Cornwall and the Isles of Scilly
Health and Care Partnership

SOUTH WEST CARE HOME WINTER READINESS PACK

Winter readiness is more important this year than previously as it will bring additional challenges due to the pandemic, resulting in added pressure to you and your colleagues.

The purpose of this pack is to provide guidance and informative links to support care providers prepare for winter. The information is aligned with national guidance, including good practice which can be embedded locally by care providers.

This resource is to complement local protocol and guidance, it does not replace it.

CONTENTS

We would encourage you to edit and tailor this pack to make it work for your local systems. You may choose to extract parts to complement your current communications, or you may add more information specific to your geography. We advise that you ensure it is accessible to all, including readability and where the pack is hosted.

WHAT NEEDS TO BE DONE FOR YOUR RESIDENTS AND STAFF?

Please ensure your residents have been offered the following vaccines:

Flu vaccine
To protect against influenza

Pneumococcal vaccine
To protect against invasive pneumococcal disease

Shingles vaccine
To protect against shingles (recommended for those aged 70+)

Flu jab eligibility

All health and social care staff can get the flu vaccine, for free.

This includes staff who work directly with vulnerable patients/clients at risk of flu (aged 65+), employed by:

- residential care/nursing
- domiciliary care provider

The community pharmacy seasonal influenza advanced service framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit.

GP practices are also able to vaccinate, in the residential/care home, residents and staff who are registered with the practice.

A written instruction for seasonal influenza vaccination can be adopted by organisations following the signed authorisation by an appropriate doctor. It allows named registered nurses to administer the seasonal influenza vaccination.

It would useful if you are able to have a list of staff who might potentially require an antiviral treatment in the event of an outbreak. For example those in at risk groups and who have not received a flu vaccination this season more than 14 days prior to the exposure, and of their GPs. This list could be updated as the staff get vaccinated.

Resources

- NHS England and Improvement South West influenza resources

WHAT IS FLU OR ACUTE RESPIRATORY INFECTION OUTBREAK?

An outbreak is where 2 or more people in a home have similar symptoms, suggesting they may have the same infection or a higher than normal number of people in a home that have the same infection.

Do 2 or more residents or staff have the following symptoms?

Fever of 37.8°C or above

New onset or acute worsening of one or more of these symptoms:

- cough
- runny nose or congestion
- sore throat
- sneezing
- hoarseness
- shortness of breath
- wheezing
- chest pain

Sudden decline in physical or mental ability

If you notice 2 or more residents or staff meeting these criteria, occurring within 14 days, in the same area of the care home you might have an outbreak. Consider influenza or COVID-19 as an alternative diagnosis in residents with suspected chest infection or fever or cough.

What to do in case of an outbreak?

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

Record observations where possible: date of first symptoms, blood pressure, pulse respiratory rate and temperature – remember to maintain fluid intake.

Contact your resident's GP during practice hours, or NHS 111*6 to seek senior clinical advice and guidance on how to manage the clinical care of all symptomatic residents. Contact your local health protection team, once you have spoken to the GP about a suspected outbreak.

Resources

- COVID-19 investigation and initial clinical management of possible cases
- Public health protection team

Notify outbreaks

Public Health England South West
Call 0300 303 8162 - option 1 + option 1
Email swhpt@phe.gov.uk

IMMEDIATE ACTIONS IN A FLU OUTBREAK

1 **Create a list with the GP**

Include residents you suspect have flu like symptoms. Highlight all residents who may require antiviral treatment. The list should include:

- name
- date of birth
- NHS number

2 **Send information to health protection team**

If you have a list of staff who might require antiviral treatment (those in an risk group or those who have not been vaccinated 14 days or more before the outbreak), and their GPs, send this list as well.

3 **Send prescriptions**

For residents who require antivirals to your community pharmacy.

4 **Give residents oral antivirals**

Give them as soon as possible, if required, under the guidance of the GP.

FAQS ABOUT THE FLU VACCINATION

When is the best time to get my flu vaccine?
The best time to have a flu vaccine is in the autumn, from the beginning of October to the end of November.

When am I most at risk from flu?
Flu circulates every winter and generally peaks in December and January. This means many people get ill around the same time.

Can the flu vaccine cause flu?
No, the vaccine does not contain any live viruses, so it cannot cause flu. You may get a slight temperature and aching muscles for a couple of days afterwards.

How long will the flu vaccine protect me for?
It will provide protection for you for the upcoming flu season. People eligible for flu vaccination should have the vaccine each year.

Resources

- NHS flu vaccine FAQs

ATYPICAL COVID-19 PRESENTATIONS

Research suggests that older people do not always present with typical symptoms, such as fever, cough, shortness of breath and fatigue.

Older people are at a greater risk of infection and death from COVID-19 and therefore we must remain alert.

We should be more vigilant and anticipate more atypical presentations in older adults.

If you notice these changes in your residents, inform their GP/call 111*6

Atypical symptoms

- Abdominal pain
- Anorexia
- Anosmia
- Chest pain
- Conjunctivitis
- Decreased blood pressure
- Delirium (hypo and hyperactive)
- Diarrhoea
- Dizziness
- Falls
- Functional decline
- Generalised weakness
- Haemoptysis
- Headache
- Hypoxia
- Increased sputum production
- Malaise
- Myalgia and arthralgia
- Nasal congestion
- Nausea/vomiting
- Rash
- Rhinorrhoea
- Seizures
- Tachypnoea
- Unexplained tachycardia

Resources

- Blog: Atypical COVID-19 presentations in older people – the need for continued vigilance

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 such as drinking honey and lemon in warm water or elevating the head when sleeping.

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.

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

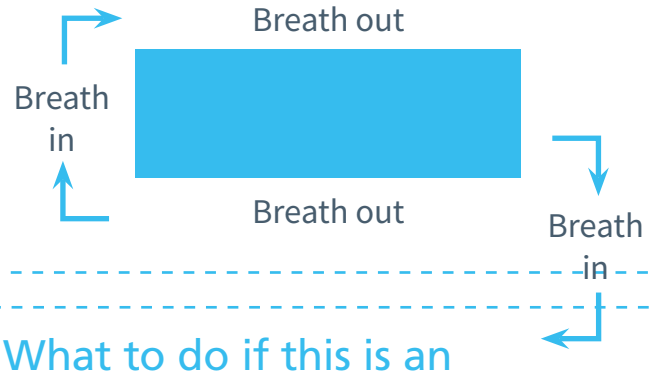
Continue to ensure residents are hydrated and check oxygen saturations. If less than 92%; call the GP.

What to do 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 if further advice is needed
- Continue to ensure residents are hydrated and check oxygen saturations. If less than 92%; call the GP.

What to do if a resident is experiencing breathlessness

- Try and reassure them and if possible, help them to adopt a more comfortable position, for example, sitting upright might help
- It is not recommended to use a fan during the COVID-19 outbreak, instead opt for a cool flannel
- Consider increased monitoring
- Encourage residents to breathe a rectangle



What to do 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

Resources

- Guide to supporting someone with breathlessness
- Guide to stress, panic and breathlessness: Managing breathlessness at home during COVID-19 pandemic

INFECTION PREVENTION AND CONTROL

- Follow the hand washing and social distancing guidance.
- Follow the guidance to see if you should be using personal protective equipment (PPE).
- Masks should be worn when doing any task that requires you to be within 2 meters of your residents.
- Masks can be used continuously, depending on different scenarios.
- Gloves and aprons are for single patient use only.
- Additional PPE is required for aerosol generating procedures.
- If you take your mask off, it must go in the clinical waste bin.

How to access PPE

Order PPE through your normal supplier. If you are running short of supplies then the PPE portal can be used by social care and primary care providers to order and receive critical coronavirus (COVID-19) personal protective equipment.

The PPE portal is an emergency top-up system.

You should continue using your business-as-usual and wholesaler routes to access PPE. You should only use the PPE portal for additional PPE if needed

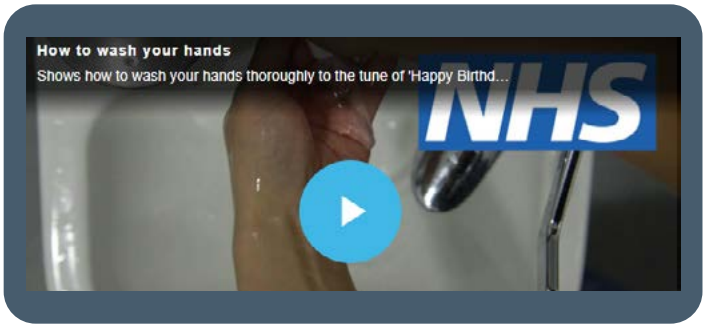
You will have been contacted with a joining email, use this email address to register with the portal.

Caring for residents

- Follow clinical advice on length of isolation for your resident which will depend on clinical symptoms and test results.
- Consider bathroom facilities. If no en-suite available, designate a single bathroom or use a commode in the room.

Resources

- COVID-19: infection prevention and control guidance
- COVID-19 masks and face coverings information sheet
- COVID-19 PPE use for non-aerosol generating procedures
- COVID-19 PPE use for aerosol generating procedures
- Guidance for residential care providers
- Government PPE plan
- How to hand wash poster
- Infection control guidance
- PPE illustrated guide for community and social care settings



PERSONAL PROTECTIVE EQUIPMENT

In your care home

Different types of personal protective equipment (PPE) is worn depending on the type of work people do and the setting in which they work. This video shows you how to put on PPE and take it off in your care home.

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.

Communicating in PPE

Communication is really important and wearing PPE can be a barrier to this. Consider how you could improve communicating with your residents whilst wearing PPE, for example nod or shake your head to show what you mean. There are simple ways to show compassion and care whilst wearing PPE, as discussed in this video.

Resources

- A guide to PPE in all settings
- COVID-19 how to work safely in care homes guidance
- COVID-19 webinar for south west care homes
- Donning and doffing PPE in health and care settings video
- Guide to communicating whilst wearing PPE

Putting on PPE

Before putting on your PPE:

- make sure you drink some fluids before putting on your PPE
- tie your hair back
- remove jewellery
- check PPE in the correct size is available

1. Clean your hands using alcohol hand rub/gel or use soap and water.

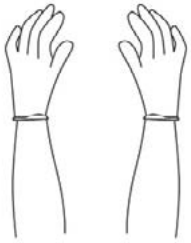
2. Put on apron and tie at waist.

3. Put on face mask – position upper straps on the crown of your head, lower strap at nape of neck.

4. With both hands, mould the metal strap over the bridge of your nose.

5. Don or put on your eye protection, if required due to the risk of splashing.

6. Put on gloves.



Download this graphic as a poster.

COVID-19 TESTING IN SOCIAL CARE

- This a live document and will be updated regularly.
- If you are experiencing operational difficulties related to testing, email covid19adultsocialcarecell@cornwall.gov.uk
- New outbreaks should be reported to Public Health England.
- Please update the capacity tracker daily. It helps us quickly understand how best to support you.
- Separate testing arrangements are in place for the Isles of Scilly.
- Question about the testing process? Call the COVID-19 NHS phone line on 119 (7am to 11pm every day).
- Want to raise a complaint about testing? Email scas.covid19testingcomplaints@nhs.net
- Regular staff and resident re-testing is now available for all care homes. Register for testing here.
- Please make every effort to test across the week especially at weekends. Increased lab capacity at the weekends means results are returned quicker.

Testing for residents

First case or a new case following more than 28 days since last outbreak	All other scenarios
Report to Public Health England (PHE): swhpt@phe.gov.uk and the health protection team will arrange testing for staff and residents. **Outbreak?** Call PHE on 0300 303 8162 (option 1, 1)	Whole-home testing is available through the care home testing portal. Email covid19adultsocialcarecell@cornwall.gov.uk if you are applying for care home testing as it helps us understand how to support you.

Testing for staff

Symptoms	No symptoms
Local testing is available now via manager referral. Staff can self-refer using the national system: gov.uk/coronavirus	Whole-home testing available through the care home testing portal. If your home cannot access the portal and you believe staff should be tested. Email covid19adultsocialcarecell@cornwall.gov.uk for advice on process.

Testing for new residents waiting for a care home place

People coming from their own home	People coming from hospital
A health/care professional can organise testing prior to admission using this link. If someone is privately-funding their placement and no health/care professional is involved, please email covid19adultsocialcarecell@cornwall.gov.uk. Testing can be arranged for people in their own home.	People returning to care homes following a visit to the emergency department or an outpatient clinic will not be routinely tested for COVID-19 prior to discharge unless clinically indicated. Following admission, hospitals will arrange testing prior to discharge.

Frequently asked questions

Is there help available for staff not trained to use testing kits?
Yes, this link will take you to an online tutorial with a step by step process.

Can care staff household members get tested and if so how?
If they are symptomatic, they can access testing.
Find out how staff can get an antibody test.

Version: 4 September 2020

111 STARLINES * 6

Care home staff concerned about a resident who may have COVID-19 symptoms can dial 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. Record date of first symptoms, blood pressure, pulse respiratory rate and temperature. If there is a care plan/TEP for your resident, please have access to it.

Dial 111	Thank you for calling NHS 111, please press 9 to continue.
9 Press 9	Let's work out where you are
Listen	If you are calling about coronavirus symptoms, please press 1, or press 2 to continue.
2 Press 2	Press 2 to access the NHS 111 star lines.
***6 Press *6**	You will hear a pause. Then when you are asked your age press *6.

Comms support tool for staff

Are you using communication support tool when calling NHS 111 *line for care homes?

SBAR is a widely used communication tool developed by NHS Improvement. The tool provides a structure to support interactions across different specialities and between different levels of staff.

It supports staff when calling health services, to provide accurate resident/patient information and stating the reasons for escalation to a health advisor or senior clinician.

S **Situation**

- I am (name), (X) nurse on ward (X)
- I am calling about (patient X)
- I am calling because I'm concerned that (X issue e.g. BP is low/high, pulse is X, temperature is X or early warning score is X)

B **Background**

- Patient (X) was admitted on (X date) with... (X issue e.g. chest infection)
- They have had (X operation/ procedure/investigation
- Patient (X's) condition has changed in the last (X) minutes
- Their last set of obs where (X)
- Patient (X's) normal condition is (X e.g. alert/drowsy/confused/pain free)

A **Assessment**

- I think the problem is (X)
- I have (X e.g. given O/analgesia, stopped the infusion)
- I am not sure what the problem is but patient (X) is deteriorating
- I don't know what's wrong but I am really worried

R **Recommendation**

- I need you to come see the patient in the next (X) minutes
- Is there anything I need to do in the meantime (for example stop the fluid/repeat the obs)?

Ask the receiver to repeat key information to ensure understanding.

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permante, Colorado, USA.

RESPONDING TO DETERIORATION

Restore 2

Restore 2 is a physical deterioration and escalation tool for care/nursing homes based on nationally recognised methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD).

It is designed to support homes and health professionals to:

- recognise when a resident may be deteriorating or at risk of physical deterioration
- act appropriately according to the resident's care plan to protect and manage the resident
- obtain a complete set of physical observations to inform escalation and conversations with health professionals
- speak with the most appropriate health professional in a timely way to get the right support
- provide a concise escalation history to health professionals to support their professional decision making

Restore 2 uses NEWS2 reproduced from the Royal College of Physicians. NEWS2 standardises the assessment of acute illness severity in the NHS.

Restore 2 mini

A condensed version of the full Restore 2 tool based on the concepts of soft signs and SBARD structured communication. Restore 2 Mini is ideal for care settings where measuring vital signs is not appropriate. It can act as a stepping stone to the adoption of the full Restore 2 tool and is also great to keep handy to support staff to communicate effectively.

Restore 2 has won a number of awards and has been recommended by:

- British Geriatrics Society : COVID-19: managing the COVID-19 pandemic in care homes
- Learning disabilities mortality review (LeDeR) programme: 2019 annual report
- CQC, DHSC, NHSE and PHE: Admission and care of residents in a care home during COVID-19

Restore 2 workshops

There will be free Restore 2 workshops hosted by the Education Hub and Kernow Health throughout the winter.

Email louisa.forbes@nhs.net for more details or book online for the Restore 2 workshops.

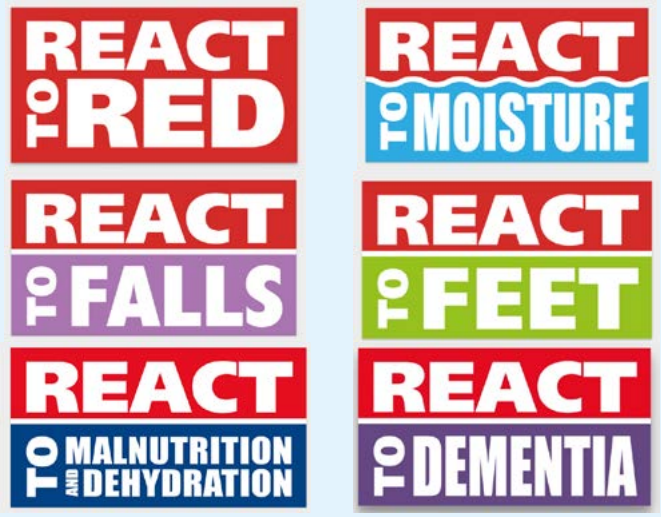
Resources

- Health Education England: short videos on sepsis and deterioration for carers
- Wessex Patient Safety Collaborative: Restore 2 training resources
- West Hampshire CCG: Restore 2 approved resources

MANAGING AND PREVENTING DETERIORATION

React To

React To is a series of training resources aimed at care home staff. These resources are also relevant to other carers and healthcare professionals. Simply pick the topic, watch the films and view or download the accompanying documents. You can find information regarding the organisations and individuals responsible for creating each of these resources at the top of your chosen resource page. Content and copyright info can be found on their website.



ADMISSIONS INTO YOUR HOME

Admission

Admission to hospital is where the person is given a bed on a ward for one or more nights. Everyone who is admitted to hospital will have a test to see if they have COVID-19.

Prior to discharge from hospital into a care setting, the hospital will arrange for all people to be tested for COVID-19 whether they have symptoms or not and results are generally known within 72 hours.

Resources

- Admission and care of residents during a COVID-19 incident
- COVID-19 admission and care of people in care homes guidance
- Hospital discharge service: policy and operating model
- Risk assessments guidance
- Step-down of infection control precautions and discharging COVID-19 patients: adult social care action plan
- Test tutorial for care homes video

Attendance

Attendance can be a visit to the emergency department (ED) or an outpatient appointment. In line with national policy, people returning to care homes following a visit to the ED or an outpatient clinic will not be routinely tested for COVID-19 prior to discharge unless clinically indicated (i.e. they have COVID-19 symptoms).

National guidance states that to minimise the risk to residents in care homes during periods of sustained community transmission, all residents being discharged from a hospital ward or interim care facilities to the care home, and new residents admitted from the community, should be isolated for 14 days within their own room.

If you require any further advice, please contact via email: contractsadults@cornwall.gov.uk or call 01872 323590.

Testing

All adult care homes can apply for coronavirus tests. Get a coronavirus test if you work in a care home

SECURE EMAIL AND INFORMATION SHARING

Having secure email address can reduce time spent on the phone, unnecessary appointments and improve decision making, all giving time back to care and better care for residents.

Having secure email means:

- receiving up to date information from the Hospital to support transfers of care; e.g. prescriptions, coronavirus swab status information, discharge summaries and outpatient appointment information
- ordering repeat prescriptions from the local pharmacy
- communicating with local community health and social care services, making referrals
- sharing care plans, safeguarding information, reports and MDT meeting notes

You also have access to MS Teams for video conferencing. Not only for use with health and care teams, but other managers, staff, residents and families too.

To support this NHS Mail and Microsoft Teams is free to the care sector, and anyone signing up on the fast track process should be registered with DSPT by 30 September 2020. You have until March 2021 to complete the data security and protection toolkit.

Support to set up your NHS Mail address

CAHSC
SUPPORTING IMPROVEMENTS IN CARE

CORNWALL ADULT HEALTH & SOCIAL CARE LEARNING PARTNERSHIP

QUICK ACCESS TO NHS MAIL

Cornwall Adult Health and Social Care Learning Partnership

Visit: www.cahsc-cornwall.org.uk/nhs-mail
Email: admin@cahsc-cornwall.org.uk
Call: 01326 334 232

Digital Social Care

Digital Social Care

A dedicated space to provide advice and support to the sector on technology and data protection.
Visit: www.digitalsocialcare.co.uk
Email: help@digitalsocialcare.co.uk
Call: 0208 133 3430

By **using NHS Mail** to improve communication between health and social care, care homes have the **potential to save 260 hours and £5,564 each year**

TECHNOLOGY

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

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

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

What you will need

- Minimum 10 MB broadband speed and adequate coverage across your home. 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.

Benefits of video consultations

- One-off assessment of patients/residents.
- Virtual weekly check-ins (as part of national requirement).
- Medication reviews.
- End of life care/assessments.

Helpful tips

- Liaise with your GP/HCP to find out how they are delivering remote consultations.
- Once you have NHS Mail you can access MS Teams. Learn more about MS Teams.
- Digital social care have launched a technology helpline to support you.

PRIMARY CARE AND COMMUNITY SERVICES SUPPORT

Multi-disciplinary team support

Your home should have direct support from primary care. For example, support could be from GPs, wider multi-disciplinary team (MDT), pharmacists, community nurses, geriatricians, community palliative care teams and a variety of other health care professionals, which may vary according to local provision.

Weekly virtual check-ins started in May 2020 carried out by GPs or other members of the primary care team for residents identified as a clinical priority.

From October 2020 the MDT team will start having meetings with care home staff to pro-actively support your residents care and develop personalised care and support plans including treatment escalation plans for residents reflecting their needs and wishes.

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 continue to be needed to enable homes and the wider MDT to help deliver care, including Microsoft Teams, video conferencing etc. 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 vital 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.

PHARMACY MEDICINES SUPPORT TO CARE HOMES

A new operational model has been implemented for pharmacy and medicines teams to provide primary care and community health support for care homes.

Pharmacy teams will increasingly collaborate across NHS systems and provide practical advice and clinical support to help reduce the risk of harm in care homes, and ensure best use of medicines both during and following the COVID-19 pandemic period.

Pharmacy teams are therefore focusing on meeting the needs of care home residents and staff and work as members of the multidisciplinary clinical team.

Support is being led by the CCG, but pharmacists will collaborate across the CCG, PCN, hospital, community pharmacy and other local services.

Key support areas for care homes

- Medicines supply.
- Clinical review, e.g. new residents, hospital discharges.
- Information and professional advice around medicines.
- Structured medication reviews including residents prioritised by the MDT and those with complex poly-pharmacy or medicines concerns.

MANAGING FALLS

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

To help prevent falls:

- complete your local falls assessment and care plan
- keep call bell and walking aid in reach of your residents
- ensure residents shoes fit well and are fastened and clothing is not dragging on the floor
- optimise their environment – reduce clutter, clear signage and good lighting
- ensure the resident is wearing their glasses and hearing aids

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.

Only ring 999 when someone is seriously ill or injured and their life is at risk.

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

Think

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

Ask

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

Do

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

Resources

Prevention

- Greenfinches falls prevention resources
- Simple set of exercises to stay active

Falls

- Falls in care homes management poster
- I-Stumble app and falls assessment tool
- What to do if you have a fall

Videos

- Assisting someone who is uninjured up from the floor
- Moving and handling in health and social care
- Later life training chair based exercises
- Using slide sheets in a confined space
- Using a hoist to move from floor to bed

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 reduces them as much as possible.

This will mean significant changes to the person's 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 to 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 may require shielding, this may be difficult in shared accommodation. It is important to ensure that you follow the government guidance as much as possible.

To minimise the risk to people if they need access to health care services you should use supportive tools as much as possible such as Restore 2 or Restore Mini.

RESTORE2™
Recognise Early Soft Signs, Take Observations, Respond, Escalate

RESTORE2™ mini
Recognise Early Soft Signs, Take Observations, Respond, Escalate

- Consider using the Stop and Watch tool as an early warning tool when you have identified an important change whilst caring.
- Does the person need extra help to remain safe and protected?
- Think about ways to engage to ensure that they understand changes in activities.
- Allow time to remind the person why routines may have changed.
- Develop new care plans with the person and their family.

Resources

- End of life care guidance
- Guidance on exercise
- Guide to protecting extremely vulnerable people
- Hospital visitors guidance
- MCA and DoLS COVID-19 guidance
- SCIE COVID-19 guide to supporting adults with learning disabilities
- Why staff are wearing PPE easy read poster

SUPPORTING RESIDENTS WITH DEMENTIA

There will be a significant change in routine for people living with dementia. People they love are no longer able to visit and they may not have access to the activities they enjoy.

People may behave in ways that is 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 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 what is happening, 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.

People with dementia 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. Introduce yourself and explain why you're wearing PPE.

If people with dementia become unwell they might get more confused (delirium).

COVID-19 testing when a person has dementia

- Explain the procedure using the appropriate language.
- Continue to explain throughout.
- Demonstrate what will happen on someone else/toy.
- Take your time, so the person feels at ease.
- Continue to reassure.

Resources

- British Geriatric Society short guide to dementia and COVID-19
- Dementia and care homes COVID-19 Q&A
- GP dementia training videos
- HIN activities resources during COVID-19
- MCA and DoLS COVID-19 guidance
- Meeting the needs of people with dementia living in care homes video
- Talking about COVID-19 communication cards
- Top tips for getting a COVID swab when a person has dementia
- Why staff are wearing PPE easy read poster

SUPPORTING RESIDENTS WITH DELIRIUM

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.

COVID-19 can cause delirium
It might be the only symptom. Delirium can also be caused by infections, hospital admissions, constipation 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 the person's physical or mental health. Please contact the individual's lead contact to discuss any changes and seek guidance.

Reducing noise and distraction, explaining who you are and your role and providing reassurance can help. Residents with delirium may find PPE distressing. Having your name, role and picture to show people may help. Always remember to be kind, calm and mindful of emotional needs.

Resources

- Delirium awareness video
- Delirium prevention poster
- Delirium and dementia video
- Raising awareness and training of delirium

Prevent it, suspect it, stop it

Delirium can be prevented and treated. Remember the causes of delirium.

Time and space

T = Toilet
I = Infection
M = Medication
E - Electrolytes

A = Anxiety/depression
N = Nutrition/hydration
D - Disorientation

&

S = Sleep
P = Pain
A = Alcohol/drugs
C = Constipation
E = Environment

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 your residents.

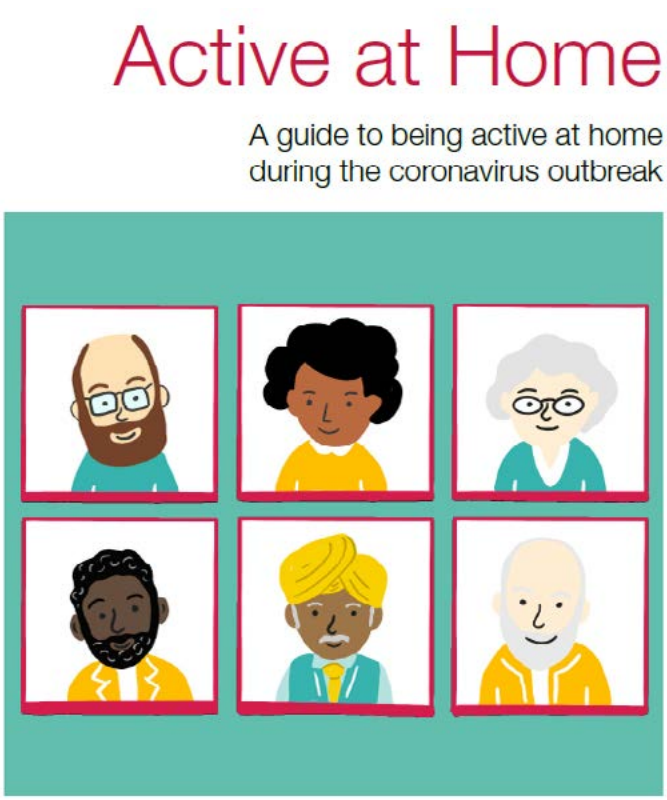
The Health Innovation Network (HIN) has produced an activities guide which collates a number of activities which are free to use and dementia friendly.

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

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

Resources

- Cruse: what to say when someone is grieving here
- Death and grieving in care homes during COVID-19 guidance
- Managing activities for older adults during COVID-19
- NHS live well advice
- Physical activity for older adults poster



Public Health England have released a booklet resource for older adults, Active at Home, to support people to stay active during the outbreak.

Look at how you can use this tool to support your residents. Exercise can help manage stress, improves sleep and reduces the risks of falls.

It's normal for people to feel anxious during these times, developing a routine with your residents will help them to focus on things which they can control.

Relatives and Residents Association helpline

Call 0207 359 8136
Monday to Friday, 9.30am to 1pm

TALKING TO RELATIVES

Conversations with relatives about COVID-19 can be challenging. COVID-19 has a large impact on not only the individual, but those who care for them and their loved ones. It may be that these conversations need to be held over the phone or remotely.

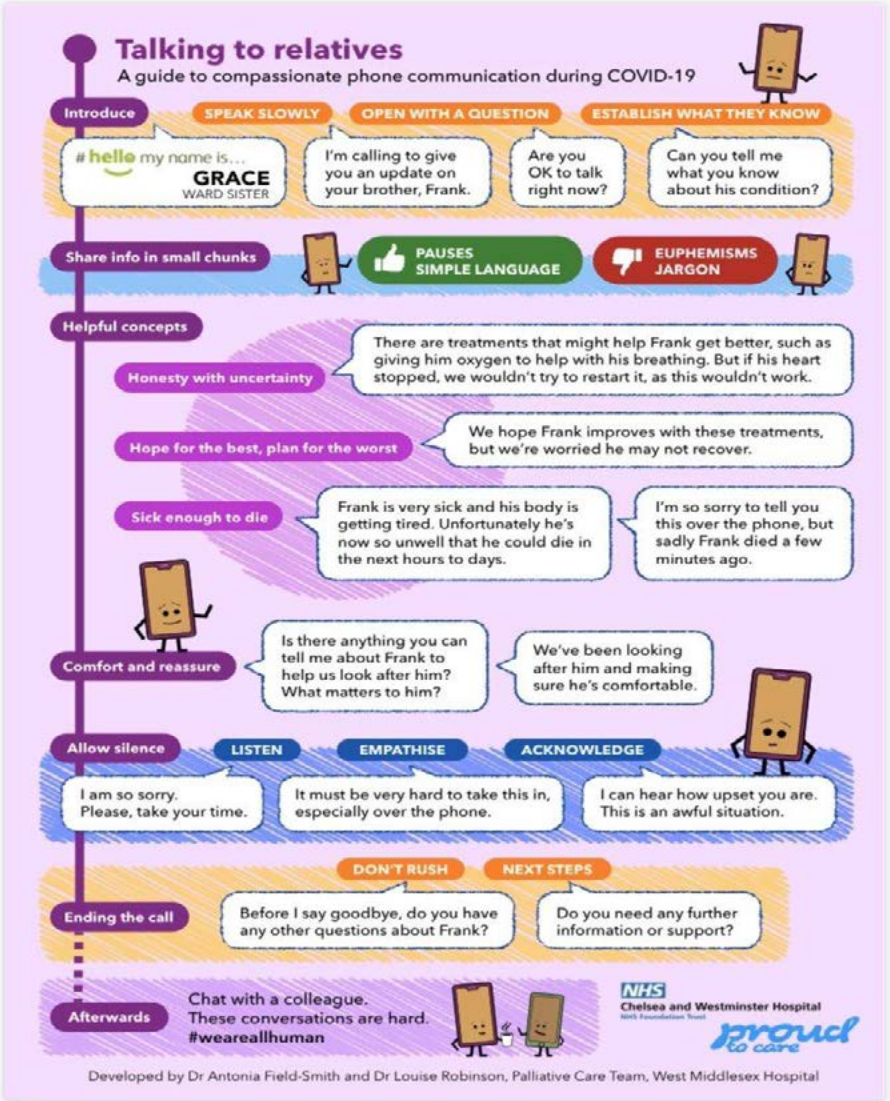
Ensure you are in a quiet, private space, free of interruption.

When you introduce yourself, check the person you are talking to is the person you need to speak to. Remain compassionate, allow time to respond and offer a follow up call. More guidance can be found here.

These conversations are hard
Following a courageous conversation with a relative or carer, talk to a colleague.

Resources

- Real Talk advice for difficult conversations
- Support for staff for difficult conversations arising from COVID-19
- Visiting arrangements in care homes
- Visitors' protocol for care providers
- Vital Talk COVID communication guide



ADVANCE CARE PLANNING

Restore 2 supports the early recognition and communication of physical deterioration using National Early Warning Scores for Care Home residents.

This enables Primary Care services to prioritise and intervene for residents most at risk to ensure that people receive earlier urgent community and emergency care in the most appropriate place, at the right time and by the most competent person, preventing hospital admissions and saving lives.

The British Geriatrics Society (BGS) recently released a new guide, COVID-19: Managing the COVID-19 pandemic in care homes. The good practice guide offers 13 key recommendations, including that care home staff should be trained to spot the early warning signs of residents becoming unwell, where possible using the Restore 2 tool or soft signs using Restore 2 Mini.

Whilst the BGS recommendations are in response to COVID-19, these tools are designed for identifying and responding to patients who become unwell through both COVID-19 and non-COVID-19 illnesses, and will have a long term benefit for your staff and residents.

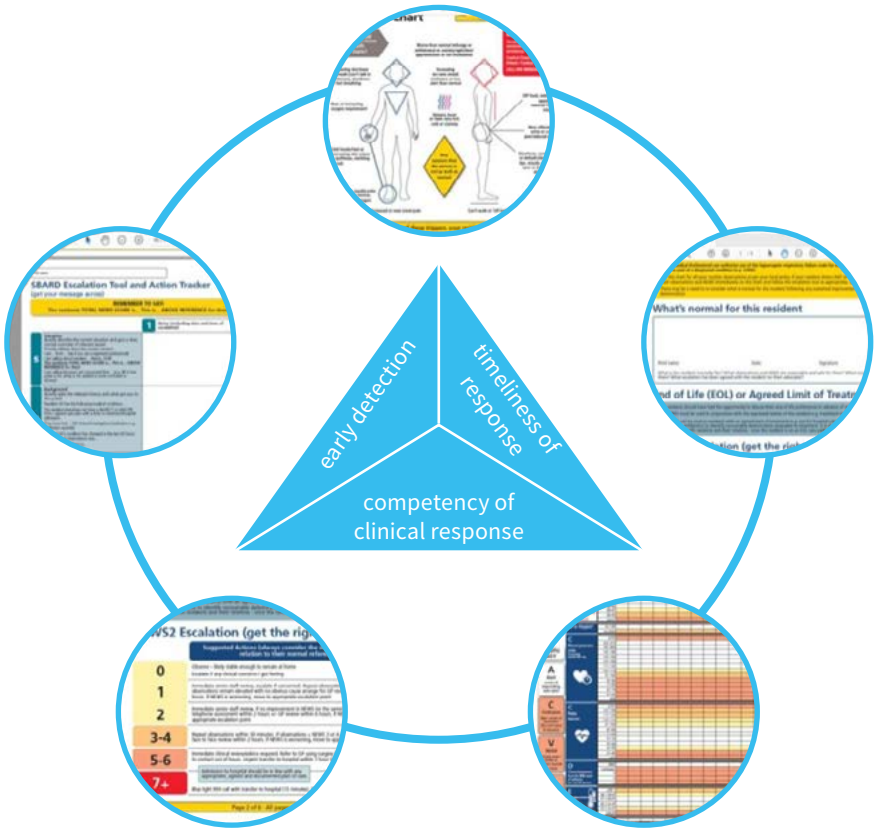
Soft signs of deterioration
Support carers to identify potentially unwell residents

What's normal for this resident?
Reference box helps staff understand when a residents condition has changed.

National early warning scores
Provide a standardised and objective assessment of risk and sickness

Get the right help
An escalation/communication pathway for residents

Get their message across
A structured communication tool for staff



Resources

- ReSPECT resources and training
- West of England AHSN short training videos

SUPPORTING CARE IN THE LAST DAYS OF LIFE

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

Family is able to visit their relative who is dying. If they are unable to visit, look at using technology to connect loved ones.

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, due to secretions, and medicine can be given to help. The GP, palliative care team or 111 if urgent can provide advice about symptom control and medication.

Some people can become agitated or distressed when dying, ensure you provide reassurance and comfort. This could be through music, reading or looking through photos.

The south west end of life COVID-19 briefing

Produced by NHS England highlights the latest guidance, resources and upcoming opportunities. To receive this please email england.sweol@nhs.net

Caring beyond the resident

End of life care for an individual goes beyond one person, it is also important to support those caring for them.

- Discuss and recognise the needs of the person dying and their loved ones to support dignified end of life care
- Identify coping strategies and self-care for the carer
- Think about care after death, this may be a memory box including memory cards, notebooks or diaries
- Ensure the resident's loved ones know where to find support

Resources

- COVID: end of life care in the community
- End of life care support during COVID-19
- Facilitating compassionate care for patients dying with COVID-19
- Guidance on visitors for people in their last days of life
- Key to end of life care
- Managing COVID-19 symptoms

VERIFICATION OF DEATH GUIDANCE

The national verification of death 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."

For remote clinical support during core practice hours call the resident's GP. For out of hours, call 111*6 and a clinician will provide remote support to work through the process.

Equipment to assist verification of death

- 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

- Check the identity of the person – for example photo ID.
- Record the full name, date of birth, address, NHS number and, ideally, next of kin details.
- The time of death is recorded as the time at which verification criteria are fulfilled.

CARE AFTER DEATH - PPE AND IPC

If the deceased person has suspected or confirmed COVID-19 PPE should be used, consisting of disposable plastic apron, disposable plastic gloves and a fluid-resistant surgical mask. Visit gov.uk for information.

Ensure that all residents maintain a distance of at least 2 metres, or are in another room from the deceased person and avoid all non- essential staff contact with the deceased to minimise risk of exposure

If a member of staff does need to provide care for the deceased, this should be kept to a minimum

You should follow the usual processes for dealing with a death in your care home, ensuring that infection prevention and control measures are implemented

Staff in residential care settings are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk

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

Mementoes (e.g. locks of hair, hand prints) should be offered and taken at the time of care after death. Mementoes should be placed in a sealed bag and the relatives must not open these for 7 days.

CARE AFTER DEATH

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 NHS 111 * 6

Verification of death

Verification of death will need to be completed in the home soon after death. This can be done either by suitably trained healthcare professional, such a registered nurse in the care home who has completed the correct training, or another suitably trained healthcare 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. Find out more about LeDeR and notify the LeDeR that someone has died.

Resources

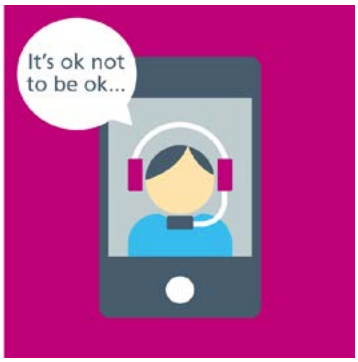
- Registered nurse verification of expected adult death (RNVoEAD) guidance

SUPPORTING STAFF WELLBEING

The COVID-19 outbreak is affecting us all in many ways: physically, emotionally, socially and psychologically. Feeling like you're struggling is a normal reaction to a very abnormal set of circumstances. It is okay not to be okay and that is by no means a reflection that you cannot do your job or that you are weak or incompetent. We're all struggling in different ways at different points. Managing your emotional wellbeing 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 or if you are known to services, please call your care co-ordinator or the service responsible for your care.

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.



Talk to someone

Call the staff wellbeing support line on **01872 255757** for confidential, practical and emotional support. The staff wellbeing support line complements the support offered by local NHS psychologist, Laura. She specialises in understanding people with dementia and the types of difficulties residents may be experiencing, and is used to working with staff teams. She has a wealth of resources on supporting staff and residents that can be emailed to you.

Text Laura on 07824 607423 with your name and where you work and they will text/call to arrange a time to talk that's convenient for you. If your home has a dementia liaison nurse, they can also put you in touch with Laura.

Advice services

- 1:1 mental health support 24/7: Text FRONTLINE to 85258 for a text chat or call 116 123 for a phone conversation.
- Visit Bereavement Support Online or call the free on 0300 303 4434, 8am to 8pm.
- IAPT: Find out how to get access to NHS psychological therapy.
- 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.

STAFF MENTAL HEALTH AND EMOTIONAL WELLBEING

The stigma of COVID-19 can cause distress and isolation. Learn how to fight it.

The Skills for Care website provides information on how to build your own resilience, health and wellbeing.

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. The UCL Partners What's Best for Lily website has some great resources to help.

Get information and advice, swap learnings and ideas, and access practical resources on looking after your own health and wellbeing on the Care Workforce COVID-19 app. Download the app using an Apple or Android phone.

For access to more tips, free guides, assessments and signposted resources, visit Good Thinking.

Work and wellbeing

- Anxiety and worry: A guide to managing worry and anxiety amidst uncertainty from Practitioner Health (Psychology Tools)
- BAME COVID-19 staff risk assessment: Use this for staff at risk of COVID-19 infection
- Going Home checklist: Find simple steps to help you manage your own wellbeing at the end of each working shift
- Mental health and psychosocial support in an outbreak COVID-19 guidance
- MIND mental health at work: Information and resources for managers on taking care of staff
- Preventing work related stress: Use the talking toolkit for preventing work related stress

Evidence-based apps and personalised online tools

- **Worry and anxiety**: The free Daylight phone app supports 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
- **Substance misuse**: Breaking Free is an evidence-based digital treatment and recovery programme that allows users to recognise and address the issues that are driving their use of alcohol and/or drugs.

This document has been created using the 2019/20 Healthy London Partnership winter readiness webinar for care providers. The south west guide is designed to complement and not replace local guidance and professional judgement. Full comprehensive guidance can be found in the NHS England and Improvement infection control and winter readiness pack.