



# Adult Care Homes Resilience Plan

**Coronavirus (COVID-19) Pandemic**

(Live working document)

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## Background/Introduction

We currently have 25<sup>1</sup> care homes in Halton, including provision for Respite Care, Learning Disability, Mental Health and Intermediate Care (15 Older People's Care Homes and 10 Specialist Care Homes; total of 771 care home beds).

The market is a mixed one with a number of small to medium sized providers and prior to the Pandemic, we had a lower vacancy rate, circa. 5% compared with the national average.

The largest care home provider in Halton, is Halton Borough Council (HBC), with HBC having purchased four older people residential/nursing care homes in the past 2 years, in addition to already operating an Intermediate Care Unit.

In Halton, our aim is that people should be able to get high quality social care when and where they need it.

The work we undertake across the system, including the strong relationship we have built up with our Care Home Sector over the years and our ability to be able to constantly review our approach to our care home sector, when faced with the unprecedented challenges as a result of the Coronavirus Pandemic, we have been in an extremely strong position to effectively respond.

We have always used a system wide approach to support resilience within our Care Homes. This approach is enhanced through:

- Partnership working and integrated approaches where ever and whenever possible e.g. joint commissioning of NHS/local system of social care markets.
- Liaising with colleagues across the NHS and Public Health (PH) on routes for support and advice for care homes and other providers to help them to manage, reduce or prevent unnecessary hospital admissions.
- Having commissioning and brokerage staff involved directly with the hospital discharge planning process.
- Liaising across system partners on commissioning issues and considering and analysing impacts of care market demand and supply.

In addition to this, as part of normal contract arrangements with our Care Home sector, we expect that each care home has in place a detailed and up to date Business Continuity Plan that can be used to prevent or minimise the impact of events and emergencies, which could interrupt delivery of critical activities and services provided to vulnerable adults within the Care Home.

The World Health Organisation (WHO) declared COVID-19 as a Pandemic on the 11th March 2020, however prior that the WHO had already declared it be a Public Health Emergency of International Concern on 30th January 2020. This Pandemic, presents a significant challenge for the UK and especially within the Care Home sector, due to the substantial additional risk afforded to frail, older people.

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<sup>1</sup> This number of homes excludes Lilycross Care Centre, which is a short term, regional and sub-regional resource being used across Cheshire and Merseyside; see Section 1.4 for further detail.

Challenges faced by the sector in Halton (and nationally) as a result of the Pandemic has been exacerbated by:

- Government were slow to recognise the risks Covid 19 presented to Care Homes and Care Home residents and workers;
- There was an over emphasis on the NHS to the exclusion of Care Homes;
- A whole system health and care approach was ignored;
- Hospital discharges into Care Homes were encouraged – without proper or effective Covid 19 testing, with devastating consequences;
- Personal Protective Equipment (PPE) was concentrated in NHS establishments at the expense of Care Homes;
- The number of changes made to national guidance issued to Care Homes at the start of the Pandemic e.g. PPE;
- Care workers and the fantastic work they do was not recognised as it should have been, while NHS workers were applauded, key workers in the care sector were largely ignored by government; and
- Testing was concentrated in hospitals and health settings.

In a national emergency such as the COVID-19 Pandemic, this document is being used in conjunction with each Care Home's individual Business Continuity Plan and the overarching Halton Adult Social Care Business Continuity Plan to ensure that our response to the Pandemic is robust and effective and will be updated on an ongoing basis as we progress through the Pandemic to reflect when processes change or additional support is implemented.

With no effective vaccine or treatment yet for COVID-19, the following sections of this resilience plan outline the approach we have/are undertaking within Halton to support our Care Home sector respond to the current situation.

## 1. Infection Prevention and Control

We are acutely aware of how the transmission of COVID-19 within a Care Home can have a devastating effect on both residents and staff.

As such, we have in place robust systems and processes in place for supporting homes in terms of Infection Prevention and Control and these systems/processes and support has been strengthened as a result of the Pandemic.

Below is a summary of the support in place:-

- Re-deployed NHS Halton Clinical Commissioning Group (CCG) staff to support Care Home leadership and the Infection Prevention and Control (IPC) Team. In addition to this, the NHS Halton CCG Chief Nurse is acting as the Care Home Sector Lead.
- On a daily basis, the Infection Control Nurse will contact Care Homes, regardless of whether the homes have confirmed or suspected cases of COVID-19 to establish if there are any IPC, swabbing, management or mortality issues and offer advice as and when necessary. This contact and advice has been available 7 days per week since the beginning of April 2020.
- All care homes are using the PH England (PHE) North West Infection control in care homes guidance and all care homes continue to receive daily communications which includes updated information on IPC issues as and when necessary.
- Daily outbreak line listings are sent to all partners about any COVID outbreaks in care homes.
- Liaison with PHE about any new outbreaks in care homes. Any care homes with one case of COVID-19 is closely monitored for additional cases. The IPC team monitor results of swabs using the ICE lab system and report results to Care Homes.

### 1.1 Training in Infection Control

It is important to highlight that a programme of IPC training was in place prior to the COVID-19 Pandemic to support Care Homes manage things like MRSA, Cdiff, Norovirus infections, flu etc.

However, we stepped this up and have provided additional training to Care Home staff as a result of the Pandemic to include additional guidance/training on infection prevention and outbreak management, PPE (putting on/taking off), social distancing, hand hygiene etc. This also includes producing materials in easy read format and has been also been made available to Learning Disability Supported Living accommodation.

We are currently rolling out to all our care homes 'Train the Trainer' training on infection control, via the Super Trainer.

In summary, nominees for this and in line with the guidance this equates to two people for Halton (one trainer per 10 homes on average), however in Halton there are four staff being training, which means there will be one trainer per 6 homes. The trainers are not having to be clinical staff and can be wellbeing staff, environmental health officers etc.

We have confirmed with the Local Resilience Forum (LRF) that there is an offer to supply trainers who could be mobilised immediately if requested by care homes and as directed by Local Authorities.

An IPC Lead has been identified as a 'Super Trainer' (1 per 100 Care Homes) and local trainers, as outlined above have been identified.

The rolling out of this work is being undertaken at the direction of HBC and LRFs as they have the oversight and relationships with all Care Homes in their area.

The NHS is providing mutual aid<sup>2</sup> support to LRFs, and to support registered care home managers with their responsibilities. Any training provided will build on the good practice and relationships already in place in each local area.

## 1.2 Personal Protection Equipment (PPE)

Having access to and maintaining adequate supplies of PPE is paramount. It is acknowledged that this was a challenge at the start of the Pandemic due to the plethora of changing national guidance being issued.

However despite this, we have a robust mechanism in place for monitoring PPE supplies and stock levels on a daily basis with Care Home providers, as part of the daily intelligence gathering (see section 4.1).

We have ensured that on an ongoing basis, Care Homes have been provided with the guidance on the use of PPE as and when it has been changed and questions and queries are responded to by experts in the field.

The Cheshire LRF is leading the response and actions to the COVID-19 Pandemic. As part of the LRF, HBC received its quota of PPE stock, which has been allocated by government. The Council has also used its own resources to procure further stocks of PPE. The Council's stocks are there to support with immediate emergency requests.

Halton have established a central PPE Hub, which involved additional staff being re-deployed from all areas of the Local Authority to support the ordering and distribution of PPE across Halton. This Hub has already responded to mutual aid requests from Care Homes and will continue to do so.

The Council's Procurement Team is also supporting Care Homes to find alternative suppliers if necessary.

Services are clear on the process for escalating concerns regarding PPE in advance of any shortfall.

The LRF 'Hub' is very responsive to emergency supply requests, meaning **no service has been without the necessary PPE, as per national guidance**. An example of this has included one of the Care Homes running out of some stock and being able to get a same day supply via the Hub, plus on a change of PPE guidance being able to access immediate PPE via a mutual aid arrangement.

## 1.3 Workforce Movement

We appreciate how staff movement between care homes, and also sometimes within care homes, dependent on their configuration, can lead to the spreading of infection.

We recognise the work that needs to take place in terms of workforce movement and the new Adult Social Care Infection Control Fund is supporting providers with this.

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<sup>2</sup> Covid-19 Mutual Aid UK is a group of volunteers supporting local community groups organising mutual aid throughout the Covid-19 outbreak in the UK

However in advance of this, work has already been carried out by Care Homes on reviewing the impact staff movement has on the spread of the infection. Care Homes have been exploring and implementing necessary initiatives such as staff not moving across multiple homes and where agency staff are being used, block booking them so they are only working in one home and therefore minimising staff movement.

We have also introduced across providers is the Care Homes Trusted Assessor to support discharge planning into Care Homes. This, in effect, reduces the need for Care Home staff to visit our local acute trusts to undertake an assessment, thus reducing the possible spread of infection. It also speeds up the discharge planning process.

#### 1.4 Quarantining

As outlined in the COVID-19: Adult Social Care Action Plan published on 15th April 2020, there is an expectation that the Local Authority, if appropriate isolation/cohorted care is not available with a local care provider, would need to secure alternative appropriate accommodation and care for the remainder of the required isolation period when someone is being discharged from hospital.

In Halton, in conjunction with system partners, we developed an operational model including the provision of medical and district nursing cover and pathways and as a result were able to open a short-term Residential Service (60 beds) at Lilycross Care Centre in Widnes. The facility is a regional and sub-regional resource across Cheshire and Merseyside and will provide additional care capacity to meet additional demands caused by the pandemic. This facility opened to admissions, both step down from hospital and step up from the community, on 11th May 2020 on a six month basis until the end of October 2020.

NHS England (North West) recently invited Health and Care systems across Cheshire and Merseyside to submit proposals for an additional 300 residential/rehab beds across Cheshire and Merseyside this winter (October 2020 to March 2021). Halton system partners subsequently submitted a proposal for Lilycross to provide 60 of the additional 300 beds being sourced for the winter period across Cheshire and Merseyside. This would mean an extension to the current commissioning arrangement to extend the provision of the Lilycross beds until the end of March 2021; a decision by NHS England (North West) on the proposal is awaited.

As part of the work required in this area, in conjunction with our two local Hospital Acute trusts, a Hospital to Care Home Discharge Pathway has been developed, in respect to discharges to Care Homes in relation to a patient's Covid status on discharge; see below:-



Hospital to Care  
Home Discharge Path

As part of this process, Care Homes undertake a risk assessment prior to discharge, to ensure they can appropriately provide isolation for 14 days from date of discharge in line with guidance provided by Infection Control / Public Health England. This risk assessment will demonstrate the Care Homes ability to isolate/cohort and take into account the views of the Service User and family.

In addition to the opening of an additional residential service in Halton, as outlined above, we have reviewed our current Intermediate Care Bed base and are currently using this resource more flexibly in relation to the service users who we are able to place there.

## 1.5 Sharing Good Practice

From early on in the Pandemic we were keen to share not only guidance, but good practice across the Care Home sector, as we recognise that we can all learn from other areas in terms of what works and what doesn't work. We already operate robust Multi-Disciplinary Teams (MDTs) to provide support to care homes and this is an excellent way to share good practice.

However to support this further, we introduced a daily communications briefing, which goes out to all providers not just Care Home providers, from HBC's Quality Assurance Team. Information distributed includes government guidance on areas such as PPE, how to work safely, COVID symptoms, Care Home - Public Health England Resource Pack etc.

Information shared includes information published by both the Social Care Institute for Excellence (SCIE) and the National Institute for Health and Care Excellence (NICE).

We have noted the development of the new best practice hub and will ensure that this is reviewed and information shared with providers as and when available.

In the meantime, we have developed a series of actions, which are being shared across the system, which aim to help prevent an outbreak of COVID-19 within a care home and support the management on an outbreak, if one occurs. An overview of these actions are outlined in the table below. Please note that this list is not exhaustive, as these actions would be supplemented by additional actions relevant to each individual care home.

Focus Area	Overview of Actions
<b>Staffing Levels / Coverage</b>	<ul style="list-style-type: none"> <li>• Review of working hours across the management team of the Home – 7 day per week coverage/on call arrangements</li> <li>• Additional senior management cover to be put in place, as necessary</li> <li>• Care Home to have a specific contingency plan in place, in the event of staff shortages. This plan will establish the minimum staffing establishment for each home and take into account the necessary skill mix</li> <li>• Use of volunteers to support the care homes in the event of staff shortages, via initiation of mutual aid arrangements</li> <li>• Enhanced Multi-Disciplinary Team approach/support in place to provide the necessary additional support required</li> <li>• As an option, consider the provision of accommodation for staff on/off site to restrict the movement of staff as part of infection control and prevention measures</li> </ul>
<b>Support for Staff</b>	<ul style="list-style-type: none"> <li>• Personal Protective Equipment (PPE) – Ensure staff have timely access to all necessary PPE</li> <li>• Ensure staff have the required access to testing and additional staff are available to support on site testing, if necessary</li> <li>• Ensure appropriate welfare mechanisms are in place to protect the health and wellbeing of staff</li> <li>• Ensure staff have access to regular supervision and access to managerial support</li> </ul>

	<ul style="list-style-type: none"> <li>• Whilst ensuring the necessary staffing levels are maintained, introduce increased breaks for staff to support sessional use of PPE, if staff find it uncomfortable</li> <li>• Ensure staff can access Union/staff group support, as and when necessary</li> </ul>
<b>Service Users</b>	<ul style="list-style-type: none"> <li>• Ensure Service Users have the required family support they require, for example in respect to having access to their families, whether this take places electronically and as lockdown measures are lifted, face to face, in line with national guidance</li> <li>• Service Users continue to have access to planned activities, supported by staff. The level of staff and resident interaction is appropriately maintained</li> <li>• Services Users and their families, are kept informed of changes and developments within the Care Home ensuring they have access to what they require</li> </ul>
<b>Uniform Protocols</b>	<ul style="list-style-type: none"> <li>• To support Infection Control and Prevention introduce uniform protocols as outlined below:- <ul style="list-style-type: none"> <li>○ Staff to get changed into uniform, including shoes, on site</li> <li>○ Provide facilities to wash uniform, on site</li> <li>○ Provide wash bags for those who want to wash uniforms, off site</li> <li>○ Increased uniform provision and provide access to scrubs, if required</li> </ul> </li> </ul>
<b>Building and Technical</b>	<ul style="list-style-type: none"> <li>• Increased use of IT across the care homes, in order to support required communications</li> <li>• Increased signage re: social distancing, covid information etc. used throughout the care home</li> <li>• Consider how the accommodation within the care home can be used more flexibly to reduce the risk of infection <ul style="list-style-type: none"> <li>○ This may involve the development of separate ‘households’ within the homes, staff entrances and staff rooms</li> <li>○ Access to outside space by residents at certain times etc.</li> </ul> </li> </ul>
<b>Wider measures</b>	<ul style="list-style-type: none"> <li>• Up to date COVID care plans are in place and being acted upon, ensuring appropriate referencing to safeguarding and mental capacity is included. Ensure that the plans are updated on an ongoing basis as the situation changes.</li> <li>• Communication strategy across care home staff, residents, families etc. and partners is in place e.g. use of newsletters</li> <li>• Ensure that the required ongoing requirements in respect to quality e.g. requirement to undertake audits, is maintained</li> </ul>

All Local Authorities were required to publish Local Outbreak Plans by the end of June 2020. As part of these plans, which aims to prevent and respond to local outbreaks, a Covid 19 Outbreak

Plan for Care Homes was published. This is the setting specific plan for preventing and responding to outbreaks in our Care Homes.

<https://www3.halton.gov.uk/Pages/health/Covid-19-Preventing-and-Responding-to-Local-Outbreaks.aspx>

It should be noted that the Local Outbreak Control Plans, like the Resilience Plan, are working documents and will be updated regularly to reflect changes required to ensure they remain up to date and can be successfully executed during outbreaks.

## 2. NHS Clinical Support

People living in care homes should expect the same level of support as if they were living in their own home and in Halton we recognise that this can only be achieved through collaborative working between Social Care, Health, Voluntary, Community, and Social Enterprise (VCSE) sector and care home partners.

This is demonstrated by the ongoing work undertaken on the Enhanced Health in Care Homes (EHCH) model, which moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.

We have established a governance structure to bring all the EHCH work together and to plan for post Covid-19 transformation developments in Halton.

This work dovetails to existing work underway via integrated work streams. Below are details of the Clinical Governance arrangements for the programme along with an associated draft Programme Plan with milestones and timescales.



HCCG WCCG Care  
Home Programme Gc



Programme Plan -  
Care Homes v2.1.xlsx

We took a very pragmatic approach from the outset of Covid-19 pandemic to recognise what was in place and working well, how did we build on this and the timescales for this.

Since September 2018, NHS Halton CCG has commissioned an "Enhanced Care Provision to Older Peoples Care Homes LES" from General Practice which aligns 15 care homes containing 674 beds to 14 GP Practices. There is a requirement within it to provide a minimum of biweekly ward rounds.

A named Clinical Lead is in place for all 25 Halton homes.

Weekly 'check ins' are in place for the 15 Older People homes. During Covid-19 this has moved from being a physical ward round to a regular video / telephone calls. The local scheme has resulted in strong relationships being in place between Care Home and their aligned GP Practice supporting both the weekly check ins and any urgent requests for support.

We have enhanced health in care homes initiatives in place such as the Red Bag Scheme supporting hospital discharge, NHS.net accounts for transfer of secure information, nutrition and hydrations support and care home medicines management team.

As part of the COVID-19 response and to support the implementation of the Primary Care Network DES, discussions are underway regarding ensuring the appropriate support is in place for the remaining 10 specialist care homes. A scheme in place in a neighbouring borough, which also provides additional support to care homes, is also being reviewed and considered to further enhance the support available in Halton, ensuring it aligns to the support already in place and against the Primary Care Network DES requirements.

Laptops/i-pads have been purchased for some care homes who did not have them in place to enable video conferencing with GPs in all Care Homes to support communications and also enable virtual consultations to take place with Primary Care, plus equipment has been purchased such as Thermo Scan Thermometers.

Plans in place to consider the purchase of blood pressure monitoring, pulse oximetry, weight management basic observational equipment in line with telemedicine roll out.

NHS England has purchased pulse oximeters for all CQC registered care homes and these are being distributed with appropriate guidance.

Personalised support and care planning are in place for the 15 homes. This is actioned on admission to the home and reviewed regularly. A requirement of our local care home and GP alignment scheme is that:

*"regular health care professional will also contribute to community/wider MDT meetings to explore care options, review care plans and where relevant develop new care plans."*

Remote monitoring is in place as described above and is undertaken utilising video consultations from a General Practice perspective. If a face-to-face assessment is required, this will be undertaken. Care home residents are included in regular MDT team meetings. Plans are also being developed to implement telehealth solutions, which align to the service delivery model

In respect to End of Life Care, a COVID-19 24/7 end of life and palliative care advice line has opened for all providers including Care Homes. Training for staff regarding verification of death, do not resuscitate guidance and support, preferred place of care support and end of life medication supply management and dispensing.

The NHSE Advanced Care Planning Guidance and Template of 5th April 2020 has been shared with all practices to highlight the importance of this being in place and to understand if further improvement work is required, e.g. there is potential to develop a new template for GP Clinical Systems which incorporates all the required criteria. Plans are also being developed to implement telehealth solutions.

Care home staff and residents have access to clinical advice and there are weekly check-ins and we provide proactive support, including through personalised care and support planning as appropriate.

There has been proactive support for all care homes from the Medicines Management Care Homes support team including facilitating access to medicines (including urgent end of life medication), access to training, clinical and technical advice and working with local care homes with regards to how this support needs to evolve to maximise impact.

Support for care home residents with suspected or confirmed COVID-19 is in place through remote monitoring (and face-to-face assessment where clinically appropriate) by the MDT where practically possible, including those for whom monitoring is needed following discharge from either an acute or step-down bed.

A Clinical Skills Hub has been introduced where Care Homes can gain access to online Blood Pressure/Oximeter training which is intended to act as a timely reminder / confidence booster and learning tool in the recording of observations and in highlighting when to escalate issues.

### 3. Testing

**Test, test, test!** Effective testing is a key element in supporting Care Homes manage their way through the Pandemic.

Below are the arrangements in place in Halton for supporting Care Homes to identify new cases through the testing of residents and staff to try to prevent or respond to outbreaks.

#### 3.1 Whole Care Home Testing for Care Home Residents and Staff

From 6th July onwards staff in care homes will be routinely tested weekly and residents will be tested every 28 days. All staff that work in the care home can be tested, which includes bank, agency and visiting staff. Care homes for those over 65 and for those with dementia will be prioritized, in the first wave, but this will be extending to all care homes over time. Care home managers request the swabs through the online portal and can also request additional swabs for staff who visit the care home. Please see the care home testing pathway for more details.

The swabs are delivered to the care homes and staff self-swab and swab the residents. Care homes are offered training on Infection control, Donning and Doffing and taking of swabs, through a training the trainer model. If they have not accessed this, they are asked to watch a tutorial video [www.genqa.org/carehomes](http://www.genqa.org/carehomes) on how to conduct the test and the swab collection process

#### 3.2 Staff Arrangements

Symptomatic staff should remain in self-isolation for 7 days from onset of symptoms and have temperature of less than 37.8°C for 2 days prior to returning to work. If a member of their household displays symptoms, the staff member should self-isolate for 14 days from onset of symptoms in the household member.

Staff (or symptomatic members of their household) can arrange a home testing kit or be tested at a number of different sites. Staff can book a test at <https://www.gov.uk/apply-coronavirus-test-essential-workers> or by calling 119. They are also able to turn up and be tested without an appointment at a mobile testing site if they show their work Identification.

If the person who was symptoms (the staff member, or the member of their household) tests negative, the staff member can return to work (if they are well enough to do so). If they, or a member of their household, displays new symptoms at a later date, they MUST self-isolate again as above.

#### 3.3 Resident Arrangements

All patients discharged from hospital to the care home have access to testing prior to discharge. New residents to the care home who are moving from their own home can access testing via the [government portal](#) or if they are unable to make arrangements themselves then testing can be arranged through the infection control team [3boroughs.infectioncontrol@sthelensccg.nhs.uk](mailto:3boroughs.infectioncontrol@sthelensccg.nhs.uk).

The infection control team are notified of all residents with suspected symptoms of Covid19 so that they can arrange swabbing by the clinical nurse swab team and provide infection control advice and support to the Care Home.

#### 3.4 New Cases and Outbreaks

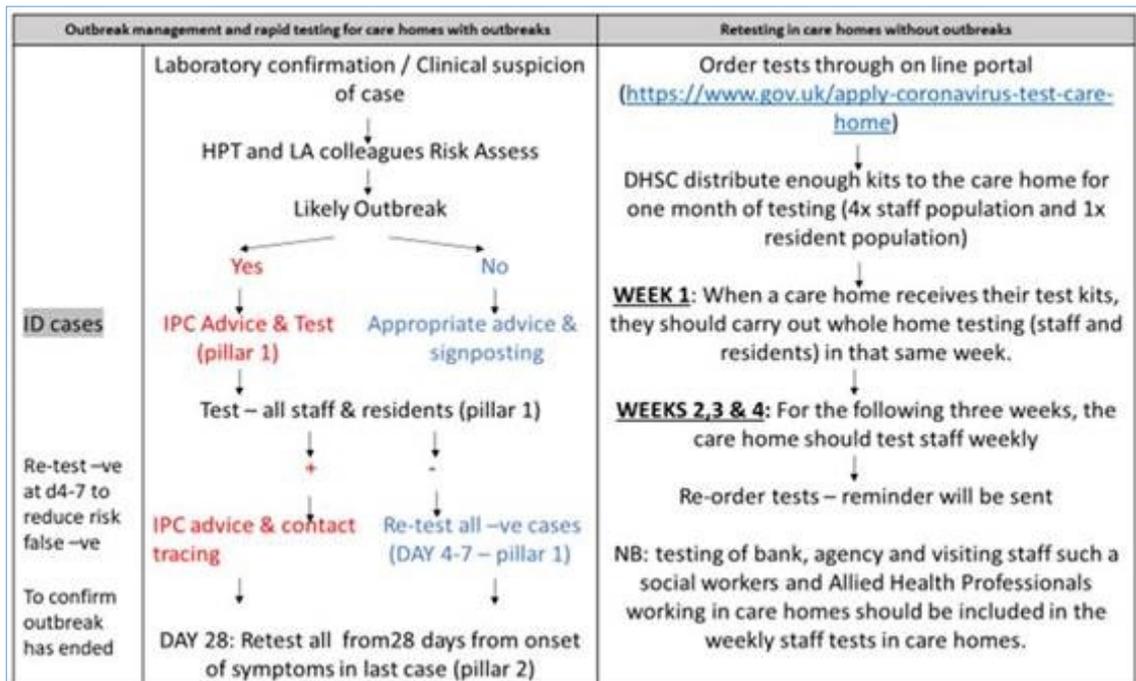
When a new case of Covid 19 is suspected in a care home the care home should contact the Infection Control Team so that they can conduct a public health risk assessment. If an outbreak is suspected then the infection control nurses will arrange for the whole care home to be tested including staff and residents. For those residents and staff who test negative, swabs will be repeated

between days 4 to 7. Re-testing of the whole home will take place again on day 28 from the last suspected case. Care homes will be supported by the infection control team through this process.

The Care home must notify the GP and the Infection Control team of residents with positive test results.

**Note:** HBC produced and distributed information to all Care Homes on the considerations that they need to be taking into account in respect to testing for Covid-19 and compliance with the Mental Capacity Act 2005.

### 3.5 Care Home Testing Pathway



## 4. Oversight and Compliance

Having oversight across the system on the current and developing situation in Care Homes is essential. The provision of data and intelligence is key in supporting this.

### 4.1 Data and Intelligence

From March 2020, HBC's Quality Assurance Team have been receiving, sharing and analysing daily updates from all Care Home providers within Halton, including those operated by HBC.

As a system, we therefore have an overview of the situation/resources and issues within the borough.

This information allows the Local Authority to monitor services and ensure there is resilience and prepare for changes or further emergencies. It also allows us to monitor and react to the Pandemic, and inform a recovery plan at the appropriate time.

The details collected from each Care Home on a daily basis and reviewed include:-

- Overview of residents' e.g. general wellbeing, activities, concerns, family etc.
- Any confirmed COVID-19 cases (include numbers and dates confirmed)
- Restrictions on Admissions
- Restrictions on Visitors
- Restrictions on social workers access
- Restrictions on healthcare professionals
- Staffing issues - including staffing levels, recruitment
- PPE Requirements (Face masks, eye protector, aprons, gloves, hand sanitizer, hand wash etc.)
- Medication supplies
- Other supplies
- Any IT issues and solutions in place to address
- Capacity Tracker status *NB. Regular requests have been made of providers to complete the Capacity Tracker*
- NHS Mail status
- Direct impact on ability to provide essential service. Failure to provide an essential service required to provide safe care.

This information is then formulated into a spreadsheet, which is disseminated to senior management across the system, who then review the intelligence and agree the escalation of any issues/priorities. To aid in this process we have recently developed and are currently piloting, a Community Capacity Escalation Triggers Framework for Adult Social Care, which aims to help inform any additional capacity requirements and of what type of service e.g. open additional beds, reclassify use of certain beds etc. Details of the framework can be found below:-



DRAFT Community  
Capacity Triggers ASC

Data is also provided to North West Association of Directors of Social Services (NW ADASS) twice weekly, which enhances local analysis and contributes to the national picture. In addition to this, there is also a weekly call with the Care Quality Commission (CQC) where we share intelligence and highlight any areas of concern.

As part of current oversight arrangements the Director of Adult Social Services hosts 'check in' calls, fortnightly, where all Care Homes are invited to participate in order for providers to escalate local issues etc.

At the outset of the Pandemic, extensive work was undertaken across the Health and Social Care system in response to Pandemic to review and establish systems and processes to ensure that the necessary support was in place for Care Homes, both residents and staff.

In addition to the areas already outlined in this plan, other examples of this support include:-

- Senior Managers across the system meeting, albeit virtually, several times per week to monitor situation, consider resources and agree priorities.
- Initiating a Single Point of Access (SPA) team within Adult Social Care and remodelling care management services to provide 7 day working.
- In recognition of the current pressures the social care system is faced with, we have made a number of temporary changes to the approach we take to our Adult Social Care Quality Assurance (QA) processes. This not only provides our Care Home sector with the necessary support during this difficult time, but also continues to ensure we are maintaining people's human rights and safeguarding and thus continuing to deliver high quality care ensuring the safety and wellbeing of the people we support is carried out effectively. Details of our current QA process can be found below:-



QA Framework -  
Covid19 (Final 30.4.20)

## 5. Workforce

Our Care Home sector would not be able to effectively operate if it didn't have access to appropriately trained staff. They are our most valuable resource.

Care staff are working in challenging and stressful environments and with remuneration, generally low and variable support mechanisms existing between providers, this has led to the recruitment and retention challenges within the current care system, only exacerbated by the Pandemic.

We have needed to ensure that we have enough care staff and that they feel supported at this time.

We have already outlined above some areas where additional support to staff has been provided, such as additional IPC training. In addition to this we also developed a local resource pack to support the well-being of staff working within Care Homes. The well-being of staff will be an ongoing consideration as we move through the Pandemic as those on the front line working within Care Homes may require additional support with mental health and wellbeing in the future.

However, in order to ensure that we have the required numbers of 'feet on the ground', we have worked across the Adult Social Care sector to develop a local Hub of Volunteers to ensure that volunteers and redeployed staff, have been able to have their skills matched to roles to allow appropriate support to be provided to areas, as and when required, if or when there have been shortages in staff. The development of the Hub has included the development of on line training courses developed by partner agencies working with direct care services. HBC has also offered use of the HBC's e-learning portal to all care home providers within the borough and to date, 170 licences have been requested by Care Home providers.

This approach has supported the continual delivery of quality care within care homes. As we are aware this is a particularly anxious time for staff and both volunteers and substantive care home staff have had support to discuss their personal anxieties during this period; this has been invaluable in retaining staff. Care home staff have reported that they appreciate other colleagues across social care acknowledging their skills and expertise and they support they are being provided with.

We have established a panel, as a subgroup of the System Assurance Group, that will ensure that we share our available people and skills to provide a sustainable response to the COVID-19 pandemic. This panel has partnership sign up from acute, community, primary care and social care sectors. By working together, we can avoid any one sector being unsupported and unable to deliver for our population.

The purpose is to provide :-

- a co-ordinated workforce response to System Assurance Group priorities;
- to connect available and underutilised skills to the needs identified;
- ensure staff wishing to help are able to do so safely and with support;
- enable cross agency working with sound governance arrangements;
- avoid and resolve disputes;
- provide tracking information of the cross agency working underway; and
- permit flexible realignment of the workforce in response to shifting pressures.

We are actively involved in the NW ADASS Auxiliary staff recruitment campaign, which was launched at the beginning of April 2020 and aims to bring more staff in to the adult social care independent sector workforce. The aim of the campaign is to attract applications for job roles such as care workers, kitchen staff, cleaners, admin, maintenance etc. in services such as care homes, home care, supported living and extra care The campaign is called "Be a #CareHero" and working

with colleagues in the Council's Human Resources department we are linked into not just this campaign but also the national recruitment campaign as well.

We also ensure that any associated government guidance in respect to workforce is distributed to providers, for example the changes made in respect to the Disclosure and Barring Service (DBS) and the fast tracking of applications and the recent introduction of the Social Care Workforce App which is for the adult social care workforce in England and has been launched to support staff on-the-go through the coronavirus pandemic.

## 6. Funding

Support is available to all contracted residential and nursing care homes within Halton.

As providers focus on providing care, Halton are supporting them to alleviate cash flow concerns by introducing numerous measures, including:-

- Writing to Care Providers on 25th March 2020 outlining an above inflation uplift on a 2-year basis, in line with guidance from ADASS.
- Provided details of 'payment reassurance'. For example, we offered to block purchase Care Home capacity and agreed to pay this to them in advance for capacity, on a monthly basis. This arrangement ceased on 30<sup>th</sup> June 2020.
- On the 1st April 2020, we introduced a claim process to support Adult Social Care service providers with increased financial pressures in light of the current Pandemic, in recognition that providers may incur additional costs, over and above costs, which would ordinarily be incurred. For example additional costs involved in the purchase of PPE, additional staffing costs etc. *NB. Providers have received several reminders on the claim process since it's original introduction.*

We acknowledge the provision of the additional £600 million to support providers across with country through the new Adult Social Care Infection Control Fund and will be working with Care Home providers to seek assurances that this money is used within the sector to fund additional Infection Control measure, to reduce the rate of transmission in and between care homes and support the wider workforce resilience that is needed.

The grant has been allocated to Local Authorities based on the number of CQC registered beds there are within the locality, as at May 2020.

75% of the overall grant allocation will be paid from the Local Authorities directly to the care homes, based on the number of CQC registered beds they have, whilst Local Authorities have the discretion to determine how the remaining 25% of the overall grant is to be allocated. This proportion of the grant is being used to support wider workforce measures, particularly within the Domiciliary Care and Supporting Living sector.

Examples of Infection Control measures that providers can use the funding for include:-

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing the grant determination letter this included staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test;
- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better);
- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;
- To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These

staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19;

- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms; and
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

As with all grants, the payment of the grant is subject to certain conditions and as outlined earlier we will need assurances from providers that it is being spent on what is required. As such, as part of our quality assurance processes, we will closely monitor and measure what is being delivered and its effectiveness via the Borough Council's Quality Assurance team. If the funding is not fully spent or funding has not been used for infection control measures, the funding will need to be returned.

## 7. Conclusion

As we move through the Pandemic, as a health and social care system we will continue to work with providers to ensure that they have what they need during this difficult time and ensure that quality services and care provided within our Care Home sector is maintained.

We realise there are always opportunities to make improvements and as a system we will work tirelessly in our effort to ensure that any gaps are identified and the necessary plans are put in place to address them.

At the time of updating this version of the Care Home Resilience Plan (V9: 16<sup>th</sup> July 2020), the current gaps and forward plan, which will be reviewed on an ongoing basis, are outlined below

### 7.1 Gap Analysis

With such a challenging and evolving situation such as the Pandemic, I think we can all acknowledge that there are opportunities by which we can support the Care Home sector further.

However, we feel we should emphasise that the systems and support we have been providing/continue to provide, as outlined in our Care Home Resilience Plan, is already helping to ensure that the care home sector is in a strong position in Halton continue to deliver high quality care and support to our most vulnerable within society.

Following assessment of progress within the Borough and listening to what colleagues in the Care Home sector have been saying, we have identified a number of areas, against the Care Home Support Package, where we feel more can be done and this is specifically in relation to supporting Care Homes in respect to the prevention of outbreaks and outbreak management.

We need to ensure that Care Homes are as resilient as they can be to prevent outbreaks etc., but this can very much depend on the environment within individual care homes.

### 7.2 Forward Plan

In respect to our Forward Plan, we will continue to consolidate the extensive support already in place for Care Homes, so they can continue to effectively respond to this crisis, but also progress additional measures around the prevention of and better management of outbreaks, as outlined above.

For ease of reference, these consolidated/new measures have been outlined in specific areas of focus, such as Infection Prevention and Control etc.

#### **Infection Prevention and Control**

1. Continue to facilitate access to training in the use of PPE etc.
2. Ensure Care Homes continue to be supported in being able to access necessary PPE in order to meet demand.
3. Provide support and resources to Care Homes in their ability to being able to appropriately isolate residents.
4. Continue to offer practical advice, share best practice/experiences, via the establishment of a robust network, on how to minimise the number and severity of outbreaks, for example by restricting staff movement between (and within) Care Homes. Practical advice to include:-
  - Revise rotas and minimise handovers.
  - Implementing different Admission and Exit areas with clear signage around Homes for all staff.
  - Ensure staff are allocated to work /concentrate on one unit or wing.

- Identified Covid-19 Hot and Cold areas within Care Homes.
- Minimise use of agency workers.
- Staff kept separate – separate break out areas
- Redesign of areas of work/building use

NB. Need to be mindful of the longer-term impact that this may potentially have on care homes particularly in respect to restricting staff movement.

5. Keep under review the utilisation of alternative accommodation
  - a) Minimise outbreaks in existing care homes by placing people in Lilycross/Oakmeadow prior to going home or returning to another care home.
  - b) Consideration of moving residents out of care homes, if there is an outbreak.
  - c) Facilitate reduced capacity in existing homes, e.g. 30% reduction in available beds to facilitate better opportunities to self-isolate, maintaining staffing levels etc.
6. Ensure that the Community Infection Control is appropriately resourced to respond effectively to the demands on its service.

### **NHS Clinical Support**

1. Community provider developing the clinical model for in-reach within care homes to support individual provider and resident provision from a health perspective.
2. Support Care Homes in ability to fully utilise the support available via mutual aid offers.
3. Provide ongoing support to Care Homes in respect to access to medical equipment needed in response to the COVID-19 pandemic.
4. Add additional training in the use of key medical equipment needed into the Clinical Skills Hub.
5. Establishing communication and engagement strategies with all care homes to ensure all clinical information is cascaded in real time and meets the needs of care home staff.
6. Continue to promote safe medicines management including stock, storage and administration.
7. Develop a Clinical Nursing Network.

### **Testing**

1. Continue to support homes to access Testing in line with the government guidance
2. Progress development of virtual Satellite Testing Centre.
3. Continue to roll out whole Care Home testing in line with government guidance. NB. Further training required when new test kits for antibodies is introduced
4. Ensure pathways remain current and up to date in order to provide the necessary support to care homes.
5. When rolled out, support care homes in respect to Test and Track in order to respond effectively and support local surveillance.

### **Oversight & Compliance**

1. Reinforce the single route for all communication via Quality Assurance Team.
2. Pilot and refine, if necessary, the Community Capacity Triggers Framework.

## Workforce

1. Continue to support Care Home providers in accessing additional capacity including from locally coordinated returning healthcare professionals and/or volunteers
2. Provide support to Care Homes on staff who are isolating.
3. Additional support for Register Managers via the re-establishment of the local Registered Managers network, focusing specifically on Care Home resilience in light of the Pandemic.

## Funding

1. Continue to support Care Homes access available funding to support cash flow, market resilience and infection control e.g. Infection Control Grant.

### 7.3 Action Plan

The areas of focus outlined above in the Forward Plan have been collated into an associated action plan; see below. The actions are being taken forward via the Care Home Resilience Plan Implementation Group, chaired by the Director of Adult Social Services, with representation from Public Health and NHS Halton CCG.



CHR Group - Action  
Plan (@8.7.20).docx