

23rd March 2020

## To all relatives and close friends of those living in care homes in Worcestershire

Dear relative / friend of someone living in a care home

### **Coronavirus in Worcestershire**

We are writing to you in response to the ongoing coronavirus situation which we know will be worrying for you. We wanted to let you know what is happening in terms of support for health and care services for your relatives and friends in care homes at the moment. We know that older people are most vulnerable to the effects of Covid-19 (Coronavirus) and those living in care homes are the most vulnerable of all. People with learning or other disabilities are also vulnerable because they may have underlying health conditions and it may be more difficult to ensure that procedures are followed to reduce the risk of their catching the virus. Local health and social care services are uniting to agree a shared approach and have formed a Worcestershire Care Providers Support Group to ensure that messages are coordinated, consistent and constructive.

We are preparing in a number of ways and looking ahead:

### **Visiting**

The number of people going in and out of care homes has been reduced and will reduce further. Many care homes have closed their doors to all non-essential visits. They are entitled to make that decision themselves in order to protect their residents. Also, they are following national policy when it comes to staff members with any viral symptoms.

### **Evidence of Covid-19 infection in care homes**

If there is a suspicion that a resident has symptoms of the virus Covid-19, testing will be undertaken in line with national guidance which is constantly being updated. There has been an approach to the Department of Health and Social Care to ensure this is a priority to confirm any suspected cases as it will enable the home to take a proportionate approach to support staff and other residents. However, all homes have received lots of information about how to manage a suspected case and, where necessary, this is updated daily in line with national guidance. You may find, therefore, that a resident has to remain in their room or that staff wear protective equipment such as masks when they provide care.

If somebody is thought to have the Covid-19 virus, their care and management will depend on their symptoms and their current wishes and preferences. There is no specific treatment for Covid-19. There is no evidence that anti-viral medication is of any benefit. If they have respiratory problems it is likely that antibiotics will be prescribed because, although they are not effective against coronavirus, it may well be the case that the resident doesn't have coronavirus and that the antibiotics WILL help fight the cause of their illness or treat any secondary infection. The other important thing will be giving that

person enough to drink. If they're unable to drink it may be possible to offer subcutaneous fluids. These are fluids delivered via a drip for example. We are developing protocols and plans for that at the moment and will give that advice to homes as soon as possible. Oxygen is generally not available in care homes unless prescribed for long term health condition.

Sadly, in some cases, there may come a time when the resident is very poorly and a decision needs to be made about whether or not they are transferred to hospital. Any previous discussions and the ReSPECT process will aid decision making (please see section below about future planning).

If the decision has been taken to keep the resident in their current place of care, even if their life is at risk, then all appropriate measures will be undertaken to ensure their comfort. Care home staff in residential and nursing homes are able to support residents at the very end of their lives and there is no need to move people elsewhere for their last days of life. GPs will be asked to prescribe 'just in case' injectable medication to be administered by nursing colleagues to treat pain / distress / restlessness or breathlessness and to make sure residents are comfortable and relaxed.

### **Future planning for agreed action in event of serious deterioration**

We hope you will accept that, apart from those in homes for people with learning disability, many people living in care homes will be approaching the end of their life – whether they have days, months or years left to live. Whilst this can be hard to think about this it is a fact of life. It is important at this preparatory stage that people are very clear about the level of intervention that they or their relatives would want if they became extremely unwell.

There are some people living in care homes who hold very pragmatic views. Their priority towards the end of life is maintaining dignity and comfort in their current place of care. Other people want every opportunity and intervention to sustain life for as long as possible.

These conversations can be painful and upsetting but for many people the conversation is really helpful to create certainty around the level of intervention going forward. These decisions are not just about whether or not someone would want their heart or breathing started in the event of a collapse (cardiopulmonary resuscitation) but also about wishes in relating to transfer to hospital, use of antibiotics and being sustained indefinitely on machines or with intravenous fluids or nutrition.

These conversations and decisions can then be recorded on a ReSPECT form – a new way of approaching these situations that was introduced in Worcestershire last year. Please see <https://www.resus.org.uk/respect/> for more information. Some of you will already have been involved in these discussions and have ReSPECT forms in place which will continue to guide decisions at the point of intervention.

At this stage those providing help and support for residents really need to know where on this spectrum the individual's preferences lie. Some people will be able to tell us in which case they need to be asked. Other people will not be able to express their wishes because of dementia or other conditions. Under these conditions there may be someone who holds Lasting Power of Attorney for Health who has decision making authority. If not, the lead health care profession should be having conversations with the people that know the

person best to make a decision based on what they feel that person would have wanted if they were able to express themselves. This is known as a Best Interest Decision.

## **GP support**

Practices are looking urgently at how to enable video consultations in care homes to keep face to face contact to a minimum to protect residents from health care staff who are more likely to be coming into contact with sick people and who move around the community a lot. All care homes have been asked to enable this technology by having some form of mobile phone or tablet with an enabled camera. We are using digital technology that is understood to be secure and has had NHS approval. GPs, practice nurses and community staff will be keeping to an absolute minimum any routine assessments, blood pressure monitoring and investigations. We will be concentrating on those people who have become suddenly unwell for any reason but will only see someone face to face when it is felt to be absolutely essential.

## **What can you do?**

Firstly, please respect the advice from your care home about visiting in the weeks and months ahead. If for any reason it is possible that your relative is thought to be in the last days of life and you are very keen to visit you should discuss this with the care home manager.

If you believe that your relative is able to interact with a mobile device to enable Facetime or Skype conversations with you, please begin to explore how this can work. Most care homes have Wi-Fi so this should be possible. If not, approach the care home manager / owner directly to explore options.

There may come a time when the care home has reduced staffing levels due to their own sickness or family issues. Care homes have contingency plans for such situations and will endeavour to address the situation. However, it is possible that your care home manager may turn to you to come and support your relative in the home – this will obviously be a last resort but think about how you could help if able (if you are not in one of the high-risk groups yourself).

Please remember that everyone is doing their very best to support you and your relative or friend at this very difficult time. This is, as you will know from the media, a constantly changing situation where communication, conversations and kindness will be of utmost importance for everyone.

You may have lots of questions you would want answered - there is a website developed by health and social care in Worcestershire where you might find the information you want [www.worcestershire.gov.uk/coronavirus](http://www.worcestershire.gov.uk/coronavirus). In the meantime, we hope you find this letter as informative and reassuring as possible.

Yours sincerely

**The Worcestershire Care Home Support Team.**