Adult Social Care Provider Webinar

Friday 13th November 2020

Lancashire County Council

Welcome and Introductions
(Ian Crabtree)

Welcome and introductions

Purpose of webinar: key messages and updates, both national and local

Reminders:

- Fortnightly webinar for providers on Fridays, 1-2/2.30 p.m.
- Provider portal: https://www.lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/

Today's Agenda

- **1-2.30pm**
  - Finance updates (ICF) - (Sarah Price)
  - Winter Plan update (Ian Crabtree)
  - People defined as clinically vulnerable - updated guidance (Ian Crabtree)
  - Testing updates (Ian Crabtree)
  - Infection Prevention Control Update (Tanya Shaw)
  - PPE recap (Ellen Smith)
  - The identification and management of deterioration using RESTORE 2 (Jane Mastin and Katie Whittle)
  - COVID Restrictions Task and Finish Group/MCA Guidance Updates (Cate Short)
  - Care Capacity Tracker Updates (including new NECS questions) - (Andrea Cox)
  - Day Services Policy (Ellen Smith)
  - Lancashire Temporary Staffing Agency (Ellen Smith)
  - Regular updates; national and local guidance, etc (Kieran Curran)

Finance Update

Sarah Price

Lancashire County Council

INFECTION CONTROL GRANT – SCHEDULE 3 (Monthly Reporting e-form)

- **ICF 2 now requires the County Council to submit monthly returns to the Department of Health & Social Care (DHSC) detailing how the grant is being utilised.**
- In turn the County Council requires this information from providers.
- Information required:
  - **How much has actually been spent to date and on what measures**
  - **How much is forecast to be spent by 2021**
- Confusion about how to complete the return and calculating the %'s to show against each measure
- ***PROPORTION OF ACTUAL SPEND***
  - In this column the %'s are calculated as: *amount spent on measure / actual spend to date*
- ***PROPORTION OF FORECAST SPEND***
  - In the column, the %'s are calculated as: forecast spend on measure / forecast total spend*
  - *This may be higher or lower than your grant allocation. If you forecast spending less than your full allocation any unutilised amount must be returned so that it can be reallocated or returned to the DHSC. If you forecast spending more than your grant allocations we regret that at the current time there is no additional grant funding available.

WORKED EXAMPLE

TOTAL GRANT ALLOCATION	£32,639.49
TOTAL SPENT TO DATE	£4,670.25
FORECAST TOTAL SPEND	£32,639.49

THESE NUMBERS ARE REQUIRED IN YOUR MONTHLY RETURN

MEASURE	Actual Spend	Proportion of Actual Spend	F'CAST SPEND	Proportion of Forecast Spend
Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so.	£2,500.00	53.5%	£3,500.00	10.7%
Limiting all staff movement between settings unless absolutely necessary.		0.0%		0.0%
Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents.	£1,000.00	21.4%	£22,000.00	67.4%
To support active recruitment of additional staff		0.0%	£639.49	2.0%
Steps to limit the use of public transport by members of staff.		0.0%		0.0%
Providing accommodation for staff.		0.0%		0.0%
Supporting safe visiting in care homes.	£1,170.25	25.1%	£6,500.00	19.9%
Ensuring that staff who need to attend work for the purposes of being		0.0%		0.0%
TOTAL	*£4,670.25*	*100.0%*	*£32,639.49*	*100.0%*

Numbers in these columns are all relative to how much you have actually spent to date. In the example above a total of £4,670 has been spent. Ratios are calculated relative to this number. E.g. of the £4,670 if you have spent £2,500 on paying staff their normal wages the calculation is 2500 / 4670.49 = 53.5%

Numbers in these columns are all relative to how much of the TOTAL grant you anticipate spending. It is assumed you will spend all of the grant so ratios are calculated relative to your total allocation**. E.g. of the £4,670 if you anticipate spending £22,000 capital adjustments to facilitate cohorting the calculation is 22000 / 32639.49 = 67.4%

***As the reporting gets closer to March 2021 your forecasts should become more accurate and you may or may not spend your full allocation. If you anticipate spending less than your full allocation, enter your forecast amount into the "FORECAST SPEND" box and the "Proportion" of forecast spend should be relative to this amount*

This is covered in the guidance.

Please direct any queries to Contract Management

contractmgmt.care@lancashire.gov.uk

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Adult Social Care Winter Plan (Ian Crabtree)

- Adult Social Care Winter Plan signed off by LCC Cabinet on 5th Nov
- Link will be added to provider portal

Adults with Down's syndrome now extremely clinically vulnerable (Ian Crabtree)

- Government has urged GPS to identify, contact and flag adults with Down's syndrome
- Ensure they receive a flu jab and annual health check if needed
- Please facilitate calls to GPs for people you support so best care can be identified

Testing Updates

Ian Crabtree

Supported Living and Extra Care Testing

- Providers should now have received communication on how to register on the national testing portal
- Registration is to enable test kits to be delivered for one single round of testing
- DHSC will use results to make decisions on future testing strategy for this group

BEFORE YOU START TESTING

- Attend Webinar if you haven't already : https://event.webcasts.com/starthere.jsp?ei=1380165&tp_key=dfecd07a9d
- Undertake training on how to swab. Providers will need to take responsibility for swabbing staff and service users: : https://www.youtube.com/watch?v=1lojcv37WzI and https://www.gov.uk/government/publications/covid-19-guidance-for-taking-swab-samples/how-to-use-the-self-swabbing-kit-for-a-combined-throat-and-nose-swab-video

Complete the competency assessment: available at www.genqa.org/carehomes

- Attend Infection Prevention and Control training (includes swabbing)

Infection Prevention and Control Training

- Open to all providers (will be emailed out today from contract management mailbox)

Day	Time	Access details	Contact
Monday (16th, 23rd and 30th November)	14.00 – 15.00	Microsoft teams	rebecca.potter10@nhs.net
Wednesday (recurs every week(	2.00-3.00pm	Telemedicine laptop or https://meet.medio.link/webapp/ **(MUST BE ACCESSED VIA GOOGLE CHROME) Access code: 512005**	alison.moore45@nhs.net
Thursday (recurs every week)	1.00-2.00pm	Microsoft Teams via the link here **Join Microsoft Teams Meeting**	alison.moore45@nhs.net
Friday (from 6th November onwards)	10.00- 11am	Microsoft Team	louise.carter12@nhs.net

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Lateral Flow Tests/Rapid testing

- Being piloted in 2 in-house day services
- Rolled out thereafter to wider in-house day services and independent sector day services
- No plans yet on whether this will be introduced into other adult social care settings such as care homes. Dependant on capacity.
- Visiting Professionals testing being co-ordinated and this is likely to be using lateral flow tests

COVID-19 vaccine

- Providers are starting to ask for details on the arrangements for roll out of the Covid-19 vaccine.
- Very important development and understandably, there will be a lot of logistics to plan.
- We will keep providers in the loop.
- Planning to do a specific webinar session when we have more detail.

IPC Updates

Tanya Shaw

IPC Update - Admissions

- Presently LCC are following the PHE guidance which states that you should not take admissions in the 28 day period from your last positive or symptomatic case if you are in an outbreak.
- However – during days 14-28, the IPC Team can undertake a risk assessment with you to enable an admission to be facilitated.

Admissions con't

- All people being discharged from a hospital and being admitted to a care setting should be tested 48 hours prior to the admission, and the result should be relayed to the care setting prior to the admission.
- If the result is not known at the point of discharge, this should not delay the discharge as the resident will be isolated for 14 days on admission to the home.

Admissions con't

- You may find that your resident has been swabbed many times whilst in hospital (whilst care homes follow the no swab for 90 day rule unless there are no symptoms).
- The swabs in hospital are generally for surveillance purposes and it is important that the first positive swab date is referred to for the start of the isolation date as we know that those positive can continue to show a positive result without being infectious.

LRF update

- LCC is following up on the issues raised at the last webinar where providers asked us to look at the deep clean/closed to admissions position
- This has been discussed at the ASC cell this week
- Should have a positive policy position on this soon

Testing – 90 days or 24 hours?

- If an asymptomatic resident tests positive during Pillar 2 Testing (Whole Home Testing), they should be isolated within their own room whilst the risk assessment is carried out and re-tested via Pillar 2 (care home swabs) within 24 hours.
- If this is positive again then the result is treated as a true positive and resident remains in isolation.

Testing con't

- If the resident remains asymptomatic and the repeat test result is negative and there is no other reason to suspect COVID-19 cases in the home, the resident can be treated as a negative case on the assumption that this result could be a false positive.
- In this case, the resident no longer requires isolation.

Testing con't

- Staff and residents that have previously tested positive and completed isolation should not re-join asymptomatic testing (Pillar 2/Whole Home Testing) for 90 days from their initial symptom onset (or test date if asymptomatic), unless they develop new possible COVID-19 symptoms.

Post Infection Reviews

- When you are out of your outbreak a Post Infection Review (PIR) form will be sent to you for completion.
- It is a process to help to identify any critical points and contributory factors leading to any infection or outbreak. This enables lessons to be learnt and make recommendations for improvement for everyone.

COVID 19 Fatigue

- It has been a long 9/10 months. We are all exhausted. We hear it when we make our phone calls to you.
- With exhaustion can come complacency.
- It is really important that we keep abreast of the current guidance and draw upon our IPC precautions to break that Chain of Infection.
- Our IPC Care Champions will know that we cover the Chain of Infection during every forum meeting.

COVID 19 Fatigue

- Appropriate donning and doffing of PPE, wearing PPE appropriately, in particular the wearing of masks appropriately. We still receive reports re care home not adhering to PPE guidance.
- Hand Hygiene and environmental cleanliness are key to break the Chain of Infection.
- It is worth reiterating this with your team.

Christmas!

- Will be different this year in terms of celebrating and decoration.
- Please only use decorations which can be cleaned during and before being put away or discarded.
- For example, tinsel is not able to be cleaned during the time it is displayed therefore we are not recommending that tinsel is used.

Christmas!

- Ornaments and baubles are acceptable providing they are on a cleaning schedule with audit.

PPE recap

Ellen Smith

Safeguarding and Best Practice around use of PPE

- GP/CSR and WL CCGs have drafted a guidance note re: safeguarding and best practice around use of PPE
- Includes:
  - best practice checklist
  - what happens when a safeguarding alert is made due to poor PPE compliance?
  - Useful resources
- Uploaded to the portal – link

Safeguarding and Best Practice around use of PPE

- Preventing service user harm during the Covid-19 pandemic is paramount and at the forefront of all Regulated Care services. Those in receipt of services should expect to be supported and cared for in a safe environment. Neglect through lack of adherence to PPE is considered within the Care Act as 'Organisational Abuse'. Services should ensure that interventions and support arrangements are in place to minimise the risk of abuse resulting from poor PPE use.
- There have been increasing trends as to poor PPE compliance across the Care Home sector and as such, we need to remain vigilant about PPE and the serious nature of Covid-19 into the 2nd wave.

Best practice checklist

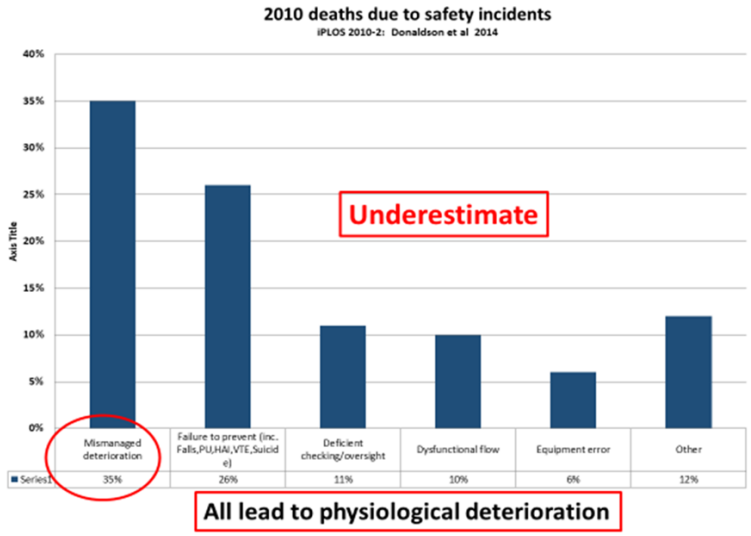
- Ensure your service has received available PPE training for trainers
- Ensure you have competent trainers within your service to deliver PPE training and guidance
- Consider use of Infection, Prevention & Control Champions
- Know your Public Health - Infection Prevention and Control support pathway InfectionPrevention@lancashire.gov.uk
- Ensure PPE supplies remain at acceptable levels and how to order further supplies https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment
- Audit your service around good PPE use and address unsafe practice
- Understand individual accountability when PPE guidance is not adhered to

The NHS Patient Safety Strategy: Introducing Restore2

Katie Whittle
Programme Manager – Patient Safety
Innovation Agency

Estimated annual cost of patient safety incidents in the NHS

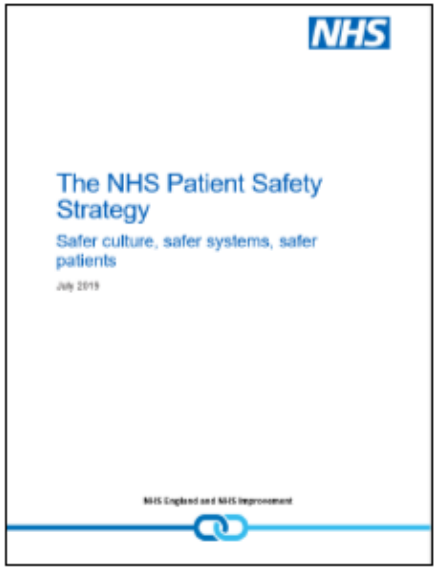
- 11, 000 Lives (Hogan et al 2015)
- £1 billion in extra treatment
- £2.2 billion in litigation

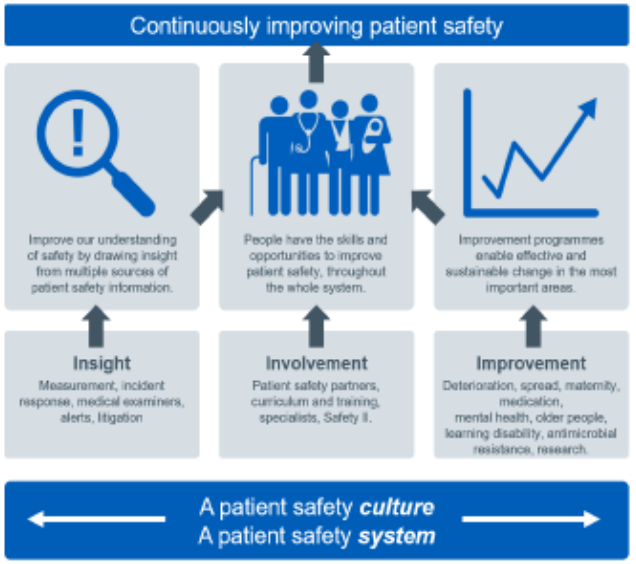


(NHS Improvement and NHS England, 2019)

The NHS Patient Safety Strategy

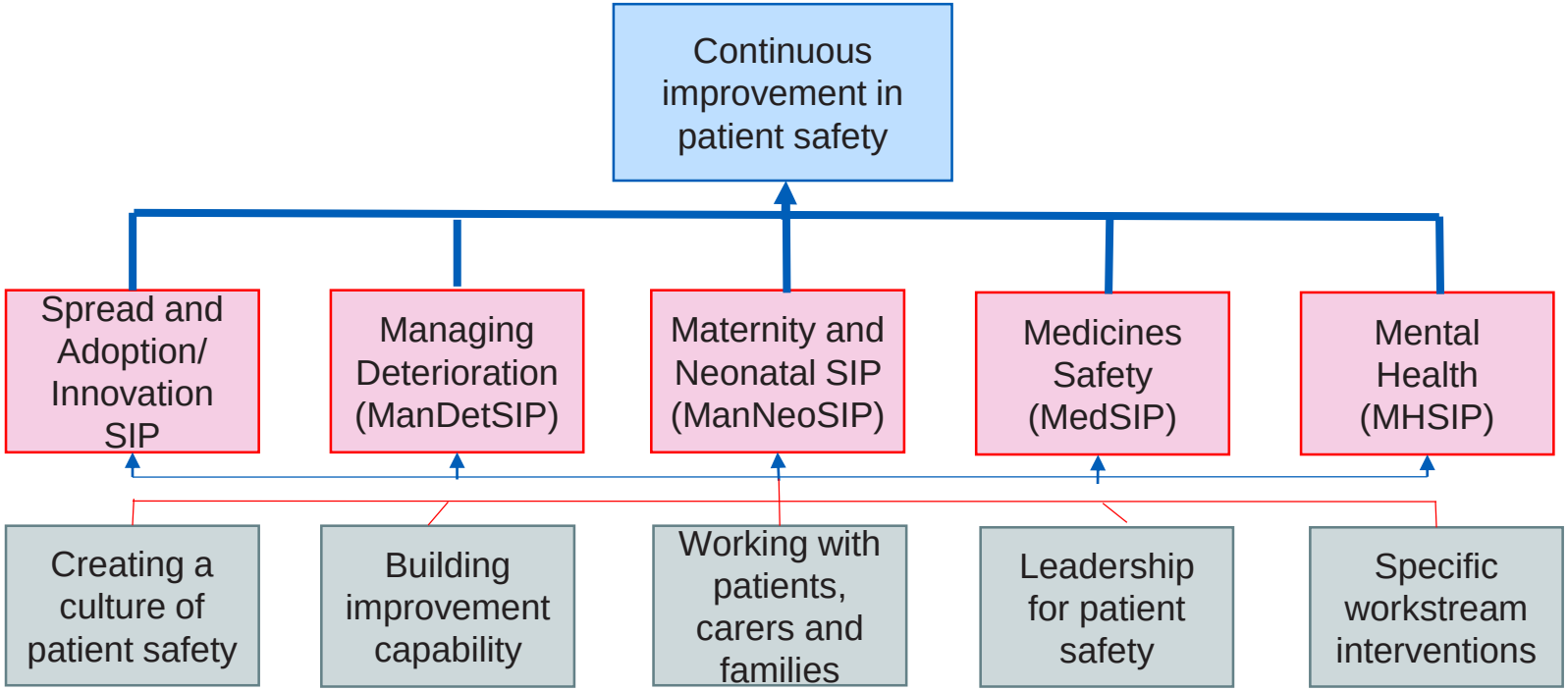
Launched 2 July 2019 – the NHS Patient Safety Strategy





Safer culture, Safer systems, Safer patients

National Patient Safety Improvement Programmes (NatPatSIP) 2020/21



Managing Deterioration Workstream

Aims:
(a) Reduce deterioration-associated harm in adults
(b) Increase the safety of patients/residents who are vulnerable to deterioration;
(c) Increase system co-ordination around deteriorating patients.

This will be achieved by building safe, reliable deterioration pathways for physically deteriorating adult patients across the four 'PIER' domains of the care pathway and will consider all causes of acute physical deterioration, and taking a system approach, will also consider the whole pathway followed by deteriorating patients.

Common language across the system

All acute hospitals and ambulance trusts in England have moved to NEWS2
Now have a significant opportunity to work across traditional boundaries and standardise the language of sickness across the whole NHS

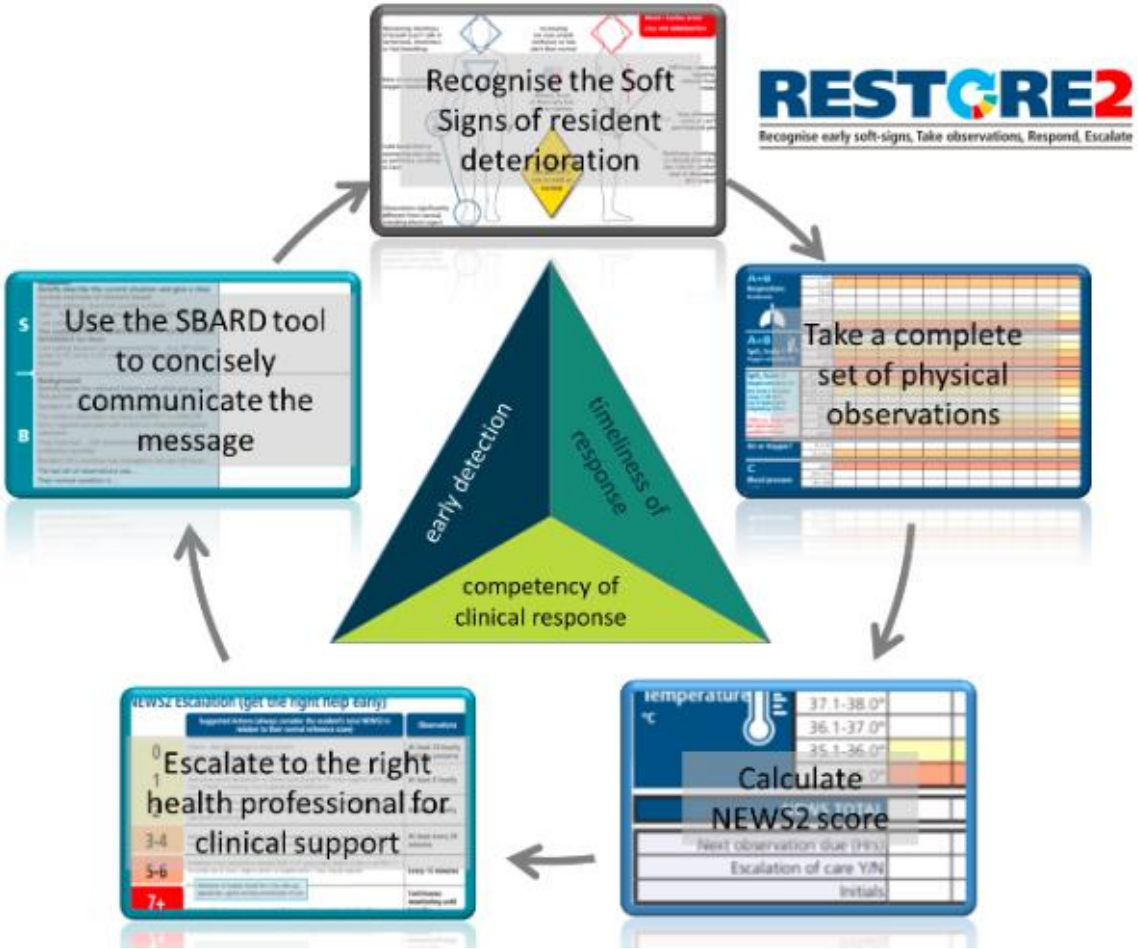
	Baseline NEWS	GP NEWS	Communication NEWS	Transportation NEWS	Arrival NEWS	Track/trigger NEWS	Baseline NEWS
2010	✗	✗	✗	✗	✗	✓	✗
2013	✗	✗	✗	✗	✓	✓	✗
2016	✗	✗	✗	✗	✓	✓	✗
2018	✓	✓	✓	✓	✓	✓	✓


What is
RESTORE2
Recognise early soft-signs, Take observations, Respond, Escalate

- **RESTORE2 is a physical deterioration and escalation tool for care/nursing homes**

- It is designed to support homes to:
  - Recognise when a resident may be deteriorating or at risk of physical deterioration
  - Act appropriately according to the residents care plan
  - Obtain a complete set of physical observations to inform escalation and conversations with health professionals
  - Speak with the most appropriate health professional in a timely way
  - Provide a concise escalation history to health professionals to support their professional decision making
  - Get staff and residents the right support in the right timescale

Introducing the RESTORE2 Deteriorating Resident Tool for Care and Nursing Homes



Recognition and endorsements

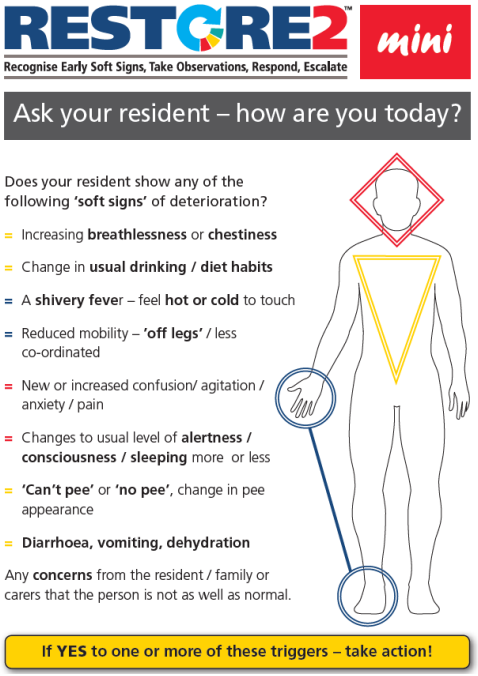
Guidance from the CQC, DHSC, NHSE and PHE (31/7/20) includes reference to RESTORE2™ in their Admission and care of residents in a care home during COVID-19.The guidance states that the NHS will be supporting care home professionals to use well evaluated tools such as RESTORE2™ and NEWS2, accompanied by support and access to specific equipment such as pulse oximeters, which can also help determine whether a resident is unwell and as a way of monitoring residents with symptoms.

The British Geriatrics Society have recommended the use of RESTORE2™ in their "COVID-19: Managing the COVID-19 pandemic in care homes" (BGS 25/3/2020) which states: "If taking vital signs, care homes should use the RESTORE2™ tool…" …"to recognise deterioration in residents, measure vital signs and communicate concerns to healthcare professionals."

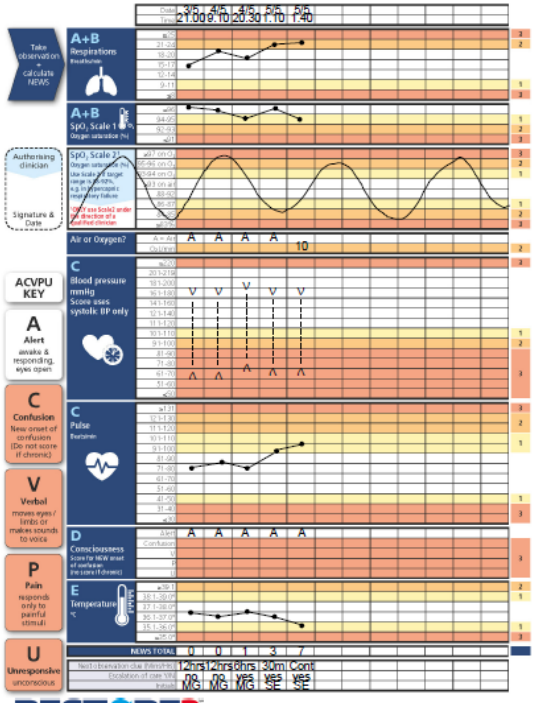
Learning Disabilities Mortality Review (LeDeR) programme have recommended that NEWS2, as used in tools such as RESTORE2™ , is adapted and then adopted as a means to capture baseline and soft signs of acute deterioration in physical health for people with learning disabilities by:• Involving people with learning disabilities, their families and professional organisations. • Disseminating for use across acute, primary and community settings.2019 Annual report of the English Learning Disabilities Mortality Review (LeDeR) programme (LeDeR 16/7/20)The report can also be downloaded from the resources zone on this webpage.

Identification

- **The expedient recognition of physical deterioration through the reliable monitoring, identification and assessment of all patients' conditions in all environments.**



- Be confident to measure a complete set of physical vital signs (observations) to inform escalation and conversations with health professionals.



RESTORE2™ mini

Recognise Early Soft Signs, Take Observations, Respond, Escalate

Ask your resident – how are you today?

Resident/ patient name:

NHS No. D.O.B.

Does your resident show any of the following **'soft signs'** of deterioration?

= Increasing **breathlessness**, **chestiness** or **cough/sputum**

= Change in **usual drinking / diet habits**

= A **shivery fever** – feel **hot or cold** to touch

= Reduced mobility – **'off legs'** / less co-ordinated or **muscle pain**

= New or increased confusion / agitation / anxiety / pain

= Changes to usual level of **alertness / consciousness / sleeping** more or less

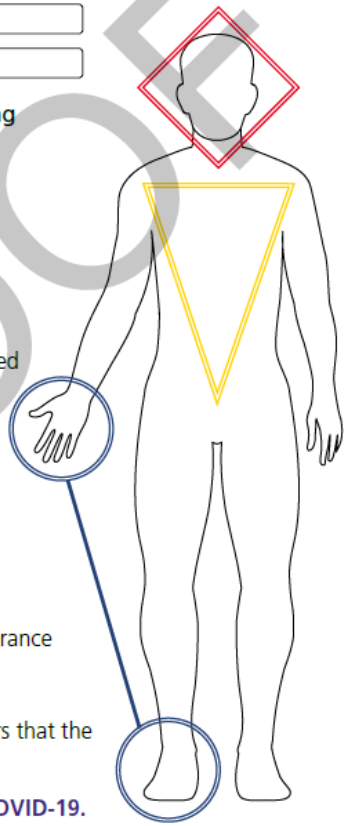
= **Extreme tiredness** or **dizziness**

= **'Can't pee'** or **'no pee'**, change in pee appearance

= **Diarrhoea, vomiting, dehydration**

Any **concerns** from the resident / family or carers that the person is not as well as normal.

If purple signs are present, think possible COVID-19.



If YES to one or more of these triggers – take action!

RESTORE2

Recognise Early Soft Signs, Take Observations, Respond, Escalate

NHS

Adult Physiological Observation & Escalation Chart

Full Name:

NHS No.

DOB: Room No.

Does Your Resident Have Soft Signs of Possible Deterioration

Worse than normal lethargy or withdrawal or anxiety/agitation/ apprehension or not themselves

NEW ONSET OF:

Stroke (facial / arm weakness, speech problems)

Central Chest Pain / Heart Attack / Cardiac arrest

CALL 999 IMMEDIATELY

Worsening shortness of breath (can't talk in sentences), chestiness or fast breathing, cough/sputum

Increasing (or new onset) confusion or less alert than normal

Extreme tiredness or dizziness

Off food, reduced appetite, reduced fluid intake

New or increasing oxygen requirement

Shivery, fever or feels very hot, cold or clammy

New offensive/ smelly urine or can't pee/reduced pee/reduced catheter output

Diarrhoea, vomiting or dehydration (dry lips, mouth, sunken eyes, decreased skin tone)

Cold hands/feet or worsening skin colour or puffiness, mottling or rash

Any concern from the resident, family or carers that the person is not as well as normal

Resident specific soft-signs

e.g. changes to sleep patterns, not interested in usual/specific activities

Observations significantly different from normal, including blood sugars

Increased or new onset pain

Can't walk or 'off legs', less mobile/ co ordinated or muscle pain

If you answer YES to any of these triggers, your resident is at risk of deterioration.
If purple signs are present, think possible COVID-19

RECOGNISE SOFT SIGNS OF POSSIBLE DETERIORATION → **TAKE COMPLETE SET OF OBSERVATIONS AND CALCULATE NEWS** → **ESCALATE USING ESCALATION TOOL AND SBARD COMMUNICATION**

Recognising Deterioration with NEWS2

Validated tool that uses physiological measurements ('vital signs') to generate a score. Measurements include:

- Respiration Rate
- Oxygen Saturation
- Temperature
- Systolic Blood Pressure
- Heart Rate
- Level of Consciousness

- NEWS can be used for:
  - Initial assessment of the severity of acute-illness
  - As a track-and-trigger to identify clinical deterioration and response

Escalation

- **The reliable communication of deterioration using a ‘common language’ recognised across the NHS with high quality, structured communication.**

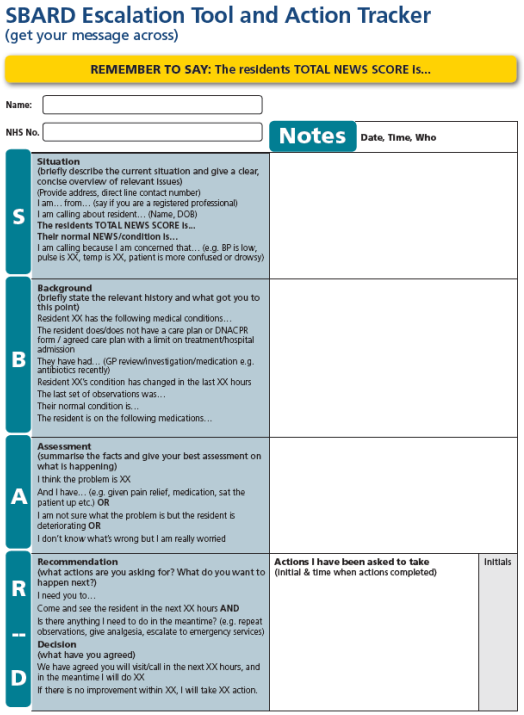
Scored 0-3 where:
0= normal
3= extremely abnormal

Scores totalled to give a score 0-20

The higher the score, the higher the chance of death.
A score of 0 has 0.5% mortality

NEWS	Mortality/ICU
<5	8%
≥5	23%
≥7	27%
≥9	35%

Physiological parameter	Score 3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	



SBARD Escalation Tool and Action Tracker
(get your message across)

REMEMBER TO SAY: The residents TOTAL NEWS SCORE Is...

Name:

NHS No.

Notes Date, Time, Who

S
Situation
(briefly describe the current situation and give a clear, concise overview of relevant issues)
(Provide address, direct line contact number)
I am… from… (say if you are a registered professional)
I am calling about resident… (Name, DOB)
The residents TOTAL NEWS SCORE Is...
Their normal NEWS/condition Is…
I am calling because I am concerned that… (e.g. BP is low; pulse is XX, temp is XX, patient is more confused or drowsy)

B
Background
(briefly state the relevant history and what got you to this point)
Resident XX has the following medical conditions…
The resident does/does not have a care plan or DNACPR form / agreed care plan with a limit on treatment/hospital admission
They have had… (GP review/investigation/medication e.g. antibiotics recently)
Resident XX's condition has changed in the last XX hours
The last set of observations was…
Their normal condition is…
The resident is on the following medications…

A
Assessment
(summarise the facts and give your best assessment on what is happening)
I think the problem is XX
And I have… (e.g. given pain relief, medication, sat the patient up etc.) **OR**
I am not sure what the problem is but the resident is deteriorating **OR**
I don't know what's wrong but I am really worried

R -- D
Recommendation
(what actions are you asking for? What do you want to happen next?)
I need you to…
Come and see the resident in the next XX hours **AND**
Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services)
Decision
(what have you agreed)
We have agreed you will visit/call in the next XX hours, and in the meantime I will do XX
If there is no improvement within XX, I will take XX action.

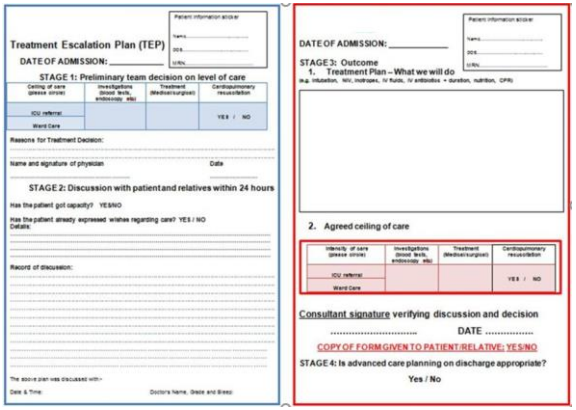
Actions I have been asked to take
(initial & time when actions completed)

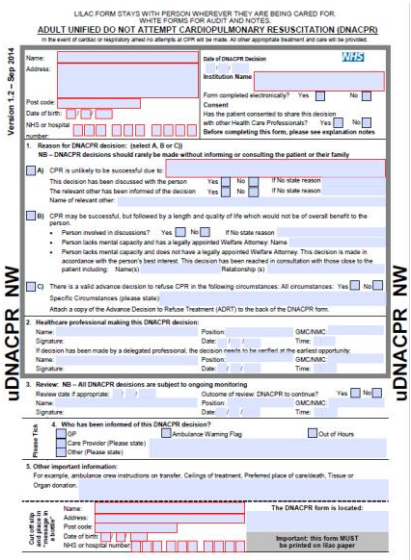
Initials

Response

- **Timely actions taken to respond, including review by appropriately senior clinicians and reliable activation of clinical interventions including acute or end of life treatment appropriate to the patient and setting.**

		Suggested Actions (always consider the resident's total NEWS2 in relation to their normal reference score)	Observations
0		Observe – likely stable enough to remain at home Escalate if any clinical concerns / gut feeling	**At least 12 hourly until no concerns**
1		Immediate senior staff review, escalate if concerned. Repeat observations within 6 hours. If next observations remain elevated with no obvious cause arrange for GP review suggested within 24 hours. If NEWS is worsening, move to appropriate escalation point.	**At least 6 hourly**
2		Immediate senior staff review, if no improvement in NEWS (or the same) **within 2 hours**, seek GP telephone assessment within 2 hours +/- GP review within 6 hours. If NEWS is worsening, move to appropriate escalation point.	**At least 2 hourly**
3-4	Single Observation 3	Repeat observations within **30 minutes**. If **observations = NEWS +3 or more**, seek urgent GP telephone or face to face review within 2 hours. If NEWS is worsening, move to appropriate escalation point.	**At least every 30 minutes**
5-6		Immediate clinical review/advice required. Refer to GP using surgery bypass number or use NHS 111 to contact out of hours. Urgent transfer to hospital within 1 hour may be required.	**Every 15 minutes**
7+		Admission to hospital should be in line with any appropriate, agreed and documented plan of care. Blue light 999 call with transfer to hospital (15 minutes), follow guidance of call handler	**Continuous monitoring until transfer**





Benefits for residents and families

- Early recognition of deterioration or those as risk of deterioration
- Increased observation
- Early and appropriate management
- Improved communication
- Timely transfer to secondary care if appropriate
- End of Life care decisions to support a good death

Benefits for staff

It is designed to support homes and health professionals to:

- Recognise when a resident may be deteriorating or at risk of physical deterioration
- Act appropriately according to the residents care plan to protect and manage the resident
- Obtain a complete set of physical observations to inform escalation and conversations with health professionals
- Speak with the most appropriate health professional in a timely way to get the right support
- Provide a concise escalation history to health professionals to support their professional decision making.

It standardises the use of common language across the system, improves communication and has been shown to increase staff confidence, behaviours and engagement in other AHSNs has they have welcomed education and development opportunities

Supports Gold Standards Framework

- More residents being given the opportunity and tools to have a discussion about advance care planning and their wishes for future care
- Preferred place of care/death exploration and DNARCPR decisions which enables residents to die in their usual place of residence if this is their wish
- Reduce inappropriate and unnecessary transfers/admissions to secondary care and a reduction in 999 calls proactive escalation planning
- Improved working relationships between HCPs

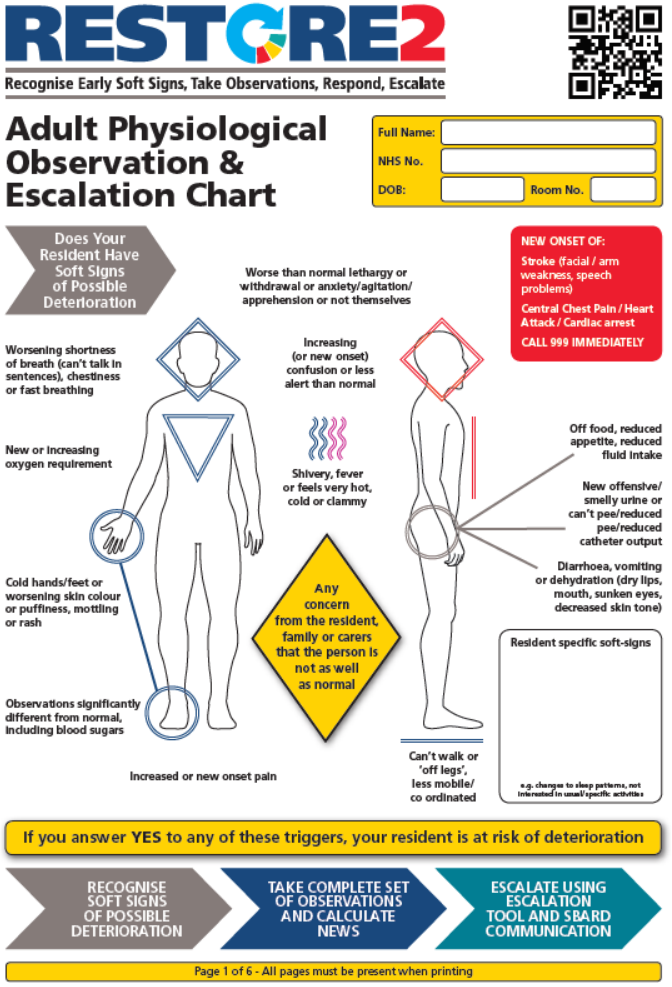
Benefits for care home and business

- Positive CQC feedback, potential boost to inspection ratings
- Sustained long-term changes in practices, standards and culture
- Increased staff retention, morale and job satisfaction
- Endorsement and recognition from NHS Patient Safety Strategy, NICE, CQC, DHSC, NHSE, LeDer, PHE and more

Supporting Implementation

Rosources

RESTORE2
Recognise early soft-signs, Take observations, Respond, Escalate



Optional Competency Statement

Individual competency assessment is not a mandatory part of the RESTORE2 process
but a suggested template is included as an example for anyone considering adopting this approach.

RESTORE2
Recognise early soft-signs, Take observations, Respond, Escalate

Name _____ **Job Title** _____

RESTORE2™ Competency Statement
The participant can demonstrate clinical knowledge (registered professionals) and skill (all staff) in the use of RESTORE2™, incorporating soft signs, NEWS2 and SBARD without direct supervision. Assessment of practice must be by a Registered Health Care Professional.

RESTORE2™ Competency Framework			
Competency Criteria **The participant will be able to:**	**Assessment method**	**Comments**	**Competence achieved (Assessor) Sign and Date**
1. Demonstrate knowledge and skill in the use of the RESTORE2™ and NEWS2 observation tools			
1a. Understand the normal presentation of their residents and the significance of treatment escalation plans / DNACPR orders (all staff), including knowledge of underlying conditions, individual risk factors (registered professionals)	Discussion		
1b. Identify possible early soft signs of deterioration in residents and understand the responsibility to escalate concerns accordingly (all staff)	Discussion and observation		
1c. Be aware of when it is appropriate to complete a set of vital signs and when it is appropriate to immediately escalate to the emergency services (all staff)	Discussion		
1d. Demonstrate ability to accurately perform a full set of vital signs (breathing rate, oxygen saturations, blood pressure, heart rate, ACVPU, temperature) (all staff) **(only complete if vital signs competency not done)**	Observation		
1e. Accurately document individual scores on the RESTORE2™ tool and add them up to get the correct total score (all staff)	Observation		
1f. Identify the immediate actions to be taken in response to the total NEWS2 in relation to what is normal for the resident using the RESTORE2™, including the frequency of next observations (all staff)	Observation and discussion		
1g. Identify an appropriate plan for on-going management of the deteriorating resident (registered professionals)	Observation and discussion		
2. Demonstrate knowledge and skill in the use of the SBARD escalation tool			
2a.Demonstrate when to use the SBARD tool (all staff)	Discussion		
2b. Explain the 5 stages of SBARD and what information should be communicated for each stage (all staff)	Discussion		
2c. Demonstrate accurate documentation of SBARD on the RESTORE2™ tool (all staff)	Observation		

Date NEWS 2 e-learning or Health Education England Deterioration/Sepsis modules completed
_____

Date Physical Assessment Competency Completed _____

I can confirm that the above named individual has completed the NEWS 2 e-learning or Health Education England Sepsis modules and has retained evidence of completion.

Assessor _____ Signature_____ Status _____ Date _____

I can confirm that the above named individual has completed a physical assessment competency document and is able to perform clinical observations to a satisfactory standard without supervision.

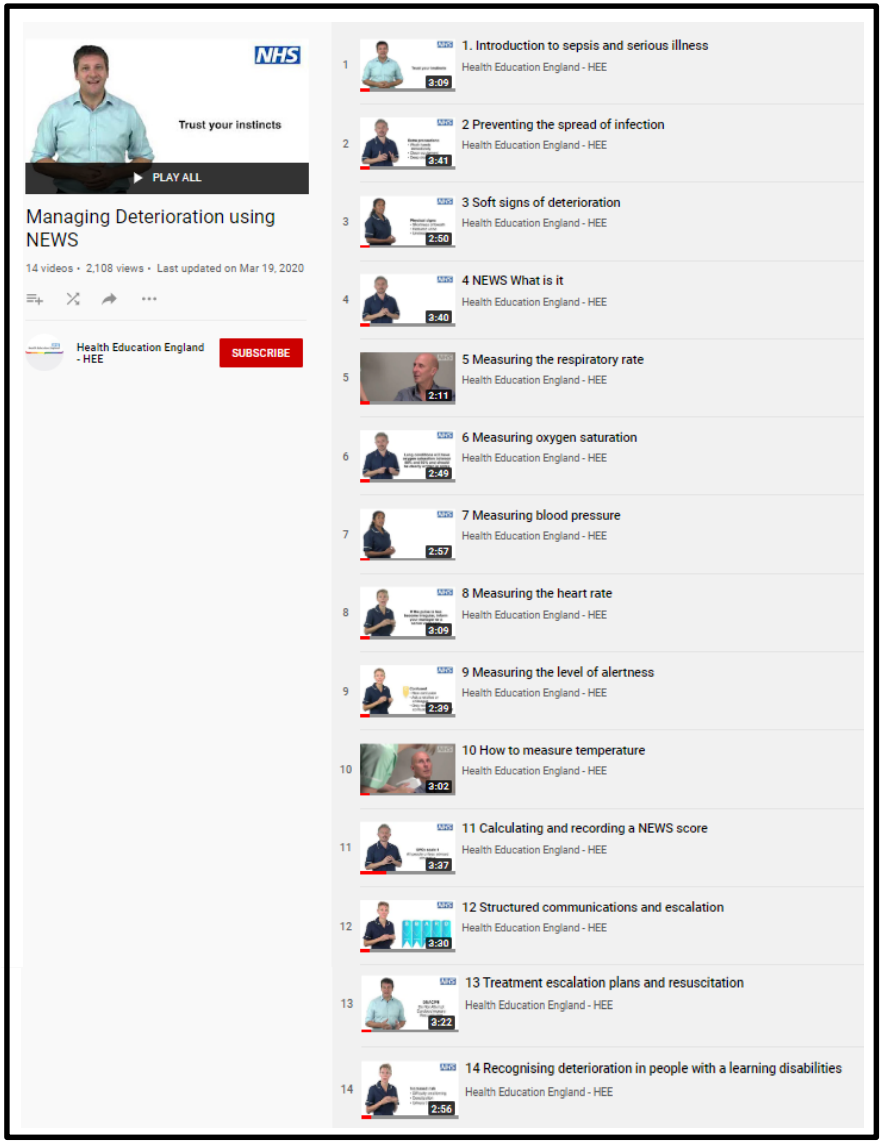
Assessor _____ Signature_____ Status _____ Date _____

I can confirm that the above named individual has completed the RESTORE2™ competency document and can verify that he/she is able to use RESTORE2™ safely and appropriately.

Assessor _____ Signature_____ Status _____ Date _____

6
CPD hours once completed

Additional Resources - Managing Deterioration Videos



Linking the Managing Deterioration Videos and RESTORE2

Spotting serious illness and sepsis
Some people are more at risk than others of becoming unwell very quickly and developing a serious illness such as sepsis. This is known as 'deterioration' and it is important that anyone who cares for individuals who are at risk of deterioration knows how to spot the signs, especially during the current COVID-19 outbreak.

Watch this film
- Introduction to sepsis and serious illness

Soft Signs and What's Normal
What to look out for when it is not appropriate to take measurements of a person's vital signs. The RESTORE2 mini tool is helpful in these situations.
A white paper from Geoff Cooper at Wessex AHSN looks at using soft signs to identify deterioration.

Watch these films
- Preventing the spread of infection
- Soft signs of deterioration
- Recognising deterioration with a learning disability

Take Observations
The National Early Warning Score is used by GPs, ambulance services and acute hospital trusts. RESTORE2 makes NEWS2 more accessible to care and nursing homes.

Watch these films
- NEWS: What is it?
- Measuring the respiratory rate
- Measuring oxygen saturation
- Measuring blood pressure
- Measuring the heart rate
- Measuring level of alertness
- How to measure temperature
- Calculating and recording a NEWS score

Escalate and Communicate
Effective communication is vital for safety critical messages between different healthcare staff

Watch these Films
- Structured communication and escalation
- Treatment escalation plans and resuscitation

Wessex AHSN and West of England AHSN have collaborated with West Hampshire CCG (RESTORE2) and Health Education England to produce a series of free videos and e-learning materials to support staff working in care homes to care for residents who are at risk of deterioration.
The full set of 14 Managing Deterioration Videos can be accessed via: https://wessexahsn.org.uk/projects/358/care-home-training-resources

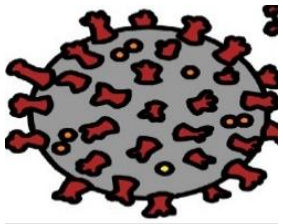
Safety Champions for Deterioration

Evidence Record & Resource File

By Katie Whittle, Programme Manager

Date: 23 September 2019

Lancashire County Council



Managing Restrictions under COVID -19 Task & Finish Group

Multiagency group informing local guidance and making recommendations to the LRF

Update 13th November

November Meeting dates

- **Main Task & Finish Group:** Thurs 19th Nov 2 pm
- **Work stream 3 Inpatient Services:** Mon 16th Nov 11am
  Finalising Hospitals visiting guidance
- **Work stream 1 People:** Mon 23rd Nov 10.30 am

If you want to be involved as a member or join a work stream please contact cate.short@lancashire.gov.uk

Work stream 2 -Supported living, domiciliary care & PAs Work stream **4 -Transitions**

<u>Draft Visiting Guidance for all for supported living houses and apartments</u> will be sent to providers. **Please send feedback and comments ASAP**

- Visiting in Supported Living is not supported by the Regulations in the same way as Care Homes *
- Urging the LRF to seek permission from Government to apply the same principles

* See Essex Chambers' Webinar ***Care and support for disabled and elderly people during 'Lockdown 2' in England – key legal considerations*** HERE

People who are clinically extremely vulnerable - 2 new groups

- **Chief Medical Officer** has identified two additional groups of people who should now be considered as **clinically extremely vulnerable to COVID-19:**

- **adults with stage 5 chronic kidney disease**

- **adults with Down's syndrome**

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0830-i-gp-update-update-clinically-extremely-vulnerable-2nov.pdf

- **GPs should urgently identify, contact and flag adults with Down's syndrome**, and may also want to take the **opportunity to ensure they receive a flu vaccine** and to schedule an **annual health check**

Cross Cutting Work stream

Framework for Recommendations to the Lancashire Resilience Forum (LRF) on guidance to support vulnerable adults to access the community under COVID-19 restrictions

Still need please ..

- Examples of strategies for supporting people who may not stick to COVID guidance
- Any good practice case scenarios

Work stream 5 Residential care

Recommendations to the Lancashire Resilience Forum (LRF) on Visiting Guidance for Care Homes

- Date for interactive session with wider provider network TBC
- Sample risk matrix to be made available

Visits to Care Homes lawful

The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020

Exceptions in relation to gatherings

(10) Exception 7 is that the person concerned ("P") is— …

(b)visiting a person ("V") receiving treatment in a hospital or staying in a hospice or care home, or accompanying V to a medical appointment and P is—

(i)a member of V's household,

(ii)a close family member of V, or

(iii)a friend of V.

MCA Updates

- On 11 November, the National Mental Capacity Forum held its fifth 'Rapid Response' webinar.
- The focus was on the challenges of applying the Mental Capacity Act on the front line of the pandemic.
- The meeting was chaired by Baroness Ilora Finlay, & hosted by the Autonomy Project, University of Essex. A recording of this and previous Webinars can be found at https://www.scie.org.uk/mca/directory/forum/covid-webinars/messy-reality-of-covid

MCA Forum 5th Webinar - Key issues

- **DNACPR** (Do Not Attempt Cardiopulmonary Resuscitation)
  - Terms DNR and DNAR are UNLAWFUL
  - Individualised consultation should take place
  - DNACPR should never be based on an assumption about quality of the person's life (age, disability)
  - Alex Ruck –Keane Shedinar DNACPR decision-making https://www.mentalcapacitylawandpolicy.org.uk/dnacpr-and-advance-care-planning-getting-it-right/
- **Balancing MCA/ COVID regulations/ visiting**
- **Consent / MCA best interests**

DHSC Government guidance
MCA & DOLS & COVID
Updated 11 November 2020

- **Coronavirus (COVID-19): looking after people who lack mental capacity**
  - Guidance for health and social care staff who are caring for, or treating, a person who lacks the relevant mental capacity.

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

- **Feedback or questions about the guidance please email** lps.cop@dhsc.gov.uk

DHSC MCA & DOLS guidance
Key changes – in particular but not only

- **Face-to-face visits by professionals e.g. for DoLS assessments, can occur if needed,** e.g. to meet the person's specific communication needs, in urgent cases or if there are concerns about the person's human rights.
- **Decisions around visiting are operational decisions and ultimately for the providers and managers of individual care homes** and hospitals to make. DoLS professionals should work closely with hospitals and care homes to decide if visiting in person is appropriate, and how to do this safely.
- **IMCAs and RPRs - similar points on visiting**, including for unpaid RPRs.

DOLS applications

- Any **questions about DOLS** process
- If you are aware that a **DOLS application needs to be progressed urgently**

Please contact the DOLS Team

DOLS.BIA@lancashire.gov.uk

Tel 01772535444

Care Capacity Tracker – Provider Feedback

Andrea Cox
Commissioning Manager
Policy, Information and Commissioning

Lancashire County Council

The Tracker

- Set up in April 2020 in response to the pandemic using the existing oracle system.
- Facilitated daily contact through the tracker calls using LCC staff who's services were no longer operating due to the lockdown restrictions.
- Provided a mechanism to alert LCC on the Key Issues – PPE, Food Supplies, Equipment, Transport, Medicine and staffing.
- Provided a clear route of support and guidance through the establishment of Pathways in relation to the key issues.

The Tracker

- Continues to facilitate daily contact through the tracker calls, this is now undertaken by our Customer Access Service
- Continues to provide a mechanism for LCC to be alerted on key issues – PPE, Outbreak support, Infection Protection and Control guidance
- Established new pathways in response to the local and national position to support and offer guidance on the key issues.
- Allows LCC and partners to have an overview of the response to the pandemic
- Feeds into the National NECS Care Capacity Tracker, unlocking Funding as appropriate

The Questions

- The original set of questions were developed to capture the information that was needed to alert LCC to a provider that needed support.

- Those questions have evolved and continue to reflect the current situation, influenced by:
  - Internal teams who access data
  - Partner organisations who use the date alongside other data sets to form decisions
  - Providers who have given feedback on the relevance of the questions
  - Funding opportunities that are linked to the regular updating of the National Capacity Tracker

New Tracker Questions

The changes went live in the NECS system on Monday.

The current timeframe for changes to our questions will go live on Friday 20th November.

These changes will result in the rewording 5 of the existing questions, the removal of 6 questions no longer relevant and the addition of 12 new questions, creating a set of 17 questions.

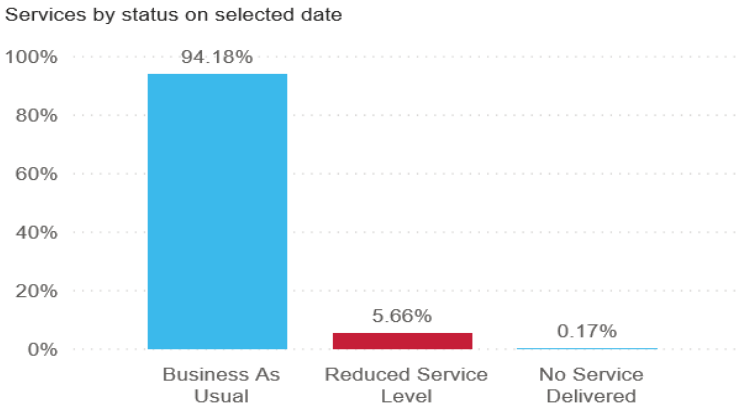
Of the 17, 14 will be updated weekly and the remaining 3 will need updating monthly

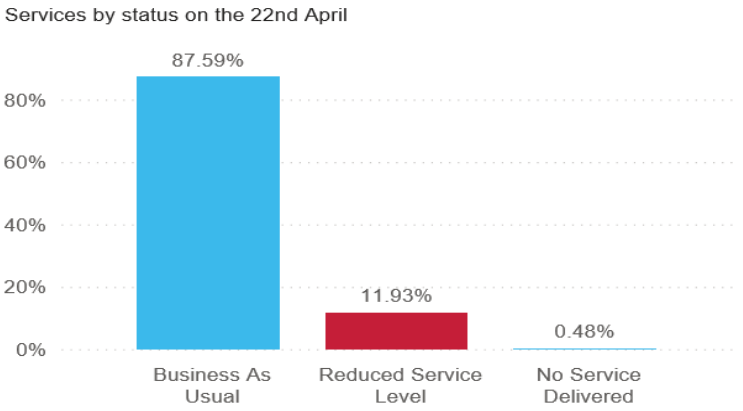
The main themes are:

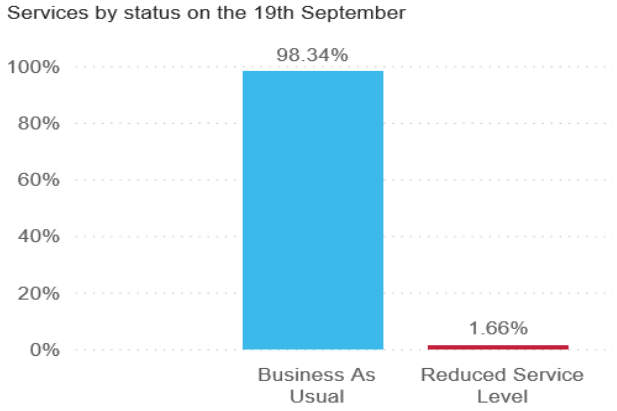
- **Limiting the use of public transport by members of staff**
- **Staff choosing to stay separately from their families**
- **Residents receiving visitors**
- **Regular weekly testing of staff for COVID-19**

Please note that some of the question may need you to have particular figures to hand, for example how many of you staff have had a test in the last 7 days and how many have not.

Current Status







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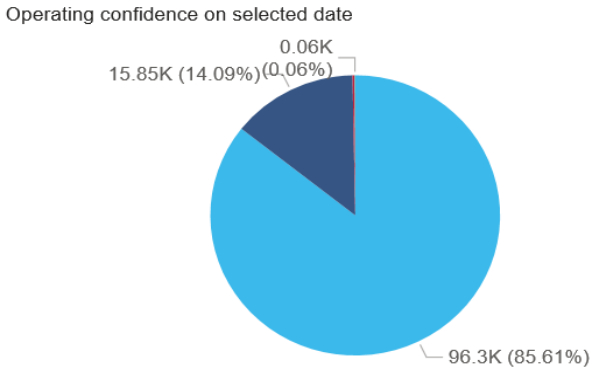
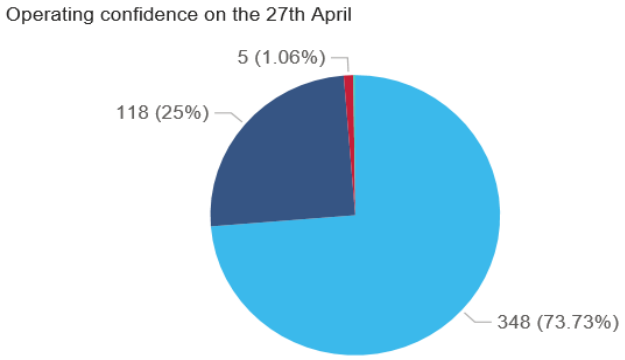
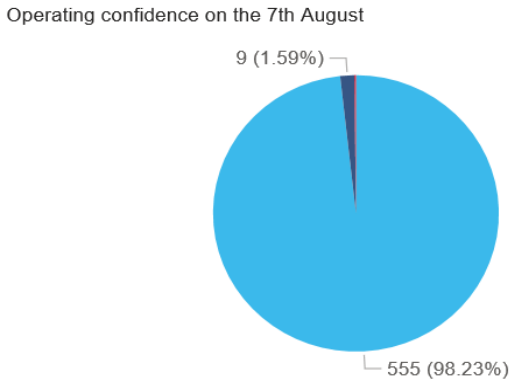
Confidence to operate for the next 7 days







Operating Confidence Level

Green (1) – Extremely Not Confident

Red (2) – Not Confident

Dark Blue (3) – Confident

Light Blue (4) – Very Confident

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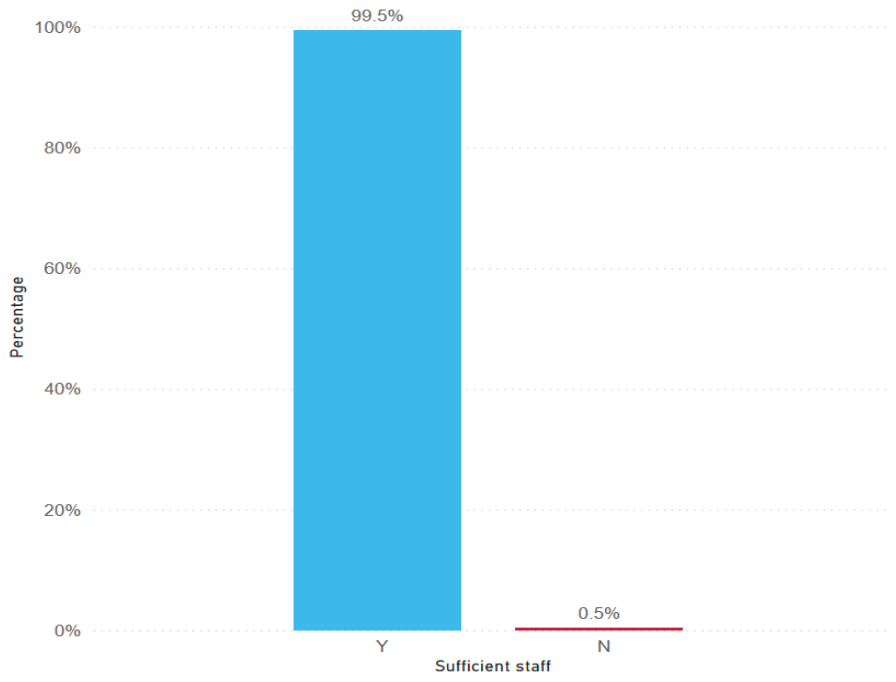
Do you have enough staff to operate today?



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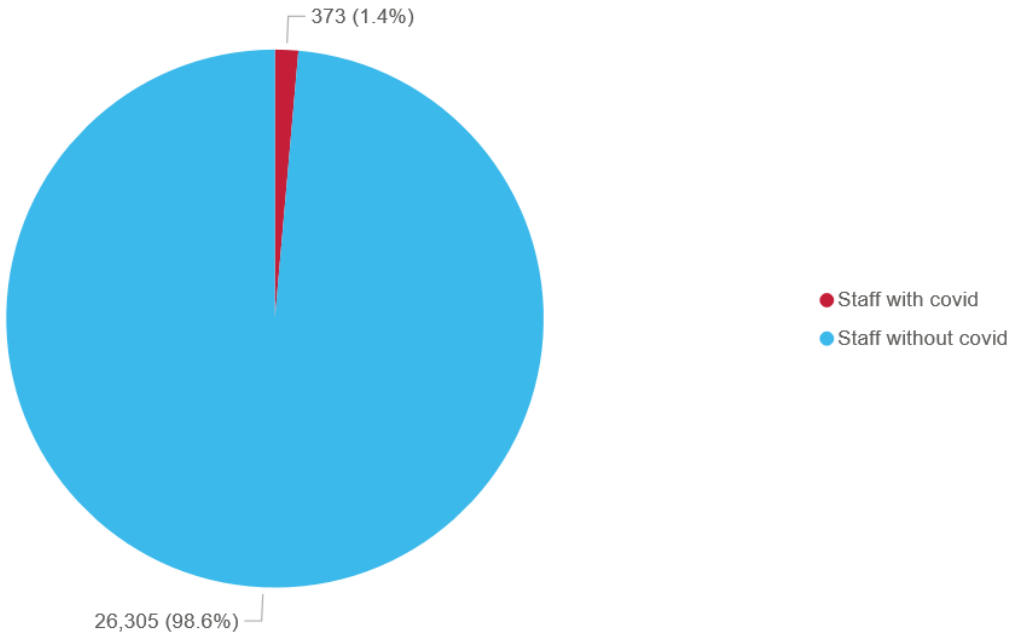
Total number of staff across all providers with COVID19 on 11th November 2020



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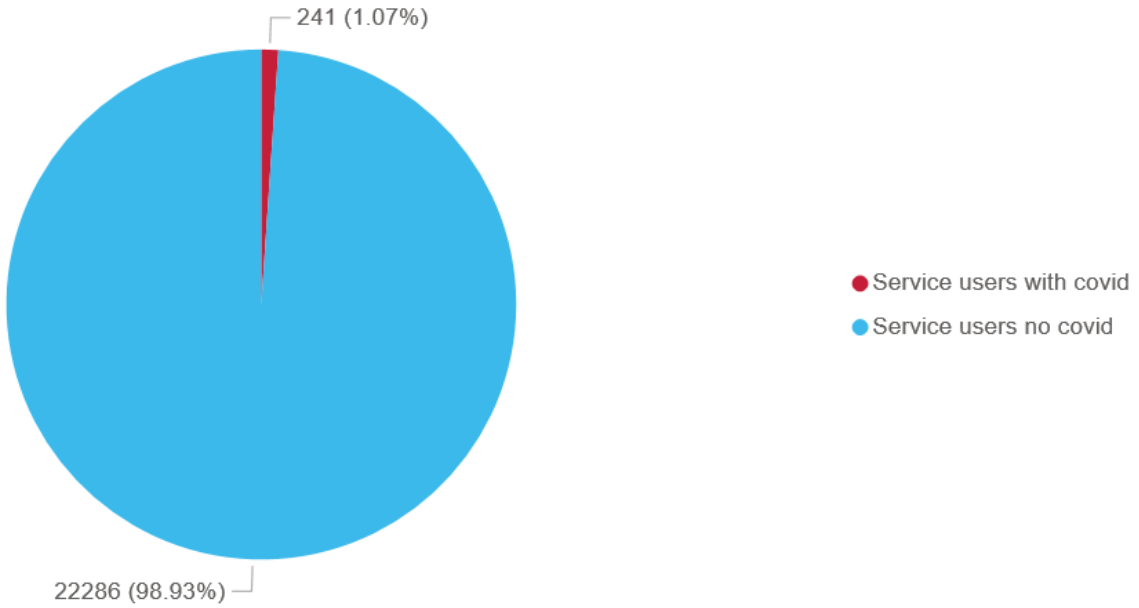
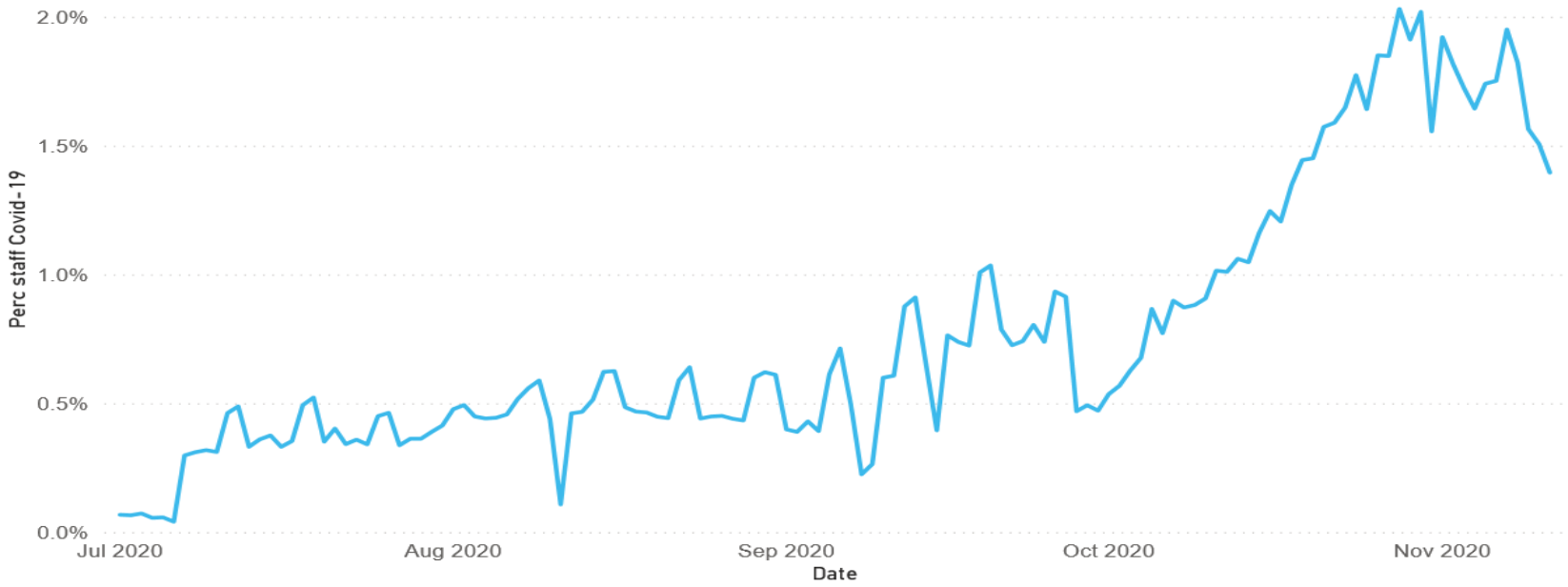
Total number of service users across all providers with COVID19 on 11th November 2020



Percentage of staff with COVID19 since July to date



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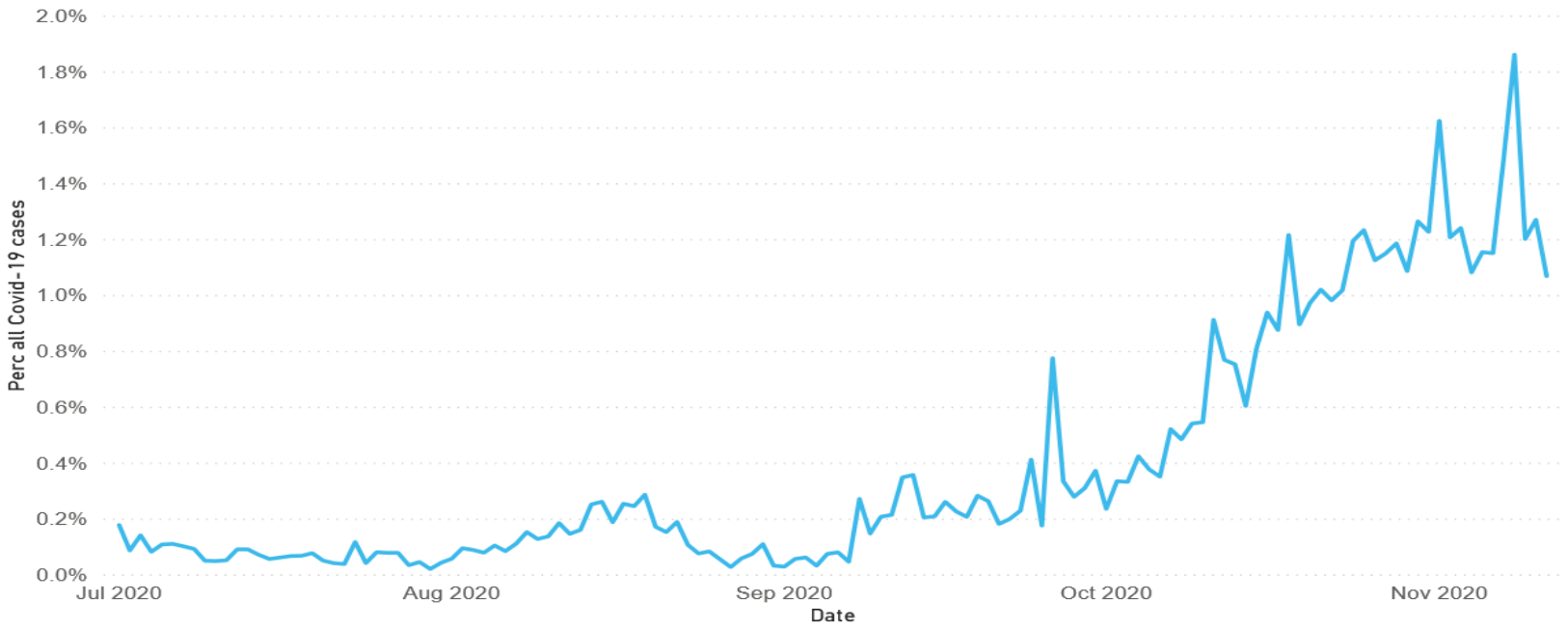
Percentage of service users with COVID19 since July to date



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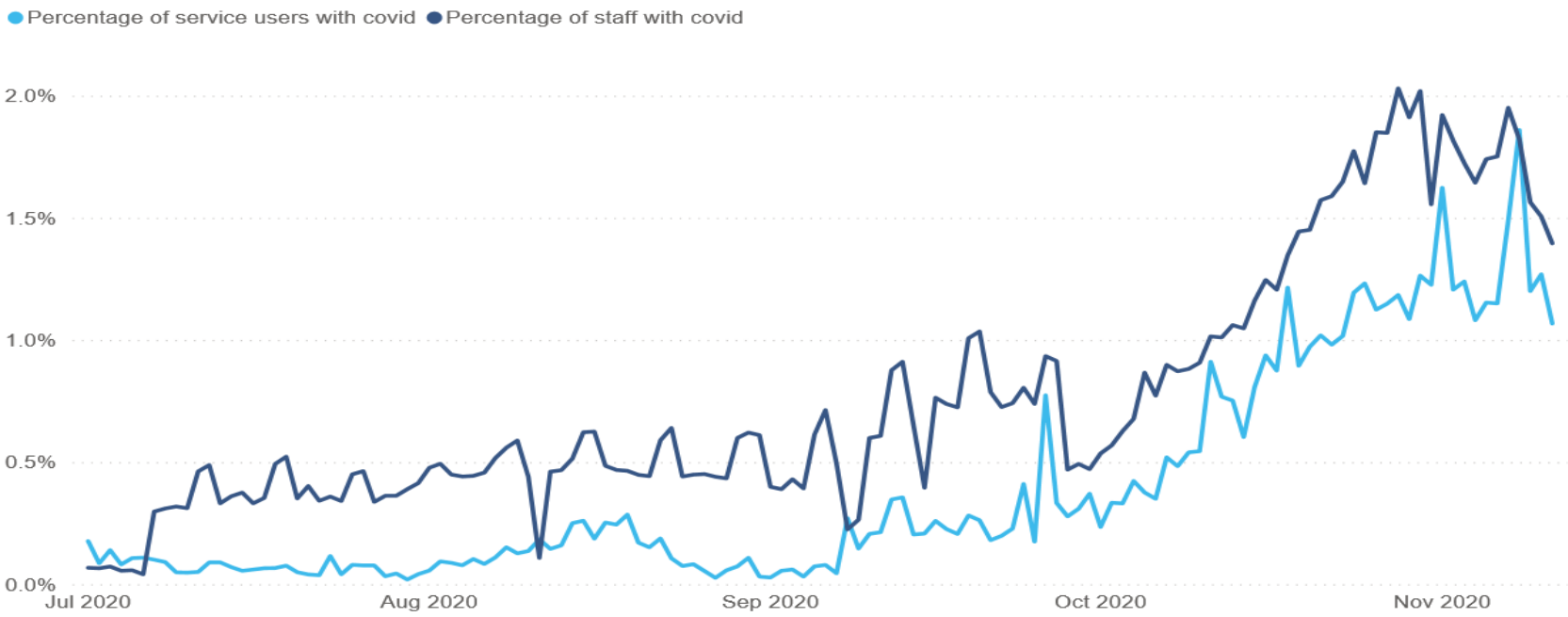
Percentage of staff and service users with COVID19 since July to date



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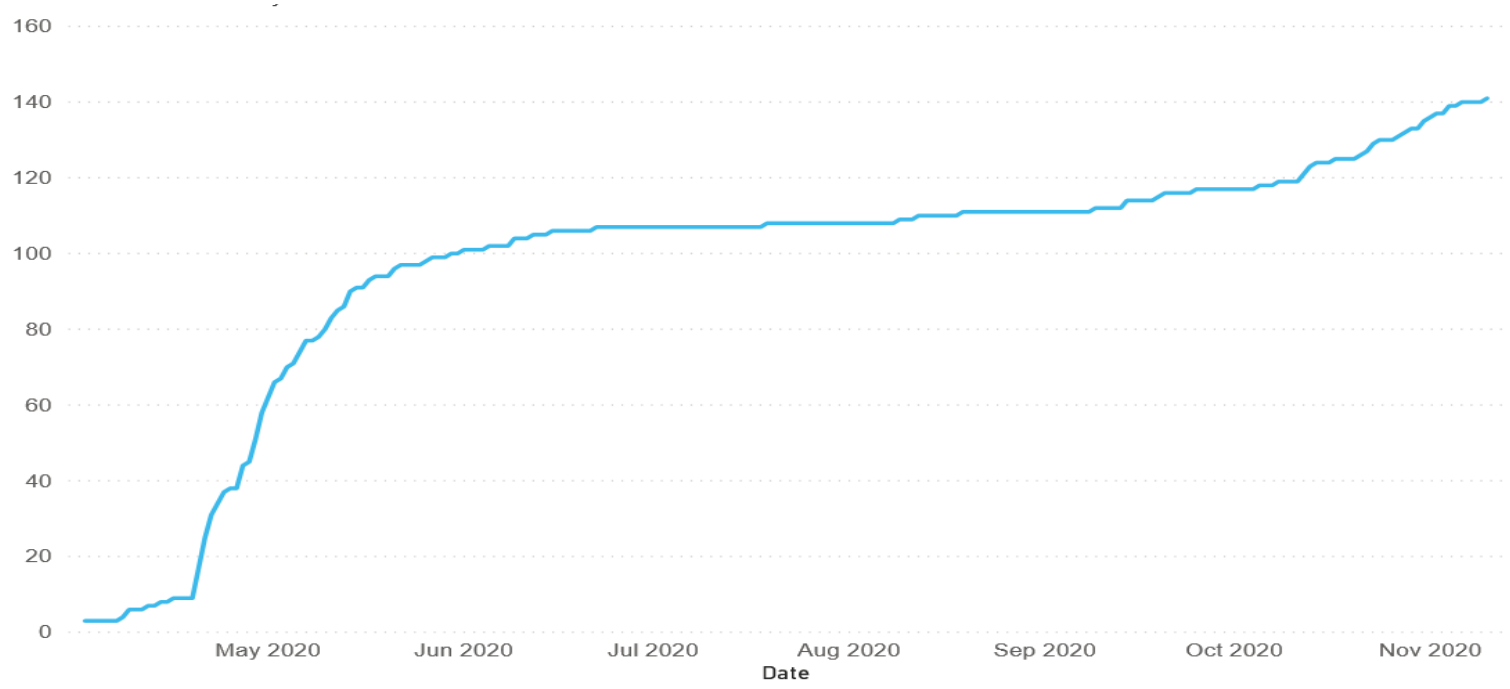
A cumulative total showing providers that have had at least one COVID19 death during the pandemic



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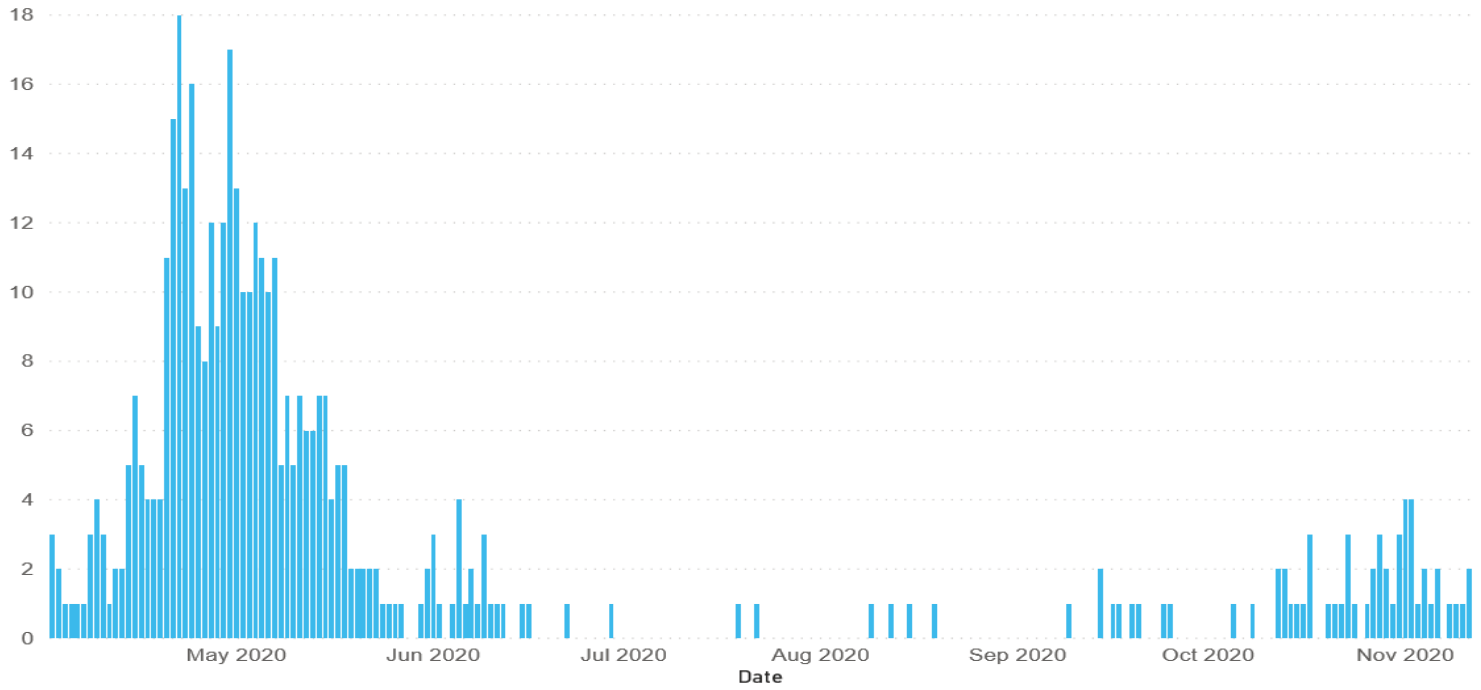
The number of providers that have had at least one COVID19 death on any given day during the pandemic



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Thank you for your time

Please give your feedback in the 'chat'about:

- How useful this information was
- How often you would want to see this type of information
- In what format – monthly newsletter?
- What other information would you want to see

Lancashire County Council

LTSA update

Ellen Smith

Lancs Temp Staffing Agency (LTSA) Update

- 150 staff on the LTSA books
  - 20+ on shadowing placements
  - 60+ on assignment
- Recruitment campaign refreshed w/c 2nd Nov
- Encouraging providers to offer work shadowing placements; remit extending beyond residential, to also include homecare and supported living, as increasing demand for additional temp resource in these areas
- Please contact LTSA@lancashire.gov.uk if you're able to offer a shadowing opportunity

Number of applications for care roles received since relaunching the recruitment campaign on 4th Nov

	TOTALS
Any Care role	33
Care - Residential (personal & non-personal care)	24
Community Care Assistant	10
Catering	9
Catering & Cleaning	8
Cleaning	7

Areas where applicants live

	TOTALS
East (e.g. Blackburn, Burnley, Darwen, Accrington)	29
North (e.g. Morecambe, Lancaster)	6
Central (e.g. Preston, Chorley, Leyland)	18
Fylde & Wyre (e.g. Lytham, Thornton)	4
West Lancs (e.g. Burscough, Ormskirk, Southport)	0
Unknown	10

Day Services and Short Breaks Policy

- Reminder of the updated Day Services and Short Breaks policy statement, signed off by the LRF Adult Social Care Cell - link

Local and national policy, resources and events

Kieran Curran

Lancashire County Council

New National Guidance: Support Bubbles

- Making a childcare bubble with another household – how to arrange informal childcare for children aged 13 or under from friends and family you do not live with. *Added 6 November*
- Making a support bubble with another household – includes a definition of 'what a support bubble is' and information on childcare bubbles and forming or maintaining a support bubble if you are clinically extremely vulnerable. *Added 6 November*

Updated Guidance: Lockdown 2

- Getting support outside of your home
- Coronavirus (COVID-19): Social distancing
- COVID-19: supporting adults with learning disabilities and autistic adults
- COVID-19: providing unpaid care to adults with learning disabilities and autistic adults
- Making and registering an LPA during the coronavirus outbreak
- How to register an EPA during the coronavirus outbreak
- Coronavirus (COVID-19): Office of the Public Guardian response
- Being a deputy or attorney during the coronavirus outbreak
- COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol
- COVID-19: guidance for the public on mental health and wellbeing

Updated Guidance

- Coronavirus (COVID-19): getting tested - people who have been diagnosed with COVID-19 should not be included in testing until after 90 days of their initial onset of symptom or, if asymptomatic when tested, their positive test result. *Updated on 6 November*

- COVID-19: guidance for households with possible coronavirus infection - updated easy-read version and translations for *Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection* have been added. *Updated on 5 November*

- Visiting care homes during coronavirus - updated to reflect visiting arrangements in care homes while national restrictions are in place. *Updated on 5 November*

Updated Guidance

- PPE portal: how to order COVID-19 personal protective equipment (PPE) the order limits have been updated for all sectors to reflect changes to visor orders. *Updated on 5 November*

- COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable - two reference letters have been added and updated guidance on how to get a test for COVID-19. *Updated on 4 November*

COVID-19 Online Resources

- Care Quality Commission info for providers
- Social Care Institute for Excellence
- New SCIE guide: *Providing care and support at home to people who have had COVID-19*
- Health Education England coronavirus programme

The Resilience Hub

- A new resource from LSCFT (NHS) to offer a single access point for psychological support
- Available to the care workforce and their families affected by Covid-19. Identifies the best response to address needs and offers 1-1 or group interventions

If your organisation has staff members who require immediate support then please contact lschub@lancashirecare.nhs.uk and the team will work with individuals to provide an offer of support.

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Oliver McGowan Training in LD/A

- Free virtual workshops for health and social care staff to raise understanding and share information about values-based practice
- Now booking virtual training workshops in Nov. and Dec. with 2021 dates coming soon
- Book your place here or contact janice.wycherley@pathwaysassociates.co.uk or call 01270 524441

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Alcohol Awareness Week November 16 – 22

- Theme for Alcohol Awareness Week 2020 is *Alcohol and mental health*
- Focussing on the best ways to look after ourselves and those we love during a year of change and uncertainty
- Range of resources online including links to PHE *Every Mind Matters* campaign

Next steps

- Next regular provider webinar is Friday 27th November, 1pm; we now have a permanent joining link for our webinars
- Presentation and recording from today will be shared on the portal - link
- Review and respond to any queries/questions, as appropriate

Thank you!

Lancashire County Council