



## **Back to Business**

# **A guide for the re-opening of day services for adults in Scotland**

**November 2020**

# Re-opening of day services for adults

## 1 Contents

1	Contents.....	2
2	Introduction .....	4
2.1	Key messages .....	4
2.2	Who is this guide for? .....	4
2.3	Scope of this guidance .....	4
2.4	Preparation .....	5
2.5	What is day care for adults? .....	5
3	Re-opening: points to consider .....	6
3.1	Context.....	6
3.2	Risk assessment .....	6
3.3	Environment.....	7
3.3.1	General health and safety check of buildings .....	7
3.4	Service capacity.....	7
3.4.1	Physical distancing .....	8
3.4.2	Use of cohorts/bubbles.....	8
4	Practicalities of re-opening .....	10
4.1	Infection prevention and control.....	10
4.1.1	Staff testing .....	10
4.1.2	Hygiene protocols .....	10
4.1.3	Unnecessary items and soft furnishings - Declutter .....	11
4.1.4	Frequently touched surfaces .....	11
4.2	Test and Protect.....	12
4.3	Personal protective equipment (PPE).....	12
4.4	Food Preparation .....	13
4.5	Use of transport .....	13
5	Scrutiny and assurance/governance.....	15
5.1	Informing the Care Inspectorate.....	15
5.2	Liaising with your local authority/HSCP.....	15
5.3	Liaising with funders .....	15
5.4	Liaising with other agencies/organisations.....	15
6	How to approach re-opening day services: Where to start and planning for the future.....	17
6.1	Supporting individuals with transition back into a service .....	17
6.2	Supporting staff with return to work.....	17
7	Different starting points.....	18

8	Communication and engagement.....	19
8.1.1	People and carers accessing services.....	19
8.1.2	Conversation between Commissioners and Providers of Services.....	19
8.1.3	Conversations between providers, people who access services and carers .....	20
8.2	Capacity/incapacity.....	21
8.3	Carer support .....	21
8.4	Re-assessing needs and preferences .....	22
8.5	Individual assessments of welfare and support needs.....	22
8.6	Risk assessment for the provider or group.....	23
8.6.1	Risk assessment for specific locations, objects, or activities .....	23
9	Further information .....	24
9.1	Government legislation and guidance .....	24
9.2	Health information and guidance .....	24
9.3	Health Protection Scotland guidance .....	24
9.4	Other useful links .....	24
9.5	Contact details .....	25
10	Appendix 1: Table Summary of factors to consider for re-opening.....	26

## 2 Introduction

This guide aims to support day service managers, social workers, commissioners, and providers involved in planning for the restarting or continuation of adult day services in Scotland as the sector remobilises following the easing of COVID-19 pandemic restrictions. Its primary focus is on community-based day services, day centres (with and without personal care), including specialised day centre environments, and those with outdoor spaces.

### 2.1 Key messages

- The decision to restart or continue activities is an ongoing process that involves thorough assessment, detailed planning, ongoing monitoring, and regular reassessment. This process must be underpinned by guidance from Health Protection Scotland, and in line with [Scottish Government's route map](#) out of lockdown.
- Conversation is key to the successful re-opening of services. There should be dialogue between social workers, commissioners, providers, people who access day services, and their carers and families about plans, people's needs, and levels and types of support.
- Ensuring the health and wellbeing of the people using services, and unpaid carers and staff is paramount. This guidance should be used alongside best infection prevention and control guidance, and the principles and practices set out in the Cabinet Secretary letter which can be found [here](#)
- This guide is not exhaustive, and providers must continue to operate within the relevant legal and regulatory and contractual frameworks to ensure the health and wellbeing of everyone who accesses their services.

### 2.2 Who is this guide for?

This guide is aimed at:

- **Commissioners:** those in local authorities and Health and Social Care Partnerships with responsibility for day services.
- **Providers:** those providing day services including independent providers and the non-profit sector, as well local authority providers.
- **Managers:** day or day centre managers and co-ordinators (paid and voluntary).

Although not developed specifically for this purpose, some aspects of this guide may be relevant to those who are preparing to restart services in more informal settings, for example lunch clubs and walking clubs to support people and unpaid carers. Some sections – such as communicating and consulting with service users and their families/carers – will be applicable to most settings.

The guide will also be relevant for people who use day services, their carers, and families, in helping them to understand what they can expect from service providers, and from their local authority.

### 2.3 Scope of this guidance

This guidance covers the delivery of face-to-face adult day provision in Scotland. It applies to community-based day services day centres (with and without personal care), including specialised day centre environments, and those with provision in outdoor spaces.

Day services can be provided in a variety of settings, by staffed services or volunteer services. They range from services that are offered within a care home or centre to those provided directly in the community and not based in a centre.

This guide does not apply to settings where the general public also have access, for example where day service providers make use of public indoor spaces and facilities such as sports centres and cafes. It also does not apply to online/virtual day care provision.

## 2.4 Preparation

This guide has been jointly prepared by Care Inspectorate and Shared Care Scotland, in consultation with Scottish Government. As such it follows the terminology set by Scottish Government:

- ‘must’ do, there is an expectation that this is done without exception.
- ‘should’ this is strongly advised.
- ‘may’ or ‘may wish’ to do something, this is optional.

## 2.5 What is day care for adults?

The term day care for adults covers a hugely varied range of settings, activities, and groups. Day care services generally support people using services to engage in activities including those that are beneficial to their health, well-being, nutrition, daily living, and ongoing social engagement. This may include a range of sport or recreational activities, meal clubs, support with learning and retaining skills, personal and healthcare activities, or support with employment.

In this document the term adult refers to people using services who are over the age of 16, however there are exceptions to this dependent on the individual situation. For example, people living with a learning disability and still in education, young adults moving through children care services.

Importantly, day services may also support unpaid carers to have a break from their caring responsibilities.

Day services are available for many different support needs and may be specialised in the care they provide. For example, services for:

- people living with dementia.
- people with learning disability and/or autism.
- people living with long-term health conditions.
- people living with mental health problems.

Support services including day services can be delivered in building-based, non-residential, group settings including:

- purpose-built day centres.
- day centres attached to or part of a care home and/or other service types.
- community buildings (with shared use).
- sports and leisure activity venues.
- cafes, restaurants, and pubs (for example, lunch clubs).
- outdoor private and public spaces.
- Mobile group settings. For example, bringing people together in their community.

### 3 Re-opening: points to consider

#### 3.1 Context

Many day services have been closed and/or repurposed throughout the COVID-19 pandemic. Phase 1 of the [Scottish Government route map](#) allows for the planned re-opening of day services: *“Gradual resumption of key support services at the community level with physical distancing and hygiene measures, and access to respite/day care to support people and their carers and family members.”*

In order to be able to re-open, or expand services, there are a number of key areas that must be taken into consideration. These are outlined below and covered in more detail in the sections that follow.

**Environment:** the period of closure may have had an impact on the environment, equipment and supporting functions such as water hygiene within the service.

**Capacity:** consideration will need to be given to how many people can access the service at one time to allow for appropriate physical distancing measures. The current guidance around meeting other households indoors/outdoors should be considered as part of your risk assessment process as well as taking cognisance of the FACTs message.

**Practical:** there are many practical aspects to re-opening that will need consideration, e.g. PPE and cleaning rotations.

**Regulatory/governance:** services which have closed or are changing the way in which they deliver their service will need to inform relevant bodies e.g. Care Inspectorate, local authority, funders.

**Training and education:** staff training in new procedures, as well as more general support, will be necessary as they return to work.

**Communication:** conversation with those using the service and their carers is essential to building confidence and regaining trust.

Shared Care Scotland has published a decision-making guide to help services determine how and when to resume. This includes a five-step process: assess–decide–plan–act–monitor and is available on their [website](#).

#### 3.2 Risk assessment

It will be necessary to carry out a number of risk assessments prior to re-opening a service. Decisions around re-opening and appropriate risk assessments remain the responsibility of providers and will also need to take account of the most up-to-date [Health Protection Scotland guidance](#) as well as the [Scottish Government guidance](#). Services will need to be aware of and respond to changing levels of infection risk in their local community and comply with any local lockdown measures, if introduced.

As part of reopening all day service risk assessments must be signed off by the designated local area multi-disciplinary group. (This does not include individual personal risk assessments about people using the service as these will feed into the overall service risk assessments)

Service-wide risk assessment should also be accompanied by appropriate risk assessments on an individual basis for those people who may be considering returning to day services. More detail on risk assessment is included in Section 8.6

Those who have been operating a limited/reduced service during lockdown, may also find it useful to consider any lessons learned to further improve service provision for the future, for example if the provision of online services could continue to be offered to those who can't travel to day services regularly.

*Example:* One example of how this has been carried out is available is the case study provided by The Saturday Café on the Shared Care Scotland [‘Back to Business’ web page](#).

### 3.3 Environment

#### 3.3.1 General health and safety check of buildings

Aside from preparing the building for the requirements of COVID-19, standard health and safety checks will be needed as buildings may have closed for a number of months, or services may require to use buildings that have not been used for this purpose previously. Relevant health and safety legislation including the [Health and Safety at Work Act](#), must be fully adhered to.

For the majority of building-based services an ‘enhanced clean’ is likely to be required at the very minimum, but additional checks are also necessary.

This may include, but is not limited to:

- hot/cold water systems (including Legionnaire’s checks).
- gas safety.
- kitchen equipment checks e.g. PAT testing.
- security including access control and intruder alarm systems.
- ventilation systems e.g. air conditioning.
- fire alarm testing alarm.

Fire evacuation procedures may also require to be reviewed with consideration given to social distancing and the use of space for example review of assembly points and change as appropriate. If procedures are changed it will also be necessary to update signage and let staff, volunteers and people who use services know about any changes. The Scottish Fire and Rescue service have produced updated information on coronavirus and fire safety for businesses and this is available on [their website](#).

The Scottish Government have provided [detailed guidance for the re-opening of school buildings](#) and some of the information contained in this may be relevant.

Landlords have a legal duty to conduct risk assessments and to put controls in place in communal areas, for example entrance halls, lifts etc.

### 3.4 Service capacity

Due to the variety and range of settings used to accommodate adult day services, individual services must identify and set out the capacity for their setting. This should be considered through the risk assessment for the service, taking account the full range of factors including, but not limited to, the

size and layout of the setting, the vulnerability of those attending the setting, the staffing profile and the capacity to maintain physical distancing. If there are particular concerns or difficulties e.g. large proportions of highly vulnerable individuals, then the local Health Protection team can be contacted for advice. Services may wish to consider but are not bound to the [current guidance](#) for the general public in relation to maximum numbers of households that can meet indoors.

In order to maintain physical distancing, it may be necessary to consider offering the service to smaller, consistent groups of people who use the service.

### 3.4.1 Physical distancing

Physical distancing measures are recommended to help reduce the transmission of COVID-19. In particular, this is strongly advised for people aged 70 and over, people with underlying medical conditions and pregnant women. The most up-to-date information on physical distancing is available on [NHS Inform](#). Where there are people using the service, who may not be able to comply with the physical distancing requirements then this should form part of their individual risk assessment.

Staff should observe the physical distancing guidance: between those using services and staff members, and between themselves. Where the current physical distancing guidance cannot be maintained, for example when carrying out personal care tasks, [PPE](#) will be required.

In circumstances where the use of [PPE](#) is considered too distressing or fully prevents communication, a suitable risk assessment should be undertaken. Further information on the use of PPE is found in Section 4.3 More information on Risk Assessments is available in Section 8.6.

The need for the current physical distance means that greater space per person will be required so there may be a need to consider reducing capacity within centres, or alternatively the use of groups, also known as cohorts or 'bubbles', may be required.

### 3.4.2 Use of cohorts/bubbles

'Bubbles' are small, consistent groups of people who use services, volunteers, and staff who are kept together throughout the day, therefore reducing the risk of spread of infection. Guidance for early years/schools gives [further detail on the 'bubble'](#) model and may be useful to draw upon.

When considering a 'bubble/group' model, the points listed below should be taken into consideration.

- Records must be kept of those in each bubble.
- If possible, staff and the people they support should stay in the same group/bubble throughout the week. This may require planning your service delivery and staff resources to cover your activity throughout the week.
- Where possible each bubble should use the same 'base' room. Alternatively, it may be possible to divide rooms with temporary dividers, where an area needs to be shared then cleaning must be in place between uses.
- Where group transport is in use, the use of 'bubbles' should be extended to include transport arrangements, with enhanced cleaning in between the different groups.
- Where possible, the use of a one-way entrance and exit system should be considered to reduce the likelihood of contact between the different groups attending on the same day.

- Staggering arrival/departure times and refreshment/mealtimes for each group where possible would reduce the likelihood of unplanned contact.
- Signage for safe practice and usage of rooms, including the maximum capacity for each room should be highlighted.
- Where possible the room should be set up to support physical distancing, and consider having staff next to, rather than face to face, the person they support.

Please note: The term bubble is commonly used in relation to groupings within organisations or activities, such as pupils within schools. It is separate to (but with a similar infection prevention and control purpose) 'support bubbles' which were introduced for single adult households.

## 4 Practicalities of re-opening

### 4.1 Infection prevention and control

It is essential that anyone involved in the service, including those working for the service, in the same building, or people who are using the service do not attend if they have any symptoms of COVID-19 or have been in contact with a confirmed case.

The most up-to-date guidance on COVID-19 infection is available on the [NHS Inform website](#). The most common symptoms of coronavirus are new:

- continuous cough
- fever/high temperature (37.8°C or greater)
- loss of, or change in, sense of smell or taste (anosmia)

The general coronavirus advice on NHS Inform provides additional information on when to get help from NHS 24 (111) and when to call 999. NHS inform has also set up a free help line (080 028 2816) to help with any questions about coronavirus that cannot be answered on their website.

Your local Health Protection Team (HPT) is also available should you wish to seek more specific advice and guidance related to infection, prevention and control measures that you may be considering in preparation for re-opening or to care for individuals who may require specialist measures. For example, you may have people who use your service that need support with ventilation, and this may require specific PPE as this may be an Aerosol Generated Procedure (AGP)

#### 4.1.1 Staff testing

The range of measures identified in this guide to prevent infection mean that staff and people attending the service do not require to be tested unless they show symptoms of COVID-19 infection or under the Test and Protect arrangements.

#### 4.1.2 Hygiene protocols

Good hygiene is paramount to preventing the spread of COVID-19 and the points listed below should be taken into consideration.

Regular handwashing is essential for everyone. Soap and water is the preferred approach however if soap and water is not available then the use of alcohol-based hand rub (ABHR) will suffice until hands can be washed with soap and water. Skin-friendly detergent wipes are an alternative option to soap and water.

There is best practice advice from the [National Infection Prevention and Control Manual](#) on hand hygiene and a [video to demonstrate the correct way to wash your hands](#) from NHS Education for Scotland (NES).

It may be necessary to review your existing handwashing facilities and consider if these are enough or if additional stations are required. Consideration will also need to be given to how best to assist those who attend the service who may need additional help with hand washing.

Covering the mouth and nose with the crook of your arm when sneezing/coughing is encouraged if tissues are not available. Tissues should be readily available and there should

also be facilities for safe disposal, for example a lidded bin, and good hygiene measures in place for emptying and cleaning bins. It will also be necessary to be mindful that people attending day services may need additional assistance in following good hygiene practices for coughs and sneezes.

Remember the FACTS message as a good principle for all:

- Face coverings in enclosed spaces, using public transport and/or when using public buildings.
- Avoid crowded spaces.
- Clean your hands and surfaces regularly.
- Two metre physical distancing.
- Self-isolate and book a test if you develop coronavirus symptoms.

#### 4.1.3 Unnecessary items and soft furnishings - Declutter

In order to ensure high standards of hygiene, general advice is to remove items that are hard to clean, such as those with intricate parts, and those with soft furnishings (e.g. cushions, rugs, blankets, soft dolls). Non-absorbent seating coverings are preferable to fabric seating as they can easily be wiped down. Where this is not possible enhanced cleaning schedules should be put in place in between each use.

Day service providers should also consider removing 'unnecessary' items from use. However, 'unnecessary items' is a matter of judgement as soft items may be the only thing that reduces risks to the individual and helps them get through their day. Where soft items are in use additional hygiene measures should be introduced. This could include:

- rotating the use of soft items to maintain 72 hours 'gap' between uses.
- considering how items will be segregated and stored after being used prior to cleaning.
- where possible, soft items should be laundered at the end of each day if it is one person who is using the item, or in between uses if there are multiple users. Disinfectant sprays designed for use on fabric can also be used where laundering is not an option.

#### 4.1.4 Frequently touched surfaces

Frequently touched surfaces are a potential source of infection and consideration should be given on to how to reduce risk through increased cleaning.

Areas and surfaces that are frequently touched should be listed (e.g. door handles/plates, grab rails, phones etc.) – coloured stickers may be added as an additional step – and a cleaning routine set. This might include for example cleaning after each use, or a set time/number of cleans per hour.

Sensory activities involving a lot of touching can be considered if good hygiene measures are put in place. For example, allowing time for additional cleaning between each person taking part in the activity, rotating materials to allow for gaps of 72 hours between uses, strict cohorting of equipment etc.

For toilets, including changing places, services must also follow [Scottish Government guidance on opening public and customer toilets during the coronavirus pandemic](#).

Providers, domestic staff and any staff undertaking cleaning activities should follow the [HPS guidance on decontamination](#).

*Example:* one example of how a service has approached infection control and PPE can be found in the COJAC Case Study on the Shared Care Scotland [‘Back to Business’ webpage](#).

## 4.2 Test and Protect

‘Test and Protect’ is a public health measure designed to break chains of transmission of COVID-19 in the community and is Scotland’s approach to implementing the ‘test, trace, isolate, support strategy’. Day service providers will need to be familiar with the Test and Protect programme.

Day service providers will also need to consider how the Test and Protect programme will impact on staff and those using the service.

It is essential to develop contingency plans if there is a confirmed case of COVID-19 related to the service. This may include potential communications to those using the service, enhanced cleaning protocols, and staffing arrangements if cohorts of staff are required to isolate.

This will be dependent on a range of factors, for example whether a cohort/bubble model has been implemented.

All those involved with the service: people using services, families, carers and staff must all be aware of what to do if they develop symptoms, how to request a test and what will happen if they are contacted through the Test and Protect programme.

- Records must be kept of those in attendance each day: staff, people using the service, accompanying care workers, unpaid carers, or family who enter the service.
- Managers must understand their duty to report confirmed or suspected cases of COVID-19.

More information on this, including on registration with the Information Commissioner’s office, the lawful basis for data collection and managing data can be found in the Coronavirus (COVID-19): tourism and hospitality sector guidance.

## 4.3 Personal protective equipment (PPE)

It is also recommended that face masks/coverings are worn where it is not possible to maintain the physical distancing requirements. The type of face covering/face mask required will depend on the situation and task being undertaken. Staff do not have to wear face mask/covering when in an off or private area as long as physical distancing is adhered to. Further information on face coverings can be found on the [Scottish Government guidance on staying safe and protecting others](#).

Services may need to consider what face coverings are appropriate based on their user group as there is a range of face coverings available that can help. For example, supporting people living with a hearing impairment

PPE will be required for staff when they are providing personal care. More information can be found on the HPS website. A range of information can be found [here](#).

PPE will be required by staff when providing personal care. Services should follow the PPE advice set out in the [Health Protection Scotland Information and Guidance for Social Community and Residential Care Settings](#).

Staff, and supported people if necessary, should be supported with training in the use of PPE, where required. NHS Education Scotland has [videos](#) which demonstrate the correct use of PPE and can be used for training.

There may be a small number of necessary exceptions in relation to the wearing of PPE, for example the use of face masks where it is distressing, prevents communication or poses an additional risk e.g. by being grabbed. Staff should assess the risk for each activity where PPE is problematic for the person being supported.

Further guidance is available on the provision of PPE in social care settings [here](#). This service should only be accessed when the Business as usual (BAU) route has been exhausted.

#### 4.4 Food Preparation

Where refreshment and food preparation are undertaken, [Food Standards Scotland guidance](#) will apply. Services should also follow Health Protection Scotland [COVID-19 Information and Guidance for General \(Non-Healthcare\) Setting](#) on infection prevention and control in shared kitchen environments.

Day services may need to consider an alternative approach, especially if physical distancing is not possible in food preparation areas, for example those using the service may be required to bring their own refreshments.

In addition to considering the arrangements necessary for the provision of food and drink, it will be necessary to consider dining arrangements to facilitate social distancing, the cleaning of crockery, and also how the risks will be minimised if people using the service need assistance to eat.

#### 4.5 Use of transport

Transport is an integral part of many day services and may include provider-owned vehicles, community transport, public transport, family, or carers driving, or taxis. Transport will need to be planned in advance and it is likely that group vehicles, such as minibuses will have reduced capacity. As well as travel to the activity or centre, arrival, exiting vehicles and entering the venue or building will need planning.

- Where possible, families should be asked to provide transport for the person accessing day-to-day services on the day/s that they are going to attend a day service location. It is acknowledged that this will not be possible for all families.
- For those requiring transport to attend a day service location, providers need to assess their transport fleet and options in line with guidance.
- The provider, together with the transport service (if it is not in-house) should agree the number of service users that can be transported safely at any time. This will vary depending on the needs of service users and their understanding of the behaviours required to minimise the risk of infection from COVID-19.
- Where people using the transport are unable to wear face coverings, the transport will need a lower capacity than where all passengers can wear a face covering.
- Protocols for the modification, cleaning and maintenance of the vehicles should be implemented by all service providers.
- Consider seating arrangements to maximise distance between people in the vehicle.
- Passengers should face away from one another.

Protocols for the modification, cleaning and maintenance of vehicles should be implemented by all service providers. The following guidance should be referred to:

- [A guide for transport operators in Scotland to keep their staff and those using their services safe](#)
- [Advice on how to travel safely](#)
- There is also COVID-19 Guidance from Community Transport Association (CTA) - The CTA represents and supports local charities and community groups across the UK that provide transport services that fulfil a social purpose and community benefit. CTA has worked with its members to develop risk assessment templates and other operational guides. More information can be found [here](#).

## 5 Scrutiny and assurance/governance

### 5.1 Informing the Care Inspectorate

Prior to re-opening a day service, the Care Inspectorate must be advised on an updated operational status through a “Changes to Service Delivery due to Coronavirus (COVID-19)” notification. This informs the Care Inspectorate about operational changes specifically related to COVID-19. This notification is available through the Care Inspectorate’s [eForms](#).

Services that do not update their status, will be considered as closed by the Care Inspectorate and should not be operating.

Services which intend to reopen should make themselves familiar with changes to the Care Inspectorate’s notification process as well as any new guidance that has been developed/put in place while the service has been temporarily closed. They should also consider if there are changes to the conditions of registration that need to be discussed with the Care Inspectorate. For example, if a registration certificate specifies days of the week and/or opening times for operation, this may have changed to reflect capacity changes e.g. more session but with fewer attendees at each session.

### 5.2 Liaising with your local authority/HSCP

Services should liaise with their local authority/HSCP to discuss plans on re-opening. This should include information on:

- who will be using the day centre?
- what arrangements are in place to reduce the risk of COVID-19 effecting your operation.
- meeting the specific needs of those using the service who may need additional support. For example, supporting those with Learning disability, autism, dementia
- changes to your service and operating times.

*Example:* the approach taken by one HSCP is detailed in the [Midlothian case study in the Shared Care Scotland ‘Back to Business’](#) webpage.

#### Sign off protocols

As part of reopening all day service risk assessments must be signed off by the designated local area multi-disciplinary group. (This does not include individual personal risk assessments about people using the service as these will feed into the overall service risk assessments)

### 5.3 Liaising with funders

Day services which are provided by those in the non-profit/third sector may have a range of funding arrangements in place. Funders should be informed of changes to service delivery which are different from those agreed in the original funding application. Project variations include things such as changing the numbers of sessions available, changes to the number of people supported, or changes to the type of service provided.

### 5.4 Liaising with other agencies/organisations

Depending on the service provided, a range of agencies and contractors may need to be involved in the safe re-opening or expansion of face-to-face services. This includes:

- **Insurance providers:** Insurance policies should be checked that they are up-to-date, and the insurer has been notified where necessary of any amendments that may need to be made.
- **Building landlords / management groups:** Ensure relevant health and safety checks have been undertaken for buildings that have been closed or new spaces that may now need to be used. Be clear who has responsibility for deep cleaning and regular cleaning of areas out with your responsibility e.g. communal areas. If other users make use of the building then clarity will be needed on cleaning, safe procedures to ensure the risks are minimised.
- **Public facilities:** You may need to check on the status and cleaning of public toilets and changing areas for outside and public-space facilities. Extra cleaning may be required. To ensure social distancing, access may need to be controlled. Advice on [public toilets](#) across Scotland is available on the [Scottish Government website](#).
- **Transport providers:** For those relying on community transport, new contracts of working are likely to be needed. Times, places, and numbers may all change as well as the need for following infection prevention and control and PPE guidance. Transport Scotland has useful information here [Coronavirus \(COVID-19\): safer travel guidance for passengers](#). Public transport can be used, with a risk assessment in place for those unable to wear face coverings and follow distancing guidelines.

## 6 How to approach re-opening day services: Where to start and planning for the future

### 6.1 Supporting individuals with transition back into a service

Giving consideration of how best to support people to transition back into a service will be necessary. The current health crisis has increased confusion, fear, and anxiety for everyone, and inevitably it will bring additional challenges. There may be a need for detailed planning where people will need to adjust to returning to a service, having adapted to new routines during lockdown, and where they are unsettled or even traumatised by change (potentially resulting in escalation of behaviours that challenge or unmet needs). Some people returning to face-to-face activities may have experienced a loss of confidence or be anxious about whether they will be able to remember the new measures.

### 6.2 Supporting staff with return to work

Transitioning back into a service will need adjustment, not just from those who attend the service but for staff too. The volume of changes, guidance and perceived risk may be challenging for staff to adjust to.

It is important to ensure that staff and volunteers feel safe and supported within the context of all service resumption planning and their concerns and needs are considered when re-opening or expanding face-to-face support. Staff that have been redeployed will need to have an agreed plan for returning to day services. All staff will need time to re-connect, to meet, talk and 'check in' with each other.

A [COVID-19 Occupational Risk Assessment tool](#) has been produced to support informed discussions between employers and staff about any additional measures that need to be taken to support staff returning to work. In particular, this is relevant to those staff members who are: returning to work after shielding; those who are returning to normal duties after COVID-19 related restrictions; those who are returning to the workplace after working from home or anyone who has a concern about a particular vulnerability to COVID-19.

New and unfamiliar ways of working for staff and volunteers may feel stressful and staff may feel more isolated. For example, having dedicated staff for each group/bubble, minimising contact between staff, increased online and telephone communication with families, wearing PPE, changed work patterns and alterations to typical activities.

A 'return to work' protocol for all staff and volunteers can reassure staff of the measures being taken to minimise risk of infection and of the support in place for them as they return.

The [national well-being hub](#) is available to support staff working in health and social care during the pandemic. It includes a range of resources for individuals and for managers too. Resources are also available on the [ACAS website](#) on looking after your mental health at work.

Practical educational resources are available on the HPS website. Resources can be found [here](#).

As there is some evidence that COVID-19 may impact disproportionately on some groups (including Minority Ethnic communities), services should ensure that practical support and advice is offered to Minority Ethnic staff.

Where possible use of agency or external staff should be limited to those who are not attending other setting to avoid risk of transmission between them.

## **7 Different starting points**

Services will have different starting points when considering safely re-opening. Many day services closed in March 2020 to regular users: others worked to identify those people and carers most at need of support and considered ways in which home-based or remote support could be offered. Other services have been able to provide very limited, or no, day care support during this time.

During lockdown there may have been changes to contracts, re-deployment of staff, or an increase in the use of technology and home-based one-to-one support. The preferences and needs of people with a learning disability and/or autism, older people or people with dementia, a mental health, or other conditions, and those of their carers and families, may have changed. New and creative ways of providing support have emerged which may provide opportunities to innovate and do things differently, alongside new challenges involved in safely resuming services whilst minimising the risk of infection from COVID-19.

It is recognised that older people and those with physical or learning disabilities may have more co-morbidities which are risk factors for worse outcomes should they become unwell with COVID-19. For their safety, and the safety of their families, the staff that support them and the general public, it is essential that planning to resume the provision of day services is approached with caution. Plans must be underpinned by continued Scottish Government guidance.

Similarly, as there is some evidence that COVID-19 may impact disproportionately on some groups (including Minority Ethnic communities), statutory bodies and services should ensure that they engage appropriately with Minority Ethnic service-users and their unpaid carers about the support available, particularly where they are anxious about protecting themselves and their families.

Day care offers an essential service and improves the quality of life for those that participate and for their carers. It is a central component of social citizenship for many. It is essential that participants and carers continue to receive the support they need. Where the number of people who can safely access day services needs to reduce, alternative arrangements for support in the short term will need to be considered and regularly reviewed. New ways of working and organising services are needed to keep those who use services, their carers and families, staff, and the general public at the lowest risk of infection.

## 8 Communication and engagement

### 8.1.1 People and carers accessing services

Clear, regular communication is essential at this time. Uncertainty is likely to continue for some time, as we move through the stages set out in the route map but recognise that local or national infection rates have the potential to rise.

Putting in place a communication plan would help to ensure that all people using services and their families are kept informed of what will be happening in the weeks and months ahead, when services are likely to resume and what they might look like when they do.

Ongoing two-way communication will need to be prioritised for all people and their carers who access the service (whether attending day services or not). This is in addition to specific conversations with people accessing day services and their families in order to ascertain their welfare and support needs.

Areas to consider are set out below.

- Using technology to communicate with those accessing services where carers and families are able to support this. This can be for both group communications and also individual. For example, having an individual handover by text, rather than face to face.
- Discussion with those accessing services and their carers their concerns and hopes for the services so that they feel involved in the decision making.
- Conversation with those accessing face-to-face services and their carers and families about minimising the risk of contracting COVID-19 outside day activities as well as within them.
- Conversation with accessing face-to-face services and their carers and families about what to do if someone in their household has symptoms, tests positive for COVID-19, or is contacted via Test and Protect.
- Conversations on the reasons for any reduced capacity in face-to-face provision, as well as potential increase or reduction in service (e.g. outbreak within the service or localised lockdown), and what would be put in place should this happen.

### 8.1.2 Conversation between Commissioners and Providers of Services

Commissioners and providers have responded to the COVID-19 crisis in different ways with varying levels and forms of continued provision. Whatever the current status of the service, it is useful to have an open and reflective conversation. Principles for this conversation:

- What has been your 'journey' during lockdown and what, if any, services have been maintained, started, or put on hold?
- What might the immediate future of the service look like?
- What might the longer-term future of the service look like and what are the unknowns for future planning?

Areas to consider within this conversation:

- **Your values:** What is the purpose of your service and how can those values be taken forward even if delivery needs to change.
- **If and how service users will be prioritised for face-to-face services:** See section below on considerations for prioritisation of face-to-face group activities.
- **Financial considerations:** Including the existing model of funding and if/how that will work moving forward. The likelihood of additional costs due to requirements around personal protective equipment (PPE) and infection prevention and control.
- **Capacity changes:** Changes to the numbers of people accessing some forms of day care, and other forms of support in the context of the whole care package, needs and preferences of individuals. Consider the need for services to remain sustainable in the longer term.
- **New ways of working and opportunities:** Are there new and innovative ways of working and delivering services that have taken place during the COVID-19 crisis? Would it be of benefit to continue or expand these? What have been positive lessons learned? For those re-opening, what new ways of working can be developed that would benefit services longer term?

### 8.1.3 Conversations between providers, people who access services and carers

The person who participates in day services, and their carers should be at the heart of this conversation. Planning should be person-centred but drawing on a whole family approach where carers' needs are also recognised, including those of young adult carers.

Areas to consider within this conversation:

- What services did they receive prior to lockdown?
- What support have they received since lockdown (if any)? How have they found that?
- What would they like their support to look like going forward? It could be that they would prefer a continuation of current support or return to group activities. For example, one to one, SDS
- If they have been accessing no services or different services since lockdown, what needs to be planned for the transition back? Are there challenges or key considerations? This could be a process for some, especially those for whom social situations and communication already posed a challenge.
- What is their level of need and/or risk? For example, pressures on carers, any deterioration in physical, cognitive, or mental health or mobility.
- What understanding do they and/or their families have around keeping safe in the community and what are their concerns?
- Understanding that it is not possible for everyone to return to face-to-face activities. Even though lockdown is lifting, services may not be able to return to pre-lockdown for the majority or providers and groups.

*Example:* Examples of how to involve carers and people using the service can be found in the Plus case study and in the Hansel case study on the [Shared Care Scotland Back to Business](#) webpage.

For some individuals, carers and families, multiple conversations may be needed and a great deal of flexibility in planning. It will also be necessary to consider other relevant guidance, particularly in assessing the package of support required to meet an individual's needs which remain of paramount importance. The needs of carers are important to consider in relation to changes to support. This includes guidance on:

- [Support and care at home \(Domiciliary care\)](#)
- Supporting adults with learning disabilities and autistic adults. More information can be found [here](#). There is also information available at the [Scottish Consortium for Learning Disability](#) and [Scottish Autism](#)
- Self-directed support
- Mental health and well-being, including for people with a learning disability, people with autism, older people, and people with dementia

## 8.2 Capacity/incapacity

Any planning will need to be done within the context of the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003, Adults with Incapacity \(Scotland\) Act 2000](#) which affirms the right of people to make their own decisions where they are able. If a person has capacity to decide whether or not they wish to return to a day setting which is available to them, that decision must be respected. If a person chooses not to go, and that causes additional pressures for their family or carers, they cannot be forced to go. A negotiation will be needed.

If the person lacks capacity to make a decision about returning to day services, a best interests decision will need to be made. Using the best interests checklist (see the MCA Code of Practice, 5.13), a decision will need to be made – involving carers, families and professionals – about whether a return would be in the best interests of the individual. This would need to factor in the person's past and present wishes, feelings, and beliefs – the extent to which they enjoyed attending day services prior to the COVID-19 lockdown would need to be considered. Also consider a balance of risks between COVID-19 and the impacts perhaps of continued lockdown and isolation.

It is important to note that the best interests of any family members – who may wish for someone to return to day services, in order to have a much-needed break or return to work – cannot be a determining factor in whether it is the person's best interests to go. In this case, it may be more appropriate to consider what forms of carer support may be available.

## 8.3 Carer support

A survey by Carers UK during lockdown showed that 75% of unpaid carers had an increased caring role due to the pandemic. In addition to this more than half of carers surveyed felt overwhelmed and worried that they were going to burnout as a result of their more intense caring role. Shared Care Scotland also recently polled carers in their level of need for short break and respite services and all indicated that their level of need for support was either critical or high.

With this in mind, it is likely that the level of demand for day services will be high, and service providers may find it difficult to balance the level of need of carers, with the requirements necessary for infection control. It is therefore essential that services are

working with carers to ensure that they are equal partners in care, but also able to signpost carers to other forms of support where necessary. This may include:

- getting in touch with the local carers centre or young carers service to access support.
- applying for a small grant through the voluntary sector Short Breaks Fund [Time to Live](#) programme to access a break at home;
- signposting carers to the national wellbeing hub which can be found [here](#) .

#### 8.4 Re-assessing needs and preferences

It is recommended that conversations about the support people and their carers will need takes place as soon as possible. This can be via a review of care and support plans. Any need identified for reassessment will need to be flexible and in line with requirements of Government's rules on lockdown and re-opening of services and society.

New needs may have emerged. Much has been changed by COVID-19, but the personality, preferences and interests of the person being supported may not have done. However, there may also some new opportunities that have been developed to support people and their carers that could be factored into the review of care and support plans. Some individuals will not wish to return to face-to-face services while the risk of COVID-19 persists, for example those that have been shielding.

Many day service providers have continued to provide support remotely or with minimum contact. This has included virtual meal clubs, evening social groups and maintaining regular contact to groups that were shielding, by visiting at their window. Many of these activities can continue or evolve ensuring some level of support for a wider range of people than can access face-to-face services.

Shared Care Scotland has developed a range of case studies, giving examples of how different services have responded to the needs of their attendees and to the requirements of COVID-19. These case studies can be found [on their website](#).

#### 8.5 Individual assessments of welfare and support needs

As part of the conversations between providers, people who access services and their carers and families, and the prioritisation of face-to-face and group activities, an individual assessment of needs for care and support will need to be conducted for those who would normally access the service where their needs are likely to have changed. This is to enable providers and commissioners to both understand people's needs and how they may be met, and to prioritise those whose need for face-to-face services is greatest.

As part of the conversations between providers, people who access services and their carers and families, and the prioritisation of face-to-face and group activities, an individual assessment of needs for care and support will need to be conducted for those who would normally access the service where their needs are likely to have changed. This is to enable

providers and commissioners to both understand people's needs and how they may be met, and to prioritise those whose need for face-to-face services is greatest.

Areas to consider:

- Safeguarding concerns raised
- The sustainability of current paid or unpaid care arrangements
- The extent to which current care arrangements meet their needs
- Well-being of carers
- Support needs, including changes in mental, physical, or cognitive well-being
- Ongoing access to food, fluid, and medication
- What alternative services they received whilst the day service has been closed – what support has been effective
- The person and their family/carer's current view on returning to the day centre/service if they start planning to reopen
- Any relatively simple to make adjustments that could be made to provision to better support someone's needs and well-being

## 8.6 Risk assessment for the provider or group

The provider, each service and/or each group will require a risk assessment which includes contingency planning. It is at this level that overall numbers attending services, staffing, and how the service would respond to an occurrence of infection, localised lockdown or other COVID-related events should be set out.

People attending face-to-face services and their carers and families should be made aware of the key contents of this risk assessment so they understand under which circumstances face-to-face support may have to be withdrawn or reduced.

### 8.6.1 Risk assessment for specific locations, objects, or activities

A risk assessment will need to be undertaken for each building or location used. This should include:

- Flow for people entering and leaving the building
- Maximum number of people that can be in the building and within each room or part of the building at one time
- Maximum number of people that can be in outdoor spaces at any one time (e.g. car parks, outside activity areas and gardens)
- Toilet and changing facilities – is there enough toilet facilities for the number you are planning to use the service at any one time, how will the toilet areas be cleaned, provide soap and paper towels to allow good hand hygiene with enhanced cleaning after each use.
- Cleaning of shared hoists and mobility equipment
- Kitchen or refreshment facilities
- Surfaces most frequently touched

Some activities will need to be risk assessed on an ongoing basis in line with wider guidelines. These include:

- Activities involving shared objects (for example, art and craft supplies, exercise equipment, sensory materials) and how these will be cleaned between groups.
- Outside areas, activity areas and sensory rooms. Consider the guidance on avoiding soft furnishings, regular cleaning, and maximising use of outdoor space
- Activities where participants are less likely to be able to, or remember to, socially distance
- Activities that involve increased blowing or breathing out – for example, singing or exercise. Currently, live singing is not recommended

Further information is available on risk assessments from the [Health and Safety Executive](#), and an occupational risk assessment is also available from [Scottish Government](#).

## 9 Further information

### 9.1 Government legislation and guidance

All COVID-19 information from the Scottish Government can be found on their website. [This page links to the most up-to-date versions of all guidance](#).

This includes:

- Scottish Government guidance on reopening of day services
- [Guidance for unpaid carers](#)
- [Guidance on self-directed support](#)
- [Information on Test and Protect](#)
- [Coronavirus \(COVID-19\): guidance on re-opening school age childcare services](#)
- [Guidance on opening of public and customer toilets during the coronavirus pandemic](#)
- [Guidance on individual risk assessments](#)

### 9.2 Health information and guidance

NHS Inform is the key source for information and advice on COVID-19. This includes

- [COVID-19 General advice](#)
- [Physical distancing and hygiene measures](#)
- [COVID-19 Testing information](#)

### 9.3 Health Protection Scotland guidance

- Health Protection Scotland have produced a range of guidance for [community, social and residential care settings](#) as well as [non-healthcare settings](#). These include:
- [Infection prevention and control](#) resource
- [Covid-19: Contact Tracing in Complex Settings](#)
- [National Infection Control Manual \(Health Protection Scotland\)](#)
- [UK Government guidance on cleaning in non-healthcare settings](#)

### 9.4 Other useful links

- [Care Inspectorate](#)
- [Health and Safety Executive](#)
- [HSE guidance on ventilation systems](#)
- [Food Standards Agency](#)
- [Transport](#)
- Guidance for Community Transport can be found [here](#)
- [Shared Care Scotland](#)

- [Health and Social Care Standards](#)

Health and safety Executive: Latest information and advice related to COVID19 can be found [here](#)  
Information related to checking your water supply for legionella can be found [here](#)

## 9.5 Contact details

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## 10 Appendix 1: Table Summary of factors to consider for re-opening

		Questions to consider	Met/unmet – Action required
	All day services	<p>Can we confirm that we have considered and met all the required safety checks that will allow our service to reopen. Please refer to the Scottish Government Cabinet Secretary's letter and the operational guide for day services developed in response to COVID (Care Inspectorate/Shared Care Scotland) for more information.</p> <p>Are we confident that we know what to do if there is outbreak? More information can be found <a href="#">here</a>.</p>	
Overall service provision	Outdoor/community-based services	<ul style="list-style-type: none"> <li>• How will your service ensure physical distancing rules are maintained?</li> <li>• Will this require changes in attendance e.g. reduced days/ hours/cohorting?</li> <li>• Will face coverings be required?</li> <li>• Will weather affect your plans, and what is your contingency?</li> <li>• How will you address access to toilets in the community?</li> <li>• How will you ensure that hand hygiene is maintained?</li> <li>• How will you address any issues that might arise re: access to food and fluid?</li> <li>• How will you address travel for both staff and people using the service?</li> </ul>	
	Services with no personal care	<ul style="list-style-type: none"> <li>• What checks will you need to undertake on the building e.g. PAT testing/water testing?</li> <li>• Can you provide your service in a different way to meet need?</li> <li>• Will changes be required in attendance e.g. reduced days/hours/cohorting?</li> <li>• Can your centre be zoned to support cohorting? Can you keep the same people coming on the same days? How will this affect relationships?</li> <li>• Will this require staffing changes e.g. shift patterns?</li> <li>• Can you keep indoor spaces ventilated well? Could you make more use of outdoor spaces, &amp; would this require new equipment e.g. gazebos?</li> <li>• Can you create a one-way system for entry/exit?</li> <li>• What is your drop off/pick up procedure?</li> </ul>	
	Services providing personal care	<p>In addition to the above:</p> <ul style="list-style-type: none"> <li>• What PPE will you need?</li> </ul>	

		<ul style="list-style-type: none"> <li>• How will you access PPE and where will you store it?</li> <li>• What procedures do you have in place for those people who use your service who cannot observe physical distancing or who may present with behaviours that increase risk such as spitting or biting?</li> <li>• What procedures do you have in place for activity that requires close contact (within physical distancing parameters) such as personal/intimate care, holding safely, assisting someone to eat and drink?</li> </ul>	
Hygiene	Food and drink preparation	<ul style="list-style-type: none"> <li>• Will you need to change your approach to what you offer re: eating and drinking? For example, do you expect people to bring their own?</li> <li>• If you are providing food and drinks, what additional hygiene measures need to be in place?</li> <li>• What are the arrangements for cleaning food and drink crockery and cutlery?</li> <li>• If people need help to eat, what PPE will be required?</li> </ul>	
	Communal area/frequently touched areas	<ul style="list-style-type: none"> <li>• Will you be able to maintain physical distancing in communal areas?</li> <li>• How will you ensure these are kept clean throughout the day?</li> <li>• What checks are in place to monitor cleanliness on frequently touched areas e.g. check sheets?</li> <li>• Do you have an enhanced cleaning schedule?</li> <li>• Are more support staff required?</li> </ul>	
	Maintaining good hand and respiratory hygiene	<ul style="list-style-type: none"> <li>• What handwashing facilities do you have? Do these need to be extended?</li> <li>• Is it safe to set up additional handwashing stations? If not, what alternatives can you use?</li> <li>• Are handtowels, tissues, and bins available in appropriate areas?</li> <li>• Will you suggest those using the service wear a fresh set of clothes each time they come to the service for hygiene reasons?</li> <li>• How will you support people who need additional help with coughing and sneezing hygiene?</li> </ul>	
	PPE	<ul style="list-style-type: none"> <li>• Are your staff clear on what PPE is required for which situation?</li> <li>• Are staff trained on how to put it on and take it off PPE safely? Where will they do this to minimise risks?</li> </ul>	

		<ul style="list-style-type: none"> <li>• How will you access PPE?</li> <li>• Where will you store it safely? What are your contingency plans if PPE runs low?</li> <li>• Have staff been advised on requirements on what to wear to work &amp; laundering requirements?</li> <li>• Have you worked out roughly how much PPE is required?</li> <li>• Have you contacted the supplier you use to discuss your PPE requirements?</li> <li>• What are your contingency arrangements if you need support to access PPE if your BAU routes have been exhausted?</li> </ul>	
	Overall hygiene	<ul style="list-style-type: none"> <li>• What are your plans for daily cleans/increased frequency?</li> <li>• What are your arrangements for cleaning between groups/individuals who use the service?</li> <li>• Can layouts be changes to make cleaning easier e.g. removing clutter/unnecessary items?</li> <li>• Do you have sufficient cleaning supplies/PPE for cleaning?</li> <li>• Do you have cleaning protocols e.g. what is to be used where and when?</li> <li>• Who has overall responsibility for supervising cleaning?</li> <li>• Are staff clear on the cleaning procedures?</li> </ul>	
Test and Protect	Overall test and protect	<ul style="list-style-type: none"> <li>• How will you ensure that staff and people using the service are aware of the Test and Protect requirements?</li> <li>• Do you know who to contact in your Local authority, HSCP/Public Health for help and advice?</li> <li>• What is your reporting procedure to support track, trace, and isolate strategy?</li> <li>• Do you know where to access testing for staff and people using the service?</li> </ul>	
	Staff	<ul style="list-style-type: none"> <li>• What measures are in place if a member of staff exhibits symptoms of COVID-19 while at work? E.g. isolation</li> <li>• Is your 'call tree' up to date re: N.O.K?</li> <li>• What is your criteria for ongoing monitoring e.g. do staff need to be tested regularly, or do you take a risk-based approach based on symptoms?</li> </ul>	

		<ul style="list-style-type: none"> <li>• What records will you keep on staff/those using the service in case there is a need of track and trace?</li> <li>• What contingency plans do you have in place if staff must isolate?</li> </ul>	
	People using the service	<ul style="list-style-type: none"> <li>• How will you identify anyone who is symptomatic?</li> <li>• What measures do you have in place for someone who exhibits symptoms while using the service?</li> <li>• What are your procedures for the person returning to the service post-isolation/positive result?</li> <li>• What systems are you putting in place to ensure risks are minimised e.g. asking about coughs or symptoms, daily check ins before using the service...</li> </ul>	
Transport/travel	Travel to and from the service/centre	<ul style="list-style-type: none"> <li>• What measures will you need to put in place to support safe travel arrangements?</li> <li>• Can individuals travel safely to use the service?</li> <li>• Can the family/carer drop off?</li> <li>• How will you ensure face coverings are used if using public or shared transport?</li> <li>• How will you support clients, where possible, to adhere to face covering advice if using public transport?</li> <li>• Will transport arrangements impact on your staffing/changes to shift patterns?</li> </ul>	
	Group transport	<ul style="list-style-type: none"> <li>• Is group transport used?</li> <li>• What changes will you need to make to this to meet guidelines?</li> <li>• Will you need to introduce cohorts/bubbles for transport?</li> <li>• If you do use group transport what additional hygiene measures will need to be put in place, e.g. cleaning of high touch areas?</li> </ul>	
Staffing	Health and Safety	<ul style="list-style-type: none"> <li>• Have you conducted a risk assessment for your service and with your staff?</li> <li>• Have staff been trained in the new measures e.g. PPE, cleaning protocols?</li> <li>• What measures do you have in place for testing?</li> <li>• What record keeping will you have in place for staff?</li> </ul>	

	Staff numbers	<ul style="list-style-type: none"> <li>• Will changes to services e.g. increased hours/lower numbers/cohorting require different staffing numbers?</li> <li>• Will any of your staff not present for duty owing to concerns regarding their own health/if shielding is in place?</li> <li>• What are your arrangements for staff who cannot work owing to isolation?</li> <li>• What are your staff contingency plans if a number are 'out' due to isolation?</li> </ul>	
	Staff training and support	<ul style="list-style-type: none"> <li>• How will you train staff in all the new requirements?</li> <li>• How will you support staff who will have concerns about returning to work?</li> <li>• How will you support the ongoing well-being of staff?</li> <li>• How will you cascade information to staff to keep them informed?</li> </ul>	
People using the service and their carers	Communication	<ul style="list-style-type: none"> <li>• How will you keep those using the service and their carers informed?</li> <li>• How will you consult with those using the service and their carers on issues that affect them such as changes to the delivery?</li> <li>• How will you make provisions for people using the service and their carers to provide feedback?</li> </ul>	
	Hygiene protocols	<ul style="list-style-type: none"> <li>• How will you keep those using the service informed of the correct procedures for your hygiene measures e.g. expectations regarding drop off and pick up, changes of clothes</li> <li>• Have you thought of putting in place a one-way system for drop off and pick up?</li> </ul>	
	Contingency arrangements	<ul style="list-style-type: none"> <li>• Have you developed service contingency arrangements in the event of a positive COVID19 test result?</li> <li>• Have you put in place arrangements should your service be instructed to close?</li> </ul>	