



Information

for adult social care providers

CORONAVIRUS
**PROTECT
YOURSELF
& OTHERS**

 Leicestershire
County Council

Bulletin 87 – 18 May 2021

Dear Colleagues,

Please find information below on several COVID-19 related matters.

Update to national care home visiting guidance

The guidance on care home visiting has been updated with effect from 17 May in line with the government's roadmap, to support safe visiting:

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

The summary which follows below will be updated onto Leicestershire County Council's website in the next few days.

Every care home resident can nominate up to 5 named visitors who will be able to enter the care home for regular visits. Babies and preschool-aged children are not included in this figure. To support effective infection prevention and control in care homes, named visitors should be COVID-19 tested using an LFT on the day of every visit, and produce a negative test prior to their visit. They should also wear the appropriate PPE, maintain social distancing and follow all other infection prevention and control measures (which the care home will guide them on) during visits.

Residents with higher care needs can choose to nominate an essential care giver who may visit the home to attend to essential care needs. Essential care givers will have different testing regimes: a weekly PCR test provided by the care home, and a minimum of two lateral flow tests per week (one on the same day as the PCR test). Care homes should use their existing PCR stocks to test these visitors and these should be registered as 'staff' tests using the care home UON and be returned via courier with other staff tests. If the care home staff engage in a different regime (such as outbreak testing), essential visitors should be included. These visitors should also use the same PPE as members of the care home staff.

The care home is best placed to decide on the frequency and duration of visits, determined by considerations such as the layout of the home, the number of residents and families who wish to have visits. In practice this is likely to mean that the frequency of visits is limited by setting-specific constraints.

It is recommended that the care home has a simple booking or appointments system to enable visits. Ad hoc or unannounced visits may not be possible. Care homes can also continue to offer visits to other friends or family members (who may not be included in the named 5 visitors) through arrangements such as outdoor visiting, rooms with substantial screens, visiting pods, or from behind windows. They should remain 2m apart at all times.

Care home managers are best placed to develop policies (in consultation with residents and their relatives) to ensure that the visits described in this guidance are provided in the best way for individual residents, their loved ones, and care home staff. Dynamic risk assessments should be developed to decide how to provide visiting opportunities in line with the guidance, accounting for individual needs of residents, and the features unique to the care home (such as layout and facilities around the home), considering factors relating to the rights and wellbeing of residents. Any risk assessment should follow the CQC regulatory framework around providing person centred care. It may also be appropriate or necessary for providers to apply different rules for different residents based on an assessment of risk of contracting COVID-19 in relation to such residents, as well as the potential benefits of visits to them.

Families and residents should be supported to plan end-of-life visits, with the assumption that visiting will be enabled to happen not just towards the very end of life, and that discussion with the family should happen in good time.

Any potential visitor who tests positive with an LFT should immediately leave the premises and return home, avoiding public transport if possible, to self-isolate. They should be offered a confirmatory PCR test by the care home and if this is positive, their contacts should also [self-isolate in line with current guidance](#).

In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life – and for essential care givers) to protect vulnerable residents, staff and visitors. These restrictions should continue until the outbreak is confirmed as over, which will be at least 14 days after the last laboratory confirmed or clinically suspected cases were identified in a resident or member of staff in the home. Recovery testing on all those who had previously tested negative should be carried out 14 days after the last positive test result. Where there is an outbreak of a variant of concern (VOC) other than VOC-20DEC-01 [Kent], all visiting will need to stop for 28 days.

In the face of new variants of the virus, and a potential upsurge in current prevalent types of COVID-19, we need to remain alert to risks to ensure we protect those most at risk in care homes while ensuring indoor visits can go ahead. This advice will be regularly reviewed and updated to permit more visiting at an appropriate time.

Resident visits out of a care home

Opportunities for care home residents to make visits out of the home are an important part of care home life. Even as vaccine coverage increases, there are still risks involved in visits out. It's important that care homes, residents, family and friends take steps to manage and mitigate these risks.

In some cases, where the risks involved are high and the visit cannot be avoided (for example, involving an overnight stay in a hospital), this will mean that a resident making a visit out of the care home should self-isolate for 14 days on their return (where the day of return is day zero).

There are certain types of activity where the risks are inherently lower and these should ordinarily be supported without the need for self-isolation on return:

- to spend time outdoors
- to take part in outdoor exercise not involving close contact with others

All care home residents should be supported to leave the home, subject to carefully considered risk assessments, for the following activities without being advised to self-isolate for 14 days on their return:

- to go to work or take part in education or training
- for medical appointments such as GP appointments, excluding overnight stays in hospital
- to take part in other activities necessary to maintain an individual's health and wellbeing (for example, going to a day centre or to a place of worship)

Providers are best placed to define their individual policies for how outward visits are supported, and should consider the potential risk that individuals leaving the home may pose to both residents and staff within the home (including any who may be particularly vulnerable) and the benefits to visiting out to recommend measures that should be used to mitigate the risk of infection before, during and after the resident leaves the home.

The requirement for individual risk assessments is explicitly mentioned to ensure residents remain safe. Regard should also be given to the [ethical framework for adult social care](#), and the wellbeing duty in [section 1 of the Care Act 2014](#), and all decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable.

Other measures, such as social distancing and avoiding crowded spaces, should continue.

- Visits to indoor spaces should normally be avoided (except, for example, for the use of toilet facilities), unless they are for work, education, medical appointments or where an individual assessment has determined the activity is necessary to maintaining an individual's health and wellbeing

- Consider how the resident will be supported to follow good infection control practice including social distancing, hand hygiene and face coverings – and whether the resident’s needs are likely to impact their ability to do so
- Transport for the visit, which should avoid exposing the resident to those outside the household they are visiting, for instance by [travelling in a family car or private taxi](#). Public transport should be avoided.

In the event of an outbreak in a care home, the home should immediately stop outward visiting. The Health Protection team will be available to offer guidance and support should this be required. These restrictions will continue for 14 days after the last confirmed (or clinically suspected) case identified in a resident or a staff member. Where there is an outbreak of a variant of concern, outward visiting will stop for 28 days after the last positive test.

Please see <https://www.gov.uk/government/publications/arrangements-for-visiting-out-of-the-care-home/visits-out-of-care-homes> for further information.

‘How to work safely in care homes’ guidance

Following feedback from guidance users across the adult social care sector, Public Health England (PHE) has reviewed and updated the ‘How to work safely in care homes’ guidance first published on 6 April 2021. It has been amended to reflect the current evidence and research relating to COVID-19.

The guidance clarifies many of the queries raised following the last iteration of the guidance, for instance on when to change the facemask following direct or personal care and the difference between wearing a face mask for source control (i.e. protecting others from you) and for PPE (i.e. protecting yourself as well as others).

Please review the updated guidance, which includes the minimum recommended standards, here: [COVID-19: how to work safely in care homes - GOV.UK \(www.gov.uk\)](#)

The guidance is for care homes and not home care. Some of the main points are detailed below.

What has changed?

This guidance has been updated:

- to clarify the meaning of sessional use and the difference between source control and PPE
- to clarify the safe use of face masks and when to use them, focusing on the use of:
 - the Type I or II face mask which is worn to protect others from you (source control)
 - the Type IIR face mask which is used as PPE. Type IIR face masks help to protect you, the wearer, from exposure to COVID-19 but also act as source control, protecting others from you

- to clarify when to change a Type IIR face mask (being worn as PPE) following direct personal care
- to clarify that you should change a Type IIR face mask when providing direct personal care to COVID-19 positive residents or residents that may have symptoms of COVID-19
- to clarify sessional use of a face mask (Type I or II) is acceptable when carrying out domestic duties or other activities more than 2 metres from residents
- new advice on what to do when within 2 metres of a resident or anyone else within your working environment
- an updated section on what to do with waste including disposing of PPE safely

The guidance has been updated to reflect the current COVID-19 situation in England, the latest scientific evidence at this stage of the pandemic and stakeholder and user feedback.

PPE requirements for providing direct personal care to a resident

Table 1: PPE recommendations when within 2 metres of a resident and carrying out direct personal care (for example, physical care) to someone who is COVID-19 positive or who is isolating

Disposable gloves (vinyl, latex or nitrile)	Yes
Disposable plastic apron	Yes
Single use fluid-repellent surgical mask (Type IIR)	Yes
Eye protection (single use or decontaminate as per manufacturer's instructions)	Yes

Table 2: PPE recommendations when within 2 metres of a resident and carrying out direct personal care (for example, physical care) where there is a risk of contact with respiratory symptoms or body fluids (for example coughing, sneezing, spitting). This is usually within the resident's own room

Disposable gloves (vinyl, latex or nitrile)	Yes
Disposable plastic apron	Yes

Single use fluid-repellent surgical mask (Type IIR)	Yes
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Eye protection (single use or decontaminate as per manufacturer's instructions)	Yes
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Table 3: PPE recommendations when within 2 metres of a resident who has no symptoms and a negative test for COVID-19, and carrying out direct personal care (for example, giving physical care). This is usually within the resident's own room

Disposable gloves (vinyl, latex or nitrile)	Yes
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Disposable plastic apron	Yes
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Type IIR surgical mask (can be left on when task is completed unless it has become contaminated)	Yes
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Eye protection	No
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These recommendations apply:

- to direct personal care (for example, giving physical care, assistance using the toilet or commode, changing dressings) and when unintended personal contact with residents is likely (for example, when caring for residents with challenging behaviour)
- to all staff involved in delivering personal care including essential care givers or visitors if they are carrying out personal care (for example, giving physical care) within 2 metres usually within the resident's own room

Eye protection is needed when one or more of the following occurs:

- when you have risk assessed that there is a risk of splashing of body fluids or contamination to the eyes. This includes when someone coughs, sneezes, spits near your eyes
- the resident has had a positive COVID-19 test within 14 days or is isolating as they may have been a contact of someone with COVID-19
- the resident has new respiratory symptoms (for example coughing, sneezing)

Fluid-repellent (Type IIR) surgical mask

After providing direct personal care for to a resident with respiratory symptoms (for example coughing, sneezing) or who has had a positive COVID-19 test in the last 14 days, you should remove and dispose of the mask and apply a new Type IIR surgical mask before providing care for the next resident or carrying out another duty.

If you have provided direct personal care to a resident who has tested negative for COVID-19 and does not have respiratory symptoms (for example, coughing, sneezing), and assuming your mask is not damp, soiled or worn for more than 4 hours, you can wear it for the next resident contact. However, you will need a clean change of apron and gloves for any care or task where PPE is required.

Eye protection

It is recommended to use eye protection when:

- providing care within 2 metres to a resident who has tested positive for COVID-19 and is within the 14-day isolation period
- or who has been required to isolate as a contact of COVID-19
- or has respiratory symptoms and is coughing, sneezing or tends to spit

In this situation, there is risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the care worker's eyes.

Waste

For care homes that don't have a yellow or orange waste stream, waste from residents with symptoms of (or who have tested positive for) COVID-19, waste from cleaning of areas where they have been (including disposable cloths and used tissues), and PPE waste from their care should be managed as follows:

- put in a plastic rubbish bag and tie when three-quarters full
- place the plastic bag in a second rubbish bag (for example, a black domestic bin liner) and tie
- put these bags in a suitable and secure place and mark for disposal 72 hours later in normal domestic waste.

Getting WhatsApp updates from us is simple.



Thank you to home care providers and your teams for your help in lowering coronavirus infection rates in Leicestershire and looking after the people your team cares for throughout the pandemic. We need to continue everything we're doing to make sure the number of cases across the county remain low.

Throughout the pandemic we have received feedback from home care providers that WhatsApp is a much used channel for staff communications. As a result of this we are setting up a Leicestershire County Council Adult Social Care WhatsApp group – this will not replace official service or contractual communications you receive from the council by email but will provide additional, specific staff messages to share with your teams.

Initially these messages will focus on infection prevention and control, and vaccinations – we would be very grateful for your organisation's support in joining this group.

So that we can distribute these messages, it would be great if you could arrange for at least one member of staff from your team to sign up to this group – it doesn't need to be a manager. To do this please follow the step-by-step instructions below.

Once you've completed Step 1 and 2, we'll be able to share our messages with you. When you receive a message, please complete Step 3 by forwarding these messages to employees via your own WhatsApp groups.

If you have any questions please let us know.



Send a message to us at:
07526 928248 with the full
name of your service



Add 07526 928248 to your address book
as LCC – home care updates



Share our updates with your team
via your own WhatsApp group

#LETSBEATCOVIDLLR

Largest ever recruitment marketing campaign

Over the past month, Inspired to Care has been working in partnership with a professional marketing agency to create a recruitment advert to celebrate the social care workforce and inspire people to join our sector. At a time where we are seeing fewer active job seekers as people get back to their substantive roles in other sectors, this will be Inspired to Care's largest ever recruitment marketing campaign

for adult social care in Leicestershire. As we prepare for the launch we are inviting members to upload ALL your vacancies to our FREE vacancy board.

The campaign is due to launch on Wednesday 9 June and will be seen in various places including social media, TV streaming platforms, YouTube and sent out to our extensive local and national network. It will also be sent out via press release for media take up.

The call to action for applicants will be to head over to the [Inspired to Care website's vacancy board](#) where they will be presented with live vacancies from our providers. We are going to see a huge increase in website traffic once our advert goes live. This is going to give you a unique opportunity to get an audience with thousands of local, high-quality candidates, looking for work.

Career progression is a key factor that candidates take into consideration when job searching. We want to use the Inspired to Care vacancy board to showcase the career pathways that your organisation has to offer. To do this, we encourage you to upload all of your vacancies to the website. This includes your entry level Care / Support professional roles but also your management and leadership vacancies, administrative positions, maintenance and domestic roles, HR and recruitment, and any other vacancy your service is actively recruiting for in Leicestershire.

Want tips to make your adverts stand out in the crowd? Read the advice in the ITC Recruitment and Retention toolkit; <https://www.inspiretocare.co.uk/recruitment-and-retention-toolkit> and follow these top tips:

- Always put your benefits and unique selling points at the top of the advert to grab people's attention— now is a great time to explore how you can promote your unique selling points
- Include reviews from your staff and people that use your service; get these people to write down why they love working for / being supported by your service and include these quotes in your advert
- Focus on the values you are looking for from your next recruits. Visit <https://www.inspiretocare.co.uk/values-based-recruitment> for further information about what values to look for
- Provide links to your website and social media to give candidates an insight into your service and the roles. Why not create some 'day in the life' case studies? Here is an example: <https://www.inspiretocare.co.uk/diary-of-a-support-worker>

Ready to go? Here's how to upload your adverts:

1. Login to the members area (<https://www.inspiretocare.co.uk/employer-members>) (If you need the password to get in, please send us an email at inspiretocare@leics.gov.uk)
2. Click on the 'post a job' button
3. Complete the vacancy form (do not copy and paste your standard job description – be creative and inspiring!)
4. Once you have submitted the advert it will be sent to us for approval and publishing

5. You can add as many vacancies as you wish but you do not need to put the same advert up multiple times for the same role in different locations, as you can select multiple locations that you are looking for staff in the vacancy form.

It is important to review your current adverts on the website and email us to remove old adverts. The newer the advert, the higher it appears on the page – so remember to refresh them every couple of weeks!

Yours sincerely,

Jon Wilson

Director of Adults and Communities

Mike Sandys

Director of Public Health

The archive of all previous COVID-19 provider bulletins released since March 2020 can be found at <https://resources.leicestershire.gov.uk/adult-social-care-and-health/working-with-you-during-coronavirus>