember to reflect on what was hoped and planned for, the original aims and objectives, eg. In the event of death was the LCP used, anticipatory drugs in place, symptoms controlled, family supported and informed, spirituality addressed, were they in the place of their choice, was ACP completed, DNaR form in place, DCM form completed.

4. What else could you have done and what would the outcome have been?

Existing knowledge can be built on or restructured by theorising about what else may have been possible. In order for this to be effective critical thinking in a safe learning environment is essential.

5. What can be learned and what would I do differently next time?

Key learning points can be listed and any action plans that would be needed to enhance learning, eg further training. It is essential that these learning points are not just logged but acted on.

6. Reflection is a cycle of "what, so what and now what".

Each reflection can inform practice and should be used not only as a building block to learning but as a celebration of good practice. Reflection is not a passive contemplation but an active, deliberate process that requires commitment, energy and a willingness to learn.

1. Pen portrait of person or event

2. What happened leading up to the death?

3. How do staff feel things went?
a) What went well?

b) What didn't go so well?

4. What could we have done that might have changed the outcome?

5. What do we need to change as a result of this reflection?

Supportive conversations & reflective

Face-to-Face

- Pen portrait of the person who has died
- What led up to the death?
- How did you feel it went?
  - What went well? How did you feel?
  - What didn't go so well?
- What could we have done differently?
- What do we as a CH need to change

On-line

- Start by centre-ing group all
- Many deaths so can't really just talk about one
- Introductions
  - How long in the CH?
  - What role?
- Thinking about residents who have died/dying, and their relatives, what **for you** has been the hardest thing over the last few weeks?
- What one thing has gone well

Covid-19 - residents?

- Some residents who died would have died in the next few months
- Others totally unexpectedly – most distressing for staff + ?resident
- Some residents who were dying peacefully suddenly became distressed …. ?hallucinations
  - careful ‘dosaging’ of medications
    - Morphine; Hyoscine; Midazolam
    - Careful use of syringe drivers in frail older people
- Others distressed
  - breathing
  - ?lack of spiritual support

Covid-19 - families?

- Visiting of relatives at the end-of-life
  - Through the window
  - Creative ideas using technology
- Psycho-social effect of social distancing – long-term concern especially if relative in the CH died
  - Many CHs say they will arrange a gathering for **families & staff** to remember those who have died

“I am **scared** because only bad things on news all the time. It was unknown and invisible and scared the pants off me. I was very **anxious**. We seem to have been left to sink. We had no support.

The only positive is we are a good team now. I could not sleep at night thinking what if I bring it to work, take it home or someone I know gets it. I am **angry** because we had no option but to be flung into this. We had no knowledge and it has been like being flung into the army. I didn’t sign up for this.

I really think we deserve a bonus. I don’t care for the clap for carers, it means nothing. I feel **fortunate** as I am glad I had the team I do. We have all been amazing. I cried at night being happy. We staff have bonded. We just need guidance.

I feel **hopeful** we never get it again. We have had only one resident with Covid 19. I am **hopeful** we can continue on. We have fantastic infection control

Worrying thing is when resident’s families start to come back in as they might bring it in with them again. We had thought maybe there could be an appointment system where the resident meets their family at a social distance for an hour at a time

I was **angry** because when the NHS Covid team came in, we did not get a chance for them to explain what we were doing

I feel there has been a lack of communication around Covid19 from management.”

Organising reflective sessions’

- In the diary every month
  - Not same day of week
    - Rotate the two or three best afternoons?
    - Maximum of one hour
- Led by senior staff member/s or manager
  - Invite specialist palliative care to come monthly and lead them

Organising ‘reflective sessions’

- Sessions are for ALL
  - Care home staff including cook, gardener, maintenance, night staff, ancillary staff
  - Extra people as appropriate
    - GPs, ambulance service
- Need to encourage staff to share
  - Not about the person leading the session
  - **Support** + communication + education
- Can keep the completed reflective sheet in a folder and look at learning over the year

SHARING & QUESTIONS…..

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3. Update- what's new?

- **Dr Julie Barker**
- GP Newark Nottinghamshire
- GSF Clinical Associate
- Notts EOLC Lead & Care Homes lead
- Beaumond House Community Hospice: care services lead

Integrated Care System
Nottingham & Nottinghamshire

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Hot news!

July 4th, Hairdressers & Barbers opening

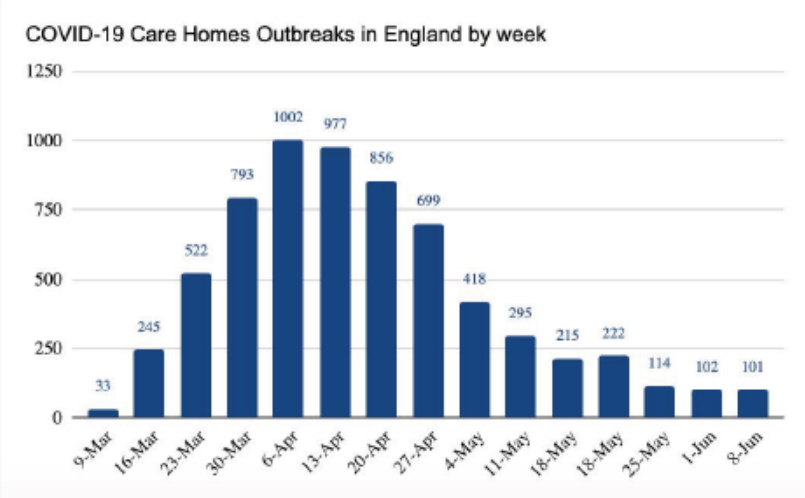
Death in care homes

COVID-19: Care Homes in England

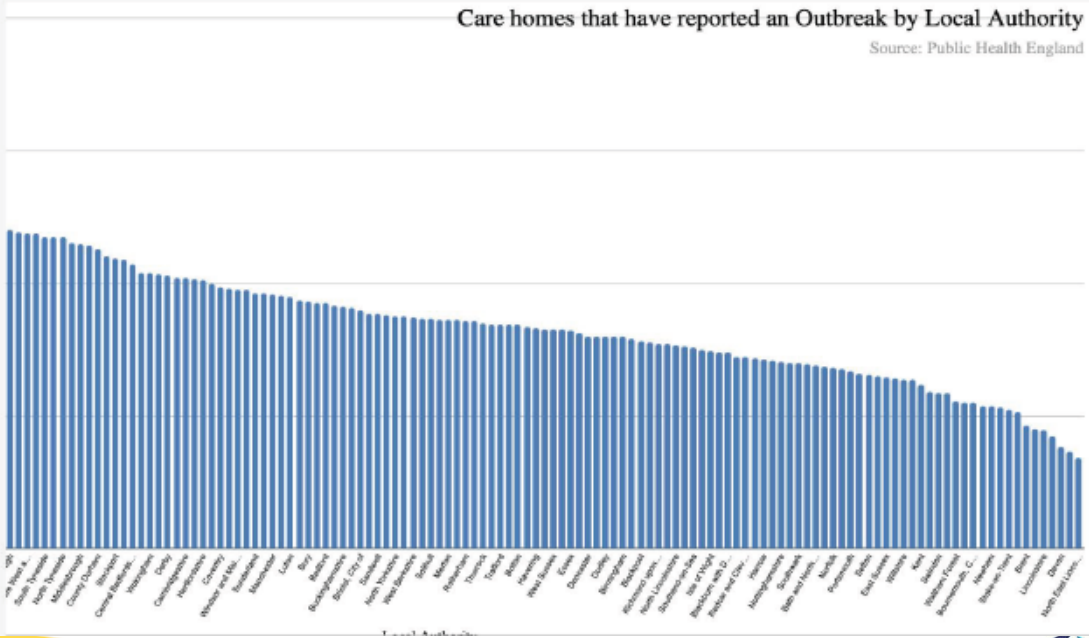
May 8, 2020

Carl Heneghan, Jason Oke

Data from care homes shows that 6438 out of 15,507 care homes (41.5%) in England have confirmed or suspected outbreaks of COVID reported to Public Health England upto the week commencing the 8th of June.



By Local Authority (interactive)



Visiting…….

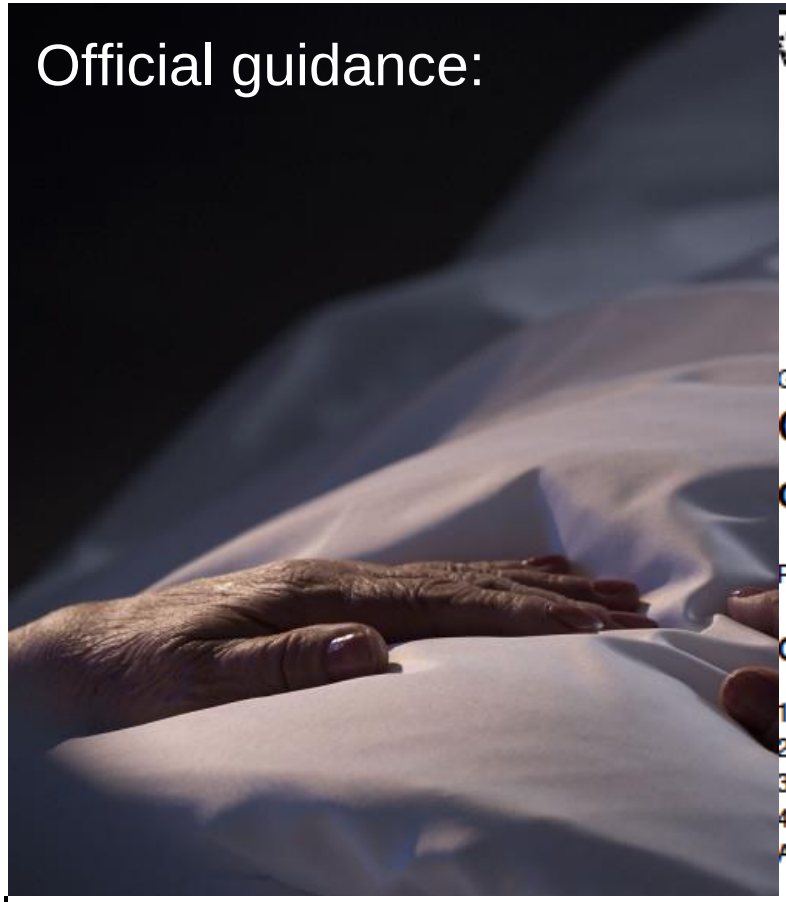
- Take a dynamic risk based approach
- Types of venue
- Numbers
- Situation
- Use PPE
- Local guidelines in lieu of updated national guidelines

Right to die surrounded by family?

- News reports last month on a Court of Protection ruling where the senior judge said that the:
- *"ability to die with one's family and loved ones seems to me to be one of the most fundamental parts of any right to private or family life …"*
- https://www.theguardian.com/law/2020/may/05/dying-surrounded-by-family-a-fundamental-right-says-uk-judge

Verification of Death

Official guidance:



GOV.UK

1. Home (https://www.gov.uk/)
2. Coronavirus (COVID-19): verification of death in times of emergency (https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency)

1. Department of Health & Social Care (https://www.gov.uk/government/organisations/department-of-health-and-social-care)

Guidance

Coronavirus (COVID-19): verifying death in times of emergency

Published 5 May 2020

Contents

1. Background and what this guidance covers
2. Verification of death in this period of emergency: standard operating procedure (SOP)
3. Other considerations
4. Key resources

Annex: Guidance for remote clinical support for verification of death

Verification of death is performed by professionals trained to do so in line with their employers' policies (for example medical practitioners, registered nurses or paramedics) or by others with remote clinical support.

Equipment to assist verification of death

This includes:

- pen torch or mobile phone torch
- stethoscope (optional)
- watch or digital watch timer
- appropriate personal protective equipment (PPE) (https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19)

Process of verification in this period of emergency

1. Check the identity of the person – for example photo ID.
2. Record the full name, date of birth, address, NHS number and, ideally, next of kin details.
3. The time of death is recorded as the time at which verification criteria[1] are fulfilled.

For remote clinical support

During core practice hours, call the person's registered general practice.

Outside core practice hours, call NHS 111 where a clinician will provide remote support to work through the verification process (see annex).

The 2m rule - safe?

- Aerosol scientists say Coronavirus can spread considerably further than this depending on the following factors
- Indoors v outdoors
- Ventilation
- Humidity
- Face covers
- Viral load - beginning of infection & coughing
- Activity - heavy breathing, singing

Resources

- webinar RCGP/AHSN:
  https://youtu.be/eLDdGSIHBjQ
- e-LfH COVID19 modules include
- section on mental health & resilience

- HEE training videos for carers - practical skills e.g

Rethinking - ‘Positive Takeaways’

COVID 19 and care homes -Prof Mary Daley Oxford

- Better working together locally
- New procedures eg digital, capacity tracker
- Better data gathering on population
- Staff teamworking + bonding , more volunteers
- More visibility+ public awareness of care homes
- Greater recognition – Care Badge
- National Policy Enquiry on COVID and care homes
- Greater political awareness of need to improve social care and change funding + living wage

Next GSF Support Call

- Wed July 22nd 10.30-11.15
- Other key topics?

- *Do pass this on to any colleagues or other non- GSF care homes you think interested to register*

- Resources and power points on website following each Support Call

Thankyou -we salute you !
Keep up the good work !

Gold Standards Framework

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