



COVID-19 - ISSUES FOR CARE HOMES & CARE PROVIDERS

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ISSUES

- Guidance including PHE, CQC, DHSC (Adam Fullwood)
- Deprivation of liberty in the time of Covid-19 (Jack Anderson)
- Litigation risks and damages claims post Covid-19 (Stephanie David)

- Questions



GUIDANCE

1. HOSPITAL DISCHARGES
2. PPE
3. END OF LIFE
4. TESTING
5. SOCIAL DISTANCING
6. STAFF ISSUES





1. HOSPITAL ADMISSIONS

“COVID-19 Hospital Discharge Service Requirements”
(19.3.20)

HM Government & NHSE

For patients whose needs are too great to return home a suitable rehabilitation bed or care home will be arranged – not their first choice

“Admission and Care of Residents during COVID-19 Incident in a Care Home”
(2.4.20)

DHSC, PHE, CQC & NHS

Negative tests are not required prior to transfers / admissions into the care home

All patients can be safely cared for in a care home if this guidance is followed

2. PPE



“Admission and Care of Residents during COVID-19 Incident in a Care Home” (2.4.20)

DHSC, PHE, CQC & NHS

“COVID-19 How to work safely in care homes” (27.4.20)

We will ensure a longer-term supply of all aspects of PPE for care homes so that staff can provide care, as well as providing a national supply disruption line for immediate concerns.

Need for disposable gloves, disposable apron, fluid-resistant surgical mask and often eye protection for personal care / 2 metres

3. END OF LIFE

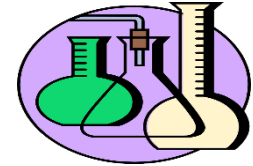
“Joint statement on advance care planning”
(3.4.20) CQC, BMA,
Care Provider Alliance
& RCGPs

“COVID-19: our action plan for adult social care” (16.4.20) DHSC

Essential that decisions re advance care planning including DNAR orders are made on an individual basis

This guidance confirms that this approach should not be taken (sections 3.12 & 3.13)

4. TESTING



“Admission and Care of Residents during COVID-19 Incident in a Care Home”
(2.4.20)

Negative tests are not required prior to transfers / admissions into the care home.

Tests primarily given to x3 groups only

“Govt announcement”
(29.4.20)

Policy shift?

All care workers and residents in care homes even if asymptomatic

5. SOCIAL DISTANCING



“Inappropriate use of sedative medicines to enforce social distancing guidelines”
(28.4.20) CQC

You must act in a way that is proportionate, pragmatic, safe, and focused on the best interests of individuals and the wider system.

6. STAFF



“COVID-19: interim guidance on DBS and other recruitment checks” (20.4.20) CQC

“Safety and speaking up during the COVID-19 emergency” (23.4.20) CQC

If providers take reasonable steps to ensure new staff are recruited in line with new DBS guidance, staff are adequately supported and sufficiently supervised so that people are safe, we will not take a punitive approach

We want to encourage workers to speak up about anything that gets in the way of providing good care so that potential harm is prevented

OTHER GUIDANCE ISSUES

- Public Health Protection
- Chief Coroners Guidance
- Employment Rights
- Mental Capacity Act

