Produced by Healthy London Partnership and NHS E/I in partnership with

London Care Home Resource Pack

Proposed publication date: 02 February 2021

Version 7.2

Review Date: 13 April 2021

If you are reading this guidance after 13 April 2021, please check to see if there is an updated version.

To provide feedback on this pack please contact: england.londonehchprogramme@nhs.net

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

NHS England and NHS Improvement

Change log

Slide no.	Topic	Changes since v6.1
4	Summary: Suspected Coronavirus Care Pathway - Residential and Nursing Care Residents	Updated
5	Your direct line to urgent clinical advice	No change
6	Infection Prevention and Control	No change
7	Cleaning products and processes for care homes with possible or confirmed cases of COVID-19	New slide
8	Zoning	No change
9	PPE and escalating your supply issues	No change
10	Putting on (donning) PPE for care homes	No change
11	Taking off (doffing) PPE for care homes	No change
12	When residents should consider wearing face coverings	No change
13	What to do when you suspect someone has COVID-19 symptoms	Updated
14	COVD-19 Testing residents	Updated
15	Swabbing residents - top tips	No change
16	Assessing Capacity for COVID 19 Testing	No change
17	COVID-19 Testing staff	Updated
18	PHE care home testing results: actions for care home residents and staff	Updated
19	NHS Test and Trace – what does it mean for care homes?	No change
20	NHS Test and Trace – what do I need to do?	Updated
21	NHS COVID-19 app features	No change
22	How staff should use NHS COVID-19 app	No change
23	How residents should use NHS COVID-19 app	No change
24	Enabling care home visits	No change
25	Admissions into your home	No change
26	Concerns about accepting a resident	No change
27	Supporting eating and drinking	No change
28	Recognising when residents become unwell	No change
29	Supporting the ongoing treatment of care home residents who might be in the last year of life during the pandemic	New slide
30	Checking residents oxygen levels- Pulse Oximetry	New slide
31	Managing respiratory symptoms	No change
32	Supporting residents with learning disabilities	No change
33	Supporting residents with dementia	No change
34	Supporting residents who are more confused than normal	No change
35	Managing falls	No change
36	Preventing Pressure Ulcers	No change
37	Managing Lower Limbs	No change
38	Working with primary care and community services	No change
39	Support from primary care and community services	No change
40	Pharmacy & Medicines	No change
41	Using technology to work with health and care professionals	No change
42	Update on Data Security and Protection Toolkit	No change
43	DSPT – support available from Digital Social Care	No change
44	Identifying and Managing Depression in residents	No change
45	Supporting residents' health and well-being	No change
46	Supporting residents to exercise and get moving	No change
47	Supporting residents' Spiritual needs	New slide
48	Talking to relatives	No change
49	Advance Care Planning and Coordinate My Care (CMC)	No change
50	Supporting care in the last days of life	No change
51	Expected and unexpected deaths	No change
52	Verification of death – national guidance	No change
53	Care after death – using PPE and IPC	No change
54	Supporting care home staff well-being	No change
55	Staff mental health and emotional well-being	No change
56	Supporting wellbeing during and post Covid-19	No change
57	Supporting care provider managers	No change

This resource pack has been developed to provide clear guidance for London Care Homes aligned with NHS 111 Star lines and London COVID-19 Resource Pack for Primary Care ensuring that national guidance and good practice can be embedded locally by care providers.

Ensure escalation routes are clearly identified for care providers.

If you have any suggestions for future topics please do let us know - england.londonehchprogramme@nhs.net

Topics covered in this resource pack:

- Summary: Suspected Coronavirus care pathway - residential and nursing care residents
- Your direct line to urgent clinical advice
- Infection Prevention and Control
- Cleaning products and processes for care homes with possible or confirmed cases of COVID-19
- Zoning
- PPE and escalating your supply issues
- Putting on (donning) PPE for care homes
- Taking off (doffing) PPE for care homes
- When residents should consider wearing face coverings
- What to do when you suspect someone has COVID-19 symptoms
- COVID-19 testing residents
- Swabbing residents - top tips
- Assessing capacity for COVID-19 testing
- COVID-19 Testing staff
- PHE care home testing results: actions for care home residents and staff
- NHS Test and Trace – what does it mean for care homes?
- NHS Test and Trace – what do I need to do?
- NHS COVID-19 app features
- How staff should use NHS COVID-19 app
- How residents should use NHS COVID-19 app
- Enabling care home visits
- Admissions into your home
- Concerns about accepting a resident
- Recognising when residents become unwell
- Supporting the ongoing treatment of care home residents who might be in the last year of life during the pandemic
- Checking residents oxygen levels- Pulse Oximetry
- Managing respiratory symptoms
- Supporting residents with learning disabilities
- Supporting residents with dementia
- Supporting residents who are more confused than normal
- Managing falls
- Preventing pressure ulcers
- Managing lower limb wounds
- Working with primary care and community services
- Support from primary care and community services
- Pharmacy and medicines
- Using technology to work with health and care professionals
- Update on Data Security and Protection Toolkit
- DSPT – support available from Digital Social Care
- Identifying and Managing Depression in residents
- Supporting residents' health and well-being
- Supporting residents to exercise and get moving
- Supporting residents' Spiritual needs
- Talking to relatives
- Advance care planning and Co-ordinate My Care (CMC)
- Supporting care in the last days of life
- Expected and unexpected deaths
- Verification of death – national guidance
- Care after death – using PPE and IPC
- Supporting care home staff well-being
- Staff mental health and emotional well-being
- Supporting wellbeing during and post Covid-19
- Supporting care provider managers

An updated resource pack will be shared with you every 1-2 months

Version 7.2 20210202

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 diarrhea 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. User guide is available here and the business continuity guide is here. You can also access the Capacity Tracker masterclass webinar here.

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.
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 there are new cases in either staff or 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 or phe.lcrc@nhs.net

LCRC will provide advice and and advise on further 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.
•PPE 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

Version 7.2 20210202

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 residents instead of having to call 999 and transfer them 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 residents, 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.**

Version 7.2 20210202

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 residents 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.

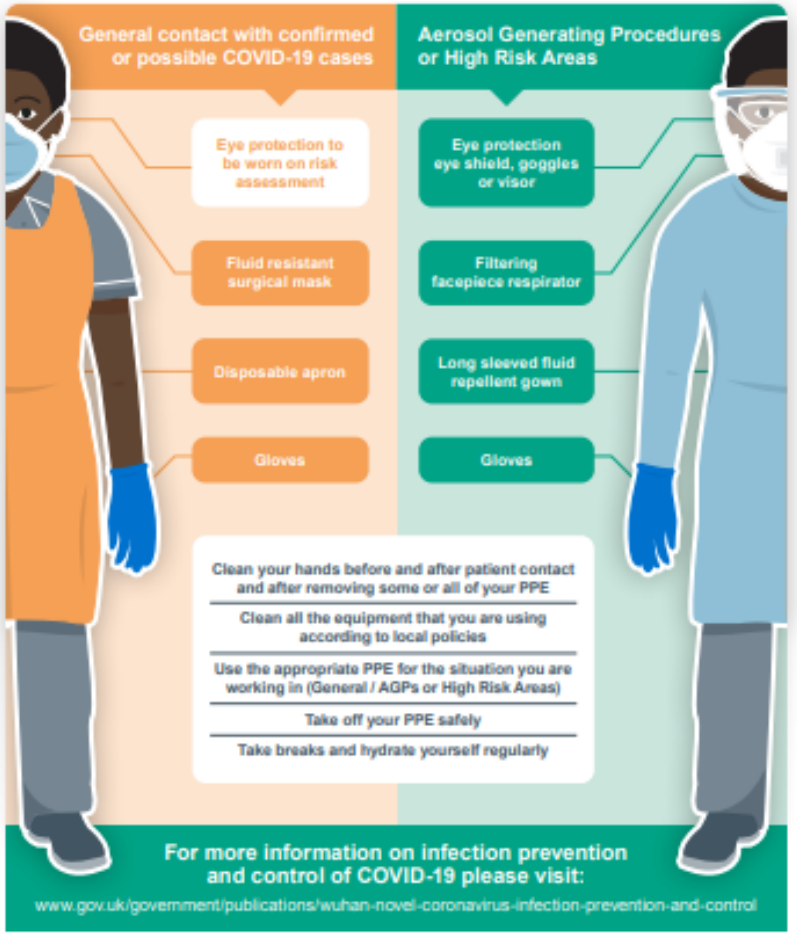
- Use correct handwashing technique (video and guidance)
- Consider bathroom facilities. If no en-suite available:
  - Designate a single bathroom for this resident only
  - Use commode in room

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

Public Health England

COVID-19 Safe ways of working

A visual guide to safe PPE



Cleaning products and processes for care homes with possible or confirmed cases of COVID-19

- Use a chlorine based solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)
  - *Either*
    - A combined detergent and chlorine disinfectant product e.g. Actichlor Plus, Chlor-Clean, SoChlor DST
  - *Or*
    - A neutral purpose detergent followed by chlorine disinfectant
- Follow manufacturer's instructions for dilution, application and contact times Products are available in tablet form to make up a solution with cold water (preventing fumes) for a single session of cleaning, before disposing of the solution
- Any disinfectant wipes in use must conform to virucidal standard EN14476

Resources

Follow the guidance on cleaning:
Care homes guidance Annex G

- Always perform hand hygiene and wear appropriate PPE for cleaning
- Clean and disinfect all hard surfaces including floors, chairs, touch points (light switches, door handles), remote controls, sanitary fittings. Include reusable non-invasive care equipment
- Single-use cloths and mop heads must be disposed of. Reusable ones must be laundered after use
- For carpeted floors and soft furnishings, consult the manufacturer's instructions for cleaning
- Cleaning advice should be disseminated to all staff, capable residents and their relatives
- Increase to two hourly cleaning in all communal areas that are not closed

Zoning

Dividing the care home into clearly marked **risk zones** should help reduce infection.

Example of zones:

Green

- Residents with negative test or no symptoms and have been in the home for over 14 days
- Areas used prior to full PPE such as offices, food prep and changing room

Amber

- **R**esidents with no symptoms but returned from hospital within last 14 days – after 14 days their room can become green
- Areas such as elevators, visitor entrance, nursing station and laundry

Red

- Residents who are symptomatic, had a positive test or confirmed contact with positive case.
- Their laundry, dirty dishes (for soaking), waste etc.

Key considerations:

- Look at the care home **floor plan** to consider how to implement e.g. separating floors or areas on one floor.
- Staff (including cleaners) only **working in one zone** where possible. Keep staff from different groups separate
- Constant infection prevention control measures when **crossing zones**
- **Vivid signage** on infection prevention at all points **between risk zones**
- **Elevator** plan e.g. one for each zone or using at different times of the day
- **Equipment** –Keep for individual use where possible – when not separate storage areas for different zones

Resource

Download BushProof **infection prevention control signage** and zoning **strategy document** with lots of information including floor plan examples: http://www.bushproof.com/care-homes-strategy-for-infection-prevention-control-of-covid-19-based-on-clear-delineation-of-risk-zones/

PPE and escalating your supply issues

Continue to order your usual PPE supplies of gloves, aprons and soap/sanitiser but we also know this has been a challenge and want to support you. COVID-19 has created unprecedented demand on the type and quantity of PPE required by the sector. The Winter Plan identifies that the supply of PPE to the care sector is fundamental to ensuring that care workers can safely provide care to those who need it.

How to access Personal Protective Equipment (PPE):

- Care homes and domiciliary care providers are eligible to register for the PPE portal and can obtain **free PPE for COVID-19 requirements until March 2021.** You can only log in and place an order if you've received an email invitation to register.
- The PPE portal order limits which are under constant review can be found here

You should not use the portal to order PPE for non-COVID-19 requirements, you should get this 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.
- PPE guidance for Residential Care Providers

When contacting your Local Authority:

- Outline your concern including the requirement
- Outline 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.

Resources
Government PPE Plan.
PPE Strategy
PPE for Residential Care Providers: Guidance

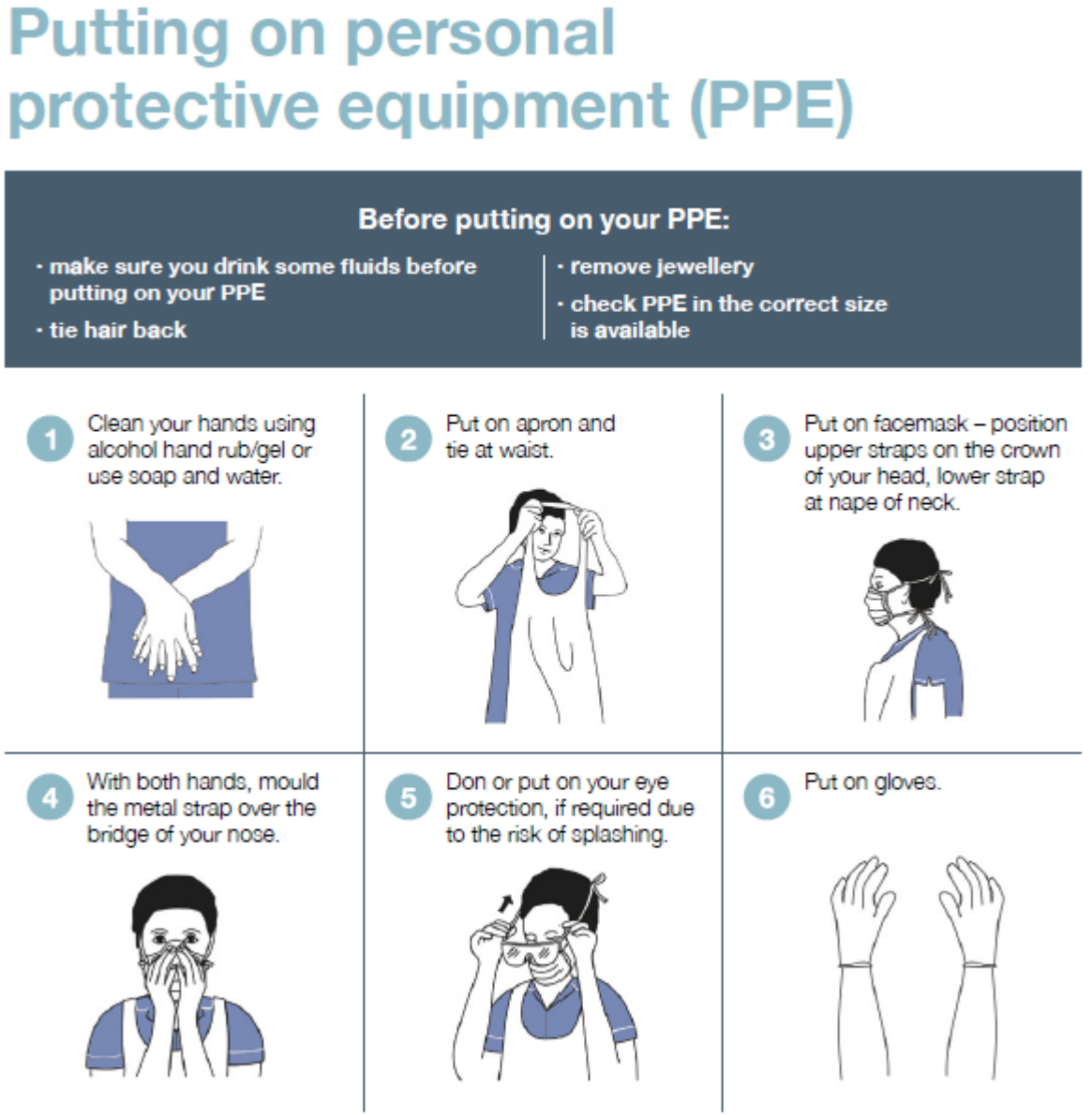
Putting on (donning) PPE for care homes

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 which can be downloaded here

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

Version 7.2 20210202

Taking off (doffing) PPE for care homes

In your care home:

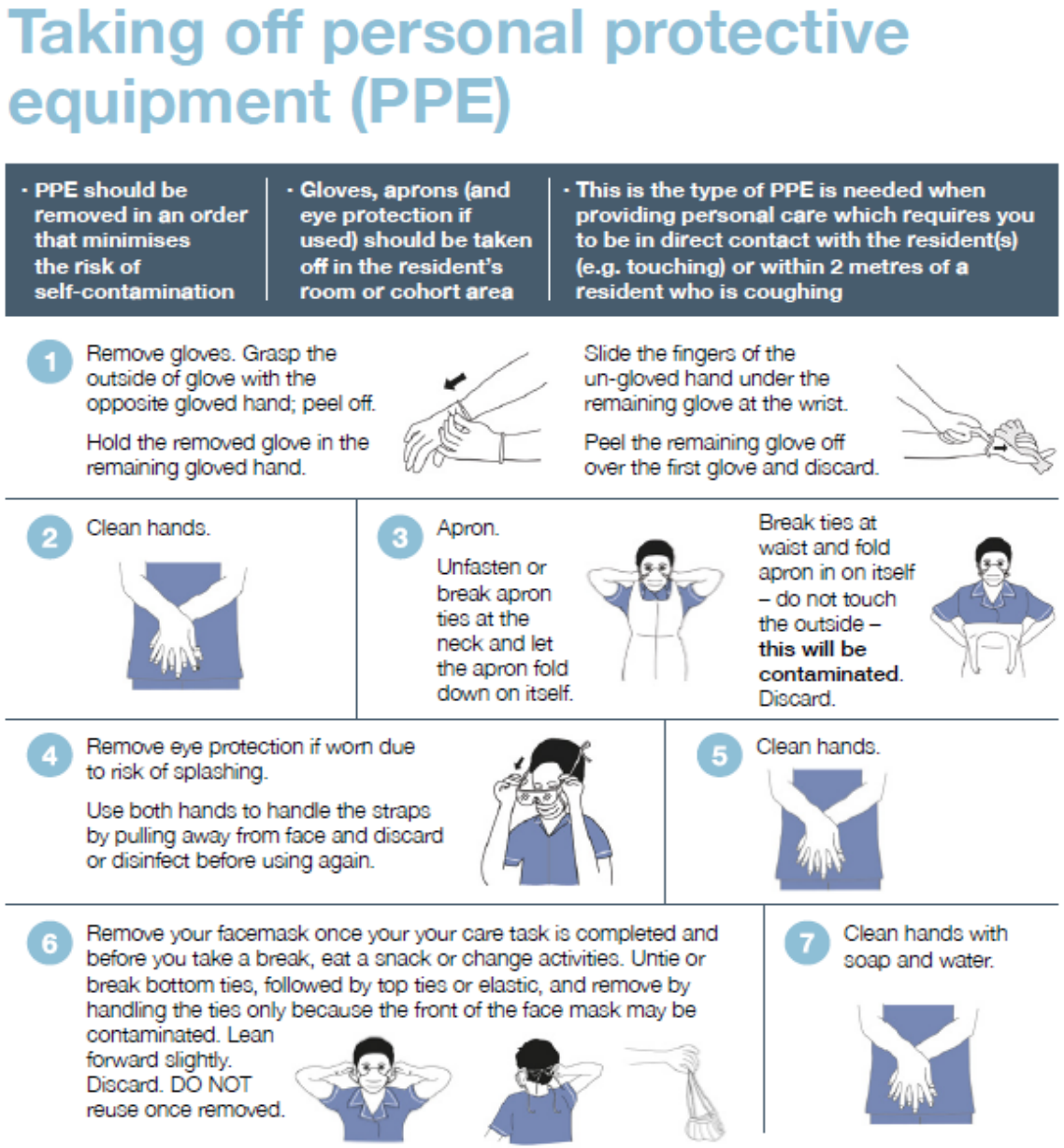
Different types of PPE are worn depending on the type of work people do and the setting in which they work. Click on this link to see the video on how to put on PPE and take it off in your care home. You can also use the poster on the right which can be downloaded here

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



Version 7.2 20210202

When residents should consider wearing face coverings

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 including Taxi's and Transport Hubs
- Shops, Supermarkets and Shopping centres
- Library's, visitor attractions and entertainment venues
- Premises providing hospitality (bars, pubs, restaurants, cafes), except when seated at a table to eat or drink.
- Places of Worship, community centres and social clubs.
- Hospitals or any NHS Setting either as a visitor or attending an appointment.

And any indoor places not listed here where social distancing may be difficult and where you will come into contact with people you do not normally meet.

Face covering should be applied before entering any of these settings and must keep it on until you leave unless there is a reasonable excuse for removing it.

Resources

Guidance on Face Coverings to attend health appointments
Guidance on Face Coverings for other settings
How to wear Face Coverings Easy read
Face Coverings Easy Read
Face Covering Exemption Resources
PPE- resource for care workers during covid-19

Individuals can be exempt from wearing a face covering if:

- You are unable to put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- Putting on, wearing or removing a face covering will cause you severe distress
- 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
- A police officer or other official requests you remove your face covering

Think

- Are there any circumstances/situations within the care setting where the use of face coverings for residents should be considered?
- 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

Version 7.2 20210202

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 as walking. (Testing residents and staff slide).

PHE guidance states that clinicians should consider COVID-19 testing in older residents or residents with dementia or cognitive impairment who have acute confusion. These residents might not be able to report symptoms.

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 (LCRC) for **infection control advice** and advice about **further testing.** LCRC will provide advice and 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

Version 7.2 20210202

Covid-19: testing residents

You can test residents every 28 days whether they have symptoms or not (use PCR swab kits NOT Lateral Flow Devices)

Register at:

- **DHSC portal**,
- phone 0300 303 2713,
- **or via local arrangements**

Request kits every 28 days.

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

Please ensure that you talk to and prepare the resident for a test, see testing residents top tips and capacity slide

Residents who have had a positive test result for COVID-19 by PCR should not be retested until 90 days after onset of their symptoms or test date (if asymptomatic) except if they develop new symptoms of Covid-19.

Resources
Care Home Testing
Government Testing Guidance
Top tips for swabbing people with dementia

If a resident has a new positive test result and there is no ongoing outbreak at the care home please:

Call PHE London Coronavirus Response Cell (LCRC) Tel 0300 030 0340 email lcrc@phe.gov.uk or phe.lcrc@nhs.net

LCRC will provide support according to the situation and your specific care home . If there is a new suspected outbreak:

- LCRC will provide infection control support and advise on further testing for all residents and asymptomatic staff on the day (Round 1) depending on when the last “whole home testing” was carried out.
- If LCRC arranges testing 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.
- Further testing will be advised as appropriate for day 7 (Round 2) 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.

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 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

Version 7.2 20210202

Assessing capacity for Covid-19 testing

For regular testing of all residents for COVID-19 in care home settings, 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 by 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 a Lasting Power Of Attorney (LPA) for health and 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
DHSC: Annex A: decision-making flowchart for decision-makers in hospitals and care homes
SCIE: Best interests decisions: A COVID-19 quick guide

Blanket decision making' cannot be made on the issue of testing a group of residents This would breach 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

A Best Interest Decision on Testing Must Be Person Centred

- 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.

(Content credited to Bath & North East Somerset Council)

COVID-19 Testing staff

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

Currently weekly PCR and Lateral Flow Device (LFD) testing of all staff on the same day at the same time, including bank and agency staff.

Additional mid-weekly LFD test in between PCR tests.

DHSC portal,

- phone 0300 303 2713,
- **or via local arrangements**

You should include bank and agency staff in your weekly staff testing.

Staff who have had a positive test result for COVID-19 by PCR should **not have a PCR coronavirus test or be included in whole home testing until 90 days after** their initial onset of symptoms or, if asymptomatic the date of their test, **except if they develop new symptoms of Covid-19.**

If staff develop symptoms, they should self isolate at home and should order a test through the **self referral portal** or use local arrangements for testing where they exist.

What to do if a member of staff has a positive test result:

- Ensure self-isolation process is followed according to national guidelines
- If you have not already been contacted by Test & Trace based at PHE London Coronavirus Response Cell please contact them tel: 0300 030 0340 email lcrc@phe.gov.uk or phe.lcrc@nhs.net for advice on contact tracing.
- LCRC will provide infection control support and advise on any further testing

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

Who is the COVID-19 swab for?

Resident
Use PCR swab only, LFD is **not** suitable for resident testing

Negative swab test

1. **If no symptoms,** continue implementing the infection prevention and control measures, as previously advised
2. If self-isolating as identified as a close/proximity contact of a confirmed case must complete 14 days of self-isolation
3. **If has/develops symptoms**, continue treating as a suspected case – isolate for 14 days from onset of symptoms in a single room. Discourage use of any communal areas. Seek medical help as required. (see PHE care home guidance)

Positive swab test

1. **If no symptoms**, isolate in a single room for 14 days from the date of swab being taken
2. **If has/develops symptoms**, isolate for 14 days in a single room from date of symptom onset.

Discourage use of any communal areas. Seek medical help as required. (see PHE care home guidance)

Member of staff
Lateral Flow Device

Positive result

1. Self-isolate, arrange confirmatory PCR test.
2. If PCR test is negative, return to work if well.
3. If PCR is positive, self-isolate for 10 days from date of test. (No need for a negative test before returning to work after 10 days as long as symptoms have resolved)

Negative result

1. **If no symptoms**, continue to work as normal
2. If self-isolating as identified as close/proximity contact of a confirmed case must complete 14 days of self-isolation
3. **If has symptoms at the time of a negative PCR test,** return to work when you feel well, unless self-isolating as a close/proximity contact
4. **If develops symptoms after testing**, self-isolate for 10 days from onset of symptoms and re-test. (Household members should then self-isolate for 14 days (see Stay at Home guidance)

Antibody tests are for research purposes only and *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.

Version 7.2 20210202

NHS Test and Trace: what does it mean for care homes?

- Under the new COVID-19 Test and Trace system, anyone, including care home staff and residents, who has “close contact” (see next slide) with someone who tests positive for COVID-19 will be expected to self-isolate for 14 days.

- see Annex B for example scenarios in a care home setting and how it may affect your care home

- **It is not clear if previous infection gives someone immunity or not, therefore this contact tracing system will apply to anyone (resident or staff) who is a close contact of a confirmed case, whether they have had the virus before or not.**

How can I make this work?

To reduce possible impact on staffing levels if staff need to self-isolate, do look at ways for staff to socially distance with colleagues at all times, even at break times.

Think about how this might work in your care home e.g, staggering breaks or taking breaks outside.

Encourage staff to keep following the PPE and hygiene measure outlined in national guidance and follow the advice of your infection control adviser

NHS Test and Trace: what do I need to do?

London Coronavirus Response Cell (LCRC) test and trace team will contact you when a person with a positive test is identified as a care home resident, staff or visitor through the NHS Test and Trace system.

- Your local authority care home team will be able to provide further advice and support
- Close contacts (as per test and trace processes) are defined as (without wearing PPE or where there has been a breach in PPE):
  - having face-to-face contact with someone (less than 1 metre away)
  - spending more than 15 minutes within 2 metres of someone
  - travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane
  - has cleaned a personal or communal area of the home where a confirmed case has been located (note this only applies to the first time cleaning of the personal or communal area)

NHS COVID-19 app features

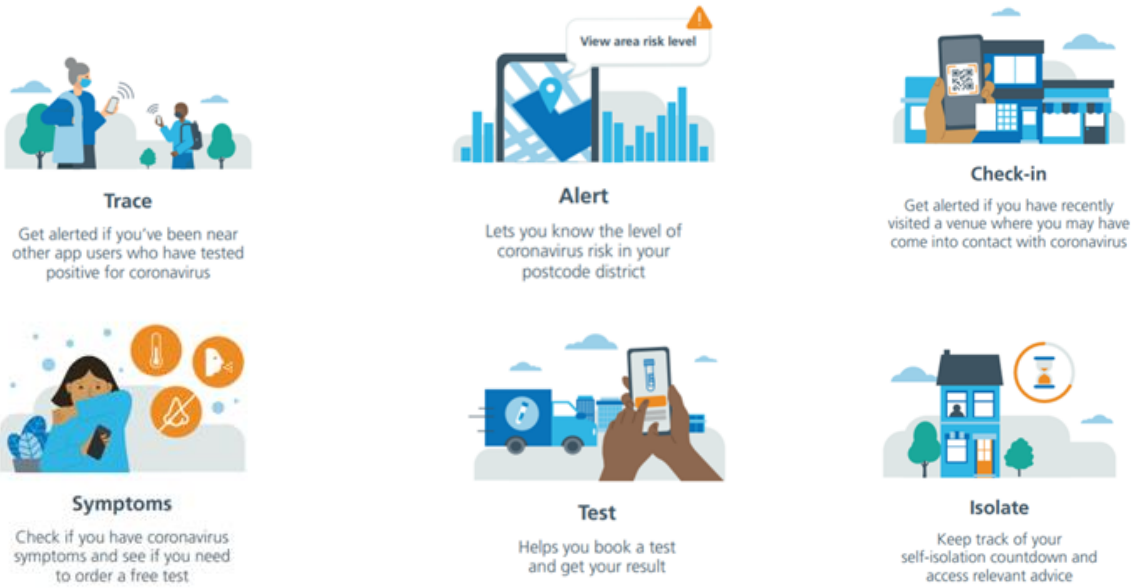
The **free NHS COVID-19 app** is a vital part of the NHS Test and Trace service in England Test, Trace, Protect service. It is the fastest way to see if you're at risk from coronavirus.
The app has a **number of tools to protect you**, including contact tracing, local area alerts and venue check-in.
The NHS COVID-19 app is entirely voluntary and you can choose whether or not to download it. You can also uninstall and delete the app whenever you like.

Every person who downloads the NHS COVID-19 app will be helping in the fight against coronavirus (COVID-19).

The app does all this while protecting users' anonymity. Nobody, including the government, will know who or where a particular user is.

The NHS COVID-19 app only works on smartphones that are compatible with the Exposure Notification framework developed by Apple and Google.

Below are the **key app features**



Download the app here

Download on the App Store

GET IT ON Google Play

Resources

How to download the app	NHS COVID-19 app video	Your data and privacy
Using COVID-19 app to protect visitors and staff	NHS COVID-19 information	Create QR poster pdf

Version 7.2 20210202

How staff should use NHS COVID-19 app

All care home staff should use the NHS COVID-19 app **outside their places of work**, please see NHS COVID-19 app features slide regarding instructions on how to download the app.

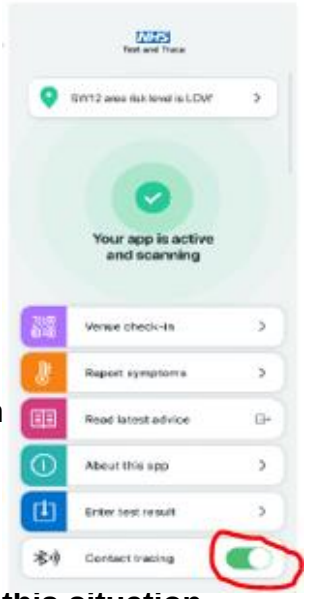
The NHS COVID-19 app only works on smartphones that are compatible with the Exposure Notification framework developed by Apple and Google

Use of app in care environment

Health and care workers **should not use** the NHS COVID-19 app when they are working in care environment, healthcare buildings, including hospitals and GP surgeries.
If you're a health or care worker practising infection prevention and control (IPC), including wearing correct PPE, you should pause contact tracing on your app.

How should health and social care workers pause contact tracing?

Pause contact tracing within the app by scrolling down the home screen to the Bluetooth image and turning the contract tracing button to off as shown in the picture.



You should also pause the app when:

- you're working behind a fixed Perspex (or equivalent) screen
- and are fully protected from other people - you should be adequately protected
- you store your phone in a locker or communal area

Remember to turn contact tracing back on once you leave this situation.

Use of app to protect visitors and staff

Care providers are encouraged to display official **NHS QR code posters** at their venue entrances to help support contact tracing.

This should be referenced in visitor's policy and part risk assessment.

This means that if people visit the venue and later test positive for coronavirus, other app users who were there at the same time may be sent an alert, if local public health teams think this is necessary.

The app notification will not mention the name of your venue, it will just let app users know that they may have come into contact with coronavirus and provide them with public health advice.

If staff believe that they've been in contact with coronavirus, or gets an alert telling them that they've been in contact with someone who has tested positive, they should refer to their **local public health risk assessment process**.

Resources
How to download the app
NHS COVID-19 app video
Using COVID-19 app to protect visitors and staff
Your data and privacy
NHS COVID-19 information
Easy Read Test and Trace

How residents should use NHS COVID-19 app

All residents should use the NHS COVID-19 app when they are visiting venues outside their places of residence, please see NHS COVID-19 app features slide regarding instructions on how to download the app. **The app should be turned off in the care environment**

The NHS COVID-19 app only works on smartphones that are compatible with the Exposure Notification framework developed by Apple and Google.

Using the COVID-19 Test and Trace App

The app can keeps a record of where they have been when visiting places outside the home. If other people were at the same venue at the same time as a resident, and later test positive for coronavirus (COVID-19), the resident may receive a notification.

Checking in to venues

- Residents can use the app to check in to venues when they visit.
- Residents can check in to a venue by pressing on the check in section and scanning a QR code (see picture)
  The QR for a venue is usually located on a poster near the entrance or service till in a shop.

QR Code

- You will find QR posters in cafes, restaurants, bars, leisure centres, hairdressers, beauticians, community centres and places of worship.
- Where a QR code poster is not available, Residents may still need to fill out their details.

Using the App to check symptoms

- Residents can use the app to check and report their symptoms.
- By clicking on the select symptoms section the resident can choose the symptoms they may feel they are experiencing at the time.
- By clicking the submit symptoms button it will let the resident know if they may need to have a Coronavirus test.
- If the app advises to have a Coronavirus test, resident should **follow local care home guidance for testing and not book test through the app.**
- The app will provide guidance on the number of days the resident will need to self isolate.

Resources

How to download the app
NHS COVID-19 app video
Your data and privacy
NHS COVID-19 information
Easy Read Test and Trace

Version 7.2 20210202

Enabling care home visits

The national care home visiting guidance continues to be updated and should be **checked at regular intervals**: 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 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 for that area, taking into account relevant infection and growth rates – **please speak with your local authority commissioning team.** Visiting may need to be restricted again.

Visits in exceptional circumstances such as end of life (last days/weeks of life) should continue in all circumstances.

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

Care homes need to develop a local policy based on a local risk assessment including:

- Balance benefits to residents against risk of visitors
- **One consistent visitor** per resident where possible
- Practical measures to reduce risk such a outdoor visits where possible
- Having a **visiting appointment system** to ensure a manageable number of visitors and ensure a record of visitors is kept
- Bringing in **restrictions** if there is an outbreak in the home or a local lockdown
- This policy will need to be **shared with residents and families** so they know what to expect

Measures to reduce risk

- **Prior to each visit check that each visitor does not have symptoms of COVID-19 and they are not self-isolating.**
- Check if the visitor is bringing a gift – wipeable gifts may be acceptable
- Remind visitors to wash their hands or sanitize when they arrive and leave and strongly encourage they **maintain social distancing**
- 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
- Consider using a substantial (e.g. floor to ceiling) screen between the resident and visitor where people are not able to socially distance.
- If a **indoor visit** is required e.g. for end of life, visitors should be 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.

Individual residents

- **Risks and benefits** of visiting each resident need to be discussed with them and their families an individual visiting plan can be created.
- 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**
- 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

Version 7.2 20210202

Admissions into your care 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 residents.
- 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

Version 7.2 20210202

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 requirements.

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 residents.
- Start using NHS mail and MS Teams to support communication around discharge. This can help you to safely assess residents 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

Supporting eating and drinking

If you are concerned about a residents oral intake speak with their GP/healthcare professional. See the slide on recognising when residents become unwell

The impact of COVID-19 has affected eating and drinking for some residents – making it even more important to monitor food and fluid intake

- If a resident has/ has had COVID-19 they may lose their sense of taste and smell and have reduced appetite
- Isolation and a lack of sociable meal times can also affect how well people eat and drink

If residents are not eating and drinking enough this can lead to illness and infections, falls, reduced mobility and pressure sores.
Some people reduce their fluid intake due to incontinence **but** reduced fluid intake concentrates urine which irritates the bladder and makes incontinence and frequency worse.

Don't forget about the importance of **good oral health** e.g. people with learning disabilities and people with conditions such as dementia and Parkinson's disease are at greater risk of developing swallowing problems (dysphagia). The signs and symptoms of dysphagia are frequently missed. If you have notice that a resident displays any of the following: coughs/chokes when eating or drinking, brings food back, persistently drools, is unable to chew food or makes a 'gurgly' wet sounding voice when eating or drinking please notify their G.P. or lead health professional

Adding extra calories

Use a food first approach to add extra calories: (sugary food and drink should still be limited for residents with diabetes)

- 1 pint of **fortified milk** per day: 4 table spoons of dried skimmed milk power in 1 pint of full fat milk – use in porridge, mashed potato, milkshakes etc
- High calorie **snacks**: Cheese and crackers, peanut butter toast, full fat yoghurt with fruit, crumpet with jam, homemade milkshakes etc
- Add **calories to meals**: use full fat milk and butter, add cream to potatoes and puddings, add mayonnaise to sandwiches, grated cheese on meals, add olive oil to salads etc.

Reducing impact of isolation

- Where able to (following infection control guidelines) continue **residents eating together** e.g. in smaller groups than usual maintaining distancing
- Talk to residents about food to stimulate appetite, sit with them whilst they eat
- Ask family members to bring in **food they like** – where non-perishable and external packaging can be wiped down - to maintain infection control
- Relaxing music at mealtimes can sometimes help

Other tips

- Some people loose taste sensations as they get older – you could try stronger flavours (herbs and spices), sweeter foods might be preferred
- Little and often – offer snacks and drinks throughout the day. Some people improve intake with finger foods
- Find out about food likes and dislikes
- Ensure drinks are always in reach, moist soft food it easier to eat

Resources	MUST tool and resources	Managing malnutrition webinar
	Hydration at home toolkit	Adding calories to meals ideas

Recognising when residents become unwell

Whilst we all need to be vigilant for signs and symptoms of Covid-19 (slide), 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?

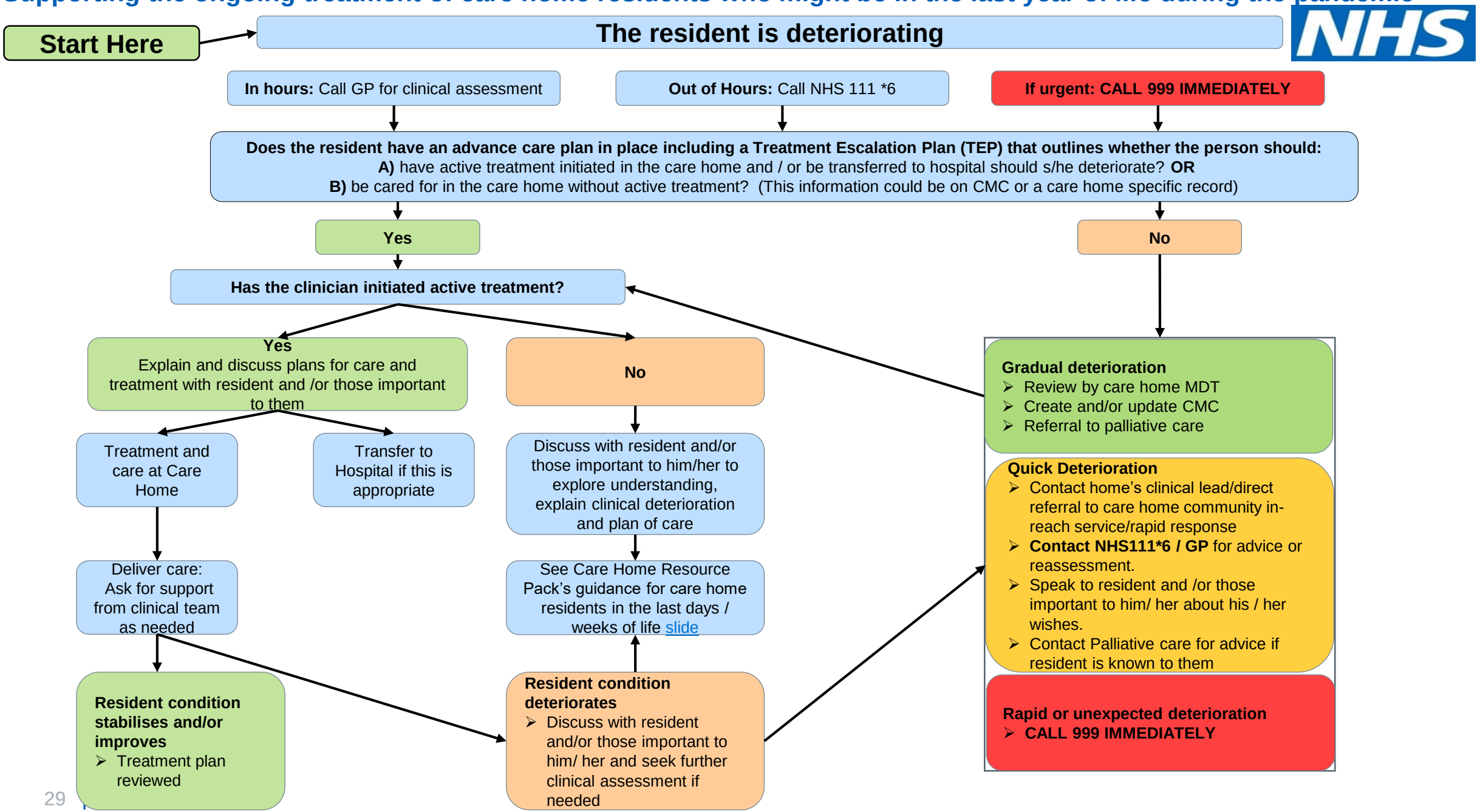
Do

- 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.

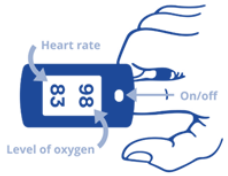
Resources

- 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

Supporting the ongoing treatment of care home residents who might be in the last year of life during the pandemic



Version 7.2 20210202



Checking residents oxygen levels- Pulse Oximetry

Pulse oximeters are being used in care homes/supported living services during the current COVID-19 pandemic. You may be asked to check residents oxygen levels. Your GP or practice nurse will tell you who and when to check and how to monitor and record or report results

Preparation

1. Explain to your resident that you are going to use a pulse oximeter and prepare them appropriately
2. Remove any nail varnish or false nail on one finger
3. Wash resident's hands with water or use antiseptic wipe and use a warm hand as cold can affect the reading
4. Get a pen and paper to write down to write down the numbers

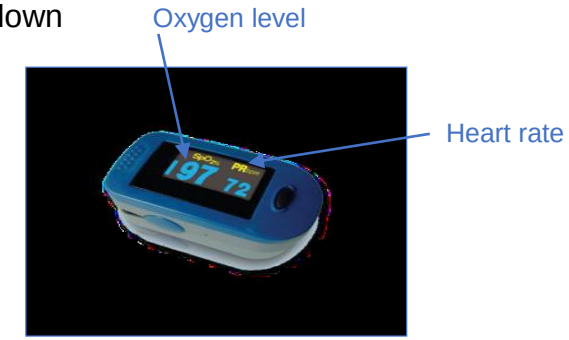
How to use a Pulse Oximeter

1. Rest the resident's hand flat on their leg, a table or arm of a chair with nails facing upwards
2. Place the finger into the Pulse Oximeter
3. Press the button so the screen lights up
4. Keep the Pulse Oximeter on the finger for at least 30 seconds and continue for up to 60 seconds until reading is stable.
5. Write both numbers down

Recording

Please record;

1. Date
2. Time
3. Oxygen level
4. Heart rate



****Consider whether the resident already has a pre-existing condition that may impact their oxygen levels. Do you know what oxygen saturation level is normal for your resident?****

Monitoring and escalation

- Normal blood oxygen level for most people is between 95-100% – continue to check blood oxygen level as directed by GP or Practice Nurse
- If 2 successive readings show blood oxygen levels between 93-94% **OR** continues to be lower than the resident's usual reading where their normal oxygen saturation is below 95%; contact NHS 111 or the GP as soon as possible.
- If 2 successive readings show blood oxygen levels of 92% or less; you must immediately seek advice from GP or NHS 111 as the resident may need to immediately attend the nearest A&E department.
- Provide the recorded details to the appropriate healthcare professional as requested

Further information can be found here:
Important information to keep you safe while isolating at home
How to measure oxygen saturations using a pulse oximeter
Managing deterioration videos
Easy read resource on oximeters

Use of Pulse Oximeters as good practice

Care home staff can use Pulse Oximeters to measure blood oxygen saturation levels in residents who have become breathless, more **unwell, confused or showing changes in behaviour.** The measurements can be helpful to clinicians as part of a more holistic assessment

- Check their oxygen levels and heart rate. Raise any concerns as per the above guidance.

Cleaning of Pulse Oximeters

- To maintain good infection control practices, the Pulse Oximeter must cleaned with an antiseptic wipe after each use on a different resident.

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

Version 7.2 20210202

Supporting 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 Posters regarding Covid 19
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 Visiting Guidance
Protecting extremely vulnerable people: Government guidance
SCIE COVID-19 Care staff supporting adults with learning disabilities or autistic adults: Guide

Leaflets and Pamphlets

Easy Read COVID resources and LD Coronavirus Resources

Version 7.2 20210202

Supporting 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 in care homes video
- Walking with purpose guide for local adaptation
- PPE- Reducing anxiety for residents with dementia
- Communication cards - can help to talk about COVID-19
- HIN activities resource people with dementia during COVID-1
- 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
- Nutrition and dementia care toolkit
- Dementia well pathway adapted for COVID-19

Version 7.2 20210202

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 resident care plans

Resources

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

Version 7.2 20210202

Managing falls

Prevention is better than cure and continuing to implement falls prevention interventions such as strength and balance exercises is important – see the exercise and moving slide

To help prevent falls:

- Complete your local falls assessment and care plan
- Keep call bell and walking aid in reach of 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 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?

Ask

- Contact your GP, community team or 111*6 for 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

REACT to falls resource videos. Available as an app - Apple & Android
Greenfinches – Falls Prevention Resources

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

Preventing pressure ulcers

- 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 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 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 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

- 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

Version 7.2 20210202

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

Version 7.2 20210202

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 next slide)?
- 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 SBARD or other locally approved tools
- Be clear about what support you can expect from your primary care and community services

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
- From October 1st care homes should have a nominated care home clinical lead and this can be a lead GP/GPs or any clinician who is a senior member of the primary care team
- 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 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

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

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 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 decisions about 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

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). 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.

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 **asap**, 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

DSPT – support available from Digital Social Care

Digital Social Care, run by social care providers for social care providers, provides **advice** and **support** to the sector on technology and data protection.

As part of this support they are offering you the opportunity to join a series of free webinars to adult social care providers to help you think about how to protect your organisation's confidential information.

We're running the webinars in partnership with the Institute of Public Care and they are a great opportunity to learn more about data security.
Whether you're a complete beginner or looking to follow best practice, these webinars are for you.

The impact of COVID-19 has meant more reliance on technology for all of us, so during these webinars taking you through how to keep information secure.

They'll also be helping you to get started with the Data Security and Protection Toolkit, which is a useful guide and self-assessment tool. It can help you to demonstrate that your organisation meets CQC expectations of good security practice.

- how to register for the Data Security and Protection Toolkit
- what you need to know about data security
- the policies and procedures you need for better security
- the data protection and cyber security training your staff need
- protecting your IT systems and devices from cyber threats.

Register for free and find out more about the dates of the webinars.

During the webinars you'll have the opportunity to ask our experts any questions you have.
If you can't make the dates, the webinars will be recorded and made available for you to catch up on demand afterwards.

Digital Social Care

https://www.digitalsocialcare.co.uk

Identifying and Managing Depression in residents

Depression and anxiety are common and are not a normal part of growing old. Anxiety symptoms are frequently due to underlying depression in older people.

Problems with mental health can be hard to separate from normal everyday stresses and existing health conditions but it is important to identify warning signs such as poor sleep, reduced appetite or altered mood.

People living with long term conditions and chronic pain may be more likely to develop depression. Changes in day to day life and reduced contact with family and friends due to Covid restrictions may trigger or worsen anxiety, low mood and depression

Those with learning disabilities or dementia are more likely than the general population to experience a mental health issue such as depression and may find it difficult to communicate how they are feeling.

Depression is a treatable condition which can respond to lifestyle measures such as healthy diet, physical activity, reduced alcohol intake and increased social activity

People may also benefit from talking therapy or medication.

NHS talking therapy services (often referred to as IAPT) accept self referrals and you can find your local service here

Resources

Mental health advice for older people
Depression in older adults
Feeling Down: Looking After My Mental Health easy read

Think

- Has my resident's mood been noticeably different for more than 2 weeks?
- Has their sleep pattern (waking early in the morning) or appetite altered?
- Have they shown less interest in their appearance and reduced enjoyment in activities that they previously enjoyed ?
- Are they more anxious ?
- Have they expressed any suicidal thoughts or wishes to be dead?
- Have other people also noticed a change?

Ask the resident

- During the last month have you been bothered by feeling down, depressed or hopeless?
- During the last month have you often been bothered by having little interest or pleasure in doing things?
- If the answer is yes to either question ask more about their mood as they could be depressed

Do

- Talk to residents about how they are feeling and use “easy read” information to support discussions
- Support the person to engage in distraction techniques such as gentle exercise, singing, art, games, music etc.
- In particular help residents keep in touch with family and those close to them
- Look at options for talking therapies
- Mention your concerns to the GP or health care team as part of the regular care home “check ins”
- Monitor any changes in mood or behaviour.

Version 7.2 20210202

Supporting residents' health and wellbeing

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 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 residents may have lost friends that they lived 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 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
Mencap Keeping Busy During COVID -19

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 a 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

- 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 resident care plans
- 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 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
- Age UK exercise at home information
- Royal College of Occupational Therapists living well in care homes
- Mencap Sport

Version 7.2 20210202

Supporting residents' Spiritual needs

The majority of people, whether religious or not, need support systems in their life, especially in times of crisis. Many patients, carers and staff, especially those confronting serious or life threatening illness or injury, will have spiritual needs and will welcome spiritual care.

Those who have no such religious associations may still benefit from spiritual care, a skilled and sensitive listener who has time to be with them, and someone to connect them to any cultural reference points that bring them comfort and meaning.

- consider whether spiritual care is provided to residents, carers and staff in ways that are responsive to their needs;
- discuss how arrangements are made for the spiritual care of those who belong to smaller faith communities;
- promote a close working partnership between your services and local faith communities on the provision of spiritual care services. If you are not sure how to access support from smaller communities, try asking local authority contacts or local community and voluntary sector networks if they are aware of a local community;
- proactively use the networks forged by the spiritual care teams (if you have them) to advise and comment on other aspects of your local policy; and
- ensure that the cultural and spiritual needs of individuals and family groups from ethnic minority faith communities are met, and that any necessary language support is provided.

Think

- How well do we assess the spiritual needs of individual residents?
- How well do we provide spiritual care?
- How aware are staff of different religious, spiritual and cultural identities, customs and priorities?
- Do they require support/ training to be more aware?

Ask residents

- "Do you consider yourself spiritual or religious?"
- What matters to you?
- Would you like to receive spiritual support in any way?
- Is there any religious or spiritual ritual that you need support with?
- Would you like to discuss you spiritual needs with a professional?
- Would you like to stay in touch with your faith community in any possible way?
- Would you like to share any religious traditions or rituals with other residents?
- Do you want to see a spiritual / religious leader?

Do

- Utilise to existing services
- Use the resources
- Use a care plan to record spiritual needs for end of life care

Resources

Faith Action – advice and resources
https://network-health.org.uk/index.php/about/about-us-detl
https://www.england.nhs.uk/chaplaincy/
Secular chaplaincy - https://www.secularism.org.uk/chaplaincy/
http://faithsforum.com/contact-us/
For people with a learning disability
https://www.learningdisabilities.org.uk/learning-disabilities/publications/religious-expression-fundamental-human-right

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

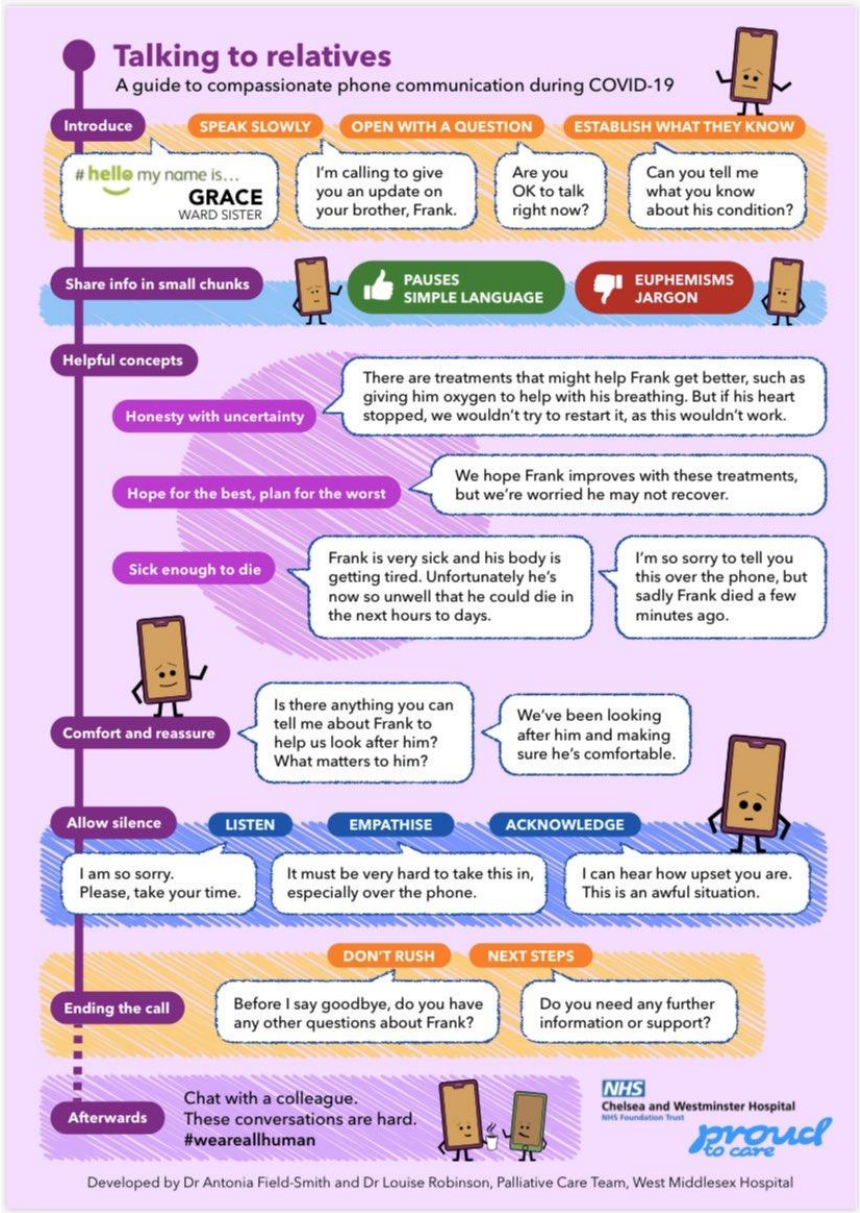
- If the relative is ok to talk
- What the relative already understands about their loved one
- If they have any questions or need any other advice or support

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.



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
- End of Life Care: Support during COVID-19: Guide
- HIN guide to support care homes implement CMC

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.

Version 7.2 20210202

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

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

Care after death – using PPE and IPC

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

- Care after death must be performed according to the wishes of the deceased as far as reasonably possible
- Follow the usual processes for dealing with a death in your care home, ensuring infection prevention and control measures
- PPE should be used, consisting of disposable plastic apron, disposable plastic gloves and a fluid-resistant surgical mask.
- 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
- Inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related. The deceased should be transferred to the mortuary/funeral directors as soon as practicable.

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 72 hours.

Personal care – additional considerations
- Collect all equipment needed prior to undertaking e.g. clean bed sheets, soap, towels, mouthcare equipment etc
- Be cautious when cleaning their mouth
- Any jewellery removed needs to be wiped down with a disinfectant wipe

Personal property – additional considerations
- Contaminated clothes should ideally be disposed (with key contact consent)
- Wipe down hard items with disinfectant wipes. Non wipeable items should be packed, sealed and not opened for 72 hours.

PHE guidance on the care of the deceased with suspected or confirmed coronavirus must be followed. Click on this link for more information.

Supporting care home staff wellbeing

The COVID-19 outbreak is affecting us all in many ways: **physically**, **emotionally**, **socially** and **psychologically**. It is a normal reaction to a very abnormal set of circumstances. **It is okay not to be okay** and it is by no means a reflection that you cannot do your job or that you are weak. Some people may have some positive experiences, such as taking pride in the work, or your work may provide you with a sense of purpose. Managing your emotional well-being right now is as important as managing your physical health. If you are concerned about your mental health, your GP is always a good place to start. If it is outside of working hours, contact the crisis line of your borough which is here or if you are known to services, please call your Care Coordinator or the service responsible for your care.

Below are some things to consider to support your own wellbeing:

- These times are temporary and things will get better
- Consider and acknowledge how you are feeling and coping, reflecting on your own needs and limits
- Ask for help if you are struggling. Asking for help when times are difficult is a sign of strength
- Stay connected with colleagues, managers, friends and family. Where possible do check on the needs of colleagues and loved ones
- A lot of things might feel out of your control at the moment. It can help to focus on what we can control rather than what we cannot
- Acknowledge that what you and your team are doing matters. You are doing a great job!
- Choose an action that signals the end of your shift and try to rest and recharge when you are home

To speak to someone:

- **Urgent Support:** Good-Thinking's Urgent Support page has numbers and links to help you access urgent support,
- **1:1 Mental health support** 24 hours a day: Text FRONTLINE to **85258** for a text chat or call **116 123** for a phone conversation
- Visit **Bereavement Support Online** or call the free confidential bereavement support line (Hospice UK), on **0300 303 4434,** 8am – 8pm
- **NHS Psychological therapy (IAPT):** Search here to find out how to get access to NHS psychological therapy (IAPT)
- **Finances:** If relatives of staff are financially effected by COVID-19, they can access the Money Advice Service web-chat or **call 0800 138 1677**, from www.moneyadviceservice.org.uk

See next slide for more resources

Version 7.2 20210202

Staff mental health and emotional wellbeing

Evidence-based apps and personalised online tools:

- **Worry and anxiety:** The free Daylight phone app teaches you to manage worry and anxiety by offering audio-led guidance tailored to you
- **Sleep:** Sleepio is a highly personalised free digital sleep-improvement program which helps you get to the root of poor sleep.

Work and well-being:

- **Going Home checklist:** Find simple steps to help you manage your own wellbeing at the end of each working shift in this video
- **Risk Assessment BAME staff:** Use Risk Reduction Framework for staff at risk of COVID-19 infection (pages 9 and 10) here and assessment here
- **Preventing work related stress:** Use Health and Safety Executive's talking toolkit for preventing work related stress here
- **'Mental Health and Psychosocial Support** for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus': Guidance from the British Red Cross for staff, volunteers and communities. Can be found here
- **Mental Health at work:** Information and resources for managers on taking care of your staff. Learn how to support your staff here
- **Anxiety and worry:** Access the Guide to managing worry and anxiety amidst uncertainty from Practitioner Health (Psychology Tools) here

Further resources:

- **The stigma of COVID-19** can cause distress and isolation. Learn how to fight it here
- Building your own resilience, health and wellbeing website is a resource from Skills for Care
- **Reflective debrief after a death:** Support carers to take time grieving and reflecting together about the person that has passed away, what happened leading up to the death, what went well, and what didn't go so well, what could have been done differently, and what needs to change as a result of the reflection – Resource from 'What's Best for Lily' by UCL Partners. Find out how to do this by downloading resources here.
- **Care Workforce COVID-19 app:** Get information and advice, swap learnings and ideas, and access practical resources on looking after your own health and wellbeing. Signup here or download the app using an Apple or Android phone.
- For access to more tips, free guides, assessments and signposted resources, visit Good Thinking

Supporting wellbeing during and post Covid-19

The #OnlyHuman campaign has been developed to positively support health and care staff to prioritise their physical health and emotional wellbeing needs in light of Covid-19 and beyond.

In April, the **Institute for Public Policy Research** reported that 1 in 2 workers felt their mental health had declined since the pandemic began and more than 1 in 5 were more likely to leave the profession as a result.

The **campaign materials** take on a peer-to-peer approach having found that staff can struggle to identify signs of stress within themselves, but are far better at spotting signs within colleagues.

Resources

The use of the suite of materials is completely flexible. They are editable so you can add your own logo and choose from the five theme(s) listed above which are most relevant to your team. Please visit https://bit.ly/2OpMC7Q or scan the QR code using the camera on your phone.

CARE NHS

Check in

- It's easier to spot a change – and potentially a problem - in someone else than in yourself. Keep an eye out for changes among your team.
- When asking a colleague how they are, try phrasing it as an open question ("how are you feeling?") rather than closed one ("you okay?").
- Think about how you can set an example for colleagues by sharing your own challenges and vulnerabilities, whether that's in a huddle or one-to-one.

Managing Uncertainty

- Set aside some time each day to reflect on what you and your team did well today, maybe as you leave the building.
- Encourage discussions about familiar comforts and day-to-day experiences which haven't changed.
- Remember to actively acknowledge the challenges and feelings that change and uncertainty can bring.

Kindness

- Small acts of kindness really matter - make a teammate a cuppa or bring in some biscuits to share.
- You can always send teammates a message after work to let them know you are thinking of them.
- Thank teammates for even the smallest thing. Day to day gratitude can make a difference.

Warming up and down

- Encourage a safe safe space for colleagues to get involved in and speak up ie team huddles.
- Think of someone who rarely gets praised and make an effort to let them know you appreciate them. Specific examples make people feel appreciated and noticed.
- Be mindful that new colleagues or people trying something for the first time will appreciate your support the most.

Recharge

- Even when it feels difficult, try to reinforce the importance of breaks.
- Find a moment every week to share tips about how you switch off and relax at the end of the day.
- Set an example by making use of the wellbeing facilities your department has on offer.

Health Innovation Network South London

Version 7.2 20210202

Supporting care provider managers

Skills for Care supports the adult care sector in England with workforce development resources and support to recruit, develop and lead quality care services. A key focus is the range of Support for registered managers

This includes:

- Supporting local Registered Managers networks & Whats App groups
- A new London wide network for deputy managers
- A national Facebook page for managers
- A series of webinars, podcasts and bite sized resources for managers –all recorded and available to download from the website
- A Registered Manager membership programme which includes a handbook, monthly newsletters, mentoring and peer support learning opportunities
- An advice line
- Leadership programmes and online learning including managers induction standards
- Support with achieving good and outstanding and preparing for CQC

In addition Skills for Care provides advice on recruitment of staff, workforce development funding, a range of learning and development resources and support and much more see https://www.skillsforcare.org.uk/home.aspx

Please contact your Locality Manager for more information here.