Frequently Asked Questions Care Homes and Care at Home

General Guidance links and signposting:

Make sure you follow Health Protection Scotland's guidance for any issues in relation to coronavirus, COVID-19. This is available on Health Protection Scotland's website.

You can find information on our website here. It is important that you check these websites daily to stay up to date.

We are receiving questions from services on a daily basis. We have captured some of the most frequently asked questions below. We are updating this regularly as more information becomes available.

The response to the coronavirus COVID-19 outbreak is complex and fast moving. It is important that you continue to check information on the relevant websites that we have linked to below.

Personal Protective Equipment:

Updated guidance was produced on 02 April 2020 and is available HERE.

 Please note there is also PPE guidance on our website.

NHS National Services Scotland (NSS) has set a helpline to deal with social care supplies during COVID-19.

At the moment, this helpline is to be used only in cases where there is an urgent supply shortage and all other avenues to acquire PPE through normal routes have been exhausted.

The following contact details will direct providers to the NHS NSS triage centre for social care:

Phone: 0300 303 3020

When contacting the helpline, providers will be required to:

-answer a series of short screening questions

-confirm they have fully explored business as usual procurement routes

-confirm they have a suspected or confirmed case of COVID-19 and therefore have a need for Personal Protective Equipment (PPE)

-provide their Care Inspectorate registration number.

 The helpline will be open 8am – 8pm, 7 days a week.

 The CNO/ CMO Directorate letter https://hub.nes.digital/media/1615/cno-cmo-letter-ppe-guidance-covid-19-2-april-2020.pdf provides contact details to help deal with local supply and guidance issues.

The Scottish Government also has a new dedicated email address for staff, MSPs or members of the public to **raise specific supply issues. This is covid-19-healthPPE@gov.scot It will be monitored continuously and allow us to act to resolve any specific supply issues more quickly.**

What should I do about our CSQs (care standard questionnaires); staffing; residents and family questionnaires?

We do not expect services to process these currently.

What are the Care Inspectorate expectations around staffing ratios, if our staff are off sick or at home self-isolating?

We understand the concerns you may have around staffing. We ask that you plan contingencies for how to staff your service as normal in the event colleagues are unwell. Child to adult ratios feature in our registration and inspection of early learning and childcare (ELC) settings. However, for other service types, including care homes, we stopped issuing staffing schedules at the point of registering a service in 2018. Instead, we expect the staffing numbers, and skills and experience of staff to reflect the needs of people who use services.

At this extremely challenging time, we will support all services in their need to apply flexibility and judgement around staffing to ensure the safety and wellbeing of people using the service. We recognise services will need to be creative and make use of a wider range of resources. This could potentially include staff from other public services and volunteers. We recognise that this will mean services may not be able to undertake all normal recruitment checks as quickly and easily as they did before.

However, during this period it is important that providers put in place structures to support and oversee staff in their role, including any volunteers and unregistered staff. The Scottish Social Services Council (SSSC) is responsible for registering the social care workforce. People can now work in registrable roles for a period of 12 months without being registered, which enables services to adopt a flexible approach.

Employers should continue to carry out recruitment checks for new staff and volunteers, but immediate flexibility should be applied under the current emergency. Therefore, the Care Inspectorate and the SSSC can confirm that employers should continue to request PVG checks and references, but that **employers no longer need to wait for these to be returned satisfactorily before deploying individuals to regulated roles directly supporting and caring for people.** Disclosure Scotland will be prioritising PVG checks, but the UK Coronavirus Bill means that organisations recruiting staff ahead of a PVG check can do so without the risk of committing an offence. Barred individuals who seek to exploit this will be reported to Police Scotland.

Providers of registered services should insist that any new staff or volunteers, whether redeployed or new to a caring role, complete an application form. This must include a self-declaration regarding any relevant health, regulatory or criminal history, as well as previous experience and qualifications. Providers should then carry out a risk assessment to determine the most appropriate deployment of individuals and ensure that knowledge, skills and experience are spread most effectively in order to meet the needs of people in the service. While continuity of care is important for people,

reallocating roles and deploying workers to front-line and auxiliary positions is expected to be a dynamic process that will impact on the care and support people receive.

Significant disruption to staffing is expected during the pandemic and services are best placed to make decisions regarding optimum recruitment and deployment in a rapidly changing situation. The Care Inspectorate and the SSSC will support providers and staff to operate flexibly and realistically under these circumstances.

Further information is available on SSSC website.

Our chief executive issued a statement on 17 March 2020 on how the Care Inspectorate is responding through our contingency planning to the coronavirus COVID-19 situation.

Staffing shortages and NEW NOTIFICATION:

On 3 April, we introduced a new notification on staffing levels designed to enable us to give you the help and support you may urgently need in order to cope with the impact of COVID-19 on your service.

Put simply, your notifications will enable us to identify and co-ordinate efforts to put in place the support you need when staffing levels are critically compromised due to COVID-19.

The notification also includes a free text box so you can tell us about other issues, such as a crucial need for PPE.

It is **essential** that you use the notification to let us know the situation in your care service.

The notification lets you tell us which stage you are at:

- Green, with enough staff/skills mix
- Amber, stretched and only just managing
- Red, where you no longer have the staffing levels/skills mix to meet people's needs.

We will also share this information appropriately, together with other information we are gathering, with others who can help such as local authorities, health and social care partnerships, Scottish Government, and the NHS/SSSC Hub to deliver support across partnership areas and nationally.

This can be done via **eForms.**

Providing care is my main source of income, where can I get advice if I am struggling financially as a result of coronavirus COVID-19?

Guidance is available on the UK Government's website.

Should care homes be restricting visitors?

Routine visiting in long-term care settings should be restricted to essential visitors only in line with guidance issued by Scottish Government and Health Protection Scotland: Clinical guidance can be found here. And information for social care, community and residential care can be found here.

Service providers should undertake their own risk assessment in relation to visiting and consider implementing practical management solutions ensuring their response is pragmatic and proportionate. Consideration should be given to advice provided by the Mental Welfare Commission for Scotland: https://www.mwcscot.org.uk/sites/default/files/2020-03/Covid-19%20advice%20note%20v2%2026%20March%202020.pdf.

Visits from appropriate health and care staff would be classed as essential.

- Visits from family and friends should be restricted to end of life care situations or people with dementia who are distressed. In such instances there should be a named contact for visiting and ideally only one person should be allowed to visit at a time;
- **no children should be permitted.**
- There is updated clinical guidance here.
- These visitors must not visit any other areas within the service.
- Where a resident has COVID-19, it will be appropriate for **visitors to wear PPE** in order to be able to spend time with them.
- Staff should ask visitors about symptoms on arrival; symptomatic people should stay away.
- The service should keep a log of all visitors.
- Staff should support residents to use alternative means of communication including the telephone or platforms such as face-time, WhatsApp and Zoom.

The Care Inspectorate has issued guidance for staff on supporting people to maintain contact with friends and relatives: https://www.careinspectorate.com/images/Supporting_people_to_keep_in_touch_when_care_homes_are_not_accepting_visitors.pdf.

Services may suspend visiting altogether if it is considered appropriate.

What about people supported in their own homes – sharing with one or more other person? Should we be restricting visitors here? How do we do this in people's own homes?

Where people receive care at home providers should discuss with people their own situation, and the need to protect themselves, by providing them with relevant information and links to current guidance. The provider cannot stop people living in their own homes having contact with other people. Staff supporting people in their own homes should follow good infection control guidance and Health Protection Scotland guidance. Where people share a home, the provider should advise that when washing their hands, they use liquid soap or not to share a bar of soap, use a paper hand towel or have their own towel and not use shared hand towels.

If one person in the house self isolates, then all members of the house should self-isolate in line with government guidance. If people are advised to self-isolate, further guidance can be found here.

Should we be asking visitors to disclose if they have had any cold, flu, or coughs?

It would be reasonable to ask these questions to inform your risk assessment and to have clear guidance for visitors displaying this and sending to people. Please refer to the Scottish Government's clinical guidance for more information.

Should we suspend any new admissions, including those to intermediate care beds?

Care Homes and Intermediate Care Services may continue to consider admissions, discharges and transfers to and from the community and NHS facilities. Services must ensure that these are managed appropriately and safely; consideration must be given to the following guidance prior to any admission: Health Protection Scotland's guidelines. and the section relating to 'Admissions, discharges and transfers in facilities'

Is it okay for people to be eating in the communal dining rooms?

Providers should carry out their own risk assessment that reflects the current advice and guidance in relation to social distancing and shielding. One example could be staggering the use of communal areas such as dining rooms and kitchens. Scottish Government - Coronavirus (COVID-19): clinical guidance for nursing home and residential care residents - updated April 9 2020 can be found here.

What is the difference between Social distancing and shielding?

Long term care facilities be subject to 'social distancing' and 'shielding' to reduce the risk of infecting residents and their carers.

Social Distancing: This measure reduces social interaction between people in order to reduce the transmission of the virus. It is intended for those situations where people are living in their own homes with or without additional support from friends, family or carers.

Shielding: This is for people (inc. children) who are at very high risk of severe illness from COVID-19 when an extremely vulnerable person is living in their own home, with or without additional support and those in long term care settings. The aim of shielding is to minimise interaction between individuals and others to protect them from coming into contact with the virus, thereby aiming to reduce mortality in this group. Information on which people are in this category and what to do are on the NHS Inform website.

If the advice is to self-isolate, this may be difficult for individuals in a care home or supported in a shared domestic home to understand and adhere to. What do we do to safeguard the person, others who live there and staff?

Try and minimise the size of groups, encourage people to limit where they walk and areas they use. Increase cleaning frequency of frequently touched surfaces. You could give different times to use facilities such as shared kitchen or communal eating areas.

Where people are supported in their own homes, how do we ensure the safety of staff and of other people who use the service that staff are going on to visit?

Updated PPE guidance was issued on 02 April 2020. You should follow this and refer to standard infection prevention measures. Staff should already be aware of and implementing standard infection control measures. Further guidance is available from Health Protection Scotland.

What should we do if someone has tested positive or has symptoms consistent with coronavirus COVID-19? What should we do if the person requires support, for instance medication, meal preparation or personal care?

Staff should follow good infection control guidance and put in place the guidance from Health Protection Scotland.

You will also find further guidance and information from Health protection Scotland here.

NHS Inform provide guidance on self-isolation. You can read this here.

Also see updated PPE guidance (02 April 2020) here.