

**COVID19 Care Home Support > Implementation Status**

Local Authority:

Contact name:   
E-mail:

Total number of CQC registered care homes in your area:

Please submit local plans (covering letter and this template) to [CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk) by 29 May

**Complete**

*\*Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place*

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) If Yes, please offer a brief description of the type of support that would be helpful	Please indicate any issues that you would like to highlight (optional)
<b>Focus 1: Infection prevention and control measures</b>			
1. Ability to isolate residents within their own care homes 1)	131	No	Isolation within many care homes is achieved with residents own rooms. However, many providers have identified issues with effectively isolating residents with dementia.  Some care homes have the ability to separate parts of the home into covid/non-covid areas, however this is not possible in all care homes due to building design.  In terms of individuals with a learning disability, providers have faced some challenges where individuals lack capacity and best interests decisions have been required to manage this
1. Actions to restrict staff movement between care homes 2)	131	No	The majority of care homes in Cumbria are not part of a national group so for many this is not an issue.  The restriction of movement of care staff between services did cause staffing shortages for some homes.
1. Paying staff full wages while isolating following a positive test 3)	78	Yes	A separate centrally managed scheme (similar to the furlough scheme) for care staff isolating due to COVID-19. This would reduce the risk of transition of the infection and improve staff take up of testing as we are aware that some care staff are reluctant to be tested due to the financial impact of only receiving statutory sick pay.  Many care homes have identified that statutory sick pay is payable to care staff who are isolating following a positive test. This may explain the reluctance of some staff to participate in covid-19 testing.
<b>Section complete</b>			
<b>Focus 2: Testing</b>			
2. Registration on the government's testing portal 1)	113	Yes	Registration notification and the sharing of test results from the government testing portal would support local systems to better understand potential and confirmed outbreaks quicker.  Faster turnaround for tests and the sharing of results from the government testing portal as the current system relies upon individual staff members feeding back results to Care Home Managers and then on to Local Authorities losing valuable time in the containment of an outbreak.  Cumbria's Outbreak Control Team coordinates and discusses daily all outbreaks in care homes using data received from the daily update calls and arranges urgent testing for all symptomatic residents using local testing arrangements under Pillar 1 and may also arrange testing for care home staff where appropriate. This system allows a multiagency response to whole service testing and allows for contingency measures to be deployed quickly to support with issues arising (such as potential staffing shortages as a result of staff testing positive).  It would be helpful if pillar 2 testing results could be shared with the OCT to allow similar coordination and risk management.
2. Access to COVID 19 test kits for all residents and asymptomatic staff 2)	55	Yes	A significant number of independent sector (OA) Care Homes report that they have not received test kits for all residents and asymptomatic staff. The issues highlighted include the long wait time to receive tests and results (in some cases). There is a lack of understanding around the qualification of this; Care Home reported that they did not qualify or were not a priority. Homes would like to see regular testing with support to carry out tests on a regular basis from professionals.  Care homes would welcome antibody testing and feel that it would support them to maintain safe staffing levels.  Younger adults care homes have highlighted that as per current guidelines, they are unable to access testing for residents aged under 65 or without dementia diagnoses
2. Testing of all residents discharged from hospital to care homes 3)	124	No	The majority of independent sector (OA) Care Homes report that testing is now carried out when residents are discharged from hospital. A number of providers reported that they would like to see this formalised.  Routine testing of residents being discharged from hospital was not available early in the covid-19 emergency and it is recognised that this lack of testing may have contributed to the high numbers of covid infections within care homes.  Testing for all care home admissions from community settings is not universally available at present.
<b>Section complete</b>			
<b>Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment</b>			
3. Access to sufficient PPE to meet needs 1)	142	Yes	Operationalising the national supply chain ("Clipper") to ensure the robustness and confidence in deliveries as a number of providers are still experiencing challenges in this area with some deliveries simply not arriving.  In addition it would support with managing the costs of PPE with some providers reporting for some items the unit cost has risen significantly due to supply/demand. This is an additional cost burden on top of additional usage of PPE  It is clear that this will be a significant additional cost to the sector for some considerable time.  The Council has had to step in to provide an emergency response for PPE to a large number of providers over this period, relying heavily on council procured supply. Particularly in the early weeks of the pandemic as the government supplies did not come close to meeting demand.  The one-off delivery of face masks by central government to registered care providers in March 2020 was inconsistent, didn't achieve 100% market coverage and failed to alleviate PPE pressures within the care market in medium to long-term.  This response and support has and continues to be a significant cost to the Council both in terms of procuring PPE and providing the infrastructure to distribute it.  The Council has delivered across Cumbria to a wide range of organisations over 200,000 face masks the significant majority of which has been supporting social care. In addition to that there has been the deployment of nearly 500,000 additional PPE items across the local authority area including gloves and aprons. A significant portion of that has been from the Council's own procured stocks.

3. 2) Access to medical equipment needed for Covid19	93	No		Some providers have reported additional costs in relation to procurement of medical equipment. Although training has been available there have been some requests for further more complex training.
<b>Section complete</b>				
<b>Focus 4: Workforce support</b>				
4. 1) Access to training in the use of PPE from clinical or Public Health teams	135	Yes	Additional training on infection control to be provided by the NHS has been welcomed by providers but some have requested further details on the offer and process.	Many care homes completed training in the use of PPE with clinical and Public Health teams, but advised that they would have appreciated for this training to be held before or at the beginning of the outbreak.
4. 2) Access to training on use of key medical equipment needed for COVID19	83	No		Many care homes advised that the use of key medical equipment was not applicable within their homes. Some homes felt they were required to take on additional responsibility at short notice with little training, support or guidance.
4. 3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	86	No		A number of care homes identified that they had a large number of bank staff and/or have made use of agency staff when required.  The Council has developed an express recruitment, employment checking and training programme for volunteers and redeployed staff and newly recruited bank staff. These staff form part of the emergency staffing response offer and can be deployed quickly onto a care provider's staff bank if required as part of mutual aid arrangements. Mutual aid from local NHS teams is also in place and can be accessed if required.
<b>Section complete</b>				
<b>Focus 5: Clinical support</b>				
5. 1) Named Clinical Lead in place for support and guidance	147	No		
5. 2) Access to mutual aid offer (primary and community health support)	112	No		The Council has developed an express recruitment, employment checking and training programme for volunteers and redeployed staff and newly recruited bank staff. These staff form part of the emergency staffing response offer and can be deployed quickly onto a care provider's staff bank if required as part of mutual aid arrangements. Mutual aid from local NHS teams is also in place and can be accessed if required.
<b>Section complete</b>				