

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 by 29 May

Complete

**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) <i>If Yes, please offer a brief description of the type of support that would be helpful</i>	Please indicate any issues that you would like to highlight (optional)
Focus 1: Infection prevention and control measures			
1.1) Ability to isolate residents within their own care homes	28	No	All homes are able to isolate residents in their own room and some homes, dependent upon circumstances, have been able to create their own isolation units. Despite difficulty isolating some residents with advanced dementia, homes have worked to ensure that all residents can be isolated and avoid the spread of infection. This has often been achieved through the help and support of community nursing and the Dementia Crisis Team who have provided solutions. A number of 'robo cats' have been provided to homes for residents with dementia as a means of distraction and this has proved successful.
1.2) Actions to restrict staff movement between care homes	24	No	Advice has been provided and homes are restricting movement. Organisations that own more than one home in the area are refraining from moving staff between homes. There is a possibility that if a home is using agency staff, then these staff members may work for more than one home, yet this is being kept to a minimum and testing is encouraged for all staff including asymptomatic staff. This is contained within Thurrock's Covid-19 Infection Control and Prevention Protocol.
1.3) Paying staff full wages while isolating following a positive test	16	Yes	Guidance linking the Infection Control Fund directly to care homes continuing to pay wages. The risk of care staff returning to work whilst they should be isolating does not just relate to those who are isolating as a result of a positive test. The 'ask' should be broadened to include those who are shielding, and those who are self-isolating whilst waiting for a test as well as those who have to self-isolate as the result of a positive test. There are a number of scenarios to be considered that includes zero hours workers and those staff who do regular extra overtime.
Section complete			
Focus 2: Testing			
2.1) Registration on the government's testing portal	20	No	Locally, the Council has been putting in measures to ensure that symptomatic residents are swabbed and that staff are also swabbed. This has been managed through Thurrock's Covid-19 Care Home Hub which is led by the Assistant Director of Public Health and directs activity to prevent and manage infection.
2.2) Access to COVID 19 test kits for all residents and asymptomatic staff	12	No	The Council, via the Covid-19 Care Home Hub has been ensuring that homes are able to access testing - including via local arrangements. All homes will access the national dedicated testing portal.
2.3) Testing of all residents discharged from hospital to care homes	29	No	Arrangements are in place and have been in place for some time. All residents are tested prior to hospital discharge with arrangements made for those residents testing positive.
Section complete			
Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment			
3.1) Access to sufficient PPE to meet needs	29	Yes	Ensure suppliers are able to provide sufficient stocks of PPE. The Council has supported its providers with PPE regularly as a result of those providers not being able to get adequate stocks from suppliers - particularly larger suppliers of PPE.
3.2) Access to medical equipment needed for Covid19	12	No	Homes are being provided with digital health monitoring boxes. The boxes are able to monitor vital signs with clinicians able to look at results remotely and then discuss directly with the home. Boxes include a BP monitor, thermometer and pulse oximeter.
Section complete			
Focus 4: Workforce support			
4.1) Access to training in the use of PPE from clinical or Public Health teams	29	No	Homes are understandably reluctant to allow those external to the home to enter to provide training. As such homes are being provided with training that they can access on-line. In addition, Thurrock's Covid-19 Care Home Hub has been able to provide advice. In response to Ruth May's letter to CCGs, Thurrock has also appointed 4 trainers who are working with the homes to ensure that they have the appropriate training and advice.
4.2) Access to training on use of key medical equipment needed for COVID19	29	No	As per 4.1 - local training and assistance is being made available with the delivery of the digital health monitoring equipment.
4.3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	14	No	Additional capacity from newly qualified or returning healthcare professionals has to date not been available to care homes. Additional capacity has also been provided through the support made available by the substantial Thurrock Covid-19 Care Home Hub offer. This has four key objectives and provides actions to ensure that homes are able to reduce the likelihood of an outbreak and also to prevent further spread of the virus if a resident or member of staff has the virus.
Section complete			
Focus 5: Clinical support			
5.1) Named Clinical Lead in place for support and guidance	29	No	A clinical lead has been allocated to each home. Homes also have access to Thurrock's Older Adult Health and Wellbeing Service which provides access to a community geriatrician, pharmacist, community nursing and physiotherapists; the Rapid Response Assessment Service - which includes prescribing nurses and has included paramedics over the covid period; the allocation of a lead community nurse to each home to offer advice and also to carry out some training; and the support of the Dementia Crisis Team - particularly with solutions to help with how best to isolate residents who can be confused and who are prone to wandering.
5.2) Access to mutual aid offer (primary and community health support)	29	No	Enhanced health in care homes is provided via the Older Adult Health and Wellbeing Team and well as lead clinicians provided via Primary Care and also through Community Health. As per 5.1, proactive support has been offered through daily calls and a lead nurse provided by community nursing; support to prevent and reduce crisis through the enhanced Rapid Response Assessment Service; and through the support and assistance of the Dementia Crisis Team. Enhanced Primary Care support has been provided to all homes through the agreement of a Local Enhanced Service with Primary Care Networks. A high level of support and guidance has been provided by community and primary care as part of the mutual aid offer.
Section complete			