Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

COVID-19 and its Impact on Care Homes: Trade Union Representatives

20 October 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Gerry Carroll
Mr Alan Chambers
Mr Alex Easton
Ms Órlaithí Flynn
Mr Pat Sheehan

Witnesses:

Mr Alan Perry	GMB
Ms Rita Devlin	Royal College of Nursing
Mr John Patrick Clayton	UNISON
Ms Anne Speed	UNISON

The Chairperson (Mr Gildernew): I invite Mr John Patrick Clayton, policy officer from UNISON, to give today's first briefing.

Mr John Patrick Clayton (UNISON): Thank you, Chair and members, for the invitation to brief the Committee and to give evidence as part of its inquiry into the impact of COVID-19 on care homes. I speak on behalf of all my colleagues when I say that the Committee's inquiry is timely and important. I will make some brief remarks to set the scene and context within which the pandemic is, in our view, having an impact on our care homes.

As members will be aware, the numbers of cases of COVID across care homes are rising significantly. That is worrying. As of last night, according to the Department of Health's dashboard, 80 care homes had confirmed COVID cases. There were 46 on 12 October. As the Northern Ireland Statistics and Research Agency (NISRA) reported at the end of last week, for the week ending 9 October, there had, tragically, been 437 deaths of care home residents. That was 47·8% of all deaths. It is clear that COVID-19 has had a significant impact on care homes, as the Committee will be aware. It continues to cause us, as trade unions representing staff, real concern. As the health service finds itself in the second wave of COVID-19, there has, understandingly, been a lot of focus on the protection of acute hospitals, but it is clear that COVID-19 also has a massive impact on our care homes and, more generally, our care sector. Equally, that needs serious attention.

Before COVID-19, there was serious concern across trade unions about the state of our care sector and care homes. That concern related to a number of issues. From UNISON's perspective, it was very much related to staffing levels across homes, pay, and terms and conditions. Members may recall the

'Power to People' report of 2017, which identified that the social care workforce was undervalued, underpaid and, effectively, exploited by the system. Over the past week, we have also seen concerns come to the fore, again, about the viability of care homes. As members will be aware, the care home sector is run almost entirely on the basis of private enterprise. We are concerned about the viability of that sector when it is open to the marketplace, as it is, and about the impact that that has on the care of our older and vulnerable people.

On that note, Chair, I will hand over to Rita, who will draw to the Committee's attention issues relating to the impact that the pandemic is having on our members.

Ms Rita Devlin (Royal College of Nursing): The Royal College of Nursing (RCN) has an independent sector network of managers within nursing homes. It is fair to say that they are at the end of their tether in that they are exhausted, fearful, and each day brings different and new challenges that they are not sure that they will be able to meet.

There are issues with testing. The increased level of testing of patients and staff brings an administrative burden. There is also the fact that, if patients have cognitive difficulties, they do not consent to testing. If you tried to test a patient without their consent, that could be deemed as assault. The tests are not pleasant at the best of times.

As John Patrick said, in 2015, the RCN wrote a paper raising concerns about the viability of nursing homes with the difficulties with staffing levels. That has certainly not improved. If anything, it has got worse. Our managers are very concerned about their ability to cope in this second wave.

We have support systems within the trusts for care homes. We are reliant on them to provide support where there are shortages of staff. One home had 22 staff not available due to isolation and sickness. That is a huge percentage of its staff. It is nigh on impossible to deliver safe care with that level of vacancy and sickness. The trusts are trying to help. Everybody involved is doing the very best that they can for care home residents. However, the difficulties remain and are increasing by the day.

The Chairperson (Mr Gildernew): Thank you. Rita, you were cut off. Can you still hear us?

Ms Devlin: Yes, I can. I was just pausing to see whether anybody wanted to ask questions or for me to expand on anything.

The Chairperson (Mr Gildernew): You spoke of exhaustion and being fearful. We all have a sense of déjà vu of the worst days at the start of the pandemic. The Committee has only admiration for the courage of your staff in those early days. They were contacting us all to tell us of their fears and worries for their families, patients and everything else, but they went on ahead in anyway, even without PPE at times. I want to acknowledge that. It is the Committee's hope that it can, in some small way, improve what is, clearly, going to be a very difficult situation for you all again, regardless of what we come up with in this inquiry.

My first question is to UNISON. Your submission, John Patrick, states that you asked for a regional bargaining forum. Has that forum been put in place to discuss how you can improve the pay and terms and conditions for those you represent and for those whom you represent work with?

Mr Clayton: It is unfortunate that Anne Speed, who is our head of bargaining, has not yet been able to join us.

The forum has not yet been put in place. We have made representations to the Department in relation to establishing it. We have heard welcome statements from the Minister directly. I think that the Minister recognises that there are issues across the social care sector in relation to pay, terms and conditions and the fact that the workforce is undervalued. That case has been well made, and I referred to the 'Power to People' review.

There is no doubt that COVID-19 has shone a fresh light on those problems. People now recognise the huge value of the workforce and that, at times, the workforce has been put in a very difficult position. It is an issue that needs to be resolved. It goes back to the point that Rita and I made about viability. Even before COVID-19, there were serious concerns about the future viability of our social care workforce. If the issue of pay and terms and conditions is not properly resolved, those problems will only become worse.

The difficulty that we have is that trade union recognition in the sector is generally low. Employers do not tend to voluntarily recognise trade unions. For that reason, UNISON believes that we need to have a more centralised bargaining structure and forum where we can have those discussions between employers and trade unions with input from the Department and the Minister directly.

The Chairperson (Mr Gildernew): Thank you, John Patrick. The next question is aimed more at the RCN. In a number of Committee sessions throughout the pandemic, we have looked at the testing regime. I am conscious that the Minister of Health said recently in the Assembly that, out of 28 cases at that point in time, 24 had been found as a result of routine asymptomatic testing. However, in your submission, you said that the potential impact of the testing regime on staff time is unsustainable, and UNISON referenced the European Centre for Disease Prevention and Control (ECDC) recommendations. Rita, what is your view on the call that we have heard in this inquiry from the Commissioner for Older People that staff testing should be increased from fortnightly to weekly?

Ms Devlin: Not only would the administrative burden of that be huge but we have cases of nurses having to come in on their own time and travel for up to an hour to get the testing done, because there is a small window, and, if it cannot be done when they are in work, they are expected to come in outside their working hours. That is totally unacceptable.

Weekly testing would be such a huge commitment for staff. We just got a letter from the Belfast Trust yesterday to say that it will have to pull back on support for staff testing in homes, and more of the burden of that will fall on staff. There is a whole issue around the idea that, if they cannot get support to do the testing, every time that you put another administrative burden on a nurse, you are taking her time away from looking after her patients.

I do not know whether people are aware that patients in nursing homes now are much more complex than they were years ago. I looked after such patients as a staff nurse in an acute medical ward, and they were seen as complex then. Every time that we increase the administrative burden on nurses and home managers, who are also nurses, we take time away from them caring for patients. That cannot be right.

I do not believe that weekly testing would be achievable. I am not sure that the evidence would show us how beneficial it would be. Therefore *[Inaudible]* it is an unachievable ask for them.

Ms Anne Speed (UNISON): Chair, I apologise. I have just got through on the phone. StarLeaf does not like me.

The Chairperson (Mr Gildernew): At least you are here now. You can hear our discussion, and we look forward to hearing from you later. We will go to members' questions. Members can ask a question each, and we will try to go round again for further questions.

Mr Carroll: I think that there is a direct connection between the percentage of care home staff who are in a trade union and staff safety and the ability to raise concerns. Do we have an understanding of how many care home staff are in a trade union?

Ms Speed: I will answer that, Gerry. I think that probably about one third to maybe 40% would be in membership. It is a significant number. It is difficult to completely ascertain the number because a lot of the care homes do not talk to us and it is difficult to get the information about the number of staff that they employ to get the figures right.

The Chairperson (Mr Gildernew): OK. Thank you. I welcome Anne Speed. We did not do that at the start because of her difficulties in getting on to the meeting. Anne Speed is the chair of the Northern Ireland Committee, Irish Congress of Trade Unions (NICICTU) health committee and head of bargaining and representation in UNISON. I also welcome Mr Alan Perry, who is a representative of the GMB. Alan, I see that your hand is raised. Do you want to say something?

Mr Alan Perry (GMB): I echo what Anne said in answer to Gerry's question about trade union membership. The difficulty that we have is that a lot of the independent providers simply will not entertain trade unions, and that is probably why we have difficulties with a number of things that John Patrick and Rita mentioned, such as terms and conditions and understanding the roles that individual staff members undertake in the sector.

The Chairperson (Mr Gildernew): OK. Thank you.

Mr Easton: My question is about PPE. What difficulties did you have at the start of the pandemic in getting PPE, and how do you find getting access to it now? Are staff adequately trained in wearing it? How do they find using the PPE?

My daughter has COVID and is isolating, but her test was sent to her in the post. I do not know whether it would help with testing if staff had tests sent to them in the post. Might exploring that make life easier?

The Chairperson (Mr Gildernew): Who on our panel wants to deal with that?

Ms Devlin: I will answer it.

Ms Speed: I will deal with it.

Mr Easton: They are going to fight for it.

The Chairperson (Mr Gildernew): I will go to Rita and then to Anne.

Ms Devlin: OK. The initial difficulty with PPE was that there was no process for homes to access it from the trusts. It took a while, but it was sorted out, and there were contacts in the trusts to whom the homes could speak to organise getting the PPE.

There is an increased cost for the PPE that is required in the independent sector. That needs to be thought about, because the trusts are providing some of the PPE at a cost to the public purse, which is the right thing to do at this time.

As for the donning and doffing and infection prevention and control, nursing homes have *[Inaudible]* infection prevention and control, as they have had to manage many issues, such as outbreaks of norovirus etc. Therefore, their ability to use PPE is excellent.

The difficultly comes if you have patients who require what we know as "aerosol-generating procedures", which require fully fitted FFP3 masks, for which staff have to be fit-tested. Getting the fit-testing done in time can be an issue, and, if staff fail certain fit-tests, they have to be fit-tested again for other masks. Some of our problems at the minute are to do with the fact that masks for which staff are fit-tested go out of supply, so there is a constant round of fit-testing, as the mask that someone was fit-tested for and passed is no longer available and they have to get fit-tested for another one.

The difficulties are around the constant supply of PPE and the ability of homes to maintain a sufficient supply of PPE and to ensure that they do not run out. I know that the trusts are working very hard to try to make sure that the nursing homes have sufficient *[Inaudible]* PPE to look after patients.

The Chairperson (Mr Gildernew): Thank you. I remind our panel members of the need to put your phone on mute. The sound is cutting in and out, and we think that that is because some of you are not muted when someone else is speaking. I will go quickly to Anne. I also remind the panel that we are fixed for time today and have to be out of here by 2.00 pm, because the Health Minister will be answering questions in the Assembly, and many of us will be engaged in that. We have your submissions and will go through them, so please use the time to illuminate or amplify key issues. Go ahead, please, Anne.

Ms Speed: Rita covered most of what I wanted to say about PPE, except for the fact that we have received information that a new consignment will, possibly, be coming in from China. We are not sure what it will look like or what it will be, so we will reserve our position on that. There is also a gender issue with PPE because some of the production of it has not taken the significant female workforce into account — face shape, size and all of that. All those issues should be addressed now and should not be reappearing. The fit-testing review team, which was to look at the previous difficulties, has had to suspend its review, but we look forward to giving evidence to that team. It has been assigned to look at what the difficulties have been up to now.

I apologise for being late for the session, but I would like to make a few remarks. I will leave it in your hands to call me when that is possible.

The Chairperson (Mr Gildernew): OK, thank you, Anne. We had some remarks from John Patrick at the start, so I will get back to you if possible.

Mr Chambers: How many homes have active union membership at the moment across the sector? Are employers actively placing obstacles against staff who want to join a union? Does that make it difficult for the unions to establish what is happening behind the doors of those homes?

Ms Speed: May I answer that, Chair?

The Chairperson (Mr Gildernew): Go ahead.

Ms Speed: We probably have active membership in about 150 homes out of a total of 400 homes. We have smaller numbers in some homes. For example, we have active membership in the majority of the 42 homes that are about to be sold by the hedge fund that owns Four Seasons. We are very concerned about what is going to happen to them.

The employers will deal with us on individual issues. The difficulty that we have is when it comes to collective bargaining and collective representation. We do not have a forum where we can discuss issues such as those that we have been talking about today — sustainability, workforce terms and conditions, sick pay and all of the things that should be addressed in a rational joint engagement between us and the employers. They have sat on their hands on that issue, and we have come to the point where we are now looking to the Minister to assist us in opening up a dialogue with the care home owners.

It is 2020 and we have to move out of the last century's attitude to collective bargaining and representation. We can contribute and can resolve problems between employers and workforce representatives, but, if they do not come to the table, that becomes more difficult. We have megaphone diplomacy or megaphone engagement and that is not good enough at this stage.

Mr Perry: I want to echo what Anne said. GMB has a sizeable membership across the board with the big providers in Northern Ireland. The difficulties arise with the small, independent providers who maybe have one or two homes or even a stand-alone home. The whole concept of gaining access to or having dialogue with a particular home is very difficult.

The Chairperson (Mr Gildernew): Thank you. I have Paula, Pat, Pam and Órlaithí next, in that order. Órlaithí is on the phone with us; I can see her hand up. I go to Paula.

Ms Bradshaw: Thank you very much. I will be very quick. I want to ask about the recent guidance on care partners. Constituents have contacted me to say that the guidance is not necessarily being implemented in the care homes in which their loved ones are. Do you think that care partners are necessary and important in supporting the most vulnerable and frail residents in care homes?

Ms Devlin: Chair, may I take that question?

The Chairperson (Mr Gildernew): Yes. Go ahead, Rita.

Ms Devlin: The RCN is quite concerned about the Department of Health's care home initiative for a number of reasons. It was announced before the sector was engaged in discussions about it. We are questioning whether there is a view that care home partners will fill gaps in staffing levels by relatives being deployed to do work. There is no clear criteria to identify who care partners are or what they will be doing. There is a concern that people will be brought in as care partners who will not have received adequate training and will not have Access NI clearance. There are safeguarding issues around that.

If the initiative is to be implemented properly, we firmly state that there needs to be a regionally agreed policy on care partnership and clear criteria on what care partners are and what they are there to do. We would have to make sure that there is appropriate guidance for staff in the care partner arrangement because they will be expected to implement and govern it. It is the role of staff to keep patients safe. The care partner agreement has a long way to go, and there is a lot to do before it would be acceptable to the people who work in a care home setting. That is not to take away from patients needing visitors and care and support from the community, but it has to be done properly and within the existing safeguards to safeguard patients against staff. Care partners would have to follow exactly the same rules. That is our belief on that.

The Chairperson (Mr Gildernew): Thank you, Rita. I will now go to Pat Sheehan.

Mr Sheehan: Thanks, Chair. I want to ask about infection control in care homes. We have taken evidence from Hong Kong, where there have been zero deaths in care homes. A lot of that is attributed to serious infection control in those homes. There is, for example, an infection controller who undergoes training and carries out simulation infections and drills throughout the year so that infection control becomes part of the culture. Is anything similar happening in care homes here, and, if not, is there the potential to introduce a system like that?

The Chairperson (Mr Gildernew): Thank you. Which panel member wants to lead on that?

Ms Devlin: I can start, if you like?

The Chairperson (Mr Gildernew): Go ahead, Rita.

Ms Devlin: Pat, I know that the Public Health Agency (PHA) has made money available for a new band 8 role to support infection prevention control in the care home sector. It is hoped that those staff will have an impact on supporting the members and staff who work in care homes. We need to be clear that care homes are different from hospitals, and cleaning regimes are very different. In hospitals, there are a lot of hard surfaces and angular straight walls etc that can be easily cleaned. In care homes, a totally different regime is required for cleaning, which I do not think has been totally understood yet. Funding applications can be made for cleaning in care homes, but I am told that the administrative burden is huge.

Infection prevention control relies on a number of things. In care homes, it is very difficult to have infection prevention control of patients because of their ability to understand the environment that they are in and the need for infection prevention control. It is a constant battle to try to engage patients *[Inaudible]* arena of trying to keep things as safe and clean as possible.

The Chairperson (Mr Gildernew): Thank you, Rita. Anne, is your phone on mute? It is showing up on our screen as being active. Can everyone keeping checking?

Ms Speed: No.

The Chairperson (Mr Gildernew): OK. Can you put your phone on mute, Anne? In the meantime, I will move on. I will go to Pam and Órlaithí. Anne, I will then ask you to come in with those remarks if you have not come in on some of the answers. Then, we will hopefully get another few questions.

Mrs Cameron: Thank you, panel. I have great concerns about visitations and the ability of people to visit and for residents not to feel that they are, quite frankly, living in some sort of prison, where they are denied access to family and loved ones. Age NI has suggested the formation of a committee for each home that consists of residents' family members, with a view to supporting the home and facilitating safe visits with appropriate social distancing and PPE. Have you had any engagement on that proposal? Do you have any views on it?

The Chairperson (Mr Gildernew): Who wants to lead on that? Alan, I will go to you first this time and then to Anne in relation to visiting.

Mr Perry: Thanks, Chair. No, I am not aware of that proposal at this time.

The Chairperson (Mr Gildernew): OK. Anne, do you have a view on that with regard to visiting?

Ms Speed: Obviously, we are prepared to engage at that level in homes or in some form with home owners to ease the burden of isolation. I absolutely understand the question. No, we have not been consulted on that. I hear rumours that something will be proposed by home owners. However, we do not have the detail.

The Chairperson (Mr Gildernew): Thank you. OK. I will go to Órlaithí. Are you on the line with your question, Órlaithí?

Ms Flynn: Yes, I am. Can one of the panel describe the impact of the decision to repurpose the Regulation and Quality Improvement Authority (RQIA) and to stop and scale back those inspections? I am not sure whether you have had any feedback from your members on that issue. What was the impact of that decision?

The Chairperson (Mr Gildernew): Who on our panel wants to lead on that?

Ms Speed: I will come in on that, Chair. In the first surge, we engaged — I personally engaged — with the RQIA fairly substantially on that issue. We played a role in trying to *[Inaudible.]*

Mr Clayton: Chair, I will come in while Anne is resolving her phone issues. As Anne was saying, UNISON certainly engaged with the RQIA quite a bit during the first surge. For some time, we have had concerns about social care more broadly, and what we have tried to set up with the RQIA in the past and continue to pursue is a more effective mechanism by which we relay concerns that our members might raise with us to the RQIA in its role as regulator. We have discussed with the RQIA the potential for some sort of information-sharing protocol. We continue to engage with the RQIA on that. It would be a welcome development for us to have an easier way in which to relay directly to the regulator concerns that our members may raise with us so that it has sight of them at an early stage. That would be a positive step forward, particularly in the light of what is going on with COVID and the difficulties that it presents for the RQIA around regulation of homes.

The Chairperson (Mr Gildernew): Thank you. Rita, you want to come in on that point.

Ms Devlin: During the first wave of the pandemic, the RQIA set up a support network and a support line through which members could identify their issues to the RQIA. That process was supportive. The support line is still available for members to contact with their issues, but we are hearing that it is not as time-sensitive or as quick to respond now as it was in the first surge. There was a lot of good support from the RQIA at the beginning, and we hope that it is replicated in phase 2, in which, it seems, we are. We hope that that support from the RQIA will be available again.

The Chairperson (Mr Gildernew): I am going to go across to Anne and, hopefully, get some remarks from her. For your information, Anne, in the initial question, we discussed the bargaining forum and the lack of progress there. Go ahead with your remarks. Following that, I have a question on the discharge policy, and I will take a question from another member or two. We might squeeze in another couple of questions.

Ms Speed: The most important issue that we want to raise is the opportunity to hear the voices of the staff, the clients and the patients — the residents. We think that some initiatives are being considered. Regardless of any initiatives taken in the next few days, it is important that we have a space to advocate, and that has been emphasised. If further resources are allocated, there has to be transparency and accountability. There also has to be significant monitoring of any further funding that is applied, and there must be guarantees that the benefits will flow not only to the clients and residents, obviously, but to the workforce, because we are still hearing stories of time lags in the money from the last sick pay support scheme coming back to the workforce. Those issues have to be addressed if further funding is available. We are asking the Minister to take the lead and to create that forum and to give us the opportunity to work with home owners on all the issues that are being discussed today.

I thank the Committee for its vigilance and attention. It is important to us that the Committee is holding the independent sector to account. It is also important that the profile of social care is raised to the highest level possible, because it is seen as the poor relation of the health service. With the unfolding of the second surge, it is clear that community and care home infection rates are growing apace. It is important, therefore, that good healthcare is supported with resources and attention to the social care sector, including the domiciliary care staff who are going in and out of people's homes. I give a big thank-you to the Committee for its continuing vigilance. We have been campaigning for the past number of weeks. Hopefully, we will hear good news in the next couple of weeks, and there will be strong mechanisms of accountability and transparency, and delivery of benefits and support to the workforce.

The Chairperson (Mr Gildernew): Thank you, Anne. Alan, do you want to come in on that?

Mr Perry: I echo what Anne said. As trade unions, we welcome the opportunity to address the Health Committee. I have one or two concerns. One concern, which Anne touched on, relates to the funding for the COVID payment that the Minister presented a few months back. I do not think that all providers have availed themselves of it and, subsequently, it has not been passed on to staff. We rolled out advice to all providers where we have members, and the response clearly indicates that providers have not done it. That is obviously a huge concern.

Another wee thing coming down the line is the proposed sale of the 42 Four Seasons care homes. The trade unions were told about that on 10 October. There is genuine concern, if a buyer cannot be found for those homes, about what will happen not only to the staff but, more importantly, to the residents of the 42 homes.

The Chairperson (Mr Gildernew): The current rules of the discharge policy remain in place. They require testing 48 hours before a patient is discharged from a hospital to a care home. However, the current guidance also makes it clear that homes may still need to accept individuals with COVID-19, although it states that, ideally, patients who are COVID-positive or symptomatic, or COVID-positive residents, should not be discharged where possible and that the discharge should not take place in the small minority of care homes that cannot provide isolation facilities.

I also note that the RCN submission states that it expects a negative test prior to discharge from hospital and flags staffing and other issues with seeking to isolate a person in their room, especially if that person is living with dementia or something similar.

My question to the panel is this: how well is the system working and what further steps are required to ensure that we raise the performance and protection of the care home sector in the second wave in relation to the discharge policy?

Alan, you are nodding. Have you something to contribute?

Mr Perry: I have spoken to our members, and they are seeking clarification on the number of residents who are being discharged. In a number of homes, there is a high level of vacancies and spare beds. The question is: are elderly people being discharged and, if so, where exactly are they going?

The Chairperson (Mr Gildernew): Rita, have you something to tell us about the RCN submission and the discharge policy?

Ms Devlin: After the first wave, the discharge policy was probably very easy to implement, given that we were in very low numbers. My concern is that pressure will mount again if numbers go up, and the need for beds in the trusts increase. Homes could find themselves under pressure to admit patients who test COVID-positive, or admit them without having the result of a COVID-19 test.

It is very difficult to isolate patients, particularly if they have cognitive impairment, without physically stopping them from getting out and about. That is a whole other issue for nurses; it is a deprivation of liberty. How do you get somebody to do something that they do not want to do? We need to keep an eye out, as the pressure builds, for how that discharge policy is being implemented and interpreted. We need to support our staff in nursing homes to say that they are unable to take patients who are COVID-positive as they do not have the facilities to look after them.

Pressure may also increase because we are hearing that the independent sector has reduced the number of patients, which reduces its ability to function as a business. That could be a source of pressure from a completely different angle. Again, we need to keep our eye on that as the pressure grows.

Mrs Cameron: With respect to the discharge policy, I was made aware of a case in my constituency that happened in the last two weeks. A resident had a fall and went to A&E to have some treatment. While she was in A&E, she had a COVID test and was then released to go home. She went home and, during that first day back, she was informed that she was positive. I thought that that would not happen at this stage. I was quite taken aback. Is it your understanding that that has not been happening in recent days?

Ms Devlin: I suppose it depends on how long the patient had been in the ED. If a patient was in an ED and was sent back out again, that would be a different scenario from being in an ED, admitted to

the hospital and being there for a number of weeks, and then being discharged. It all depends on what happened on that individual patient's journey, so it is hard to comment on that case without knowing the facts.

The Chairperson (Mr Gildernew): I hear the five-minute Division Bell. Pam, did you have another question? We will then maybe get one quick question from Gerry.

Mrs Cameron: The suggestion in the current guidance is for one hour once a week for visitation in homes. Can you comment on the idea of breaking that down into two half-hour visits a week as opposed to one hour? I know that it is just not working for many people who are attempting to visit loved ones in homes. They are given a time slot and the individual could be sleeping so they do not even get to see them. That is quite distressing. Have you any thoughts about the idea of a twice-weekly visit, which would be a smaller chunk of time?

The Chairperson (Mr Gildernew): Just a quick response, please, panel.

Mr Clayton: Rita will maybe comment on this as well. With a lot of those issues, I think that we need to understand how that might impact on the risk of transmission. That is my instinctive reaction. We would need to have a detailed discussion with the Department, the PHA and the board on that. We have obviously been engaging with the system on the basis of trying to reduce footfall in and out of the homes. My initial concern is that having two half-hour slots rather than one one-hour slot might have an impact that could increase the risk of transmission. I appreciate the difficulties being posed for families and the concerns about residents being isolated. Rita, you might want to say something.

Ms Devlin: I will say the same thing. You would need to understand where the initial one hour a week came from. Was that an evidence-based decision? If it was, we would need to look at the evidence. If it was not and a home says that it has the facilities to allow two visits a week, that would have to be a decision by an individual home. It is very hard to make blanket decisions for 400 care homes that are at various stages and phases of infection or not. We would need to look at the evidence surrounding that decision in the first place and where it came from.

The Chairperson (Mr Gildernew): Gerry, a real quick one.

Mr Carroll: Yes, I think that we maybe got a two-minute answer. Anne said that some care home owners do not speak to unions. I have been told that some providers do not let unions on site. In the short time that we have left, do you have any concerns about that? Perhaps you can put those in writing to the Committee.

The Chairperson (Mr Gildernew): I will ask for that in writing because we have lost our quorum. I thank the panel very much for engaging with us today. Thank you for taking the time to present your expertise on very practical issues, which has been of great value in this session. For the time ahead, I wish the very best to you and all the people whom you represent so effectively day to day. The Committee is conscious of the issues and will continue to keep an eye on them. Go raibh maith agaibh agus slán.