

# Kent Adult Social Care Provider Bulletin



Friday 25 September 2020

## New Senior Structure for KCC Adult Social Care

Further to the successful completion of KCC's Adult Social Care senior reorganisation, we are pleased to share with you the new senior structure and roles and responsibilities across the county.

In the coming weeks, we look forward to hearing from some of our newly recruited assistant directors about their new role and how they plan to support providers in their locality in the coming months. Please see Appendix A to the newsletter for a breakdown of the senior structure.

## Update from Kent Integrated Care Association



Following negotiations with the officers at KCC, a KiCA proposal regarding additional support to the sector through our association has now been accepted by Cabinet members. Our proposal to fund current KiCA membership for a full year, and further additional funding to engage all CQC registered providers to benefit from KiCA's support and information for the coming year, will give us the opportunity to develop further our support network of independent and private providers during the coming challenging period.

We represent all areas of the sector, residential, homecare, LD/MH so if your organisation is currently not a KiCA member, don't miss this opportunity to join for free (until July 2021). For further information about KiCA, visit [www.kica.care](http://www.kica.care) or to register your organisation as a member, contact: [louise.faulkner@kica.care](mailto:louise.faulkner@kica.care)

We look forward to working with you and continuing to help the sector get through these unprecedented times and beyond.

## Visiting Arrangements in Care Homes

Please balance the benefits to the residents of a visit, against the risk of visitors introducing infection into the care home, or spreading infection from the care home to the community. It is recommended that you limit the numbers of visitors to a single constant visitor per resident, wherever possible. This, for example, means the same family member visiting each time to limit the number of different individuals coming into contact with a resident. 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 infection.

Your risk assessment should also consider the ability to put in place practical measures to mitigate any risks arising from visits, such as visits in communal gardens, window visits and/or drive-through visits. The [Care Provider Alliance protocol](#) for the sector has more advice on different types of visits.

When establishing your visiting policy [please refer to updated government guidance](#).

## Antibody Testing Update

Although antibody testing is available in many areas, there is ongoing work to secure an antibody testing site within the West Kent area. Details of this will be circulated in due course.

## Important Changes to PPE Supply

Government have announced [changes to the supply of PPE detailed here](#). Eligibility is by invitation only, but residential and domiciliary care providers can now order PPE for COVID-19 requirements via the portal, not only in emergencies.

There are weekly restrictions on the amount that can be supplied, and providers should assess this carefully against their need.

We advise providers to retain contact with their existing suppliers, as you will still need to use them for non-COVID related items. With winter pressures, EU transition and local lockdown considerations, we also advise giving consideration to strengthening supply chains and building resilience in your stores to mitigate against these demands.

## Department of Health and Social Care COVID-19 Winter Plan 2020 – 21

All care providers have an essential role in keeping individuals with care needs safe from COVID-19 and, providers will need to continue to be adaptable and responsive. The government, local authorities and the NHS are committed to supporting providers in this role.

Below, we have broken down the **key actions for providers to take in relation to a range of issues this winter:**

- providers must keep the needs and safety of the people they support and their staff at the forefront of all activities
- providers should review and update their business continuity plans for the autumn and winter, of which workforce resilience should be a key component
- providers should continue to ensure that all relevant guidance is implemented

and followed, using the new guidance portal for providers, [overview of adult social care guidance on coronavirus \(COVID-19\)](#)

- providers should utilise additional funding available to implement infection prevention and control measures, in accordance with the conditions of the Infection Control Fund and those given by local authorities, and should provide all information requested on use of the funding to local authorities
- providers must provide data through the Capacity Tracker or other relevant data collection or escalation routes in line with government guidance and the conditions of the Infection Control Fund
- providers should ensure that both symptomatic staff and symptomatic recipients of care are able to access COVID-19 testing, as soon as possible. Care homes should adhere to guidance on regular testing for all staff and care home residents
- all eligible care providers can register for and use the new PPE portal. All providers should report any PPE shortages through the Capacity Tracker, LRFs where applicable, or any other relevant escalation or data collection route
- providers ineligible to register for the portal (such as personal assistants) should contact their LRF (if it is continuing to distribute PPE) or their local authority to obtain free PPE for COVID-19 needs
- providers should proactively encourage and enable people who receive care and social care staff to receive free flu vaccinations and report uptake
- care home providers should develop a policy for limited visits (if appropriate), in line with up-to-date guidance from their relevant Director of Public Health and based on dynamic risk assessments which consider the vulnerability of residents. This should include both whether their residents' needs make them particularly clinically vulnerable to COVID-19 and whether their residents' needs make visits particularly important

**Infection control actions for providers. All providers should:**

- continue to follow all relevant guidance on how to prevent, control and manage an infection in their care setting
- undertake a learning review after an outbreak, with support from their local authority
- liaise fully with their PHE local health protection team and other local partners as needed
- report shortfalls in support or equipment, to local authorities, and through established data capture portals
- ensure all care staff have ongoing training on infection prevention and control, the appropriate use of PPE, and can engage with online training for learning reviews when available. The CQC's registration requirements support this approach during the COVID-19 pandemic in line with the relevant guidance and code of practice
- ensure staff are carrying out all relevant infection prevention and control procedures to a high standard through a robust system of audit and quality assurance

- identify and support an individual to be the lead for infection prevention and control for COVID-19 to ensure adherence to infection prevention guidance
- ensure staff do not work if they have COVID-19 symptoms, or a member of their household has symptoms or a recent positive test, or they have been told to isolate by NHS Test and Trace

**Managing staff movement. Care home providers should:**

- limit all staff movement between settings unless absolutely necessary to help reduce the spread of infection, including by reviewing exclusivity arrangements with recruitment agencies, and considering the recruitment of additional staff over the winter period

**All care providers should:**

- use funding from the Infection Control Fund to meet additional costs associated with restricting workforce movement for infection control purposes, in accordance with the conditions on which it is given by local authorities

**PPE actions. Providers should:**

- follow all relevant guidance on use of PPE, including recommendations for those providing support to people with learning disabilities or autistic people
- make use of free government-funded PPE stocks where needed and in line with COVID-19 PPE guidance. Care homes and domiciliary care providers, along with some others, are eligible to register for the PPE portal guidance and can obtain free PPE through this route. Providers ineligible to register for the portal (for example, personal assistants), should obtain PPE from their LRF (if it is continuing to distribute PPE), or their local authority
- in the event of urgent need for PPE stocks, use the National Supply Disruption Response (NSDR) or contact their LRF to access free emergency supply from the LRF stockpile
- report shortages via Capacity Tracker and/or the CQC community care survey

**Testing Actions for providers. All providers should:**

- ensure all staff are aware of how to access symptomatic testing
- contact their local HPT if they suspect an outbreak within their service

All care homes should additionally ensure that they are following the [guidance regarding regular testing of staff and residents](#).

**Flu vaccine Actions for providers. All care providers should:**

- support and promote, to all staff, the importance of receiving a free flu vaccination
- proactively encourage and enable staff to receive a free flu vaccination, either by providing vaccines in the workplace, through an occupational health

scheme, direct arrangement or with at a community pharmacy or general practice

- report their staff flu vaccination rate via the Skills for Care Adult Social Care Workforce Data Set and flu vaccination status for staff and residents in the Capacity Tracker (when the relevant question is made available shortly)

**Care home providers should additionally:**

- take all reasonable steps to support residents to receive a flu vaccination through the NHS scheme or occupational health schemes, where in place

We have agreed a change to the pharmacy contract so that, this year, pharmacists are able to vaccinate staff and recipients of care in care homes at the same time. GP practices can also provide flu vaccines in care homes to recipients of care and staff who are registered with the practice. Care home vaccination delivery should be aligned with the new Enhanced Health in Care Homes model where appropriate.

**Safe discharge from NHS settings and preventing avoidable admissions. Actions for providers:**

Care home providers should accept people discharged from hospital only when able to do so safely. They should:

- isolate all residents discharged from hospital or interim care facilities for 14 days regardless of COVID-19 test result, unless they have already undergone isolation for a 14-day period in another setting, in line with the admission and care of people in care homes guidance
- alert their local authority if they have been requested to receive an individual from hospital with a confirmed COVID-19 positive test result
- advise their local authority if they assess they cannot accept an individual from hospital with a confirmed COVID-19 positive test results as they are unable to safely isolate or cohort the individual, or if they cannot manage the needs of the individual due to other challenges impacts on infection control capability (such as staffing issues)
- alert their local Health Protection Team in the event of positive COVID-19 test results
- continue to update the Capacity Tracker daily or more frequently if something changes

**Other care providers should:**

- work with adult social care contract leads to identify capacity that can be used for hospital discharge purposes or follow-on care from reablement services
- work collaboratively with NHS primary and community care services
- follow [latest home care](#) and [supported living guidance](#) on managing discharges as relevant. This includes guidance that any individual discharged from hospital into a supported living setting or their own home should be supported as if they were possibly COVID-19-positive until a 14-day period has passed.

**Enhanced health in care homes. Care home providers should:**

- familiarise themselves with the EHCH service requirements and what they can expect from NHS agencies
- work collaboratively with clinical leads to delivery optimum care and support to their residents
- work with the local CCG to determine local need for oximeters

**Other care providers should:**

- work with adult social care contract leads to identify capacity that can be used for hospital discharge purposes or follow-on care from reablement services
- work collaboratively with NHS primary and community care services
- follow [latest home care](#) and [supported living guidance](#) on managing discharges as relevant. This includes guidance that any individual discharged from hospital into a supported living setting or their own home should be supported as if they were possibly COVID-19-positive until a 14-day period has passed.

**Technology and Digital Support. All care providers are asked to:**

- consider how technical or digital solutions may help them to protect the people they support from COVID-19 and connect them to their loved ones
- engage with the NHSX DSPT support offer and register with DSPT by 30 September 2020
- alert the NHSX Information Governance team [england.IGpolicyteam@nhs.net](mailto:england.IGpolicyteam@nhs.net) if any advice is required.

**Care homes are advised to:**

- take advantage of time-limited connectivity deals, and complete the simple order form to apply for a tablet device.

**Acute hospital admissions. All care providers should:**

- work together with NHS partners to address issues in order to reduce unnecessary emergency admissions

**If needed, care home providers should:**

- support residents to self-isolate prior to admission for an elective care procedure

**Social prescribing. Actions for providers:**

- work closely with SPLWs to co-ordinate support for people identified by health

and care professionals as most needing it, especially those impacted by health inequalities

**Direct payments. All care providers should:**

- consult the new guidance for the actions that they should take to ensure that people receiving direct payments, their families and carers are able to meet their care and support needs this winter

**Support for unpaid carers. Actions for providers:**

All services are provided on the basis of need and therefore all providers should be proactively considering how to meet those needs in a safe and secure way.

Community and respite services could consider the following options:

- provision of outreach support or support based in outside community spaces
- digital support
- support provided less often in smaller groups
- cohorted or isolated support

**End of life care. Actions for providers. All care providers should:**

- have regard to the above guidance in delivering personalised approaches to care. This is applicable to all providers of end of life care in all scenarios, including where care is being provided in an individual's home
- ensure they make every effort, wherever practicable and safe, to enable a dying person to be with their loved ones, particularly in the last hours of life

If a care provider is concerned about pressures to put in place DNACPRs, they should escalate, in the first instance, using their internal whistleblowing policies.

## **Keep In Touch**

We appreciate that a huge amount of planning and work will go into implementing the actions in the Winter Plan in the coming weeks and months, and we look forward to working with you to support your preparations. If you would like to share some of the actions you are undertaking or any best practice, [please let us know](#). Thank you for the vital work you are undertaking to support Kent's residents.