

**Lancashire Resilience Forum Adults Social Care Sub Group**

**Statement on Officer Visits to Service Users in Care Homes and in Community Settings
June 2020**

The Adults Social Care Cell of the Local Resilience Forum has been established to ensure the provision of safe and appropriate care and support for all adults in receipt of care services in Lancashire during the period of the COVID- 19 pandemic.

Reducing the spread of the virus and saving lives has been an obvious priority and a number of policies and statements including an Admissions Policy and a Testing Policy have been agreed by the Cell to keep people receiving care and staff as safe as possible. This statement on visits to service users in either residential or community settings sits alongside and should be read in conjunction with such policies and statements.

Reducing footfall in Care settings and in people's own homes has been a key strategy to help to reduce the spread of the virus, and whilst creative ways have been found to stay in touch with service users and carry out statutory and professional work, there is no substitute in some circumstances for personal contact and connection. Some degree of 'face to face' contact is necessary for both service users and professionals to ensure that overall safety and health and wellbeing are being maintained during this difficult period.

Essential visits have been maintained during the pandemic. We now need to progress safely and responsibly to increase professional visits to service users in appropriate circumstances and this paper sets out the approach to be adopted.

**Context**

The public health measures introduced to tackle the spread of Covid-19 are clearly necessary but have had some unwarranted ramifications in terms of face to face visits:

1. Section 42 Safeguarding enquiries

During the 'Respond' phase of the pandemic safeguarding site visits have been reduced to only those situations of extreme high risk.

Data evidences that the volume of safeguarding alerts has decreased and in the period March to May 2020 safeguarding alerts are approximately 30% less than during the same period in 2019. This is believed to be a direct result of the lockdown with fewer professionals and family/friends making visits to those who may be considered vulnerable living in care homes or their own homes in the community.

Conducting a section 42 enquiry without a home/site visit is challenging. Not being able to engage in face to face contact with an alleged victim regarding sensitive safeguarding issues and engage in safeguarding discussions to enhance their involvement, choice and control as required by 'Making Safeguarding Personal' is far from ideal.

1. Care Act Assessment/Review and Wellbeing

In cases where complex family relationships/dynamics exist the assessment and review process for individuals regarding their personal care needs requires professionals to develop trust in order to deliver effective therapeutic interventions. Without some degree of face to face contact the ability of professionals to carry out their role effectively in these circumstances is severely limited.

By way of example and of particular concern during this pandemic is in relation to individuals known to be at risk from self-neglect and/or hoarding behaviours. This is a complex area of work in usual times, and whilst revised Covid-19 self-neglect guidance has been available, an ability to develop trusting relationships and encourage individuals to accept support has been undermined by a lack of regular visits. The implications are not fully known but it is likely that self-neglect and hoarding risks for these individuals may well have increased and their health and wellbeing further compromised.

The Deprivation of Liberties (DOLS) team assessors have not been carrying out face to face consultations in care homes or hospitals during lockdown. DOLS assessments have been undertaken using a combination of care records and telephone/skype consultations. The assessment process has been hampered by care homes either not sending electronic records or being very slow to do so.

Mental Health Assessments (MHAs) have been carried out face to face as usual with appropriate PPE. It is reported that there has been a reduction in demand for MHAs since the start of lockdown.  One factor may be that psychiatrists were asked to try to reduce admissions, and also people who require informal admission have been warned that they have a greater risk of contracting COVID-19 in hospital.

1. Contractual management

On site Contractual management visits are currently suspended and similar to all services innovative solutions have been used but not without some difficulty.

Contractual on site visits enable professionals to have conversations with registered managers, service users and staff to obtain evidence and assurance that contractual quality standards are being met and demonstrated in service delivery.

A recent example where a contractual visit is now needed involves a Care Home where a contract suspension on new resident placements has been in place since September 2019, occupancy has significantly reduced since that time and currently there are 9 vacancies. The Care provider is concerned about the financial viability of the service, has requested that the suspension is lifted and has submitted completed action plans. Before the suspension can be removed and due diligence undertaken a site visit is necessary to obtain assurance that the written submission from the Provider can be seen in service delivery and residents are receiving a safe and quality service.

1. Provider Recovery

Providers who are in the Recovery phase of the pandemic require a range of practical advice and support to aid recovery. This includes promoting high standards of IPC measures to reduce re-infection, working with providers who may be challenged by environmental limitations where cohorting is difficult and/or working with individuals who because of cognitive impairment are unable to understand the need for social distancing etc. Physical visits will enhance the ability of professionals to provide practical and pragmatic advice on the ground.

**Proposed Arrangements**

As part of the move into the Recovery phase of the pandemic Adult Social Care Services will now begin to increase the number of site and community visits where it is appropriate and safe to do so.

The operating arrangements below set out how site visits will be undertaken to ensure statutory requirements and quality standards will be met, taking all necessary and appropriate precautions to reduce the risk of infection spread.

 *Principles / Standard Operating Procedures*

1. On site assurance from a visiting professional from another team or agency will be utilised in the first instance.

2. Collaboration with internal teams and multi- agency professionals including CCGs, GPs, DNs, CQC, and District Council etc. to harness intelligence and obtain a holistic picture and inform next steps will underpin these arrangements.

3. Where the required outcomes can be achieved utilising technology solutions (skype MDT meetings, GP remote ward rounds, face time interviews with residents etc.) these methods will continue be utilised.

4. Utilising a risk matrix tool, if a risk assessment of the information & intelligence identifies a visit is required the most appropriate professional from the virtual MDT will be identified to undertake an on-site visit. If an agreement cannot be reached individuals should escalate within their own line management structure for advice, guidance and a way forward.

5. Officers undertaking on-site visits will adhere to strict infection prevention and control measures to reduce the spread of the infection including social distancing, hand hygiene and use of PPE as appropriate.

6. Any on site-visits will be pre-arranged in consultation with the Care Homes/Service User in the community.

7. Any Officer making an on-site visit will have received an individual risk assessment and this will be reviewed routinely.

8. On the day of the visit to a Care Home a telephone call will be made by the visiting Officer to check the status of the Care Home.

9. On the day of a visit to a Service User in a community setting assume that the person is symptomatic and adopt appropriate IPC practice including social distancing, hand hygiene and use of PPE (see below).

10. Each safeguarding community team will identify a nominated social worker(s) to undertake section 42 enquiries in 'Hot Sites'.

11. Safeguarding social workers assigned to visiting Hot Sites will not make on site visits to Cold Homes or those living in the community who are shielding or asymptomatic.

12. Safeguarding social workers assigned to making on-site visits to Hot Sites will undertake a risk assessment with the Care Home prior to visiting.

13. The Care Home will be asked to identify a room where safeguarding enquiries will be conducted and arrangements made for Care Home staff to escort individuals to the room, providing documents as required with social distancing measures in place.

14. Where social distancing is not possible Safeguarding social workers will utilise PPE and comply with safe donning and doffing practices (see below).

15. 'Routine' officer visits for the purpose of contract management, assurance, review, support and/or recovery will only be undertaken in 'Cold' Care Homes, following risk assessment of the information & intelligence to determine that an on-site is required.

16. A risk assessment will be undertaken with the Care Home in advance of the first on-site visit and reviewed routinely should subsequent visits be required

**Safe Visiting Practice**

* Risk assessment of the information & intelligence will inform if an on-site visit is required.
* Risk assessments should be undertaken prior to a visit to any care setting – (see Risk assessment template Appendix A)
* Obtain as much information as possible in advance of any visit
* Assume that service users are symptomatic
* Standard precautions include social distancing, hand washing, use of appropriate PPE, use of hand sanitiser, avoid touching surfaces, avoid touching your face
* Toilet / washroom facilities should not be used
* Use hand sanitizer prior to entry and upon exit
* Do not carry into any care setting items not needed for the purpose of the visit – e.g. handbag/ briefcase/ laptop
* Correct procedures for donning and doffing of PPE must be followed (Appendix B)
* Dispose of any PPE correctly – double bag and leave in the setting for 72 hours
* Any staff displaying symptoms should self-isolate and request a test