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Report Title	Rosewell House
Report Number	HSCP21.009
Lead Officer	Sandra Macleod, Chief Officer
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

This report provides an update on a short-term, interim solution for the repurposing of available, staffed beds at Rosewell House to positively impact on addressing pressure within the health and social care system particularly relating to the surge of demand for hospital beds and the flow of patients out of hospital into community settings.

2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

- a) Endorses the actions taken by the system-wide team to utilise part of Rosewell House as an interim NHS facility supporting surge and flow during the Covid19 second-wave response;
- b) Notes that this is an interim position for a period of up to 16 weeks and the permanent arrangements will be progressed via a registration with the Care Inspectorate as per the Direction made by the IJB on 2nd October 2020; and
- c) Notes that, in line with the approved recommendations of the 2nd October 2020, assurance and oversight of service delivery at Rosewell House will be monitored by the Clinical & Care Governance Committee; performance reports will be provided by the newly formed "Rosewell (Interim) Clinical & Professional



Oversight Group”; and the Grampian Care Home Oversight Group will continue to have a role in support, scrutiny and assurance.

3. Summary of Key Information

3.1. Background

The IJB have directed Aberdeen City Council (ACC) to provide residential care services for adults, and ACC have contracted with Bon Accord Care (BAC) to provide these services at Rosewell House. This Direction is still being discharged, as care home services are still being delivered by BAC. This position will not change.

On 2nd October 2020, the IJB was updated on plans to deliver a new integrated service model at Rosewell House, providing intermediate care for both step-down from hospital and step-up from community as part of the Frail Elderly Pathway element of Operation Home First (OHF) managed by Aberdeen City Health and Social Care Partnership (ACHSCP). The model will increase capacity in the system as well as meeting our aim of delivering the right services, in the right place at the right time whilst also reducing the need for unscheduled admissions and enabling the safe discharge of patients from hospital who require further care prior to returning home.

A Direction was issued to ACC to register the new integrated service in Rosewell House with the Care Inspectorate (CI) with ACC as the registered service provider. This report does not materially change the plans for Rosewell House that were approved in October and this subsequent Direction will also continue to be discharged. The proposals are an interim solution to respond to the current level of demand for patient flow out of hospital and potentially for anyone in the community requiring a more intensive service but not hospitalisation.

3.2. Current Situation

On 5th January 2021, NHS Grampian (NHSG) moved to Level 4 of their contingency response to the pandemic, identifying “Surge and Flow” as a key priority in the cross-system response to the latest increase in Covid19 hospitalisations. The level of Covid19 community transmission is impacting heavily on the system. Restriction on access to available capacity, due to guidance on managing Covid19 in registered Care Homes has reduced patient flow and constrained capacity across multiple step-down facilities and sites. An alternative solution was required to meet predicted bed requirements over the coming weeks. The availability of staffed beds within Rosewell House would have a positive impact on flow across the Frail Elderly Pathway.



3.3. Actions Undertaken

Service Model

Arrangements have been made to change the use of Rosewell House on an interim basis to an 'NHS facility', to be managed through the OHF Frail Elderly Pathway.

Health improvement Scotland (HIS) has confirmed that the NHS Grampian Chief Executive holds accountability for sites which are designated as NHS facilities.

Operational responsibility will be delegated to the ACHSCP Chief Officer, who will be responsible for establishing the systems and processes which will provide the NHS Grampian Chief Executive with assurance on staff and patient safety and quality of care and the NHS Grampian Executive Nurse Director (as the Healthcare Associated Infections (HAI) lead) assurance that standards of patient safety and quality of care are maintained in line with NHS policies.

Bon Accord Care (BAC) has agreed in principle to grant a license to occupy to NHS Grampian, to allow this. They have further agreed in principle to provide certain services, including cleaning, catering, property maintenance and provision of the additional staff services. A contract is already in place with BAC however these variations accommodate this new arrangement and have been confirmed in a responsibility matrix between all four parties (ACHSCP, ACC, NHSG, and BAC).

It is proposed to operate Rosewell House as a dual facility.

- 20 beds registered as Care Home
- 40 beds which will be NHS beds.

Under its civil contingencies' powers, approval was sought from NHSG Gold Command, to direct the Chief Officer to proceed with changing part of the use of Rosewell House to an NHSG facility. This was received on 15th January 2021. Approval was also received from the BAC Board on 18th January 2021. The new, NHS led service started accepting admissions on the afternoon of 18th January 2021.

Site Assessment & Adaptations

Engagement has taken place with Bon Accord Care colleagues, NHSG Clinical Leads, NHSG Domestic Services, NHSG Catering, NHSG Infection Control, NHSG Fire Safety Advisor and NHSG ICT (Information Technology and



Communication) to review the site and assess its alignment with NHS Grampian standards.

Infection Prevention & Control (IPC)

Key principles of the dual facility include:

- Complete segregation of the two facilities (BAC Care Home and NHS Facility)
- Negative Covid19 test(s) for all admissions.
- Regular and routine testing of all staff; and lateral flow testing for any visiting staff.
- Total segregation of units, including cohorting of staff teams; use of communal areas, separate staff facilities.
- Reduction in footfall to and between units.
- Compliance with national PPE guidance
- Compliance with national and local NHS guidance relating to domestics and cleaning; including product types and cleaning schedules across the whole building.
- Compliance with strict standard operating procedures for kitchen and laundry.
- Ongoing support from Health Protection Team (for BAC Care Home) and Infection Prevention and Control Team (for NHS Facility).
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Compliance with all guidance regarding Covid-19 vaccination program delivery. As part of the repurposing of the area designated as an NHS facility, an inspection of that area was undertaken by NHS Grampian's Infection Control Team, and assurance was received from the Interim Infection, Prevention & Control Manager.

Staffing

BAC and NHS Grampian staff from the current Frail Elderly pathway will continue to support in the new service. All staffing will be organised into cohorts to minimise the opportunity of anyone working across different units. Separate rest and changing facilities are being provided for both the BAC and NHSG areas. All staff will remain working for their respective organisations under their existing terms and conditions of employment. Staff will be prioritised for the vaccination programme.

- **BAC Care Home:** The BAC care home will continue to operate as normal with services provided from existing BAC Staff. Medical cover is provided by Garthdee Medical Practice and GMED Out of Hours.



- **NHSG Facility:** The NHSG beds will be staffed by a mixture of NHSG staff from the Frail Elderly Pathway and BAC General Assistants and Support Workers. It is understood that the proposals have been positively received by BAC staff. Regular communication and contact will be maintained with staff and management to identify and deal with any issues that may arise. Medical cover will be provided by the Department of Medicine for the Elderly (DOME) when fully operational, and initially by a combination of DOME, GMED Out of Hours and Garthdee Medical Practice colleagues.
- **Allied Health Professionals:** ACHSCP staff, including Allied Health Professionals, will continue to provide support and input to both the BAC beds and the NHSG beds, where required.
- **Ancillary Services:** Existing BAC staff will continue to support catering and domestics, supported by colleagues from NHS Grampian to ensure alignment with NHS standards.

Clinical Governance & Risk Oversight

A “Rosewell Interim Clinical & Professional Oversight Group” has been established which covers both the BAC Care Home and the NHSG Facility. The group will meet weekly. This forum will enable multi-agency scrutiny, and the triangulation of intelligence held by ACHSCP; BAC; and Health Protection. It will consider performance; risk; incidents; feedback and provide oversight and assurance that the recommendations of audits are implemented. The group will report to the Clinical and Care Governance Committee.

The scrutiny arm of HIS will review the new service in line with HIS HAI and Older Adult Care Standards. The regulation of the 40 NHSG beds will sit with the NHS who must assure adequate audit, monitoring and compliance with national standards through a clearly described clinical and care governance process.

Clients/Patients and Families

In general, there is regular turnover of residents in Rosewell House. There is one permanent resident and they have been kept updated on the proposed longer-term changes and staff are committed to ensuring minimum disruption for this resident.

In terms of the interim changes, currently, there are 13 temporary residents in the Care Home beds. Families of the Rosewell House Care Home residents have been contacted by the BAC Admissions and Discharge Co-ordinator to provide an update and an opportunity to ask any questions. No concerns have been raised at this point. Regular contact will be maintained.



4. Implications for IJB

- 4.1. **Equalities:** The proposal in this report will result in enhanced bespoke service provision to some of the most vulnerable adults in the city. The service will be delivered based on levels of need and will help reduce the inequity these individuals experience by improving their health and enabling them to become more integrated and active members of their community.
- 4.2. **Fairer Scotland Duty:** There are no Fairer Scotland implications arising as a result of this report.
- 4.3. **Financial:** A key principle of this new service is that there should be no financial detriment to Bon Accord Care.
- 4.4. **Workforce:** There are significant workforce implications arising from this report, which has seen a new way of working for many staff members. Although BAC staff who currently work in Rosewell House will continue to do so under their existing contracts, they will move to work within an integrated model with several different staff from across the partnership (within set cohorts). In addition, several staff currently working within other clinical areas will transition over to work in Rosewell House. Trade unions and staff have been consulted throughout.
- 4.5. **Legal:** Bon Accord Care have submitted a variation to their Care Home registration with the Care Inspectorate, which has been approved. The Contract for Services between Aberdeen City Council and Bon Accord Support Services dated 24th September 2019 has also been amended to reflect the temporary reduction in beds.

A 'Letter of Comfort' has been provided from NHS Grampian to Bon Accord Care. This has allowed the new service to progress pending the completion of legal agreements relating to a 'License to Occupy' the accommodation and delivery of the agreed services.

4.6. Other: NA

5. Links to ACHSCP Strategic Plan:

This proposal strongly aligns with all five aims within the IJB's Strategic Plan, as it seeks to keep people in the community and their own homes instead of in hospital, preventing admission, building resilience, offering a personalised service and keeping people connected within their communities. It also links strongly to the current priorities as identified in Operation Snowdrop.



6. Management of Risk

6.1. Identified risks(s)



There is a system wide risk in relation to maintaining capacity and availability of beds.

6.2. Link to risks on strategic or operational risk register:

This report links directly to risk 1 on the Strategic Risk Register: There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.

6.3. How might the content of this report impact or mitigate these risks:

The proposals in this report increase the capacity in the community by 40 beds.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)