*Summary Guidance for the Management of Covid-19 with People who have Behaviours that Challenge.*

**Who is this guidance for?**

People who due to the nature of their illness are unable to comply with or lack capacity to comply with the requirements set out by Public Health England in relation to Covid-19. . Guidance is aimed at Care Homes and supported living, which cater for people with Dementia, Mental Health issues and services which cater for Learning Disability and Acquired Brain Injury and Autism.

It is anticipated some people will lack capacity and be unable to understand and / or retain information pertaining to the risks of Coronavirus and therefore may be unable or unwilling to follow guidance around isolation and social distancing.

A capacity assessment should be completed for any person who is isolating, where there is a reasonable doubt about their capacity to consent, to document whether they can consent to their care and support. Even if the person is compliant, duties under the Mental Capacity Act and DoLs still apply and there are still expectations that DoL’s is applied and the restrictions are reviewed regularly to ensure less restrictive practice is observed.

MCA principles still apply to all individuals during COVIP-19. For those who are none compliant, the best interest assessment and care plan should list the available options, the restrictions being proposed, why less restrictive options cannot be utilised. Best practice that sits alongside BI is the consultation with others, family, LPA or advocacy would come in. Consideration needs to be given to whether the restrictions amount to a DOL The Coronavirus Act 2020 is now in force. Neither the MCA 2005 nor the DoLS process is mentioned in the Act. They will continue to apply. However, the government has now provided guidance in relation to DOLS. ([www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity](http://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity))

**Purpose and Context:**

The aim of this guidance is to summarise a range of documents, to allow care homes to maintain their duty to comply with MCA and DoLs in the best interest of those whom they are providing care, as well as to be aware of the support available.

In conjunction with the guidance, work has been undertaken to identify key contacts for each locality so that individual concerns can be supported in a timely manner.

Finally, for all providers who have consented, contact details of similar providers will be shared to allow peer support during this difficult time.

*It is crucial to remember that the Human Rights Act; Mental Capacity Act and Equality Act are unaffected by the current situation and staff still need to ensure they can demonstrate any decision making complies with these and does not infringe human rights without proper legal authority. Blanket restrictions are unlawful; providers need to demonstrate person specific / centred decision making*

**Guidance available:**

A number of key pieces of guidance were reviewed to summarise best practice in this document. All relevant guidance is detailed at the end of the document. Guidance includes PHE guidance, which is under constant change and review as we learn more about Covid-19. Guidance from Lancashire County Council, who have a live portal and Care Home / Supported Living specific guidance. Gov.uk website links in relation to Covid-19. MCA guidance and guidance to support management of Behavioural and Psychological Symptoms of Dementia.

* Guidelines for the Management of Behavioural and Psychological Symptoms of Dementia
* General Guidance around the management of BPSD in Dementia.



**Background:**

The Coronavirus outbreak has brought many challenges for care homes and supported living providers, and guidance in every aspect is subject to continuous review and change. Managers are having to ensure that the residents' needs are met whilst managing resources such as safe staffing levels, supplies of PPE, food and medicines. The current government requirements include the isolation of residents who are suspected or confirmed to have Covid19. For some resident’s special considerations need to be in place.

'*It is essential not to “dress-up” resource-based decisions in relation to deprivation of liberty – even in a time when resources may be stretched to the limit – as best interest decisions. This is only likely to generate s.21A challenges, which will be a further pressure on resources.*

*It is essential (if deviating from normal practice) that you have clear systems in place for explaining why those deviations took place.’*

<https://www.39essex.com/the-coronavirus-bill-2020-and-its-effect-on-the-care-act-2014/>

**Professionals involved in this guidance:**

Specialists have been involved in the compilation of this summary guidance, which has included professionals from the CCG /CSU (mental health), Infection Control, Pharmacy, Mental Health Teams (LSCFT), MCA Lead, Learning Disability and Autism Consultant Nurse, Local Authority Partners and CQC.

**Infection Prevention and Control Guidance:**

Guidance for the management of Covid-19 is under constant change and development, and for this reason the following links should be followed to access the most up to date information

* <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304-cf38d248abba&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>

Link to LCC Care Home Guidance <https://www.lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/>

* Lancashire .go.uk - <https://www.gov.uk/coronavirus>
* <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304-cf38d248abba&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate>

**Summary of current guidance – (Note this is under regular review, and the link above should be accessed for any change in guidance)**

On the 8/4/2020 Public Health England (PHE) released the NW COVID-19 Resource Pack for Care Homes V3. This document provides comprehensive guidance on how to manage a potential outbreak. Key points from the guidance include:

* On each shift there needs to be a designated COVID-19 lead.
* Keep a log of all COVID-19 suspected and confirmed cases.
* Care home residents should be monitored for the signs of COVID-19 at least twice a day
* The key signs and symptoms of COVID-19 include:
  + *A new continuous cough and/or*
  + *A fever (temperature of 37.8c or above, or if it is not possible to take a temperature, hot to touch on either chest or back)*
  + *Other symptoms which might indicate COVID-19 include:*
  + *New onset of influenza like illness*
  + *Worsening shortness of breath*
  + *Delirium, particularly those with dementia*
  + *If a resident becomes ill with symptoms of COVID-19 they should be isolated for 14 days from the first day of their symptoms.*
  + *All residents who have come into contact with a suspected or confirmed case of COVID-19 should be isolated for 14 days from the last day of contact with the affected person.*
  + *If residents are unable to be isolated in their own rooms due to existing conditions, then residents can be cohorted in designated areas of the home, as well as offered additional supervision by staff.*
  + *Do not isolate/cohort suspected and confirmed cases together.*
  + *Social distancing and shielding of vulnerable residents should also take place.*
  + *If you suspect a resident has COVID-19 contact NHS 111 and their GP for clinical management.*
  + *Suspected or confirmed cases of COVID-19 should be reported to Public Health England 0344 2250562, CQC and lead commissioner.*
* Staff need to follow the World Health Organisations '5 moments to hand hygiene'. Forearms also need to be washed following contact with a suspected or confirmed case.
* Residents need to carry out hand hygiene throughout the day and especially after using the toilet, before meals and medication times.
* Staff and residents need to carry out good respiratory and cough hygiene.
* PPE must be worn in accordance with the latest guidance.
* Enhanced cleaning needs to take place throughout the home, paying particular attention to frequent contact points.
* Waste (including food waste) from suspected or confirmed cases needs to be double bagged, tied and left aside for 72 hours before being processed.
* Any laundry from a suspected and/or confirmed case needs to be placed in an alginate bag and washed in accordance with policy for infected laundry.
* It is recommended staff change their uniforms before leaving work, take them home in a plastic bag and wash separately in a hot wash.

**Mental Capacity:**

The first consideration should be whether the resident has capacity to make decisions around the guidance

* Do they understand the information pertaining to the isolation decision? Salient details the person needs to understand cannot be prescriptive as each person and service is individual. You should consider each restriction being proposed and the timescale needed to implement them. These may include environmental (confined to certain areas), mechanical (bed rails and other equipment that restrict movements), physical (redirection or prevention to particular areas), pharmaceutical (use of medication)
* Can the person retain the information for the period of time required to consent to the interventions being proposed?
* Can the person weigh the information enough to know the interventions are to ensure they are cared for safely and prevent others becoming unwell?
* Can the person communicate their consent to the decision? (Not always by verbal means). It is important to take all practicable steps to support communication in line with MCA

**How the guidance affects people who lack Capacity:**

* Disruption of daily routine is difficult for anyone, but in particular for those with Dementia where this can add to disorientation and confusion. Many people with a learning disability, brain injury or mental health issues rely on a daily routine
* Restricted movements and isolation – For those who lack capacity this is of particular challenge if the resident is unable to understand the rationale.
* Visitors no longer visit the home – meaning less social interaction with loved ones
* Reduced activities – leading to boredom, anxiety and potential frustrations
* Increase use of PPE – can cause increased distress, worry and for some this may antagonise behaviours.
* COVID-19 ETHICAL CARE FRAMEWORK ADULT SOCIAL CARE:
* <https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care> - COURT OF EUROPE GUIDANCE:
* <https://rm.coe.int/16809cfa4b>

**Suggestions and Resolutions:**

1. Good practice would be for providers to pre-empt situations where a resident may become unwell, require isolation and potentially become challenging – being prepared will allow staff to react more promptly, allow staff to feel more confident and to reduce the risk of an unmanageable situation.
   * Becoming unwell – Providers need to be mindful that an unwell resident may have increased confusion, disorientation, poorer mobility. Consider if they have pre-existing conditions, what is the risk for that individual of becoming infected and how are they likely to react. Examples include Diabetes, COPD, Heart Disease, Immunodeficiency or sensitivity.
   * If isolation becomes necessary – Providers should consider where this is best to take place, is there an appropriate place for the resident to isolate, does the place have enough space, can the resident be safely observed. It may be useful to Consider if there are physical additions to the environment which may make the place of isolation more attractive to the individual e.g. Music, access to TV letters from family, familiar photographs what does the person like or respond to
   * Managing behaviours – When pre-empting how a person may react, think about their current range of behaviours, triggers to escalating behaviour and strategies used to manage. With this how can triggers be reduced? How can the same strategies be put in place? <https://restraintreductionnetwork.org/>
2. Advanced Care Plans – to include key professionals, GP, family members etc. (see <https://www.hospiceuk.org/what-we-offer/clinical-and-care-support/what-to-expect/caring-for-your-dying-relative-at-home-with-covid-19>).
3. Use of PPE – Idea to consider may include; Printing and laminating a photo of yourself and tape to the outside of your PPE (especially if wearing full face cover PPE) large enough that the person can see it as you approach – if its laminated it can be wiped down; if it’s not then you’ll need to dispose when you dispose of your PPE and reprint for the next use.

* Also, if wearing PPE; communicate better as your words are masked and they cannot read your facial expression or body language - remember that it can be scary for the person you are supporting regardless.
* Speak more slowly; increase the volume; communicate your feelings about what has been said or happened; reflect back what you have heard from the person; give added reassurance

1. Reverse Isolation – Strategy where rather than isolating the potentially infected resident, other residents are isolated to protect them from contact with the resident. This may be all residents, or it may be assessed in stages whereby the most vulnerable residents are protected. DOLS/Capacity assessment are not needed for everyone. Only those lacking capacity and meeting the acid test. The new guidance also suggests that where the restrictions are purely to provide life-saving treatment, which would include treating somebody for COVID 19, then this does not amount to a DOL (Sct 9 – 11 of the MCA DOLS guidance during COVID 19
2. Social Distancing – Residents should be encouraged to isolate wherever possible, where this is not possible providers should use spacing of communal area i.e. good distances between seating, utilisation of all communal areas
3. Cohorting residents – this includes considering if an area of the care home could be considered as an isolation area? Ideally this would include a bedroom, access to kitchen and a bathroom as well as space to move. To minimise risk, you may want to consider same staff on these units and reduced transfer of equipment as well as separate cleaning regimes.
4. Increase in activities – Activities may not seem an important task in a pandemic, however undertaking activities which form part of usual daily routine, hobbies and interests as well as distraction, are all pivotal in preventing behaviours that challenge. If a resident is to be cared for in any form of isolation, appropriate activities should be prioritised. Access to fresh air where possible.
5. Use of Social Media to talk to loved ones – Thinking about the current restriction on visitors, encourage contacts with family via telephone, virtual contact platforms for example:

* Skype <https://products.office.com/en-gb/skype-for-business/download-app>
* FaceTime <https://support.apple.com/en-gb/HT204380>
* Zoom.us <https://support.zoom.us/hc/en-us/articles/201362193-Joining-a-Meeting>
* WhatsApp https://web.whatsapp.com/
* Facebook <https://en-gb.facebook.com/>
* It is also important to consider if these contacts may have any detrimental impact and therefore after support or appropriate use needs to be care planned.

**Crisis / emergency situations:**

All good planning includes consideration of what to do if all good plans fail. Best practice for management of behaviours that challenge include de-escalation, distraction and the emphasis on staff knowing their resident, understanding basic needs and individual triggers to behaviour. If with every effort, there becomes a situation which puts the resident or others at risk then there needs to be a plan around whether strategies such as physical restraint or chemical restraint would be used. The emphasis here needs to be that all decisions around use of Physical, chemical or other form of restraint are not different to any other challenging situation. The need to isolate as per PHE guidance is not a rationale to use any form of restraint. All decisions need to be reasonable and proportionate, and where restrictive practice is used it must be the least restrictive for the shortest period of time.

* Risks which need to be considered with any form of restraint is that there may be a physical impact on the resident, which could be in itself dangerous and potentially life threatening. All forms of restraint can increase physical contact, residents may be at increased risk of falls or adverse effect of medication.

If additional staffing support is required, it may be possible to obtain this through the application for increased funding for health; This can be done via the single point of access arrangement – details are on the LCC provider portal or you can discuss with the CSU/CCG links detailed below.

**Use of medication:**

Where medication is to be considered, decisions need to be made with the resident multi-agency care team who are known to the resident. It may be that medication is considered in relation to Covid-19, to manage routine issues i.e. to relieve physical symptoms, relieve anxiety or agitation. Medication may also be considered in a crisis situation to manage challenging behaviour; however, this needs to be under the rule of managing behaviour using usual policies and procedures, including the use of any covert medications. There is no current guidance to sedate someone in order to isolate.

A tip would be to think about how a resident normally reacts to situations and physical illness, to plan what type of medications may be required. Discussions with the GP / Psychiatrist need to take place accordingly. Where medications cannot be prescribed in the event of, it is important to have clear triggers care planned so that all staff can be alert when to seek help as early as possible.

**Covid 19 Care Planning and Contingency:**

All providers are being advised to develop their own contingency plans, in relation to management of an outbreak, potential isolation and continued supply of resources (including staff, PPE, Food and other essential items). As well as an overarching measure, providers need to look at individualised care plans for those who have any individual needs that may affect the implementation of standard guidance.

For this reason, it is recommended that all mental health, challenging behaviour, Dementia and those with Learning Disability or ABI settings look at risk assessing and care planning how best to manage an outbreak for individuals as well as whole service.

It is also important to consider what may happen if a resident need to go to hospital, what would be the safest transfer arrangements? Is there any additional information the hospital care team would need to know? For this reason, it is essential the Hospital Passport and any other behaviour support plans to be kept up to date. Unlike normal circumstances it may not be possible for staff to attend / transfer with the resident.

**Support:**

Key Contacts for Infection Control Issues and Challenging Behaviour have been agreed as follows (please note that PHE and your local infection control team should always be first port of call for any outbreaks)

**PHE details –** North West Regional office - 0344 225 0562

**Greater Preston and Chorley CCG –** Rosemary Cowell (CCG), Amy Nicholas (CSU) and Kristy Atkinson (CCG)

**West Lancashire –** Angela Clarke (CCG), Amy Nicholas (CSU) and Kristy Atkinson(CCG)

**Fylde and Wyre –** Amy Nicholas (CSU), Fiona O’Donoghue (CCG) and Christine Cartwright(CSU)

**Morecambe Bay –** Amy Nicholas (CSU) and Lorna Warriner (CSU)

**East Lancashire and Blackburn with Darwen –** Amy Nicholas (CSU), Robert Nicholson-Kershaw (CCG) and Rachel Molyneux (CCG)

**Blackpool -** Alison Small (CCG) and Judith Clark (CCG)

**General & Accessible Information**

* Supporting People with Dementia –
* 
* Managing Activities for Older Adults –



* When talking about COVID-19 with residents, use communication cards to help you (see <http://www.aphasiafriendly.co/covid-19-accessible-information.html>)
* Use CLEAR Dementia Care © (Duffy, 2016, 2019) Behaviour Record Charts to identify patterns in behaviour (see <https://www.slideshare.net/IPHIreland/dr-frances-duffy-clear-dementia-care-look-at-all-of-me>). If you know when a particular behaviour is likely to happen you can put strategies in place to support the person and meet their needs at these times
* Advice for Everyone <https://www.nhs.uk/conditions/coronavirus-covid-19/>
* Hand washing video <https://youtu.be/bQCP7waTRWU>
* Books Beyond Words <https://booksbeyondwords.co.uk/>
* MENCAP <https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19>
* The Deaf Health Charity Sign Health <https://www.signhealth.org.uk/coronavirus/>
* The Challenging Behaviour Foundation legal panel <https://www.challengingbehaviour.org.uk/information/covid19information.html>
* BLID <https://www.bild.org.uk/covid-19/>
* Sight Advice FAQ <https://www.sightadvicefaq.org.uk/independent-living/Covid-19-Qs>
* SCOPE <https://www.scope.org.uk/coronavirus-information/>

**Additional Guidance for Judges and Practitioners arising from Covid-19 (DoLS Guidance)**

<https://www.judiciary.uk/wp-content/uploads/2020/03/COP-Covid-19-Additional-Guidance.pdf>

<https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2020/03/COP-Covid-19-Additional-Guidance-18-March-2020.pdf>

Guidance from Judge Hayden via Essex Chambers for COP / Court visitors

<https://www.judiciary.uk/wp-content/uploads/2020/03/13-March-2020-Court-of-Protection-Guidance-from-the-Hon-Mr-Justice-Hayden.pdf>

<https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2020/03/CoP_HaydenJ_13032020.pdf>