

SEFTON CARE HOME RESOURCE PACK (V3)

Date: 30th June 2020

Version: 3

Review date: 11th August 2020

This Sefton Care Home Resource Pack is an iterative guide that will be reviewed and updated on a regular basis.



The Purpose of this resource pack

Provide a resource pack for care providers.

To provide clear guidance and links to resources for Sefton Care Homes ensuring that national guidance and good practice can be embedded locally by Care Providers

Ensure escalation routes are clearly identified for care providers



Topics included in this resource pack

- Wellbeing: supporting care home staff
- Resources for staff wellbeing
- Urgent clinical advice for care homes concerned about a resident with COVID 19 symptoms
- Infection prevention and control (IPC)
- Personal Protection Equipment (PPE) and escalating your supply issues
- Managing an outbreak in your home
- Talking to relatives
- Enhanced Health in Care Home Planning
- Medicines Management
- Managing respiratory symptoms
- Supporting your residents with dementia
- Supporting your residents with learning disabilities
- Supporting care in the last days of life



Wellbeing and supporting your staff

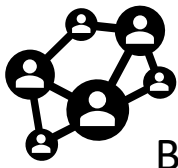
The COVID-19 pandemic is affecting us all in different ways: physically, emotionally and psychologically. It is natural to have these feelings and is a normal reaction to an abnormal situation.

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
- A lot of things are out of our control at the moment – it can help to focus on what we can control and what we cannot control
- Acknowledge on what you and your team are doing matters. You are doing a great job!
- Choose an action that signals an end to your shift and try to rest and recharge

Sefton Council has put together a directory on one page where you can find useful information and contact details for help with a variety of things that can impact on our mental health including smoking, physical health, relationships and finances.

Here it is: <https://www.sefton.gov.uk/miscellaneous-pages/health-and-wellbeing-directory.aspx>



Resources for staff wellbeing and support

Below is a list of resources for staff wellbeing and support. These resources are taken from the Education and Support Programme, which can be found [here](#)

Resource name	Description	Address
Access Sefton	Free commissioned service commissioned by the NHS. This service is for anyone aged 16+ and registered with a Sefton GP	https://www.insighthealthcare.org/our-services/talking-therapies/find-a-service/access-sefton/
QWELL	Online counselling and wellbeing for adults	https://www.qwell.io/
Every Mind Matters	Helpful tips if you are worried about coronavirus	https://www.nhs.uk/oneyou/every-mind-matters/coronavirus-covid-19-anxiety-tips/
Caring for yourself and your team	Workplace wellbeing programme for Care Homes in Southport, delivered by team Boo, but funded by Southport and Ormskirk Hospital Trust	https://www.boo-consulting.com/caring-for-yourself-and-your-teams-top-tips-and-free-stuff-from-team-boo/
Cognitive Behavioural Therapy (CBT)	Cheshire and Merseyside Partnership provides access to three online CBT courses and users will have access to wellbeing apps.	https://www.cheshireandmerseysidepartnership.co.uk/get-informed/news/224-alma-wellbeing-website-supports-workforce-and-the-public-during-the-coronavirus-outbreak
Be Kind to your mind	Cheshire and Merseyside Partnership's campaign that provides access to wellbeing resources	https://www.cheshireandmerseysidepartnership.co.uk/get-informed/news/232-local-councils-and-the-nhs-in-cheshire-merseyside-encourage-people-to-be-kind-to-their-minds-during-the-coronavirus-outbreak
Merseycare NHS Trust	Online and phone psychological support for anyone over the age of 16, experiencing any level of mental distress Mental Health Support Pack for Care home staff and residents	Urgent mental health support line on 0800 145 6570 https://www.merseycare.nhs.uk/media/7247/24_7-helplines-external.pdf https://www.sefton.gov.uk/media/1739687/care-home-mental-health-support-pack-july-2020.pdf



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

Most people with coronavirus have at least one of these symptoms:

- high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Use the NHS 111 online coronavirus service if you or the person you care for have any of the symptoms above. The NHS 111 service will tell you what to do and help you get a test if you need one.

Contact the NHS 111 online service here www.111.nhs.uk/covid-19 .

Call NHS 111 if you cannot get help online.

Infection Prevention and Control (IPC)

Follow the guidance on [hand washing and social distancing](#)
Follow the [flow chart](#) to see how you should be using PPE
Masks should be worn when doing tasks that require you to be within 2 metres of a resident
Masks can be worn continuously depending on [different scenarios](#)

Gloves and aprons are for single use

If you take off your mask, it MUST go in the clinical waste bin

Follow clinical advice on length of isolation which will depend on clinical symptoms and test results [use Infection Control guidance](#)

Resources

[PPE Guidance for Care Workers](#)

[PPE for non aerosol generating procedures](#)


[PPE for aerosol generating procedures](#)

[How to work safely in care homes](#)

[PHE video on how to safely put on PPE](#)

[Preventing skin damage under PPE](#)

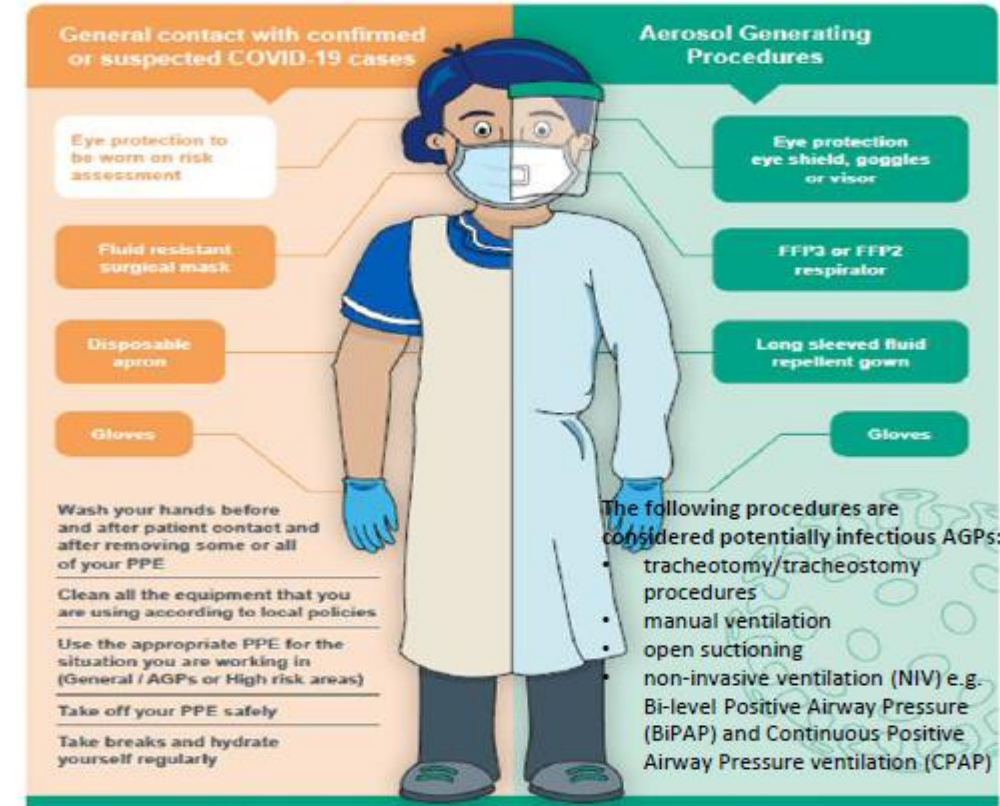
[Admitting residents to care homes from hospitals and other settings](#)



Public Health England

COVID-19 Safe ways of working

A visual guide to safe PPE



General contact with confirmed or suspected COVID-19 cases	Aerosol Generating Procedures
Eye protection to be worn on risk assessment	Eye protection eye shield, goggles or visor
Fluid resistant surgical mask	FFP3 or FFP2 respirator
Disposable apron	Long sleeved fluid repellent gown
Gloves	Gloves

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

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

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

Take off your PPE safely

Take breaks and hydrate yourself regularly

The following procedures are considered potentially infectious AGPs:

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

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

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PPE and escalating your supply issues

You still need to be ordering your usual PPE supplies but we know this has been a challenge and we want to support you.

PPE Supplier List

An [Independent Supplier List](#) can be found on this page.

This is a list of all suppliers that we have been made aware of and that have approached Sefton Council during this time to offer PPE supplies. Please note that the details of these suppliers are unchecked. Sefton Council takes no responsibility for the quality and cost of PPE equipment that is secured via these agents. It is the responsibility as a care provider that you must assure that PPE products and equipment supplied from the listed distributors is of the correct quality and compliance and all appropriate checks should be undertaken by the supplier and the provider to ensure safe use.

National Procurement Portal for PPE

There is a national PPE portal for care homes with 24 beds or fewer to order critical PPE once a week if they are having issues ordering from their usual suppliers. Eligible care homes are contacted and asked to sign up to the portal.

If you urgently need critical supplies of PPE please email
emergencyppe@sefton.gov.uk



Managing an outbreak in your home

If you suspect a resident has coronavirus symptoms

The first time a care home suspects a resident has symptoms, the care home manager should contact by telephoning our **Community Infection Prevention Control Team** on: 9.00am - 5.00pm - 0151 295 3036 – Monday to Friday

After 5pm/weekends/bank holidays **PHE Health Protection Team**: 0151 434 4819.

After the first outbreak, the Department for Health and Social Care will provide further testing for all care home residents and workers through the online registration process, described in the sections below.

Update: Capacity Tracker and NHS net account

Guidance: [Admission and care of people in care homes](#)

Information on testing channels for Care Homes can be found [here](#)



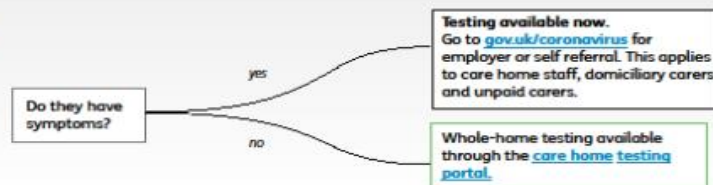
HM Government



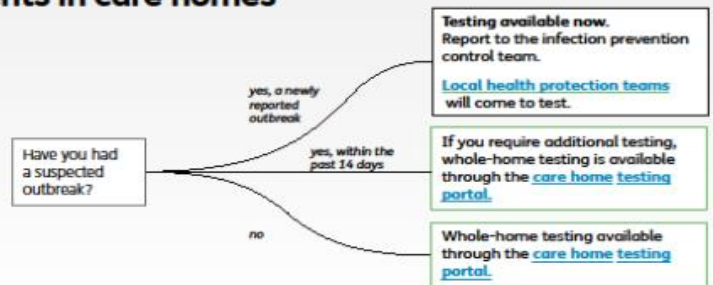
Coronavirus (COVID19) Care Home Testing Process

A quick reference on how I can get a test for staff and residents

Staff



Residents in care homes



Clients receiving care at home





Talking to relatives

Conversations with relatives 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 more advice or support

Do

- Introduce yourself
- Provide comfort and reassurance
- Allow for silence
- Talk to colleagues afterwards

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

Introduce

- SPEAK SLOWLY**: #hello my name is... **GRACE** WARD SISTER
- OPEN WITH A QUESTION**: I'm calling to give you an update on your brother, Frank.
- ESTABLISH WHAT THEY KNOW**: Are you OK to talk right now? Can you tell me what you know about his condition?

Share info in small chunks

- PAUSES SIMPLE LANGUAGE**
- EUPHEMISMS JARGON**

Helpful concepts

- Honesty with uncertainty**: There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.
- Hope for the best, plan for the worst**: We hope Frank improves with these treatments, but we're worried he may not recover.
- Sick enough to die**: Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days. I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.

Comfort and reassure

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

Allow silence

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

Ending the call

- DON'T RUSH**: Before I say goodbye, do you have any other questions about Frank?
- NEXT STEPS**: Do you need any further information or support?

Afterwards

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

NHS Chelsea and Westminster Hospital
NHS Foundation Trust
proud to care

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

Resources: Real Talk [advice on holding difficult conversations](#)



Enhanced Health in Care Home (EHCH) Planning

Enhanced health in care home planning ensures that people know the thoughts and wishes of your resident when it comes to future treatment and care at the end of life. Where your resident lacks capacity information will be sought from their next of kin and those who know them well to create a best interest statement. EHCH Planning is a voluntary process and is NOT legally binding.

Key Points

- Planning is important because it is much harder for residents (& families) to make decisions during an episode of rapid deterioration or voice what they might wish with respect to their care
- Any EHCH plan will be written for/by an individual and no blanket approach should be allowed in your care home
- EHCH Plan conversations are not unique to medical staff and we encourage care homes to engage in local training and get involved
- Locally we have standard EHCH plan templates which we can complete electronically and share via secure email. There must always be a copy held in your resident's notes. Though the focus of EHCH plan is around conversations, documenting and sharing these is critical.
- Many health professionals will be involved in the completion of an EHCH plan including community nurses, geriatricians, GPs etc.
- EHCH planning may take a number of conversations to complete over a period of weeks
- Further information and resources regarding EHCH planning can be found here

Resources:

[My COVID-19 Advance Care Plan](#)

[Macmillan ACP](#)

[NICE quick guide ACP in social care](#)



Medicines Management

What support is available around Medicines Management?

- Homely remedies
 - Codeine linctus and Paracetamol are available in all homes and can be given to all patients authorised to have them for symptoms such as cough and /or fever suggestive of Covid-19 infection.
- A form has been emailed to all homes offering support by the medicines management team for various areas of medicines management including:
 - Requests for help around ordering monthly medicines
 - Homely remedies support
 - Single administration of controlled drugs
 - The medicines re-use scheme.
- Management of Proxy access to enable on line ordering of medication for residents will be coming soon and we will be in touch with homes as this is rolled out.
- A Covid-19 Symptom Management Plan has been developed to support nursing staff around medicines that you may see commonly used in the management of Covid-19. This will be supplied when medication is prescribed.

Resources

There are several resources available to help you:

- Homely Remedies Policy
- Care Home Medicines Management Enquiry Form
- Reuse of medicines in Northwest Care homes during the Covid-19 Pandemic guidance and resource document.

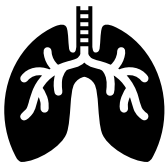
For any of these resources, contact the Medicines Management team:

Email address:

seftonmm.hub@nhs.net

Telephone number:

0151 317-8450



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 mean the person is still infectious, especially when other symptoms have settled down.

There are things that can be done to relieve coughing, e.g. drinking warm water with honey, sucking on a hard sweet, elevating the head and avoiding smoking.

Worsening or new breathlessness may mean that the resident is deteriorating. However, people can also appear breathless because they are anxious, especially when not being used to the room or seeing people in PPE.

Think

- Does the resident look short of breath or have difficulty breathing?
- Has the resident already got an Advanced Care Plan 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 adopt a more comfortable position – sitting up may help?
- If this is an unexpected change call the GP in the first instance?
- Call the NHS 111 Service if concerned or if the GP is not available
- In an emergency call 999
- Be explicit that COVID-19 is suspected.

If this is an expected deterioration, and there is an advanced care plan:

- Follow the plans instructions
- Call GP for further advice if needed
- Call the community palliative care team if they are involved or advice needed.



Supporting your residents with dementia

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

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

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

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

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

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

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

Think

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

Ask

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

Do

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

Resources

[Easy Read Poster why staff are wearing PPE](#)

[Communications cards](#) to help you talk about COVID-19

Short [Delirium video](#)

Mental Capacity Act and Deprivation of Liberty [Guidance](#)

HIN activities and [resources](#) during COVID-19

[Leaflet for carers of people living with dementia](#) on how to stay well.

[Dementia and COVID-19: Social Contact](#)



Supporting your residents with learning disabilities

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

This will mean significant changes to the persons care and support. If the resident needs to exercise or assess 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 to remind them to wash their hands:

- Use signs in bathrooms as a reminder
- Demonstrate hand washing
- Use hand based sanitiser as a quick alternative

Residents that are high risk may need [shielding](#) which may be difficult in shared accommodation but it is important to follow government guidance as much as possible.

Resources

[Easy Read Poster why staff are wearing PPE](#)

[Communications cards](#) to help you talk about COVID-19

Mental Capacity Act and Deprivation of Liberty [Guidance](#)

Government Guidance on [exercise](#)

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

End of Life Care [Guidance](#)



Supporting care in the last days of life

Some residents will have expressed their wishes not to go to hospital and to stay in the care home and cared for when they are dying.

A family member may be able to visit their relative when they are dying. If they are unable to visit they can be supported to connect via technology.

Common symptoms at the end of life include fever, cough, breathlessness, delirium, agitation and pain. People are often more sleepy and it is a normal part of dying that people can lose their desire to eat and drink. Agitation may be caused by having a full bladder and rectum – needing to empty both.

Breathing can sound noisy when someone is dying – due to secretions. This is not distressing for the resident and can usually be relieved by positioning in the recovery position once someone is unconscious or semi-unconscious. Medicines may be needed if unsuccessful.

Think

- Have you contacted the family?
- Does the resident have any known wishes or preferences?

Do

- We have the medication to relieve symptoms?
- Can we make the resident more comfortable?
- Can you use a cold flannel around the face to help with fever and breathlessness?
- Can you help the resident to sit up in bed if they are conscious and opening a window can help. **ortable fans are not to be used during the COVID-19 pandemic.**
- If the person can still swallow, honey and lemon in warm water or sucking hard sweets may 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 NHS 111 if urgent for advice.



Contacts

For any information within the Resource Pack, please contact Jayne.vincent@sefton.gov.uk