
Rutland County Council

Support for Care Providers during
COVID



Care Homes & Home Care Providers

11 care homes in Rutland:

- 9 for older people (317 beds),
2 for those with Learning Disabilities (40 beds).
- All our homes bar one, are rated 'Good' or 'Outstanding' by CQC and we are confident the remainder now reaches a 'Good' standard.

15 domiciliary care providers:

- 400 packages of care commissioned by RCC, Health or by self-funders.
- 10 providers rated as 'Good' or 'Outstanding'; 2 providers with an overall rating as 'requires improvement'. There are no safeguarding or compliance concerns. 2 providers have not been inspected yet due to newly registered services.
- Weekly sitrep recording capacity, suspected and confirmed cases, number of staff self-isolating, and PPE stock levels. This is shared with the Chief Executive and Director of Adult Services.

Local Resilience Forum Structure

Three 'cells' have been established under the Local Resilience Forum structures:

- **Care Home Cell** which looks at issues and solutions for our care homes and is joined with health colleagues. Provider representatives also attend.
- **Homecare and Supported Living Cell** as the Care Home Cell but with a focus on Homecare and Supported Living providers. This is especially helpful as a number of our providers work across the LLR area.
- **PPE Cell** to manage the guidance for PPE and the LRF's emergency stock. This cell has recently been stood down and the responsibility passed back to local authorities.

Discharge

day per week multi-disciplinary LLR Discharge Coordination Hub (DCH).

All patients tested prior to discharge. None of our care homes and very few homecare providers are willing to accept COVID positive service users.

Roll out of digital consultations/proactive multi-disciplinary meetings across care homes; distribution of smart phones to care homes.

Communication

Single point of dissemination of information via the Council from all partners using a generic email

Daily weekly conference call with providers and daily email updates. This has now reduced as things stabilise.

Infection Control

- All IPC guidance is circulated to providers via email.
- Local Public Health Infection Prevention and Control helpline on all aspects of infection control, which providers can access seven days a week.
- All care homes have the ability to isolate their residents.
- All residents discharged from hospital are routinely isolated for 10 days.

Testing

- Encouraged care providers to ensure all staff are tested.
- Log of providers who have staff self-isolating and any staff that have tested positive.
- All 11 homes have taken up the national offer of testing for all staff and residents. The results of this are collated by Public Health and monitored on a weekly basis.
- Details of in-county mobile testing are shared with providers.

PPE

- Providers continue to raise PPE as a risk.
- Dedicated email address for local providers to contact regarding any Personal Protective Equipment queries or issues.
- Provided a number of items free of charge, sourced additional donated PPE from businesses locally to bolster providers' supplies.
- Maintain a central emergency supply and facilitate access to the Local Resilience Forum's stock.
- Provided a supplier list of local businesses who can provide PPE.
- Regular updates on changes to government guidance on PPE.
- Trainer within RCC on donning and doffing who provide additional support.

Financial Support

- Annual inflationary uplift to rates was applied as always from 1st April this year.
- From April moved to a position of paying providers on planned care delivered and in advance. The difference between actual delivered care and planned care has been very low.
- In May, provided a lump sum payment equating to 10% of April's Local Authority funded care package fees for April, May, and June.
- Allocated £458,233 Adult Social Care Infection Control Fund Grant; 75% specifically for care homes; 25% allocated to domiciliary care providers and Personal Assistants. This was regardless of LA commissioned care.
- Government have announced the Adult Social Care Infection Control Fund Grant will continue to 31st March 2021.

Workforce

- Maintain a list of minimum staffing numbers for homes to assess risk of any staff self-isolating.
- Emergency staff from our in-house domiciliary care service and/or from local staffing agencies if necessary.
- Maintain a RAG rating for care packages for homecare agencies

Rutland Shielding response

The shielding programme was led nationally

The GOV:

- Defined the Clinically Vulnerable & the Clinically Extremely Vulnerable
- Gave guidance for those asked to shield
- Provided Online registration for shielders to register needs and obtain food delivery slots
- National team made calls to unregistered shielders to encourage registration
- National food parcels delivered– now ceased
- Gave data updates to LAs

RCC & Rutland PCN wanted greater reassurance locally on the wellbeing of people asked to shield

We needed to ensure there were local mechanisms for people confined to home to resolve issues raised for those shielding

Supplementing the national programme:

The Rutland G.P surgeries provided a list with **1000+** of their patients whose medical history meant that they are most at risk from infections.

The practices sent a SMS to all confirmed high risk patients to advise them to expect a call from the Rise team.

The Rise team made telephone contact to the GP list of people

Why am I on the list? - Most people on our list were due to one of the following categories of

Highest risk patients:

For example:

- people with an organ transplant and remain on medication
- people with cancer who are undergoing active treatment
- people with severe chest conditions - cystic fibrosis or severe asthma
- people with severe diseases of body systems - severe kidney disease

If no contact via phone was established then staff from Micare made an In-person distanced visit to the home to check on safety

We asked 6 questions :

- Who is helping you? What happens if that person becomes unwell?
- How are you getting food? If this is a problem, clarify if affordability or access
- How are you getting medicines?
- Do you have an urgent question about your medical condition?
- Do you have other needs
- Are you or the person supporting you able to access information on-line?

We divided the responses into 3 outcomes :

- 1. Sustainable**
- 2. Monitoring**
- 3. Concern**

Response given:

- Addressed immediate needs via new local support structures (medication pick-up services, food deliveries, RISE mental health and wellbeing support, carers team, Admiral Nurses, bereavement support).
- Crisis line details offered to everyone just in case. (line is still open)
- Where needed, services avoided dependency. Individuals were helped to choose sustainable solutions that worked for them. Service offer from supermarkets for people not online improved across lockdown.

National Shielding support closed-down at the end of July

- RISE proactively contacted people receiving regular national food parcels to ensure that they knew this service was ending and had alternative arrangements in place. There were 24 ongoing regular food deliveries taking place. All were able to set up alternatives at the end of shielding.

Support for Carers During Covid 19

- Throughout Covid 19 both the Carers Team and Admiral Nurses have continued to support carers in Rutland.
- Whilst face to face contact was initially restricted during the height of the lockdown, the Carers Team continued to receive new referrals and respond to requests for support via telephone or video call.
- 316 Carers known to Adult Social Care across Rutland, whether in receipt of ongoing services or not, were contacted and contingency planning completed.
- Any needs identified through the contingency planning work were addressed through professional support, signposting, referrals to other teams or services and carer support planning as per normal processes.
- Information gathered through contingency planning was used to identify where priority needs were in the event of the carer or cared for person acquiring Coronavirus. Consideration was also given to the impact of changes to informal and or formal support arrangements ie their network of support.
- Records of all known carers were updated. This was particularly relevant to those not in receipt of services, to ensure contact details, information on support networks and communication preferences were accurate.

Admiral Nursing providing support to families living with dementia During COVID19

- During Covid-19 the Rutland Admiral Nurse Service has continued to accept referrals and support carers and families living with dementia.
- Including home visits telephone and video consultations
- Role adapted to work with our local PCN CMHT to support and promote advance care planning and completion of respect documents for people living with dementia and other long term conditions.
- Providing assessment and pre diagnostic support (GP cognitive assessment)
- Aim to ensure that those most at risk of decline from COVID19 were supported to discuss their wishes in the event of decline either due to contracting COVID19 or declining health due to other long term conditions

Challenges Resulting from Covid 19

- Increased referrals to the Admiral Nurse Service
- March 2019 to March 2020 = 149 compared with March 2020 to September 2020 = 163
- Increased need to support dementia diagnosis from Admiral Nurses
- Managing open case loads, contingency planning and expectations of service users
- Being unable to offer support in the same way and adapting to different methods
- Impact of closure of day services, respite and availability of Personal Assistants on informal carers (or through choosing not to receive services)
- Increased demands in terms of knowledge, information and guidance specific to Covid and implications of lockdown
- Uncertainty and worry amongst carers and others, initially regarding implications of Covid and latterly the risk of a second wave

Lessons from Lockdown

- Ability to work effectively using remote methods and Improving case management through video and phone consultations
- Wealth of community support within Rutland
- Importance of maintaining relationships with colleagues across services and partnerships eg Healthwatch
- Importance of clear contingency planning incorporating specific outcomes and details and how we communicate this
- The need to promote and maintain a variety of effective communication streams to reach all Rutland residents on emergency plans, grab sheets etc
- promoting access to respite services whilst these are available to reduce the impact of carer fatigue and in planning for a potential second wave
- Documenting a review on Liquid Logic when welfare calls were made, would have ensured monthly performance figures reflected the work undertaken

In the Event of a Second Wave

- Professional support from The Carers Team and Admiral Nurse service will continue as they did during the initial lockdown period, including close working with the GP surgeries.
- All known carers' information is up to date and contingency plans are in place to inform necessary responses in the event of further lockdown or arising needs.
- Preferred communication methods have been obtained to enable appropriate and timely information sharing by chosen means.
- Colleagues across the service are to ensure that Direct Payments are used flexibly and creatively to meet the needs of the cared for person and support carers in their roles. A good example of this was where someone who attended an art class which was stopped, used drawing equipment in the home with the support of a PA.
- The Carers Team are working with partners across LLR to introduce a Carers Passport. As well as promotional activity to assist in identifying hidden carers, this will act as identification when accessing services.
- The Carers Team are working to maintain and build on links with community groups set up during the initial lockdown period. This will assist in identifying hidden carers, promote support networks and be an additional means of communicating information particularly to those who do not use the internet.
- Time in Nature. Age UK will now work with the Wildlife Trust to re start this group which is outside and supports social distancing.
- A combined project with the Admiral Nurses and Age UK to support carers, with the loan of Tablets and providing Carers Education through AT