

COVID 19 : Provider Engagement Webinar

Thursday 7th May 2020

Welcome and Introductions (Tony Pounder)

Welcome and Introductions

- **Purpose of today's webinar:**
 - Key messages and updates
 - Weekly webinar for providers, usually held on Fridays, 1-2pm; Thursday this week due to the VE Day Bank Holiday

Reminders:

- **New FAQ document produced:** Shared on the portal last week and being updated following both webinar and portal questions; please check the FAQs as well as the other portal content for updates
- **Revamped portal:** portal is being redesigned to be more user-friendly and will have clearly themed sections: <https://www.lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/>
- **Weekly newsletter to providers:** sent out by Contract Management via email after the webinar (Friday or Monday); summary of key messages

Provider Portal

The screenshot shows a web browser window displaying the Lancashire County Council website. The browser's address bar shows the URL: lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/. The website header includes the Lancashire County Council logo, a search bar, and a navigation menu with the path: Home / Practitioners / Health and social care / Care service provider engagement.

Coronavirus (COVID-19) information for care providers

We are following national advice and guidance on a daily basis and we will share information as soon as we can. As the situation is changing rapidly we are updating this website daily to ensure we can give you the most up to date position.

Please use the form below if you have any general queries on our response to the COVID-19 outbreak:

Care providers questions to the council

- Financial advice and support**
Financial support for adult care providers during the pandemic.
- Workforce, training and recruitment support**
Includes NHS email accounts, template letter for staff, e-learning, and wellbeing and mental health information.
- COVID-19 testing**
Information for providers about COVID-19 testing for staff, personal assistants, unpaid and informal carers and within care homes.
- PPE supplies**
Pathway and guidance for providers.

Information for the public

- [Coronavirus webpage](#)
- [Adult care services](#)

Carers required urgently

URGENT! COULD YOU HELP CARE FOR VULNERABLE PEOPLE IN LANCASHIRE?

Our Adult Social Care campaign is now live on our website and our social media accounts.

People can apply to a number of care roles and specify which location they would like to work in.

[Visit the website for information](#)

Tweets by @LancIP

The Windows taskbar at the bottom shows several open applications: Inboxes, LCC Intranet, Skype for Business, COVID 19 Provider..., and Coronavirus (COVI...). The system tray shows the time as 18:32 on 06/05/2020.

Provider Portal

The screenshot shows a web browser window displaying the Lancashire.gov.uk Provider Portal. The browser's address bar shows the URL: lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/. The page content is organized into several sections:

- Direct Payment and Personal Health Budget support**: COVID-19 guidance for personal assistants, PA employers and direct payment recipients.
- Safeguarding, DOLS, MCA, best interest and dementia advice for providers**: Local guidance and support services.
- End of life care**: Includes bereavement care and support in specialist housing, deathbed etiquette for covid-19 and the NHS National Bereavement Line information.
- Residential and nursing care**: Information for providers including the PHE NW COVID-19 resource pack for care homes.
- Home care (domiciliary)**: Information for providers.
- Government, NHS and NW ADASS advice and guidance**.
- Local communications to providers and service users**: Updates for providers, including COVID 19 : provider engagement webinars and Care provider FAQ.

On the right side of the page, there is a 'Tweets by @LancIPC' section featuring three tweets from Lancashire Integrated Care (LancIPC) dated May 2, 2020, April 30, 2020, and April 30, 2020. The tweets discuss daily meetings with experts, the addition of face coverings, and reminders for PPE orders.

At the bottom of the browser window, a 'Keep updated' section is visible, along with a Windows taskbar showing various application icons and the system clock displaying 18:32 on 06/05/2020.

Today's Agenda

Extended session:

1-2pm

- **Regular webinar updates**
- **Guest Speaker:** Donna Briggs, Director - Care Leadership Support Limited: Business / Organisational Resilience

2-3pm

- **Mental Capacity Act/Deprivation of Liberty Safeguards/Court of Protection Webinar:** led by Cate Short (LCC Court of Protection Coordinator) and Nick Clifton (LCC DoLS Manager); Panel (LCC, Health, CQC)

Local Resilience Forum: Development of Social Care Cell

- Leadership: by Louise Taylor, Operating across the Lancashire footprint including BwD and Blackpool and including NHS
- Objective: Protect Life and Support Resilience of the care sector: safe staffing, safe care, safe working practices and a financially viable and sustainable care market
- Infection prevention control: effective arrangements including deep clean and consistent and appropriate use of PPE
- PPE: reliable comprehensive supply
- Testing: regular and effective arrangements which is place based
- Auxiliary workforce: capacity to support and at pace but no rotation

Local Resilience Forum: Development of Social Care Cell

- Data intelligence: trackers to inform hot spots and mobilisation of support in all its guises
- Support: virtual contact from wide array of disciplines to limit foot fall but provide advise/support/guidance and professional intervention (e.g. GP)
- Modelling: understanding how to 'protect' homes where outbreak to 'maintaining' care in those that do by creating additional convalescence support
- Communications: making sense of all this for the benefits of providers

IPC Update

Version 6 – Local Arrangements

PHE NW COVID-19 Template Resource Pack for Care Homes

Version 6

(Version for local adaptation by partners)
Lancashire County Council Details 5.5.2020

26 April 2020

Section 10: Declaring the End of an Outbreak

An outbreak will be declared over when there have been no new cases of confirmed or suspected COVID-19 within a continuous 14-day period.

To report the end of an outbreak please email: infectionprevention@lancashire.gov.uk

Emails need to be marked: **End of outbreak notification**

Test Results

- Presently, IPC Team received line listings from PHE daily.
- If tests are arranged via CQC or other pathways, we do not receive.
- We phone result through as soon as we have capacity.

IPC Team

- In the event of an outbreak, we will contact you at least once a week – depending on scale.
- Our role is supportive and not monitoring.
- Updated picture in terms of IPC issues, cohorting, basic IPC principles etc.
- We are here to support you...
- InfectionPrevention@lancashire.gov.uk

Guidance on Financial Support for Providers during the Pandemic

Providers are reminded to refer to the detailed guidance about the financial support available to providers from LCC during the pandemic under the **“Financial advice and support”** heading on the portal

Day Services

Three stage process:

1. Phone calls /emails to each Day Service provider to check current status of service – next 5 to 10 working days
2. Zoom Conferences with cohorts of 8 to 10 Day Service providers at a time to take a collective view of challenges, solutions and options including with BwD and Blackpool– start w/c 18 May
3. Development of a draft framework for any necessary redesign of services – target date 10 June

NHS-funded nursing care rate

- <https://www.gov.uk/government/news/nhs-funded-nursing-care-rate-announced-for-2020-to-2021>
- The NHS-funded nursing care rate is being increased to £183.92 from 1 April 2020.

Tracker Arrangements

- Business as usual
- Thank you for your ongoing support in working with us to complete the trackers
- If you are not receiving calls or have access to the Oracle COVID-19 reporting, please let Contract Management know:
contractmgmt.care@lancashire.gov.uk
- Please input data by 12pm

LCC Auxiliary Staffing

- Thank you to providers, both residential and homecare who've been in touch offering shadowing placements within their establishment.
- Emails have been sent to those who have offered, requesting that they provide information about the shadowing slots that they would be able to offer.
- Received a few responses to date, but still some outstanding; please will providers ensure that they respond so that arrangements can be progressed.
- Individuals have been placed in two provider establishments so far and this will continue over the coming days/weeks.
- Any provider who is willing and able to help with offering shadowing placements, please email contractmgmt.care@lancashire.gov.uk in the first instance. Contract Management are undertaking initial checks around provider suitability.

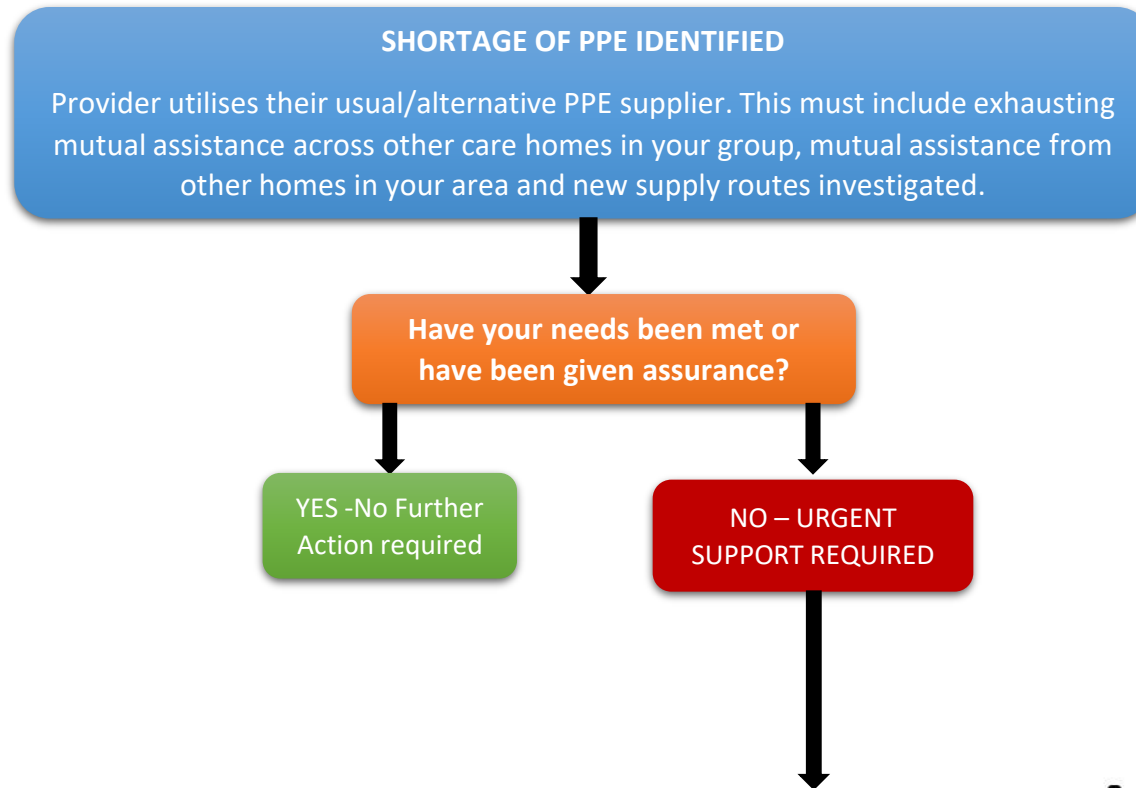
PPE Update

- With regards to PPE, you should follow the flow chart for supplies.
- If all of this does not meet your urgent PPE needs, then these will be met by LCC.
- You can call the **PPE Contact Number** between 0800-1900, 7 days a week - **0300 123 6786**

Personal Protective Equipment (PPE)

Shortage of PPE – Pathway for Providers

PLEASE NOTE YOU SHOULD BE FORECASTING YOUR PPE NEED 7 DAYS IN ADVANCE






Contact LCC Procurement via:

0300 123 6786 (available 0800-1900: 7 days a week)

E-mail: CareProviderPPE@lancashire.gov.uk (shared access Procurement & Contracts will work together)

Providing details of provider, key contact name, number and email, PPE required and level of urgency.
(template to completed)



The request will be reviewed taking into account County Council supplies and the provider will be contacted to indicate if/how the provider can be supported

Public Health (Lee Harrington)

- Decreased levels of domestic abuse are being reported during the Covid 19 emergency.
- Business as usual for DA services - they are still taking referrals and available for support
- Information on how to access support for victims, friends and family is available and will be uploaded to the portal, and what to do in an emergency . This will include information on perpetrator programmes.

- Inspire Substance Misuse Service is continuing to take referrals for people with alcohol and substance misuse treatment needs
- Reduced the number of detoxifications taking place following government advice to reduce possible hospital admissions
- Revised alcohol treatment and detox pathways are in place
- Needle exchange is available through 'click and collect' and via delivery
- Virgin Care (HV / SN) and BTH Sexual Health services have been briefed around potential staff role in contact tracing
- BTH Sexual health service are mobilising to deliver online STI postal testing across Lancashire

Supporting homeless people

Mental Health First Aid training for people supporting people who are homeless

The NHS has been working in partnership with Mental Health First Aid England and Homeless Link to develop a short online Mental Health First Aid online course for staff and volunteers who are working with people who are homeless to provide care and support during the COVID-19 epidemic. We will be running our first open session on Thursday 7th May and will run sessions every Thursday at 2.15pm for the next 8 weeks. You can find out more about the training and how to register [here](#)

- 14th May 2.15pm-3.30pm. Register in advance for this meeting:

https://us02web.zoom.us/meeting/register/tZMlc-qgrDooH9dpB4e_Hip7Xho0mQPhB-2a

- After registering, you will receive a confirmation email containing information about joining the meeting.

Homeless hostels and COVID-19 webinar: supporting homeless hostels in responding to coronavirus:

Healthy London Partnership hosted a webinar for Hostels in London. A recording of this webinar is available here - <https://www.youtube.com/watch?v=fNIhfD5WbzY&feature=youtu.be>. Slides are available [here](#)

Voluntary Sector Updates

- Lancashire COVID-19 Community Support Fund to support voluntary sector/community organisations.
- Application form and process will be shared on the portal
- <https://lancsfoundation.org.uk/apply>

NHS Updates

NHS email accounts

- All care home and home care providers can now apply for NHS mail accounts, which will offer access to Office 365 and Microsoft Teams.
- Access to these systems will enhance the ability of improved connectivity for your residents to their families and allow staff to access professional support remotely.
- 2 documents that offer additional advice on how to obtain your NHS account; these will be shared via the portal.

Microsoft Teams - Training Offer

- Comms from Healthier Lancashire and South Cumbria re: COVID-19 offer for all Registered Care homes and Domiciliary service providers
- All regulated care providers with an NHSmail account have access to Microsoft Teams
- Free support and training for using Microsoft Teams is available for anyone working in health and social care across Lancashire and South Cumbria. The support available includes online training workshops which are daily or 1-1 support which can be booked through the dedicated telephone or email helpline.
- The training will enable you to set up Teams within Microsoft Teams and deliver video consultations (GPs, family, etc)

Microsoft Teams - Training Offer

- A dedicated helpline is available Monday – Friday 8am – 5pm on **01772 669088** or by emailing hello@redmoorhealth.co.uk
- Workshops are available Monday-Friday every day.
- The AM sessions take place between 10-11 Mon-Fri and the session can be accessed via this link [RedmoorTeamsAM](#)
- The PM sessions take place 2.30-3.30 Mon-Fri and can be accessed via this link [RedmoorTeamsPM](#)

Care Home Invoicing (Health)

- Update has been issued by Health re: invoicing arrangements for Care Home for spot-purchased Health-funded placements
- Invoices can now be emailed and will be available on the invoicing system within a hour of receipt
- Invoices must comply with NHS [Good Invoicing Practice](#)
- Only PDF email attachments can be accepted
- One invoice per PDF
- Emails must not exceed 10Mb
- Queries: Sbs-w.payables@nhs.net

*BLACKPOOL CLINICAL COMMISSIONING GROUP AND
FYLDE AND WYRE CLINICAL COMMISSIONING GROUP
CLAIRE LEWIS, HEAD OF QUALITY*

Email to be forwarded to Fylde Coast Care Homes

- *Blackpool and Fylde and Wyre Clinical Commissioning Groups (CCGs) and the GP practices we commission, wish to reassure everyone who works and lives in a care home, that we are aware of the pressures being placed on the sector at this time.*
- *More often than not, your first point of contact with health will be with your Care Home Team. Please be assured that the Care Home Team staff are liaising effectively with the GP practices which support your home. As always, GPs can be consulted regarding residents and whilst this contact may be via a phone call or a Skype-based meeting in the first instance, patients are seen face to face when it is evident this is necessary.*
- *GPs understand that many people in care homes are supported by people who know them very well and have important information about observed changes, which may be significant. Reporting clear, accurate and specific observations will help the Care Home Team and the GPs to prioritise the right response to your residents' needs.*
- *Please keep in regular contact with your Care Home Team regarding any concerns you have about your residents and they will support you to have the appropriate support from GP practices.*
- *If you have any concerns about the support you are receiving, please contact Claire Lewis Head of Quality Claire.lewis10@nhs.net*

Provider resources / best practice

Provider best practice

Kepplegate Care Services:

- Set up a virtual entertainment network for care homes. Homes are now linking up around the country sharing activities etc. We've already had bingo, darts tournaments, singing sessions, Pictionary, quizzes, exercises, tai chi, etc:
<https://www.facebook.com/groups/214431346334653/>
- Article for NAPA about how “activities” must be seen as essential and not just “when we have the staff or time”.
- To link up with other homes, all you need is a laptop or tablet with a camera, skype, and a means of connecting their device to a TV so that all your residents can see the screen.

Lessons learnt

- Family member of a care home resident learnt of a covid-19 positive case in the setting via a social media post instead of from the care provider directly.
- [Guidance from DHSC \(pg21\)](#) is clear:
 - Display signs to inform of the outbreak and infection control measures
 - Provide 'warn and inform' letters to residents, visitors and staff if there is a suspected case of COVID-19 in the home.
 - Although the HPT will provide public health advice in response to an outbreak (including potential closure to new admissions), the care home management has the final responsibility to communicate information, including to staff and visitors and to implement infection control recommendations and any advice on closure to admissions from the HPT. The care home has the primary responsibility for the safety of its staff and residents.
- Personal identifiable information should not be included in the correspondence. Rather, information should be restricted to confirming there has been a positive case within the setting and what measures are being put in place to manage i.e. cleaning schedules, PPE, hand hygiene etc.

Skills for Care Resources for Registered Managers

- <https://www.skillsforcare.org.uk/Leadership-management/support-for-registered-managers/support-for-registered-managers.aspx>
- Webinars
- Resources
- Training
- Advice phone line/email

DHSC adult social care workforce app

- The Department of Health and Social Care (DHSC) have launched a new dedicated app for the adult social care workforce today. It aims to support staff through the coronavirus (COVID-19) pandemic:
- https://www.gov.uk/government/news/dedicated-app-for-social-care-workers-launched?utm_source=fb2324d5-c22a-4a1a-bae3-ae33db351751&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

Provider Input into Webinars

- Provider input to share best practice, tops tips, good news stories etc., via a slot on the webinar
- Please express your interest via the portal online query form.

Guest Speaker

- Donna Briggs
- Director - Care Leadership Support Limited
- “Resilience and Recovery”
- Submit Q+As via chat function to be answered post-session



Resilience & Recovery

COVID-19 Crisis 2020

Donna Briggs
Care Leadership Support

Resilience

Ability to function during times of adversity & to quickly return to normal.....

The ability to bounce back



Living in unprecedented times , learning as we go, on a global, national & local level.

Impacts differs from a one-off event. Series of impacts/shocks to the system as we deal with the challenges that arise & adapt practice in line with guidance.

Massive emotional impact on both a personal & professional level.

Remember, you are not alone.

Types of Resilience



Personal Resilience



Operational Resilience



Strategic Resilience



Personal Resilience

You are amazing, don't be hard on yourself.

Positive 'can do' approach.

Accept what you can & cannot change.

Take control of what you can.

Look after you!

5 areas of wellbeing: Connect, Learn, Active, Notice,
Give....

6th area: ask for help!

As we journey through challenges, our
resilience becomes stronger.



Operational Resilience

What are the Challenges?

Emotional support for all.

Sustain service delivery.

Psychological safety.

Safe systems of work.

Information overload.

Volume of guidance & updates.

Sufficient cash to sustain service/business.



Operational Resilience

Emotional Support - foundation of resilience

Take care of you!

Staying connected: you, staff, residents, families, communities.

Support resources available.

Check in & check out.

Seek out & celebrate the good stuff.

Create a wellbeing area/wobble room if you can.

Keep spirits up.

FAIL

First Attempt In Learning



Operational Resilience

Sustaining Service Delivery

What happens if you become unwell?

Minimum staffing level safely operate & meet needs of residents & people you support.

Build in a buffer monitor & and take action.

Can shift/rota patterns be revised if needed, what may this look like?

Who can i redeploy?

How can colleagues help? Hours, flexibility, other skills.

Support I can call upon. Local authority, community hub, NHS volunteers, other providers, agency.



Operational Resilience

Safe working practices & sharing

Defer time consuming policy/procedure document reviews unless crucial.

Keep track of guidance i.e. PHE, CQC.

Focus on what has changed in guidance.

Look for/develop checklists, flowcharts, video e.g. PHE.

Monitor and observe practice to ensure understanding & compliance.

Version control & reference information, retain copies of checklists for evidence of compliance.

Delegate, delegate, delegate. Accessible information will help you to do this effectively.

Keep it simple - KIS - 3 simple rules.



Operational Resilience

Supplies

Access to testing, onsite, real time results.

Personal protective equipment supply options.

Stock levels with contingency built in.

Range of alternative suppliers.

Access support available.

Buying consortiums for smaller providers - value for money.

Energy costs



Operational Resilience

Finance & Cashflow

Access support available local authority/government grants available if required.

Keep a record of additional cost of supplies, staffing e.g. overtime & agency costs.

Keep an eye on working capital - cash in the bank.

Timely credit control - make it easier for customers to pay where possible.

Develop or update cash flow forecasts, build in projections, worse cases scenarios and red flags.

If asset finance, may be concerned about covenant compliance or meeting loan repayments. Don't leave until crisis point contact the funder at the earliest opportunity.

Strategy Resilience & Recovery



Recognise & celebrate what worked well.

Learning opportunity, embrace the learning.

Share & embed the learning - Business Continuity Plans, operation of service.

Develop 3 short/medium term goals. Long term will emerge over time.

Review governance & quality systems to ensure current and relevant.

Stay abreast of opportunities for your service, remodeling, new services.

Learn, adapt & embrace opportunities.

Support & Resources.

Registered Manager Support

Skills for Care Advice Line

T: 0113 241 1260

E:RMadvice@skillsforcare.org.uk


W:skillsforcare.org.uk



Donna Briggs

Director / Care Leadership Support

 donna@careleadershipsupport.co.uk

 07775 926294

S T A Y
S A F E



Next Steps

- Daily Portal Updates
- Weekly webinar (usually Friday): the next webinar is Friday 15th May, 1pm (joining instructions to follow)
- Collate questions raised today and respond

Thank You!

5 minute comfort break!





- 1, 2 & 3 are all about me
- 4 & 5 you do with me if I lack capacity.

COVID-19: MCA , DOLS & COP update



Mental Capacity Act 2005

Agenda

1. Welcome from the Chair - Ellen Smith
2. DOLS update - Nick Clifton
3. MCA update - Cate Short
4. Swabbing for Covid-19 - Kristy Atkinson
5. Good practice - Providers
6. Advocacy Focus - Leanne Hignett
7. Q & A Panel – Presenters + Stuart Williams, Lorna Warriner, Anita Hudson & Julie Harrington

Deprivation of Liberty Safeguards during COVID-19

Key Messages

The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) During the Coronavirus (COVID- 19) Pandemic

Key Messages

- No statutory easements to MCA and DoLS
- Deprivation of liberty will always require strong and well-reasoned justification. This has not diminished in any way in the present circumstances.
- Any decisions must be taken specifically for each person and not for groups of people
- non-statutory guidance

- Sct 17. 'Most changes to arrangements around a person's care or treatment linked to the pandemic ... will not constitute a deprivation of liberty and a best interest decision would be the reasonable course of action....'
- *Sct 21* "The Department recognised the additional pressure the pandemic will put in the DoLS system. Fundamentally, it is the Department's view that as long as providers can demonstrate that they are providing good quality care and/ treatment for individuals, and they are following the principles of the MCA and Code of Practice, then they have done everything that can be reasonably expected in the circumstances to protect the person's human rights."

DEPRIVATION OF LIBERTY?

- Sct 9 'Where life-saving treatment is being provided in care homes or hospitals, including for the treatment of COVID-19, then this will not amount to a deprivation of liberty, as long as the treatment is the same as would normally be given to any patient without a mental disorder.
- The DoLS process will therefore not apply to the vast majority of patients who need life-saving treatment who lack the mental capacity to consent to that treatment, including treatment to prevent the deterioration of a person with COVID-19.
- Sct 11. If additional measures are being put in place for a person who lacks the relevant mental capacity when they are receiving life-saving treatment, for example to stop them from leaving the place of treatment, then the “acid test” should be considered.

Changes in care and treatment arrangements

Acid Test

- Continuous (or complete) supervision and control AND
 - Not free to leave
-
- Sct 15. If the proposed arrangements meet the acid test, then decision makers must determine how to proceed. The starting point should always be to consider whether the restrictions can be minimised or ended, so that the person will not be deprived of liberty. If this is not possible then the key principles to consider are:

Sct 15 Continued

(a) Does the person already have an authorisation?

- If so, then will the current authorisation cover the new arrangements? If so, **in many cases changes to the person's arrangements for their care or treatment during this period will not constitute a new deprivation of liberty and the current authorisation will cover the new arrangements**, but it may be appropriate to carry out a review.

(b) Are the proposed arrangements more restrictive than the current authorisation? If so, a review should be carried out.

(c) If the current authorisation does not cover the new arrangements, then a referral for a new authorisation should be made to the supervisory body to replace the existing authorisation. Alternatively, a referral to the Court of Protection may be required.

- There is a shortened Urgent Authorisation form at Annex B of the DHSC guidance which can be used during this emergency period.

Supervisory Body

- Sct 25. The Department recognises that supervisory body staff may need to be deployed elsewhere during the pandemic. Supervisory bodies are well practised in prioritising DoLS applications and will need to take a proportionate approach to all DoLS applications.
- Sct 26. DoLS assessors should not visit hospitals or care homes unless essential – remote techniques should be used
- Sct 27 Previous assessments can be used to inform the new assessment

Further Resources

The Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) During the Coronavirus (COVID-19) Pandemic

<https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity>

National Mental Capacity Forum webinar 28th April

<https://autonomy.essex.ac.uk/covid-19/>

39 Essex Street Chambers Webinars

<https://www.39essex.com/covid-19-issues-for-care-homes-care-providers/>

<https://www.39essex.com/holding-onto-principles-the-mca-and-covid-19/>



Mental Capacity Act 2005

- 1, 2 & 3 are all about me
- 4 & 5 you do with me if I lack capacity.

MCA , DOLS & COP considerations during COVID-19 Key Messages



**Mental
Capacity
Act 2005**

- 1, 2 & 3 are all about me
- 4 & 5 you do with me if I lack capacity.

Practical Considerations

- How should mental capacity be considered, and the MCA applied in the current situation due to COVID-19?
- The COVID-19 situation is one which is rapidly evolving and guidance may change over coming days / weeks.

Mental Capacity Act (MCA) during COVID-19 guidance

- Please see [Coronavirus \(COVID-19\) information for care providers](#)

Safeguarding, DOLS, MCA,
best interest and dementia
advice for providers

Local guidance and support services

- Please share any guidance you have found useful

MCA Local guidance

1. [MCA, DOLS and COP Guidance for Providers during the COVID-19 Crisis](#) (PDF 983 KB)
2. [Guidance on social distancing measures and non-compliance](#)

SOCIAL CARE PROVIDER SERVICES MCA, DOLS AND COP GUIDANCE DURING COVID-19 CRISIS V2

- **General guidance** with relevant links to national guidance documents and additional information available at the time of writing.
- **Does not constitute legal advice** but is general guidance on best practice.
- **Providers / registered managers** should **seek their own legal advice** where necessary

The Key Message!

MCA & DoLS continue to apply

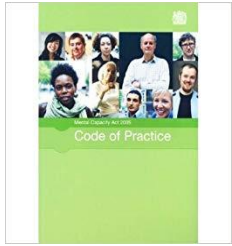
[The Coronavirus Act 2020](#) No easement in the Act
[DHSC Guidance: MCA & DoLS During the Coronavirus \(COVID-19\): Guidance for Hospitals, Care Homes and Supervisory Bodies \[vo.1\]](#) During the pandemic, the principles of the MCA & DoLS still apply

What does this mean in practice?

- **Any decision** made for or on behalf of an individual where it is **reasonably believed they lack capacity**, still needs to **uphold the MCA 2005 principles** and to **be defensible**.
- Thought as to **how this is recorded**, captured succinctly and **as practicably as possible** is required.
- **Reasonable and practicable steps** need to be taken to demonstrate application of the MCA.
- It is **necessary to be able to justify** what has been put in place.

What does practicable mean?

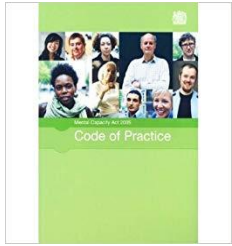
- The [MCA Code of Practice](#) uses 'practicable' throughout. What was practicable up until recently is no longer practicable during the COVID-19 crisis.
- Examples of urgent situations are reflected in the MCA Code of Practice. Please refer to the Code for additional guidance as required.



Examples from the Code

MCA Code Section 2.9

'In some situations treatment cannot be delayed while a person gets support to make a decision. This can happen in emergency situations or when an urgent decision is required (for example, immediate medical treatment). In these situations, the only practical and appropriate steps might be to keep a person informed of what is happening and why.'



Examples from the Code

MCA Code Section 3.6

'....However, even in emergency situations, healthcare staff should try to communicate with the person and keep them informed of what is happening.'

MCA Code Section 5.13

'.... If the decision is urgent, there may not be time to examine all possible factors, but the decision must still be made in the best interests of the person who lacks capacity.....'



Examples from the Code

MCA Code Chapter 6 page 93

'... If restraint is being considered, is it necessary to prevent harm to the person who lacks capacity, and is it a proportionate response to the likelihood of the person suffering harm – and to the seriousness of that harm?'

(Please also see 6.40-6.48 regarding restraint.)

What is Good Care during Coronavirus crisis?

Think about how to apply the MCA, to limit interference with HR [Article 8: Right to respect for Private & Family Life](#)

- Treating a care home or supported tenancy as a household and following the same national guidelines in terms of managing COVID-19.
- Restricting service users from having face to face contact with their family and friends
- Cohorting residents / tenants showing COVID -19 symptoms to specific area, or isolating them in their room to prevent the spread of the virus
- Preventing someone from breaking social distancing rules

Good Practice: Please send us examples!

- **Support people to maintain contact with family & friends** e.g. using tech as appropriate to the individual
- **Provide accessible information** on COVID-19 measures, tailored to the person
- **Support people** deprived of liberty **to access at least 1 hour's fresh air daily/ exercise**
- **Support people who are socially distancing** to have **outdoor exercise** every day
- **Consider whether** care home residents/ people being discharged from hospital **can return to own/ family home during the pandemic**

Good Practice

- **Respect, dignity and Human Rights** remain pivotal
 - [Council of Europe's Statement of principles](#).
 - [Ethical Consideration guidance](#) sets out 8 key ethical considerations.
 - [Hospital Discharge & Covid -19](#) provides considerations for discharge processes.
- **DOLS applications and COPDOL** referrals should still be made, and LCC alerted to high priority cases.

Good practice: less restrictive solutions

- **Segregation / Isolation / Physical Restraints:**

Record what less restrictive measures you have considered and why these are not appropriate before segregating or isolating a person.

- **Chemical Restraints**

Record what less restrictive measures you have considered to try to manage agitation, wandering, anxiety, distress, being unable to go out etc, which stop short of chemical restraint. Record why these are not appropriate before considering use of medication

CAUTIONARY NOTES

Some Do Nots! Do not ...

- **Increase medication without** prior **consultation** with appropriate medical practitioner.
- **Impose restrictions** under this guidance which are **not related to the COVID-19** pandemic
- **Impose restrictions** which **exceed what is reasonable and proportionate** for the person involved.
- **Disregard national guidance**
- **Disregard importance of consultation** with others interested in the persons' welfare

Good practice: less restrictive solutions

- **Compliance with self-isolation and social distancing**

If a person in your care has a specific health condition that requires them to leave the home to maintain their health they can do so.

This could include where individuals with a learning disabilities or autism require exercise in an open space 2 or 3 times each day, or where individuals need support from more than one carer - ideally in line with a care plan agreed with a medical professional.

Guidance on social distancing measures and non-compliance

- Strongly encourage everyone to follow Social Distancing Regulations
- Recognise providers expert in caring for people they support - best placed to know how to support individuals to comply
- Urge support provided is person centred, empathetic - now more than ever
- Encourage risk mitigation and creativity around home based activities, distraction techniques and time of the day for permitted exercise

Social distancing ... If all else fails

- Police can enforce stay at home guidance
- Where all attempts to persuade a person to comply have failed, Lancashire Constabulary can advise. They will :
 1. **Engage** – encourage voluntary compliance.
 2. **Explain** – will stress the risks to public health and to the NHS
 3. **Encourage** – officers will encourage compliance and emphasise the benefits to the NHS by staying at home, how this can save lives and reduce risk for more vulnerable people in society.
 4. **Enforce** –, if necessary and proportionate: direct those without a reasonable excuse to go home, using reasonable force if needed; and/or issue a £60 penalty notice

Lack of capacity & Social distancing

- MCA & DOLS Guidance issued by the DHSC does not fully address this issue
- Where DOLS or COPDOL authorisation does not cover restrictions Essex Chambers suggest a pragmatic approach (NB this is not legal advice)
 - families and carers to prevent P from going out;
 - steps to be taken to seek to explain to P why not going out is of importance, and to support her decision-making capacity in this context;
 - steps to be taken within the framework of the MCA 2005 to maximise P's autonomy within the constraints applied to her.

Resources & Webinars

- **National MCA Forum** – Chair Baroness Finlay
[Coronavirus \(COVID-19\) webinars](#)
 - Covid-19, DoLS, and Best Interests
 - Sharing voices in response to COVID-19
- **Essex Chambers**
 - [COVID-19: ISSUES FOR CARE HOMES/CARE PROVIDERS](#)
 - [HOLDING ONTO PRINCIPLES – THE MCA AND COVID-19](#)
- **SCIE** [Coronavirus \(COVID-19\) advice for social care](#)



Mr Justice Hayden Vice President of the Court Of Protection

Letter to all Directors of Social Services

'The protection afforded to this group of people by the Mental Capacity Act 2005 is constructed in a way which promotes autonomy, guards liberty and seeks to identify best interests. It requires to be said, in terms which permit of no ambiguity, that these principles have, if anything, enhanced importance in times of national emergency.'

Swabbing for Covid-19

Kristy Atkinson

Deputy Designated Professional for
Safeguarding Adults and MCA

GP, C&SR and WL CCG

Mental Capacity Act (MCA)

- There are **NO** statutory easements to the MCA
- MCA or any restrictive practice **cannot** be used to prevent harm to others
- A decision specific Mental Capacity assessment should be completed for any person where capacity is questioned.
- Where capacity is assumed, it should be documented as such on the person's record.

MCA Assessment

- Do they understand the information pertaining to the test?
Salient details!!!!
- consider easy reads and pictorial aids
- Retain the information for the period of time required to consent to the interventions being proposed?
- Can the person use and weigh the information up to know the interventions are to ensure they are cared for safely, and receive appropriate treatment
- Can the person communicate their consent to the decision?
(Not always verbal means)

Best Interests

- Lasting Power of Attorney?
- Use the checklist - available options, any restrictions being proposed, and why less restrictive options cannot be utilised.
- A balance chart should be evidencing why the test is in the **person's** best interests, how effective it will be (based on symptoms and timescale of presenting symptoms) and any outcomes that will be of benefit to the person
- Consultation with others

What should we be balancing?

- The benefits of having a swab including known clinical advantages based on timescales and symptoms of the person's individual presentations and circumstances.
- The consequences of a positive diagnosis, including the 14 day self-isolation period.
- The residency and care options available both if tested or not tested
- The impact of intervention considering any behaviour the person is known to present with, any positive behavioural support that can be provided (Times of day when person is more compliant or engaging with support), the impact of the tester wearing PPE and the close proximity required to perform the intervention.
- The impact of the invasiveness of the procedure
- Any restrictions being proposed or would be required and the timescale needed to implement them to enable completion of the procedure.

Restrictive practice

- Any restrictive intervention needs to be proportionate to the benefit of being swabbed.
- Consideration needs to be given to the proportionality and necessity of swabbing resulting in increased temporary restrictions and evidenced in the best interest analysis.

Over to you !

- Please share examples of best practice, and stories of how you have used creative ways of engaging with service users and families
- Please share any user - friendly information that you have come across or have developed
- What are your burning issues?

Keep well and safe everyone