HOSC visit to Henry Cornish Care Centre, Chipping Norton 20220725

Cllrs Elizabeth Poskitt and Paul Barrow and Barbara Shaw carried out a fact-finding visit to the Henry Cornish Care Centre, Chipping Norton on 25th July 2022 connected with the reports on Covid in care homes produced for HOSC by Cllr Barrow and also by Barbara Shaw and Dr. Alan Cohen.

The aims were to determine whether anything could have been done differently in the early phase of the Covid pandemic and whether current infection control procedures are sufficient.

The Care Centre is very well run. It consists of two parts and is connected directly to a small community hospital running similar services to that currently run from Wantage Hospital. One half of the centre is a residential care home with the upper floor housing dementia patients (18 beds) and the lower floor housing other residents (18 beds), many of whom are physically infirm. The other half of the centre is an Intermediate Care Unit (IMCU, 14 beds) for recovery and rehabilitation of patients discharged from acute hospital. This half of the centre was used as a Covid isolation unit since it could be managed completely separately from the rest of the centre.

Renata Crisostomo, the home manager, is a qualified nurse with a very in-depth knowledge of infection control. She was not in post at the start of the pandemic but took over the management of the home in January 2021.

First 30 days.

Patients were discharged to the Henry Cornish centre from acute hospitals, there was no testing, residents were not isolated and no specific advice, help or guidance was given on infection control other than the use of PPE and hand washing. The home had no choice in accepting residents discharged from hospitals at this time. Later the Order of St. John made the decision not to accept residents with Covid 19. The home quickly purchased PPE but this was left to the home managers to organise in the first instance. In contrast to the guidance, staff decided to use PPE at all times. Hospital discharge patients were put into rooms in the home with no isolation procedures. 8 residents contracted Covid 19 at this time, only 5 with symptoms. There were 6-8 deaths, a relatively small number compared with some other care homes, and mainly in dementia patients although, given the early problems with testing, it was sometimes difficult to determine the cause of death and whether Covid was the major factor.

Testing started at end March/beginning of April 2020 as the Order of St John entered into a testing trial for the VIVALDI study (https://www.ucl.ac.uk/health-informatics/research/vivaldi-study), a national study to investigate Covid 19 infections in care homes. As a result, PCR testing was introduced 6 weeks after the first patients were accepted but results took up to a week to be obtained which made infection control of staff and patients difficult but things improved after the introduction of LFT.

Staff shortage problems were also experienced with staff who fell sick requiring 14 days isolation. Agency staff were used throughout the pandemic because of staff shortages and sickness. These were often hard to find as some agency workers did not want to work in homes with Covid infections. All staff on the site, including domestic and maintenance staff, were trained to deliver care and to provide emergency cover when needed. Staff worked in small teams separated from each other which the senior staff, involved in the early stage of the outbreak, felt contributed to controlling the worst effects of the pandemic.

Despite the hard work of the staff and relatively small number of Covid-related deaths, it was felt that the outside community and headlines in the press did not appreciate what was being done to control the infection.

Post 30 days

The IMCU was converted into a Covid 19 unit in 2021 but returned as an IMCU on 1st June 2022. Hospital patients with Covid, who did not need acute care, were transferred to the Henry Cornish Covid isolation unit until they had finished their quarantine and could return to more permanent accommodation.

The Covid unit was kept completely isolated from the rest of the home, with a dedicated entrance, dedicated staff, equipment etc. Full infection control measures were put in place to deal with food preparation and laundry, which were not mixed with laundry from the rest of the centre and processed after all the other laundry. The importance of cleaning surfaces, including door handles was well appreciated. There were no incidents of Covid 19 spreading to the other parts of the home during this period.

There has been only one further Covid outbreak in the home, in March 2022, where the infection was introduced by a relative and the infection was contained.

Facetime was quickly introduced for residents to maintain contact with family and friends and eventually they set up rooms with screens to enable patients to see relatives but this was extremely difficult when wearing masks and especially for residents with hearing impairment.

Staff talked about the extreme difficulties in coping with Covid 19 and infection control with residents with dementia. Dementia residents don't understand hands, face, space let alone isolating, keeping their distance, or wearing masks. Attempts to implement social distancing and isolation led to increased anxiety and aggression towards staff. Staff members also talked about the severe impact on the mental health of their residents as a result of the lockdown and restricting visitors. In many cases this led to depression, not eating and drinking increased infections such as UTIs and eventually to some deaths.

Vaccination

The vaccination programme went well with staff and patients able to access all vaccinations and boosters.

Some members of staff refused to be vaccinated and they were given notice. One member of staff left to go to other employment and a second member of staff managed to hang on until the government U-turn on compulsory vaccination for care home staff.

Access to GPs

Access to GPs was extremely difficult during the pandemic as many GPs refused to come to the home to attend to any of the residents although some GPs did continue to provide support. This was an individual GP rather than a GP practice issue. Staff felt that video and telephone appointments are just not suitable for older residents and those with dementia. This has led to a certain loss of respect for GPs and the service they provide. Even now, access to GPs is restricted to one day per week when a local GP will visit the home. Staff are frustrated with the impact Covid 19 has had on access to GPs and, at times, have even been asked to reduce the number of residents needing to see a GP on the weekly round.

Conclusion

The Henry Cornish Care Centre is very well run. Given the limitations and expectations very early in the pandemic, the centre fared very well with few deaths and most of those in dementia patients. The layout of the centre enabled one wing to be closed off completely as an isolation unit. The centre manager is a nurse which provided a good level of infection control expertise which must have contributed to the centre faring much better than many other care homes. This is a "first class" centre which performed very well during the pandemic largely from procedures initiated by staff at the centre during the early phase of the pandemic. Care homes generally vary a great deal in the skills of their management staff and the Covid morbidity and mortality experienced during the pandemic. It would be instructive to visit at least one other care home which did not perform so well.

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