

**COVID19 Care Home Support > Implementation Status**

Local Authority:

Contact name:   
E-mail:

Total number of CQC registered care homes in your area:

Please submit local plans (covering letter and this template) to [CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk) by 29 May

\*Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) If Yes, please offer a brief description of the type of support that would be helpful	Please indicate any issues that you would like to highlight (optional)
<b>Focus 1: Infection prevention and control measures</b>			
1. Ability to isolate residents within their own care homes 1)	see note	No	An overall number of care homes figure has not been provided as this is extremely difficult to quantify and depends on a number of factors and circumstances, therefore in order to ensure we haven't provided inaccurate information this has been left blank. Partners have however worked with the sector to ensure an individualised approach to risk assessment for residents and staff. Criteria has been developed with system partners to support risk assessments within individual homes and is part of the Enhanced Care Support Team & Enhanced Support Toolkit. This includes steps taken to isolate residents within their own care homes. An agreed set of requirements are in place to reduce the rising rate of spread of infection through the sector. This includes not placing people from hospital in the independent sector residential homes unless strict criteria is in place. The integrated discharge teams are working collaboratively to ensure that discharges are clinically safe and in an appropriate state of rehabilitation to be admitted to a (care) home. This process is validated by both health and social care partners. This approach provides timely support to the independent sector with their duty to protect their residents, many of whom are in the shielded group. Risks are identified to ensure the environment meets the needs of the individual patients, other residents, and the staff.
1. Actions to restrict staff movement between care homes 2)	see note	No	As with question 1.1 the number of care homes figures has not been provided as this is extremely difficult to quantify and depends on a number of factors and circumstances, therefore in order to ensure we haven't provided inaccurate information this has been left blank. IPC Guidance for Staff Supply to Care Homes has been agreed as part of the local Enhanced Response. Staff should only be going into care homes when there is an absolute need to do e.g. to provide direct care for residents or essential PPE/IPC training or support. Staff will be wearing PPE when they go into the care home so this will reduce the risk to both staff and residents. The guidance highlights the risks and how these are minimised e.g. utilisation of PPE adherence to doffing as per PHE guidance. Relief workforce (health and care) can be deployed to supplement, all members will have received training.
1. Paying staff full wages while isolating following a positive test 3)	29	No	Information has been received from 70 care homes to date, of these 29 have continued to pay staff full wages whilst isolating following a positive test. The other 41 either have not had a positive test or staff will be accessing statutory sick pay.
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<b>Focus 2: Testing</b>			
2. Registration on the government's testing portal 1)	17	Yes	Require a daily list of homes self registering on the portal
2. Access to COVID 19 test kits for all residents and asymptomatic staff 2)	3	Yes	Require a daily list of homes scheduled for kit delivery and courier collection, courier escalation details (as they are often not collected when scheduled), to understand when homes caring for <65 year olds will be eligible, access/ notification that results have been issued
2. Testing of all residents discharged from hospital to care homes 3)	75	Yes	Process of testing is in place: no issues have been escalated to the LRF Testing Cell
Section complete			
<b>Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment</b>			
3. Access to sufficient PPE to meet needs 1)	75	Yes	Implementation of national PPE purchasing portal for GPs and care homes to provide confidence in the supply chain increasing the speed of supply and reduce demand on LRF/NCC stock. This will also reduce capacity required to administer process locally.
3. Access to medical equipment needed for Covid19 2)	75	No	There is the risk that recovery planning and opening up industries and sectors will require additional settings having PPE (e.g. schools and early years) putting pressure on the supply chain. There is also the risk that with the move to business as usual there will be limited resource and capacity for council staff to continue to be involved longer term in managing supply. Prices for PPE rose quickly in the initial phases of the pandemic and there was a national shortage of key PPE items. Care homes struggled to source a range of items including the aprons and gloves they would normally use. NCC have supported throughout including purchasing supplies of PPE to share with care homes when their usual supply chains are interrupted.
Section complete			
<b>Focus 4: Workforce support</b>			
4. Access to training in the use of PPE from clinical or Public Health teams 1)	24	Yes	Continued support to care homes who have declined training
4. Access to training on use of key medical equipment needed for COVID19 2)	22	Yes	Training for use of new Pulse Oximeters and continued training programme for new staff.
All care homes will have their own training provision however this has been supplemented by giving them further support through access to training on the use of PPE and IPC, which is delivered in line with the government guidance at the time. We have provided face to face training to 24 homes webinars and an IPC training link to all of the care homes in the City. A series of infographics have been shared with care homes on a regular basis. We will have achieved 100% delivery to those agreeing to training by 29th May and all 34 care homes declining will have training on PPE through the enhanced toolkit. There are 53 trainers.			
Fit training has taken place for the use of FFP3 masks. In the City Council footprint 22 homes are currently trained and 34 declined training face to face training. These are all being followed up with information in training packs.			
By 29th May all care homes will have received face to face training or have formally declined this and received the follow up training pack.			

<p>4. Access to additional capacity including from locally coordinated returning 3) healthcare professionals or volunteers</p>	9	Yes	<p>Role promotion (i.e attractiveness of working in care homes) and support to facilitate rotation of staff from health settings into care homes to support a more flexible workforce in the future.</p>	<p>We have worked with the Nottingham Community and Voluntary Service, (who have a bank of 400 volunteers), to develop an implementation plan, however to date we have not had to call on this pool. In terms of placing volunteers, we have largely concentrated on the home care market, although if the need arose we could move these into care homes. However the scope for doing this would be limited given the likely skills and experience of volunteers and their ability to perform duties in a care home.</p> <p>We have in place a bank of 380 health care assistants based at Kings Mill Hospital that can be accessed if a home was failing due to staff shortages/absence.</p> <p>The figure of 9 shown in the box relates to the current number of whole time equivalent community health staff from the city re-deployed into care homes as part of local support. This figure was previously 11.6 wte staff who were re-deployed from community health services including 1 from the Bring Back Staff Programme, however some have returned to their previous roles. This has not been an attractive option for this cohort- we need to build on a pool of existing and new staff to support longer term capacity. A system wide emergency staffing supply has been created which includes 477 Care staff, 2 Registered Nurses with a further 4 in the pipeline (nurses going through the process to enable them to work in care homes). In addition system support includes 10 medicines management staff ,19 wte staff supporting PPE and IPC .</p>
Section complete				
Focus 5: Clinical support				
<p>5. 1) Named Clinical Lead in place for support and guidance</p>	100%	<Please select>	<ul style="list-style-type: none"> <li>Yes - in relation to column L (not able to populate). As funding for the Care Homes part of the PCN DES isnt due to commence until October 2020 there will be a financial impact of implementing the requirements earlier - this cost is likely to be £60/bed. Based on populations covered the total estimated cost is £700k looking at the combined City and County area.</li> </ul>	<p>As per the NHSE SitRep return there is a clinical lead in place in line with the NHSE guidance/definition. There are also separate designated clinical leads for Care Homes across our system which support enhanced clinical conversations through our clinical design authority (CDAs)</p>
<p>5. 2) Access to mutual aid offer (primary and community health support)</p>	100%	<Please select>	<ul style="list-style-type: none"> <li>Yes - in relation to column L (not able to populate) Cost of Enhanced Care Response Team being deployed - Managers, RN, Care Workers and FM. Additional costs will be incurred in securing PPE logistics to support the Nottingham &amp; Nottinghamshire system</li> </ul>	<p>All care homes have access to a mutual aid offer through the Enhanced Care Response Team (ECRT) offer that has been developed across the system supported by the emergency staffing model that has been developed.</p>