Produced in partnership

London Care Home Resource Pack

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Version 2.1

Review Date: 15th July 2020

If you are reading this guidance after 15th July, please check to see if there is an updated version.

You can provide feedback on this pack here or contact: hlp.ehchprogramme@nhs.net

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.

If you have any suggestions for future topics please do let us know hlp.ehchprogramme@nhs.net

Topics covered in this resource pack:

- Summary: Suspected Coronavirus Care Pathway - Residential and Nursing Care Residents
- Your direct line to urgent clinical advice
- Infection Prevention and Control
- PPE and escalating your supply issues
- Donning & Doffing
- What to do when you suspect someone has COVID-19 symptoms
- Testing residents and staff
- PHE care home testing results: actions for care home residents and staff
- NHS Test and Trace – what does it mean for care homes?
- NHS Test and Trace – what do I need to do?
- Admissions into your home
- Concerns about accepting a resident
- Managing respiratory symptoms
- Supporting your residents with learning disabilities
- Supporting your residents with dementia
- Supporting residents who are more confused than normal
- Managing falls
- Working with primary care and community services
- Support from primary care and community services
- Pharmacy & Medicines
- Using technology to work with health and care professionals
- Supporting residents' health and well-being
- Talking to relatives
- Enabling care home visits
- Advance Care Planning and Coordinate My Care (CMC)
- Supporting care in the last days of life
- Expected and unexpected deaths
- Verification of death – national guidance
- Care after death – using PPE and IPC
- Supporting care home staff well-being
- Staff mental health and emotional well-being

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

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Summary: Suspected Coronavirus Care Pathway - Residential and Nursing Care Residents

Suspected Cases

Consider COVID-19 infection in a resident with any of the following:
•New continuous cough, different to usual
•High temperature (≥37.8°C), shivery, achy, hot to touch
•Loss or change to sense of smell or taste
Care home residents may also commonly present with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea and other subtle signs of deterioration.
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 **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

Isolation for people who walk around for wellbeing (dementia, learning disabilities, autism)

Use standard operating procedures for isolating residents who walk around for wellbeing ('wandering'). Behavioural interventions may be employed but physical restraint should not be used.
When caring for, or treating, a person who lacks the relevant mental capacity during the COVID-19 pandemic, please follow government guidance.

Communication with the NHS

•Use Restore2 (a deterioration and escalation tool) if you have been trained to do so
•Where appropriate please ensure that residents are offered advance care planning discussions and that their wishes are recorded on Coordinate My Care (CMC). Make sure you have easy access to the residents CMC or Ceiling of Treatment plan when you call NHS 111 *Star Line (or 999)
Do you have NHS Mail?
Send emails directly to your GP, Community Team and Hospital. Contact hlp.londonchnhsmailrequests@nhs.net to get an **NHS.net email** set up
•Please register and use **Capacity Tracker** to support hospital discharge planning. Continue to complete the Market Insight tool if you normally do.

Isolate and Monitor

Resident to be isolated for **14 days** in a single bedroom. 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)
Consider bathroom facilities. If no en-suite available.
•Designate a single bathroom for this resident only
•Use commode in room

Record observations if concerned to inform health services

If a resident deteriorates at any stage – Escalate to 111* Star 6 or 999
Be explicit that COVID-19 is suspected and ensure you have easy access to the residents CMC plan

If you have one or more new symptomatic residents and these are the first new cases for over 28 days:

Contact the Public Health England London Coronavirus Response Cell
Phone Number: 0300 303 0450
Email: LCRC@phe.gov.uk

LCRC will provide advice and arrange initial testing.

Regularly update: Capacity Tracker, your Local Authority and RIDDOR

Guidance: Admission and Care of Residents during COVID-19 Incident

How to access Personal Protective Equipment (PPE):

•Order PPE through your normal supplier. If this isn't possible arrangemer
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

Order PPE using national portal and then LA

Resources and Support for Care Home Staff

•Guidance on how to work safely in care homes
•COVID-19 Care Platform
•Queens Nursing Institute Facebook Page
•RIDDOR reporting of COVID-19

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NHS 111 Starlines*

Your direct line to urgent clinical advice

The NHS 111 Starline service will provide you with fast access to a clinical team who can give you the advice and medical input you need to care for your resident instead of having to call 999 and transfer your resident to hospital.

This service has been relaunched to ensure that you are receiving a enhanced level of support as care providers.

It is not intended to replace your support locally but when you cannot speak to your GP or Community Support team NHS 111 can help.

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

Infection Prevention and Control

Infection prevention and control:

- Follow the guidance on handwashing and social distancing
- Follow the guidance to see if you should be using PPE
- Masks should be worn **when staff are unable to socially distance with other staff in communal areas, including break rooms**
- 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**

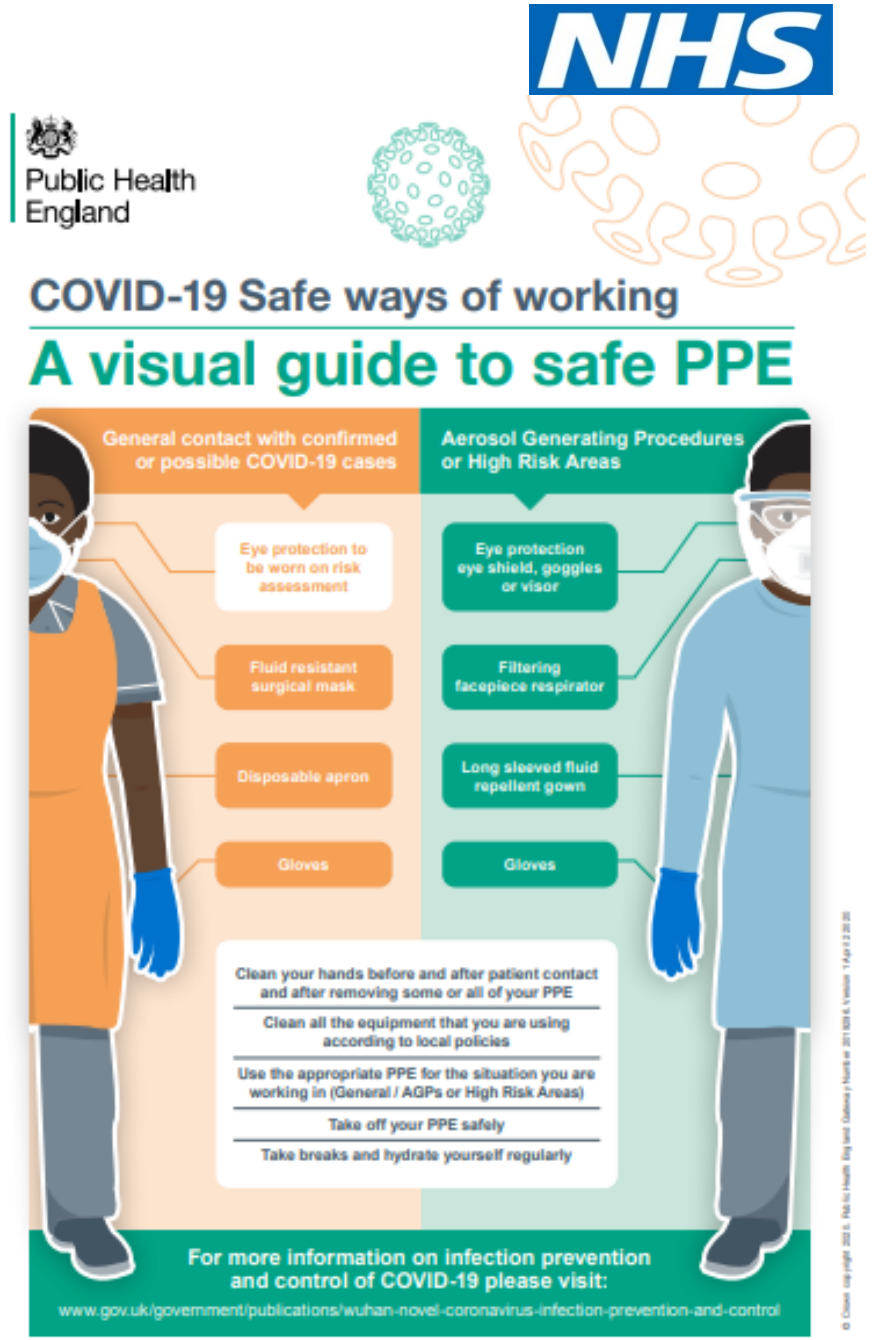
Follow clinical advice on length of isolation for your resident which will depend on clinical symptoms and test results. Use Infection Control guidance.

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: Guidance
COVID-19 Personal protective equipment use for aerosol generating procedures: Guidance
COVID-19 How to work safely in care homes: Guidance
Best practice - How to hand wash: Poster



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Update to note the use of the National PPE Portal

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 for Residential Care Providers: Guidance

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Donning & Doffing

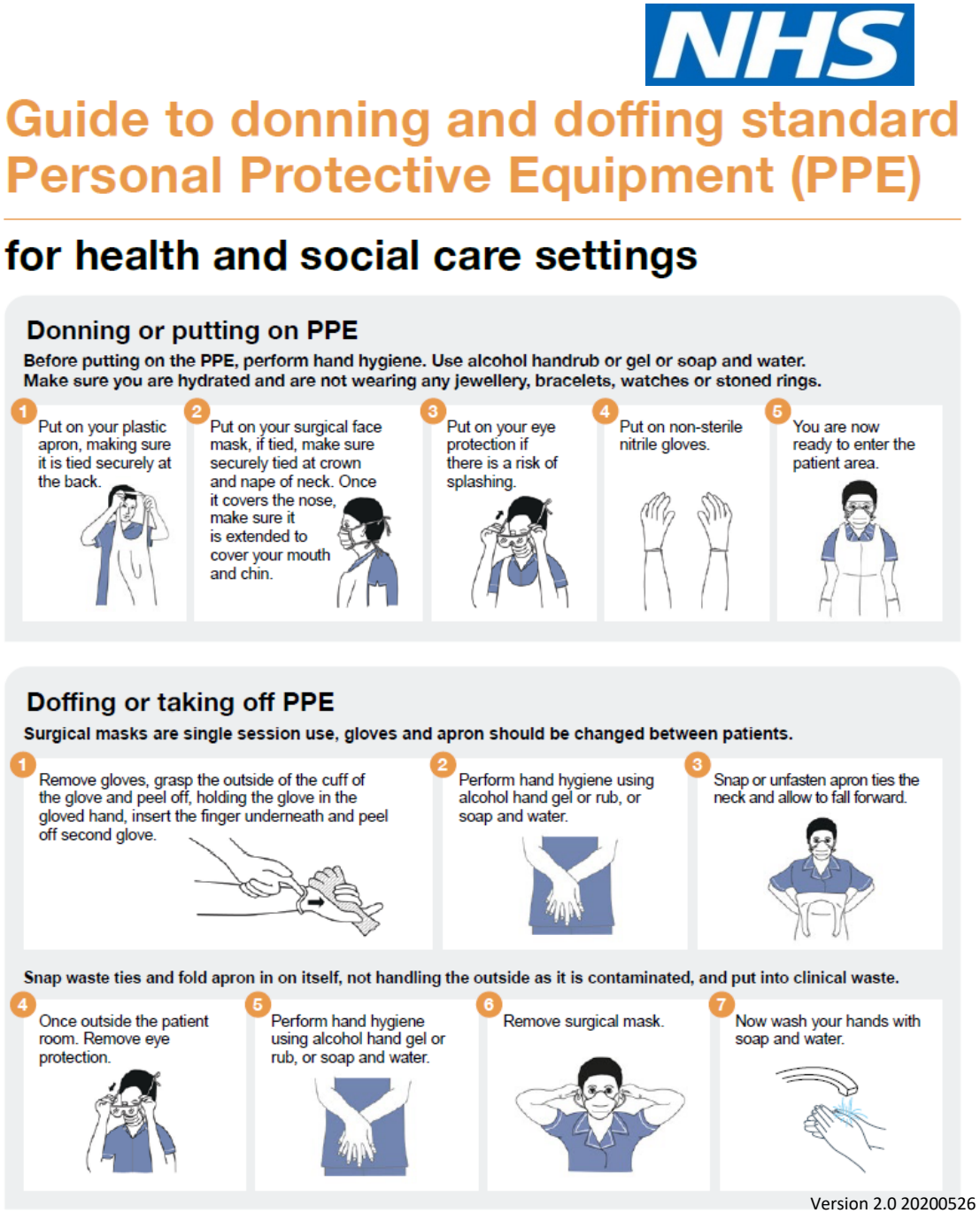
In your care home:

Different types of PPE is worn depending on the type of work people do and the setting in which they work. Click on this link to see the video on how to put on PPE and take it off in your care home. You can also use the poster on the right.

Why are people wearing different PPE?

You may see other people wearing different types of PPE, for example, paramedics, district nurses and GPs. This is because some roles will have contact with more people in different procedures and settings, who are possibly infected. In addition, there are a number of styles of PPE made by different manufacturers. You will see, for example, not all face masks will look the same.

Resources
PPE in all settings: Guide
Personal Protective Equipment from Public Health England and the NHS: Video



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What to do when you suspect someone has COVID-19 symptoms

The NHS and PHE definition for COVID-19 infection is the following:

- New continuous cough, different to usual
- High temperature (≥37.8°C)
- Loss or change to sense of smell or taste

Care home residents may also commonly present with **other signs of being unwell** such as being more confused or more sleepy, having diarrhoea, dizziness, conjunctivitis and falls. Residents may also present with **changes in usual behaviours** such as being restless or **changes in abilities** such a walking. (slide 4).

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 clinical 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

If this is the first new case for over 28 days or you suspect a new outbreak call Public Health England London Coronavirus Response Cell for **infection control advice** and access to **initial testing.** LCRC will provide advice along with support along with local authority partners to help the care home manage an outbreak.
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

For **PPE** information - see slide 6
For NHS **111* Star 6** information - see slide 4

Resources
COVID-19 Infection prevention and control (IPC): Guidance
British Geriatrics Society - Managing COVID-19 Pandemic in Care Homes: Guidance

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Testing residents and staff

Testing of residents and staff, in combination with effective infection control measures, supports prevention and control of Covid-19 in care homes.

All care homes with older people and people with dementia can register for delivery of home testing kits for all staff and residents, whether or not they have symptoms.

Staff are offered priority access to the tests, which is different from a member of the public requesting a test.

The test involves taking a swab of the inside of a person's nose and sometimes from the back of your throat, using a long cotton bud.

The test confirms if someone currently has coronavirus.

Please ensure that you talk to and prepare the resident for a test, *e.g.* easy read information, objects of reference, a demonstration video *etc*. If an individual refuses the test please contact your Public Health England Health Protection Team to discuss next steps.

Carers and nurses who will be swabbing residents in care homes should complete the online care home swabbing competency assessment before carrying out swabbing. Register at www.genqa.org/carehomes

Resources

Home testing: fact sheet, click box 

Top tips for swabbing people with dementia 

Easy guide: How can you get a test for staff and residents: click box

Find out more about testing here: Government testing guidance

delete

Think

- What is the reason for requesting testing?

Ask

- Are residents and staff unwell?
- Does everyone in the care home need testing even though everyone is well?

Do (as of 22nd June)

- If one or more residents are symptomatic and it is more than 28 days since the last case, call PHE London Coronavirus Response Cell (LCRC) Tel 0300 303 0450 email lcrc@phe.gov.uk or phe.lcrc@nhs.net. LCRC will provide infection control support and send test kits for all residents and asymptomatic staff on the day. The results will be sent back to you from LCRC via email (nhs.net email or password protected) along with guidance on what to do next, depending on negative or positive results.

- If there are no symptomatic residents and for ongoing outbreaks, testing can be arranged via the **DHSC portal** at https://request-care-home-testing.test-for-coronavirus.service.gov.uk/ , phone 0300 303 2713 **or via local arrangements**

Symptomatic care home staff should follow national guidance on self-isolation, details can be found on this link, and arrange a test as an essential worker via this link direct to the website.

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Testing residents and staff

Home testing need updating
Regular testing (retesting) for care homes in England will begin from 6 July. This involves care homes testing staff weekly and residents every 28 days. Via care home portal
https://www.gov.uk/apply-coronavirus-test-care-home

Testing of residents and staff, in combination with effective infection control measures, supports prevention and control of Covid-19 in care homes.

All care homes with older people and people with dementia can register for delivery of home testing kits for all staff and residents, whether or not they have symptoms.

Staff are offered priority access to the tests, which is different from a member of the public requesting a test.
The test involves taking a swab of the inside of a person's nose and sometimes from the back of your throat, using a long cotton bud. COVID-19: guidance for taking swab samples

Tips for Swabbing

- Swabbing may feel uncomfortable and be frightening for some residents.
- You might want to wait for a good moment where someone is engaged and not in distress for another reason
- Explain the reasons behind the swab and that there might be some discomfort
- Use pictures and simple information to help explain
- Demonstrate what will happen on yourself, a colleague or a doll/teddy
- Asking the person to open their mouth, stick out their tongue and say ahhh can help with understanding
- Keep explaining during swabbing and give clear instructions

The test confirms if someone currently has coronavirus.

Please ensure that you talk to and prepare the resident for a test, *e.g.* easy read information, objects of reference, a demonstration video *etc*. If an individual refuses the test please contact your Public Health England Health Protection Team to discuss next steps.

Carers and nurses who will be swabbing residents in care homes should complete the online care home swabbing competency assessment before carrying out swabbing. Register at www.genqa.org/carehomes

Think

- What is the reason for requesting testing?
- Does the resident have capacity?

Ask

- Are residents and staff unwell?
- Does everyone in the care home need testing even though everyone is well?

Do (as of 22nd June)

- If one or more residents are symptomatic and it is more than 28 days since the last case, call PHE London Coronavirus Response Cell (LCRC) Tel 0300 030 0340 email lcrc@phe.gov.uk or phe.lcrc@nhs.net. LCRC will provide infection control support and send test kits for all residents and asymptomatic staff on the day. The results will be sent back to you from LCRC via email (nhs.net email or password protected) along with guidance on what to do next, depending on negative or positive results.
- If there are no symptomatic residents and for ongoing outbreaks, testing can be arranged via the **DHSC portal** at https://request-care-home-testing.test-for-coronavirus.service.gov.uk/ , phone 0300 303 2713 **or via local arrangements**

Symptomatic care home staff should follow national guidance on self-isolation, details can be found on this link, and arrange a test as an essential worker via this link direct to the website.

Resources
Home Testing: Fact Sheet
How can I get the test for our staff and residents/clients?
Government Testing Guidance
Top tips for swabbing people with dementia

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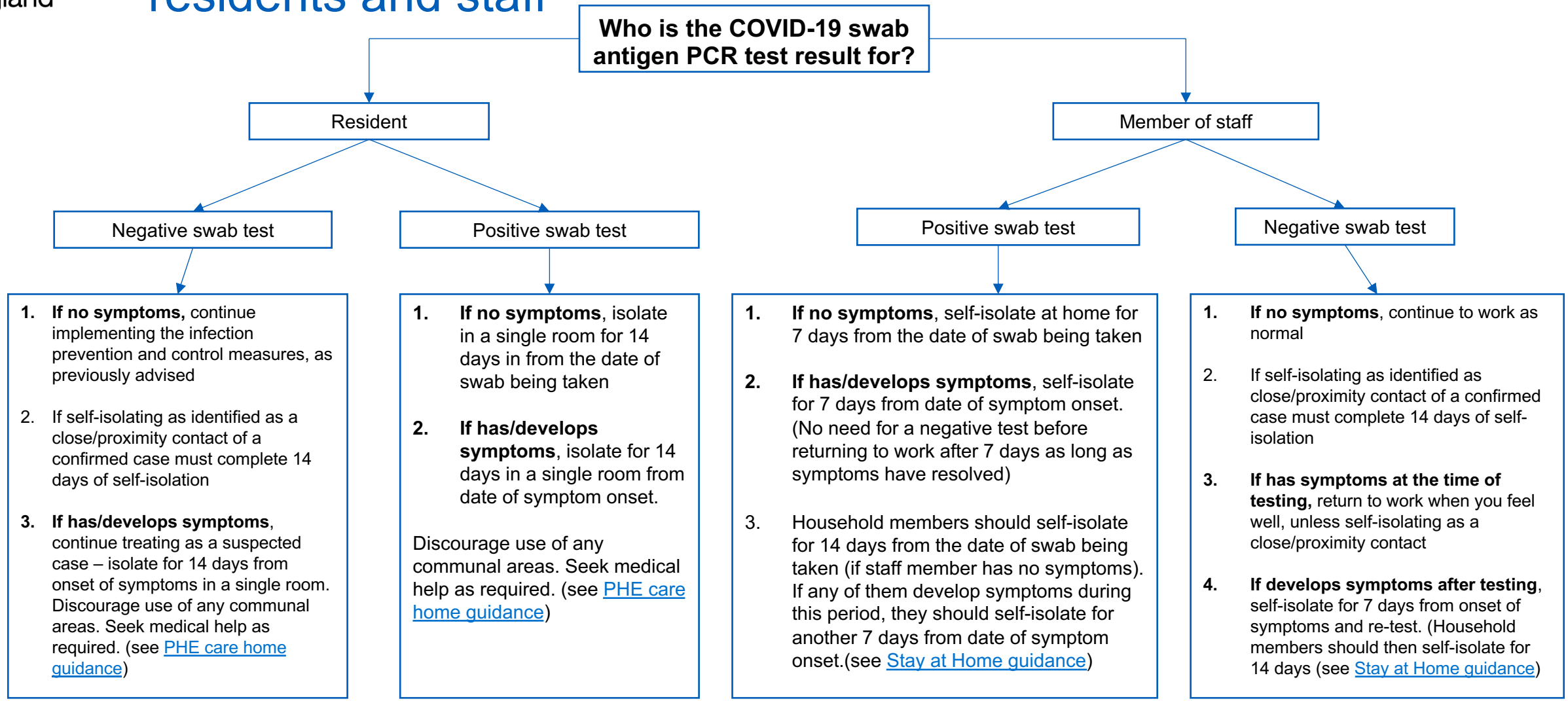
Public Health England

PHE care home testing results: actions for care home residents and staff

NHS



Antibody tests will start to become more widely available. ***The results of antibody tests should NOT be used to make decisions about your health or behaviour****, either at work or at home.* You should continue to take all precautions to avoid COVID-19, following Government advice. This includes the requirement to self-isolate if you are informed by the NHS contact tracing system that you are required to do so.

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NHS Test and Trace – what does it mean for care homes?

- Under the new COVID-19 Test and Trace system, anyone, including care home staff and residents, who has had a specific 'close contact' with someone who tests positive for COVID-19 will be expected to isolate themselves for 14 days, or for 7 days from developing symptoms of COVID-19
- see Annex B for example scenarios in a care home setting and how it may affect your care home
- **It is not clear if previous infection gives someone immunity or not, therefore this will apply to anyone (resident or staff) who is a close contact of a confirmed case, whether they have had the virus before or not.**

How can I make this work?

To reduce possible impact on staffing levels if staff need to self-isolate, do look at ways for staff to socially distance with colleagues at all times, even at break times.

Think about how this might work in your care home e.g. stagger breaks, take breaks outside.

Encourage staff to keep following the PPE and hygiene measure outlined in national guidance and follow the advice of your infection control adviser

NHS Test and Trace- what do I need to do?

- LCRC test and trace team will contact you when a person with a positive test is identified as a care home resident, staff or visitor through the NHS Test and Trace system.
- If you become aware of a resident or staff member with a **confirmed** coronavirus test contact London Coronavirus Response Cell (LCRC) on 0300 303 0450, or LCRC@phe.gov.uk. LCRC will be able to advise on next steps for contact tracing.
- Your local authority care home team will be able to provide further advice and support
- Close contacts (as per test and trace processes) are defined as (without wearing PPE or where there has been a breach in PPE):
  - having face-to-face contact with someone (less than 1 metre away)
  - spending more than 15 minutes within 2 metres of someone
  - travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane
  - has cleaned a personal or communal area of the home where a confirmed case has been located (note this only applies to the first time cleaning of the personal or communal area)

Admissions into your home

As care providers you are looking after people who are most vulnerable to COVID-19 under very challenging circumstances. You and your teams have played a vital role in accepting patients as they are discharged from hospital, providing care that best helps them recuperate away from a hospital environment.

Below is a summary of the current national guidance:

- For **all** admissions to your home, whether returning residents or new residents, from a hospital or from a community setting, **the resident should be managed in isolation for 14 days**, regardless of a positive or negative swab from hospital, and regardless of whether they are showing symptoms or not
- For residents being discharged from hospital, most will be **swabbed 48 hours before discharge.** But where test results are still awaiting provided all Infection Prevention and Control advice is followed, it is safe to accept a resident into your home
- The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home
- **Discharge can still happen while awaiting results**, as a negative result is not required to enable discharge
- Risk Assessments should be carried out in line with current guidance and recommendations. See example risk assessments and templates

Think

- Do we need to discuss admission processes with our teams? Do they feel confident with the process and understand what they are expected to do based on your local admission process?

Ask

- Is there anything that you need to consider in terms of your admission process? Remember that your local CCG and Local Authority teams can help if you need it.

Do

- Have early conversations with your local Hospital Discharge Services so that you understand how they will be working through this period? This will help you both to understand the expectations that will support a safe and effective discharge for your resident.
- Start using NHS mail to support communication around discharge if you need help with this please email hlp.londonchnhsmailrequests@nhs.net and the NHSmail team will support you will this.
- Feel confident to raise your concerns – throughout this the safety of care still remains the core priority.

Resources

Admission and Care of Residents in a Care Home during COVID-19 updated 19th June

Stepdown of infection control precautions and discharging COVID-19 patients: Guidance

COVID-19: Adult Social Care Action Plan

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Concerns about accepting a resident

The guidance makes it clear that no care home will be forced to admit an existing or new resident to their care home if they are unable to provide the isolation for the 14 day period and safely manager any subsequent COVID-19 illness for the duration of the isolation period. This means that there may be grounds for a care home to decline admission if the home feels they are unable to manage the resident's isolation needs.

Below is a summary of the current national guidance:

- If there is a side room with an en-suite, then this is adequate facility for isolation but there may also be staffing challenges which may influence your decision to accept
- If you are unable to accommodate a resident in isolation, the national guidance indicates that the Local Authority has some responsibility to help. However, your local CCGs will also support making the necessary arrangements with a joint approach between health and social care in supporting care homes with temporary alternative placements
- If alternative provision is required **this would be for a period of 14 days.**

The key is that there is support when you have concerns about accepting a resident and you do still need to complete your assessment to ensure you can safely admit a resident under CQC requirements.

Think

- Do you have a way of understanding your current dependency that will help you to articulate any concerns about not being able to meet a new or returning residents need? This can really help to have a positive conversation that is supportive rather than purely a challenging discussion.

Ask

- Is there anything that you need to consider in terms of your admission process? Remember that your local CCG and Local Authority teams can help if you need it.
- Ask for additional support from Primary Care team if needed

Do

- Have early conversations with your local Hospital Discharge Services so that you understand how they will be working through this period and that they understand your need for an assessment under CQC requirements. This will help you both to understand the expectations that will support a safe and effective discharge for your resident.
- Start using NHS mail and MS Teams to support communication around discharge can help you to safely assess your resident remotely. If you need help with this please email hlp.londonchnhsmailrequests@nhs.net and the NHSmail team will support you will this.
- Feel confident to raise your concerns – throughout this the safety of care still remains the core priority.

Resources

Outbreak Information for adult social care services during the coronavirus (COVID-19) outbreak
Stepdown of infection control precautions and discharging COVID-19 patients: Guidance
COVID-19: Adult Social Care Action Plan

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
Supporting someone with breathlessness: Guide
Managing breathlessness at home during the COVID-19 outbreak: Guide

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 upright 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

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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 which will require an update in their care plan. 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 (click here) 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
End of Life Care: 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
Protecting extremely vulnerable people: Government guidance
SCIE COVID-19 Care staff supporting adults with learning disabilities or autistic adults: Guide
Easy Read Keep Safe COVID Resources

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Supporting your residents with dementia

There will be a **significant change in routine** for people living with dementia.

People may behave in ways that is difficult to manage such as **walking with purpose** (wandering). Behaviour is a form of communication, often driven by need. Someone could be hungry, in pain or constipated, they might be scared or bored. Ask someone walking if there is something that they need, try activities they like with them and if possible go for a walk with them.

Some people **ask to go home** – this is often because people want to feel safe and secure. Talking about family that they are missing and looking at photographs can help.

People might find **personal care frightening** (it might seem like they are aggressive). Giving them time to understand, showing them the towel and cloth, encouraging them to do what they can and keeping them covered as much as possible can help.

People with dementia may need help or reminders to **wash their hands**. Use signs in bathrooms as a reminder and demonstrate hand washing. Alcohol-based hand sanitizer can be a quick alternative if they cannot get to a sink or wash their hands easily but remember to store this safely as per your local policy to avoid ingestion.

People 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.

People may find having a COVID **swab frightening** – don't rush, explain and be honest about possible discomfort, demonstrate and pick a moment when someone is engaged, you could try in front of a mirror after brushing teeth.

If people with dementia become unwell they might get **more confused, agitated or more sleepy** (delirium). See the *Supporting residents who are more confused than normal* page for further information

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

- Meeting the needs of people with dementia living in care homes video
- Walking with purpose guide for local adaptation
- Top tips on getting a COVID swab when someone has dementia
- Reducing anxiety for residents with dementia when wearing PPE
- Communication cards can help to talk about COVID-19
- HIN activities resources during COVID-19
- Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs) COVID 19 guidance and summary
- British Geriatric Society short guide dementia and COVID-19
- Social care dementia in care homes COVID-19 advice
- Dementia in care homes and COVID-19 – Social Care Institute for Excellence

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Supporting residents who are more confused than normal

Delirium is a **sudden change or worsening of mental state and behaviour**. It can cause confusion, poor concentration, sleepiness, memory loss, paranoia, agitation and reduced appetite and mobility.

There are two types of delirium: **Hypoactive** – where someone is more sleepy
Hyperactive – where someone is more agitated

COVID-19 can cause both types of delirium – it might be the only symptom. Delirium can also be caused by infections, hospital admissions, constipation dehydration and medications.

You can help to **prevent delirium** by:

- Stimulating the mind e.g. listening to music and doing puzzles
- Physical activity, exercise and sleeping well
- Ensure hearing aids and glasses are worn
- Ensuring plenty of fluids and eating well
- Addressing issues such as pain and constipation

If you are **concerned that a resident has delirium** speak with their GP or call 111*6 who can try and identify the cause. Delirium in people with learning disabilities may indicate a deterioration in their physical or mental health - contact the individuals lead contact

Reducing noise and distractions, explaining who you are and your role and providing reassurance can help.

Think

- What can I do to help prevent my resident becoming more confused than normal
- Has my resident changed – are they more confused? Has their behaviour changed?
- What can I do to support my resident who is more confused then normal

Ask

- The residents GP or call 111*6 for advice and guidance
- Why is my resident more confused then usual?

Do

- Explain who you are and why you are wearing PPE
- Provide reassurance
- Add information on preventing new confusion to your residents care plan

Resources

- Delirium prevention poster
- Delirium awareness video
- Delirium and dementia video

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Managing falls

Prevention is better than cure and continuing to implement falls prevention interventions such as strength and balance exercises is important.

To help prevent falls:

- Complete your local falls assessment and care plan
- Keep call bell and walking aid in reach of your residents
- Ensure residents shoes fit well and are fastened and clothing is not dragging on the floor
- Optimise environment – reduce clutter, clear signage and good lighting
- Ensure the resident is wearing their glasses and hearing aids
- Ask for a medication review (see pharmacy slide 22)

Residents do not need to go to hospital if they appear **uninjured**, are well and are no different from their usual self. **People with learning disabilities or dementia may not be able to communicate if they are in pain or injured following a fall, take this into account when deciding on whether or not to go to hospital.**

Going to hospital can be distressing for some residents. Refer to their **advance care plan** to make sure their wishes are considered and take advice e.g. from GP or 111*6. Ring 999 when someone is seriously ill or injured and their life is at risk.

Whilst waiting for an ambulance, keep your resident as comfortable as possible. Offer a drink to avoid dehydration and painkillers such as paracetamol to ease discomfort - tell the ambulance staff what you have given the resident.

Think

- Is an emergency ambulance required for the resident who has fallen?

Ask

- Contact your GP, community team or 111*6 for clinical advice and support
- Follow advice on NHS website on when to ring 999

Do

- Use assessment and observation to monitor for deterioration or injury in the hours following a fall
- Review medications as part of falls risk assessments
- If available and safe use appropriate lifting equipment
- If it is unsafe to move someone who has had a fallen keep them warm and reassure them until the ambulance arrives
- Ensure you have up to date moving and handling training
- Continue to implement existing falls prevention measures

Resources – prevention

Greenfinches – Falls Prevention Resources
Simple set of exercises to stay active - video and a poster
Later life training you tube exercises including chair based exercises

Resources – falls

Falls in care homes management poster
I STUMBLE falls assessment tool which is available as an app
What to do if you have a fall

Resources – falls videos

Assisting someone who is uninjured up from the floor: Link
Using slide sheets in a confined space: Link
Using a hoist to move from floor to bed: Link
HSE - Moving and handling in health and social care

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Working with primary care and community services

It is important we work more closely than ever with our colleagues who provide care in the community, as well as GPs. Here are some checkpoints you should consider when working with primary care and the wider multi-disciplinary team:

- Are all residents registered with a GP?
- Are contact details (including bypass numbers) correct for GP, District nurse, pharmacist, hospice and other local services?
- Are all care plans complete and updated regularly with primary care team input?
- Are Advance Care Plans in place for all residents and shared on CMC? If not, can we help our primary care teams achieve this?
- Have we identified any residents who are especially 'at risk' from COVID-19 and implemented plans to 'shield' them?
- Are we ready and able to communicate with our primary care team by video link?
- Keep a record of non urgent concerns and queries to discuss with your primary care team when convenient

Resources
Primary Care and community health support to care homes: letter

Think

- Do we need to discuss new ways of working with our GPs and community services staff?
- How do we support remote consultations and video links? E.g. access to laptops, tablets, internet access, means for video meetings etc.
- How can we communicate in the most effective way to support our residents?
- What help do we need to keep our residents safe?

Ask

- Which new ways of working with GPs and community services staff will be the most effective
- Are we prepared for weekly "Check ins" with our Primary care team (see slide 19)
- Which service should I contact to support my residents and care home staff
- Can we work together to support proactive planning and Advance care plans for residents

Do

- Start using NHS mail if you need help with this please email
- Ask for help when you need it
- Learn to communicate effectively using tools such as SBAR or other locally approved tools
- Be clear about what support you can expect from your primary care and community services

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Support from primary care and community services

Virtual Check-ins:

- Starting in May 2020 weekly virtual “Check-ins” will be carried out by GPs or other members of the primary care team for residents identified as a clinical priority, in CQC registered homes
- The healthcare team (multi-disciplinary team/MDT) supporting your care home will work on a process to support development of personalised and individually agreed care plans including treatment escalation plans for residents reflecting their needs and wishes
- Your home should have direct support from Primary Care. For example, support could be from GPs, wider MDT, pharmacists, community nurses, geriatricians, community palliative care teams and a variety of other health care professionals, which may vary according to local provision
- Primary care pharmacists may be able to provide advice and support regarding medication for residents. This may include administration, provision and storage of medication, as well as medicine use reviews for residents
- Technical support will be needed to enable homes and the wider MDT to help deliver care, including *eg*. Microsoft Teams, video conferencing *etc* (See next slide)
- Access to equipment will be helpful in some care home settings, for example, via remote monitoring using pulse oximetry to test oxygen levels, as well as other equipment.

Shielding in care home settings:

- The guidance on shielding is absolutely valid to those who are clinically extremely vulnerable and living in long term care facilities, including care home facilities for the elderly and those with special needs. See this link which details all the actions to be followed.

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Pharmacy & Medicines

General practice, care homes and CCG pharmacists and pharmacy technicians, supported by specialist community health services pharmacists, hospital pharmacists, and community pharmacy, are all working together in multidisciplinary primary and community care teams to support care homes across London.

In general, pharmacy professionals across the system within the borough will be working together to support care homes with:

- Medicines reviews for new residents or those recently discharged from hospital
- Structured medication reviews, via video or telephone consultation
- Support for care homes with medication-related queries
- Facilitating medication supply to care homes, including end of life medication
- Participation in MDTs, as appropriate, to support medicines optimisation

Think

Which patients require an urgent medicines review as a priority? They could include:

- Residents recently discharged from hospital
- New residents
- Residents with COVID-19 symptoms
- Residents with acute illness that may need changes to medicines (e.g. due to renal impairment)
- Residents at end of life
- Residents in high-risk clinical groups (e.g. renal dysfunction, high risk medicines including insulin, anticoagulants and lithium, and falls risk).

Other residents that may need a medicines review:

- Residents with a long-term respiratory condition
- Residents with a learning disability, autism or dementia presenting with early indicators of deterioration such as mood or behaviour changes
- Residents deemed to be at an increased risk of adverse medicine-related effects e.g. those on multiple medicines

Ask

- Does the resident need a review from a pharmacy professional?
- Is this a medicines supply issue?
- What is the advice from my local pharmacy team and how do I contact them?
- Could your medication ordering be set up electronically (if it isn't already)? For example, could proxy ordering be set up? Your local GP practice will be able to help with this.

Do

- Check and familiarise yourself with your local pharmacy team. Different members of the team will be providing different aspects of the service, working collectively as part of local MDTs.
- Check that you have contact details at hand for the local care homes lead pharmacist.
- Contact your usual community pharmacy for supply issues and urgent medicines requests.

Useful Resources

- https://bnf.nice.org.uk/ (British National Formulary)
- https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-stock-care-homes (Controlled Drugs in care homes)
- https://www.sps.nhs.uk/articles/pharmacy-and-medicines-support-to-care-homes-urgent-system-wide-delivery-model/ (overview of pharmacy model)
- How to stop over-medication: Tips for working with people with learning disabilities, autism or both

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Using technology to work with health and care professionals

COVID-19 is changing how we access services, this is particularly relevant to care homes as many healthcare professionals can no longer visit your homes.

Through utilising digital tools you can ensure you can continue to access advice, support and treatment for your residents from a range of health and care professionals. Digital tools can help ensure information on residents is sent and received securely and help facilitate remote monitoring which can support clinical decision about your residents.

To effectively utilise these tools you will need to think about the current technology you have in your organisation:

What you will need:

- Minimum 10mb broadband speed and adequate coverage across your home - click here to test your broadband speed.
- An email address, preferably NHS mail. Signing up to NHS mail is easy and allows you to share confidential information securely
- A device which can be taken to the resident or a confidential space.

Helpful tips:

- Liaise with your GP/HCP to find out how they are delivering remote consultations (AccurX, MS teams, Attend Anywhere)
- Once you have NHS mail you can access MS Teams. Click here to learn more.
- Digital social care have launched a technology helpline to support you.

Think

- Do I have at least 10mb broadband speed in place for remote consultations? If you need support with increasing the WiFi speed, please email England.CareHomesDigital@nhs.net
- Do I have the technology in place to take observations and share them with a healthcare professional?
- Do I have a way of sharing resident information with health and social care securely? NHSmail can provide you with a secure way of securely sharing information with the system.
- Do I know how to make a remote consultation using the technology I have? E.g. Teams.

Ask

- What do I need to do to enable remote consultations?
- How do I access NHSmail?
- Can my Local Authority or CCG support me?
- How will you resource the use of technology?

Do

- Access the helpful training resources and webinars produced by Digital Social Care Link
- Sign up for NHS mail hlp.londonchnhsmailrequests@nhs.net
- Download MS teams
- Ask your Local Authority/CCG/AHSN for support adopting new technology

Resources

Link to Digital Social Care
Digital Social Care telephone Helpline

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Supporting residents' health and well-being

Your role is important in helping people in your care to enjoy their daily life and take a full part in it as much as they can and is possible. When choosing activities it is important to take in to account, the likes and preferences of your residents.

The **Health Innovation Network (HIN)** has produced an Activities guide which collates a number of activities which are free to use and dementia friendly: activities on tablets, access to online newspapers and magazines, physical activity, film, music and TV and livestreams. The guide can be found here

Some of your residents may have lost friends that they live with, care staff or family. At a Loss recommends speaking to the bereaved or offering help, listening (ask, don't give solutions), showering them with good things, ensuring others do too, and keeping it up.

Cruse also recommends ways to support someone who is grieving. Be honest. Acknowledge the news by sharing your condolences, saying how sorry you are that their friend or relative has died. Share your thoughts about the person who died (if appropriate), tell your friend or relative how much the person will be missed and that you are thinking of them. Remind them that you are there for them, as much as you can be.

Think

- How it can feel when you have nothing to do all day or no one to talk to?
- How can I engage my resident in activities they like and enjoy?
- How can I enable and support residents to make video calls?
- Have you considered the spiritual needs of residents?

Ask

- "What do you enjoy?" "what do you like to do?"
- Family members about their loved ones preferences
- Check the care plan to learn more about your residents family and social history
- Can the Local Authority and CCG support us?

Do

- Refer to existing material such as the HIN's activity guide
- Use the NHS live well resources
- Make activities fun and engaging

Resources

Physical activity for adults and older adults poster
Faith Action – advice and resources
Managing activities for older adults during COVID-19 (HIN) link
NHS Live Well link
Relatives & Residents Association helpline
At a Loss tips to help someone bereaved at this time here
Cruse – what to say when someone is grieving here.
Death & Grieving in Care Homes during COVID-19: Guidance
Activity ideas for people with learning disabilities

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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

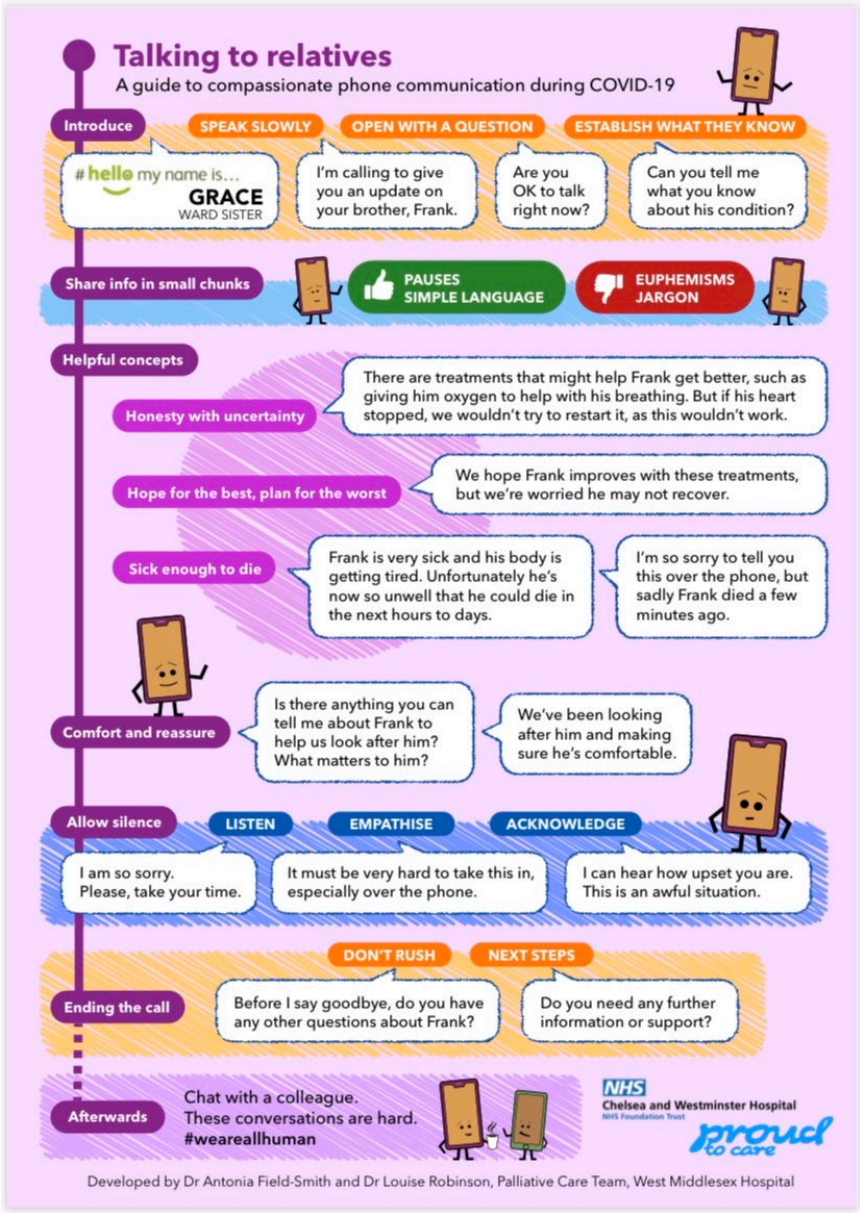
- Introduce yourself
- Comfort and reassure
- Allow for silence
- Talk to colleagues afterwards

Resources

Real Talk [evidence based advice about difficult conversations]

VitalTalk [COVID communication guide]

Health Education England [materials and films] to support staff through difficult conversations arising from COVID-19.



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Enabling care home visits

There is currently no national guidance on visiting in care homes, but this is likely to change. The following advice is based on guidance from the resources listed below. If there is no ongoing COVID outbreak then you could work with your local authority to consider how to **enable visitors** to the care home and develop a **local policy based on your own risk assessment**. Visiting during an outbreak should only occur in exceptional circumstances such as when a resident is in their last days of life.

The **risks and benefits** of visiting each resident need to be discussed with them and their families including risks to the family, consider developing a short **individual visiting plan**. In some cases, such as people with dementia or a learning disability there may be a case for allowing families to visit in order to **reduce distress** for the resident and/or family.. The local visiting policy should be shared with relatives prior to visiting so they know what to expect.

Be aware that some residents may find maintaining social distancing difficult to understand or **distressing** – explain this to the resident and reassure them prior to and during the visit. Simple language, pictures or social stories may help.

Top tips

- Create a **visiting appointment system** to ensure a manageable number of visitors –maximum of 2 visitors (from the same household) for 30-60 minutes is a sensible approach. Overall number of visitors will depend on space and staffing.
- Where possible visits should happen **outdoors** (with visitors going directly to the garden) or via a **ground floor window** or be a **drive through visit**. Relevant social distancing and PPE measures will apply
- Use chairs that can be **wiped down** and sign in on behalf of the visitor
- If a **indoor visit** is required e.g. for end of life care PPE measures will apply. Where possible use a separate entrance and exit, use a one way system and plan the most direct route to a residents room avoiding communal spaces.
- Check that visitors **do not have symptoms** such as cough, fever and loss of smell and are not self isolating. Ask them not to come by public transport (where possible)
- Reinforce to relatives that they **must follow local visiting policies** (such as maintaining social distancing, infection control, not using the care home bathroom where possible and not sharing food) otherwise restrictions will be imposed.

Resources:

- Care Home Provider Alliance visitors protocol
- British Geriatric Society care home guidance
- MHA booklet on visiting a relative with dementia
- National Autistic Society social stories to help someone understand the situation
- NHS guidelines on visiting at the end of life
- NHS guidelines on hospital visitors

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 020 7811 8513
Getting a CMC log on
CMC training including 5 minute video
End of Life Care: Support during COVID-19: Guide
HIN guide to support care homes implement CMC: Guide

Think

- Does the person have **an ACP** care plan which could be put onto CMC?
- If not, could the resident be supported to start a plan in My CMC?
- Could your care home register to use CMC to help create **CMC** plans for approval by your 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 clinicians 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
- Have ACP discussions with new residents and their loved ones when they are admitted.

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Supporting care in the last days of life

Some residents will have expressed their wishes to not go to hospital and to stay and 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 be can supported to connect using technology.

Common symptoms at the end of life are fever, cough, breathlessness, confusion, agitation 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
Guidance on visitors for people in their last days of life: Guide
End of Life Care: Support during COVID-19: Guide
Key to care: End of life care
Royal College of GPs COVID: End of Life Care in community
NICE COVID-19 rapid guidelines managing symptoms in community
End of Lifecare for People with Learning Disabilities

Think

- Have we contacted the family?
- Does the resident have a CMC plan? – what are the residents wishes and preferences
- Have you considered the spiritual needs of residents and their families?

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

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Expected and unexpected deaths

What is an Expected Death?

- An expected death is the result of **acute or gradual deterioration in the patient's health and often due to advanced disease and terminal illness**. For example, a person having an expected death due to metastatic cancer and unrelated to COVID-19
- A patient diagnosed with COVID-19 who is being treated in the community with end of life care plans in place, would be an expected COVID-19 death and should be managed according to their end of life care plan. This will include patients with confirmed COVID-19 who have been discharged from Hospital to a Care home with an end of life plan.

✓ **During core practice hours: call the person's registered general practice**

✓ **Outside of core practice hours: call NHS 111*6**

What is an Unexpected Death?

- These are deaths where the resident has **died suddenly or without the cause being expected** due to illness, or where the cause is unknown. This will include all cases where the death may be due to accident, apparent suicide, violent act and any other death that is not medically expected

✓ **Call NHS111*6**

Verification of Death will need to be completed in the home soon after death. This can be done either by suitably trained Health Care Professional, such a registered nurse in the care home who has completed the correct training*, or another suitably trained Health Care Professional available to visit (*eg.* District/community nurse).

The Learning Disabilities Mortality Review (LeDeR) Programme was set up to review every death of a person with a learning disability over the age of 4. You can find out more about LeDeR and notify the LeDeR that someone has died here.

Resources

*Special Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance

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Verification of death – national guidance

The national guidance on verification of death can be found here: https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency/coronavirus-covid-19-verifying-death-in-times-of-emergency

The guidance covers deaths in care homes (under community settings) which are **expected** including confirmed and unconfirmed COVID-19 cases.

The guidance states that “verification of death is performed by professionals trained to do so in line with their employers’ policies (for example medical practitioners, registered nurses or paramedics) or by others with remote clinical support.”

Equipment to assist verification of death includes:

- Pen torch or mobile phone torch
- Stethoscope (optional)
- Watch or digital watch times
- Appropriate personal protective equipment (PPE)

Process of verification in this period of emergency:

1. Check the identity of the person – for example photo ID.
2. Record the full name, date of birth, address, NHS number and, ideally, next of kin details.
3. The time of death is recorded as the time at which verification criteria are fulfilled.

For **remote clinical support**:
During core practice hours call the residents GP. Out of hours call NHS111*6 where a clinician will provide remote support to work through the process

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Care after death – using PPE and IPC

If the deceased person has suspected or confirmed COVID-19:

- PPE should be used, consisting of disposable plastic apron, disposable plastic gloves and a fluid-resistant surgical mask. Click on this think link for more information
- Ensure that all residents maintain a distance of at least two metres, or are in another room from the deceased person and avoid all non-essential staff contact with the deceased to minimise risk of exposure
- If a member of staff does need to provide care for the deceased, this should be kept to a minimum
- You should follow the usual processes for dealing with a death in your care home, ensuring that infection prevention and control measures are implemented
- Staff in residential care settings are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk.

Following Verification of Death, care after death must be performed according to the wishes of the deceased as far as reasonably possible. The deceased should be transferred to the mortuary/funeral directors as soon as practicable. PHE guidance on the care of the deceased with suspected or confirmed coronavirus must be followed. Click on this link for more information.

Mementoes/keepsakes (*e.g.* locks of hair, handprints, *etc*) should be offered and taken at the time of care after death, as they will not be able to be offered at a later date. Mementoes should be placed in a sealed bag and the relatives must not open these for 7 days.

Supporting care home staff well-being

The COVID-19 outbreak is affecting us all in many ways: **physically**, **emotionally**, **socially** and **psychologically**. It 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, or your work may provide you with a sense of purpose. Managing your emotional well-being right now is as important as managing your physical health. If you are concerned about your mental health, your GP is always a good place to start. If it is outside of working hours, contact the crisis line of your borough which is here or if you are known to services, please call your Care Coordinator or the service responsible for your care.

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

To speak to someone:

- **Urgent Support:** Good-Thinking's Urgent Support page has numbers and links to help you access urgent support,
- **1:1 Mental health support** 24 hours a day: Text FRONTLINE to **85258** for a text chat or call **116 123** for a phone conversation
- Visit **Bereavement Support Online** or call the free confidential bereavement support line (Hospice UK), on **0300 303 4434,** 8am – 8pm
- **NHS Psychological therapy (IAPT):** Search here to find out how to get access to NHS psychological therapy (IAPT)
- **Finances:** If relatives of staff are financially effected by COVID-19, they can access the Money Advice Service web-chat or **call 0800 138 1677**, from www.moneyadviceservice.org.uk

See slide 29 for more resources

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Staff mental health and emotional well-being

Evidence-based apps and personalised online tools:

- **Worry and anxiety:** The free Daylight phone app teaches you to manage worry and anxiety by offering audio-led guidance tailored to you
- **Sleep:** Sleepio is a highly personalised free digital sleep-improvement program which helps you get to the root of poor sleep.

Work and well-being:

- **Going Home checklist:** Find simple steps to help you manage your own wellbeing at the end of each working shift in this video
- **Risk Assessment BAME staff:** Use Risk Reduction Framework for staff at risk of COVID-19 infection (pages 9 and 10) here and assessment here
- **Preventing work related stress:** Use Health and Safety Executive's talking toolkit for preventing work related stress here
- **'Mental Health and Psychosocial Support** for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus': Guidance from the British Red Cross for staff, volunteers and communities. Can be found here
- **Mental Health at work:** Information and resources for managers on taking care of your staff. Learn how to support your staff here
- **Anxiety and worry:** Access the Guide to managing worry and anxiety amidst uncertainty from Practitioner Health (Psychology Tools) here

Further resources:

- **The stigma of COVID-19** can cause distress and isolation. Learn how to fight it here
- Building your own resilience, health and wellbeing website is a resource from Skills for Care
- **Reflective debrief after a death:** Support carers to take time grieving and reflecting together about the person that has passed away, what happened leading up to the death, what went well, and what didn't go so well, what could have been done differently, and what needs to change as a result of the reflection – Resource from 'What's Best for Lily' by UCL Partners. Find out how to do this by downloading resources here.
- **Care Workforce COVID-19 app:** Get information and advice, swap learnings and ideas, and access practical resources on looking after your own health and wellbeing. Signup here or download the app using an Apple or Android phone.
- For access to more tips, free guides, assessments and signposted resources, visit Good Thinking

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Change Log

1. Summary: Suspected Coronavirus Care Pathway - Residential and Nursing Care Residents	1. New information
2. Your direct line to urgent clinical advice	2. New information
3. Infection Prevention and Control	3. New information
4. PPE and escalating your supply issues	4. No change
5. Donning & Doffing	5. No change
6. What to do when you suspect someone has COVID-19 symptoms	6. New information
7. Testing residents and staff	7. New information
8. PHE care home testing results: actions for care home residents and staff	8. New information
9. NHS Test and Trace – what does it mean for care homes?	9. New slide
10. NHS Test and Trace – what do I need to do?	10. New slide
11. Admissions into your home	11. New information
12. Concerns about accepting a resident	12. New information
13. Managing respiratory symptoms	13. No change
14. Supporting your residents with learning disabilities	14. Updated resources
15. Supporting your residents with dementia	15. Updated resources
16. Supporting residents who are more confused than normal	16. New information
17. Managing falls	17. No change
18. Working with primary care and community services	18. No change
19. Support from primary care and community services	19. No change
20. Pharmacy & Medicines	20. New slide
21. Using technology to work with health and care professionals	21. No change
22. Supporting residents' health and well-being	22. New information
23. Talking to relatives	23. No change
24. Enabling care home visits	24. New slide
25. Advance Care Planning and Coordinate My Care (CMC)	25. No change
26. Supporting care in the last days of life	26. New information
27. Expected and unexpected deaths	27. New information
28. Verification of death – national guidance	28. New information
29. Care after death – using PPE and IPC	29. New information
30. Supporting care home staff well-being	30. No change
31. Staff mental health and emotional well-being	31. New information