

**Interactive Session with
Providers:
Update on COVID-19 vaccine
Implementing COVID-safe
visiting**

4th December 2020

Introduction and Agenda - Louise Taylor

- 2 key themes today
 - Covid-19 vaccination update
 - Implementing Covid-safe visiting; providers told us that they wanted the opportunity for peer discussion on this topic

Vaccination Update

Overview/Context:

- Announcement on 2nd December that Pfizer BioNTech vaccine approved by UK regulator
- Matt Hancock confirmed that age 80+ and people in care homes will be a priority
- There are logistical, transportation and storage issues associated with the Pfizer vaccine – at present, it cannot be split from batches of 975 and it must be stored at very cold temperatures
- 800,000 doses of the vaccine (sufficient for 400,000 people) will be delivered to the UK next week, some of it is here now
- No confirmation as yet as to how this will be prioritised for distribution across the UK
- Expected to be delivered to hospitals in first instance, as they can store it
- Indications that NHS hospital staff will be the first to receive it
- Locally, indications are that over 80s, high risk NHS hospital staff and care home staff will be the first to receive it at hospital sites from next week

Implications for Lancashire

- Many details still not available
- Position can change by the hour
- WE ARE PROCEEDING WITH PLANNING AND PREPARING
- There will be a mixture of vaccine sites across Lancs; hospital hubs, some larger/strategic community sites, some smaller local ones and GPs/pharmacies
- Locally, our NHS colleagues have asked us to prepare for the Pfizer vaccine being delivered to some care homes within the next 2 weeks
- At the present time, only care homes are being prioritised but we will maintain our insistence that other settings such as Supported Living are prioritised
- We expect the priority to be for larger care homes and those with high need residents in the first instance
- Some care staff may be asked to attend a hospital or other site; in Lancashire, the hospitals in the first tranche will be Preston and Blackpool.; Blackburn, Burnley and Lancaster hospitals will be in the second tranche

Implications for Lancashire

- We have requested that designated visitors/carers are included in the vaccine programme for each site
- We are expecting NHS staff to administer but in time, others will be trained including providers' staff
- We are advised that the roll out will be akin to the flu vaccine, however, there are logistical complications due to 2x dose requirement (21 days apart for Pfizer)
- The ICS is centrally coordinating the consent and MCA requirements
- We expect the Oxford vaccine will be used more widely for care settings in the new year but have no timeframes as yet
- We have collated the data on all Lancs and South Cumbria care settings including numbers of staff (perm & temp), residents and location and have provided this to the NHS for planning purposes

Our Asks of Providers at This Time

- Please ensure that as many of your residents and staff as possible have received the **flu vaccination**
- We know that staff may have experienced difficulties in obtaining the flu vaccine; please encourage them to keep trying
- Please update the NECS tracker with the flu information if you self input, or provide to our daily calls if we input to NECS for you
- The date of the flu jab is important and will be part of the planning process for the Covid vaccine
- Please ensure that the NECS system (or our daily calls) contains the correct information on your resident and staff numbers including Agency staff
- If you are contacted to facilitate the Covid vaccine in your setting, you may be asked to make some storage space available, no bigger than a large pizza box; this needs to be a fridge or freezer
- Our NHS colleagues will be in touch with you in due course with further details as they become available, you do not need to contact them

Summary

- We really appreciate how unsettling and uncertain all of this is for your staff, residents and families
- We know how hard you are working to implement safe visiting, mass testing and maintaining all of your IPC arrangements
- Many thanks for your forbearance and care that you continue to show and provide
- We will commit to providing you with as much information as we can as soon as we are able to do so
- We appreciate that you may have a lot of questions that unfortunately we cannot answer in detail at the moment
- If you have any urgent queries please contact your usual Contracts lead or Contract Management:
contractmgmt.care@lancashire.gov.uk

Key Messages for Care Providers: Preparing for COVID-19 vaccinations: Capacity & Consent

- Consent to the vaccination is required from a person who has capacity
- Let people you support know that a Covid-19 vaccination will soon be available free of charge
- Identify people who may lack mental capacity to consent to a Covid-19 vaccination.
- A health professional will administer the vaccination – they will need your understanding of the person to support the capacity assessment
- If a person lacks capacity, this should not be a barrier to the Covid-19 injection. A best interest's decision will need to be taken by the health professional with your support.

Key Messages for Care Providers: Preparing for COVID-19 vaccinations: Capacity & Consent

- Consider what person-centred measures need to be put in place to support the person through the vaccination process
- Identify those people who may be so highly distressed by having an injection that it may be intolerable. A robust MDT process will be needed for decision –making.
- Lancashire & South Cumbria ICS will be issuing 3 sets of guidance aimed at Primary Care, Vaccinators and Care Providers
- Pfizer Patient information leaflet just published
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940566/Information_for_UK_recipients_on_Pfizer_BioNTech_COVID-19_vaccine.pdf

Visiting in care homes during COVID-19

- Government guidance on visiting care home during COVID-19 was updated on 1 December 2020; this guidance applies from 2 December 2020 and supersedes previous guidance on visiting policies for care homes - [link](#)
- Visiting is crucially important for maintaining health and wellbeing and quality of life for residents and their friends and families.
- Welcoming people into care homes from the community inevitably brings infection risk, but this is a risk that care homes can mitigate and which should be balanced against the importance of visiting and the benefits it brings to care home residents and their families.
- Visiting should be supported and enabled wherever it is possible to do so safely, in line with this guidance and within a care home environment that takes proportionate steps to manage risks.
- This means finding the right balance between the benefits of visiting on wellbeing and quality of life, and the risk of transmission of COVID-19 to social care staff and clinically vulnerable residents.

Visiting in care homes during COVID-19

- The DHSC is distributing rapid (lateral flow) tests to care homes across the country to be used for visitors.
- CQC registered care homes will receive these tests during December and have sufficient quantities to test up to 2 visitors per resident, twice a week by Christmas.
- Visitors will need to arrange visiting with the care home in advance, and will need to be mindful of the additional workload for the care home and that the care home will need to make their own assessments and may develop further policies to ensure the safety of the residents they care for and their staff.
- While rapid testing can reduce the risks around visiting it does not completely remove the risk of infection.
- In addition to using testing, care homes must use robust IPC measures, visitors must continue to wear the appropriate PPE, observe social distancing in general when in the care home and good hand hygiene, and follow any guidance the care home itself provides on physical contact with the person they are visiting.

Visiting in care homes during COVID-19

- Each care home (the registered manager) is responsible for setting the visiting policy in that home. They should do so on the basis of a dynamic risk assessment taking into consideration the needs of individuals within their home and with regard to the advice of the local Director of Public Health (DPH).
- All care homes – regardless of Tier – and except in the event of an active outbreak – should seek to enable:
 - indoor visits where the visitor has been tested and returned a negative result
 - outdoor visiting and ‘screened’ visits
 - visits in exceptional circumstances including end of life should always be enabled
- In all cases it is essential that visiting happens within a wider care home environment of robust IPC measures, including ensuring that visitors follow (and are supported to follow) good practice with social distancing, hand hygiene and PPE use.
- In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff and visitors.
- *LRF risk matrix states: "Visiting is only be permitted if the care setting environment has been COVID free/or fully recovered as agreed by Public Health for 14 days from last positive result or onset of any symptoms of resident or tenant." The appropriate deep clean measures need to have been undertaken.*

Visiting in care homes during COVID-19

- The dynamic risk assessment should consider relevant factors relating to the rights and wellbeing of the residents.
- It may be appropriate or necessary for providers to apply different rules for different residents or categories of resident, based on an assessment of risk of contracting COVID-19 in relation to such residents, as well as the potential benefits of visits to them.
- The risk assessment should also consider factors relating to the layout, facilities and other issues around the care home, to help determine:
 - the rooms in which visiting will happen, where and how visitors might be received on arrival at the home to avoid mingling with other visitors, staff or residents etc
 - how the testing arrangements described will operate
 - the precautions that will be taken to prevent infection during visits (including PPE use and hand washing)

Visitor numbers

“Visits should be limited to a single constant visitor wherever possible, with a maximum of 2 constant visitors per resident. This, for example, means the same family member visiting each time to limit the number of different individuals coming into contact. This is in order to limit the overall number of visitors to the care home and/or to the individual, and the consequent risk of disease transmission.”

Delivering safe visiting - indoor visiting supported by testing

- [Link](#)
- Care home managers should make clear that testing does not completely remove the risk of infection associated with visiting; and that it is essential that the visitor wears appropriate PPE during visits to a care home; observe social distancing in general, follow good hygiene – and that the care home also follows robust IPC.
- Care home managers have discretion to set up their own testing areas with clinical guidance. Care home managers should ensure the testing area has enough space to allow visitors to maintain social distancing before, during and after the test, including a waiting area and a one-way system.

Delivering safe visiting - outdoor visiting and 'screened' visits

- [Link](#)
- These visits can be made available to visitors who have not been tested, in order to provide opportunities for more visitors and greater frequency of visits than the available testing capacity in the care home might enable.
- We recognise that providers themselves are best placed to decide how such visits happen in practice, taking into account the needs and wellbeing of individual residents, and the given layout and facilities of the care home.

Delivering safe visiting - outdoor visiting and 'screened' visits

- Visits should happen in the open air wherever possible, recognising that for many residents and visitors this will not be appropriate in the winter (this might include under a cover such as an awning, gazebo, open-sided marquee etc.)

For these visits:

- the visitor and resident must remain at least 2 metres apart at all times
- the visit can take place at a window

Delivering safe visiting - outdoor visiting and 'screened' visits

- Some providers have used temporary outdoor structures – sometimes referred to as 'visiting pods' – which are enclosed to some degree but are still outside the main building of the home. These can be used. Where this is not possible, a dedicated room such as a conservatory (ie wherever possible, a room that can be entered directly from outside) can be used. In both of these cases, providers must ensure that:
 - the visiting space is used by only one resident and visiting party at a time, and is subject to regular enhanced cleaning between each visit
 - the visitor enters the space from outside wherever possible
 - where there is a single access point to the space, the resident and visitor enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively
 - there is a substantial screen between the resident and visitor, designed to reduce the risk of viral transmission
 - there is good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)
 - consider the use of speakers, or assisted hearing devices (both personal and environmental) where these will aid communication. This will also avoid the need to raise voices and therefore transmission risk.

Grant conditions - Infection Control Fund (2nd tranche)

- The grant conditions stipulate the various infection prevention and control measures that can be funded.
- This includes “supporting safe visiting in care homes, such as dedicated staff to support and facilitate visits, additional IPC cleaning in between visits, and capital-based alterations to allow safe visiting such as altering a dedicated space.”
- The guidance states that “Providers should only use this funding to put in place extra measures to facilitate safe visiting (in line with government guidance) due to the risk of transmission of COVID-19.”

Annex A of the ICF Grant Conditions

Safe visiting

Dedicated staff to support and facilitate visits.

Additional IPC cleaning in between visits. Capital based alterations to allow safe visiting such as altering a dedicated space.

Protect not Isolate

Working together to get Families back together in a Safe way

Trialling products to help the sector to help family contact happen in safe and permissible way



LRF position

- We continue to proceed with our existing agreed approach through the LRF, which is a robust risk assessment for care home to assess whether or not visits can go ahead.
- Advise care homes to maintain IPC and PPE measures to minimise risk.
- We recognise that there is a sudden uplift in demand for visits, and this is reflected in the national guidance. All existing measures still apply, regardless of LFT negative or no use of LFT.
- An LFT positive immediately bars the visit and the person testing positive must go home and isolate (and a PCR test is advised)
- Whether or not care homes use LFTs as part of their visiting protocols, is up to them, but as per the national guidance, they cannot rely on that to make decisions.
- The problem we are trying to solve is how to have the least risk involved in a care home visit or a visit out of the care home. There is no zero risk option.
Not having a visit causes other impacts.

NECs visiting questions & Capacity Tracker

1.6 – In the last 7 days, have your residents been able to receive visitors?

[Response options] Yes /No [if yes]

1.6.1 – What visiting options have you put in place to ensure that visiting in your Care Home is COVID-19 secure?

- Outside COVID secure visiting space *[yes/no]*
- Indoor COVID secure visiting space *[yes/no]*

- Designated indoor space – e.g. a resident's private room *[yes/no]*
[if yes]

1.6.2 – Are all visitors to the Care Home required to wear PPE?

- Yes
- No

Lancashire response to visiting

NECs Questions	Yes	No
Outdoor Covid secure visiting space	34.3%	67.5%
Indoor Covid secure visiting space	25.6%	74.4%
Designated indoor space	15.3%	84.7%
Are visitors required to wear PPE?	44.3%	55.7%

Best practice examples from providers

Safe Visiting Through COVID

How we have managed to achieve
safe face to face visiting whilst being
COVID free



Main Considerations

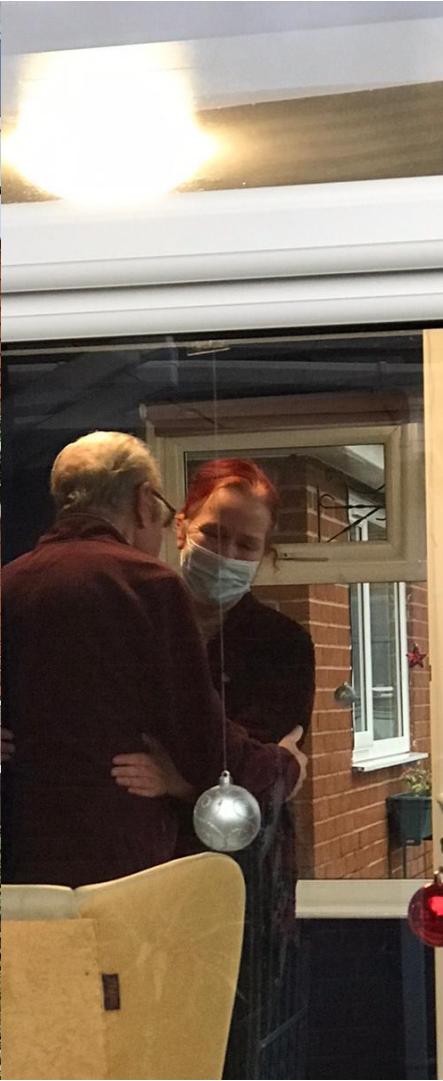
- Person Centred Approach – No Blanket ban on visiting but no blanket enforcement of visiting.
- Individual Impact risk assessments for Team, Residents, Family carers (Relatives)
- Appointment system to book visits in advance
- Regular testing of Family Carers
- Recognising that family carers provide a level of support that can not be emulated
- Adapt indoor space close to an entrance to the home where possible
- Clinically certified PPE for family carers
- Use ICF to pay team member to conduct swabbing to reduce impact to finance and budgets.

How we did it

- We adapted our reception (main entrance) to become our visiting lounge in June and changed staff entrance to an alternative entrance. This minimises family carer foot fall through the home.
- Individual risk assessments highlight the impact risk of staff, residents, family carers
- Individual COVID-19 and Visiting care plans identify those who want/don't want visits. They also help determine how safe everyone feels with visits taking place.
- We test family carers weekly and have purchased rapid tests to test on every visit (in addition to weekly test)
- Family carers store clothes at the home that are quarantined so they can change into them when visiting to reduce risk of indirect transmission – or full PPE is worn.
- Visiting policy and procedures developed with the offer of involvement of all family carers and residents

How we did it

- Communication is key. Regular virtual zoom meetings with all relatives. Emails. Phone calls. Newsletters. Social Media. Involving them every step of the way
 - Discuss risks of COVID and visiting to mitigate fear of litigation (as long as adequate IPC procedures are in place)
- Communication and involvement of team members to reassure them.
- Increased decontamination. (consider fogging machines, UV sterilisation to supplement already increased IPC practices)
- Build relationships with family carers to stress importance of IPC and mask wearing. Great communication gives great outcomes.
- Digital/wipe clean display signage in visiting area with reminders about “Hands Face Space” etc
- We also consulted with our CQC inspector and H&S team to keep them updated with what we were doing.



Walton House - newsletter

- PDF
- Karen Haslam

Walton House - visitor pod



Hillcroft Group

- Visiting Policy; Word doc
- Louise Mattinson

Stocks Hall Group - Visitor Pods



Stocks Hall Group - Visitor Pods



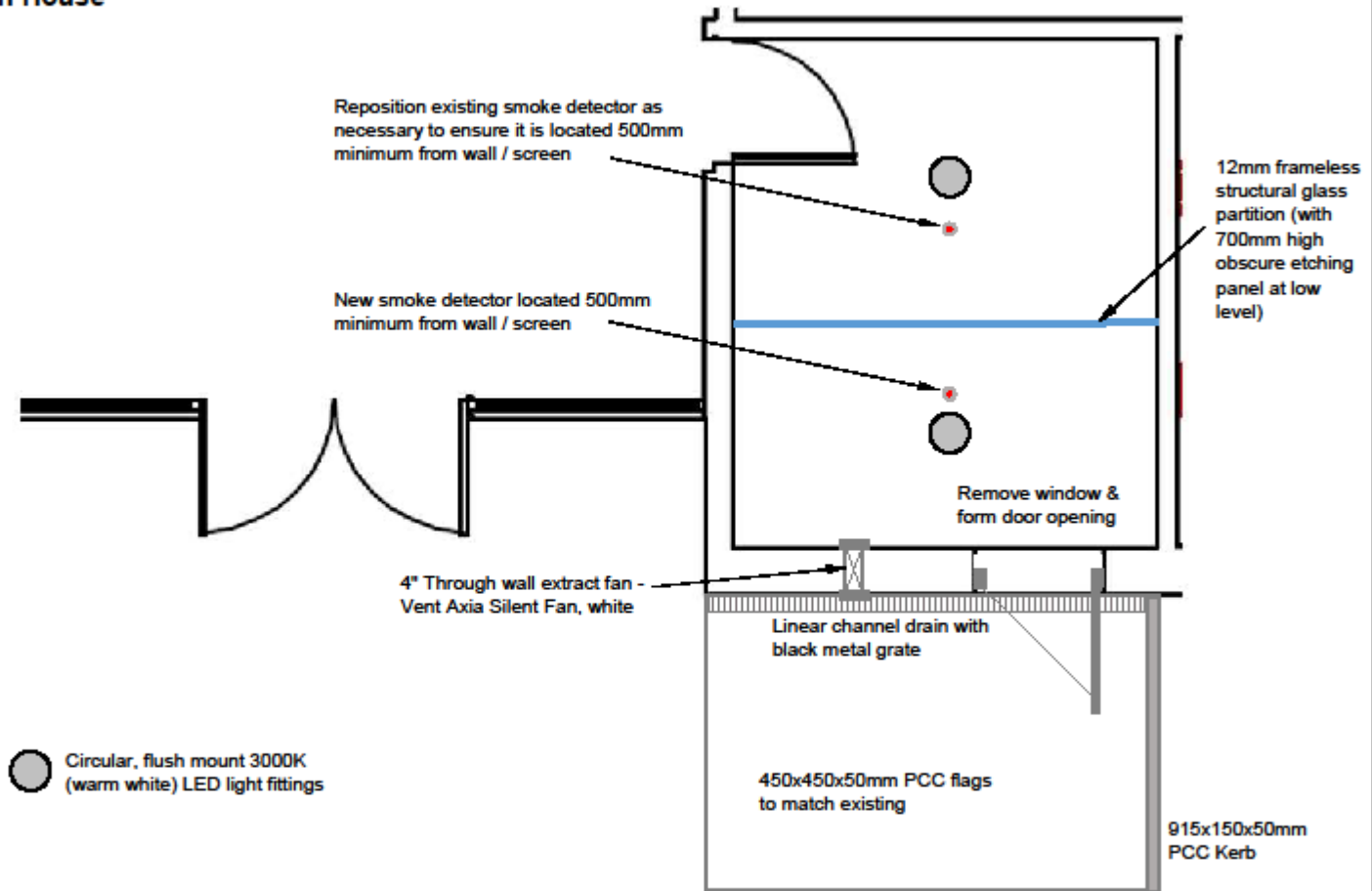
LCC's owned and operated residential care homes for older people - visiting trial update

LCC in house residential homes.

4 trial sites

- Woodside, Padiham
- Thornton House, Thornton Cleveleys
- Castleford, Clitheroe
- Woodhill, Morecambe

Thornton House

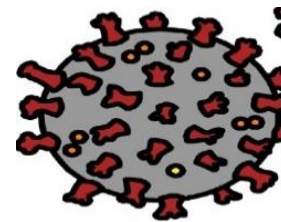






Next steps

- Complete review of visiting protocol
- Open trial sites to visiting
- Expand sites to remaining residential homes
- Implement any new testing arrangements (ie. Lateral flow test for visitors)



Managing Restrictions under COVID -19 Task & Finish Group

*Multiagency group informing local
guidance and making recommendations
to the LRF*

Cate Short, Court of Protection Coordinator



Purpose / Vision



Q&A:
NEW COVID-19
RESTRICTIONS
& GUIDANCE



RECOMMENDATION



- **Inform local LRF guidance** to support people to manage restrictions under COVID-19
- **Improve clarity between what is law & what is guidance**, & how it is communicated
- **Share first-hand experience** to inform guidance
- **Learn & gather best practice** from other areas & providers
- **Make recommendations** about supporting people with disabilities, their families & friends in ways that uphold their human rights, & prevent discrimination
- **To redress the balance in lack of government & local guidance** for supporting people who do not easily fit with current guidance

What is the law, what is guidance & what is the difference ?

- Legal obligations :
<https://www.legislation.gov.uk/coronavirus# covidInfo>
- National guidance: <https://www.gov.uk/coronavirus>
- Local guidance(LRF): Provider portal , LCC website
- The law is what you must do; the guidance might be a mixture of what you must do and what you should do.
- If you do not abide by the legislation you are breaking the law – if in doubt check the Coronavirus Regulations

The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020

- Came into force 2nd December
<https://www.legislation.gov.uk/ukxi/2020/1374/contents/madeebruary>
- Tier 3 Restrictions
<https://www.legislation.gov.uk/ukxi/2020/1374/schedule/3/made>
- Relevant Sections
- 4.—(1) *General exceptions in relation to gatherings*
- 5.—(1) 2(4). *Exceptions in relation to indoor gatherings and certain outdoor gatherings.*



Visiting Guidance for care homes – LRF approved

- Task & Finish Group produced this guidance
- Framework for care homes to implement safe visiting for Essential Family/Friend Carers (EFC)
- Gives care home managers permission to allow visits
- Inspires creative solutions
- Risk Matrix also produced



Visits to Care Homes are lawful!

Tier 3 Regulations: Section 5.—(1) These are the exceptions relating only to indoor gatherings and outdoor gatherings .. not covered elsewhere in the Regulations.

- **Exception 1: visiting a dying person**
- **Exception 2: visiting persons** receiving treatment in a hospital or **staying in a hospice or care home**, or is accompanying the person to a medical appointment
- **Visitors can be**
 - (a) a member of the person's household,
 - (b) a close family member, or
 - (c) a friend .



Visiting Guidance for supported living – LRF approved

- Task & Finish Group produced this guidance
- Visiting in Supported Living is not supported by the Regulations in the same way as Care Homes, but **supported locally as good practice**
- Urging LRF to seek permission from Government to apply the same principles
- Does not include guidance on Christmas bubble - looking at this on **Monday 7th Dec @ 10 am**
- **New Christmas Bubble national guidance**
<https://www.gov.uk/government/publications/making-a-christmas-bubble-with-friends-and-family/making-a-christmas-bubble-with-friends-and-family>

Group work in break out rooms

- Group discussions will not be recorded; they key themes will be collated
- Timings – 30 mins
- Groups – 10/15
- Each group has a facilitator.
- Please capture key points and email to ellen.smith@lancashire.gov.uk

Questions

1. How are you implementing safe visiting in your setting/what reasonable adjustments have you put in place?
2. What are the issues that you're facing in trying to implement safe visiting?
3. Have you been able to use the ICF monies to implement safe visiting and if so, has this funding been sufficient?
4. What support do you need from the LRF to implement safe visiting?

Our survey responses

How are you implementing safe visiting in your setting?

Visitor pods

A dedicated room, with its own entrance and screen

Outdoor visits

Window visits

What reasonable adjustments have you put in place?

Appointment/booking system

Temperature checks and wellness screening

Increased Wi-Fi and broadband capacity to facilitate virtual visits

What are the issues?

The additional staff resources and time required to test and facilitate visits

Space available for PPE, tests and waiting

Backfill for staff training

Pressure from family members

Proximity during visits

Inconsistent policies across the NW causing confusion for visitors

Obtaining tests

Lack of understanding from family members

Resident's distress when not allowed physical contact

Feedback

- Feedback from each group
- Top 3 themes/points for each question

Next steps

- Share slides and recording on the provider portal - [link](#)
- Collate feedback from group work and share on the provider portal
- Feedback to be shared with the Managing Covid-19 Restrictions Task and Finish Group