

Social Care in “Lockdown 3”

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Resources

Guidance

<https://www.gov.uk/guidance/national-lockdown-stay-at-home>

Keep checking - it is not a static document!

Visiting Care Homes During Covid-19 updated 19 December 2020

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

Covid-19: Guidance for Supported Living updated 6 January 2021

<https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living>

Guidance on...

EXERCISE

Exercise: Guidance key points

- you can leave your home to exercise.
- This **should** be limited to once per day, and you **should not** travel outside your local area – *note that these restrictions are guidance, not law & local area is not defined*
- You can exercise in a public outdoor place by yourself, with the people you live with, with your support bubble (if you are legally permitted to form one) in a childcare bubble where providing childcare **or, when on your own, with 1 person from another household (same as in Tier 4)**
- Personal training can continue one-on-one unless everyone is within the same household or support bubble.

Exercise (cont'd)

- Children under 5, and up to 2 carers for a person with a disability who needs continuous care, are not counted towards the gatherings limits for **exercising outside** (*what about the person who needs 3:1 care to access the community??*)
- If you (or a person in your care) have a health condition that routinely requires you to leave home to maintain your health - including if that involves travel beyond your local area or exercising several times a day - then you can do so (*amended 6 Jan 2021*)
- When around other people, stay 2 metres apart from anyone not in your household - meaning the people you live with - or your [support bubble](#). Where this is not possible, stay 1 metre apart with extra precautions (like wearing a face covering).

Guidance on...

VISITING CARE HOMES

Visits to Care Homes

Visits to care homes can take place with arrangements such as substantial screens, visiting pods, or behind windows. Close-contact indoor visits are not allowed. No visits will be permitted in the event of an outbreak.

Refers to guidance on visits to care homes (pre-lockdown 3) and separate guidance on supported living

Guidance (cont'd)

Compassionate visits

- You may also leave home to visit someone who is dying *or someone in a care home* (if permitted under [care home guidance](#)), hospice, or hospital, or to accompany them to a medical appointment.

Visiting care homes guidance

- Not a “one size fits all” approach - risk assessment by the care home
- The default position set out in this guidance is that visits should be supported and enabled wherever it is safe to do so

Visiting care homes guidance

Each care home (the registered manager) is responsible for setting the visiting policy in that home.

They should do so on the basis of a dynamic risk assessment taking into consideration the needs of individuals within their home and with regard to the advice of the local Director of Public Health.

“dynamic risk assessment” should consider relevant factors relating to the rights and wellbeing of the residents. It may be appropriate or necessary for providers to apply different rules for different residents or categories of resident, based on an assessment of risk of contracting COVID-19 in relation to such residents, as well as the potential benefits of visits to them.

Guidance on...

VISITS TO SUPPORTED LIVING

Supported living guidance

- Also applies to sheltered/ extra care accommodation
- Different models of scheme so no one size fits all approach
- Avoid sharing staff between settings

Supported living (cont'd) - visits

- no one with COVID-19 symptoms should visit
- no one who should be self-isolating as they have been a close contact of a COVID-19 case in the previous 10 days, or anyone returned from [certain countries](#) in the same time period should visit
- if a supported living service has a communal garden area which can be accessed without anyone going through a shared building, then using this space for visits should be encouraged, as long as social distancing measures are met
- alternatives to in-person on-site visiting should be explored, including the use of telephones or video, **arranged walks in the park or outdoor spaces. Note - support may be needed to P to undertake this** If the person is clinically extremely vulnerable then the currently applicable [shielding guidance](#) should be followed
- providers could offer support so people can find/go to outside spaces to see their relative in a safer environment in line with current social distancing rules
- visitors should be encouraged to keep personal interaction with the person they are visiting to a minimum and remain socially distanced for as much of the visit as possible

Supported living (cont'd)

- numbers of visitors should be limited to the current guidance on group meetings to preserve social distancing as best as possible, and consideration given to staggering visits or other options for limiting simultaneous visits
- if there is not a communal garden area, then visitors should visit the person in the individual's own room and should be asked to wash their hands for at least 20 seconds on entering and leaving the accommodation. Visitors should take sensible precautions, such as covering the mouth and nose with a tissue when coughing or sneezing (followed by handwashing) or crook of the arm (not the hand) if no tissues are available. Dispose of tissues into a disposable rubbish bag and immediately wash hands with soap and water for at least 20 seconds or use hand sanitiser
- if in shared accommodation, visitors should avoid (or minimise if avoidance is not possible) contact with other people who live there and staff (with face-to-face contact occurring for less than 15 minutes and at least 2 metres apart). Where needed, conversations with staff can be arranged over the phone following an in-person visit
- visitors should be encouraged to wear appropriate face coverings when visiting to protect people in supported living settings
- we note that in some circumstances, visors may be preferable to masks, as a means to facilitate the more effective provision of care and social interaction through non-verbal communication, especially with people with advanced dementia or learning disabilities for whom recognition of familiar staff is critical to reducing agitation and distress. The decision to use visors, would need to be risk assessed for the benefit of the person, and would have to balance with additional risk of transmission
- where possible, visitors can be given support on how to prepare for a visit and given tips on how to communicate if face coverings are required

Care home residents going to family homes

Meeting others and care

You can leave home:

- to visit people in your [support bubble](#) (if you are legally permitted to form one)
- to provide informal childcare for children under 14 as part of a [childcare bubble](#) (for example, to enable parents to work, not to enable social contact between adults)
- to provide care for disabled or vulnerable people (*the care could be provided by P travelling, rather than the carer*)
- to provide emergency assistance (*again, P moving, not the assistance?*)
- to attend a support group (of up to 15 people)
- for respite care where that care is being provided to a vulnerable person or a person with a disability, or is a short break in respect of a looked-after child (*the respite being provided by P moving*)

WELL-BEING – INTERPLAY WITH RESTRICTIONS

ADASS guidance (NOV 20)

https://www.adass.org.uk/media/8333/20201214_managing-mental-health-through-covid-19.pdf

Examples of good practice

Letter from V-P of the Court of Protection

6 November 2020

Noting that DHSC guidance permits visits to those in care homes

*“It is recognised that receiving visitors is an important part of care home life and that maintaining some opportunities for visiting to take place is **critical for supporting the health and wellbeing of residents and their relationships with friends and family**” (original emphasis)*

Care Act 2014

- No new “easements” for lockdown 3
- Duties remain in place regarding assessment and care provision
- Section 1 CA 2014 “promoting individual well-being” of particular significance in light of the mental health consequences of lack of social contact/ service unavailability
- Assessments can be conducted by remote means, but participation of P is a key consideration

VACCINE PRIORITY

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As at 30 December 2020...

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals^[footnote 1]
5. all those 65 years of age and over
6. all individuals aged 16 years^[footnote 2] to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality^[footnote 3]
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>

JR pending

- No priority for those with LDs who do not fall within the age-based priority groups
- Judicial review challenge against DHSC has been issued

