Adult Social Care Trade Associations
Query responses on COVID-19
23 – 27 March 2020

Query:
UKHCA

Were we involved in the hospital discharge guidance? Concern that RMs will be bypassed/disempowered into excepting people who they could judge to be unsafe. Legally RM is responsible for what goes on in the service they manage and the emergency bill has not indemnified care staff as it has health workers.

Response:

'Discharge to Assess' guidance.

D2A doesn't significantly alter our position on Trusted Assessors and we weren't involved in the drafting beyond setting out the attached supplementary note which we are due to publish. We will also be publishing a wider response to set out our expectations in relation to infection control, in line with PHE guidance. We understand the immense pressure that providers are under and will not add to that by taking any sort of hard line or punitive approach.

On D2A, our position is that the person's needs and safety must be at the heart of all decision making. Providers should only enter into Trusted Assessor agreements if they are confident that referrals will be appropriate and based on sound knowledge of their service and the needs it can meet.

Query:
Care England

Do cases of staff and/or resident confirmed cases of corona need to be notified to CQC?

Response:

Please refer to Kate Terroni's latest letter.

Query:
Care England

CQC fees should be suspended; they have confirmed inspections inspected. These staff should be re-deployed to assist the NHS. **Response:** We are considering the situation and further information will follow when available.
Query: **Care England** It is not clear enough about the circumstances in which providers should submit notifications in relation to COVID-19. What do providers need to report? When do providers need to report? How do providers report? **Response:** Please refer to Kate Terroni's latest letter.
Query: **Care England** Although more clarification has now been issued, further clarity and advice is required from CQC in relation to how they will treat staffing challenges. **Response:** Please refer to Kate's blog regarding pragmatic approach to staffing
Query: **Care England** Is it possible that CQC take a central role? Co-ordinating so they don't have to then report to Las/ PHE? **Response:** We are discussing with our partners to develop a coordinated approach to information gathering.
Query: **NCF** if all job roles in Adult Social Care can now be covered by a DBS First check not just Nurses and Care staff. **Response:**

We await confirmation of interim arrangements to be established by the Disclosure and Barring Service and DHSC. At this point, we understand Adult First checks are still only applicable to those already eligible.

Query:
Outstanding Society

•Admissions to Nursing homes – I have been told that any new admissions will not be tested – I have been working with my key stakeholders and my relatives have said they would expect them to be tested. I think this may potentially cause problems as if we admit someone and then the residents start to develop symptoms there would be heavy criticism regarding this. Urgent clarity is required on this as we realise we may be able to help with discharges from the hospital or vulnerable residents in the community but would not place our existing residents at risk to do this.

Response:

People who use health and social care services need to be at the heart of the care they receive. The provider should follow the newly issued 'Covid-19 hospital discharge service requirements guidance' and ensure people's needs can be met safely. The care provider should consider how they can adapt to manage the needs of the individual, and to also manage any risks of infection then posed to other people using the service and to staff. All providers should be planning for managing Covid-19 infections. In some situations, the provider may need to consider additional restrictions, for example on the person's movements. They would need to consider the person's capacity to consent or follow the best interests / DoLS process and should take the least restrictive approach available.

Query:
Outstanding Society

•Further to last night's instruction to effectively lockdown, the previous advice that CQC have offered in relation to family visiting relatives in homes (ie taking them out), I have assumed that the situation has now changed and there should be no contact at all. Do you think we could ask this question on behalf of all providers as there will be some family members who try to push the limits on this? I am going to speak to our CQC inspector and see if she has a take on this, though I cannot see how it could be interpreted any other way than no physical contact during this period.

Response:

We are currently developing guidance on this matter. However in light of the Prime Ministers statement on 24th March, we have highlighted some of the key issues that providers will need to consider when revising and reviewing their visitors policy. Providers need to:

- protect people using their service and staff from the corona virus by following government guidance,
- aim for least restrictive practice in relation to human rights

- as far as possible, respect the needs and choices of residents and their families and friends to stay in contact with each other.
- consider the wider impact of restricting visitors on the mental wellbeing of each person. This means considering other things that could be put in place to maintain each service user's wellbeing to help mitigate any negative impacts of social distancing.

Query
Outstanding Society

•Learning Disabilities - I wonder if we could present a question on behalf of care homes registered 'without nursing care', such as my own. One of my managers asked today if nurses would be able to train staff to administer insulin (as a nurse visits site each day in her service to administer this). This creates a situation whereby we have someone moving from home to home who potentially could carry the virus. Personally I do not want staff administering insulin or undertaking other invasive tasks associated with nursing but said I would ask the question.

Response:

Guidance for delegated tasks

The NMC code says registrants must be accountable for their decisions to delegate tasks and duties to other people. It says they must:

- only delegate tasks and duties that are within the other person's competence
- make sure that everyone they delegate tasks to is adequately supervised and supported
- confirm that the outcome of any task they have delegated to someone else meets the required standard.

Staff will usually need extra training and competency checks before undertaking these tasks. FAQ Training and competency for medicines optimisation in adult social care

The provider should have enough trained staff to allow continuity of care.

Examples of delegated tasks include:

- Injections eg insulin
- medicines administered via a feeding tube, for example percutaneous endoscopic gastrostomy (PEG)

Healthcare professionals should only delegate these tasks to a care worker when:

- the person receiving medicines support gives consent
- responsibilities of each person are agreed and recorded

The delegating healthcare professional must assess that the care worker is competent and trained. The healthcare professional remains responsible for ensuring the care worker can safely and effectively administer the medicine. There should be a clear care plan in place and when to refer back to the prescriber. Providers should have policies in place to support these processes.

I have also attached the link to our FAQ on insulin https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-insulin

Query:
Outstanding Society

•We have also just been given notice that the podiatrist will cease as of immediate effect – therefore there will be no nail cutting. We have agreed we will be able to file to try and keep the length down but in terms of cutting this could present a few problems. Again, some clarity on this would be useful?

Response:

We expect the provision of any activity or care to be risk assessed. Particular care should be taken with footcare of people with diabetes or some circulatory conditions.

We recommend that advice be taken from the GP in relation to this.

Query:
NCA

Can the Commission urgently delay the time required for providers to return their comments on their Reports indefinitely and until further notice.
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Response:

You have asked whether CQC will consider an allowing providers to delay their response to reports indefinitely.

Whilst we appreciate that we are in difficult times, we believe that enabling the public to have a contemporary view of the quality of services continues to be important. We would advise any provider that needs more time to respond to an inspection report, to contact their local inspection team who will deal with each request in a proportionate way.

Query:
UKHCA

•A care provider agrees to manage volunteers within the team which delivered a registered service;
•The provider uses the volunteer appropriately for non-care roles, but supporting people who are receiving a regulated activity.

We think that the actions of the volunteer become part of the regulated activity, and the provider will be held accountable for the volunteer's actions in the same way as their own staff.

Response:

You're right this would essentially be regulated activity and so the provider's responsibility.

We completely understand the pressures that providers are facing and the difficult choices these force them to make. CQC wants to support providers in whatever way the can during this crisis period. Providers would still need to take reasonable steps, in line with interim guidance, to ensure volunteers are supported and sufficiently supervised so that people are safe. Where there are risks, making a record of these and how they would be mitigated would be advisable. If they step outside of usual processes for a good reason and with a decision, based on an assessment of risk , we will not be coming down on them now or after this is over.

We will be issuing a guidance note on this soon but I hope that is helpful for now.

Query:
CAA

If there is a resident in a care home (or, dom care setting) who shows symptoms – then tests positive for Coronavirus and then gets admitted to hospital; what are the Infection, control and prevention measures to take and the advice for staff?
How far would any self-isolation go for the staff, in the sense of colleagues, family, etc?
Is the guidance for self-isolation in such a case still 14 days?

Response:

Please refer to latest guidance on self isolation.

Query:
CAA

Why is there such a variance with regard to discharge from hospitals of patients / clients who have had, or have tested positive for Coronavirus?
Example
Of 4 Devon Hospitals only 1 has a policy of testing negative to be fit for discharge. The others are not testing. Devon County Council were in fact told the opposite.

Response:

We are not able to comment on individual trust discharge decisions Providers should follow the newly issued 'Covid-19 hospital discharge service requirements guidance' and ensure people's needs can be met safely. All providers should be planning for managing Covid-19 infections. The guidance on hospital discharge service requirements is available on Gov.uk. We have also shared this with our Hospitals inspectorate for information.

Query:
CAA

Face masks. PHE say these should be changed after each client. Some health practitioners are stating to change every 20 minutes. Which is correct? We have recommended the PHE approach.

Response:

Thank you. The guidance published by PHE provides support to homecare providers of what PPE to use and when this should be used.
https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision.

NICE has also published guidance on infection control and the use of PPE.

Query:
CAA

Where clients of social care providers are used to having regular checks (such as diabetes, anti-coagulant, etc), these are likely to become a low priority and be dropped temporarily. Is there to be guidance on this?

Response:

We expect providers to ensure that peoples holistic health care needs are met. Any change to monitoring of existing health conditions should be decided by the clinician managing the individuals care. We expect the ongoing management of people's health conditions to continue in a way that maintains their safety.

Query:
CAA

Covid-19 Testing. It clearly makes sense to test those at greater risk first, doctor, nurse, etc, is there to be a policy or any guidance about how, or if others such as social care staff and their clients are to be tested? At present, there is a wide diversity of policies across England, some areas testing a sample of care home clients, some not testing at all and so on. Some hospitals are testing pre-discharge, some are not.

Response:

We understand there are plans in place for the Government to extend testing but are unable to provide a timeframe.

Query:
Outstanding Society

My staff have been told that the ID cards that we have developed (as a small family run business we don't have the plastic credit card ID cards) are not good enough. It included a picture, logo, name of the home etc on it. They laughed at my staff and told them they could have made that at home.

Very sad at a time where they are working so hard.

They have said they need the following:

Name
Registration number
Passport size picture
Address of home
Date

I presume a lot of people are going to have the same problem therefore could I ask that all Social Care Providers can be provided with a template and agreement that this can be used as we are not able to generate plastic ID cards like the NHS or larger organisations have.

Response:

Thank you. I am sorry but we are unable to provide a template ID card for providers to use. We encourage providers to work with local supermarkets and business to promote the needs of social care providers and support them to understand the sector and the needs of staff and services. We are liaising with DHSC to share the challenges faced by the sector and will continue to promote the needs of social care providers and their work force.

Query
CAA

On a CCG call it was made very clear that the NHS are expecting that care homes without nursing will "have to" and, or "they will need to" do what would be considered nursing tasks, such as injections, EOL BP monitoring etc as many of their residents will need this care during the present situation and for COVID19. As there is little, if any possibility that these people would be admitted to hospital.
There are CQC related issues here;
1) Regulated Activities (Registration)
2) Staff training / staff willingness to undertake tasks they did not sign up for
3) How is this to be monitored
4) What happens when / if there is an issue
Actually, accessing the training and carrying it out when staff are under pressure from unplanned absence is a further issue.
As is the insurance for the organisation (& so for the actions of their staff) which will cover the usual roles undertaken, etc. We are talking with insurers about this and a number of issues and progress is very slow.

Whilst this refers to a specific CCG (Surrey), similar has been raised from Herefordshire, W Mids, Cornwall, etc, etc.

It may be, that the NHS people making these statements / demands do not understand the Registration process, or requirements. We also find, this is not knew, that health can often be somewhat dismissive of social care and the abilities of those within it.

Response:

We encourage providers to be willing toF work flexibly at this time to support the local health and social care system to respond to Covid-19. It may be that this means providers providing enhanced support to people using their service The key considerations that we would ask providers to follow is that they have ensured that their staff are confident and competent in providing safe care to people.

We have also shared this with our Medicines Management team for specific advice regarding delegation of nursing tasks.