

COVID19 Care Home Support > Implementation Status

Local Authority:

Contact name:

E-mail:

Total number of CQC registered care homes in your area:

Please submit local plans (covering letter and this template) to CareandReform2@communities.gov.uk by 29 May

Complete

**Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place*

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) <i>If Yes, please offer a brief description of the type of support that would be helpful</i>	Please indicate any issues that you would like to highlight (optional)
Focus 1: Infection prevention and control measures			
1.1) Ability to isolate residents within their own care homes	13	Yes The majority of homes (13/16) report they are able to self-isolate/quarantine individuals within the home. This includes all Older People care homes which are entirely single, en-suite rooms. Some homes reported that additional funding for 1:1 staffing interventions is needed in supporting residents with dementia or learning disabilities and who struggle to understand the need to self-isolate. Three care homes for people with mental health and learning disability support needs reported they were unable to isolate residents due to shared facilities (bathrooms) and that access to (funding for) self-contained accommodation would support them.	There is a routine follow up by Camden and Islington Public Health upon notification of suspected or confirmed cases to support homes in isolating individuals as well as wider infection prevention and control measures. Guidance is provided to homes in how to minimise risk of transmission where there are shared facilities (e.g. where possible designated use of bathroom facilities to the individual(s) with symptoms of covid 19 and diverting other residents to facilities elsewhere, or where this is not possible through rotaed use and enhanced cleaning regimes). We are ensuring that all homes with shared facilities are aware of this guidance, and able to implement. Moving clients to self-contained accomodation when they are symptomatic/with a confirmed diagnosis poses a greater risk than remaining in accomodation with shared facilities.
1.2) Actions to restrict staff movement between care homes	14	Yes The majority of homes (14/16) report that they are able to put in place actions to restrict the movement of staff between homes. Of these, one home said that additional financial support would help them implement this further. The remaining two reported that financial support would help them implement this by being able to offer financial incentives to agency/bank staff to work exclusively in the home, although one home felt this would be difficult with current staff shortages.	The Council has worked with Older People's care homes to implement the following actions to reduce movement of staff between homes: - Incentivising staff within the home through enhanced payments to cover additional shifts, reducing reliance on agency staff - Exclusivity agreements with agencies - Minimising all visits (e.g. of regional quality teams) to only essential ones Within providers who are part of a larger group, some staff are redeployed to other homes in accordance to need but this is subject to these staff members receiving a negative test result. It should be noted that homes cannot mandate staff to disclose other work locations so it can be difficult to know if people are working in multiple settings.
1.3) Paying staff full wages while isolating following a positive test	10	yes Over half of the homes (10/16) report they have been able to pay staff full wages while they have been self-isolating. The proportion was lower among Older People's care homes (3 of 8 paying staff full wages while self-isolating). These homes report additional funding would help them to implement this.	The Older People's care home market in Islington is primarily made up of large national providers who set their employment terms and conditions, and this presents some challenges in influencing a local approach.

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Focus 2: Testing

2.1) Registration on the government's testing portal	8	No	<p>All 8 of the Older People's care homes who are eligible to access testing through the portal report having registered.</p> <p>The 8 homes for people with mental health and learning disability in the borough are not eligible to register.</p>	<p>All eligible care homes have been supported to register on the national portal.</p>
2.2) Access to COVID 19 test kits for all residents and asymptomatic staff	7	Yes	<p>All but one of the Older People's care homes have been able to access test kits for residents and asymptomatic staff as part of whole home testing.</p> <p>Homes not eligible to access through the national portal requested improved access to testing. Further suggestions included a request for further guidance and staff resources to administer the tests where being completed on a regular basis.</p>	<p>There has been joint work with CCGs across NCL to secure additional access to testing for homes, including access to testing where there are gaps in access in the national offer including mental health and learning disability care homes and supported living as well as Extra Care schemes.</p> <p>While this has helped increase access to testing, it has created a fragmented testing landscape which can be confusing for homes to navigate.</p>
2.3) Testing of all residents discharged from hospital to care homes	9	Yes	<p>Just over half of all homes (9/16) report all residents discharged from hospital are tested prior to admission.</p> <p>Homes reporting that this is not the case have reported incidents where tests have not been completed.</p> <p>Requests for additional support include easy access to tests in the home to test people on admission, and clearer guidance on testing/isolation following day attendance at hospital among residents in the home.</p>	<p>The Council has worked closely with homes to support them to enable residents back to the home from hospital or to consider a new transfer. Where a test result is pending, guidance is provided to the homes to support them to isolate the resident.</p>

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Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment

3.1) Access to sufficient PPE to meet needs	16	No	<p>All homes report that they are now able to access sufficient PPE for their needs.</p> <p>However, this comes at an additional cost to the homes.</p>	<p>There has been joint work across NCL to develop a comprehensive PPE network across Local Authorities, NHS Acute, Community and Mental Health Trusts, and Primary Care Services, focused on addressing procurement and supply challenges, including demand modelling.</p> <p>In Islington we have supported providers with the direct provision of Personal Protective Equipment (PPE) at no charge to providers (when their normal supply routes are unavailable).</p> <p>The Council have worked with providers to ensure that all homes follow the most up to date PPE guidance. To support this, local guidance and resources have been developed and shared with providers and care homes, including swift and clear communication of changes to PPE guidance when the country moved into sustained community transmission.</p>
3.2) Access to medical equipment needed for Covid19	12	Yes	<p>12 of the homes report on the NHS Capacity Tracker as having access to the medical equipment needed for Covid-19, however, care homes also responding to these questions on the ADASS insight tool show a smaller number advising they have this equipment (7 of the 16 homes).</p>	<p>All Older People's care homes have access to the following medical equipment:</p> <ul style="list-style-type: none"> -Oximeters -Syringe drivers -Suction machines -Nebulizer pumps -Blood pressure machines -Dynamaps -Infrared thermometers <p>The Council is working with the CCG to increase the quantity of this equipment in Older People's care homes, and to ensure there is access to the required medical equipment in care homes for people with learning disabilities and mental health support needs.</p>

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Focus 4: Workforce support

4.1) Access to training in the use of PPE from clinical or Public Health teams	15	No	<p>All but one of the homes reported that they have access to training in the use of PPE.</p> <p>One home highlighted that this could have been beneficial to receive this training earlier in the pandemic. Others suggested they would welcome regular refresher via remote options such as webinars and the importance of this specifically focussed on care home settings.</p>	<p>Care home providers have been able to access a wide range of training resources throughout this period:</p> <ul style="list-style-type: none"> -We have supported providers to access online training delivered by PHE since March 2020. - Supplementary local training and guidance has been delivered to further support providers. This includes remote and face-to-face IPC training delivered as part of the NCL IPC training offer and locally developed PPE guidance to cover the period when national guidance was awaited. - Providers are also able to contact Camden and Islington Public Health with any questions around PPE use including out of hours support provided by a Public Health Consultant. <p>We are following up with homes to remind them of the latest training offer and to support them to access this.</p>
4.2) Access to training on use of key medical equipment needed for COVID19	10	No	<p>10 of the homes report on the NHS Capacity Tracker that they have access to training on the use of key medical equipment, however, the number of homes reporting this on the ADASS insight tool is lower at 6.</p> <p>There appears to have been some confusion among homes as to what medical equipment was being referred to in the questions.</p>	<p>Where homes need access to training to use the clinical equipment detailed in section 3.2 we have worked closely with the CCG to provide training to providers to use these.</p> <p>We would welcome a national steer from CQC on the implications for care providers of different registration in the use of various medical equipment.</p>
4.3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	7	No	<p>Nine of the 16 homes report that they do not have access to additional capacity including through returning healthcare professionals. Only two of the homes said they wanted additional support to implement this.</p>	<p>The North Central London programme team run Proud to Care, a recruitment portal for social care workers. People interested in working in social care in Islington, including returning professionals, have been signposted to services where providers have requested support with recruitment.</p>

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Focus 5: Clinical support

5.1) Named Clinical Lead in place for support and guidance	12	No	<p>12 of the 16 homes report having a clinical lead in place (half of the homes originally reported that they did not know their named clinical lead). We believe this is due to the terminology of "clinical lead" which is not necessarily familiar to care home managers and staff and who are more likely to recognise the term 'named GP'.</p>	<p>Islington has had an enhanced primary care Older People's Care Homes service for some time.</p> <p>All Older People's care homes in Islington have access to a named lead GP, to the Lead Nurse (Care Home Clinical Standards, Quality & Assurance) and a Health and Care Home MDT.</p> <p>All Learning Disability care homes have clinical input on a weekly basis, from Islington Learning Disability Partnership nurses, and some GP input.</p> <p>Mental Health CCG are working to deliver an appropriate clinical leadership model for mental health homes in collaboration with Primary Care and Community providers recognising the needs of residents within the homes.</p>
5.2) Access to mutual aid offer (primary and community health support)	15	No	<p>All but one of the homes report access to mutual aid offer (primary and community health support).</p>	<p>Our primary and community health services have provided clinical leadership and additional rapid response to all residents through local NHS providers</p> <p>Our community health provider, Whittington Health, have offered homes support including training in the swabbing of patients and staff members for Covid-19</p>

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