



London Care Home Resource Pack (1)

22nd April 2020

Version 1.1

Review Date: 6th May 2020

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

NHS England and NHS Improvement



The purpose of this resource pack



Provide a resource pack written for care providers.

To provide clear guidance for London Care Homes aligned with NHS 111 Star lines and London COVID-19 Resource Pack for Primary Care ensuring that national guidance and good practice can be embedded locally by care providers.

Ensure escalation routes are clearly identified for care providers.



Topics covered in this resource pack:

- [Well-being: Supporting care home staff](#)
- [Resources for staff well-being and support](#)
- [Urgent clinical advice for care homes concerned about a resident displaying symptoms of COVID-19](#)
- [Infection prevention and control \(IPC\)](#)
- [Personal Protective Equipment \(PPE\) and escalating your supply issues](#)
- [Managing an outbreak in your home](#)
- [Talking to relatives](#)
- [Advanced care planning and Coordinate My Care \(CMC\)](#)
- [Managing respiratory symptoms](#)
- [Supporting your residents with dementia](#)
- [Supporting your residents with learning disabilities](#)
- [Supporting care in the last days of life](#)

An updated resource pack will be shared with you every two weeks.



Well-being: Supporting care home staff

The COVID-19 outbreak is affecting us all in many ways: **physically, emotionally, socially** and **psychologically**. It is natural to have these feelings and indeed is a normal reaction to a very abnormal set of circumstances. **It is okay not to be okay** and it is by no means a reflection that you cannot do your job or that you are weak. Some people may have some positive experiences, such as taking pride in the work they are doing and gaining satisfaction in helping others. Furthermore, the feeling of stress may be keeping you going and provide you with a sense of purpose. **All reactions are normal, none is more right or wrong than another.** Managing your emotional well-being right now is as important as managing your physical health.

Below are some things to consider to support your own wellbeing:

- These times are temporary and things will get better
- Consider and acknowledge how you are feeling and coping, reflecting on your own needs and limits
- Ask for help if you are struggling. Asking for help when times are difficult is a sign of strength
- Stay connected with colleagues, managers, friends and family. Where possible do check on the needs of colleagues and loved ones
- A lot of things might feel out of your control at the moment. It can help to focus on what we can control rather than what we cannot
- Acknowledge that what you and your team are doing matters. You are doing a great job!
- Choose an action that signals the end of your shift and try to rest and recharge when you are home

Resources

For access to tips, guides, assessments and signposted resources, visit [Good Thinking](#), which is freely available to all visitors. There is a range of further free well-being support and information available for care home staff. Some suggestions are included in the [next slide](#).



Resources for staff well-being and support

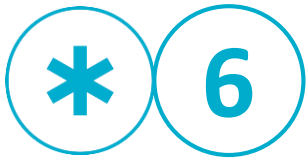


Version 1.1 20200422

Resources




Below is a list of links on well-being and supporting mental health:

Resource name	Description	Address
Good Thinking	Access to tips, guides, assessments and signposted resources	https://www.good-thinking.uk/coronavirus/
NHS IAPT	Access to NHS psychological therapy (IAPT)	https://www.nhs.uk/service-search/other-services/Psychological%20therapy%20(NHS%20IAPT)/LocationSearch/396
Covid-19 Care Platform	Collection of guidance and discussions set up by care providers for care providers. Requires login	https://webapp.mobileappco.org/m/COVID19CARE/
'Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus'	British Red Cross guidance for staff, volunteers and communities	https://pscentre.org/wp-content/uploads/2020/02/MHPSS-in-nCoV-2020_ENG-1.pdf
Mental Health at work – taking care of your staff	Information and resources for managers on taking care of your staff	https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/
Living with worry and anxiety amidst global uncertainty	Guide to managing worry and anxiety from Practitioner Health – Psychology Tools	https://www.practitionerhealth.nhs.uk/media/content/files/guide_to_living_with_worry_and_anxiety_amidst_global_uncertainty_en-gb(2).pdf
Urgent Support	Numbers and links for urgent support	https://www.good-thinking.uk/urgent-support/
Preventing Work Related Stress	Health and Safety Executive's talking toolkit for preventing work related stress	https://www.hse.gov.uk/gohomehealthy/assets/docs/StressTalkingToolkit.pdf
Going Home checklist	Simple steps to help you manage your own wellbeing at the end of each working shift	https://www.mind.org.uk/media/34925454/tcoy_leaving_work_cl_poster_stg1_v3.pdf



Urgent clinical advice for care homes concerned about a resident displaying symptoms of COVID-19

- There is a national COVID-19 111 service but in London, care home staff concerned about a resident who may have COVID-19 symptoms are being asked to call **NHS 111 Star*6** for faster access to urgent advice from a senior clinician if they cannot get through to the resident's own GP.
- Before calling, record observations where possible: Date of first symptoms, blood pressure, pulse respiratory rate and temperature (refer to thermometer instructions). If there is a care plan for your resident, for example a CMC or DNAR plan, please have access to it.

	DIAL 111	 <i>Thank you for calling NHS 111, please press 9 to continue.</i>
9	PRESS 9	 <i>Let's work out where you are.</i>

At this stage, you will be prompted: "If you are calling about coronavirus symptoms, please press 1, or press 2 to continue".

PLEASE PRESS 2 TO ACCESS THE NHS 111 STARLINES

 <i>You'll hear a pause. Then when asked your age...</i>			PRESS *6	
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Infection Prevention and Control

Infection prevention and control:

- Follow the guidance on [handwashing and social distancing](#)
- Follow the [flow chart](#) to see if you should be using PPE
- Masks should be worn when doing any task that requires you to be within 2 metres of your residents
- Masks can be used continuously, depending on [different scenarios](#)
- Gloves and aprons are for single patient use only
- **If you take your mask off, it MUST go in the clinical waste bin**

Follow clinical advice on length of isolation for your resident which will depend on clinical symptoms and test results. Use [Infection Control guidance](#).

Care for resident using PPE ([what to use](#) and [how to wear and dispose](#)).

Due to sustained transmission PPE is to be used with all patients. Additional PPE is required for Aerosol Generating Procedures as described in the [table](#).

- Use correct handwashing technique ([video](#) and [guidance](#))
- Consider bathroom facilities. If no en-suite available:
 - Designate a single bathroom for this resident only
 - Use commode in room

Resources

[Infection Control guidance](#)

[COVID-19: personal protective equipment use for non-aerosol generating procedures](#)

[COVID-19: personal protective equipment use for aerosol generating procedures](#)

[COVID-19: how to work safely in care homes](#)

[PHE Video: Putting on and removing PPE – Guide for Care Homes](#)

[Best practice: How to hand wash](#)



Public Health
England



COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or suspected COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Aerosol Generating Procedures

- Eye protection eye shield, goggles or visor
- FFP3 or FFP2 respirator
- Long sleeved fluid repellent gown
- Gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

The following procedures are considered potentially infectious AGPs:

- tracheotomy/tracheostomy procedures
- manual ventilation
- open suctioning
- non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)

For more information on infection prevention and control of COVID-19 please visit:
www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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PPE and escalating your supply issues

You still need to be ordering your usual PPE supplies of gloves, aprons and soap/sanitiser but we also know this has been a challenge and want to support you.

How to access Personal Protective Equipment (PPE):

- Order PPE through your normal supplier. If this isn't possible arrangements have been made with seven wholesalers to provide PPE to the social care sector.
- Contact your Local Authority if you are still unable to get PPE provision.
- [Guidance for Residential Care Providers](#)

When contacting your Local Authority:

- Outline your concern including the requirement
- What your current stock levels are and if you have confirmed or suspected COVID cases within your home.
- If you do not get a response from your local authority, please ask them to escalate to the STP for mutual aid support
- Where issues with local supply exist, this will be escalated to the regional Supply Chain team for support.

Resources

Government [PPE Plan](#).

[PPE Guidance for Residential Care Providers](#)



Managing an outbreak in your home



What to do in case of an outbreak?

An outbreak is defined as **two or more residents** in the care home diagnosed with symptoms compatible with COVID-19.

Contact: the Public Health England London Coronavirus Response Cell in the event of an outbreak for infection control advice and access to initial testing

Phone Number: 0300 303 0450

Email: LCRC@phe.gov.uk

Update: Capacity Tracker, your Local Authority and RIDDOR

Guidance: [Admission and Care of Residents during COVID-19 Incident](#)

The NHSE and PHE definition for COVID-19 infection in a resident is to consider the following:

- New continuous cough, different to usual
- High temperature ($\geq 37.8^{\circ}\text{C}$)

Care home residents may also commonly present with other signs of being unwell, or changes in usual behaviours. Please seek clinical advice ([slide 5](#)).

Record observations where possible: Date of first symptoms, blood pressure, [pulse](#) [respiratory rate](#) and Temperature (refer to thermometer instructions) – remember to [maintain fluid intake](#)

For more support, call the residents **GP** in the first instance

Call NHS **111* Star 6** for urgent clinical advice, or if the GP is not available – this will put you in contact with a Clinician in NHS 111

For **PPE** information - see [slide 6](#)

For NHS **111* Star 6** information - see [slide 5](#)

Resources

[COVID-19: infection prevention and control \(IPC\)](#)

<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>



Talking to relatives

Conversations with relatives about COVID-19 can be challenging.

Think

- What information do I need to tell the relative
- How can I keep the language simple

Ask

- If the relative is ok to talk
- What the relative already understands about their loved one
- If they have any questions or need any other advice or support

Do

- Introduce yourself
- Comfort and reassure
- Allow for silence
- Talk to colleagues afterwards

Resources

Real Talk [evidence based advice about difficult conversations](#)
 VitalTalk [COVID communication guide](#)

Talking to relatives
 A guide to compassionate phone communication during COVID-19

Introduce **SPEAK SLOWLY** **OPEN WITH A QUESTION** **ESTABLISH WHAT THEY KNOW**

#hello my name is... **GRACE** WARD SISTER
 I'm calling to give you an update on your brother, Frank.
 Are you OK to talk right now?
 Can you tell me what you know about his condition?

Share info in small chunks **PAUSES SIMPLE LANGUAGE** **EUPHEMISMS JARGON**

Helpful concepts

Honesty with uncertainty There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.

Hope for the best, plan for the worst We hope Frank improves with these treatments, but we're worried he may not recover.

Sick enough to die Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days. I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.

Comfort and reassure Is there anything you can tell me about Frank to help us look after him? What matters to him? We've been looking after him and making sure he's comfortable.

Allow silence **LISTEN** **EMPATHISE** **ACKNOWLEDGE**

I am so sorry. Please, take your time. It must be very hard to take this in, especially over the phone. I can hear how upset you are. This is an awful situation.

Ending the call **DON'T RUSH** **NEXT STEPS**

Before I say goodbye, do you have any other questions about Frank? Do you need any further information or support?

Afterwards Chat with a colleague. These conversations are hard. #weareallhuman

NHS Chelsea and Westminster Hospital NHS Foundation Trust **proud to care**

Developed by Dr Antonia Field-Smith and Dr Louise Robinson, Palliative Care Team, West Middlesex Hospital



Advance Care Planning and Coordinate My Care (CMC)

A blanket policy of Advanced Care Planning/Coordinate My Care/Do Not Attempt Resuscitation is **NOT** proposed.

Conversations around end of life are challenging, particularly in these difficult times. Residents may want to express their wishes in relation to what care they want if they become unwell.

Open and sympathetic communication with residents and those important to them enables care wishes to be expressed. It is important that people do not feel pressurised in to such conversations and decisions before they are ready.

Advance care planning discussions should be documented on Coordinate My Care so that urgent care services can view the persons wishes.

Residents can start their own plan through [my CMC](#) with family or staff support. That initiated work is then checked, edited and signed off by an appropriate health care professional making it visible to all appropriate users including Urgent Care Services. Alternatively, Nursing Homes can [register](#) to use CMC directly.

Resources

MyCMC [Guide for care home staff](#)

CMC contact: coordinatemycare@nhs.net 02078118513

Getting a [CMC log on](#)

CMC training including [5 minute video](#)

Think

- Does the person have a CMC care plan which could be put onto CMC?
- If not, could the resident with support start a plan in My CMC?
- Could our care home register use CMC to help create care plans for approval by our GPs or other senior clinicians?

Ask

- The resident if they would like to talk about their wishes and preferences if they become unwell. Involve those who matter to them in conversations
- The resident if their advance care planning discussions can be shared through a CMC care plan

Do

- Assist GPs in creating CMC plans from existing advance care plans
- Help residents (that wish) to complete a My CMC plan to be approved by their GP
- Work with GP/community nurses and palliative care teams to finalise and approve plans



Managing respiratory symptoms

A new continuous cough is one of the symptoms of Covid-19. However, coughing can continue for some time even if the person is getting better. This does not necessarily mean the person is still infectious, especially when other symptoms have settled down.

There are simple things you can do to help relieve coughing e.g. drinking honey & lemon in warm water, sucking cough drops/hard sweets, elevating the head when sleeping and avoiding smoking.

Worsening or new breathlessness may indicate that the person is deteriorating. However, people can also appear breathless because they are anxious, especially when they are not used to being on their own in a room, or seeing staff wearing PPE.

50% of people with mild Covid-19 take about 2 weeks to recover. People with severe Covid-19 will take longer to recover.

Resources

The content of this section aligns to the London Primary Care and Community Respiratory Resource pack for use during COVID-19. To receive the latest version please email: england.resp-cnldn@nhs.net

Think

- Does the resident look short of breath or have difficulty in breathing?
- Is this worse than the day before?
- Has the resident already got an advance care plan or Coordinate my Care (CMC) record for managing these symptoms?

Ask

- Does the resident need another clinical assessment?
- Should observations or monitoring commence?

Do

- Try and reassure the resident and if possible, help them to adopt a more comfortable position, for example, sitting might help
- Consider increased monitoring
- If this is an unexpected change:
 - Call the GP in the first instance
 - Call NHS 111 Star*6 if concerned, or if GP is not available
 - In emergency call 999
 - Be explicit that Covid-19 is suspected
- If this is an expected deterioration, and there is an advance care plan:
 - Follow the care plan instructions
 - Call GP for further advice if needed
 - Call community palliative care team if they are already involved and further advice is needed



Supporting your residents with dementia



There will be a significant change in routine for people living with dementia. People they love are no longer able to visit and they may not have access to the activities that they enjoy

Some people with dementia walk with purpose (also known as wandering). This can be difficult to managing during isolation – try to find out why they are walking e.g. boredom or pain

People with dementia may need help or reminders to wash their hands:

- Use signs in bathrooms as a reminder
- Demonstrate hand washing
- Alcohol-based hand sanitizer can be a quick alternative if they cannot get to a sink or wash their hands easily.

People with dementia may find being approached by someone wearing PPE frightening - It may be helpful to laminate your name and a picture of your role and a smiley face.

If people with dementia become unwell they might get more confused (delirium). Put in to place a care plan to help prevent delirium:

- Stimulate the mind such as reading, puzzles and listening to music
- Movement and activity
- Sleeping well
- Wearing glasses and hearing aid
- Keeping hydrated and eating well

Think

- Is my resident unwell or frightened?
- Does my resident need extra help to remain safe and protected

Ask

- Have I done all I can to understand my resident's needs?
- What activities does my resident like to do

Do

- Introduce yourself and explain why you are wearing PPE
- Allow time to remind residents why routines may have changed

Resources

Easy [read poster](#) explaining why staff are wearing PPE
[Communication cards](#) can help to talk about COVID-19
HIN activities [resources](#) during COVID-19
Short [delirium video](#)
Delirium [prevention poster](#)
Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs)
COVID 19 [guidance](#) and [summary](#)
British Geriatric Society [short guide dementia and COVID-19](#)



Supporting your residents with learning disabilities

People with learning disabilities may be at greater risk of infection because of other health conditions or routines and/or behaviours. It is important that staff are aware of the risks to each person and reduce them as much as possible.

This will mean significant changes to the persons care and support. If the resident needs to exercise or access the community as part of their care plan, it is important to manage the risk and support them to remain as safe as possible.

You may need help or remind the resident to wash their hands:

- Use signs in bathrooms as a reminder
- Demonstrate hand washing
- Alcohol-based hand sanitizer can be a quick alternative if they are unable to get to a sink or wash their hands easily.

Residents that are high risk may require [shielding](#), this may be difficult in shared accommodation, it is important to ensure that you follow the government guidance as much as possible.

To minimise the risk to people if they need access health care services you should use supportive tools as much as possible such as a hospital passport and/or coordinate my care.

If you are aware that someone is being admitted to hospital, contact your local community learning disability service or learning disability nurse within the hospital.

Think ([Consider using the STOP and Watch Tool](#))

- Is something different? Is the person communicating less, needing more help than usual, expressing agitation or pain (moving more or less), how is their appetite
- Does the person need extra help to remain safe and protected?

Ask

- How can we engage the person to ensure that they understand the change in activities.

Do

- Allow time to remind the person why routines may have changed.
- Develop new care plans with the person and their family

Resources

Easy [read poster](#) explaining why staff are wearing PPE

Easy read [information](#) on coronavirus

EoLC [guidance](#)

MCA and DoLS COVID 19 [guidance](#) and [summary](#)

Tool to support monitoring for signs of deterioration [STOP and WATCH](#)

[Hospital Passport](#)

Hospital Visitors [guidance](#)

Government guidance on [exercise](#)

Government [guidance on protecting extremely vulnerable people](#)



Supporting care in the last days of life

Some residents will have expressed their wishes to not go to hospital and to stay in the care home and made as comfortable as possible when they are dying.

A family member is able to visit their relative who is dying. If they are unable to visit they can be supported to connect using technology.

Common symptoms at the end of life are fever, cough, breathlessness, delirium and pain. People are often more sleepy, agitated and can lose their desire to eat and drink.

Breathing can sound noisy when someone is dying – due to secretions, medicine can be given to help.

Some people can become agitated or distressed when dying – provide reassurance and things the person would find comforting e.g. music

Resources

National Guidance for Care homes is expected

Key to care – [end of life care](#)

[Prioritise of care](#) of the dying person

Royal College of GPs COVID [End of Life Care in community](#)

NICE COVID-19 rapid guidelines [managing symptoms in community](#)

Think

- Have we contacted the family?
- Does the resident have a CMC plan? – what are the residents wishes and preferences

Do

- We have the medication needed to help relieve symptoms (e.g. pain, nausea, breathlessness)?
- Can I make the resident more comfortable - are they in pain (look or grimacing), are they anxious (can make breathlessness worse)
- Can use a cool flannel around face to help with fever and breathlessness. Sitting up in bed and opening a window can also help. Portable fans are **not recommended**
- If the person can still swallow honey and lemon in warm water or sucking hard sweets can help with coughing
- If having a full wash is too disruptive washing hands face and bottom can feel refreshing

Ask

- The family and resident if they want to connect using technology
- The GP or palliative care team or 111 if urgent for advice about symptom control and medication