Hertfordshire's Safety and Improvement Policy during Coronavirus19

The safety and improvement policy aims to ensure that there is continued oversight and support of the care providers to deliver the requirements and principles of care as set out in The Care Act 2014. This document is aimed to support the implementation of the Safety and Improvement Policy during the Coronavirus epidemic whilst understanding that some inspection elements have been reduced or stopped to support the response to the epidemic.

- The process will work alongside the CQC Transitional Monitoring Approach, which outlines their approach to regulation and keeping people safe during this period including having open and honest conversations with providers, using and sharing information to target support where most needed, taking action to keep people safe and to protect people's human rights. Further information can be found at this weblink: https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/transitional-monitoring-approach-what-expectIf

Quality assurance and intelligence sharing

During the Covid19 incident, additional information is being gathered in order to support the care providers and wider system respond to the challenges set out by the Coronavirus epidemic. The information gathered and the recommendations from the professionals will be used to inform the quality assurance process (Appendix A).

A provider hub has been set up which offers additional support to care providers. The provider hub acts as a single point of contact to answer queries on PPE, staffing and general enquires. The HCPA website acts as one single place to find all relevant information and training materials on all subjects, including infection control, medicines management and end of life.

During the Covid19 incident, whistleblowing and safeguarding procedures will continue to be followed.

If the provider hub identifies a concern or issue then this will be escalated to the relevant Covid Cell (Appendix A) who will manage this within governance structure, in line with existing policies and procedures.

To respond to outbreaks in a care home a Covid19 Care Home Outbreak Co-ordination Cell has been set up. The cell is a multi-disciplinary team that meet regularly in response to care homes who have met agreed trigger points (link in appendix) to ensure a proactive system wide response. The cell membership agrees actions to be taken to support the care homes response and creates action plans to track these. The cell delivers a coordinated approach to manage the outbreak. In these instances, the cell works alongside the Safety and Improvement process, utilising all data that is available to them to support the appropriate level of support for that home. This includes the PAMMS monitoring reports, CQC report, State of the Market dashboard, Care Home Improvement Team, CCG Nursing and Quality Assurance team, Continuing Healthcare Team and county council operations teams. The cell can recommend the following actions:

- Outbreak is concluded – when the home has reached 28 days without a new suspected case
- Ongoing monitoring in the cell
- Ongoing monitoring under the Safety and Improvement policy, MDMM
- Pausing admissions for 48 hours whilst an action plan is developed

The Health Protection Team remain the lead organisation for Outbreak Management. Homes will continue to inform HPT of their first symptomatic resident and if there is concern there is an outbreak, HPT will the undertake a risk assessment, provide public health advice, and arrange urgent testing of all symptomatic residents. HPT also maintain the responsibility to close a home based on the results of the risk assessment.

Quality assurance processes

To comply with infection control and prevention advice and the shielding of residents, non-essential visits to the care homes have been stopped. Consequently, there are now fewer people entering the home, including GP virtual ward rounds and visits the home to review quality have been paused. In order to continue to understand how the home is operating and what support is required for the home, weekly calls will be made to the home by monitoring offices. These will be supported by visits from community health providers who will utilise the monitoring spreadsheet (Appendix C) in order to spot any areas where there may be concerns. Utilising technology, virtual ward rounds can also take place around the home when agreed by the home, whilst understanding the limitations this will enable some sight of the home and the residents.

During working hours (9am – 5pm, Monday – Friday). Professionals will be asked to email over any concerns to CareConcerns@hertfordshire.gov.uk mailbox. Out of hours, if the professional believes that the observation is urgent, this should be emailed over internally in their own organisation. If the professional believes this is a safeguarding, usual processes should continue to be followed.

Communications with the care providers

During Covid19, the partnership will inform the Health Protection Team via the Covid19 Care Home Outbreak Co-ordination Cell if a quality assurance meeting is to take place.

The Partnership/Outbreak Cells have the responsibility to pause admissions to the home if collectively they do not feel that the home is managing the outbreak.A decision can be made within the Outbreak cells to move a care provider to a Multi-agency Decision Making Meeting (MDMM). For this to occur the outbreak cell must be quorate.

The purpose of the MDMM is to share intelligence to decide whether to proceed to the Safety and Improvement Process or whether the concerns should be managed within existing quality and/or contracting processes. It is also an opportunity to determine the level of risk to people receiving care and support and where necessary further develop the recovery actions.

The Partnership will inform the senior management team of the decision to convene a MDMM at least 2 weeks before any proposed dates and will outline the quality issues that have not been remedied following preventative advice and support, and quantify the approaches taken and their success. Any meetings with the partnership and the care providers senior management team will be done through video conferencing rather than face to face.

The MDMM will review and complete the risk assessment (Appendix D) identifying key themes, mitigation and actions to be taken. The MDMM can consider moving the care provider into the QAM process as per the Safety and Improvement policy.

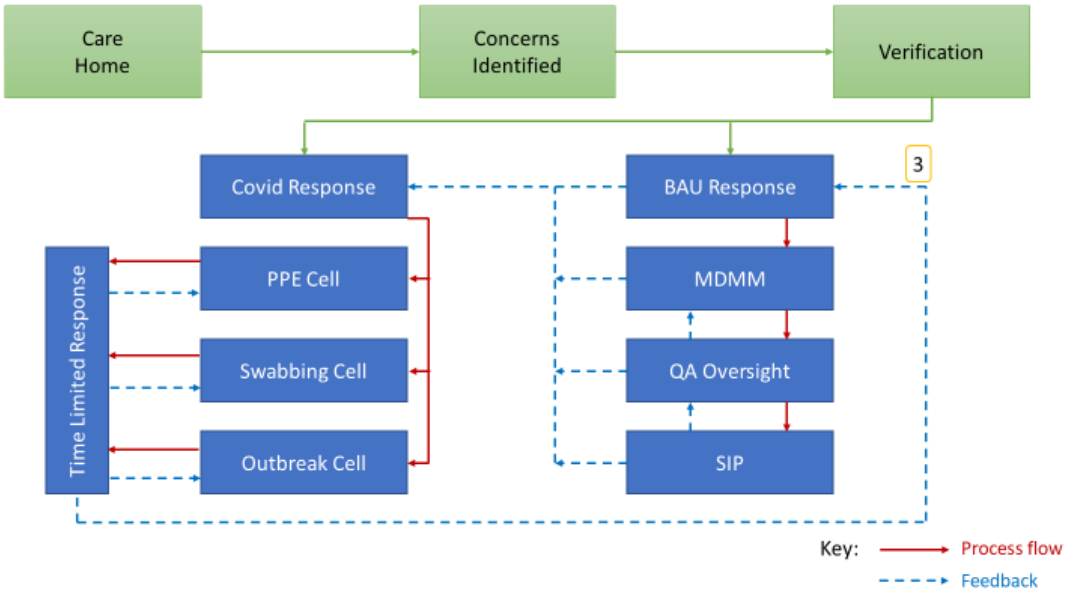
If the QAM process is triggered the care provider will be asked to produce a written response to these elements and submit at least 48 hours before the QAM:

- Hydration
- Nutrition,
- Tissue viability
- Personal care to ensure people were looked after with dignity and in safe manner
- Infection Prevention and Control

Following on from the QAM, the provider will then be asked to develop an action plan.

Agreed actions and timescales will be communicated by the Partnership to a care provider no later than one week following any QAM

Appendix A



Appendix B – Outbreak Cell Terms of Reference and Trigger Point document

Care home COVID 19 Outbreak Co-ordination Cell

Terms of Reference

Version	Name	Date	Changes/Comments
0.1	Anna Makepeace	26.03.2020	
0.4	Anna Makepeace	28.04.2020	
0.5	Anna Makepeace	06.07.2020	Amended meeting structure and added in HPFT as members

1. Introduction and context

The purpose of this Covid19 Outbreak Cell is to oversee, monitor and map outbreaks of Covid-19 across Hertfordshire. In doing so, the Cell will facilitate the sharing of expertise and information amongst health and care professionals to support Care Homes and Supported Living Venues. to mitigate the impacts of infection outbreaks. This will keep patients safe, support patient flow and maintain homes and care services to open to admissions.

2. Roles and Responsibilities of the Operation Cell

2.1 Role

- Countywide surveillance and monitoring of Covid 19 outbreaks in care homes, and any embargos etc.
- Strategic oversight on the number of cases, number of deaths and staffing levels across all the care homes across Hertfordshire
- Support care homes to continue to operate in order to manage and sustain capacity to deliver effective discharges from acute hospitals
- Support care homes to prevent admissions to the acute hospitals through enhanced medical support into the care homes
- Coordinate and expedite clinical advice and support around Infection Control to care homes and home care agencies
- Be a link with all the other operations hubs that are established in particular the Provider Hub.

3. Membership

The membership of the Care home Covid19 Outbreak Cell shall include, but not limited to:

Strategic Cell Chair **Clinical lead**	Tom Hennessey Elizabeth Kendrick
ENH Operational Cell	Claire Jackson Alison Sansom
HV Operational Cell	Joan Plant

Organisation
Hertfordshire County Council - Adult Care Services
Hertfordshire County Council – Public Health
Health Protection Team - Public Health England
Hertfordshire Community NHS Trust (HCT)
Central London Community Healthcare NHS Trust (CLCH)

Hertfordshire Care Providers Association (HCPA)
STP Infection Prevention & Control Nurse
East and North Hertfordshire CCG
Herts Valley CCG
East and North Hertfordshire Trust
Ambulance Service
Herts Urgent Care
Garden House Hospice
Isabel Hospice
Hertfordshire Partnership University NHS Foundation Trust (HPFT)

4. Quorum

Four members must be present for the quorum to be established.

This must include the Chair and/or nominated Deputy and a representative from the CCG and Hertfordshire County Council

No formal business shall be transacted where a quorum is not reached

5. Frequency of Meetings and Attendance

The strategic cell will meet once a week as a virtual group.

The operational cells from each side of the county will meet as a minimum once a week but may need to meet more regularly depending on the issues as they arise.

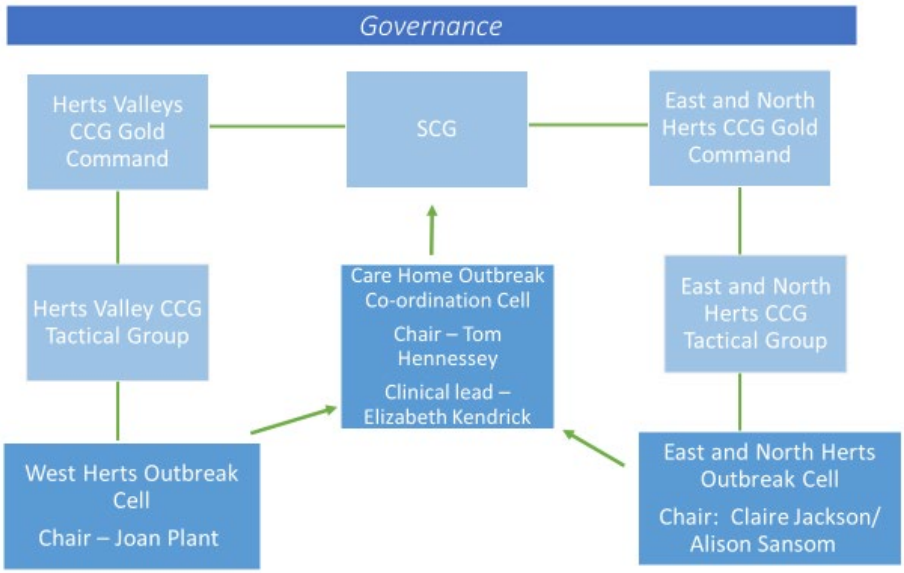
If a member cannot attend, then a deputy should be nominated to attend in their place

6. Governance

The Outbreak Cells will each report into the Strategic Cell any key issues or key risks

The Operation Cell will report into each organisation's relevant incident control teams.

Governance chart



Independencies with the Swabbing cell, PPE Cell and the Discharge cell

Terms of Reference Reviewed By:	Tom Hennessey
Review Date:	
Terms of Reference Approval Date:	
Next Review Date:	June 2020

DRAFT Trigger points for support into homes only for Coronavirus cases (OP, LD, MH)

Stage	Criteria	Action	Aim
Awareness stage	2 or more confirmed or suspected cases of Coronavirus in a home	HPT are informed by the home Defined by HPT as high risk or low risk and monitoring calls are made either by the provider hub or HPT, as defined in the SOP. Updated on the dashboard.	To support the home to manage the current cases and avoid any transmission within the home.
Help stage	10 or more confirmed or suspected cases **&/or** 10% or more of residents have confirmed or suspected cases **&/or** 2 or more number of deaths from Coronavirus **&/or** Care Homes escalated staffing level issues to a partner **&/or** Management unavailable	HCC working alongside PHE IPT team, where appropriate. Need to involve senior management from the care home HCC will pull in support from as appropriate • Primary Care • Community Trust • Monitoring teams • Provider Hub • HCPA (training needs) • CHIT team (HVCCG only) • CCG quality team	To support the care homes to manage the current cases. Prevent transmission in the home Ensure the home has the right level of support to be able to stay open Identify any training needs for the home
Serious incident response	20 or more confirmed or suspected cases **&/or** 20% of residents have confirmed or suspected cases **&/or** 3 or more number of deaths in one week from Coronavirus **&/or**	Multi-disciplinary team meet, led by HPT lead organisation for the home. Develop an action plan. Options available may mean closing home to admissions or closing Include reps from HCC, EEAST, HUC, HPFT, HCPA, CCG Quality team, CHIT team (HVCCG only), CCG IPCT, local community provider and the relevant General practice and senior management from the care home.	To support the home to be able to look after their residents. To support the staff in the care home. Ensure the home can start to retake admissions and reopen (if appropriate)

Appendix C – Infection control checklist

Infection Prevention & Control

COVID 19 PREVENTION Tool – Care Homes

Purpose of this tool	**The purpose of this supportive development tool is to help identify if the home is well prepared for dealing with a resident suspected or confirmed as being infected with Covid-19 and minimise the spread of infection.**
	It is acknowledged that care homes need to be supported to implement key actions early to prevent rather than react to an outbreak. **It is vital that staff are confident in** • **effective hand hygiene,** • **putting on and taking off PPE correctly and being clear what PPE is required when working in the care environment** • **practicing social distancing** • **effective isolation of suspected or confirmed cases and identified contacts for 14 days** • **Equipment decontamination** • **Environmental cleaning and disinfection** • **Safe handling of laundry and waste management** • **How to escalate if they suspect residents may be suspected Covid-19** • **Resident and staff testing pathway** • **Safe practices for staff uniforms** **Completing the tool will info local action planning internally and externally in the development of resources for care homes.**
Support staff for IPC enquires	**Name** **Contact**
Summary of next steps once tool completed (include date actions completed)	

Covid-19 – Care Homes

	Name of care home:		**CCG:**	
	Contact details:		**Form completed by:**	

No.	Section	Questions to ask	Assurance	Yes/ No	Next steps (details)
1.	**General IPC training**	Have all staff received **training in IPC** including hand hygiene and general standard precautions; how to put on and take of PPE. This should include domestic staff/kitchen staff and volunteers.	Is there a record of training uptake and system in place to identify staff who have not completed training		
2.	**Social distancing**	Are staff ensuring that social distancing is being followed? If care/assistance is within 2 meters then staff know what PPE is needed section no. 8 In communal areas have the chairs been arranged to support the 2 meters distance?	Talk to staff		
3.	**Shielding**	Have very vulnerable residents been identified and isolated from other residents? As a minimum, residents in the extremely vulnerable group should be separated from others (e.g. reside in a single room). Residents considered extremely vulnerable Staff to wear PPE including as a minimum, disposable plastic apron, fluid resistant surgical mask and disposable gloves; and practice excellent hand hygiene to minimise risk of infection.	Talk to staff Care planning records		
4.	**Respiratory and Cough Hygiene**	Staff have knowledge of **Catch it, bin it, kill it campaign** Disposable single use tissues. Used tissue should be disposed of promptly Hands should be cleaned with soap and water or wipes if sink not close by. Residents to be encouraged.	Ask staff Are posters on display (or Covid-19 posters) Observations		
5.	**Identification of suspected cases**	Is there a procedure for monitoring residents daily (or more frequently) for symptoms of Covid-19? Staff know the symptoms to look out for and who to notify and immediate action to take **Symptoms of COVID-19 (Coronavirus) are recent onset of:** a. new continuous cough and/or b. high temperature Be alert to the possibility of atypical presentations in elderly residents who are immunocompromised. Fever, cough or chest tightness, myalgia, fatigue and dyspnoea are the main symptoms reported.	Ask about current process Daily temp records of all residents and staff? Escalation process known if resident is unwell		
6.	**Isolation facilities and isolation of cases and contacts**	Staff know to implement isolation precautions ASAP is resident is symptomatic? Can each resident be isolated in a single room with ensuite facilities? Where this is not available, a dedicated bathroom near to the person's bedroom should be identified for their use only or a dedicated commode in their room. **Staff know any residents who have been in contact with a possible/confirmed case also need to be in isolation for 14days from point of exposure.** Room door to be kept closed where possible and safe to do so. If not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres distance	Ask staff Review notes Check care plans Observations/audits Display signage on isolation rooms Check how teams are being organised		

		to the open door as part of a risk assessment. If a resident cannot be isolated has the team documented what actions they are taking? Staff teams to be designated/cohorted to affected and non-affected residents			
7.	**Hand Hygiene**	All sinks have consumables available (liquid soap and paper towels) Hand rub is available for staff to use in prominent locations (especially before resident contact/ before putting on PPE and for after removing gloves and preparing to remove other items of PPE). Residents are encouraged to clean hands All staff (including new staff and volunteers) have received training on effective hand hygiene technique – video link	Managers audits Observations and feedback mechanism to improve compliance with WHO 5 moments Check staff are bare below elbows Placement of hand rub Posters – hand hygiene are available		
8.	**7. Personal Protective Equipment (PPE)**	All staff (include new staff and volunteers) have had recent training on safe use of PPE (gloves/aprons/ face masks and eye protection) Guidance and Video link – for care homes **Wearing of PPE has been assessed and in line with 'How to work safely in Care homes'? Do staff understand the meaning of sessional use and risk assessment for eye protection?** **PPE is accessible to staff within the care environment?** **Adequate appropriate supplies of PPE are available for all staff in the care home?** **Do staff know how to escalate concerns about availability of PPE (within the home/ to the local authority)?**	Is there a record of staff who have had the training? Are observations of staff using PPE undertaken? Posters of putting on and taking off PPE displayed? Check stock levels		
9.	**Equipment decontamination**	**Adequate cleaning materials are available for all staff. Combined detergent and disinfectant wipes which conform to EN 14476 can be used. Ensure check manufacturer's instructions for decontamination.** Dedicated equipment is available for those residents in isolation? If unable all care equipment is cleaned and disinfected before re-use with another patient and after use.	Ask for process Check cleaning products used Inspect equipment		
10.	**Environmental cleaning and disinfection**	Areas have been decluttered to assist with effective cleaning? Clean and pack away items. **Enhanced cleaning and disinfection should be undertaken by staff that are specifically trained for the tasks a minimum of 2 -3 times daily**. Clean frequently touched surfaces such as door handles, handrails, remote controls and table tops. Areas should be disinfected with a chlorine releasing agent made up to 1000ppm available chlorine, following manufacturer's dilution instructions. **Any cloths and mop heads used for isolation rooms must be disposed of as single use items. Cleaning equipment should be cleaned and disinfected prior to storing away.** Domestic staff are advised to clean the isolation room(s) after all other unaffected areas of the facility have been cleaned.	Are cleaning schedules available? Confirm products being used? Is there a process as per PHE guidance **Annex G**		
11.	**Laundry**	Linen is treated as infectious for symptomatic residents and placed in an alginate bag then a secondary bag. This should then be removed from the isolation room and placed directly into the laundry hamper/bag. Take the laundry hamper as close to the point of use as possible, but do not take it inside the isolation room.	Procedure/policy on infectious linen/laundry		

12.	**Uniforms**	Staff are advised to change into uniform on arrival and change out of uniform at the end of a shift? Uniform is transported home in a plastic bag? Or local arrangements for cleaning in place. Clear guidance on cleaning uniform provided? All staff are bare below elbows?	Ask staff Check staff changing facilities available Observe staff are 'bare below elbows'		
13.	**Waste**	Care homes providing nursing or medical care are considered to produce healthcare waste and should comply with Health Technical Memorandum.	Check policy		
14.	**Escalation of a potential situation/ outbreak**	**Outbreak: Two or more cases which meet the case definition of possible or confirmed case as above, within a 14-day period among either residents or staff in the care home.** **You can also call PHE HPT team if there is one resident who is suspected/ confirmed as Covid-19.** **Notify** Telephone the Health Protection Team (HPT) to inform them of the outbreak on 0300 303 8537 Option 5 (Covid 19 response). This number will direct you to an Out of Hours number if outside Mon-Fri 9-5.	Local escalation process known Covid-19 deaths are reported to CQC		
15.	**Resident testing**	**Samples** Viral swabs will be taken from all symptomatic residents when HPT is notified of the outbreak. Subsequent new symptomatic residents can be referred for testing through local pathways. All admissions from hospitals should have been swabbed prior to discharge.	Staff aware of local process Check that all admissions have had a test in hospital		
16.	**Staff Exclusion and Testing**	**Staff who have a symptomatic household member stay at home and not leave the house for 14 days.** **If the staff member develops symptoms during this period, they can return to work 7 days after their symptoms started and they are no longer symptomatic.** **Manager is aware of staff testing sites (additional info on HCPA site)** -Staff can be referred to local staff testing services – HV CCG – located at Harpenden Hospital (provided by CLCH) ENH CCG – located at Howard Court WGC (provided by HCT) **If a resident is identified as positive Covid19 staff in contact do not isolate unless they develop symptoms.**	Manager has contact details and knows who to refer staff to for testing. Clear understanding of staff exclusion criteria		
17.	**Deep clean of residents rooms**	**Resident's rooms should undergo a deep clean if the resident has completed their isolation period after being symptomatic; if deceased or discharged to another setting and not expected to return. Or at the end of an outbreak.** The cleaning of a resident's room, the furniture and equipment must be undertaken in a methodical manner. Detergent followed by chlorine-based disinfectant made to 1,000 parts per million (PPM) will need to be used for a post outbreak deep clean. Room should be well ventilated (window open) whilst using disinfectants. Disinfectants should be made up and used according to safety data sheets.	Process in place Check for cleaning schedule Are correct products being used? *Example document of deep clean template can be shared.*		
18.	**References and resources**	**Admission and Care of Patients during COVID-19 Incident in a Care Home** **How to work safely in Care Homes (April 2020)** **Letter re cleaning uniforms** **PHE Campaign posters**	Documents are updated frequently so check current information on line		

		HCPA COVID-19: Adult Social Care Action Plan			

Appendix D - MDMM Risk Assessment

MDMM Risk Assessment

Provider:

Date of Meeting:

Date Agreed	Issues	Risks	Action Plan/ Actions Reviewed	Date Reviewed	Sign Off