



# Locking out Coronavirus

## Preventing and Responding to COVID-19 outbreaks

This Outbreak Plan is specifically about accommodation-based provision: Care Homes (Nursing and Residential), Supported Living Accommodation and Extra Care Housing.

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<b>Version 15, 07 May 2021</b>	Overview Group

Document changes between version 14 and 15:

- Visits out of care homes
- Narrative added to diagrams
- New visitor guidance allowing 2 visitors per care home resident from 12<sup>th</sup> April
- New visitor guidance for supported living settings
- Note added about Insurance premiums
- Infection Control Fund extended



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# Quick links and useful contacts

For further support and to sign up for weekly updates: [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)

Access support through Sirona SPA: Tel: 0300 125 6789

Guidance for any suspected outbreak: [COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK \(www.gov.uk\)](#)

Access testing for staff: [Get a free PCR test to check if you have coronavirus - GOV.UK \(www.gov.uk\)](#)

Access whole care home testing: [Get coronavirus tests for a care home - GOV.UK \(www.gov.uk\)](#)

Register for the PPE portal: [PPE portal: how to order COVID-19 personal protective equipment \(PPE\) - GOV.UK \(www.gov.uk\)](#)

For PPE distribution to providers unable to use the portal or in urgent need: [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)

All GOV.UK information on COVID-19 for social care: [Coronavirus \(COVID-19\): adult social care guidance - GOV.UK \(www.gov.uk\)](#)

Providers requiring support and advice on resident mental capacity should contact the individual's social worker where they have a named contact or [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)

The Bristol provider forum will take place 2-4 pm on the last Tuesday of each month.

Email: [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)

To report an outbreak the following must be contacted, please follow guidance in this document

South West PHE Health Protection Team: Tel: 0300 303 8162 or [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk)

Bristol Council Public Health Duty Team: [phe.healthprotection@bristol.gov.uk](mailto:phe.healthprotection@bristol.gov.uk)

Information on rates of infection: [COVID-19 data: including cases in Bristol and R number for the South West - bristol.gov.uk](#)

National guidance on visiting: [Guidance on care home visiting - GOV.UK \(www.gov.uk\)](#)

Government Winter Plan: [Adult social care: our COVID-19 winter plan 2020 to 2021 - GOV.UK \(www.gov.uk\)](#)

Guidance on admission of residents during COVID: [Admission and care of residents in a care home during COVID-19 - GOV.UK \(www.gov.uk\)](#)

Guidance on working safely in Care Homes: [COVID-19: how to work safely in care homes - GOV.UK \(www.gov.uk\)](#)

Specific Guidance for Supported Living: [Supported living services during coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](#)

Revised Testing regime from 22 February: [Coronavirus \(COVID-19\) testing in adult care homes - GOV.UK \(www.gov.uk\)](#)



## Introduction

This plan provides full detail of guidance, expectations, services, and support to enable care homes and other settings (e.g., Supported Living, ECH) to avoid, restrict or respond to outbreaks of COVID-19.

We recognise that other providers such as home care and day care also play a role in/are affected by COVID-19 outbreak prevention and management, but their role will be considered in other plans for vulnerable adults.

## Overseeing the Care Home Outbreak Plan

The implementation and development of this plan will be overseen by a group comprising:

- Bristol City Council ASC Commissioning
- Bristol City Council Public Health
- Provider Representation: Currently
  - David Smallacombe, Care and support West
  - Oona Goldsworthy, Brunelcare
  - David Williams, St Monica's Trust
  - Deian Glyn, Manor Community
  - Jonathan Simmons, Maples Care
  - Claire Mould, Cintre
  - Sam Hawker, Ablecare Homes
  - Victoria McLaughlin, Brandon Trust

## Current Situation

Up to date information on the current outbreak situation in Bristol, provided by BCC Public Health, can be found here **COVID-19 data: including cases in Bristol and R number for the South West - [bristol.gov.uk](https://bristol.gov.uk)**

You can also hear updates and discuss specific issues with public health colleagues by attending a BCC Monthly Provider Forum.

At date of publication, we are in a further National lockdown.



### 3. Support package for providers addressing COVID-19 issues

Within BNSSG organisations are working together across organisational and geographical boundaries to support all care providers in meeting these new challenges while they continue to provide safe and compassionate care in people's own homes and in care home settings.

#### 3.1. The COVID-19 support package has five key elements:

1. Weekly updates to ensure providers have the most recent news and guidance in one place and a monitored mailbox so that queries can quickly get a response. Email: [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)
2. Access to an online resource library which is located on both the Sirona Care & Health ([\*\*Information for care providers - Sirona care & health \(sirona-cic.org.uk\)\*\*](http://Information for care providers - Sirona care & health (sirona-cic.org.uk))) and BNSSG CCG ([\*\*NHS Bristol, North Somerset and South Gloucestershire CCG \(bnssgccg.nhs.uk\)\*\*](http://NHS Bristol, North Somerset and South Gloucestershire CCG (bnssgccg.nhs.uk))) websites.
3. Locally based staff from Sirona Care & Health, the Local Authorities and the Clinical Commissioning Group making regular contact with providers to establish new relationships and build on what is already working well.
4. Rapid mobilisation of support when an outbreak is reported, the initial response being determined by a Local Response Team Meeting.
5. Access to support 7/7 through a call to the Sirona SPA via which multiagency, multidisciplinary wrap around support can be accessed. Tel: **0300 125 6789**

#### Types of support includes:

- Advice and guidance on all aspects of clinical care.
- Support with end-of-life care including the mental health and wellbeing of a workforce.
- Advice and guidance on infection prevention and control (IPC) including the effective use of PPE, cohorting of service users and cleaning.
- Supporting safe discharges from hospitals.



## 3.2. Role of Capacity Tracker and further information

It is national DHSC policy and a condition of Infection Control Funds that care homes should complete the national tracker daily. This ensures appropriate information is available about the availability of provision and impact on care home residents and staff.

For other settings, Adult Care Commissioning will provide other means to keep partners informed.

## 4. Prevention of outbreaks in care settings

GOV.UK stores up to date information and guidance (**Coronavirus (COVID-19): admission and care of people in care homes - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

### 4.1. Avoiding infection

Following national guidance on managing care homes during the COVID-19 pandemic should ensure that infection is avoided.

### 4.2. Managing your Setting During Winter

Winter is always a challenging time. This winter is bringing additional challenges.

On 22 January Government issued additional (simplified) guidance for people working in care homes and for people working in supported living in Supported Living during winter:

(**Your care home during winter - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

(**Working with people in supported living this winter - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

### 4.3. Balancing the benefits of open windows with staying comfortably warm in residential and care settings

In addition to hands-face-space, the government has highlighted how letting fresh air into indoor spaces can reduce the risk of infection spread from coronavirus by over 70%.

The advice is that where it is safe to do so, open windows for short, sharp bursts of 10-15 minutes regularly throughout the day or leave windows open a small amount continuously.



During the current cold period, balancing personal comfort of staff and residents or service users is important. When opening a window, ensure that there isn't a direct draft blowing onto individuals and monitor comfort levels, encouraging use of personal blankets or cardigans for warmth in advance of window opening.

For staff, the wearing of cardigans and fleeces etc. should not be permitted in care areas where direct care is provided, or hand hygiene is required. This is because cuffs can become contaminated and effective hand hygiene is more difficult. Staff should instead wear an extra layer underneath their uniform such as a vest. The wearing of a cardigan in other situations, for example on breaks or when not providing direct care can be permitted but the cardigan must be considered part of uniform, worn only within the setting and laundered daily in line with local uniform laundering policy.

Further information can be found in the following links:

**(New film shows importance of ventilation to reduce spread of COVID-19 - GOV.UK ([www.gov.uk](http://www.gov.uk)))**

**(Guidelines on Infection Prevention and Control HSE South Cork and Kerry - [HSE.ie](http://HSE.ie))**

#### **4.4. Isolation of residents discharged from hospital or another social care facility**

To minimise the risk to residents in care homes during periods of sustained community transmission, all residents being discharged from hospital or interim care facilities to the care home, and new residents admitted from the community, should be isolated for 14 days within their own room. This should be the case unless they have already undergone isolation for a 14-day period in another setting. Even then, the care home may wish to isolate new residents for a further 14 days.

If new residents are admitted part way through an isolation period, they should as a minimum complete the remaining isolation period within their own room in the care home.

It has been reported that there are some insurance policies out of step with public health guidance and BCC is seeking clarification with DHSC. Providers are encouraged to ensure they are familiar with their insurance policies.

#### **4.5. People with Learning Difficulties and other issues impacting Mental Capacity**

People with dementia or a learning disability, autistic people, and people experiencing serious mental ill health are likely to experience difficulties in understanding and





following advice on social distancing, and increased anxiety. They may need additional support to recognise and respond to symptoms quickly, and in some cases may be at greater risk of developing serious illness from COVID19. The government has worked with the Social Care Institute for Excellence (SCIE) to provide additional guidance for care staff supporting adults with learning disabilities and autistic adults.

**(Coronavirus (COVID-19): guidance for care staff supporting adults with learning disabilities and autistic adults - GOV.UK ([www.gov.uk](http://www.gov.uk)))**

**(COVID-19 guide for care staff supporting adults with learning disabilities or autistic adults ([scie.org.uk](http://scie.org.uk)))**

## **4.6. Individual resident testing**

Residents who are identified as having COVID-19 symptoms should be immediately isolated and appropriate infection prevention and control measures should be put in place. If not already tested the resident(s) needs to be tested as soon as possible. The provider needs to notify the local PHE Health Protection Team immediately to get a testing kit.

Residents who may be asymptomatic and test positive in whole care home testing should be immediately isolated and appropriate infection prevention and control measures put into place.

Residents who test positive should not be retested for 90 days as a further positive test within 90 days is likely to be a residual positive from that infection, but unlikely to be infectious. If it is more than 90 days, or they develop new possible COVID-19 symptoms, they need to be retested.

The following guidance should be followed for any suspected outbreak (**COVID-19: management of staff and exposed patients or residents in health and social care settings - GOV.UK ([www.gov.uk](http://www.gov.uk))**) Guidance for those working in care homes providing information on how to work safely and on infection prevention and control (**COVID-19: how to work safely in care homes - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

See GOV.UK information on Full Care Home testing (**Coronavirus (COVID-19) testing in adult care homes - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

From 25th February 2021 testing in Extra Care and Supported Living settings has been expanded to include:

- Rapid Lateral Flow Testing to high-risk Extra Care/Supported Living settings in addition to the current PCR testing regime.

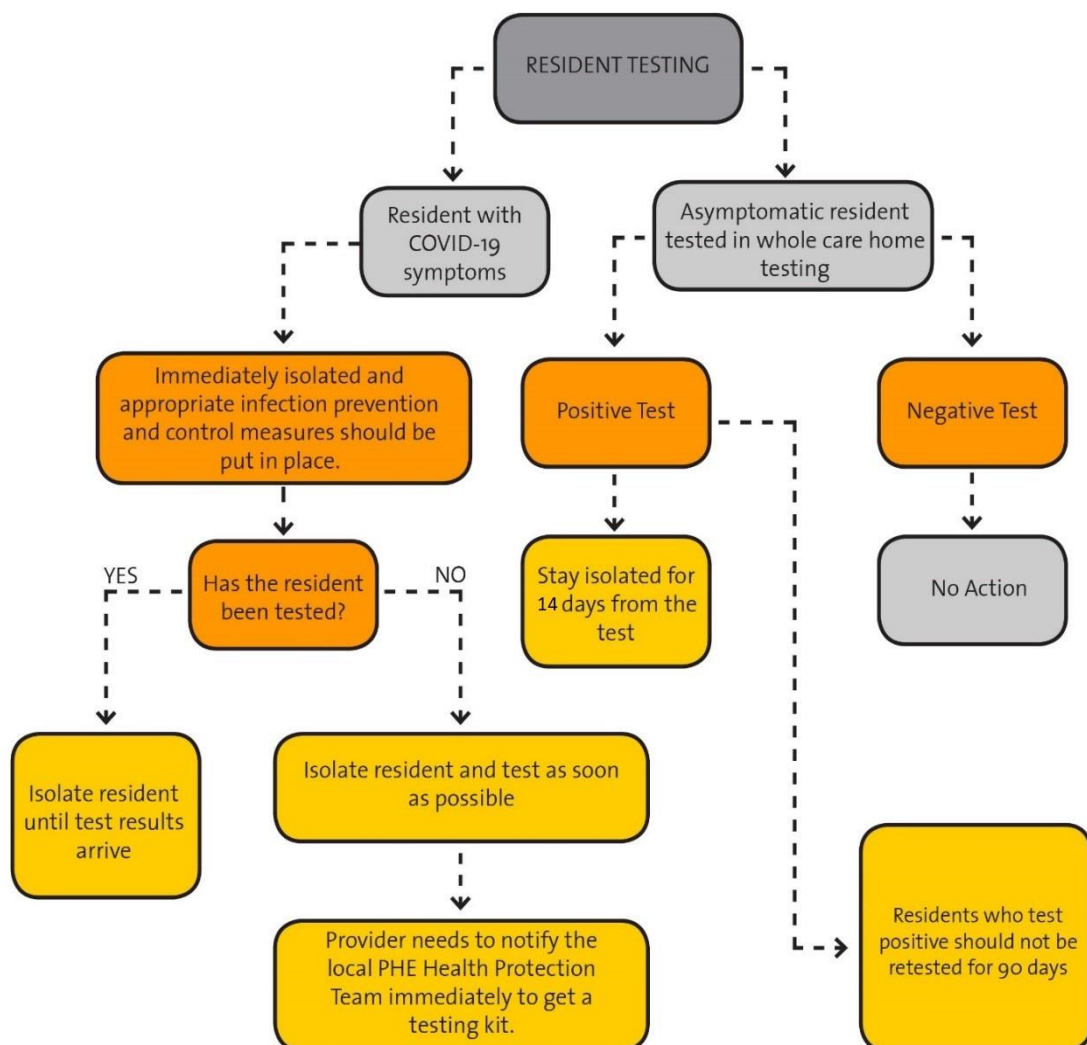


High Risk Extra Care and Supported Living settings are those which meet both of the following eligibility criteria:

1. The setting is a closed community with substantial facilities shared between multiple people
2. Where the majority of residents (more than 50%) receive the kind of personal care that is CQC regulated (rather than help with cooking, cleaning and shopping)

Full guidance on testing across the EC/SL sector can be found at:

**(Coronavirus (COVID-19) testing service for extra care and supported living settings - GOV.UK ([www.gov.uk](http://www.gov.uk)))**



This diagram sets out what needs to be done when carrying out resident testing. Where a resident displays covid symptoms they should be immediately isolated and appropriate infection control measures put in place. If the resident has already been tested, they should be isolated until test results are obtained. Residents who have not



been tested should be tested as soon as possible. Tests can be obtained from the PHE Health Protection Team. If a resident tests positive as part of the whole home testing they should isolate for 14 days and should not be retested for 90 days. If residents test negative no action is necessary.

## **4.7. Testing someone who lacks the relevant mental capacity without their consent**

The usual best interest decision making law and guidance applies. No automatic assumption should be made that what is in the best interests of one patient will be in the best interests of another. Providers need to make these decisions on a case by case basis. For further detail see **Appendix 2**.

## **4.8. Individual staff testing**

Staff who have COVID-19 symptoms should immediately self-isolate and should be referred for testing at a regional/local test centre or in their own home via GOV.UK (**Get a free PCR test to check if you have coronavirus - GOV.UK ([www.gov.uk](http://www.gov.uk))**) or they can ring 119.

They should isolate in their own home until they get the results. If positive they should not return to work for 14 days from the onset of symptoms. (whilst Government Guidance has changed from 14 to 10 days the advice of the overview group, based on experience, is 14 days).

They should not retest for 90 days unless they develop new possible COVID-19 symptoms. In addition, if positive, anyone living in their home should isolate for 14 days from the onset of the staff member's first day of symptoms. If negative they can return to work (whilst Government Guidance has changed from 14 to 10 days the advice of the overview group, based on experience, is 14 days).

Staff, who may be asymptomatic, but who test positive for COVID-19 in whole care home testing should immediately self-isolate as per the guidance above.

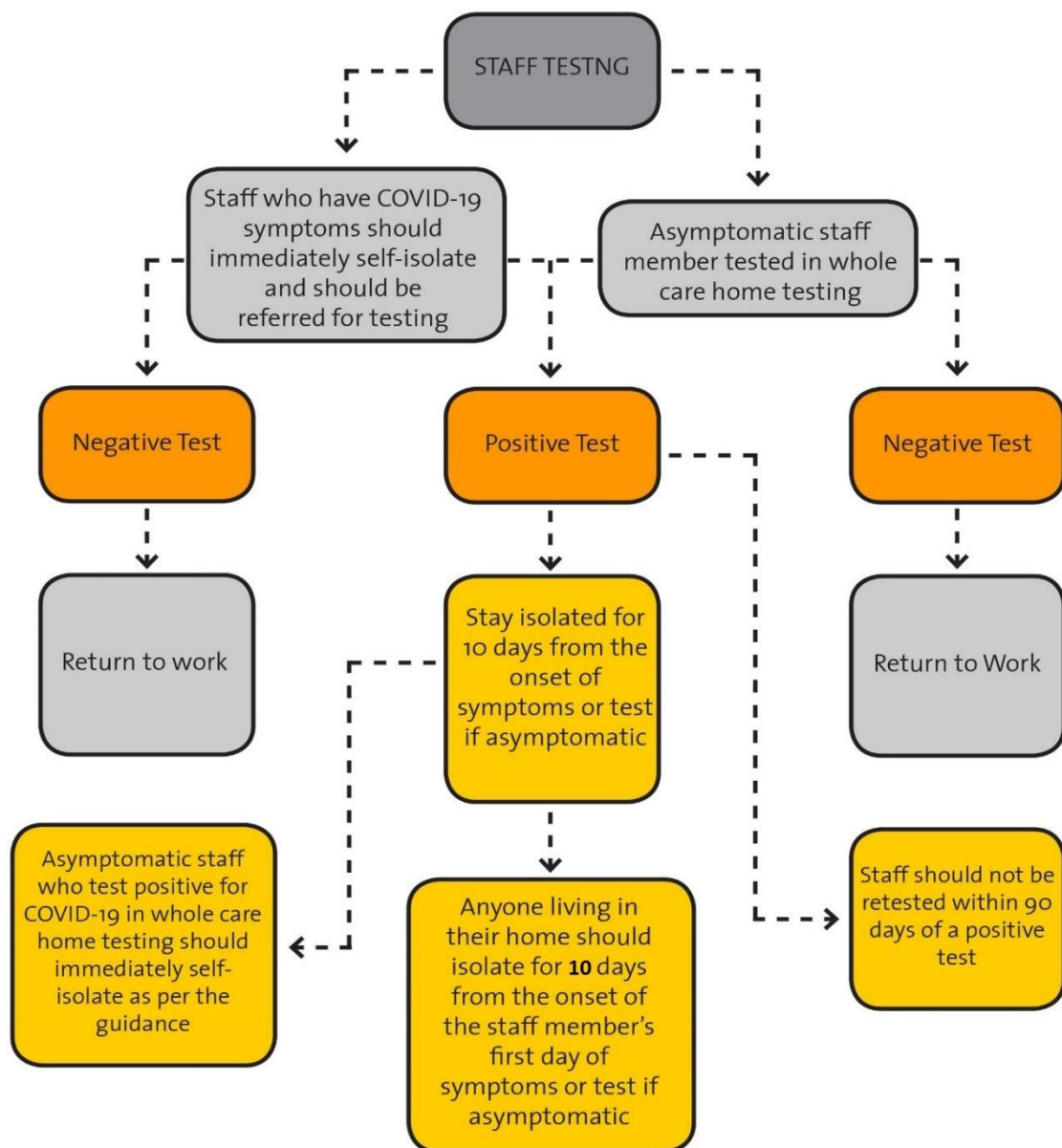
Staff should not be retested within 90 days of a positive test.

LFD tests can be used straight away after an isolation period. Staff do not have to wait 90 days to use LFD testing.

See GOV.UK information on Full Care Home testing (**Coronavirus (COVID-19) testing in adult care homes - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

From 25th February 2021 testing in Extra Care and Supported Living settings has been expanded to include:

- Weekly staff PCR testing for Extra Care/Supported Living.



This diagram sets out what needs to be done when carrying out staff testing. Where a member of staff displays covid symptoms they should immediately self- isolate and have a covid test, they should self-isolate until their test results are obtained. If they test positive they should isolate for 10 days. Anyone living in their home should also isolate for 10 days from the onset of the staff members first day of symptoms or test if asymptomatic. Staff who test positive should not be retested for 90 days. If they test negative they can return to work.

## 4.9. DHSC whole care home testing

A helpful chart showing which tests (PCR and/ or LFD) are used where and in which circumstances can be found on the Government site. It includes sections on high risk



ECH and Supported Living sites, and on Home Care ( **Coronavirus (COVID-19) testing for adult social care settings - GOV.UK ([www.gov.uk](http://www.gov.uk))**).

All care homes can access DHSC whole home testing for residents and staff. Registered care home managers can apply by registering online on the care home portal (**Get coronavirus tests for a care home - GOV.UK ([www.gov.uk](http://www.gov.uk))**).

Care home residents and care home workers with and without symptoms can be tested within the care home. Staff will be tested weekly, residents monthly.

Specific guidance for Supported Living and Extra Care housing (**Testing service for extra care and supported living settings - GOV.UK ([www.gov.uk](http://www.gov.uk))**).

If a resident or staff member tests positive PHE Health Protection will be alerted by the laboratories and will phone the home to risk assess the situation, give advice and to carry out contact tracing. They will also ask DHSC to carry out tests on all the residents and staff in the home on top of the routine whole care home testing schedule. This is because the next round of resident testing might not be due for several weeks.

## **4.10. Personal Protective Equipment (PPE)**

GOV.UK stores all Government Social Care COVID-19 guidance and includes all PPE guides (**Coronavirus (COVID-19): adult social care guidance - GOV.UK ([www.gov.uk](http://www.gov.uk))**).

Good PPE practise is essential in the context of changing variant of COVID-19. Ensure your staff have access to a Gov.uk resource for care workers working in care homes here (**COVID-19: how to work safely in care homes - GOV.UK ([www.gov.uk](http://www.gov.uk))**).

A pictorial guide to PPE Info and on donning and doffing PPE is available here (**Personal Protective Equipment (PPE) illustrated guide for community and social care settings - GOV.UK ([www.gov.uk](http://www.gov.uk))**).

Following the Government announcement on 21st September, residential social care providers can now order up to a weekly limit of PPE or emergency supplies via a PPE Portal. All CQC registered homes should receive an email invitation to register (**PPE portal: how to order COVID-19 personal protective equipment (PPE) - GOV.UK ([www.gov.uk](http://www.gov.uk))**).

This scheme has now been extended until end of June 21.

Local Authorities will also be provided with a stock of PPE via Local Resilience Forums for distribution to those providers unable to use the portal or in urgent need. Email: **[adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)**.



## 5. Infection Control Fund monies

The **Infection Control Fund 3** has been extended until the end of June 2021. This fund can be used for IPC and designated settings, although the funding is not at the previous level because of the decreased infection rates. Care homes have been provided, via BCC, with funding from DHSC to support specific workforce activity in relation to infection control. BCC continues to monitor the spending of this fund and send returns to DHSC. All of the first and second rounds of funding have been distributed to care homes.

All Bristol Care Homes have been contacted with details of the fund to support Lateral Flow / Rapid Testing for care home staff and visitors which was announced in January by the DHSC.

If you have any queries on either fund, email: [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)

Further information can also be found on the Government website:

(**Adult Social Care Infection Control Fund: round 2 - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

(**Adult Social Care Rapid Testing Fund - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

## 6. Mental Capacity Act and deprivation of liberty safeguards

During the pandemic, the principles of the MCA and the safeguards provided by DoLS still apply. Some residents/tenants may lack capacity to understand and agree to isolation or testing. Isolation may lead to changes in behaviour. If someone is, or will be, 'deprived of their liberty' as a result of the arrangements for their care and treatment legal authorisation is required. Decisions must be taken specifically for each person and not for groups of people. Any additional restrictive measures taken by care providers to prevent the spread of the virus to those deprived of liberty under the Mental Capacity Act 2005 must be necessary, proportionate, respectful of human dignity, and last for no longer than is necessary. Best Interest decision-making must be carried out for people lacking capacity, considering the potential risk and impact of becoming infected. Providers requiring support and advice on this issue should contact the individual's social worker where they have a named contact or [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk).

Government Guidance is available here: (**[The Mental Capacity Act \(2005\) \(MCA\) and deprivation of liberty safeguards \(DoLS\) during the coronavirus \(COVID-19\) pandemic - GOV.UK \(\[www.gov.uk\]\(http://www.gov.uk\)\)](#)**)





Advice is also included in the SCIE guidance here: ([COVID-19 guide for care staff supporting adults with learning disabilities or autistic adults \(scie.org.uk\)](https://www.scie.org.uk))

Advice on best interests decisions here: ([Best interests decisions: A COVID-19 quick guide \(scie.org.uk\)](https://www.scie.org.uk))

## 7. Identifying and responding to emerging outbreaks

### 7.1. Identifying emerging outbreaks in specific settings

The more intelligence we all have about what is happening, the more we can develop and deliver the right support and advice. The BCC commissioning, contracts and quality team monitors the NHS Capacity Tracker, as well as any details notified directly to us by providers via [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)

A weekly provider update survey is also circulated to all care providers in the city, which includes services which do not access the Capacity Tracker. This intelligence feeds into a weekly Sitrep which is circulated within Adult Social Care. Extracts of this are also reported to elected members in relation to COVID-19 outbreaks.

Rates of infection and other public health information relating to COVID-19 in the area will be shared with providers online ([COVID-19 data: including cases in Bristol and R number for the South West - bristol.gov.uk](https://www.bristol.gov.uk)) through inclusion in ASC briefings, and through public health involvement in a provider forum. The Bristol provider forum will take place 2-4pm on the last Tuesday of each month. For information email: [adultcommissioning@bristol.gov.uk](mailto:adultcommissioning@bristol.gov.uk)

### 7.2. Contact Tracing

To support contact tracing, care homes should keep a register of visitors to the site including the following details:

- Date
- Name of visitor
- Who they visited
- Relationship
- Address
- Telephone number
- Email

They should also keep additional record of the visit:



- Indoor/outdoor
- Usage of masks were used
- Whether social distancing rules were followed

Homes should include in this register any visiting professionals, and staff visitors.

Homes should consider explaining why the information is being collected to each visitor and that it will be shared with contact tracers in the event of a positive COVID-19 case.

This information should be stored securely as it contains person identifiable information. This information should be promptly shared with Public Health England (National Institute of Health Protection) contact tracers, and Bristol City Council contact tracers as required.

Public Health England (National Institute of Health Protection) will contact each positive staff member and risk assess each person they have been close to in their infectious period, then telephone or text those contacts to advise them to self-isolate for 14 days from the date of exposure and get a test if they develop symptoms. If they test positive, they will have to isolate for 10 days from the date of onset of symptoms. See 4.6 above, the advice of the overview group is 14 days.

## 8. Managing an outbreak in a specific setting

**An outbreak is defined as 2 or more cases, linked to a setting, within 28 days. The following need to be notified if there are 2 or more cases, if they have not been in touch already:**

1. South West PHE Health Protection Team: **0300 303 8162** or **[swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk)**
2. Bristol Council Public Health Duty Team: **[ph.healthprotection@bristol.gov.uk](mailto:ph.healthprotection@bristol.gov.uk)**

Current national guidance on Admission and Care of Residents during COVID-19 Incident in a Care Home (updated December 2020) (**Coronavirus (COVID-19): admission and care of people in care homes - GOV.UK ([www.gov.uk](http://www.gov.uk))**)

1. Where there is more than one symptomatic resident in a care home the PHE Health Protection Team will arrange testing for all symptomatic residents when they do the initial risk assessment, if it is more than 28 days since a previous positive test in the home.





2. Where residents or staff have tested POSITIVE in the last 90 days but they display new symptoms, they should be retested. If they were previously tested and received a NEGATIVE result but now display new symptoms that meet the case definition, then testing can be arranged. Staff who have previously tested positive for SARS-CoV-2 by PCR should be exempt from being retested within a period of 90 days from their initial illness onset, unless they develop new possible COVID-19 symptoms, or from their positive test if they were/ are asymptomatic.
3. When the Health Protection Team receive new information about an outbreak, the practitioner will review the information and investigate. They will carry out a risk assessment with the Duty Consultant using the PHE dynamic risk assessment matrix.

## 8.1. Possible actions to manage an outbreak

Actions discussed with a setting will include:

- Isolating cases
- Determining the best approach to isolating residents
- Reinforcing infection control practices
- Reviewing the plan if the situation escalates
- An appropriate response to PPE
- Safe staffing levels staffing
- Exclusion from work of staff who are a confirmed case and identified by Test and Trace to be a care home worker
- Exclusion of staff who are close contacts of confirmed resident or staff case and who have not worn appropriate PPE
- Controlling visitors

An Infection Protection and Control (IPC) audit tool is available to support care home providers in identifying any areas they should focus on or improve their arrangement. This tool is included as in **Appendix 3**.

## 8.2. Ending an outbreak and multiple outbreaks

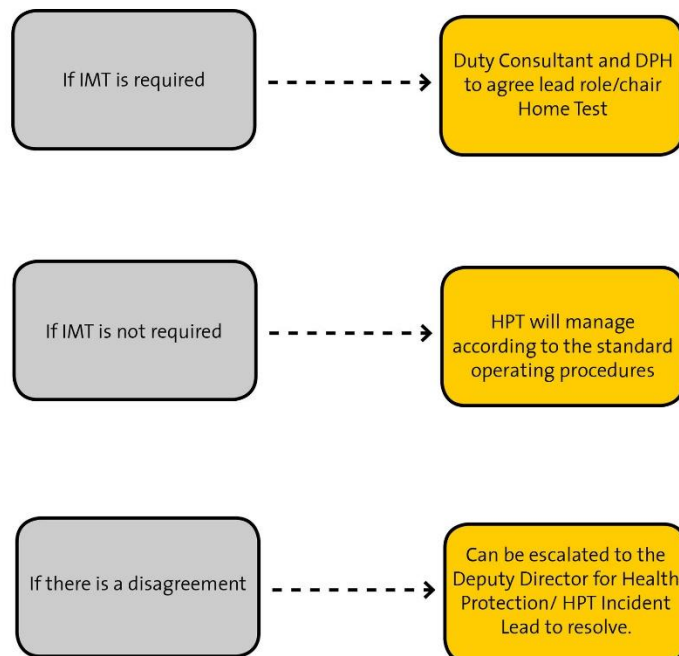
The outbreak can be declared over once no new cases have occurred in the 28 days since the appearance of symptoms in the most recent case.

In some circumstances, e.g. where the further infection risk is small due to nature of outbreak, discussion between the care home, public health and other colleagues may allow a home closed due to outbreak reopen before 28 days.,



The Health Protection Team will also advise on further communication to local infection control teams and local authority colleagues and CCGs.

Some settings may experience multiple outbreaks, or there may be other concerns. If multiple criteria are met, then the Duty Consultant will discuss with the Director of Public Health (DPH) or deputy to agree whether an Incident Management Team (IMT) is required:



This diagram sets out the process for an IMT. Where an IMT is required the Duty Consultant and DPH will agree the lead role and Chair. Where an IMT is not required the HPT will manage according to standard operating procedures. If there is disagreement about the need for an IMT it can be escalated to the Deputy Director for Health Protection who will create an incident and be the lead for its resolution.

## 9. Partnership working to support settings with outbreaks

### 9.1. Public Health Protection Team

Local Authority Public Health teams and Environmental Health are routinely informed by the PHE HPT of any notified outbreak in a care home or other setting (such as influenza like illness, gastrointestinal infections, and other notifiable diseases). Notification of COVID-19 outbreaks is sent to local authority Public Health Teams who share it with adult care commissioners, Sirona, CCG Quality team and CCG pharmacy leads.



## 9.2. Bristol care homes/settings weekly review meeting

A weekly meeting reviews outbreaks in provisions across Bristol. This meeting includes practitioners and senior representation from:

- Bristol City Council: Public Health, and Adult Social Care Commissioning Safeguarding
- Sirona
- Public Health England – Health Protection
- BNSSG CCG Infection Control
- BNSSG CCG – Pharmacy
- CQC

This is a confidential meeting to consider settings of concern and share information, to ensure settings are adequately supported. All settings that have had a suspected or confirmed case of COVID-19 are tabled at the meeting for discussion. Information from the care home tracker and PHE is used to determine which settings are discussed.

## 9.3. Incident review meetings

The weekly care home/setting meeting may decide an incident review meeting should be put in place to provide enhanced support. The meetings include:

- Care Home Manager and other representatives from the provider (Area Manager/Clinical lead)
- Bristol City Council: Public Health (Chair and minutes), Adult Social Care Commissioning, Safeguarding and Environmental Health
- Sirona
- BNSSG CCG Infection Control.
- At the suggestion of providers ASC are developing a process for experienced care home providers to act as peer support/buddy during and after these meetings

Meetings might be stand alone or could be a series of support meetings if required. All meetings are minuted and minutes shared with all attendees.

Oona Goldsworthy (Chief Executive of Brunelcare) and David Williams (Chief Executive Officer of St Monica Trust) have offered to be peer supporters for managers who are coming to an Incident Management or Review meeting.



Their emails are:

**[Oona.goldsworthy@brunelcare.org.uk](mailto:Oona.goldsworthy@brunelcare.org.uk)**

**[David.Williams@stmonicastrust.org.uk](mailto:David.Williams@stmonicastrust.org.uk)**

## 10. Visitors to residents and Rapid Flow testing

New Government guidance allows **2 named visitors** per care home resident from 12<sup>th</sup> April (**[Visiting arrangements in care homes - GOV.UK \(www.gov.uk\)](https://www.gov.uk)**)

Updated 'COVID-19: guidance for supported living' to replace the 'Visitors and support bubbles' (**[Supported living services during coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)**)

Each home must have visitor policies in line with government guidance on visiting care homes (**[Guidance on care home visiting - GOV.UK \(www.gov.uk\)](https://www.gov.uk)**) and on working safely in care homes (**[COVID-19: how to work safely in care homes - GOV.UK \(www.gov.uk\)](https://www.gov.uk)**). This entails continual risk assessments of the COVID-19 situation in a home. This should include:

- The results of any whole care home testing
- Reports from staff that may have been tested outside of whole care home testing
- Your COVID-19 Secure arrangements
- The speed with which you can return to essential visits only

On occasion, a local situation may arise where the advice from Public Health England is that visiting should be suspended. Under these circumstances care homes will be notified. We will be monitoring the situation closely and if any restrictions are required, we will communicate them directly to affected providers.

### 10.1. Rapid testing to support care home visiting

The following sets out the testing process that will need to be in place to facilitate visits to care homes:

**[Coronavirus \(COVID-19\) lateral flow testing in adult social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk)**

Care Quality Commission (CQC) registered care homes will receive these tests and will have sufficient quantities to test up to two visitors per resident.

The care home rapid testing programme is being led nationally by the Department for Health and Social Care. They will communicate with care homes directly regarding implementation.

The Department will provide further guidance, webinars and NHS online training, which **must** be completed before care homes commence with rapid testing.

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The rapid (Lateral Flow Test) result must **not** replace robust Infection Prevention and Control (IPC) measures, and regular whole home PCR testing, undertaken weekly for staff and monthly for residents. The rapid tests are intended as an additional tool to support safe care home visiting.

The result from the rapid test applies only to the time when the test is undertaken. Therefore, it is absolutely essential that care homes continue to use robust Infection Prevention and Control (IPC) measures. Any visitors must continue to wear the appropriate personal protective equipment (PPE), observe social distancing and good hand hygiene when in the care home, and follow any guidance the care home itself provides on physical contact with the person they are visiting.

## **10.2. Negative rapid test (Lateral Flow Test) results**

Up to 50% of negatives tests are not a true result, and the individual could in fact still be infectious. Visits can go ahead as long as PPE and IPC measures are in place.

## **10.3. Positive rapid test (Lateral Flow Test) results**

- A positive result will have identified a person who is highly infectious with a good degree of accuracy. The individual should go directly home, isolate and get a confirmatory PCR test. Any planned visits must not go ahead.

Rapid tests can also be used for additional testing of staff and residents if this is felt to be needed, but as stated above must not replace whole care home PCR testing.

Tests may generate additional work for care homes. This will include ensuring appropriate training is in place for staff alongside suitable governance, risk management and logistical arrangements. Providers should conduct a risk assessment for implementing the new testing process within your home to support your decision, considering your own assessment of the practicability of the use of rapid testing as part of visiting arrangements.

## **10.4. Visiting during an outbreak**

In the event of an outbreak in a care home, the home should immediately stop visiting except in exceptional circumstances such as end of life to protect vulnerable residents, staff and visitors. These restrictions should continue until the outbreak is confirmed as over by Public Health England.

All suspected outbreaks should be reported to the Public Health England (PHE) South West Health Protection Team.



Spending time with people outside of the care home increases risk of exposure to COVID-19. National guidance is that **visits out of care homes should only be considered for care home residents of working age**. Care homes need to carefully consider whether visiting outside of the care home is the right thing to do or if visiting at the care home would be safer.

In order to safely return to the care home, if visits are made outside of the care home, the resident will need to be tested and isolated. Further national guidance is expected on this. Our local recommendation is that any resident returning to a care home after a visit outside, should isolate for 14 days within their own room.

## **10.5. Visiting during an outbreak in exceptional circumstances**

In the event of an outbreak in a care home, the home should immediately stop visiting except in exceptional circumstances such as end of life to protect vulnerable residents, staff and visitors. These restrictions should continue until the outbreak is confirmed as over by Public Health England.

If there is an occasion when the Director of Public Health (DPH) needs to advise that an individual home should further restrict or stop visiting, either temporarily or long term, she will inform the Adult Care Commissioning Team at Bristol City and the registered manager.

## **11. Visitors to residents and testing**

### **11.1. Role of BCC Public Health Protection in supporting settings to accept visitors**

Settings should keep PH Health Protection Team updated on their current situation.

They should do this by emailing [ph.healthprotection@bristol.gov.uk](mailto:ph.healthprotection@bristol.gov.uk) - marked Care Home (Name) Risk Assessment. Once this has been done for the first time, Public Health should be re-contacted if anything changes substantially. Information Public Health require includes:

- Whether you are currently open for visitors
- If the answer is 'YES' to the above, or if you are planning to do so, that visiting is in line with national guidance



- A risk assessment for visiting
- A visitor's policy (including infection control measures for visits)
- A dynamic risk-based approach to facilitating and managing visits (see link to Care Alliance protocol in the guidance)
- A process for making visiting decisions for an individual resident or group of residents
- Plans to impose visiting restrictions in the event of an outbreak in your home or a local lockdown
- A system to keep records of visitors to support the NHS Test and Trace system

The current guidance is specifically about care homes and guidance for supported living is on its way. In the meantime we recommend that the principles of the guidance also be followed by Supported Living or ECH where there is communal space which is used by a large number of residents, or in other circumstances where provider's risk assessment suggests the impact of visitors could be similar to that of visitors in a care home.

## **12. Supporting care homes and accommodation-based settings during a localised lockdown/outbreak.**

If a community outbreak is identified by a high number of cases per 100,000 population that cannot be explained by foreign travel or transmission in a setting (for instance a workplace or a family), then Public Health have to consider whether the cause is a community outbreak and consider a local lockdown. In this case, care homes would be advised by the Director of Public Health to protect their residents by ceasing visiting (apart from end of life).

It is likely that putting in place a local lockdown would have to be completed swiftly as community outbreaks can escalate quickly. There would be communication from the Director of Public Health to the population, through media channels.

If any home had difficulty in accessing other support or services during local lockdown, they should contact Adult Social Care Commissioners. This would include but is not limited to:

- Local volunteers
- Support with accessing food and other essentials
- Impact on staff or visitors
- Supporting communication to and from residents with family and friends

## **13. Visits out of care homes**





From Tuesday 4 May 2021, service users will be able to leave the care home to visit a friend or family member's garden, or go on walks in places such as parks, public gardens and beaches. They will not have to self-isolate when they return.

Service users must be accompanied by either a care worker, or nominated visitor, and follow the government guidelines of washing hands regularly, keeping social distance, and remaining outside, in line with **step 2 of the roadmap**. If a visit out does take place, all members of the household involved in the visit should have had a negative result from a COVID test taken immediately preceding the visit out. (They should also be free of any COVID symptoms, and if they have previously tested positive, have completed the necessary isolation period.) For instance, the test could be taken when the family go to the care home to collect the resident for the visit. Care homes should make use of the lateral flow devices they have been supplied with for this purpose.

More information can be found here:

**Care homes residents allowed more out-of-home visits - GOV.UK**  
([www.gov.uk](https://www.gov.uk))

## 14. COVID 19 Vaccination Campaign

Information and guidance on the vaccination is available here: (**Coronavirus (COVID-19) vaccine - NHS** ([www.nhs.uk](https://www.nhs.uk)))

All employers of eligible frontline social care workers have been contacted and given details on how to book a vaccination. If you have not please contact [vaccination.programme@bristol.gov.uk](mailto:vaccination.programme@bristol.gov.uk)

For general information for staff on the vaccine please see here: (**COVID-19 vaccination: a guide for social care staff - GOV.UK** ([www.gov.uk](https://www.gov.uk)))

Please continue to encourage staff to book an appointment at one of the four vaccination centres. If you need any further details please contact [vaccination.programme@bristol.gov.uk](mailto:vaccination.programme@bristol.gov.uk)

Many older people care home residents have been vaccinated via Primary Care Networks visits to the home. If you still have residents yet to be vaccinated, please contact your linked GP surgery. Soon the programme will be rolled out to those younger people currently living in residential and nursing settings again via the Primary Care Networks.





It is very important that Care Homes record the number of staff and residents who have had the vaccine on the Capacity Tracker online: ([Home - Capacity Tracker](#))

Bristol City Council ran a session called 'Dispelling the Myths' which explains more about the vaccine and dispels some common myths and misconceptions. ([Full COVID-19 Vaccine Webinar - YouTube](#))

Any questions about vaccination inc. thrombosis with Astra Zeneca vaccine to be logged on HZPOne and forwarded to [england.swcovid19-cars@nhs.net](mailto:england.swcovid19-cars@nhs.net)

## 15. Insurance premiums

Insurance premiums are continuing to rise. PHE/DHSC are in discussion with insurance companies about this.

## 16. Supporting Our Wonderful Staff

We recognise the accumulative impact on social care frontline staff of the ongoing pandemic, on their own health and wellbeing of the additional rigours of work, of supporting much cared for residents through increased illness and death. Many social care staff are themselves at increased risk, especially given the impact on BAME communities.

A CARE-branded website and app containing guidance and practical support for the social care workforce has also been developed and includes free access to wellbeing resources and apps, such as Sleepio, Silvercloud and Daylight.

## Ensuring staff at increased risk from COVID19 are supported

Ensuring staff at increased risk from COVID19 are supported is rightfully a concern for all

Government Guidance on assessing and reducing risk is available here: ([COVID-19: adult social care risk reduction framework - GOV.UK \(www.gov.uk\)](#))

Other advice is also available including: ([Shielding rules in England, Scotland and Wales: Coronavirus: shielding and vulnerable people - Acas](#))

For lots of additional information and guidance, visit the BNSSG online resource library for care providers, which is located on both the Sirona ([Information for care providers - Sirona care & health \(sirona-cic.org.uk\)](#)) and BNSSG CCG ([NHS Bristol, North Somerset and South Gloucestershire CCG](#))



([bnssgccg.nhs.uk](http://bnssgccg.nhs.uk)) websites.

## Support for Staff Experiencing Emotional Difficulties and Trauma

- social care staff who may be struggling to cope and need help can send a text message with 'FRONTLINE' to 85258 to start a conversation. This service is offered by Shout and is free on all major mobile networks.
- The Samaritans confidential staff support line is open for all social care staff who might be feeling increasingly stressed, anxious, or overwhelmed. Call 0800 069 6222 (7am to 11pm, 7 days a week)
- Hospice UK's bereavement and trauma line is open for all social care staff. This offers a safe space to talk to a professional if you have experienced bereavement, trauma or anxiety. Call 0300 131 7000 (7am to 11pm, 7 days a week)
- The following is a link to the Independent Mental Health Network (IMHN) webpage which has been updated to include North Somerset and South Glos: **BNSSG LEAFLET REDIRECT - IMHN - Independent Mental Health Network**
- The Vita Health 24/7 Support & Connect helpline was launched in July as a specific BNSSG response. This line offers up to half an hour support without assessment / pre-booking / waiting lists.
- **24/7 Support & Connect - Vita ([vitahealthgroup.co.uk](http://vitahealthgroup.co.uk))**
- **0800 0126549**



## Appendix 1

### Version Control

<b>v.2 23.07.20</b>	<b>Carol Watson</b>
<b>v.3 30.07.20</b>	<b>Lucia Dorrington</b>
<b>v.4 03.09.20</b>	<b>Katie Porter</b>
<b>v.5 04.09.20</b>	<b>Carol Watson</b>
<b>v.6 15.10.20</b>	<b>Carol Watson</b>
<b>V7 22.12.20</b>	<b>Carol Watson</b>
<b>V8 29.01.21</b>	<b>Katie Porter</b>
<b>V9 10.02.21</b>	<b>Overview Group</b>
<b>V13 10.03.21</b>	<b>Overview Group</b>
<b>V14 07.04.21</b>	<b>Dave Toole</b>
<b>V15 07.05.21</b>	<b>Dave Toole</b>

## Appendix 2

### Testing and Mental Capacity Act

- There cannot be a blanket decision that testing is in the best interests of a group of residents or patients, as this would be contrary to the requirement of the MCA 2005 that it is the best interests of that particular person at that particular time which are determinative.
- If the testing is to protect the person (P) from harm and the person is not objecting, then testing can be done under the auspices of the MCA 2005.
- Whether testing is in someone's best interests or not, whether restraints (physical or chemical) can be used or not really does depend on the circumstances of the person and for whose benefit primarily you are carrying out the test. Restraint can only be used where it is necessary and proportionate to the risk of harm to the person.
- If testing is being carried out to protect others, or having to restrain the person to carry out the test which is done primarily to protect others or it is being carried out against their wishes, then Public Health powers may be more appropriate.
- The use of restrictions under the Coronavirus Act 2020 on potentially infectious individuals will rarely need to be applied in the case of individuals who lack the relevant mental capacity, as the MCA and, in some cases, the MHA provides the legal basis for making decisions in order to ensure that individuals can be tested for COVID-19 or to restrict the movement of individuals who have or are suspected to have the virus (DHSC guidance 10 June 2020).



- If restrictions or requirements under the Coronavirus Act 2020 are applied, an appeal may be brought to a magistrates' court by any person on whom a requirement or restriction is imposed. If someone lacks the capacity to make an appeal, it can be made by someone or some authority on their behalf. This may, in some cases, be necessary even if the person is not objecting or does not appear to understand that they can make a challenge (DHSC guidance 10 June 2020). If compulsory powers under the Coronavirus Act are being used as mentioned above, seek legal advice to discuss how such service users can be supported to exercise their legal rights., or contact adult commissioning who will liaise with our Deprivation of Liberty Safeguards colleagues.

Salient information that a person needs to know in order to give consent to Covid-19 test.

## **Assessment Context:**

- The particular decision which the person is required to make and for which capacity is being tested is whether to consent to COVID-19 test to establish whether the person has COVID-19 infection at the moment.

The decision cannot be delayed because:

- Delaying the decision would impact significantly on the person's health and wellbeing
- Delaying the decision would impact significantly on the person's safety.
- Delaying the decision would be life-threatening.

## **Salient information:**

- COVID-19 is a deadly virus that is currently spreading all over the world.
- It is easy to spread the virus and catch it from other people if you are physically close to them.
  - There are 2 main symptoms of this virus. These are 1) a high temperature and 2) a new and persistent dry cough.
  - Some people may not show these symptoms but may be carrying the virus without being aware of this.
  - There is currently no cure for COVID-19 If you become very unwell after being infected by the virus it might become hard for you to breathe, if not treated or the illness is very severe you could die.
  - Older people and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness.
  - But targeted treatment, based on a positive test result, can improve lives (by reducing the severity and duration of symptoms) and in some cases, save lives. In other words, advantages and disadvantages of having a test.



- The testing involves taking swabs from the throat and the nose.
- The purpose of the test is to establish whether you are currently infected with Covid-19 virus.
- Consequences if the test is positive. Those consequences will vary from setting to setting but will in all cases mean that the person will be required to self-isolate for a period of time, most likely 14 days.

## **Examples of Good Practice**

Following lifted from shared CQC IPC Inspection Report. If you have examples of good practise, whether from a CQC report or not, let us know. We are keen to share.

## **IPC Approaches**

Good training for all staff early on, business continuity planning (stocks of PPE etc), followed by regular manager audits

## **Supporting People at extreme Risks**

- Reducing numbers of people entering a room but proactive support, e.g. all visitors into rooms, in OTs etc carrying out some cleaning.

## **Maintaining Contact with Family**

- Use of video calls from residents on equipment provided by home to keep in contact with families.
- Use of video calls and newsletter from Care Home to relatives to keep them updated on what is going on in the home.



## **Appendix 3**

# **Care/Nursing Home Infection Prevention and Control Self-Audit Tool**

Prepared on behalf of BNSSG CCG by:



**Shaping better health**

Name of Care/Nursing Home	Manager	Date of Audit
Provider/Proprietor	Name of Auditor/Position	Review Date of Audit
Reason for Audit	CCG	Private/Local Authority



## Contents

Section	Standard	Page Number
1	The environment must be maintained appropriately to reduce and minimise the risk of cross infection.	6
2	<p>Hands will be decontaminated correctly and in a timely manner, to reduce the risk of cross infection.</p> <p>As a minimum a handwash basin, wall mounted liquid soap dispenser and wall mounted disposable paper towels dispenser must be provided in each resident's room for use by health and social care professionals, carers and relatives.</p> <p>This provision must also extend to toilets, sluices, treatment rooms, laundry and kitchen areas.</p> <p>Alcohol rub must also be available to care staff and visitors and positioned in appropriate areas.</p>	21
3	<p>Personal Protective Equipment (PPE) is readily available for staff to use throughout the home.</p> <p>All care staff and health care workers don PPR appropriately when undertaking care.</p>	26

<b>4</b>	<b>The safe management and disposal of sharps. All staff must be aware of what to do in the event of a sharps and needle stick injury, (inoculation).</b>	<b>28</b>
<b>5</b>	<b>All waste will be handled and disposed of appropriately in line with current legislation.</b>	<b>31</b>
<b>6</b>	<b>Decontamination of all equipment. The risks associated with decontamination facilities and process are adequately managed. Decontamination of equipment must be undertaken in accordance with manufacturers' instructions.</b>	<b>33</b>
<b>7</b>	<b>Clinical practices should be evidence based and performance following training and in-line local policy standards. Staff should follow current standard infection prevention and control guidance.</b>	<b>37</b>
<b>8</b>	<b>Quality assurance ensuring there are robust systems and procedures in place for Infection Prevention and Control.</b>	<b>42</b>

## Introduction

Audit is a requirement of the Health and Social Care Act 2008, code of practice for registered providers on the prevention and control of health care associated infections and related guidance, which states that registered providers must audit compliance against key infection prevention and control policies and procedures. Ideally, for quality and assurance purposes registered care/nursing homes providers should complete an IPC audit annually.

Homes may also be asked to undertake an IPC audit if they have had two residents within the care/nursing home with the same infection.

This audit is based on the Department of health (2006) IPC audit tool and adapted from the Community Healthcare Audit published by Leeds Community Health. When completed the care-nursing home will gain an overall perspective of any IP&C issues that may need to be addressed.

Self-assess against each of the standards by entering **Yes, No or N/A** in the appropriate box for the whole of the audit. You can also add any comments you may have in the end column against each standard.

There is an easy to use scoring system which enables you to highlight the percentage risk for each standard.


How to work out the percentage of each standard:

<b>85% or above</b>	<b>Compliant</b>	<b>Low Risk</b>
<b>76-84%</b>	<b>Partial Compliance</b>	<b>Medium Risk</b>
<b>75% or below</b>	<b>Minimal Compliance</b>	<b>High Risk</b>

Once the audit is completed then an action plan can be formed and progress monitored.

<b>Standard 1:</b> <b>The environment must be maintained appropriately to reduce and minimise the risk of cross infection.</b>					
<b>General Environment</b> <b>Reception; Lounge and Dining areas; Communal bathrooms, Toilets, Residents rooms &amp; en-suites, Sluice, Domestic house keeper; Laundry; Pets.</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>NOTES</b>
REF 1.1	Communal and residents' rooms are free from unpleasant smells-mal-odours				
1.2	The general environment is clean and free from dust				
1.3	Curtains and blinds are free from stains, dust and cobwebs				

1.4	<b>Curtains</b> There is a cleaning programme in place for regular decontamination for all curtains and blinds (evidence of signing sheet)				
1.5	<b>Carpets</b> Carpeted areas are clean and in a good state of repair				
1.6	There is a robust cleaning programme in place for the system cleaning of carpets in both communal and residents' rooms (evidence of frequency is documented)				
1.7	<b>Furniture</b> The furniture is in a good state of repair and is free from rips and tears				
1.8	Furniture in residents' areas, e.g. chairs and settees, are made of impermeable and washable materials				
1.9	There is a cleaning programme in place for regular decontamination of furniture (evidence of frequency is documented)				

Clinical Room-Treatment Room (Medicines Room)		YES	NO	N/A	NOTES
Ref					
1.10	There is an identified area for the storage of clean and sterile equipment				
1.11	All items of sterile equipment are in date and intact (Randomly check two items)				
1.12	Dressing trolleys are clean and in a good state of repair				
1.13	Suction unit is clean and dry				
1.14	Staff are able to recognise the single use symbol 				
1.15	Single-use items are not re-used or re-processed				
1.16	The ventilation is suitable and appropriate for the room				
1.17	Hand hygiene facilities are available in the clinical room				
1.18	Impervious flooring including edges and corners are free from dust and grit				

1.19	All high and low surfaces are free from dust and cobwebs				
1.20	Shelves, bench tops and cupboards are free from clutter and clean inside and out, and are free from dust and spillage				
1.21	All products and items are stored above floor level				

Bathrooms		YES	NO	N/A	NOTES
Ref 1.22	Bathrooms/Washrooms are clean				
1.23	There is no evidence off inappropriate storage of communal items e.g. single -use creams, talcum powder, flannels				
1.24	Anti-slip bath/shower mats are clean and hungover the bath-rail to dry between use				
1.25	Lifting aids are waterproof, easy to clean and appropriately maintained e.g. check underneath bath seats-slings				
1.26	Slings are single resident use or cleaned between each patient				
1.27	Slings contaminated with bodily fluid are laundered immediately				
1.28	The mechanical hoist is clean and in a good state of repair				
1.29	Bathrooms are not used for equipment storage				



1.30	Baths, sinks and accessories are clean				
1.31	Appropriate cleaning materials are available to clean the bath after use				
1.32	Wall tiles and all fixtures (including soap dispensers and towel holders) are clean, free from mould and intact				
1.33	Shower curtains are subject to a cleaning programme and are clean and free from mould				
1.34	To reduce the risk of legionella growth there is documented evidence that baths, showers and sinks that are taken out of use have planned provision for weekly running of water				
1.35	Floors including edges and corners are free from dust and grit				

Toilets		YES	NO	N/A	NOTES
Ref 1.36	Hand washing facilities in communal toilets have only, wall mounted liquid soap and paper towel dispensers (no. bars of soap or fabric towels or nail brushes)				
1.37	A poster demonstrating the correct hand washing technique is above all communal hand wash facilities				
1.38	There is sufficient odour control				
1.39	Flooring is impervious and sealed including edges and corners and re free of dust and grit				
1.40	Toilet tissue is dispensed from a sealed tissue dispenser				
1.41	Hand washing facilities in residents own toilet (en-suite) have wall mounted liquid soap and paper towels dispensers for care workers to decontaminate hands at the point of care				
1.42	In each toilet area the bin must be a foot operated pedal bin for disposal of paper towels lined with a domestic waste bag				

1.43	In communal toilets there is a facility for sanitary waste disposal with an appropriately coloured bag (offensive waste/clinical waste) and must be foot operated pedal bin				
1.44	All toilets are visibly clean with no body fluid contamination, lime scale stains etc				

Sluice		YES	NO	N/A	NOTES
<b>Ref</b>					
1.45	A dirty utility area is available				
1.46	A separate sink is available for decontamination of patient equipment				
1.47	A sluice hopper is available for disposal of body fluids				
1.48	The integrity of fixtures and fittings are intact				
1.49	Separate hand washing facilities are available including liquid soap and paper towels				
1.50	The room is clean and free from inappropriate items				
1.51	The floor is clean and free from spillages				
1.52	Floors including edges and corners are free of dust and grit				
1.53	Cleaning equipment is colour coded				

1.54	Wash bowls are stored clean and dry and inverted on a rack or stored clean and dry in the resident's room (for their own use only)				
1.55	Bed pans, commode buckets, urinals and jugs are stored on inverted racks				
1.56	Commodes are visibly clean and cleaned after each use				
1.57	Commodes and commode frames are in a good state of repair and are subject to a weekly cleaning programme with between patient use during outbreak situations.				
1.58	Appropriate facilities are available and are clean and in working order to ensure correct disposal or disinfection of bed pans and urinals (macerator and/or washer disinfectant)				
1.59	Shelves and cupboards are clean inside and out and free of dust, litter or stains				

Domestic House-keeping) Room		YES	NO	N/A	NOTES
<b>Ref</b> 1.60	There is a robust cleaning programme schedule in place for the regular decontamination throughout the establishment (documented evidence) e.g. policy				
1.61	Equipment used by the domestic is clean, well maintained and stored in a locked area in accordance with COSHH regulations				
1.62	Information on the colour coding system in use is available in the domestics' room				
1.63	Personal protective equipment is available and appropriately used by house-keeping staff (gloves and aprons, masks when indicated)				
1.64	Products used for cleaning and disinfection comply with policy and are used at the correct dilution				
1.65	Cleaning agents are stored in clearly marked containers				
1.66	Disposable cloths are colour coded				
1.67	Machines used for floor cleaning are clean and dry				

1.68	Colour coded buckets and mops are stored dry and inverted				
1.69	The room has no inappropriate materials or equipment stored				

Laundry		YES	NO	N/A	NOTES
<b>Ref</b>					
1.70	Laundry facilities are sited so that soiled articles, clothing and infected linen are not carried through the areas where food is stored, prepared, cooked or eaten and do not intrude on other service users				
1.71	The laundry floor finishes are impermeable and the wall finishes are readily cleanable				
1.72	Linen is segregated in appropriate categories				
1.73	Bags are less than 2/3rds full and capable of being secured				
1.74	Water soluble or alginate bags are available for soiled infected linen				
1.75	In the event of an outbreak of infection (e.g. diarrhoea and vomiting) linen is laundered immediately				
1.76	Staff know how to handle soiled-infected laundry (randomly ask member of staff)				
1.77	Single-use gloves and aprons are available for use by laundry staff				



1.78	Staff are aware that manual sluicing is not good practice (randomly ask a member of staff)				
1.79	Washing machines/tumble dryers are serviced regularly				
1.80	Clean linen is stored in a clean, dry area (not in the sluice or bathroom)				
1.81	Hand washing facilities are available in the laundry room with wall mounted liquid soap and paper towel dispenser				
1.82	Hand washing facilities are free of clutter and accessible				
1.83	Waste – a foot operated pedal bin is available for disposal of paper towels				

Pets		YES	NO	N/A	NOTES
Ref 1.84	Animals used for pet therapy are appropriately wormed and vaccinated and have a flea management programme				
1.85	Evidence that pets feeding areas, cages and bedding is changed and cleaned regularly				
1.86	Posters encouraging hand hygiene after handling animals are visible in health care environments – must apply to staff and visitors				
Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses					
<b>Standard 1 Total Percentage score</b>					

**Standard 2:**

**Hands will be decontaminated correctly and in a timely manner, to reduce the risk of cross infection. As a minimum a hand wash basin, wall mounted liquid soap dispenser and wall mounted disposable paper towels dispenser must be provided in each resident's room for use by health and social professionals, carers and relatives.**

**This provision must also extend to toilets, sluices, treatment rooms, laundry and kitchen areas. Alcohol rub must also be available to care staff and positioned in appropriate areas.**

REF	Standard 2	YES	NO	N/A	NOTES
2.1	Wall mounted liquid soap (sealed single-use cartridge) is available at all hand wash sinks (liquid soap must be topped up)				
2.2	Soap dispensers including nozzles are visibly clean and not leaking				
2.3	Wall mounted paper towels are available at all hand wash sinks (including in residents' rooms for care staff to dry their hands on)				
2.4	Wall mounted or pump dispenser hand cream is available for use (do not refill)				
2.5	There are no nail brushes on sinks in communal areas				

2.6	The hand wash sinks are free from used equipment and inappropriate items				
2.7	Hand Hygiene posters promoting hand decontamination are displayed above every communal hand basin sink				
2.8	Hand washing facilities are clean and intact (check sinks, taps, splash backs)				
2.9	Elbow operated or automated taps are available in hand wash sinks in clinical/treatment rooms				
2.10	Taps in clinical areas are thermostatically controlled lever or mixer taps				
2.11	All care staff are 'Bare Below the Elbows', (No wrist watches, stoned rings or other wrist jewellery are worn by staff carrying out care)				
2.12	The nails of care workers carrying out care are short, clean and free from false nails and free from nail varnish				
2.13	Staff have received training in infection control that includes specific Hand Hygiene training				
2.14	All residents are actively offered and encouraged to use Hand Hygiene facilities prior to meals				

2.16	Alcohol hand rub is available for use at point of care				
2.17	All residents are offered Hand Hygiene facilities prior to meals				
2.18	Visitors and guests are actively informed to decontaminate their hands before and after leaving the establishment. There are clear notices on all entrances and exits				
2.19	Hand Hygiene facilities are available for visitors / guests to use				

Observational Hand Hygiene assessment: For purposes of quality assurance staff and carers must undertake observational Hand Hygiene assessments Essential Steps to Safe Clean tool bundle or equivalent		YES	NO	N/A	NOTES
Ref 2.20	Care and ancillary staff use the correct procedure for decontaminating hands (observe practice) <ul style="list-style-type: none"> <li>• Before and after each activity</li> <li>• Prior to clinical procedures</li> <li>• After a clinical procedure</li> <li>• After handling contaminated items</li> <li>• After leaving an isolation area</li> <li>• Prior to handling food</li> </ul>				
2.21	Care / nursing /ancillary staff can indicate when it is appropriate to use alcohol rub and when it is appropriate to use soap and water (question staff)				
2.22	Care / nursing / ancillary staff can indicate when it is more appropriate to use liquid soap and water rather than alcohol gel (for example, when providing care for residents with suspected Norovirus diarrhoea and vomiting and or residents with Clostridium difficile)				
Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses					

<b>Standard 2 Total Percentage score</b>	
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<b>Standard 3:</b> <b>Personal Protective Equipment (PPE) is readily available for staff to use throughout the home.</b> <b>All care staff and healthcare workers don PPE appropriately when undertaking care</b>					
REF	Standard 3	YES	NO	N/A	NOTES
3.1	Sterile non-powdered gloves are available for aseptic procedures (x10 as a minimum at all times)				
3.2	Where staff or residents are latex sensitive, latex free gloves must be available for use				
3.3	CE non-powdered, non-sterile gloves are available for all staff				
3.4	Gloves and aprons must be worn as single-use items for each care intervention/task				
3.5	Gloves and aprons are stored appropriately to prevent cross contamination (for example, do NOT store directly above toilets)				
3.6	Staff and carers, when handling bodily fluids ensure both disposable plastic aprons and gloves are readily available and worn				



3.7	Staff are aware of how to appropriately deal with spillages of blood or bodily fluids (spillage kits available – held at a central point for staff to access)				
3.8	Appropriately gloves and aprons are available for domestic housekeeping duties				
3.9	Colour coded disposable aprons are available for staff use and used appropriately				
3.10	Masks, visors and eye protection are available for use				
Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses					
<b>Standard 3 Total Percentage score</b>					

<b>Standard 4:</b> <b>The safe management and disposal of sharps.</b> <b>All staff must be aware of what to do in the event of a sharps and needle stick injury (inoculation)</b>					
REF	Standard 4	YES	NO	N/A	NOTES
4.1	Robust inoculation injury policy is available for all staff to access				
4.2	All staff know the procedure to be followed should a sharps injury occur (ask one member of staff at random)				
4.3	Posters are visible regarding information of 'what to do in the event of sharps injury' including the initial first aid procedures				
4.4	The Hepatitis B status of exposure prone staff has been risk assessed				
4.5	Sharps containers are available and conform with BS7320 & UN3291 standards				
4.6	Sharps containers are assembled correctly and are dated, labelled and signed at point of assembly				
4.7	Sharps are disposed of directly (at the point of care) into the sharps container				

4.8	Ensure a sharps tray with integral sharps bin is available - especially if there is some walking distance involved to the point of care delivery				
4.9	Sharps containers are only filled to the fill line (less than 2/3rds full)				
4.10	Staff do not re-sheath needles				
4.11	Needles and syringes are disposed of as a single unit				
4.12	Sharps containers are free from protruding sharps				
4.13	Sharps containers are stored above floor level and out of reach of clients and visitors				
4.14	The temporary closure is used when the sharp container is not in use				
4.15	Full containers are dated and signed at the point of closure				

Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses	
<b>Standard 4 Total Percentage score</b>	

<b>Standard 5:</b> <b>All waste will be handled and disposed of appropriately in line with current legislation</b>					
REF	Standard 5	YES	NO	N/A	NOTES
5.1	The waste disposal policy is up to date and available to staff				
5.2	The home has a service with a registered company for the disposal of waste in accordance with H&S at work act, Environmental protection Duty of Care Regs (1991), COSHH & Hazardous Waste Regulations (2005)				
5.3	There is correct segregation and labelling of waste bins including: Clinical, Offensive, Infected, sharps, batteries, glass, household (Domestic) waste.				
5.4	Waste bins are of appropriate size, clean, pedal foot operated and lidded				
5.5	Waste bags are filled less than 2/3rds full and securely sealed and labelled with the name of the home				
5.6	The disposal area is locked and inaccessible to unauthorised persons and animals (including rodents)				
5.7	The waste storage area is cleaned regularly and is tidy				

Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses	
<b>Standard 5 Total Percentage score</b>	

<b>Standard 6: Knowledge of Decontamination</b>					
<b>REF</b>	<b>Standard 6</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>NOTES</b>
6.1	There is a comprehensive and up-to-date decontamination policy available				
6.2	Manufacture instructions are available for the decontamination of newly purchased equipment				
6.3	Staff can state the procedure for the decontamination of commonly used patients care equipment e.g. commodes, mattresses (ask three members of staff)				
6.4	The roles and responsibilities for cleaning patient equipment is clearly defined. For example, bed frames, mattresses, commodes – documented evidence is available.				

Check the following general items are visibly clean and in a good state of repair:					
REF		YES	NO	N/A	NOTES
6.5	Dressing trolleys (clean and free runs)				
6.6	<b>Mattresses and bases:</b> Ensure there is clear documented evidence				
6.7	The mattress covers are clean and intact				
6.8	Bed rails and cot sides are clean and include in the cleaning programme				
6.9	Pillows are clean and intact				
6.10	Wheelchairs and cushions clean and intact				
6.11	Residents wash bowls are decontaminated appropriately and are stored clean and dry				



<b>Manual handling is managed according to local policy and is visibly clean, check:</b>					
REF		YES	NO	N/A	NOTES
6.12	Hoist slings / bath seats / shower chairs (check under seat and frames)				
6.13	Handling belts and hoist slings are single resident use				
6.14	Document evidence of cleaning / laundry programme for the handling belts and hoist slings				
<b>Respiratory equipment is managed according to local policy and manufactures' instructions, check:</b>					
6.15	Oxygen masks / nasal cannula				
6.16	Nebulisers and giving sets (single use)				
<b>Patient / resident equipment</b>					

6.17	Catheter stands are clean and in good state of repair				
6.18	Bedpans / potties, slipper pans / bedpan holders / urinals are visibly clean and stored appropriately				
6.19	All the surfaces of commodes are clean (including frame and underneath the pan area) and commodes are in a good state of repair				
Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses					
<b>Standard 6 Total Percentage score</b>					

**Standard 7:**  
**Clinical practices should be evidence based and performance following training and in-line local policies standards.**  
**Staff should follow basic standard infection**

REF	Standard 7	YES	NO	N/A	NOTES
7.1	Aseptic guidance / policy is up to-date and available for all care staff				
7.2	Staff performing activities which require aseptic technique are trained to do so				
7.3	Up-to-date documented evidence of staff competencies to undertake aseptic technique				
7.4	When performing aseptic technique staff can demonstrate appropriate hand hygiene decontamination (audit practice)				
7.5	Dressing packs are stored in a clean, dry area above floor level and are available at all times				
7.6	A dressing trolley is available, which is cleaned before and after each use according to policy				
7.7	Staff are trained to collect, handle and store specimens				

7.8	There is clearly identified fridge designed for the storage of specimens				
7.9	There is a record to show that the fridge is operating at the correct temperature				
7.10	The fridge is maintained according to manufactures instructions				
<b>Catheter Care</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>NOTES</b>
7.11	There is an up to-date catheter policy / guidance available for staff to access Up to-date records of staff training				
7.12	Evidence of up to-date staff training to insert urinary catheters				
7.13	Evidence of up to-date staff training to empty urinary catheters				
7.14	Appropriate care plans are in place that include the implementation of standard precautions (Hand hygiene and use of PPE)				
7.15					

	Ensure residents with long term in dwelling urinary catheters, have been appropriately risk assessed and pending the result referred to Urology and Continence Team				
7.16	Has a trial without catheter (TWOC) been considered, check resident s' records				
7.17	Catheter bags are positioned below the level of the bladder (with the exception of the belly bag)				
7.18	Catheter bags are positioned above floor level				
7.19	Urine bags are emptied using the tap following best practice 'wipe with alcohol wipe, allow to dry and wipe with another wipe after drained'				
7.20	Breaks in the closed catheter systems are kept to a minimum e.g. appropriate emptying of urine bag				
7.21	All urinary catheter specimens collected for diagnostic and screening reasons are documented				
7.22	All samples are collected from a needle free sample port				
7.23					

	Isopropyl alcohol impregnated swabs are available to clean the port which is left to dry after cleaning and prior to accessing the port				
<b>Enteral Feeding</b>					
7.24	Staff who perform enteral feeding have received appropriate training				
7.25	Decontamination of hands Ensure minimal handling and non-touch technique is used during all procedures involving enteral feeding				
7.26	Feeds are stored appropriately as per manufactures instructions and where applicable food hygiene legislation and stock is rotated				
7.27	There is a system of checking expiry dates				
7.28	After each feeding episode unused feed is discarded				
7.29	Check enteral giving sets are single-use and disposed of correctly				

Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses	
<b>Standard 7 Total Percentage score</b>	

<b>Standard 8: Organisational controls:</b> <b>Quality assurance ensuring there are robust systems and procedures in place for Infection Prevention and Control</b>					
REF	Standard 8	YES	NO	N/A	NOTES
8.1	<b>Policies and Guidance:</b> All staff / carers are aware of where to access the up to-date Infection Prevention and Control Manual containing policies and guidance for the Care Home (ask minimal of 3 members of staff)				
8.2	Legionellas Control – there is a robust programme in place for the running of un-used taps / showers to reduce the risk of growth of legionella. Document evidence of legionella report.				
8.3	<b>Education and training records:</b> All care staff have accessed and received appropriate Infection Prevention and Control training beyond that delivered during the induction period (documented evidence of training records for all staff)				
8.4	There is a designated Infection Prevention and Control lead in the home – as per CQC requirements				



8.5	There is a named Infection Prevention and Control link champion (depending on the size of the organisation there should be more than one)				
8.6	All staff are aware of the basic signs of infection (ask minimal of 3 members of staff)				
8.7	All staff know who to inform if clients exhibit signs of infection (ask minimal 3 members of staff)				
8.8	Information on infections such as, MRSA and Clostridium difficile infection / colonisation identified in patients / residents is collated				
8.9	<b>Outbreak Management:</b> There is an appropriate and up to-date Outbreak policy/ guidelines available for all staff to follow (includes information on timely recognition and reporting of outbreak situations)				
8.10	All staff are aware of the role of multi agencies in the event of an outbreak (e.g. Public health England, CCG team who provide advice and monitoring)				

8.11	<b>Environmental cleaning:</b> A robust programme is in place including the roles and responsibilities for the general day-to-day cleaning activities, and terminal cleaning activities (for example, following an outbreak, and/or when a resident vacates the room)				
8.12	The care environment must be cleaned to the highest possible standard meeting the residents and the public expectations. There is a robust process in place to monitor and audit cleaning activities – documented evidence available for inspection				
8.13	When transferring a resident ensure a 'transfer form' is completed and sent with the resident (including information of infection status)				
8.14	On admission to the Care Home ensure you have received a transfer form				
8.15	Staff know where to obtain advice on infection control, including when the manager is not on duty				
Total number of 'YES' answers – x 100 ----- = Total number of 'YES' and 'NO' responses					
<b>Standard 7 Total Percentage score</b>					

## Audit Result:

INFECTION PREVENTION AND CONTROL AUDIT RESULTS			
IPC Standard	Result and Date of result	Date of planned action plan review	Date of review
1 General Environment			
2 Hand Hygiene			
3 PPE			
4 Sharps			
5 Waste Management			
6 Decontamination & Equipment			
7 Clinical Practice			
8 Organisation Controls			

85% or above	Compliant	Low risk
76-84%	Partial compliance	Medium Risk
75% or below	Minimal compliance	High Risk



## ACTION PLAN

REF	ACTION REQUIRED	PERSON RESPONSIBLE	REVIEW DATE