



# Information

for adult social care providers

CORONAVIRUS  
**PROTECT  
YOURSELF  
& OTHERS**



## Issue 51 – 30 October 2020

Dear colleague

As ever, thank you for the dedication and energies of you and your teams in keeping people safe during this constantly changing and unprecedented time. Here are some articles and guidance relating to the latest position to ensure that we all stay up-to-date.

### **Move to tier 2 for Charnwood**

The Government has announced a move to high alert level from Saturday. Care homes will be closed to external visitors, apart from in exceptional circumstances.

Further guidance around visitors to care homes will follow shortly.

From Saturday 31 October Charnwood district will move to high alert, and residents are being urged to help stem the spread of coronavirus to vulnerable people. This higher level of restrictions means that people cannot meet indoors – whether in a private home or public space – with those they don't live with.

Latest data published by the council, for the week ending 24 October, shows Charnwood's rate of 439 cases for every 100,000 people is significantly above the national average of 224 per 100,000.

Mike Sandys, director of public health, said: "It's clear that figures are still rising in Charnwood so this is a sensible move. Cases are very high in the 17-21s age range, while rates among over-60s have trebled since the end of September and this is driving the figures. What's most important is what we do now. To stop coronavirus spreading to older, more vulnerable people, we need everyone to do the right thing. By not mixing with people you don't live with, self-isolating when you need to and avoiding crowded areas, you're playing your part. This really is the simplest action you can take to save lives and livelihoods."

On top of national restrictions, in a high alert area:

- Social contact is restricted indoors to people in your own household or bubble – the rule of six applies outdoors
- Shops and retail remain open

- Schools, further education and universities remain open
- Places of worship remain open
- Leisure facilities and gyms remain open
- Overnight stays are allowed, in line with social contact rules
- Hospitality remains open
- Child care remains open – and supervised activity allowed in private homes
- Care homes will be closed to external visitors, apart from in exceptional circumstances

Find out more about the [high alert level restrictions](#) on the Government website.

### **COVID-19 negative discharges – reminder about isolation and IPC**

As part of the wider health and social care system, we recognise that care homes across Leicester, Leicestershire and Rutland play a vital role in accepting residents back into the home. Care homes are not expected to have dedicated isolation facilities in their home, they only need to implement isolation precautions where necessary. To support staff in providing safe care of these residents and to minimise the risk of spreading COVID-19, national guidance advises that all admissions back into the home should be isolated for 14 days within their own bedroom.

When admitted back into the home, as with any other infection that requires a resident to be isolated in their bedroom, care staff should wear personal protective equipment (PPE) in line with the latest [national guidance](#) as well as follow the current [infection control guidance](#). Further information about infection prevention and control can be found on the [infection prevention and control](#) local authority website.

### **Discharges to designated care home settings for COVID-19 positive people**

In order to manage and mitigate the risks associated with COVID-positive patients being discharged to care homes, the Department of Health and Social Care (DHSC) has asked local authorities to work with health partners to identify sufficient suitable local accommodation for people being discharged from hospital with a COVID-19 positive status or who are symptomatic but medically fit for discharge, to complete their isolation period. These facilities will be known as 'designated settings'.

As well as optimising the appropriate use of local community hospital resources and supporting as many people as possible to return to their own homes, we are working with our social care and health partners in Leicester City and Rutland to identify residential and nursing care settings, which will be designated as able to offer up to 14 days isolation following hospital discharge.

Our Quality and Contracts Team has been contacting all our providers who have reported that they can accept referrals of people who are COVID-positive to check whether they are willing and able to become a CQC-designated setting as soon as possible.

We'll then be working with these designated providers, CQC and Public Health Infection Prevention and Control colleagues to ensure that these providers are able to comply with the relevant Infection Prevention Control (IPC) processes and procedures for these settings.

The DHSC had advised local authorities and health partners that, for people to be discharged back to the care home where they live, it is necessary for the home to be formally identified as a 'designated setting.'

If your care home wishes to become a designated setting and hasn't already notified the Council's Quality and Contracts Team, we would strongly advise that you contact [enquirylinequality&contracts@leics.gov.uk](mailto:enquirylinequality&contracts@leics.gov.uk) in order to be added to be considered as a designated setting.

This will trigger contact and any necessary support from the Council's IPC team, followed by an inspection from CQC to ensure that the infection prevention control standards for designated COVID-positive settings are being met.

#### *Overview of the designated settings purpose and requirements*

- Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into appropriate designated setting (i.e. that has the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents) and cared for there for the remainder of the required isolation period.
- These designated accommodations will need to be inspected by CQC to meet the latest CQC infection prevention control standards.
- No one will be discharged into or back into a registered care home setting with a COVID-19 test result outstanding or without having been tested within the 48-hours preceding their discharge.
- Everyone being discharged into a care home must have a reported COVID test result and this must be communicated to the care home prior to the person being discharged from hospital. The care home's registered manager should continue to assure themselves that all its admissions or readmissions are consistent with this requirement.

The commitment creation of designated settings builds on existing [guidance on admission to care homes](#) published on 2 April 2020 and updated on 16 September 2020, that already includes a requirement, in line with the [hospital discharge service guidance](#), that if appropriate isolation or cohorted care is not available with a local care provider, the individual's local authority will be required to secure alternative appropriate accommodation and care for the remainder of the required isolation period.

Local authorities are required to ensure that they've identified enough suitable accommodation and care to meet expected needs now and over the Winter period.

The costs of the designated facilities are expected to be met through the national £588 million discharge funding.

Local authorities and health partners should also ensure that, within these designated settings and across the local system, appropriate testing, PPE, arrangements for staff isolation or non-movement, protection from viral overload, sickness pay and clinical treatment and oversight, are all in place.

#### *Residents who contract COVID-19 within the care home setting*

These residents should be treated and managed in line with the [admission of residents in a care home during COVID-19 policy](#). This guidance still requires all patients discharged from hospital, even with a negative test, to be isolated safely for 14 days to ensure any developing infections are managed appropriately.

#### *Which people will this affect?*

The designation scheme is intended for people who have tested positive for COVID-19 and who are being admitted to a care home. This applies to care homes who provide accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for older people, people with dementia and people with learning disabilities, mental health and/or other disabilities and older people.

Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into an appropriate designated setting and cared for there for the remainder of the required isolation period.

#### *Which people does the scheme not apply to?*

- people who have contracted COVID-19 within the care home setting – there is no requirement to transfer COVID-19 positive residents from a care home into designated accommodation, as long as safe isolation and care is being maintained
- people using emergency departments who have not been admitted to hospital do not need to be transferred into designated accommodation
- people living in their own home, including sheltered and extra care housing or living in supported living do not need to be transferred from hospital into designated accommodation

#### *What is the CQC assurance process?*

The accommodation must meet CQC registration requirements, and additionally adhere to the CQC inspection guidance in the IPC protocol.

The CQC's assurance process for care homes wishing to offer "designated accommodation" will require registered care providers to demonstrate that they have the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents.

Once CQC have completed their assurance process and confirmed that suitable IPC measures are in place, designated care home premises will be able to receive COVID-19 positive people discharged from hospital.

Although the DHSC is emphasizing the priority for commissioning stand-alone units or settings with separate zoned accommodation and staffing, they have also acknowledged the diversity of existing provision and arrangements and the need for flexibility to meet local circumstances.

Local authorities will also be able to identify more than one facility to be CQC assured, if needed to respond to geographical spread and size, and to consider the specific needs of particular cohorts and increasing demands.

CQC will prioritise inspections in local authorities in tier 2 or tier 3.

### **DHSC coronavirus testing update for care home managers**

For the latest care home testing update, including checking barcodes, support from 119, important courier information and more, see: [DHSC coronavirus testing update for care home managers \(23 October 2020\)](#)

### **Supporting people with LD and Autism**

In light of the COVID-19 alert levels being introduced, both [the government guidance](#) on supporting adults with learning disabilities and autistic adults, and [the guidance](#) for those providing unpaid care to adults with learning disabilities and autistic adults have now been updated. The pages include relevant information around the alert levels and include updated links to accessible resources.

### **Infection Control Fund**

The ICF2 initial payment due to community providers has been issued and where applicable should have arrived in your bank account on Monday.

We have made an initial payment £159 per service user. To make the initial payment quickly we are assuming that each provider is supporting the same number of people that they reported they were supporting for ICF1.

The total payment we make will be based on the total allocation specified for community providers by DHSC - £1,467,102 – and the average number of people supported as reported on the CQC tracker in November. So, when we make the second and final payment in January it will be calculated by deducting the initial payment from the total amount due.

Assume, for example, we calculate that the total payment due in ICF2 is £300 per client. If a provider was supporting 10 clients in ICF1 they would have received £159 x 10 = £1,590. If tracker information in November shows that that they are supporting 20 clients in ICF2, the total payment due will be £300 x 20 = £6,000. So the second

payment in January would be £6,000 - £1,590 = £4,410. But, if tracker information indicates that they are supporting 6 clients in ICF2, the total payment due will be £300 x 6 = £1,800. So the second payment in January would be £1,800 - £1,590 = £210.

Please note, these numbers are for illustrative purposes only. It will be at the end of November that we finalise them.

In order to receive payment, community providers must comply with all the [grant conditions](#) and in particular ensure the tracker is updated every week.

## Provider conference calls

As you know, since March we have held regular provider COVID-19 conference calls, which have been invaluable in engaging with providers, communicating the latest information, understanding your challenges, and forming joint approaches at this challenging time.

### *Future diary dates*

Having been extended out to the end of October, we have now scheduled calls through to the end of the financial year. Dates and dial-in details for all meetings can be found at <https://resources.leicestershire.gov.uk/adult-social-care-and-health/working-with-you-during-coronavirus/provider-teleconferences>

### *Move of provider calls from Skype to Microsoft Teams*

In bulletin 33 we reported that we hoped to move from Skype to Microsoft Teams, which is considered to be a more stable platform, for the provider calls. I am pleased to say that this is now in place, and will be used for all calls from week commencing 9 November.

You can join a Teams meeting anytime from any device, e.g. iPad, tablet, laptop, Smartphone, whether or not you have a Teams meeting account. If you do not have an account you can join as a guest.

Go to the meetings invite and select 'Join Microsoft Teams Meeting'

Join Microsoft Teams Meeting **EXAMPLE LINK**

+44 20 3443 9666 United Kingdom, London (Toll) **EXAMPLE**

Conference ID: 652 206 120# **EXAMPLE**

Local numbers | Reset PIN | Learn more about Teams | Meeting options

The web page will then give you two choices: **Download the MS Teams app from your App/Play store (this is free)** or **Join on the web via your laptop**. If you join on the web, you can use either Microsoft Edge or Google Chrome. Your browser may ask if it is okay for MS Teams to use your mic and camera. Be sure to allow it so you will be seen and heard in your meeting.

Enter your name and choose your audio and video settings. If the meeting room (or another device that is connected to the meeting) is nearby, choose **Audio off** to avoid disruption. When you are ready, select **Join now**.

Although it would be great to see people on the calls via camera, you may of course join by audio only if you wish.

Alternatively, you can call in by telephone on the number provided and quote the Conference ID when prompted.

A guide on installing Teams can be found at <https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2020/10/28/Guidance-for-external-providers-on-how-to-install-Teams.pdf>

### **New at-home antibody testing service**

A new at-home antibody testing service is now available to all paid staff in the adult social care sector in England, which is supporting surveillance studies that are helping to develop an understanding COVID-19. The service provides a new route for adult social care staff to access antibody tests, giving greater flexibility and choice.

We ask that you please communicate this offer to staff within your organisation.

It is important to note that regardless of the result of an antibody test, individuals are not immune from infection, and must continue to comply with government guidance, including wearing PPE and social distancing.

Please find FAQ guides below:

- [Guide for care home colleagues](#)
- [Guide for other adult social care colleagues](#)

Thank you once again.

Yours sincerely

Jon Wilson

Director of Adults and Communities

Mike Sandys

Director of Public Health