



1. Policy

- 1.1 Angelcare Residential Living is prepared for the possibility that in order to relieve pressure on the frontline services, there may be an increased demand for accommodation within Angelcare UK Ltd. This may include receiving Service Users back from hospital or from their own home who are COVID-19 positive in order to isolate them. Angelcare Residential Living will work in partnership with necessary bodies such as Public Health England and the NHS to support this, whilst ensuring the wellbeing and safety of its other Service Users and staff.
- 1.2 Angelcare Residential Living understands that staff, Service Users and their families will understandably feel concerned about the risks posed by accepting Service Users from hospital or their own homes who either have symptoms, have no symptoms and have not been tested, or who have had COVID-19 and are no longer symptomatic. Angelcare Residential Living recognises however that there is an obligation to continue to protect the NHS to ensure that there is capacity for the most critically ill. Angelcare Residential Living will ensure that robust risk assessments, with stringent infection control and barrier nursing procedures are in place to ensure that Angelcare Residential Living can support the national effort to manage the COVID-19 pandemic.
- 1.3 Angelcare Residential Living will communicate clearly with staff, have procedures in place to protect staff who themselves are vulnerable to COVID-19 or who are shielding family members. Furthermore, Angelcare Residential Living will ensure that through careful planning and robust precautions, the wellbeing and safety of Service Users at Angelcare Residential Living are protected and maintained.



2. Procedure

2.1 Communicating the Capacity of Angelcare Residential Living

- 1.3.1 Register via Capacity Tracker website at: <https://carehomes.necsu.nhs.uk/>. There are [videos](#) to help
- 1.3.2 All care homes, all hospices (including children's hospices) and all providers of inpatient community rehabilitation and end of life care **MUST** continue to input the information specified into the Capacity Tracker
- 1.3.3 Only use the capacity tracker, even if you currently use other tools. This is for the duration of the pandemic
- 1.3.4 All residents prior to admission to care homes will be tested for COVID-19, this will be an [NHS responsibility](#). Where a test result is still awaited, the Service User can be discharged and pending the result, isolated in the same way as a COVID-19-positive Service User
- 1.3.5 Update the tracker when there are changes and at least daily. Only vacancies and business continuity info are required on the updates
- 1.3.6 Sign up to NHSmail if you have not already done so. QCS have produced an [Action card](#) on this
- 1.3.7 Reassure your staff that you have procedures in place to manage the admissions
- 1.3.8 Communicate with residents and their families to explain how new admissions will be managed to ensure that their wellbeing is a priority

2.2 Admissions to Angelcare Residential Living from Hospital

- Angelcare Residential Living understands the requirements to register with the Capacity Tracker and will aim to remain open to new admissions as much as possible during the pandemic to support pressures on the NHS and other services
- However, Angelcare Residential Living will ensure that a risk assessment is carried out with staff availability, the ability to isolate the Service User, availability of supplies including personal protective equipment and the ability to cohort staff taken into account
- The Registered Manager will determine if Angelcare Residential Living can meet the needs of the Service User and will escalate any concerns to Angelcare Residential Living
- If Angelcare Residential Living agrees to accept a Service User who is COVID-19 positive, they will be isolated on return
- If an individual has no COVID-19 symptoms or has tested positive for COVID-19 but is no longer showing symptoms and has completed their isolation period, then care should be provided as normal
- However, Angelcare Residential Living may decide to isolate the Service User as a precaution for 10 days
- The Hospital Discharge Service and staff will clarify with Angelcare Residential Living the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to Angelcare Residential Living.
- Staff will seek and record advice from the Health Protection Team (details of the local Health Protection Team can be found [here](#)) when accepting Service Users back who are COVID-19 negative but are returning where there are confirmed cases within Angelcare Residential Living. Angelcare Residential Living will work with Health Protection Team advice as to when to close to admissions e.g. in the event of an outbreak

2.3 Action Required Once Admission is Accepted

- Complete the pre-admission assessment over the phone or via video conferencing
- Determine if the Service User is deemed clinically stable, suitable and well enough to discharge from hospital
- Identify the level of frailty of the Service User using the [Clinical Frailty Scale](#) to ensure that there is a shared understanding between health providers and Angelcare Residential Living
- Ensure that medication, equipment and staff with the right levels of skills are considered
- Ensure that there is an appropriate plan in place for ongoing support and management of the Service User

- Carry out a risk assessment to ensure that the service is able to accommodate requirements for self-isolation where required
- Every potential admission must be treated on a case by case situation. A risk assessment must be completed to support a safe means of admitting new Service Users
- The risk assessment will include where the Service User lacks capacity and whether the Service User walks with purpose and how this will be managed with Angelcare Residential Living to avoid the risk of spreading the virus throughout Angelcare Residential Living.
- Ensure that transport from the hospital to Angelcare Residential Living is arranged
- Communicate with staff and follow the usual admission procedure for welcoming new Service Users
- Ensure that the Service User has information about social distancing measures, any shielding of other vulnerable Service Users and also current COVID-19 policy on visitors at Angelcare Residential Living
- If the Service User needs to be isolated, ensure that the room is prepared with the correct personal protective equipment in place outside of the room and staff allocated to care for them on arrival

2.4 Admissions from the Community to Angelcare Residential Living

Prior to admission, staff will:

- Complete the pre-admission assessment over the phone or via video conferencing
- Angelcare Residential Living will need to be aware of the temporary changes to the [Care Act](#) which impact on needs assessments
- Ensure that staff are aware of the symptoms of COVID-19 and carry out a screening check before admission so that correct precautions can be put in place
- Angelcare UK Ltd may isolate the Service User for 10 days as a precaution however, this is not required as part of current guidance and is a local decision at Angelcare Residential Living
- Complete the risk assessment
- Discuss the admission with the Service User's GP or other healthcare professional involved in their care to identify any current isolation advice for that Service User or the household from which they are being admitted
- Inform Care Workers that Service Users being admitted from the community do not need to be tested for COVID-19 and should be managed based on symptoms. However, if symptoms worsen they must escalate in a timely manner concerns to the Service User's GP, 111 or 999 dependent on the severity
- In addition, staff will be aware that new Service Users may have COVID-19 and not present with symptoms. Therefore, it may be necessary to use barrier precautions on the advice of the Service User's GP or other primary healthcare professionals. This advice must be sought before the Service User is admitted

2.5 Wellbeing of Current Service Users and Staff

- Angelcare Residential Living must implement daily monitoring of COVID-19 symptoms with Service Users and staff at Angelcare Residential Living
- Assess each Service User twice daily for the development of a fever (37.8°C or higher), cough or shortness of breath and/or loss or change in their normal sense of smell or taste. Immediately report Service Users with fever or respiratory symptoms to NHS 111
- Angelcare Residential Living will ensure that staff are aware that Service Users may not always have the same symptoms of COVID-19 and will need to be aware of the recognised COVID-19 symptoms (see forms)
- Staff must record their temperature at the start of each shift
- If staff feel unwell (i.e. high temperature, new/continuous cough or loss or change in sense of smell or taste) they must not come into work without first contacting the manager.
- Staff must follow the sickness absence reporting procedure at Angelcare Residential Living and ensure that they give 3 hours notice before the start of the shift wherever possible
- Angelcare Residential Living will utilise the [RESTORE2 tool](#) to monitor signs of deterioration. Policies and procedures on temperature, blood pressure, pulse, oxygen saturation levels and respiration rates at

Angelcare Residential Living will be used as these reflect the National Early Warning score best practice

- Consent must be obtained from both staff and Service Users prior to checking the clinical observations
- Where Service Users lack capacity to consent, a best interest decision must be considered and recorded
- Staff must be provided with privacy to record their temperature and confidentiality must be maintained
- Staff must be trained to take the observations and understand when to escalate concerns

2.6 Suspected COVID-19 in a Service User

- Any Service User with symptoms of COVID-19 should be isolated immediately
- This must be in a separated in a single room with a separate bathroom, where possible
- Contact the NHS 111 COVID-19 service for advice on assessment and testing
- If further clinical assessment is advised, contact their GP
- If symptoms worsen during isolation or are no better after 10 days, contact their GP for further advice around escalation and to ensure that person-centred decision making is followed
- For a medical emergency dial 999
- Staff should immediately instigate full infection control measures to care for the Service User with symptoms, which will avoid the virus spreading to other Service Users at Angelcare Residential Living and stop staff members becoming infected. Angelcare Residential Living will follow the Personal Protective Equipment (PPE) Policy and Procedure and Infection Control Policy and Procedures at Angelcare Residential Living and current Public Health England guidance on PPE
- Discuss with the Service User the reasons for isolation and provide support for them to discuss this with their family using mobile devices
- Review and update the Care Plan and risk assessment
- Ensure that any advance decisions are recorded and the correct documentation is available
- Where the Service User lacks capacity, continue to explain and ensure that the least restrictive options are taken to maintain their safety and the safety of everyone at Angelcare UK Ltd. Where required, involve the Service User's GP

2.7 Standard Expected Response to Suspected New Cases of COVID-19

- If staff have a suspected new case of COVID-19 they must isolate that Service User in their room and commence use of the personal protective equipment (PPE) provided by NHS England
- Staff will inform the Service User's GP, who will advise staff on the medical treatment and isolation requirements to reduce the risk of further transmission to other Service Users
- In line with [NHS England Guidance](#), Angelcare UK Ltd will ensure that staff are bare below the elbows and the following PPE is worn;
 - Fluid repellent facemask
 - Apron
 - Gloves

The full [infection control](#) guidance by Public Health England must also be read. A guide to which PPE must be worn is included in the Forms section of this document.

2.8 Avoiding Admissions to Hospital

If a Service User is unwell;

- Review the Service User's care plan and update if required
- Review the Service User's Advance Care Plan
- Contact the Service User's GP and community healthcare staff to seek advice
- If necessary, contact NHS 111 for clinical advice, 999 in an emergency
- Postpone routine non-essential medical and other appointments
- Review and postpone all non-essential appointments (medical and non-medical) that would involve the Service User visiting the hospital or other health care facilities
- If medical advice is needed to manage routine care, consider arranging this remotely via a phone call with the GP or named clinician

2.9 Decisions About Transferring a Service User to Hospital with COVID-19

If a Service User shows symptoms of COVID-19:

- Assess the appropriateness of hospitalisation, the Service User, the GP or NHS 111 must be involved in this decision
- Review the Service User's Advance Care Plan or Treatment Escalation Plan and discuss with the Service User and/or their family or Lasting Power of Attorney as appropriate following usual practice to determine if hospitalisation is the best course of action for the Service User
- Follow national guidance and seek advice from the 111 Coronavirus service

2.10 If hospitalisation is not required;

- Follow infection prevention and control, and isolation procedures and consult the Service User's GP for advice on clinical management or end of life care as appropriate
- Ensure that staff are aware of the current guidance from [NICE](#): COVID-19 rapid guideline: critical care in adults, NICE guideline [NG159]

2.11 COVID-19 Testing

If it is suspected that there is an outbreak of Coronavirus at Angelcare Residential Living, The Manager should contact the local Health Protection Team and follow their advice with regard to the best route to follow to receive appropriate tests.

However, all Service Users and staff can now be tested for Coronavirus, whether symptomatic or not. These tests can be ordered by the manager and will be delivered to Angelcare Residential Living. The completed tests will then be collected and taken to laboratory for analysis, and results will be provided to the manager of the service.

2.12 COVID-19 Testing and Transfers to Care Homes

Negative tests are not required prior to transfers/admissions into Angelcare Residential Living. Where a new or existing Service User is discharged from hospital with a previous positive COVID-19 test, the hospital will provide;

- The date and results of any COVID-19 test
- The date of the onset of symptoms
- A care plan for discharge from isolation

2.13 Mental Capacity Act Considerations

Staff will be aware that DoLs legislation remains in place and therefore staff must ensure that the Mental Capacity Act and Best Interest Decision making processes are followed. Where it is thought that Service Users may be deprived of their liberty staff must ensure that procedures are followed.

Where a Service User lacks the capacity to make decisions and retain information, they may not be able to follow recommended isolation guidance. For situations where Service Users walk with purpose, the Care Plan must provide details around how best to manage this and a risk assessment completed. Staff must not use physical restraint and should refer to the Restraint Policy and Procedure at Angelcare Residential Living for further detail and carry out a risk assessment. Where behaviours become challenging to manage and there is an increased risk to staff and Service Users, staff will in a timely manner escalate their concerns to the Service User's GP or Community Mental Health Team.

2.14 Sharing of Information and Partnership Working

In order to ensure that Angelcare Residential Living can provide a continuous service to support frontline pressures, Angelcare Residential Living will:

- Use the [Capacity Tracker](#) to alert others of the vacant bed situation in the home, if used by the local CCG
- Sign up to and use [NHS mail](#) for the secure transfer of information
- Ensure that telehealth facilities are available such as the use of Skype and other tools to access advice from GPs, acute care staff, local Public Health England health protection teams and community health staff can be provided

Staff will ensure at all times that they comply with the Data Protection Act when sharing information or using the above sources of communication.

2.15 Training and Education

- The manager of the service will closely follow updated guidance directly from [GOV.uk](#), [NHS](#) and local Commissioning/NHS policy and adapt practices to align with their requirements and recommendations

- Staff will be updated through regular briefings from the manager in changes to practice as provided by Gov.uk or the NHS
- Training will emphasise that staff will only work within the realm of their competence at all times, in accordance with their codes of conduct. Where up-skilling of staff is necessary due to the impact of COVID-19 on staff supply, this will be provided using a Training Needs Analysis approach
- Angelcare Residential Living will ensure that staff regularly log onto the Quality Compliance System to make sure they are reading the most up to date advice



3. Definitions

3.1 Advance Care Plan

- A care plan that outlines and describes the person's wishes and is to be followed when the person lacks capacity or is not able to share these wishes directly

3.2 COVID-19

- COVID-19 is a new illness that can affect the lungs and airways. It is caused by a type of coronavirus

3.3 Cohorting (COVID-19)

- Cohorting is where groups of patients are cared for in one area. It is used in hospitals to protect other patients and staff from the virus spreading with the same staff caring for the patients who have symptoms. It also increases efficiency as patients are in one area. It can be used in care homes and nursing homes where there is more than one Service User with symptoms. It will involve moving Service User's rooms and ensuring that there is access to toilets and bathrooms that can be used by the Service Users in isolation. Staff need to keep separate and this includes at break time and handover. Social distancing should be maintained by staff as far as possible. Ideally, staff who have had COVID-19 and are not vulnerable should care for the cohorted Service User

3.4 Outbreak

- An outbreak is two or more cases which meet the case definition of possible or confirmed case, within a 14-day period among either residents or staff in the care home

3.5 Possible Case of COVID-19 in the Care Home

- Any Service User (or staff member) with symptoms of COVID-19 (high temperature, new continuous cough or loss of taste or smell), or new onset of influenza-like illness or worsening shortness of breath

3.6 Confirmed Case of COVID-19

- Any Service User (or staff) with laboratory confirmed diagnosis of COVID-19

3.7 Infectious Case

- Anyone with the symptoms of COVID-19 is an infectious case for a period of 10 days from the onset of symptoms

3.8 Symptoms of COVID-19

- Symptoms of COVID-19 (Coronavirus) are the recent onset of: a new continuous cough and/or a high temperature, and/or loss of taste or smell. This is the current NHS definition, however, it is important to be aware that the Service User may have different symptoms of COVID-19



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- When considering admissions and discharges during this current pandemic, staff and Service Users' wellbeing and safety is paramount
- Staff must individually risk assess each potential new Service User to ensure that Angelcare Residential Living can safely meet their needs and reduce any risk of transmission of COVID-19 once admitted
- Staff will work in partnership with key personnel such as GPs, Health Protection Teams, Frontline NHS staff, with clear and efficient communication the key to successful partnership working
- Staff must ensure that the wishes and preferences of Service Users and their future care needs are gathered and recorded on an advance care plan

