# COVID-19 Information Pack for care providers

**The purpose of this pack is to provide regional and local information, guidance and access to support to enable care providers in NCL to respond to COVID-19**

**Version 14**

**17 September 2020**

# Version

| Version | Purpose / change | Date |
|---|---|---|
| 10 | Initial guidance pack published and circulated | 9 April 2020 |
| 11 | Guidance pack content updated to:<br>• Align with the latest national guidance on COVID-19<br>• Reflect the latest local developments to support care homes respond to COVID-19<br>• Align with and compliment the London Care Home Resource Pack (v1.1) produced by NHS England and NHS Improvement | 11 May 2020 |
| 12 | Guidance pack content updated to:<br>• Align with the latest national guidance on COVID-19<br>• Reflect the latest local developments to support care homes respond to COVID-19<br>• Align with and compliment the London Care Home Resource Pack (v2) produced by NHS England and NHS Improvement | 29 May 2020 |
| 13 | Guidance pack content updated to:<br>• Align with the latest national guidance on COVID-19<br>• Reflect the latest local developments to support care homes respond to COVID-19<br>• Align with and compliment the London Care Home Resource Pack (v2.1) produced by NHS England and NHS Improvement | 8 July 2020 |
| 14 | Guidance pack content updated to:<br>• Be grouped into themes and combined with the London Care Home Resource Pack (v4) produced by NHS England and NHS Improvement<br>• Align with the latest national guidance on COVID-19<br>• Reflect the latest local developments to support care homes respond to COVID-19 | 17 September 2020 |

# Contents



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| **NCL social care provider webpage** | • We have developed a dedicated webpage for staff who work in social care settings in NCL.<br>• The webpage contains the latest COVID-19 updates that are relevant to care providers and links to a range of useful information on topics such as testing; infection, prevention and control; staff health and wellbeing; end of life care; digital support; key guidance…etc. The webpage also contains information on available training and webinars.<br>• You can access the webpage via the NCL CCG website here http://www.northcentrallondonccg.nhs.uk/my-health/covid-19/care-homes-support-and-guidance/ |

# Health and wellbeing

**What you will find in this section:**

- NCL local and national wellbeing offers
- Supporting residents' health and well-being
- Supporting residents to exercise and get moving

# NCL resource: local and national wellbeing offers

Supporting the mental health and wellbeing of NCL staff is one of our biggest priorities during the COVID-19 pandemic. To support staff through these challenging times we have developed a dedicated NCL wellbeing pack. The pack sets out some of the resources and support that are available locally and nationally to help you during the pandemic. You can find the pack here.

## Contents

**Source:** NHSE&I London regional care home resource pack V.4

# Supporting residents' health and well-being

Your role is important in helping people in your care to enjoy their daily life and take a full part in it as much as they can and is possible. When choosing activities it is important to take in to account, the likes and preferences of your residents.

The **Health Innovation Network (HIN)** has produced an Activities guide which collates a number of activities which are free to use and dementia friendly: activities on tablets, access to online newspapers and magazines, physical activity, film, music and TV and livestreams. The guide can be found here

Some of your residents may have lost friends that they live with, care staff or family. At a Loss recommends speaking to the bereaved or offering help, listening (ask, don't give solutions), showering them with good things, ensuring others do too, and keeping it up.

Cruse also recommends ways to support someone who is grieving. Be honest. Acknowledge the news by sharing your condolences, saying how sorry you are that their friend or relative has died. Share your thoughts about the person who died (if appropriate), tell your friend or relative how much the person will be missed and that you are thinking of them. Remind them that you are there for them, as much as you can be.

## Think

- How it can feel when you have nothing to do all day or no one to talk to?
- How can I engage my resident in activities they like and enjoy?
- How can I enable and support residents to make video calls?
- Have you considered the spiritual needs of residents?

## Ask

- "What do you enjoy?" "what do you like to do?"
- Family members about their loved ones preferences
- Check the care plan to learn more about your residents family and social history
- Can the Local Authority and CCG support us?

## Do

- Refer to existing material such as the HIN's activity guide
- Use the NHS live well resources
- Make activities fun and engaging

### Resources

Physical activity for adults and older adults poster
Faith Action – advice and resources
Managing activities for older adults during COVID-19 (HIN) link
NHS Live Well link
Relatives & Residents Association helpline
At a Loss tips to help someone bereaved at this time here
Cruse – what to say when someone is grieving here.
Death & Grieving in Care Homes during COVID-19: Guidance
Activity ideas for people with learning disabilities

**Source:** NHSE&I London regional care home resource pack V.4

# Supporting residents to exercise and get moving

Exercise and physical activity help residents to keep moving and prevent falls. It can also **improve mood and wellbeing**, prevent constipation, pressure sores, reduce weight gain and improve sleep.

Some people don't like exercise. **Activities such as gardening and walking are also great activities** for those who don't enjoy exercise. Maintaining a **routine** is key

Simple things can help residents **move more** such as

- Walking to the dining room for meals and laying the table
- Sorting laundry
- Going outside to feed the birds

If someone is **isolating in their room** it is really important to encourage physical activity. This can be as simple as practicing standing up and sitting down again or chair based exercises.

Residents who have had coronavirus or other illness may take some time to build up the amount of activity they can do. Healthcare professionals such as physiotherapists and occupational therapists can help – ask at your 'weekly check in'

People with learning disabilities are at increased risk of being overweight or obese compared to the general population. A balanced diet and keeping active can help reduce obesity levels.

Slight soreness in muscles the day after exercise is common. If you are concerned your resident doesn't look well or is in pain during physical activities – stop and get advice from your resident's physiotherapist or GP.

## Think

- Some physical activity is always better then none
- How can we help our residents to sit less and move more
- What group activities can we do whilst maintaining social distancing, for example group chair exercises

## Ask

- Your residents what physical activities they enjoy or used to enjoy
- If you have an activities coordinator ask for their advice

## Do

- Include exercise/ physical activity in your residents care plan
- Check you resident is wearing supportive, well fitting shoes for exercise
- If using a support for standing exercises use a sturdy chair or wall rail
- Discuss with your residents GP if you have any concerns

## Resources

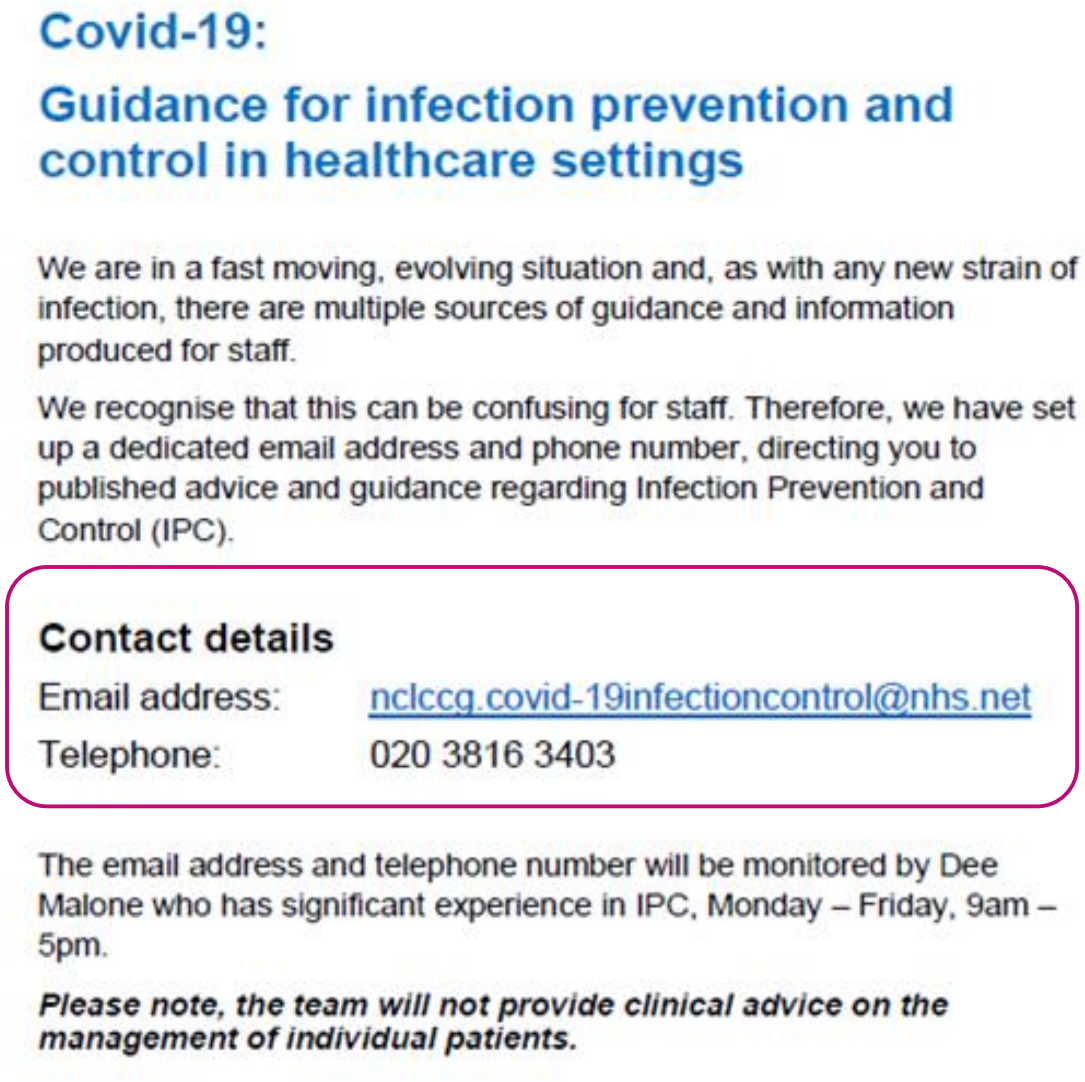
- Simple set of exercises to stay active from the Chartered Society of Physiotherapists - video and a poster
- Later life training you tube exercises including chair based exercises
- Exercise videos from Age UK
- Royal College of Occupational Therapists living well in care homes

# Infection, Prevention and Control

**What you will find in this section:**

- Support and advice on IPC for NCL care providers
- PPE supply information
- IPC and PPE guidance for staff providing direct resident care, care home staff and those providing care within a person's own home
- Visiting arrangements and restricting workforce movement
- Donning & Doffing
- PPE for Aerosol Generating Procedures
- Face coverings for residents

# NCL resource: Support and advice on infection prevention and control for care providers



## Covid-19:

## Guidance for infection prevention and control in healthcare settings

We are in a fast moving, evolving situation and, as with any new strain of infection, there are multiple sources of guidance and information produced for staff.

We recognise that this can be confusing for staff. Therefore, we have set up a dedicated email address and phone number, directing you to published advice and guidance regarding Infection Prevention and Control (IPC).

**Contact details**

Email address: nclccg.covid-19infectioncontrol@nhs.net

Telephone: 020 3816 3403

The email address and telephone number will be monitored by Dee Malone who has significant experience in IPC, Monday – Friday, 9am – 5pm.

***Please note, the team will not provide clinical advice on the management of individual patients.***

| Care home/independent sector telephone support requirement | Infection control website/telephone line response to care home support requirement |
|---|---|
| Advice on infection control and management if a resident is admitted with suspected / tested CV19. | IPC email response/call will sign post to current guidance, but will **NOT** provide clinical advice on the management of residents. |
| Signposting to relevant guidance, and to 111, GPs, MDTs as relevant. | IPC email response/call will do this. |
| Helping providers understand and interpret the guidance. | IPC email response/call will do this. |

For further information, please visit the North Central London Infection Prevention and Control webpage

# NCL PPE and IPC support

- Health care workers (from primary care or community providers) who are attending a care home should bring their own PPE.
- We can offer a limited solution for partners of 4 core products (FFP3 masks, Surgical Masks, Aprons, Hand disinfectant (500ml bottle)). If you are going to run out today or tomorrow, please contact your normal supply chain. If your normal supply chain is unable to assist, please contact your relevant borough lead below. If necessary, borough leads will be able to escalate your PPE issues to the NCL PPE hub.

| | |
|---|---|
| **Barnet** | Hannah Richens: Hannah.Richens@barnet.gov.uk & Sam Raffell: sam.raffell@barnet.gov.uk |
| **Camden** | Tim Rising: Tim.Rising@camden.gov.uk |
| **Enfield** | Darren Ware: Darren.Ware@iwenfield.co.uk |
| **Haringey** | Farzad Fazilat: Farzad.Fazilat@haringey.gov.uk & Rick Geer: Rick.Geer@haringey.gov.uk |
| **Islington** | Dan Lawson: ppeascsupplies@islington.gov.uk |

**When contacting your borough leads**

- Outline your concern including the requirement.
- What your current stock levels are and if you have confirmed or suspected COVID cases within your home.
- If you do not get a response from your local authority, please ask them to escalate to the STP for mutual aid support.
- Where issues with local supply exist, this will be escalated to the regional Supply Chain team for support.

- National supply line for face masks: 0800 9159964/ 01912 836543/ email: supplydisruptionservice@nhsbsa.nhs.uk. We are sorry about the national delays to PPE. We know it has impacted on workers in social care as well as the NHS.

## IPC training

- The CCG is providing assistance to the Local Resilience forums, and offering a face to face or virtual “train the trainer” programme on Infection Prevention Control (IPC). The training provides a thorough overview of managing the spread of COVID-19 and correct use of PPE. All care homes have been offered training. For NCL care providers, training is being over Microsoft Teams. The virtual training sessions are led by Local Authority care home commissioners and being held every Thursday at 2pm until the end of October. Further details about the training will be communicated by the Care Home Leads. Training times and dates can be viewed on the IPC webpage.

**Source:** NHSE&I London regional care home resource pack V.4

# Infection Prevention and Control

**Infection prevention and control:**

- Follow the guidance on handwashing and social distancing
- Follow the guidance to see if you should be using PPE
- **All staff** should wear masks **at all times** until you take a break from duties (e.g. to drink, eat, for your break time if stepping outside of the care home or at end of shift when leaving the care home).
- Staff should adhere to social distancing in communal areas, including break rooms.
- Masks can be used continuously, depending on different scenarios
- Gloves and aprons are for single patient use only
- **If you take your mask off, it MUST go in the clinical waste bin**

Follow clinical advice on length of isolation for your resident which will depend on clinical symptoms and test results. Use Infection Control guidance.

Care for resident using PPE (what to use and how to wear and dispose)

Due to sustained transmission PPE is to be used with all patients. Additional PPE is required for Aerosol Generating Procedures as described in the table.

- Use correct handwashing technique (video and guidance)
- Consider bathroom facilities. If no en-suite available:
  - Designate a single bathroom for this resident only
  - Use commode in room

**Resources**

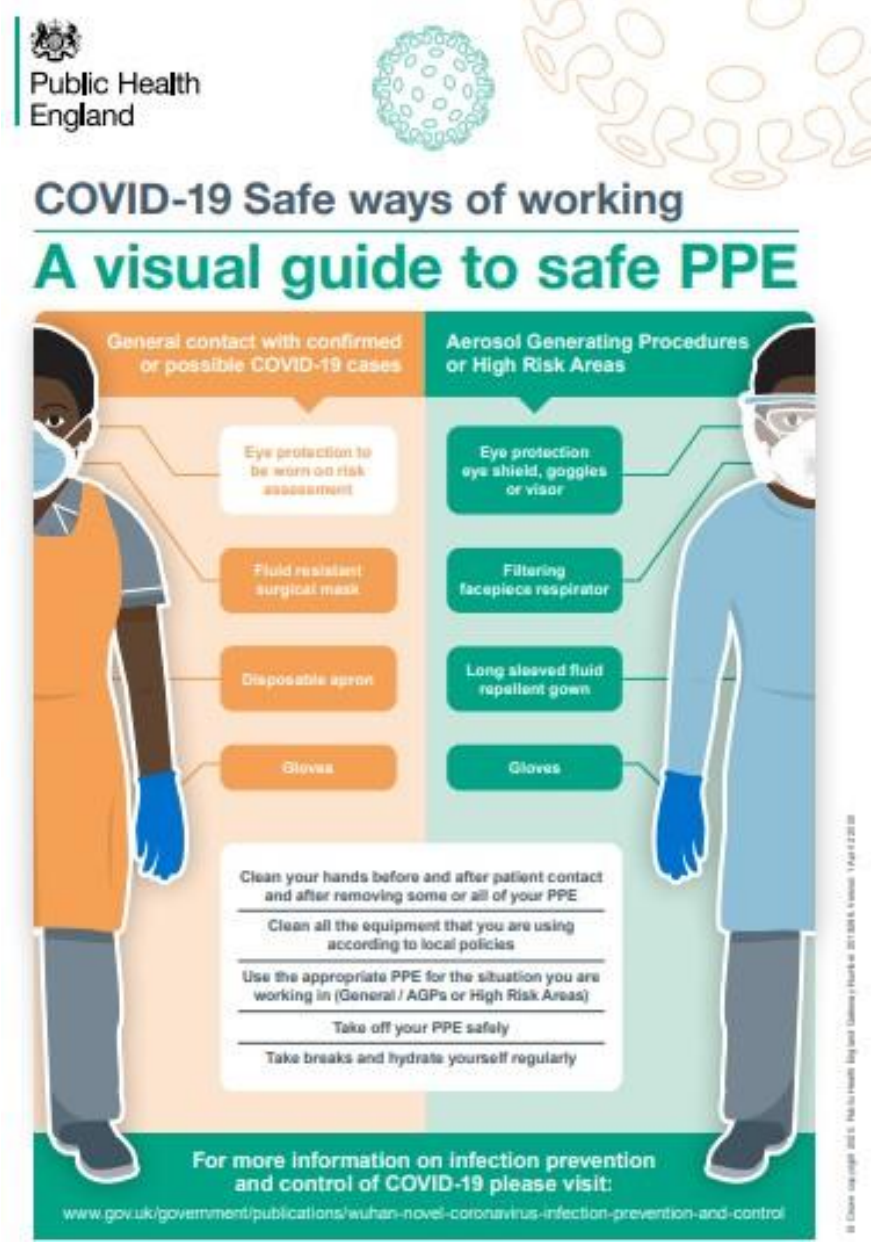
Infection Control: Guidance

COVID-19 Personal protective equipment use for non-aerosol generating procedures: Guidance

COVID-19 Personal protective equipment use for aerosol generating procedures: Guidance

COVID-19 How to work safely in care homes: Guidance

Best practice - How to hand wash: Poster



# NCL Guidance: Advice for all staff providing direct resident care

Note direct care in this slide pack refers to any care delivered within 2 metres of a resident

If a member of staff is concerned they have COVID-19 they should follow the NHS guidance

If they are advised to self-isolate at home they should follow the PHE guidance

If advised to self-isolate at home, they should not visit or care for individuals until safe to do so

**Self isolation guidance for staff:**

- **If you have symptoms of COVID-19** (temp ≥37.8°C, or a new continuous cough or loss or change to your sense of smell or taste) **you should: not attend work, immediately notify your line manager, and self isolate for 10 days**
- **After 10 days you can return to work on day 11** provided any temperature has resolved without medication for 48 hours and you're medically fit to return. It is noted after 10 days you can return to work on day 11 if a cough or a change/loss in normal sense of smell or taste is the only persistent symptom, and you've been without fever for 48 hours and are medically fit to return.
- **If someone in your household has symptoms of COVID-19 you must self isolate for 14 days**
- If you are well but then develop symptoms at any point during this 14 day period you should self isolate for **10 days from the first day of your symptoms**. Then you can return to work as outlined above
- If you are symptomatic you can get tested or if a member of your household is symptomatic they can get tested – see slide 50 onwards for testing information
- If your test is negative, you have no symptoms, are medically fit to do so, and have not been identified as a close contact of a confirmed case you can return to work.
- If the symptomatic household members test is negative you can return to work and everyone can stop self isolation
- **If you have come into close contact with a person outside of work** who has either recently tested positive to COVID-19 or has a suspected case of COVID-19 you must self-isolate for 14 days.
- **If the you have come into close contact with a person at work** who has either recently tested positive to COVID-19 or has a suspected case of COVID-19, for example due to a PPE breach, then you must:
  - Report about the PPE breach and close contact to your manager
  - Your manager will conduct a **mini risk assessment** of the exposure in conjunction with local IPC policy and decide whether it warrants self-isolation for 14 days.

In the event staff members are supporting and/or accompanying residents to hospital visits, in accordance with national guidance, all hospital visitors and outpatients will need to wear face coverings at all time. Staff working in all areas of the hospital are expected to wear surgical face masks.

For the full latest national guidance on infection control (including personal protective equipment or PPE):
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

# NCL Guidance: Visiting arrangements and restricting workforce movements

**To minimise the risk of transmission, care home providers are advised:**

- If care homes feel it is appropriate to do so and there is no ongoing outbreak, care homes are able to put in place measures which enable residents' friends and family to safely visit in a low risk way in alignment with national guidance.
- **Residents' friends and family should continue to be allowed to visit in exceptional circumstances** e.g. next of kin visiting at end of life (NHS Guidelines on visiting at end of life)
- **Alternatives to in-person visiting** should continue to be explored e.g. video, telephone etc. to maintain the wellbeing of residents during this time
- Contractors on site should be kept to a minimum and be supported to wear appropriate PPE.
- Healthcare professionals may do reviews virtually or in person with appropriate PPE (this will be decided between yourselves and the healthcare professional).

**Restricting workforce movement and minimising workforce transmission**

- Bedded care providers should try to have a settled staff team based in individual sites as staff working across multiple sites (including use of agency and bank staff) increases the risk of infection. You can find a checklist of actions that you may consider taking for reducing staff movement here.

# NCL Guidance: PPE advice for care home staff

**When providing close personal care in direct contact with the resident(s) (e.g. touching) (regardless of COVID status) OR within 2 metres of any resident who is coughing you must wear:**

- Fluid resistant mask (risk assess for sessional use)
- Single use plastic apron and gloves
- Eye protection (if splash risk)

**Use of PPE when within 2 metres of a resident but not delivering personal care or needing to touch them, and there is no one within 2 metres who has a cough:**

- Type II surgical mask (Sessional use)

**In any other situation when in a care home and at a distance of 2 metres or more away from residents** (e.g. when working in staff only areas) you must wear a Type I or Type II surgical mask. This applies to all staff, even if you do not deliver care to residents.

**Note:** This is not considered PPE as it is not used for protection of the staff member wearing the mask but is to prevent them passing on COVID-19 from their mouth and nose to other people in the care home.

# NCL Guidance: Additional advice for home care staff - those providing care within a person's own home

**When providing close personal care in direct contact with the client(s) (e.g. touching) (regardless of COVID status) OR within 2 metres of anyone in the household who is coughing :**

- Fluid resistant mask (risk assess for sessional use)
- Single use plastic apron and gloves
- Eye protection (if splash risk)

**When within 2 metres of a client or household members but not delivering personal care or needing to touch them, and there is no one within 2 metres who has a cough (unless the individual is shielding)**

- Type II surgical mask

**Any other work situation when in a client's home; or in your work premises; or with other staff members**

- Type I or Type II surgical mask

**If any member of a household in which direct care is being provided is shielded (also known as the extremely vulnerable group) PPE should be worn**:

- Single use gloves, apron and a surgical mask
- Note if any household member has suspected/confirmed COVID-19 the additional PPE as described in the above box is advised

You can find further guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 here

**Other general interventions include**:

- Increase cleaning of hard surfaces
- Keep properties well ventilated by opening windows whenever safe and appropriate
- Good hand hygiene

**Source:** NHSE&I London regional care home resource pack V.4

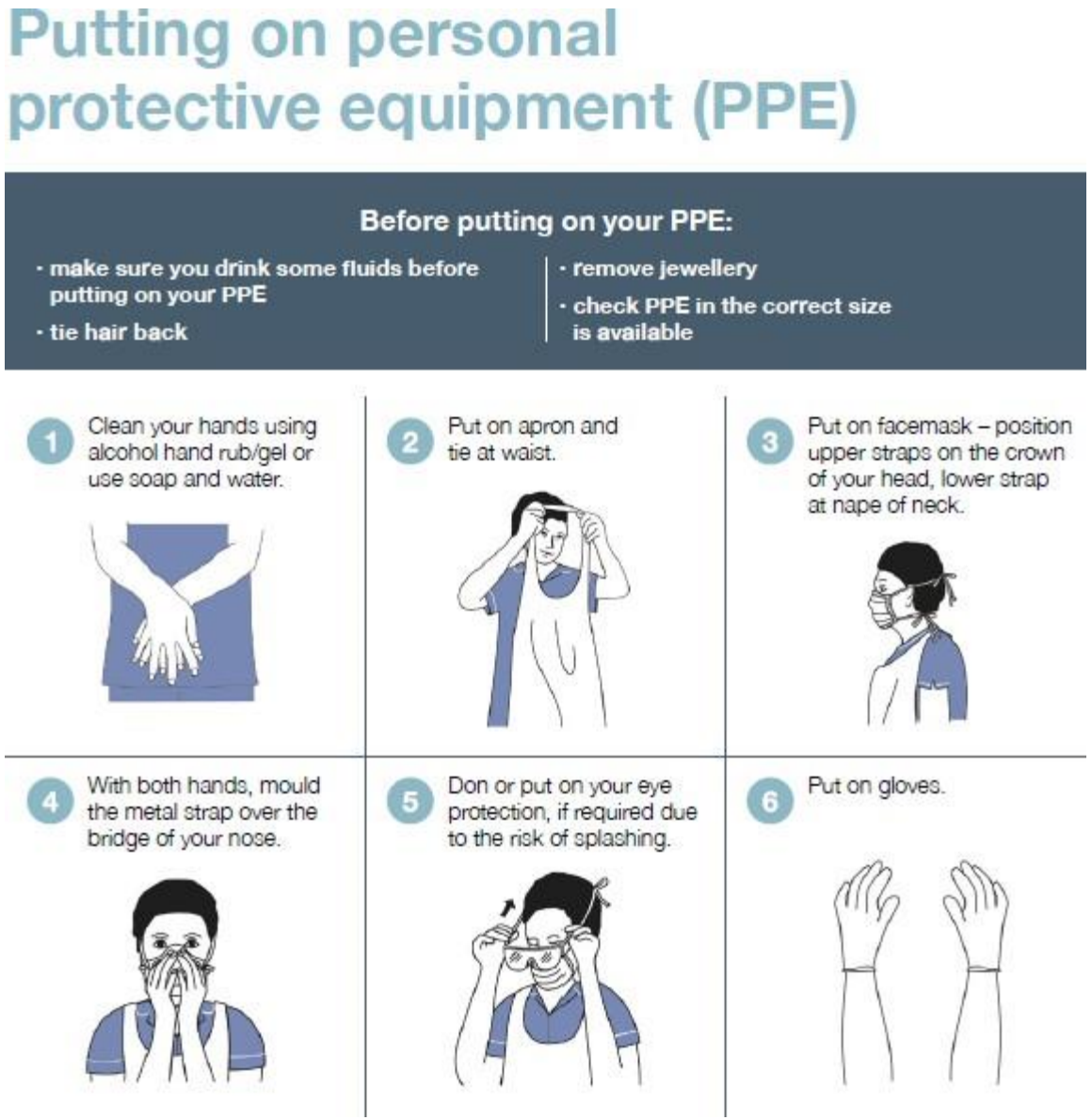
# Putting on (donning) PPE for care homes

**In your care home:**

Different types of PPE are worn depending on the type of work people do and the setting in which they work. Click on this link to see the video on how to put on PPE and take it off in your care home. You can also use the poster on the right.

**Why are people wearing different PPE?**

You may see other people wearing different types of PPE, for example, paramedics, district nurses and GPs. This is because some roles will have contact with more people in different procedures and settings, who are possibly infected. In addition, there are a number of styles of PPE made by different manufacturers. You will see, for example, not all face masks will look the same.




**Resources**

PPE in all settings: Guide
How to work safely in care homes: Guide and Video
Personal Protective Equipment from Public Health England and the NHS: Video

**Source:** NHSE&I London regional care home resource pack V.4

# Taking off (doffing) PPE for care homes

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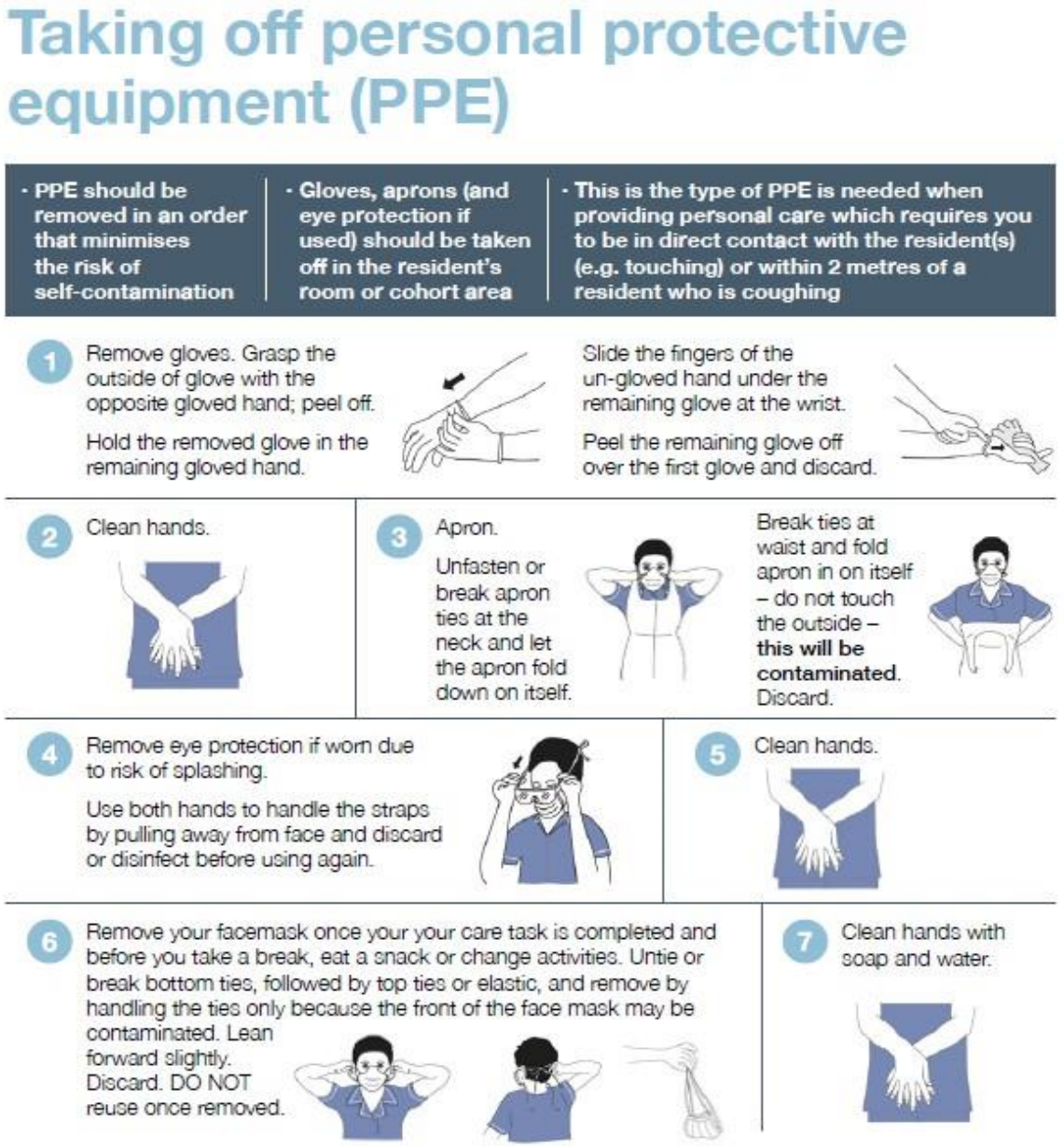


# NCL guidance: PPE for Aerosol Generating Procedures

A number of you will provide care and support to people with tracheostomies, who require suctioning, residents receiving non-invasive ventilation etc.

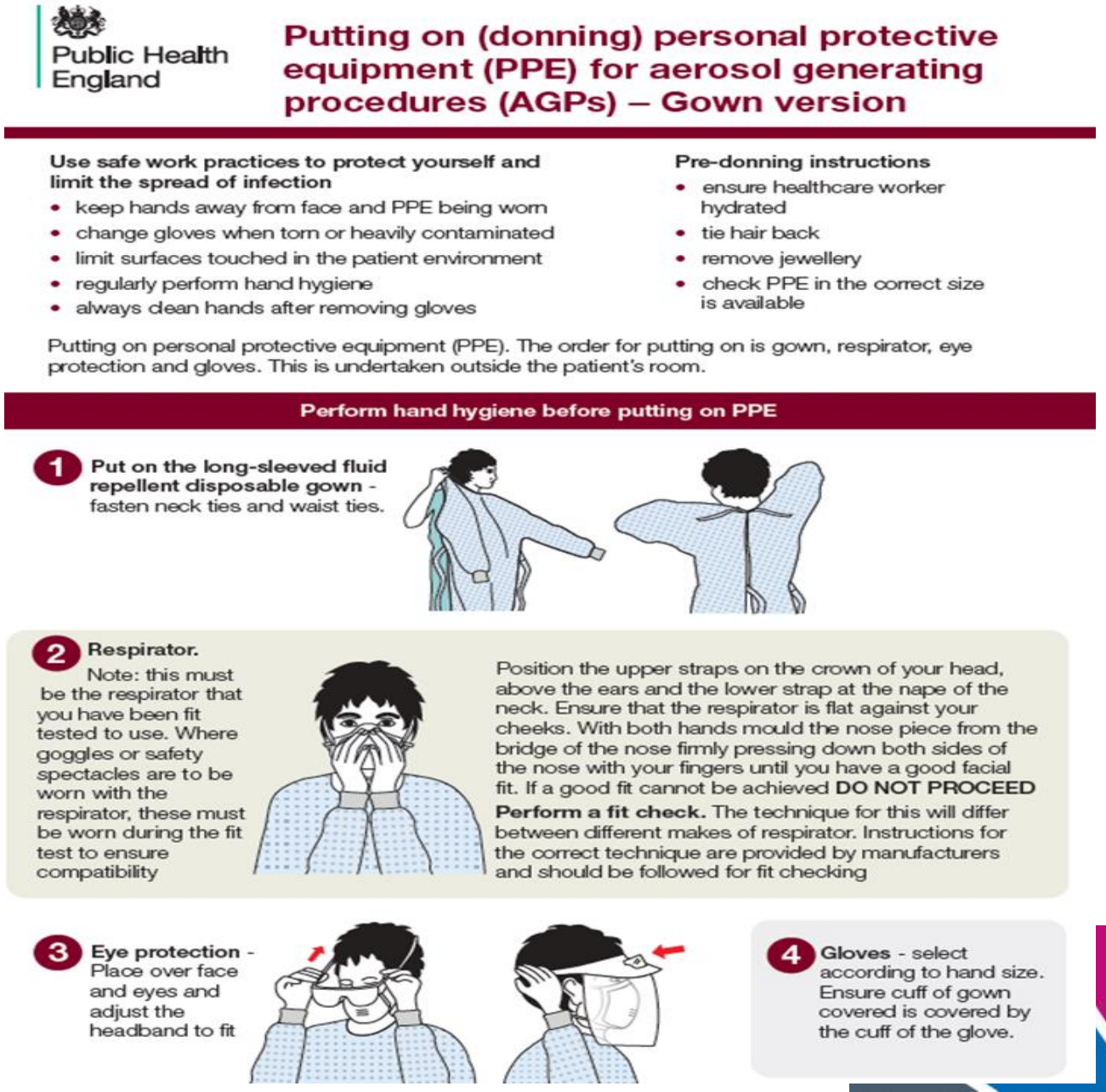
These procedures can generate tiny particles from the respiratory tract which might be inhaled by people in the room.

Staff involved in caring for these patients will need a higher level of PPE and will need specific training in its use.

- ✓ Long-sleeved gown
- ✓ Eye protection (visor or goggles)
- ✓ FFP3 respirator

Speak with your manager to arrange for specific training on FFP3 respirators.

If you need support accessing FFP3 masks or fit testing kits / training please contact your local borough PPE lead.



Public Health England

## Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

**Use safe work practices to protect yourself and limit the spread of infection**

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

**Pre-donning instructions**

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

**Perform hand hygiene before putting on PPE**

1 **Put on the long-sleeved fluid repellent disposable gown** - fasten neck ties and waist ties.

2 **Respirator.** Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

**Perform a fit check.** The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

3 **Eye protection** - Place over face and eyes and adjust the headband to fit

4 **Gloves** - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

**Source:** NHSE&I London regional care home resource pack V.4

# Face Coverings for residents

In the context of the coronavirus (COVID-19) outbreak, a face covering is something which safely covers the nose and mouth. You can buy reusable or single-use face coverings.

In England, you must by law wear a face covering in the following settings:

- Public Transport
- Shops and Supermarkets as of 24 July 2020
- Hospitals or any NHS Setting either as a visitor or attending an appointment.

**Individuals can be exempt from wearing a face covering if:**

- not being able to put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- if putting on, wearing or removing a face covering will cause you severe distress
- if you are travelling with or providing assistance to someone who relies on lip reading to communicate
- to avoid harm or injury, or the risk of harm or injury, to yourself or others.
- to avoid injury, or to escape a risk of harm, and you do not have a face covering with you
- to eat or drink, but only if you need to
- to take medication
- if a police officer or other official requests you remove your face covering

## Think

- Will the resident tolerate wearing a face covering?
- Is the visit to the setting necessary, for health appointments can a virtual appointment take place?

## Ask

- Does the individual need to travel on public transport or can alternative forms of transport be considered?
- Does the face covering meet the PHE recommended minimum of two or three layers?

## Do

- Make sure the resident can breathe ok
- Wash your hands when you put it on and take off
- Ensure that residents **do not** keep touching the face covering when wearing it

**Resources**

Guidance on Face Coverings to attend health appointments
Guidance on Face Coverings for other settings
Easyread posters on Face Coverings
PPE- resource for care workers during covid-19

# Caring for residents during COVID-19

**What you will find in this section:**

- Suspected Coronavirus Care Pathway
- NHS111 Starlines for urgent clinical advice
- Managing respiratory symptoms and recognising when your resident becomes unwell
- Supporting residents with learning disabilities, dementia, confusion or who may require hospital care
- Managing falls
- Talking to relatives
- FAQs for families, friends and carers: How is my relative being cared for during the COVID-19 pandemic?

# Summary: Suspected Coronavirus Care Pathway - Residential and Nursing Care Residents

## Suspected Cases

Consider COVID-19 infection in a resident with any of the following:
•New continuous cough, different to usual
•High temperature (≥37.8°C), shivery, achy, hot to touch
•Loss or change to sense of smell or taste
Care home residents may also commonly present with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea and other subtle signs of deterioration.
Record observations where possible: Date of first symptoms, Blood Pressure, Pulse respiratory rate and Temperature (refer to Thermometer instructions) – Remember to Maintain fluid intake

**For more support**, call the residents **GP** in the first instance
Call **111* Star 6** for urgent clinical advice, or if the GP is not available – this will put you in contact with a Clinician in NHS 111

### Isolation for people who walk around for wellbeing (dementia, learning disabilities, autism)

Use standard operating procedures for isolating residents who walk around for wellbeing ('wandering'). Behavioural interventions may be employed but physical restraint should not be used.
When caring for, or treating, a person who lacks the relevant mental capacity during the COVID-19 pandemic, please follow government guidance.

### Communication with the NHS

•Use Restore2 (a deterioration and escalation tool) if you have been trained to do so
•Where appropriate please ensure that residents are offered advance care planning discussions and that their wishes are recorded on Coordinate My Care (CMC). Make sure you have easy access to the residents CMC or Ceiling of Treatment plan when you call NHS 111 *Star Line (or 999)

**Do you have NHS Mail?**

Send emails directly to your GP, Community Team and Hospital. Contact hlp.londonchnhsmailrequests@nhs.net to get an **NHS.net email** set up
•Please register and use **Capacity Tracker** to support hospital discharge planning. Continue to complete the Market Insight tool if you normally do.

**Source:** NHSE&I London regional care home resource pack V4

## Isolate and Monitor

Resident to be isolated for **14 days** in a single bedroom. Use Infection Control guidance
Care for resident using PPE (what to use and how to wear and dispose)
Due to sustained transmission PPE is to be used with all patients. Additional PPE is required for Aerosol Generating Procedures as described in the table.
Use correct Handwashing technique (video)
Consider bathroom facilities. If no en-suite available.
•Designate a single bathroom for this resident only
•Use commode in room

**Record observations if concerned to inform health services**

**If a resident deteriorates at any stage – Escalate to 111* Star 6 or 999**
**Be explicit that COVID-19 is suspected and ensure you have easy access to the residents CMC plan**

### If you have two or more new symptomatic residents and these are the first new cases for over 28 days:

**Contact** the Public Health England London Coronavirus Response Cell
**Phone Number:** 0300 303 0450
**Email:** LCRC@phe.gov.uk

LCRC will provide advice and arrange initial testing.

**Regularly update:** Capacity Tracker, your Local Authority and RIDDOR

**Guidance:** Admission and Care of Residents during COVID-19 Incident

### How to access Personal Protective Equipment (PPE):

•Order PPE through your normal supplier. If this isn't possible arrangements have been made with seven wholesalers to provide PPE to the social care sector.
•Contact your Local Authority if you are still unable to get PPE provision.
•Guidance for Residential Care Providers

### Resources and Support for Care Home Staff

•Guidance on how to work safely in care homes
•COVID-19 Care Platform
•Queens Nursing Institute Facebook Page
•RIDDOR reporting of COVID-19

**Source:** NHSE&I London regional care home resource pack V.4

# NHS 111 Starlines*

# Your direct line to urgent clinical advice

The NHS 111 Starline service will provide you with fast access to a clinical team who can give you the advice and medical input you need to care for your resident instead of having to call 999 and transfer your resident to hospital.

**This service has been relaunched to ensure that you are receiving an enhanced level of support as care providers.**

It is not intended to replace your support locally but when you cannot speak to your GP or Community Support team NHS 111 can help.

There is a national COVID-19 111 service but in London, care home staff concerned about a resident who may have COVID-19 symptoms are being asked to call **NHS 111 Star*6** for faster access to urgent advice from a senior clinician if they cannot get through to the resident's own GP.

Before calling, record observations where possible: Date of first symptoms, blood pressure, pulse respiratory rate and temperature (refer to thermometer instructions). If there is a care plan for your resident, for example a CMC or DNAR plan, please have access to it.

**NHS Diabetes Advice Line** provides urgent clinical advice for people who are unwell and manage their diabetes with insulin. It is available by dialling **0345 123 2399 or 111*6, Monday to Friday from 9am – 6pm.**

NHS 111 Starlines*

# Urgent clinical advice for Rapid Response, Community and Domiciliary Care teams concerned about a patient displaying symptoms of Coronavirus

There is a national Covid-19 111 service, but **in London, community health and domiciliary care teams** concerned about a patient who may have Covid-19 symptoms **are being asked to call NHS 111 Star* 7** for faster access to urgent senior clinical advice if they cannot get through to the patient's own GP.

**DIAL 111** — *Thank you for calling NHS 111, please press 9 to continue.*

**9 PRESS 9** — *Let's work out where you are.*

***At this stage, you will be prompted: "If you are calling about coronavirus symptoms, please press 1, or press 2 to continue".***

***PLEASE PRESS 2 TO ACCESS THE NHS 111 STARLINES***

*You'll hear a pause. Then when asked your age...* *** 7 PRESS *7**

**Source:** NHSE&I London regional care home resource pack V.4

# Managing respiratory symptoms

A **new continuous cough** is one of the symptoms of COVID-19. However, coughing can continue for some time even if the person is getting better. This does not necessarily mean the person is still infectious, especially when other symptoms have settled down.

There are simple things you can do to help **relieve coughing** e.g. drinking honey & lemon in warm water, sucking cough drops/hard sweets, elevating the head when sleeping and avoiding smoking.

Worsening or **new breathlessness** may indicate that the person is deteriorating. However, people can also appear breathless because they are anxious, especially when they are not used to being on their own in a room, or seeing staff wearing PPE. Breathlessness itself can cause anxiety which can lead to increased breathlessness.

50% of people with mild COVID-19 take about 2 weeks to recover. People with severe COVID-19 will take longer to recover.

**Resources**

The content of this section aligns to the London Primary Care and Community Respiratory Resource pack for use during COVID-19. To receive the latest version please email: england.resp-cnldn@nhs.net

Supporting someone with breathlessness: Guide

Managing breathlessness at home during the COVID-19 outbreak: Guide

## Think

- Does the resident look short of breath or have difficulty in breathing?
- Is this worse than the day before?
- Has the resident already got an advance care plan or Coordinate my Care (CMC) record for managing these symptoms?

## Ask

- Does the resident need another clinical assessment?
- Should observations or monitoring commence?

## Do

- Try and reassure the resident and if possible, help them to adopt a more comfortable position, for example, sitting upright might help. Keep the room cool e.g. by opening a window (do not use a fan as this can spread infection)
- Consider increased monitoring
- If this is an unexpected change:
  - Call the GP in the first instance
  - Call NHS 111 Star*6 if concerned, or if GP is not available
  - In emergency call 999
  - Be explicit that COVID-19 is suspected
- If this is an expected deterioration, and there is an advance care plan:
  - Follow the care plan instructions
  - Call GP for further advice if needed
  - Call community palliative care team if they are already involved and further advice is needed

**Source:** NHSE&I London regional care home resource pack V.4

# What to do when you suspect someone has COVID-19 symptoms

The NHS and PHE definition for COVID-19 infection is the following:

- New continuous cough, different to usual
- High temperature (≥37.8°C)
- Loss or change to sense of smell or taste

Care home residents may also commonly present with **other signs of being unwell** such as being more confused or more sleepy, having diarrhoea, dizziness, conjunctivitis and falls. Residents may also present with **changes in usual behaviours** such as being restless or **changes in abilities** such a walking. (Testing residents and staff slide).

Record observations where possible: Date of first symptoms, blood pressure, pulse respiratory rate and Temperature (refer to thermometer instructions) – remember to maintain fluid intake

**For more clinical support**, call the residents **GP** in the first instance. Call NHS **111* Star 6** for urgent clinical advice, or if the GP is not available – this will put you in contact with a Clinician in NHS 111

**If this is the first new case for over 28 days or you suspect a new outbreak** call Public Health England London Coronavirus Response Cell for **infection control advice** and access to **initial testing.** LCRC will provide advice along with support along with local authority partners to help the care home manage an outbreak.
**Phone Number:** 0300 303 0450
**Email:** LCRC@phe.gov.uk
**Update:** Capacity Tracker, your Local Authority and RIDDOR
**Guidance:** Admission and Care of Residents during COVID-19 Incident

For **PPE** information
For NHS **111* Star 6** information

**Resources**
COVID-19 Infection prevention and control (IPC): Guidance
British Geriatrics Society - Managing COVID-19 Pandemic in Care Homes: Guidance

**Source:** NHSE&I London regional care home resource pack V.4

# Recognising when your resident becomes unwell

Whilst we all need to be vigilant for signs and symptoms of Covid-19, we know residents may also become unwell for other reasons. E.g. developing a urinary tract infection, becoming constipated or experiencing a fall. Early identification is important to get residents the right care (taking into account any agreed end of life care plans).

Consider using a **soft signs tool to spot** if a resident is at risk of or becoming unwell (e.g. Restore2, Is my resident well or Significant 7, training is required). This enables staff to compare what is **usual** for their residents with things like mobility, bladder and bowel habits, breathing patterns with what they are seeing in **front of them**. Noticing a change in residents might mean they are unwell or becoming unwell.

If you aren't working with a specific tool it maybe useful for staff to look for changes in:

- **Changes in appetite, sleep patterns, levels of confusion, bladder and bowel habits, energy levels, mobility, as well as reduction in fluid intake, dry lips, evidence of shivering, feeling very hot or cold.**

Once a change is **recognised** staff need to **escalate** their concerns. Some areas may have pathways associated with specific teams or services to support them, whilst others may discuss with a senior member of staff before taking further action. If staff are able to take physiological observations from the resident (e.g. blood pressure, temperature) this may be useful. Using a **structured communication** tool such as SBARD (Situation, Background, Assessment, Recommendation, Decision) can help staff and the person receiving the information understand the nature and urgency of response required.

## Think

- How is my resident today?
- Any changes in their soft signs?
- Are they unwell or at risk of becoming unwell?

## Ask

- How does what I have found today compare to what is usual or normal for the resident?
- What do I need to do next with this information?

## Do

- Follow the relevant pathway if one is available, otherwise discuss with a more senior member of staff, call the GP or 111 *6 (see slide 4 in this pack for further information)
- In an emergency call 999.

## Resources

- Restore 2 and Restore 2 Mini
- Significant Care and Significant 7+
- Is My Resident well? tool and training videos
- Health Education England videos - a wide range of short training videos including how to recognise when a resident is becoming unwell, how to measure someone's temperature, blood pressure and more.
- Short video on SBARD
- Improving care for deteriorating patients
- Patient safety resources for care homes

**Source:** NHSE&I London regional care home resource pack V.4

# Supporting your residents with learning disabilities

People with learning disabilities may be **at greater risk** of infection because of other health conditions or routines and/or behaviours. It is important that staff are aware of the risks to each person and reduce them as much as possible.

**This will mean significant changes to the persons care and support which will require an update in their care plan**. If the resident needs to exercise or access the community as part of their care plan, it is important to manage the risk and support them to remain as safe as possible.

You may need help or remind the resident to wash their hands:

- Use signs in bathrooms as a reminder
- Demonstrate hand washing
- Alcohol-based hand sanitizer can be a quick alternative if they are unable to get to a sink or wash their hands easily.

Residents that are high risk and were subject shielding, will still need to take appropriate precautions to prevent contracting the coronavirus.

**To minimise the risk to people if they need access health care services you should use supportive tools as much as possible such as a hospital passport and/or coordinate my care.**

If you are aware that someone is being admitted to hospital, contact your local community learning disability service (click here) or learning disability nurse within the hospital.

**Think** (Consider using the STOP and Watch Tool)

- Is something different? Is the person communicating less, needing more help than usual, expressing agitation or pain (moving more or less), how is their appetite
- Does the person need extra help to remain safe and protected?

**Ask**

- How can we engage the person to ensure that they understand the change in activities.

**Do**

- Allow time to remind the person why routines may have changed.
- Develop new care plans with the person and their family

**Resources**

Easy read poster explaining why staff are wearing PPE
End of Life Care: guidance
MCA and DoLS COVID 19 guidance and summary
Tool to support monitoring for signs of deterioration STOP and WATCH
Hospital Passport
Hospital Visitors guidance
Protecting extremely vulnerable people: Government guidance
SCIE COVID-19 Care staff supporting adults with learning disabilities or autistic adults: Guide
Easy Read Keep Safe COVID Resources

**Source:** NHSE&I London regional care home resource pack V.4

# Supporting your residents with dementia

There will be a **significant change in routine** for people living with dementia.

People may behave in ways that are difficult to manage such as **walking with purpose** (wandering). Behaviour is a form of communication, often driven by need. Someone could be hungry, in pain or constipated, they might be scared or bored. Ask someone walking if there is something that they need, try activities they like with them and if possible go for a walk with them.

Some people **ask to go home** – this is often because people want to feel safe and secure. Talking about family that they are missing and looking at photographs can help.

People might find **personal care frightening** (it might seem like they are aggressive). Giving them time to understand, showing them the towel and cloth, encouraging them to do what they can and keeping them covered as much as possible can help.

People with dementia may need help or reminders to **wash their hands**. Use signs in bathrooms as a reminder and demonstrate hand washing. Alcohol-based hand sanitizer can be a quick alternative if they cannot get to a sink or wash their hands easily but remember to store this safely as per your local policy to avoid ingestion.

People may find being approached by someone wearing **PPE frightening** - It may be helpful to laminate your name and a picture of your role and a smiley face.

People may find having a COVID **swab frightening** – see the Swabbing residents- top tips slide for practical information and information on capacity

If people with dementia become unwell they might get **more confused, agitated or more sleepy** (delirium). See the *Supporting residents who are more confused than normal* page for further information

## Think

- Is my resident unwell or frightened?
- Does my resident need extra help to remain safe and protected?

## Ask

- Have I done all I can to understand my resident's needs?
- What activities does my resident like to do?

## Do

- Introduce yourself and explain why you are wearing PPE
- Allow time to remind residents why routines may have changed

## Resources

- Meeting the needs of people with dementia living in care homes video
- Walking with purpose guide for local adaptation
- Top tips on getting a COVID swab when someone has dementia
- Reducing anxiety for residents with dementia when wearing PPE
- Communication cards can help to talk about COVID-19
- HIN activities resources during COVID-19
- Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs) COVID 19 guidance and summary
- British Geriatric Society short guide dementia and COVID-19
- Social care dementia in care homes COVID-19 advice
- Dementia in care homes and COVID-19 – Social Care Institute for Excellence

**Source:** NHSE&I London regional care home resource pack V.4

# Supporting residents who are more confused than normal

Delirium is a **sudden change or worsening of mental state and behaviour**. It can cause confusion, poor concentration, sleepiness, memory loss, paranoia, agitation and reduced appetite and mobility.

There are two types of delirium: **Hypoactive** – where someone is more sleepy
**Hyperactive** – where someone is more agitated

**COVID-19 can cause both types of delirium** – it might be the only symptom. Delirium can also be caused by infections, hospital admissions, constipation dehydration and medications.

You can help to **prevent delirium** by:

- Stimulating the mind e.g. listening to music and doing puzzles
- Physical activity, exercise and sleeping well
- Ensure hearing aids and glasses are worn
- Ensuring plenty of fluids and eating well
- Addressing issues such as pain and constipation

If you are **concerned that a resident has delirium** speak with their GP or call 111*6 who can try and identify the cause. Delirium in people with learning disabilities may indicate a deterioration in their physical or mental health - contact the individuals lead contact

Reducing noise and distractions, explaining who you are and your role and providing reassurance can help.

## Think

- What can I do to help prevent my resident becoming more confused than normal?
- Has my resident changed – are they more confused? Has their behaviour changed?
- What can I do to support my resident who is more confused then normal?

## Ask

- The residents GP or call 111*6 for advice and guidance
- Why is my resident more confused then usual?

## Do

- Explain who you are and why you are wearing PPE
- Provide reassurance
- Add information on preventing new confusion to your residents care plan

**Resources**

- Delirium prevention poster
- Delirium awareness video
- Delirium and dementia video

# NCL Guidance: Supporting existing residents who may require hospital care

Link to full guidance issued on 2.4.20

If you think a resident may need to be transferred to hospital for urgent and essential treatment, consider the following checklist:

**A. A resident shows symptoms of COVID-19:**

If a resident shows symptoms of COVID-19:

- assess the appropriateness of hospitalisation.
- To do this, the care home may need to contact their local registered GP or the appropriate out-of-hours service for advice. Consult the resident's advance care plan or treatment escalation plan and discuss with the resident and/or their family member(s) or health and welfare attorney and their GP as appropriate, following usual practice to determine if hospitalisation is the best course of action for the resident.

**B. If hospitalisation is required:**

- follow infection prevention and control guidelines for resident transport
- inform the receiving healthcare facility as early as possible that the incoming resident has COVID-19 symptoms

**C. If hospitalisation is not required:**

- follow infection prevention and control and isolation procedures
- consult the resident's GP for advice on clinical management, using remote monitoring as needed.

**D. Support with general health needs**

If a resident requires support with general health needs:

- flag each resident who requires review by the weekly 'check in' with the aligned Primary Care Network (PCN) or GP practice
- consult the resident's GP and community healthcare staff to seek advice
- alternatively, contact NHS 111 for clinical advice

**E. Review hospital appointments with the healthcare team**

- Review appointments (medical and non-medical) that would involve residents visiting a hospital or other healthcare facilities and discuss with the healthcare provider whether these could be delivered remotely.

**Source:** NHSE&I London regional care home resource pack V.4

# Managing falls

**Prevention is better than cure** and continuing to implement falls prevention interventions such as strength and balance exercises is important.

To help prevent falls:

- Complete your local falls assessment and care plan
- Keep call bell and walking aid in reach of your residents
- Ensure residents' shoes fit well and are fastened and clothing is not dragging on the floor
- Optimise environment – reduce clutter, clear signage and good lighting
- Ensure the resident is wearing their glasses and hearing aids
- Ask for a medication review (see pharmacy slide)

Residents do not need to go to hospital if they appear **uninjured**, are well and are no different from their usual self. **People with learning disabilities or dementia may not be able to communicate if they are in pain or injured following a fall - take this into account when deciding on whether or not to go to hospital.**

Going to hospital can be distressing for some residents. Refer to their **advance care plan** to make sure their wishes are considered and take advice e.g. from GP or 111*6. Ring 999 when someone is seriously ill or injured and their life is at risk.

Whilst waiting for an ambulance, keep your resident as comfortable as possible. Offer a drink to avoid dehydration and painkillers such as paracetamol to ease discomfort - tell the ambulance staff what you have given the resident.

## Think

- Is an emergency ambulance required for the resident who has fallen?

## Ask

- Contact your GP, community team or 111*6 for clinical advice and support
- Follow advice on NHS website on when to ring 999

## Do

- Use assessment and observation to monitor for deterioration or injury in the hours following a fall
- Review medications as part of falls risk assessments
- If available and safe use appropriate lifting equipment
- If it is unsafe to move someone who has had a fall keep them warm and reassure them until the ambulance arrives
- Ensure you have up to date moving and handling training
- Continue to implement existing falls prevention measures

## Resources – prevention

Greenfinches – Falls Prevention Resources
Simple set of exercises to stay active - video and a poster
Later life training you tube exercises including chair based exercises

## Resources – falls

Falls in care homes management poster
I STUMBLE falls assessment tool which is available as an app
What to do if you have a fall

## Resources – falls videos

Assisting someone who is uninjured up from the floor: Link
Using slide sheets in a confined space: Link
Using a hoist to move from floor to bed: Link
HSE - Moving and handling in health and social care

**Source:** NHSE&I London regional care home resource pack V.4

# Talking to relatives

Conversations with relatives about COVID-19 can be challenging.

## Think

- What information do I need to tell the relative
- How can I keep the language simple

## Ask

- If the relative is ok to talk
- What the relative already understands about their loved one
- If they have any questions or need any other advice or support

## Do

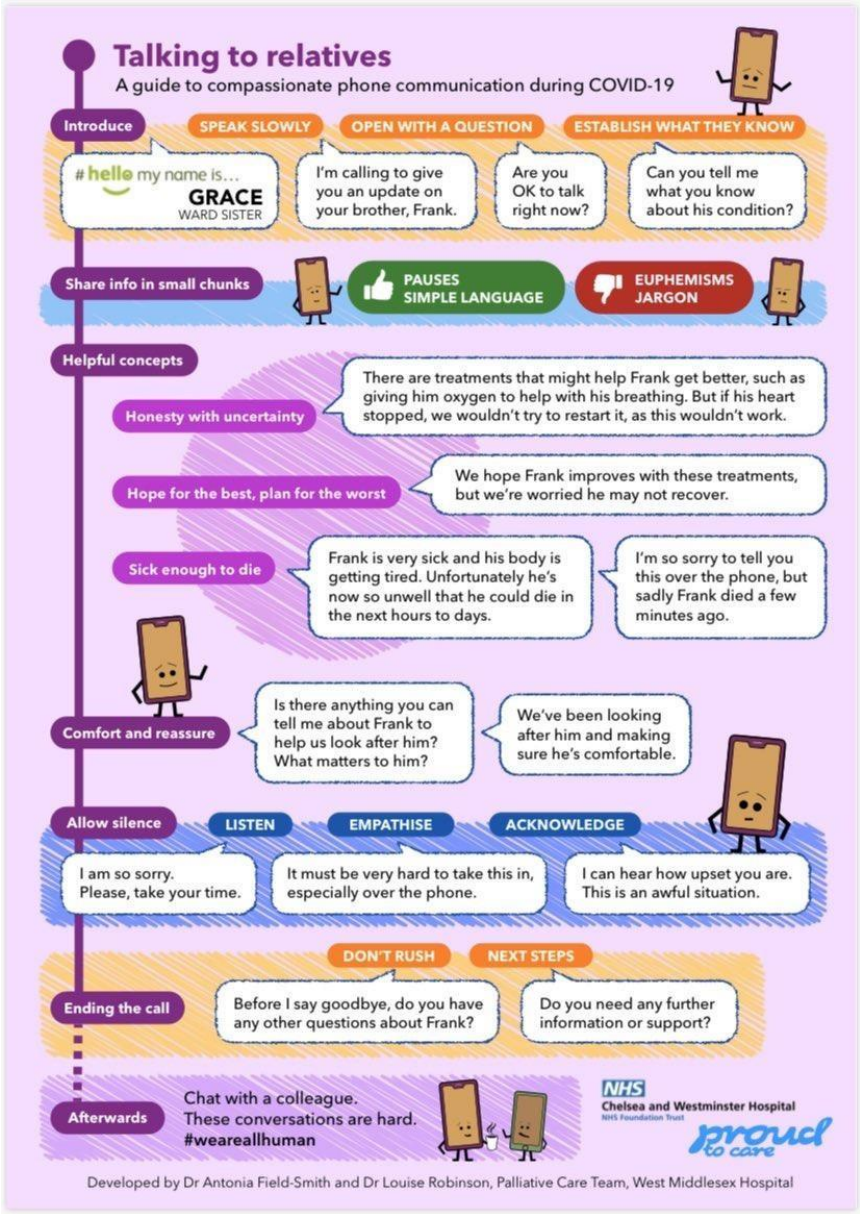
- Introduce yourself
- Comfort and reassure
- Allow for silence
- Talk to colleagues afterwards

**Resources**

Real Talk [evidence based advice about difficult conversations]

VitalTalk [COVID communication guide]

Health Education England [materials and films] to support staff through difficult conversations arising from COVID-19.



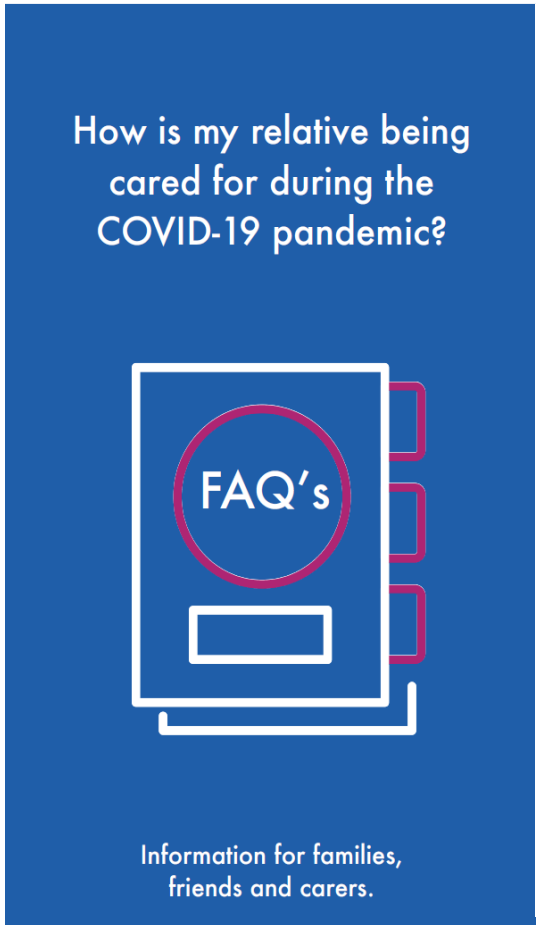
# NCL Resource: FAQs for families, friends and carers: How is my relative being cared for during the COVID-19 pandemic?

This leaflet aims to answer some of the common questions relatives have about family members in a care home during the COVID-19 pandemic.

There is both an online version of the guide (suitable for desktops and mobiles), which can be emailed out to relatives and put on your websites, and a print version of the guide which can be sent to relatives.

If you would like a print hard copy sent to you please email shani.gray@nhs.net.

To help us improve the leaflet and our communication efforts to relatives please complete this short two minute survey.




Contents

# Wound management and pressure ulcers

**What you will find in this section:**

- Guidance on managing lower limb wounds and preventing pressure ulcers

**Source:** NHSE&I London regional care home resource pack V.4

# Managing Lower limb wounds

Leg and foot ulcers (wounds that fail to heal within a few weeks) and cellulitis is common in older, less mobile people with poor blood circulation, diabetes, chronic oedema or other chronic long term conditions that may cause skin healing problems.

Most leg and foot ulcers are due to poor circulation and can be healed if people receive an accurate diagnosis and appropriate treatment. Treating the underlying cause of non-healing will help prevent a wound on the lower leg or foot becoming an ulcer.

To help **prevent lower limb wounds and cellulitis**:

- Avoid injuries
- Regularly apply moisturiser to maintain the skin's elasticity
- Regularly check the skin on legs and feet to spot early signs of damage.
- Prevent/ manage lower limb oedema with elevation/ compression therapy.
- If elevating, raise the legs to at least level with the heart and avoid pressure on the heels.

To help **prevent lower limb wounds becoming an ulcer**:

- For leg wounds, request an assessment from a clinician with expertise in leg and foot ulcer management. The assessment should be completed within 14 days.
- For foot wounds, refer the person within 1 working day to the multidisciplinary foot care service or foot protection service.

**Treatment** for **wounds on the leg** will normally include:

- A dressing which will need changing a least weekly, but sometimes more often if the wound is leaking a lot of fluid (exudate).
- When there is an adequate blood supply, support or compression bandaging or hosiery to improve blood return. This bandaging/ hosiery is a very important part of care.

**Treatment for cellulitis** will normally include:

- Antibiotic therapy

**Treatment** for **wounds on the foot** will normally include:

- Regular dressing changes depending on the levels of exudate, offloading (removing pressure from the foot), and maybe debridement which should only be undertaken by a clinician with appropriate skills (e.g. podiatrist)
- Management of any underlying conditions e.g. diabetes.

## Think

- Does this person need more care to protect their skin from injury or breakdown?
- Do we have an up to date leg and foot ulcer policy?
- What are our local services to refer to for leg and foot assessments?

## Ask

- Has this person with a lower limb wound been referred for a leg or foot assessment?
- Has this person got lower limb oedema, and if so, would they benefit from compression therapy?
- Has this person received a leg or foot assessment within 2 weeks of their wound occurring?
- Is this person receiving the care that has been recommended?

## Do

- Contact your local service responsible for undertaking leg or foot ulcer assessments.
    - Assessment should include a vascular assessment (usually using a Doppler)
    - Foot wounds should also be assessed for neuropathy/ sensation.
- Make sure that the recommended care is carried out. If this is difficult, ask for help and advice.

## Resources

- NHS England and Improvement: The Framework for Enhanced
- Health in Care Homes
- National Wound Care Strategy Programme: COVID-19 resources
- Legs Matter: Resources for health care professionals, carers and patients
- Accelerate CIC: Coronavirus (COVID-19 )resources

# Preventing Pressure Ulcers

**Source:** NHSE&I London regional care home resource pack V.4

- Pressure ulcers also known as “bed sores” are a key indicator of the quality and experience of patient care.
- They can be extremely painful and can range from slight discolouration on the skin which disappears when pressure is relieved to deep painful wounds which can become infected and cause people to become extremely unwell.
- They most commonly occur over bony prominences e.g. sacrum, heels and hips where there is pressure for a period of time or friction/ shear or where devices such as a catheter are trapped/ pressed against the skin on a number of parts of the body.
- They are largely preventable with a few simple strategies which should be in place for all residents/ patients.
- Involve patients/ residents and their carers in the prevention of pressure ulcers by providing information about what to do such as changing position regularly. But healthcare professionals remain responsible for the provision of care.
- There are simple steps which should be followed to help prevent pressure ulcers for all residents/ patients.

## Think: about aSSKINg the right questions about preventing pressure ulcers

- **a**ssess risk: Use a validated risk assessment tool within 6 hours of admission to the home and ensure that it is reviewed regularly to understand the level of risk that the patients/ resident may have e.g. Waterlow, and Purpose T. This will help to determine what actions need to be taken.
- **S**kin inspection and care: Regularly look at areas where pressure ulcers can occur, the frequency dependent on the level of risk. Early Inspection means early detection, tell your residents/patients and carers what to look for. Ask them to tell you if they have any areas that are painful. Ensure that the skin is clean and dry.
- **S**urface selection and use: Make sure your patients/ residents have the right support in terms of equipment they are using. Select the right equipment based on the risk assessment , what will the patients/ resident need ? Remember to consider pressure relief in a chair as well as the bed. This will help relieve pressure.
- **K**eep moving: Keep your patients/ residents moving through changing position e.g. getting up and out of bed, going for a short walk, exercise.
- **I**ncontinence and increased moisture: Patients/ residents need to be clean and dry, make sure they are supported to access the toilet at a time which meet their needs. Use creams if skin gets dry. If they are regularly incontinent use barrier creams or wipes which clean to protect the skin.
- **N**utrition and hydration: Help patients/ residents have the right diet and plenty of fluids. Encourage them to drink each hour and give them food/ snacks which they can reach and give themselves. If they need assistance provide this as required.
- **g**ive information: Provide residents/ patients with information about how to prevent pressure ulcer damage

## Ask

- Your patients/ residents if they feel sore anywhere , if they have moved what would they like to do in terms of how they are positioned.
- Is there any other equipment which I should be providing or checking?
- When did they last eat and drink do they need help to eat and drink? What would they like to eat?
- If devices are properly secured and not trapped underneath the body

## Do

- Ensure a risk assessment has been carried out and is up to date
- Explain why changing position is important , check that information given is clear.
- Access training to help your understanding if you are not sure
- Have a Pressure Ulcer Policy that all staff can access
- Know how to obtain and use equipment to help prevent pressure ulcers

## Resources

https://nhs.stopthepressure.co.uk/

http://www.reacttoredskin.co.uk/

Pressure ulcer prevention

NICE-helping to prevent pressure ulcers

**Think #Stopthepressure**

**#aSSKINg**

# Care home admissions

**What you will find in this section:**

- Guidance on admissions into your home and concerns about accepting a resident

**Source:** NHSE&I London regional care home resource pack V.4

# Admissions into your home

As care providers you are looking after people who are most vulnerable to COVID-19 under very challenging circumstances. You and your teams have played a vital role in accepting patients as they are discharged from hospital, providing care that best helps them recuperate away from a hospital environment.

Below is a summary of the current national guidance:

- For **all** admissions to your home, whether returning residents or new residents, from a hospital or from a community setting, **the resident should be managed in isolation for 14 days**, regardless of a positive or negative swab from hospital, and regardless of whether they are showing symptoms or not
- For residents being discharged from hospital, most will be **swabbed 48 hours before discharge.** But where test results are still awaiting and provided all Infection Prevention and Control advice is followed, it is safe to accept a resident into your home
- The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home
- **Discharge can still happen while awaiting results**, as a negative result is not required to enable discharge
- Risk Assessments should be carried out in line with current guidance and recommendations. See example risk assessments and templates

## Think

- Do we need to discuss admission processes with our teams? Do they feel confident with the process and understand what they are expected to do based on your local admission process?

## Ask

- Is there anything that you need to consider in terms of your admission process? Remember that your local CCG and Local Authority teams can help if you need it.

## Do

- Have early conversations with your local Hospital Discharge Services so that you understand how they will be working through this period. This will help you both to understand the expectations that will support a safe and effective discharge for your resident.
- Start using NHS mail to support communication around discharge. If you need help with this please email hlp.londonchnhsmailrequests@nhs.net and the NHSmail team will support you will this.
- Feel confident to raise your concerns – throughout this the safety of care still remains the core priority.

**Resources**

Admission and Care of Residents in a Care Home during COVID-19

Stepdown of infection control precautions and discharging COVID-19 patients: Guidance

COVID-19: Adult Social Care Action Plan

**Source:** NHSE&I London regional care home resource pack V.4

# Concerns about accepting a resident

The guidance makes it clear that no care home will be forced to admit an existing or new resident to their care home if they are unable to provide the isolation for the 14 day period and safely manage any subsequent COVID-19 illness for the duration of the isolation period. This means that there may be grounds for a care home to decline admission if the home feels they are unable to manage the resident's isolation needs.

Below is a summary of the current national guidance:

- If there is a side room with an en-suite, then this is adequate facility for isolation but there may also be staffing challenges which may influence your decision to accept
- If you are unable to accommodate a resident in isolation, the national guidance indicates that the Local Authority has some responsibility to help. However, your local CCGs will also support making the necessary arrangements with a joint approach between health and social care in supporting care homes with temporary alternative placements
- If alternative provision is required **this would be for a period of 14 days.**

The key is that there is support when you have concerns about accepting a resident and you do still need to complete your assessment to ensure you can safely admit a resident under CQC

### Think

- Do you have a way of understanding your current dependency that will help you to articulate any concerns about not being able to meet a new or returning resident's need? This can really help to have a positive conversation that is supportive rather than purely a challenging discussion.

### Ask

- Is there anything that you need to consider in terms of your admission process? Remember that your local CCG and Local Authority teams can help if you need it.
- Ask for additional support from Primary Care team if needed

### Do

- Have early conversations with your local Hospital Discharge Services so that you understand how they will be working through this period and that they understand your need for an assessment under CQC requirements. This will help you both to understand the expectations that will support a safe and effective discharge for your resident.
- Start using NHS mail and MS Teams to support communication around discharge can help you to safely assess your resident remotely. If you need help with this please email hlp.londonchnhsmailrequests@nhs.net and the NHSmail team will support you will this.
- Feel confident to raise your concerns – throughout this the safety of care still remains the core priority.

### Resources

Outbreak Information for adult social care services during the coronavirus (COVID-19) outbreak
Stepdown of infection control precautions and discharging COVID-19 patients: Guidance
COVID-19: Adult Social Care Action Plan

# Care home, extra care and supported housing visits

**What you will find in this section:**

- Guidance on how to safely enable care home visits (Note: this guidance is also applicable to other settings, such as extra care and supported housing)

**Source:** NHSE&I London regional care home resource pack V.4

# Enabling care home visits

The national care home visiting guidance is here: https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting- arrangements-in-care-homes.

Prior to visits being allowed in care homes in a local authority area, local authority public health and social care teams, on behalf of the director of public health, will assess the suitability of a specified level of visiting guidance for that area taking into account relevant infection and growth rates – **please speak with your local authority commissioning team.**

Care homes need to develop a **local policy based on a local risk assessment**. This policy will need to be communicated/shared with residents and families so they know what to expect. **Visiting restrictions** will need to brought in if there is an outbreak in the home or a local lockdown. Testing of residents and staff, in combination with effective infection control measures, supports prevention and control of Covid-19 in care homes. You will need to check where visitors are coming from e.g. area of high transmission. **Prior to each visit check that each visitor does not have symptoms of Covid-19 and they are not self-isolating.**

The **risks and benefits** of visiting each resident need to be discussed with them and their families, where possible there should be only **one consistent visitor** per resident. For some residents, such as people with dementia or a learning disability there may be a case for allowing a family member to visit in order to **reduce distress**

**Top tips**

- Some residents may find maintaining social distancing difficult to understand or **distressing** – explain this to the resident and reassure them prior to and during the visit. Simple language, pictures or social stories may help
- Create a **visiting appointment system** to ensure a manageable number of visitors (dependant on space and staffing) and ensure a record of visitors is kept. Check if the visitor is bringing a gift – wipeable gifts may be acceptable
- Where possible visits should happen **outdoors** (with visitors going directly to the garden) or via a **ground floor window.** Relevant social distancing, PPE and infection control measures (e.g. wipeable chairs) will apply
- If a **indoor visit** is required e.g. for end of life, visitors should provided with suitable PPE. Where possible use a separate entrance and exit, use a one way system and plan the most direct route to a residents room avoiding communal spaces.
- Strongly encourage visitors to **maintain social distancing** wherever possible.

**Resources:**

- Care Home Provider Alliance visitors protocol
- British Geriatric Society care home guidance
- MHA booklet on visiting a relative with dementia
- National Autistic Society social stories to help someone understand the situation
- NHS guidelines on visiting at the end of life
- NHS guidelines on hospital visitors

# Vital signs

**What you will find in this section:**

- Taking vital signs
- Decontamination of reusable equipment

# NCL Guidance: Taking vital signs

Link to full guidance issued on 2.4.20

Through NHS 'mutual aid' the NHS will be supporting care home professionals to use well evaluated tools such as RESTORE2 and NEWS2 (supported in current British Geriatric Society (BGS) guidance). This will be accompanied by support and access to specific equipment such as pulse oximeters, which can also help determine whether a resident is unwell. Equipment which is used to support the monitoring of residents vital signs will need to meet infection control and decontamination standards and guidance.

During the weekly check-in, the clinical lead can support the home to understand the RESTORE2 and NEWS2 scoring system as a way of monitoring residents with symptoms. If a resident's symptoms worsen, it's important to contact 111 or the registered GP to receive a clinical assessment either remotely or face to face. Further advice should be given on escalation and how to ensure that decisions are made in the context of a resident's advance care plan, supporting an escalation to secondary care where appropriate. In a medical emergency the care home should dial 999.

Across North Central London we have delivered a one-off allocation of vital signs equipment (pulse oximeters, blood pressure monitors, thermometers, pen torches) to nursing and residential care home, as well as supported living, extra care and supported housing providers to help support the care and monitoring of residents with COVID-19.

If your home has been allocated equipment your relevant borough PPE or care home delivery lead will be in touch with details about how to receive your equipment.

You can read more about the allocation of vital signs equipment on the NCL Social Care Provider webpage.

North Central London have been awarded funding to support the care homes staff to understand and use the RESTORE2 and NEWS scoring system and to use vital signs equipment. We have an ambition to work with 100 care homes to embed NEWS2 using a combination of digital solutions that will make it easier for signs of deterioration to be identified in residents.

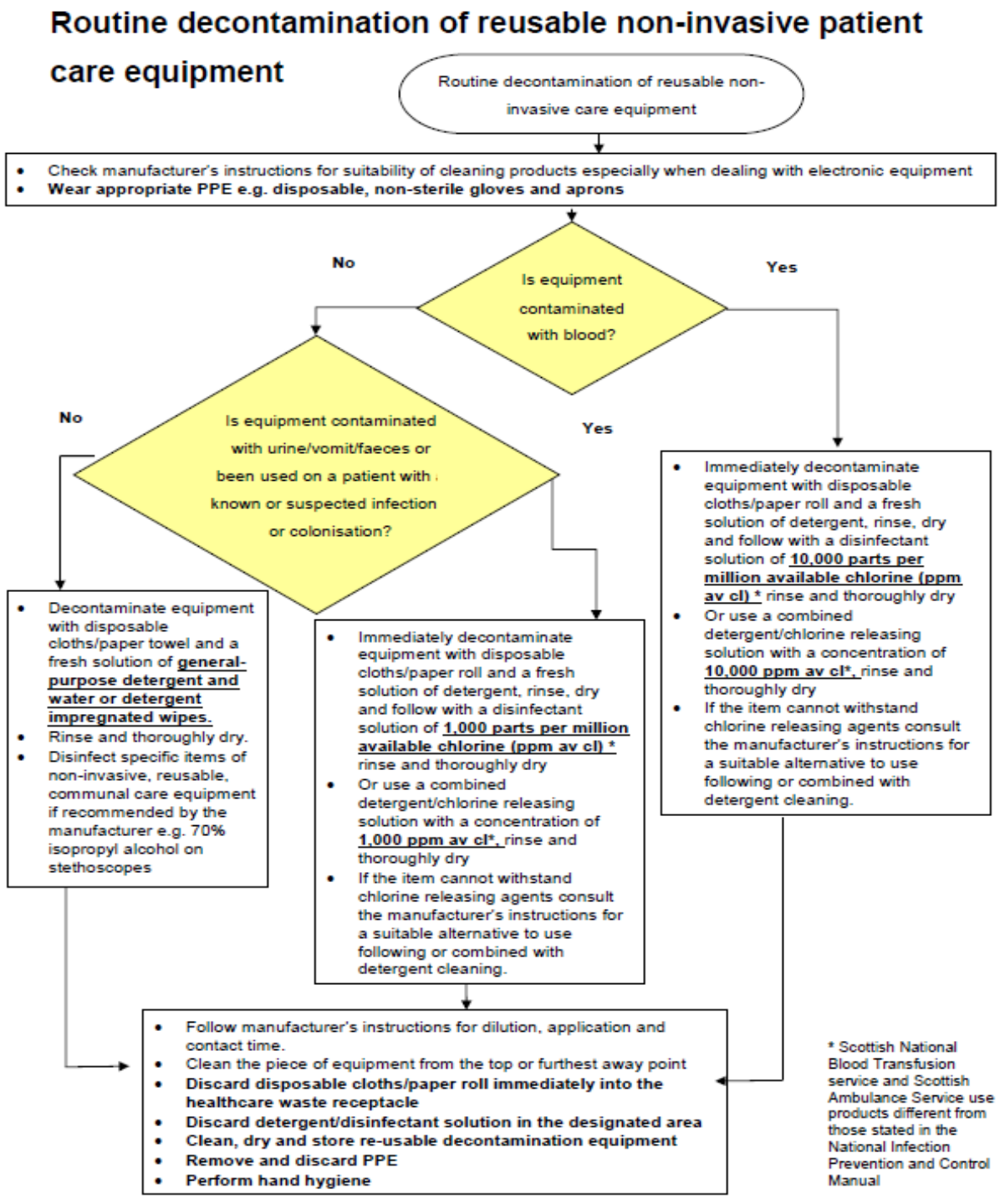
To support this work we have established the NCL care provider remote monitoring group to deliver the project by 31st March 2021.

# NCL Guidance: Decontamination of reusable equipment

This guide on the routine decontamination of reusable non-invasive patient care equipment has been produced by Public Health England (preview of guide to the right, find high resolution version here).

The full latest national guidance on infection control can be found here.

You can also find information on decontamination and cleaning processes for care homes with possible or confirmed cases of COVID-19 here.



# Working with primary care and community services

**What you will find in this section:**

- Guidance on working with and support provided by primary care and community services

**Source:** NHSE&I London regional care home resource pack V.4

# Working with primary care and community services

It is important we work more closely than ever with our colleagues who provide care in the community, as well as GPs. Here are some checkpoints you should consider when working with primary care and the wider multi-disciplinary team:

- Are all residents registered with a GP?
- Are contact details (including bypass numbers) correct for GP, District nurse, pharmacist, hospice and other local services?
- Are all care plans complete and updated regularly with primary care team input?
- Are Advance Care Plans in place for all residents and shared on CMC? If not, can we help our primary care teams achieve this?
- Have we identified any residents who are especially 'at risk' from COVID-19 and implemented plans to 'shield' them?
- Are we ready and able to communicate with our primary care team by video link?
- Keep a record of non urgent concerns and queries to discuss with your primary care team when convenient

**Resources**
Primary Care and community health support to care homes: letter

## Think

- Do we need to discuss new ways of working with our GPs and community services staff?
- How do we support remote consultations and video links? E.g. access to laptops, tablets, internet access, means for video meetings etc.
- How can we communicate in the most effective way to support our residents?
- What help do we need to keep our residents safe?

## Ask

- Which new ways of working with GPs and community services staff will be the most effective?
- Are we prepared for weekly "Check ins" with our Primary care team (see slide 19)?
- Which service should I contact to support my residents and care home staff?
- Can we work together to support proactive planning and Advance care plans for residents?

## Do

- Start using NHS mail - if you need help with this please email
- Ask for help when you need it
- Learn to communicate effectively using tools such as SBAR or other locally approved tools
- Be clear about what support you can expect from your primary care and community services

**Source:** NHSE&I London regional care home resource pack V.4

# Support from primary care and community services

## Virtual Check-ins:

- Starting in May 2020 weekly virtual “Check-ins” will be carried out by GPs or other members of the primary care team for residents identified as a clinical priority, in CQC registered homes
- The healthcare team (multi-disciplinary team/MDT) supporting your care home will work on a process to support development of personalised and individually agreed care plans including treatment escalation plans for residents reflecting their needs and wishes
- Your home should have direct support from Primary Care. For example, support could be from GPs, wider MDT, pharmacists, community nurses, geriatricians, community palliative care teams and a variety of other health care professionals, which may vary according to local provision
- Primary care pharmacists may be able to provide advice and support regarding medication for residents. This may include administration, provision and storage of medication, as well as medicine use reviews for residents
- Technical support will be needed to enable homes and the wider MDT to help deliver care, including *eg*. Microsoft Teams, video conferencing *etc* (See next slide)
- Access to equipment will be helpful in some care home settings, for example, via remote monitoring using pulse oximetry to test oxygen levels, as well as other equipment.

## Shielding in care home settings:

- The guidance on shielding is absolutely valid to those who are clinically extremely vulnerable and living in long term care facilities, including care home facilities for the elderly and those with special needs. See this link which details all the actions to be followed.

# Pharmacy and medicines

**What you will find in this section:**

- Pharmacy and medicines support and guidance during COVID-19

**Source:** NHSE&I London regional care home resource pack V.4

# Pharmacy & Medicines

General practice, care homes and CCG pharmacists and pharmacy technicians, supported by specialist community health services pharmacists, hospital pharmacists, and community pharmacy, are all working together in multidisciplinary primary and community care teams to support care homes across London.

In general, pharmacy professionals across the system within the borough will be working together to support care homes with:

- Medicines reviews for new residents or those recently discharged from hospital
- Structured medication reviews, via video or telephone consultation
- Support for care homes with medication-related queries
- Facilitating medication supply to care homes, including end of life medication
- Participation in MDTs, as appropriate, to support medicines optimisation

## Think

Which patients require an urgent medicines review as a priority? They could include:

- Residents recently discharged from hospital
- New residents
- Residents with COVID-19 symptoms
- Residents with acute illness that may need changes to medicines (e.g. due to renal impairment)
- Residents at end of life
- Residents in high-risk clinical groups (e.g. renal dysfunction, high risk medicines including insulin, anticoagulants and lithium, and falls risk).

Other residents that may need a medicines review:

- Residents with a long-term respiratory condition
- Residents with a learning disability, autism or dementia presenting with early indicators of deterioration such as mood or behaviour changes
- Residents deemed to be at an increased risk of adverse medicine-related effects e.g. those on multiple medicines

## Ask

- Does the resident need a review from a pharmacy professional?
- Is this a medicines supply issue?
- What is the advice from my local pharmacy team and how do I contact them?
- Could your medication ordering be set up electronically (if it isn't already)? For example, could proxy ordering be set up? Your local GP practice will be able to help with this.

## Do

- Check and familiarise yourself with your local pharmacy team. Different members of the team will be providing different aspects of the service, working collectively as part of local MDTs.
- Check that you have contact details at hand for the local care homes lead pharmacist.
- Contact your usual community pharmacy for supply issues and urgent medicines requests.

## Useful Resources

- https://bnf.nice.org.uk/ (British National Formulary)
- https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-stock-care-homes (Controlled Drugs in care homes)
- https://www.sps.nhs.uk/articles/pharmacy-and-medicines-support-to-care-homes-urgent-system-wide-delivery-model/ (overview of pharmacy model)
- How to stop over-medication: Tips for working with people with learning disabilities, autism or both

# Testing

**What you will find in this section:**

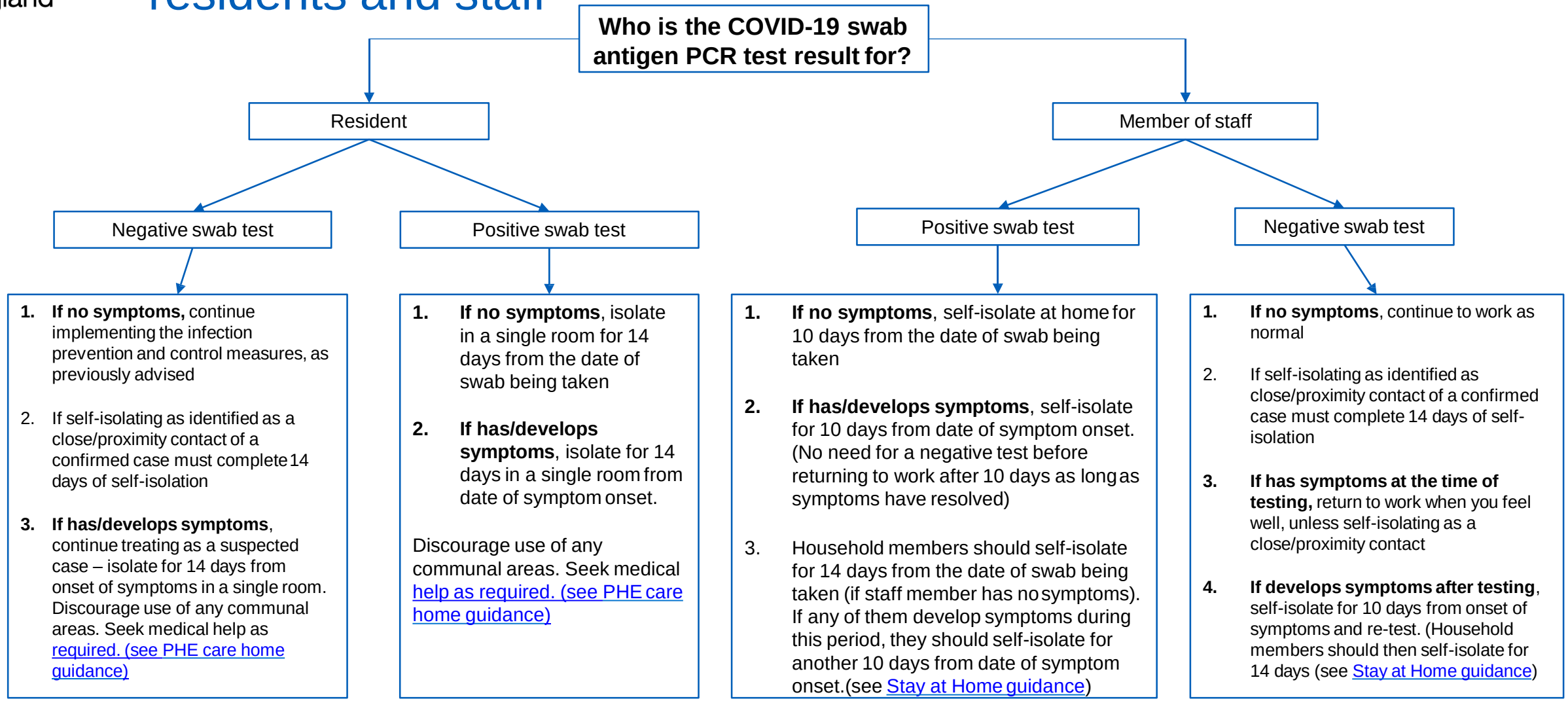
- PHE care home testing results: actions for care home residents and staff
- Who can get tested for COVID-19?
- COVID-19 testing residents and staff
- Mass testing, local testing capacity and what to do when you receive test kits
- Swabbing residents – top tips
- NHS Test and Trace
- Cohorting of residents
- Assessing capacity for COVID-19 testing

Public Health England

**Source:** NHSE&I London regional care home resource pack V.4

# PHE care home testing results: actions for care home residents and staff

NHS




**Antibody tests** will start to become more widely available. ***The results of antibody tests should NOT be used to make decisions about your health or behaviour,*** *either at work or at home.* You should continue to take all precautions to avoid COVID-19, following Government advice. This includes the requirement to self-isolate if you are informed by the NHS contact tracing system that you are required to do so.

# NCL Guidance: Who can get tested for COVID-19?

**The following groups are eligible for testing nationally:**

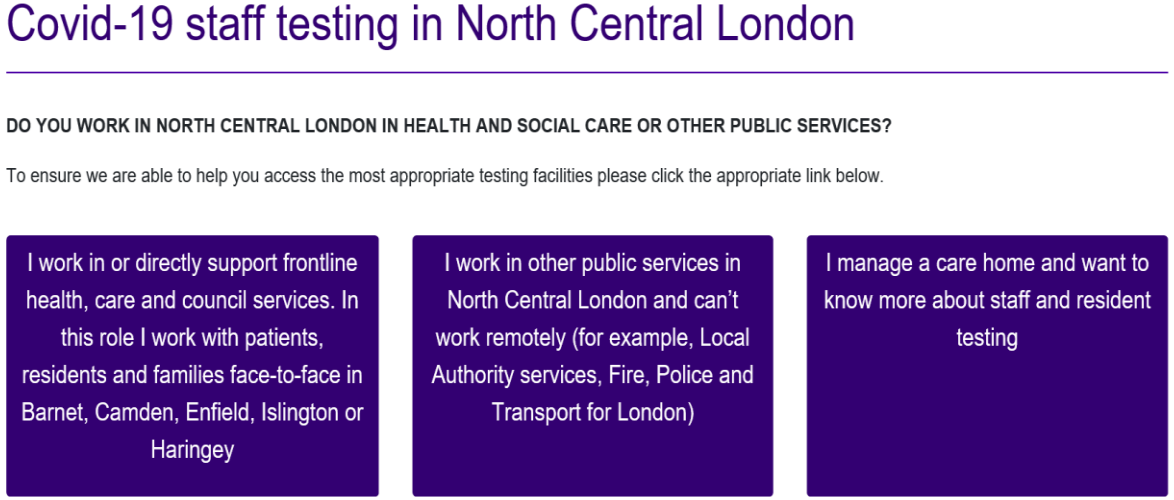
- Anyone, whatever their age, who has symptoms
- If you live with someone who has symptoms

**The following groups of people can access priority testing through GOV.UK:**

- essential workers in England, Scotland, Wales and Northern Ireland
- anyone in England, Scotland, Wales and Northern Ireland over 5 years old who has symptoms of coronavirus and lives with an essential worker
- children under 5 years old in England and Wales who have symptoms of coronavirus and live with an essential worker (this test must be performed by a parent or guardian)

## How can North London care staff access testing?

Care provider staff with symptoms that are self-isolating can book onto testing via the national website and on NCL website



**Source:** NHSE&I London regional care home resource pack V.4

# COVID-19 Testing residents (1)

Testing of residents, in combination with effective infection control measures, supports prevention and control of Covid-19 in care homes.

Report to **Health Protection Team (HPT)** as soon as a case is suspected. **Testing available now.**

Once an outbreak is confirmed, the HPT will arrange testing for all residents and staff. The HPT will also arrange a **follow up test after 7 days** for residents and staff who tested negative on the first round of testing or who missed the initial test. **If someone tests positive they will no further testing for 6 weeks.**

**All residents should be retested** again 28 days after the last resident or staff had a positive test result or showed coronavirus-like symptoms. If no further cases are identified at this point, the outbreak is considered to have ended. Any further cases after this point is a new outbreak and the care home must contact the HPT.

**All adult care homes registered with the CQC are able to register for regular testing via the national portal. See guidance**

All care homes with older people and people with dementia can register for delivery of home testing kits for all residents, whether or not they have symptoms. Please ensure that you talk to and prepare the resident for a test, see Testing residents top tips and capacity slide

Carers and nurses who will be swabbing residents in care homes should complete the online care home swabbing competency assessment before carrying out swabbing. Register at www.genqa.org/carehomes

## Think

- What is the reason for requesting testing?
- Does the resident have capacity? See Testing residents top tips and capacity slide

## Ask

- Are residents and staff unwell?
- What is the latest guidance on how to access testing?

## Do (as 18/08/2020)

- If one or more residents are symptomatic and it is more than 28 days since the last case, call PHE London Coronavirus Response Cell (LCRC) Tel 0300 030 0340 email lcrc@phe.gov.uk or phe.lcrc@nhs.net. LCRC will provide infection control support and send test kits for all residents and asymptomatic staff on the day. The results will be sent back to you from LCRC via email (nhs.net email or password protected) along with guidance on what to do next, depending on negative or positive results.

- If there are no symptomatic residents and for ongoing outbreaks, testing can be arranged via the **DHSC portal** at https://request-care-home-testing.test-for-coronavirus.service.gov.uk/ , phone 0300 303 2713 **or via local arrangements**

**Resources**

Home Testing: Fact Sheet
How can I get the test for our staff and residents/clients?
Government Testing Guidance
Top tips for swabbing people with dementia

**Source:** NHSE&I London regional care home resource pack V.4

# COVID-19 Testing residents (2)

**If one or more residents are symptomatic and it is more than 28 days since the last case,** call PHE London Coronavirus Response Cell (LCRC) Tel 0300 030 0340 email lcrc@phe.gov.uk or phe.lcrc@nhs.net .

- LCRC will provide infection control support and send test kits for all residents and asymptomatic staff on the day (round 1) depending on when the last "whole home testing" was carried out.
- The results will be sent back to you from LCRC via email (nhs.net email or password protected) along with guidance on what to do next, depending on negative or positive results.
- LCRC will then arrange retesting at 7 days for residents and staff who tested negative or missed testing on round 1.
- All residents should be retested again 28 days after the last resident or staff had a positive test result or showed coronavirus-like symptoms. This round is arranged by the care home via DHSC or local arrangements.
- If no further cases are identified at this point, the outbreak is considered to have ended.

**If there are no symptomatic residents and for newly symptomatic residents in an ongoing outbreaks**

testing can be arranged via the DHSC portal at https://request-care-home-testing.test-for-coronavirus.service.gov.uk/
phone 0300 303 2713
or via local arrangements
Currently only care homes caring for over 65s and those with dementia are eligible for retesting via DHSC portal. All other adult care homes registered with CQC will be able to register for regular testing from 31 August. See guidance

**Resources**
Home Testing: Fact Sheet
How can I get the test for our staff and residents/clients?
Government Testing Guidance
Top tips for swabbing people with dementia

# NCL Guidance: Local testing capacity – care homes and supported living settings

Within NCL, we have some local testing capacity to provide asymptomatic screening to care settings as directed by Public Health
If you are a supported living or care home provider, and you meet the following criteria, you may be able to access tests via your local council.

- Unable to access regular tests via the national portal
- Providing personal care to the majority of residents with a given home / scheme
- Provide care and support in a 'closed community' with substantial sharing of facilities

Contact your local council if you meet the above criteria and they will outline how you can access

## What to do when you get test kits and results?

When you receive test kits please contact your local authority.

There is a visual guide to conducting swab testing on the Government website:
https://www.gov.uk/government/publications/covid-19-guidance-for-taking-swab-samples

The NCL STP website (https://northcentrallondonccg.nhs.uk/testing-for-care-home-staff-and-residents/) also includes a guide on testing which covers:

- What to do when you get your results
- Where to access guidance on infection prevention and control

**Source:** NHSE&I London regional care home resource pack V.4

# Swabbing residents - top tips

**Swabbing may feel uncomfortable and be frightening for some residents.**

| | |
|---|---|
|  | You might want to wait for a good moment where someone is engaged and not in distress for another reason |
|  | Explain the reasons behind the swab and that there might be some discomfort |
|  | Use pictures and simple information to help explain<br>Example here: https://bnssgccg-media.ams3.cdn.digitaloceanspaces.com/attachments/Easy_Read_swab.pdf |
|  | Demonstrate what will happen on yourself, a colleague or a doll/teddy |
|  | Asking the person to open their mouth, stick out their tongue and say “ahhh..” can help with understanding |
|  | Keep explaining what you are doing during swabbing and give clear instructions |

**Source:** NHSE&I London regional care home resource pack V.4

# COVID-19 Testing staff (1)

Testing of staff, in combination with effective infection control measures, supports prevention and control of Covid-19 in care homes.

An Outbreak is **at least one** suspected or confirmed case of COVID-19 in staff or residents

Report to **Health Protection Team (HPT)** as soon as a case is suspected. **Testing available now.**

Once an outbreak is confirmed, the HPT will arrange testing for all residents and staff. The HPT will also arrange a **follow up test after 7 days** for residents and staff who tested negative on the first round of testing or who missed the initial test. **If someone tests positive they will no further testing for 6 weeks.**

**Continue the regular weekly testing cycle for staff** if there is a current outbreak and the steps above for a new outbreak have been completed

**All residents should be retested** again 28 days after the last resident or staff had a positive test result or showed coronavirus-like symptoms. If no further cases are identified at this point, the outbreak is considered to have ended. Any further cases after this point is a new outbreak and the care home must contact the HPT.

**Currently only care homes caring for over 65s and those with dementia are eligible for retesting. All other adult care homes registered with CQC will be able to register for regular testing from 31 August. See guidance**

When you **do not have** a suspected or current outbreak

**Apply for regular testing and follow whole home retesting cycle.**

- **Weekly testing of staff**, including bank and agency staff
- **Test residents every 28 days.**

**Staff who have been diagnosed with COVID-19 should not be included in testing (as part of regular testing or the whole home test at 28 days after the last identified case) until six weeks after**:

- Their initial onset of symptoms
- Or, if asymptomatic when tested, their positive test result

If they develop new symptoms, they should be retested immediately.

**If staff develop symptoms**, they must not be tested in the care home. They should self-isolate and order a test through the **self referral portal**

**Resources**

Home Testing: Fact Sheet
How can I get the test for our staff and residents/clients?
Government Testing Guidance
Top tips for swabbing people with dementia

# COVID-19 Testing staff (2)

**Source:** NHSE&I London regional care home resource pack V.4

**If one or more staff are symptomatic and it is more than 28 days since the last case,** call PHE London Coronavirus Response Cell (LCRC) Tel 0300 030 0340 email lcrc@phe.gov.uk or phe.lcrc@nhs.net .

- LCRC will provide infection control support and send test kits for all residents and asymptomatic staff on the day (round 1) depending on when the last "whole home testing" was carried out.
- The results will be sent back to you from LCRC via email (nhs.net email or password protected) along with guidance on what to do next, depending on negative or positive results.
- LCRC will then arrange retesting of (residents and) staff who tested negative or missed testing on round 1.
- All staff should be retested again 28 days after the last resident or staff had a positive test result or showed coronavirus-like symptoms. If no further cases are identified at this point, the outbreak is considered to have ended.

**If there are no symptomatic residents and for newly symptomatic residents in an ongoing outbreaks**

testing can be arranged via the DHSC portal at https://request-care-home-testing.test-for-coronavirus.service.gov.uk/
phone 0300 303 2713
or via local arrangements
Currently only care homes caring for over 65s and those with dementia are eligible for retesting via DHSC portal. All other adult care homes registered with CQC will be able to register for regular testing from 31 August. See guidance

**Resources**
Home Testing: Fact Sheet
How can I get the test for our staff and residents/clients?
Government Testing Guidance
Top tips for swabbing people with dementia

# Test and Trace

The NHS test and trace service has been established to minimise community transmission of COVID-19. It is designed to:

- ensure that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus
- help trace close recent contacts of anyone who tests positive for COVID-19 and, if necessary, notify them that they should self-isolate at home to help stop the spread of the virus

Therefore, if you have had close recent contact with someone who has COVID-19, healthcare workers must self-isolate for 14 days if the NHS test and trace service advises you to do so.

Close contact excludes circumstances where PPE is being worn in accordance with current guidance on infection, prevention and control.

Advice must be followed regardless of previous +ve PCR or antibody test. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

If a staff member has been notified that they are a contact of a co-worker who has been confirmed as a COVID-19 case, and contact with this person occurred while not wearing PPE, the 14-day isolation period also applies.

**Symptomatic people**

1. Isolate
2. Order a test
3. Act on results (if +ve need to cont to self isolate)
4. Share contacts

**Contacts**

1. Alerted (email, text, call)
2. 14 days self isolation from last contact
3. Test if you develop symptoms

# What constitutes close recent contact?

A **‘contact’** is a person who has been close to someone who has tested positive for COVID-19 anytime from 2 days before the person was symptomatic up to 7 days from onset of symptoms (this is when they are infectious to others). For example, a contact can be:

- people who spend significant time in the same household as a person who has tested positive for COVID-19
- sexual partners
- a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:
  - being coughed on
  - having a face-to-face conversation within one metre
  - having skin-to-skin physical contact, or
  - contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Examples that are **unlikely to be considered breaches** include if a health or social care worker was not wearing gloves for a short period of time or their gloves tore, and they washed their hands immediately, or if their apron tore while caring for a resident and this was replaced promptly. This would also apply to other individuals present in a care environment (such as an allied health visitor, visitor or family member) if they are following instructions from that institution.

# Risk assessment for staff exposures in the workplace

**If the you have come into close contact with a person at work** who has either recently tested positive to COVID-19 or has a suspected case of COVID-19, for example due to a PPE breach, then you must:

- Report about the PPE breach and close contact to your manager
- Your manager will then conduct a mini risk assessment of the exposure and decide whether it warrants self-isolation (i.e. if it was just a torn apron or the staff member's mask actually fell off)

**Factors in the risk assessment which should be taken into account include:**

- the severity of symptoms the resident has
- the length of exposure
- the proximity to the resident
- the activities that took place when the worker was in proximity (such as aerosol-generating procedures (AGPs), monitoring, personal care)
- whether the health or social care worker had their eyes, nose or mouth exposed

If the risk assessment concludes there has been a significant breach, or close contact without PPE, the workers should remain off work for 14 days.

# NCL Guidance: Resident exposure in a care setting

- Residents who are known to have been exposed to a confirmed COVID-19 resident (an exposure similar to a household setting), should be isolated or cohorted only with residents who do not have COVID-19 symptoms but also have been exposed to COVID-19 residents, until 14 days after last exposure.

- If symptoms or signs consistent with COVID-19 occur in the 14 days after last exposure then relevant diagnostic tests, including for SARS-CoV-2, should be performed. These residents should be isolated or cohorted with other suspected cases while results are pending.  If they have been cohorted with other individuals, the other residents' follow-up period recommences from the date of last exposure.

**Source:** NHSE&I London regional care home resource pack V.4

# Assessing Capacity for COVID-19 Testing

With regular testing for all residents in care home settings for COVID 19, see the below guidance for staff in cases where the relevant person may lack the capacity to consent to this procedure.

**If there are doubts about a resident's capacity to consent to a test for COVID 19, this decision should be approached in applying the practice and principles of the Mental Capacity Act (MCA) 2005.**

- Establish whether the individual does lack capacity to make this particular decision. In doing so you must support them, and take all practicable steps, to help them make their own decision.
- Make sure the person has all relevant information e.g. what the test is for, what the procedure involves and what the risks are of not being tested and what the benefits would be. This information should be given in an accessible way that is suited to the individual's level of understanding.
- The capacity assessment must be evidenced and recorded in the person's care notes.

## Is There An Lasting Power Of Attorney (LPA) For Health & Welfare Or Court Appointed Deputy ?

If the person concerned lacks capacity to consent to the Covid-19 test then you should check whether that individual has a Lasting Power of Attorney (LPA) or deputy for health and welfare who can consent on their behalf. Where an individual does not have an LPA a **Best Interest Decision** approach is required.

**Useful Resources**
Testing and Capacity and COVID 19
Testing someone who lacks the relevant mental capacity without their consent

**Blanket decision making' can not be made on the issue of testing a group of residents This would be breach to the person centred nature of the Mental Capacity Act - capacity is an individual issue and what may be in the best interests of one resident may not be in the best interests of another.**

## Best Interest Decision Making

In making this best interest decision, you must consider the best interest checklist. This includes:

- trying to ascertain the person's views as much as is possible, encouraging the person's participation in the decision
- consult others involved e.g. family members and carers
- identifying the relevant factors that the person themselves would taken into account if they were able to make the decision themselves. For instance the risk of harm to them should they not be tested
- use your knowledge of the resident to identify whether they would have likely to have wanted the test had they been able to make the decision for themselves
- Taking all these views and factors into account you can then make a best interest decision on behalf of the individual.
- Again, this should be evidenced and recorded in the individual's care notes.

## Implementing a Best Interest Decision to be tested

- Try to complete the test in course of daily care routines without the use of restraint.
- If the person is resisting in any way and restraint is required, then you must be satisfied that it is a necessary and a proportionate response to the likelihood and seriousness of the harm that they would suffer should they not be tested.
- If restraint and force is required to perform a Covid-19 test then questions will have to be asked if the risk of harm is actually great enough to justify this and whether testing that individual is really in their best interests given the level of distress it is causing. This can only be decided on a case by case basis and clearly documented.

## A Best Interest Decision on Testing Must Be Person Centred

(Content credited to Bath & North East Somerset Council)

# End of Life Care

**What you will find in this section:**

- Advance Care Planning and Coordinate My Care
- Supporting care in the last days of life
- Expected and unexpected deaths
- Verification of death
- NCL Community Palliative Care Teams
- Care after death – using PPE and IPC

**Source:** NHSE&I London regional care home resource pack V.4

# Advance Care Planning and Coordinate My Care (CMC)

A blanket policy of Advanced Care Planning/Coordinate My Care/Do Not Attempt Resuscitation is **NOT** proposed.

Conversations around end of life are challenging, particularly in these difficult times. Residents may want to express their wishes in relation to what care they want if they become unwell.

Open and sympathetic communication with residents and those important to them enables care wishes to be expressed. It is important that people do not feel pressurised in to such conversations and decisions before they are ready.

**Advance care planning discussions should be documented** on Coordinate My Care so that urgent care services can view the persons wishes.

Residents can start their own plan through my CMC with family or staff support. That initiated work is then checked, edited and signed off by an appropriate health care professional making it visible to all appropriate users including Urgent Care Services. Alternatively, Nursing Homes can register to use CMC directly.

**Resources**
MyCMC Guide for care home staff
CMC contact: coordinatemycare@nhs.net 020 7811 8513
Getting a CMC log on
CMC training including 5 minute video
End of Life Care: Support during COVID-19: Guide

**HIN guide to support care homes implement CMC: Guide**

## Think

- Does the person have **an ACP** care plan which could be put onto CMC?
- If not, could the resident be supported to start a plan in My CMC?
- Could your care home register to use CMC to help create **CMC** plans for approval by your GPs or other senior clinicians?

## Ask

- The resident if they would like to talk about their wishes and preferences if they become unwell. Involve those who matter to them in conversations
- The resident if their advance care planning discussions can be shared through a CMC care plan

## Do

- Assist clinicians in creating CMC plans from existing advance care plans
- Help residents (that wish) to complete a My CMC plan to be approved by their GP
- Work with GP/community nurses and palliative care teams to finalise and approve plans
- Have ACP discussions with new residents and their loved ones when they are admitted.

**Source:** NHSE&I London regional care home resource pack V.4

# Supporting care in the last days of life

Some residents will have expressed their wishes to not go to hospital and to stay in the care home and made as comfortable as possible when they are dying.

A family member is able to **visit their relative** who is dying. If they are unable to visit, they be can supported to connect using technology.

Common symptoms at the end of life are fever, cough, breathlessness, confusion, agitation and pain. People are often more sleepy, agitated and can lose their desire to eat and drink.

Breathing can sound noisy when someone is dying – due to secretions, medicine can be given to help.

Some people can become agitated or distressed when dying – provide reassurance and things the person would find comforting e.g. music.

**Resources**

Guidance on visitors for people in their last days of life: Guide
End of Life Care: Support during COVID-19: Guide
Key to care: End of life care
Royal College of GPs COVID: End of Life Care in community
NICE COVID-19 rapid guidelines managing symptoms in community
End of Lifecare for People with Learning Disabilities

## Think

- Have we contacted the family?
- Does the resident have a CMC plan? – what are the resident's wishes and preferences?
- Have you considered the spiritual needs of residents and their families?

## Do

- Do we have the medication needed to help relieve symptoms (e.g. pain, nausea, breathlessness)?
- Can I make the resident more comfortable - are they in pain (look or grimacing), are they anxious (can make breathlessness worse)
- Can I use a cool flannel around face to help with fever and breathlessness. Sitting up in bed and opening a window can also help. Portable fans are **not recommended**
- If the person can still swallow honey and lemon in warm water or sucking hard sweets can help with coughing
- If having a full wash is too disruptive washing hands face and bottom can feel refreshing

## Ask

- The family and resident if they want to connect using technology
- The GP or palliative care team or 111 if urgent for advice about symptom control and medication

# NCL Guidance: NCL Community Palliative Care Teams

## Barnet Enfield & Haringey

First Contact Centre for all new referrals and patient related calls: **020 8343 8841**

This line is active 24/7

https://www.northlondonhospice.org/contact/

## South Camden & Islington

South Camden:
020 3317 5777

Islington ELiPSe:
020 3317 5777

These lines are active 24/7

https://www.cnwl.nhs.uk/services/community-services/camden-palliative-care-team

## North Camden

020 7830 2084

The line is active Monday to Sunday – 9am to 5pm

https://www.royalfree.nhs.uk/services/services-a-z/palliative-care/#tab-contact

**Source:** NHSE&I London regional care home resource pack V.4

# Expected and unexpected deaths

## What is an Expected Death?

- An expected death is the result of **acute or gradual deterioration in the patient's health and often due to advanced disease and terminal illness**. For example, a person having an expected death due to metastatic cancer and unrelated to COVID-19
- A patient diagnosed with COVID-19 who is being treated in the community with end of life care plans in place, would be an expected COVID-19 death and should be managed according to their end of life care plan. This will include patients with confirmed COVID-19 who have been discharged from Hospital to a Care home with an end of life plan.

✓ **During core practice hours: call the person's registered general practice**

✓ **Outside of core practice hours: call NHS 111*6**

## What is an Unexpected Death?

- These are deaths where the resident has **died suddenly or without the cause being expected** due to illness, or where the cause is unknown. This will include all cases where the death may be due to accident, apparent suicide, violent act and any other death that is not medically expected

✓ **Call NHS111*6**

**Verification of Death** will need to be completed in the home soon after death. This can be done either by suitably trained Health Care Professional, such a registered nurse in the care home who has completed the correct training*, or another suitably trained Health Care Professional available to visit (*eg.* District/community nurse).

The Learning Disabilities Mortality Review (LeDeR) Programme was set up to review every death of a person with a learning disability over the age of 4. You can find out more about LeDeR and notify the LeDeR that someone has died here.

**Resources**

*Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance

# Verification of death – national guidance

The national guidance on verification of death can be found here: https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency/coronavirus-covid-19-verifying-death-in-times-of-emergency

The guidance covers deaths in care homes (under community settings) which are **expected** including confirmed and unconfirmed COVID-19 cases.

The guidance states that "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 includes:

- Pen torch or mobile phone torch
- Stethoscope (optional)
- Watch or digital watch times
- Appropriate personal protective equipment (PPE)

**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 are fulfilled.

For **remote clinical support**:
During core practice hours call the residents GP. Out of hours call NHS111*6 where a clinician will provide remote support to work through the process

**Source:** NHSE&I London regional care home resource pack V.4

# Care after death – using PPE and IPC

**If the deceased person has suspected or confirmed COVID-19:**

- PPE should be used, consisting of disposable plastic apron, disposable plastic gloves and a fluid-resistant surgical mask. Click on this link for more information
- Ensure that all residents maintain a distance of at least two metres, or are in another room from the deceased person and avoid all non-essential staff contact with the deceased to minimise risk of exposure
- If a member of staff does need to provide care for the deceased, this should be kept to a minimum
- You should follow the usual processes for dealing with a death in your care home, ensuring that infection prevention and control measures are implemented
- Staff in residential care settings are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk.

Following Verification of Death, care after death must be performed according to the wishes of the deceased as far as reasonably possible. The deceased should be transferred to the mortuary/funeral directors as soon as practicable. PHE guidance on the care of the deceased with suspected or confirmed coronavirus must be followed. Click on this link for more information.

Mementoes/keepsakes (*e.g.* locks of hair, handprints, *etc*) should be offered and taken at the time of care after death, as they will not be able to be offered at a later date. Mementoes should be placed in a sealed bag and the relatives must not open these for 7 days.

# Digital support

**What you will find in this section:**

- Using technology to work with health and care professionals
- Facebook portals
- Update on the Data Security and Protection Toolkit
- NHSmail

**Source:** NHSE&I London regional care home resource pack V.4

# Using technology to work with health and care professionals

COVID-19 is changing how we access services, this is particularly relevant to care homes as many healthcare professionals can no longer visit your homes.

Through utilising digital tools you can ensure you can continue to access advice, support and treatment for your residents from a range of health and care professionals. Digital tools can help ensure information on residents is sent and received securely and help facilitate remote monitoring which can support clinical decision about your residents.

To effectively utilise these tools you will need to think about the current technology you have in your organisation:

**What you will need:**

•Minimum 10mb broadband speed and adequate coverage across your home - click here to test your broadband speed.
•An email address, preferably NHS mail. Signing up to NHS mail is easy and allows you to share confidential information securely
- A device which can be taken to the resident or a confidential space.

**Helpful tips:**

•Liaise with your GP/HCP to find out how they are delivering remote consultations (AccurX, MS teams, Attend Anywhere)
•Once you have NHS mail you can access MS Teams. Click here to learn more.
•Digital social care have launched a technology helpline to support you.

## Think

- Do I have at least 10mb broadband speed in place for remote consultations? If you need support with increasing the WiFi speed, please email England.CareHomesDigital@nhs.net
- Do I have the technology in place to take observations and share them with a healthcare professional?
- Do I have a way of sharing resident information with health and social care securely? NHSmail can provide you with a secure way of securely sharing information with the system.
- Do I know how to make a remote consultation using the technology I have? E.g. Teams.

## Ask

- What do I need to do to enable remote consultations?
- How do I access NHSmail?
- Can my Local Authority or CCG support me?
- How will you resource the use of technology?

## Do

- Access the helpful training resources and webinars produced by Digital Social Care Link
- Sign up for NHS mail hlp.londonchnhsmailrequests@nhs.net
- Download MS teams
- Ask your Local Authority/CCG/AHSN for support adopting new technology

**Resources**

Link to Digital Social Care
Digital Social Care telephone Helpline

# NCL Resource: Facebook portals

Three hundred Facebook Portals have been distributed to health and care providers in North Central London to help friends and families stay in touch during the Covid-19 pandemic.

The delivery of the devices is part of an NHS Digital First and Facebook pilot.

The Facebook portal is a new piece of a technology (similar in size to a tablet) that allows people to make video calls to family and friends.

If you have received a tablet, a staff member should be nominated to set up the device. The leading staff member should refer to:

- The user set up guide, which provides further details including background information about the pilot, information on how portals are currently used in care settings, user set-up information, and portal functions.
- The Facebook Portal Quick Guide which explains how to set up and use the device.

If you have a technical query about the device and setup:

- You may be able to find the answer on the following links https://portal.facebook.com/gb/help/setting-up-portal/ and https://portal.facebook.com/gb/help/.
- There are also many instructional videos available online if you Google your query.
- If you are still unsure, email your query to rachel.falconer@nhsx.nhs.uk - the contact at NHSX who is facilitating this pilot.

A part of a national programme to support Covid-19 winter planning, NHSX are offering to provide care home staff with iPads so that they access wider health and wellbeing services for the people in their care.

The primary purpose of the deployment will be to provide care homes with the secure hardware to access remote health and social care consultations.

CQC-registered care homes that are fully or partially NHS/local authority funded are within scope for this project. Care homes with the lowest digital maturity will be prioritised.

More details will be available in future updates to this guidance.

**Source:** NHSE&I London regional care home resource pack V.4

# Update on the Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) is a free, online self-assessment for health and care providers to evaluate and improve their information governance, data and cyber security. The DSPT will help ensure your policies and systems are secure and meet information governance, data security and CQC requirements. It will also help you manage risks and share information with other health and care services securely, appropriately and with peace of mind.

To support the COVID-19 response, NHSX temporarily waived the requirement for social care providers to complete the Data Security and Protection Toolkit (DSPT) before accessing NHSMail.

All social care providers using NHSMail must register with the DSPT (i.e. sign up and provide contact details) by **30th September 2020**. This will enable the DSPT team to more easily contact and support providers, including those operating under the waiver. Revised guidance on how to register with the DSPT is available on the Digital Social Care website.

**This is the only action that providers are required to do before 30th September 2020 to ensure ongoing NHSMail access. While care providers must register by 30th September, they are not yet required to complete or comply with the DSPT**

A new version of the DSPT for social care will launch in October that's specifically designed for adult social care providers. This will include useful guidance linked to the Digital Social Care website, relevant for all types of care and support services, including residential and nursing homes, supported living, homecare, extra care, shared lives and day services. If you have any questions ahead of this time please email hlp.londonchnhsmailrequests@nhs.net and one of the team will come back to you.

## Think

- Who is your Data Security Champion within your home?
- Is this supported by your head office team?

## Ask

- Who is going to register your home on the DSPT? This may be completed on behalf of your home if you are part of a larger organisation.

## Do

- All adult social care providers in England who have not already registered with the DSPT should do so by **30th September 2020**, so that we can let you know when the new version of the DSPT has launched and how to access support.
- To support you with this Digital Social Care have created guidance how to register.

Digital Social Care

# NCL Guidance: Better communication through NHSmail

NORTH LONDON PARTNERS in health and care

**Why this matters?**

- Care providers with access to NHS mail can communicate directly with NHS providers, for example, to receive test results and discharge summaries.
- It also enables video consultations, which will support primary care and virtual MDTs in response to covid-19.

**Where are we with NHS mail in NCL?**

- Close to 200 care homes have access to NHS mail currently. Some are already working with their local NHS to set up virtual consultations.
- We would like to roll this out to all care homes in NCL and other interested providers, such as extra care and domiciliary care.

**What do you need to do to access NHS mail?**

1. Complete the NHSmail form (you can find a copy of the form at https://digital.nhs.uk/services/nhsmail)
2. Send completed form to the following email address: hlp.londonchnhsmailrequests@nhs.net
3. You will receive you NHS.net e-mail address and password

**Additional tools**

- Microsoft teams will be available to any care home with NHSmail. Teams will enable video conferencing with Health and Care Partners and the ability for homes to proactively set up video consultations and their virtual MDT.

**Support**

- There will be webinars taking place daily that will explain how to set up NHSmail once you have received your details and a demonstration on how to use Teams. You can also contact the London team at the following e mail address if you have any queries: hlp.londonchnhsmailrequests@nhs.net

# Workforce and capacity

**What you will find in this section:**

- Understanding your service and workforce capacity
- Changes to discharge / brokerage
- National Capacity Tracker for care homes

# NCL Guidance: Understanding your service and workforce capacity

- Each local authority has established regular reporting arrangements around your service and workforce capacity.
- This is vital for us to understand which providers can accept new referrals and where providers are under strain and need support. Thank you for your support in completing this regularly.
- We commit to sharing information between Councils and the NHS, and reducing usual service reporting and quality monitoring visits to the minimum.
- This will enable you to focus on service delivery and us to support providers under strain.

If you have questions around reporting arrangements please contact your local authority.

**Recruitment support:**

- We will need to provide more care in coming months and pressure will increase with staff self isolating.
- Therefore, our view is that providers will need to increase recruitment.
- Our Proud to Care portal advertises jobs in care across north London.
- We will increase our marketing, communications and pathways, and work with training and employment providers to raise awareness of the recruitment drive.
- Andrea Johnson is talking to social care recruiters about how we can support you – please contact Andrea.Johnson@hee.nhs.uk to discuss how we can help.

# NCL Guidance: Changes to discharge / brokerage

- Over the next few weeks we expect that the number of people needing support in the community after a stay in hospital (both with and without COVID-19 symptoms) will increase.

- What this will mean is that you will (soon) receive referrals from hospital without being able to assess residents prior to discharge. This is in order to support timely discharge from hospital.

- Having NHS Mail will therefore be very important to ensure that local discharge teams can pass on important information about residents needs to you prior to discharge

- Your local borough will contact you with details of these discharge arrangements and what this will mean for how these services will be brokered. See Covid-19 Trusted Assessor Guidance at Annex C of COVID-19 Hospital Discharge Service Requirements.

- To support boroughs to see whether you have capacity in a timely way to support discharge, you are also being asked to complete the **NHSE capacity tracker**. More information on the **capacity tracker** can be found on the next slide.

# NCL Guidance: Implementation of the National Capacity Tracker for care homes

You can log into the capacity tracker at https://carehomes.necsu.nhs.uk/ (Note: Care homes should use an NHSmail account to register for the Capacity Tracker rather than a private one (e.g. Hotmail, Gmail), as this will speed up the approval process)

- We all hugely appreciate your effort and patience in submitting information to commissioners locally and via the London-wide Market Insight Tool. This information is very important as has been used to feed-in to regional and national efforts to secure much needed PPE, and indicate how the care sector is coping during this difficult time.

- One of the most important tasks in the response to COVID-19 will be to ensure we have the capacity across the system and our patients/residents are cared for in the most appropriate setting depending on their need. To ensure this, and to understand pressure points in real time, we are asking all colleagues **to support the roll-out of the Capacity Tracker across relevant providers in parallel with the Market Insight Tool.**

- The Capacity Tracker will track vacancies at a national level, the Market Insight Tool captures broader information about your supply of PPE, staffing levels and capacity. Both forms of information are essential.

- Discussions between London ADASS and North of England Commissioning Support Unit have been ongoing to understand whether we can merge the Market Insights Tool and the Capacity Tracker. They are continuing to work to ensure care homes only have to fill in one return, but this may take a little time, and they ask for your patience while this is sorted.

- Registration for Capacity Tracker can be completed at https://carehomes.necsu.nhs.uk/. Once registered, Providers can access a comprehensive support package (help guides, video walkthroughs, and a support call centre). The is a Contact Centre to support those Providers who are being asked to register and update their information at pace. The number is 0191 691 3729 and operates between 8am and 8pm, 7 days a week. Outside of these hours, or for more general guidance, providers can email necsu.capacitytracker@nhs.net

- Details about the Market Insight Tool can be found via this link . If you need technical support, then please email londonadassmi@hastec.ltd and a member of the team will be in touch via email to support.

# Care home capacity tracker - why register?

**What is Capacity Tracker?**

- ✓ A **secure online tool** developed nationally as the single way to report your available beds and staffing or supply needs during the COVID-19 period, so both health and social care partners in your area can respond to help you swiftly and ensure the right resource, in the right place, at the right time to save lives
- ✓ In real time, the Tracker allows you to share the **number of beds** you have available for residents, your **Personal Protective Equipment (PPE)** needs, **staffing levels** and the **number of COVID-19 residents** to help you manage during the COVID-19 incident

**How will you benefit by updating Capacity Tracker daily?**

- ✓ Your key local partners (e.g. System Champions for Capacity Tracker, Local Resilience Forum, Local Authority and NHS) can quickly understand your needs, and urgently direct appropriate resources to you (e.g. if you need extra PPE or help with staffing)
- ✓ Hospital discharge teams will know if you are open, and if you are closed, the Tracker will support the placement of residents to other care homes – without disturbing you
- ✓ Advertise details of your available beds in just 30 seconds
- ✓ Make Instant updates from your smartphones and tablets via the Capacity Tracker app

**How will it benefit residents leaving hospital?**

- ✓ Allows residents leaving hospital to return safely and quickly back to you
- ✓ By making the transfer of residents to care homes a lot simpler, this will allow hospitals to admit residents who really do need to come to hospital in an emergency, as there will be available beds

**How can you register and get support?**

- ✓ It is fast, secure and completely free to care homes, and you will have access within minutes
- ✓ Register your care home here https://carehomes.necsu.nhs.uk/home
- ✓ Watch a video on how to register and update bed capacity on Capacity Tracker https://www.youtube.com/watch?v=qm9kX7tVO08&feature=youtu.be
- ✓ Your local System Champions can provide additional support, if needed

# Financial support

**What you will find in this section:**

- Financial support – provider and employment
- Local plans to support providers financially

# NCL Guidance: Financial Support

## Provider Support – COVID-19 Response Fund

- The government will **fund pressures in the NHS** and support local authorities to manage pressures on social care, support vulnerable people, and to help deal with pressures on other public services.
- Your local borough will decide how to use additional funding to support the COVID-19 response. Further detail will be provided on the use of this additional funding by boroughs in the next iteration of this pack.
- Please contact your local borough if you have immediate concerns about finances due to COVID.

## Employment Support – Statutory Sick Pay

- Employees will receive sick pay from **day one** of being off work due to COVID-19.
- Individuals employed on **zero-hour contracts may be entitled to Statutory Sick Pay (SSP)** if their average earnings are at least £118 per week (calculated over an 8-week period). Anyone not eligible to receive sick pay, self-employed people, is able to claim Universal Credit and or contributory Employment and Support Allowance.
- Providers with fewer than 250 employers may be able to claim for 2 weeks of SSP per employee. Details are still being finalised but in the meantime **providers are asked to retain records of SSP to support claims.**

# NCL Guidance: Local plans to support providers financially

## Payments

Each council are reviewing how they pay providers to ensure their financial sustainability. This includes considering shifting to payments ‘on plan’, rather than based on actual care delivered, to give providers greater flexibility. Contact your borough for details.

## Cash flow

Councils are committed to ensuring the financial stability of our providers and maintaining service continuity and will take all actions open to them to support this in line with government guidance. Councils are committed to meeting reasonable additional costs identified through open book arrangements.

For the foreseeable, councils will be delaying inflationary uplift decisions until later in the summer, but will backdate any decisions to the start of the financial year.

*It has been reported that some PPE suppliers have begun price hiking on essential PPE items. This is unacceptable, if you notice any suppliers profiteering please report them to the Competition and Markets Authority or contact your local council trading standards team.

Thank you for your support, commitment and dedication in this period.

Your support saves lives every day and this will be needed more than ever in the coming months. We want to support you and your staff at this difficult time.

We want your feedback on this pack so we can improve it. Please email nclccg.covidpp@nhs.net to advise what further information would help you or if there is anything more we can do to help you boost staff morale.