RUNWOOD HOMES
SENIOR LIVING

Sanders
SENIOR LIVING

Runwood Homes and

Sanders Senior Living

Winter Plan

2020

Version History

Version	Date of Issue	Author	Change Summary
V1		Rhonda Ware	New Document
V2		Rhonda Ware	Content update
V3		Rhonda Ware	Updates from Director of Group Operations
V4		Rhonda Ware	Feedback from H&S Consultant
V5 OF 5 final	8th September 2020	Rhonda Ware	Final approved by Gavin O'Hare-Connelly
V6	16th September 2020	Rhonda Ware	Fogging machine, inconclusive test results, review of hand hygiene and self-isolation, next review date added.

Equality Impact Assessment

All colleagues, contractors and third-party partners are required, when following this procedure, to ensure that they do not disadvantage any person or group on the grounds of race, religion or belief, age, sex, gender reassignment, disability, sexual orientation and/or caring responsibilities.

1. Strategic Objectives

1.1 Prevention: Reduce the number of outbreaks in care homes and the number of residents and staff infected in each outbreak. Reduce the likelihood of residents falling ill with other winter-related illnesses such as influenza and norovirus which will add further challenges to care homes to support residents, staff and families.

1.2 Reducing hospital admission: Monitor residents physical and psychological wellbeing and act promptly on areas of concern to reduce the likelihood of physical and mental health decline or the impact of physical/mental health decline.

Work closely with residents, staff, relatives and our partners/stakeholders to effectively plan for and manage residents and staff wellbeing, including for those who may become acutely unwell during the winter months where this unavoidable.

1.3 Safety: Monitor the safety of residents such as falls and pressure ulcers to reduce the likelihood of an increase in comorbidities or their impact. Act promptly on lessons learnt and trends to reduce the likelihood of serious injuries to residents.

1.4 Psychological/emotional wellbeing: Residents and staff wellbeing will continue to be paramount in Runwood Homes and Sanders Senior Living care homes. The wellbeing team will support the care homes and the wellbeing leads and staff will continue to be aware of the support services available if they are affected by COVID-19 and Mental Health First Aiders will be available for support also.

1.5 Communication strategy: Communication to all involved in caring for our vulnerable residents is vital. We will ensure that we communicate in a timely manner to residents, relatives, staff and stakeholders using a range of media.

1.6 Business continuity: All Runwood Homes and Sanders Senior Living Homes work closely with the support teams at head office, monitoring concerns in homes and raising them promptly so that timely support can be given.

1.7 End of life care: Give kind, empathetic and compassionate person-centred care to residents and their families for those who are nearing the end of life.

1.8 Quality: Provide a high-quality service to residents and their families with the support of partners and stakeholders.

2. Values and behaviours

1) All decision making/planning will be underpinned by government/national guidance and timely information to care homes
2) Every effort will be made to remain free of COVID-19 and where there is an outbreak to reduce the spread and support recovery
3) Lessons learned from the response to the first wave of COVID-19 will inform the response to the next phase of the pandemic. This will include the dissemination of lessons learnt and good practice
4) Robust cleaning and infection prevention measures will continue in all care homes, including the correct use of PPE on a continuous basis
5) Effective person-centred care will continue to be delivered to residents irrespective of COVID-19 status
6) The multi-disciplinary team, legal representatives and families will continue to be involved in care planning decisions
7) The knowledge, skills and competences of staff will continue to be reviewed and supported where it is identified that new knowledge, skills and competences are required
8) Care homes will maintain effective governance, including Safeguarding, and seek timely support if there are concerns
9) Reporting to the support functions in head office and external partners will be managed so there is timely information to help manage any risks or adverse events
10) Care homes will support COVID-19 positive residents to remain in the home where this is clinically appropriate, within the skills and competences of the staff and in line with residents advance care plan wishes where available
11) Care will be escalated to secondary care when clinically appropriate
12) Ensure residents and relatives are involved in the decisions affecting the home and can openly share their experiences or raise concerns in a supportive way

13) Referrals to specialists will continue such as tissue viability, speech and language, dietician, and palliative care where residents care needs require this
14) Visits to care homes will occur where they are safe to do so and according to national, local guidance and company policy. Where it is deemed unsafe to have visits, alternatives will be found such as virtual visits
15) Information and communication will be in Plain English and accessible.
16) At senior management level, the senior management team will meet frequently and agree and distribute up to date information to care homes and all staff. The frequency of these meetings will depend on the status of outbreaks in care homes. Meetings and distribution of updated guidance may be daily, easing to weekly or bi-weekly when the pandemic is easing
17) Flu vaccination is given priority for all residents who are vulnerable and all staff who are clinically extremely vulnerable, clinically vulnerable or are at high-risk due to other factors such as coming from a black, Asian or minority ethnic background
18) Staff risk assessments for vulnerable workers and risk assessments for vulnerable residents who are at high risk of morbidity or mortality from COVID-19 will continue to be reviewed and updated.

This plan will be regularly reviewed.

3. Actions

3.1 Prevention

Built environment

The Facilities team continue with their regular visits to care homes and review the environment for infection prevention and control risks. Any identified risks are placed on the Home Development Plan (HDP) by the Regional Facilities Manager or Home Manager. The Home Manager will ensure the HDP tracks the actions and records when they are underway or completed.

Physical/social distancing

We will continue to observe physical/social distancing throughout our care homes as much as possible. Consideration will be given to staff breaks so that staff can keep a social distance during break times.

Seating areas in lounges will be reviewed prior to a second wave of COVID-19 so that residents can social distance according to national guidance as much as possible. Seating in dining rooms will also be considered to facilitate social distancing during mealtimes whilst promoting a positive experience for residents.

Where possible residents during sustained COVID transmission will mix in “bubbles” so should a COVID outbreak, less residents and staff will be affected.

Staff will be reminded through Flash meetings, staff meetings and supervisions of the need not to gather in groups, maintain physical/social distance during break times and handover periods and to ensure that intimate contact with residents is reduced as

much as possible. It is recognised that care staff are in a unique position and have to often get close to residents to provide personal care. At these times staff will ensure that they minimise as much as possible the need to be closer than two metres and keep their faces away from any residents when coughing or sneezing.

Managers will consider the siting of handover meetings so that staff can social distance as much as possible. Staff who use PCS electronic care records should use the PCS handover to help promote social distancing.

Visitors will be required to meet the physical/social distancing policies set by the company and adhere to the visiting policies. One constant named visitor per resident will be allowed to visit, with all visits pre-booked and an appointment time given. All visitors will be asked to have their temperature taken and complete a Visitor Screening Tool.

PPE

The correct use of PPE will remain an ongoing message to residents, staff, and visitors.

Residents are required to wear face masks if they are infectious and can tolerate them and requiring personal care and if they are being transferred to hospital and their COVID-status is not known.

Staff will continue to wear fluid repellent face masks at all times and those who feel they cannot wear them due to respiratory conditions such as asthma and COPD are able to wear masks that are more able to help them breathe. These are available from procurement following a completed risk assessment.

All staff who are clinically extremely vulnerable or clinically vulnerable will have a risk assessment completed and are expected to wear FFP2 masks with a valve and are recommended by government to wear a visor also. We will support staff in the strictest confidence who come forward and advise us of their personal health risks, sharing information with their consent and on a need to know basis.

All staff are assessed for their understanding and compliance of using PPE correctly – ensuring they know in what order to put PPE on and how to remove it and dispose of it. Staff will also be asked about the comfort and fit of their PPE. All staff will have undergone competency assessment by the beginning of November 2020.

Staff need to put on PPE more than two metres distance from residents and remove PPE at least two metres distance from residents.

When providing intimate personal care within two metres, staff will continue to wear full PPE – disposable latex-free gloves, disposable aprons, fluid repellent face masks and are recommended to wear a visor when there is a risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the eyes e.g. caring for someone who is repeatedly coughing.

When assisting residents with personal care such as assisting residents to eat and drink within two metres, staff will also wear a fluid repellent face masks but do not need to wear a visor however staff who are at moderate or high risk of COVID-19 will do so. (See PPE policy for further information). If a resident is coughing, full PPE including a visor must be worn.

In the presence of any shielding residents, staff will wear fluid repellent surgical masks, disposable latex-free gloves and disposable aprons but eye protection is not required unless there is risk of droplets or secretions from the resident's mouth, nose, lungs or from body fluids reaching the eyes (e.g. caring for someone who is repeatedly coughing or staff are in moderate or high-risk groups.

Staff will continue to wear face masks until they take a break. Visors when used, can be worn until staff take a break but must be carefully cleaned and stored before re-use. As a minimum, between use the visor should be cleaned with a neutral detergent wipe, allow to dry, disinfect with a 70% alcohol wipe and leave to dry; or use a single step detergent/disinfectant wipe, allowing the item to dry afterwards. Staff should store the visor in a bag to avoid possible contamination after cleaning and disinfection is complete. Do not put eye protection on until it is completely dry and do not smoke while wearing a visor.

Face masks must be changed if they become damaged, if visibly soiled (e.g. dirty, wet with secretions, body fluids), if damp, if uncomfortable and if difficult to breathe through. Once a face mask has been removed it must not be re-used, please use a new one.

Housekeeping staff will wear the same PPE as care staff. When undertaking deep cleans of rooms where residents are or have been COVID-19 positive they will wear full PPE and a visor if they are working within two metres of someone who is coughing.

The correct PPE will be worn at all times even if there are no outbreaks in care homes. Failure to comply with PPE recommendations is expected to give rise to disciplinary procedures.

PPE will be freely available, and the use monitored closely so that adequate supply is maintained. Procurement will regularly monitor stock levels and the contingency supply may be used if needed. Some areas will also access PPE through their local supplies such as local authorities – in these cases care homes will keep local authorities or health providers of any concerns at the earliest opportunity so that timely intervention is sought.

Runwood Homes and Sanders Senior Living care homes will work closely with CCGs who have Infection Prevention Leads and also provide training. This training will be in addition to the training provided by Runwood Homes and Sanders Senior Living.

Visitors will be asked to wear face masks as a minimum when visiting however there may be times when they are asked to apply full PPE such as masks, gloves and

aprons. This may be at such times as when visiting a resident who is at the very end of life who is COVID-19 positive.

Good hand hygiene remains an important part of the infection prevention strategy and is to be used as well as effective use of PPE.

Testing

Residents will continue to receive monthly testing throughout the winter months. Staff in care homes will continue to be offered testing weekly and are required to participate in this to support the safety and wellbeing of residents, colleagues and others involved in care.

Head office staff will also be tested weekly from the 1st October 2020. They will be required to attend a local care home to have testing to support the wellbeing of all residents and staff. From the middle of September 2020, the number of COVID tests for staff and residents each week will be added to the Quality report.

Testing will continue to be done by staff who have been trained in the technique to minimise inconclusive results. Additional staff will be trained up to manage weekend testing which has now been suggested by Public Health England.

Concerns relating to the availability of tests must be immediately raised with the procurement department and Regional Operations Directors so that concerns are escalated and managed to relevant partners.

Anyone with an inconclusive test result who was asymptomatic at the time of the test will continue to be able to work until they have a retest and get the result.

Self-isolation

Any staff who test positive for COVID-19 will continue to self-isolate for ***ten*** days from the date of the COVID-19 test.

Any staff who have symptoms but have not had a test will continue to self-isolate for ***ten*** days from the first day that symptoms began.

Residents who test positive for COVID-19 will continue to be isolated for ***fourteen*** days from the date of the test result.

New residents admitted from the community or from hospital will continue to be isolated for ***fourteen*** days even where there is a negative COVID-diagnosis.

Where the care home supports residents with dementia and residents may find it hard to understand the need for isolation, the care homes will ensure rigorous and regular hand hygiene of staff and residents and the cleaning of surfaces and touch points and review seating arrangements within communal areas to promote social distancing.

Staff who have a member of the family unwell with symptoms of COVID-19 or have a positive test need to continue to declare this and self-isolate for ***fourteen*** days.

If a large outbreak occurs and there is capacity within care homes, residents may be temporarily separated to a unit or part of a unit and cared for by the same staff to minimise the risk of transmission of infection. Where residents lack capacity to consent to this, the relevant people would need to be involved in the decision-making process.

Care homes will respond to local guidance from the Director of Public Health and local authority/NHS staff in the management of COVID-19 and may need to follow their guidance which at times may be different from that of Runwood Homes Senior Living and Sanders Senior Living.

Cleaning/disinfection

Cleaning/disinfection will continue to receive high importance to help minimise the risk of transmission of infections such as norovirus, influenza and COVID-19. Deep cleans of rooms where residents have a positive test for COVID-19 will be done twice daily and these will be recorded on the COVID-19 cleaning schedule however it is recognised that there are limitations to effectiveness because residents will not be able to be moved during this period. Care homes will ensure regular cleaning of touch points as part of the cleaning regime to help reduce the transmission of infections.

The effectiveness of cleaning will be closely monitored to ensure it is to a high standard and cleaning schedules will be routinely updated.

Each care home has been provided with a “fogging machine” which will enable easier deep cleaning. Procurement or Facilities should immediately be informed if this is not functional for any reason.

All cleaning will be done using Runwood Homes and Sanders Senior Living products, ensuring compliance with CoSHH.

Cleaning and disinfection will follow national guidance.

Hand hygiene

Effective hand hygiene is an essential part of infection prevention and control, which Runwood Homes Senior Living and Sanders Senior Living takes very seriously. Care homes will ensure throughout the season that there are adequate supplies of hand soap, alcohol gel and paper hand towels. Staff should promote good hand hygiene with visitors and hand hygiene stations should be well-signposted at access and egress points.

All staff when washing hands must do so up to their forearm.

Alcohol gel is ineffective against norovirus so should not be the first port of call during the winter months when diarrhoea and vomiting are more common. It is also ineffective against MRSA so if caring for any residents with MRSA, effective use of hand washing and drying must be achieved.

Influenza

Ensure effective planning for residents' flu vaccination. For any residents that lack capacity to weigh up the benefits and risks of having a flu vaccination, a mental capacity assessment and best interest decision must be recorded, involving the relevant LPA's, family members, and health professionals. Be clear about who is going to administer the vaccines, who is storing them and where and how many are needed.

Monitor residents for the signs of influenza like illness and inform the local health protection team immediately it is considered there is a virus. Care homes should be ready to implement antiviral therapies at very short notice if this is recommended by the local Health Protection team. Care homes can usually expect a doctor to come out from this team to prescribe antivirals and ensure residents have consented. If there is a lockdown, this may occur remotely.

Vaccination of at-risk staff is also very important and care homes are expected to promote this. This year vaccination can also be offered to those who live with a person who has been advised to shield.

The uptake of influenza vaccination will be monitored across residents and staff will be monitored.

Home Managers need to be prepared to isolate residents who have signs of influenza to help reduce the risk of transmission.

The correct disposal of personal waste such as tissues used to blow a nose is important to also reduce the risk of transmitting infection. Catch it – bin it – kill it posters will remind residents, staff and visitors of the need to do. Staff should ensure hand hygiene is regularly offered to residents and touch points are regularly cleaned.

Norovirus

Norovirus is a particularly infectious winter vomiting and diarrhoea bug. Residents who have this can become very unwell quickly, especially due to dehydration. Residents will need to be isolated if this virus occurs and will need regular fluids. Deep cleaning of the area where this is occurring must be maintained and staff must work only on the units they are allocated to and not mix with other staff.

Symptoms usually only last for two days however residents may continue to feel unwell: feeling lethargic and tired for up to six weeks. Staff need to observe for signs such as dehydration: feeling thirsty, having dark yellow and strong-smelling urine, feeling dizzy or lightheaded, tiredness, dry mouth, lips and eyes and passing urine fewer than 4 times a day. Residents who are unwell with this should be put on a temporary food and fluid chart until it can be seen that they are recovering.

Visiting is suspended during an outbreak. In the event of a suspected outbreak, the Regional Operations Director must immediately be informed, further guidance obtained and the Director of Group Operations informed. The local Health Protection

team will be able to provide guidance on cleaning and disinfection. Deep and thorough cleaning is essential as the spores can live on furniture for up to two weeks.

If staff become unwell with this including at head office, they must not return to work until **48 hours** after vomiting or diarrhoea stops. This is essential to reduce the spread of the virus as much as possible.

3.2 Reducing hospital admissions

Prior to a second wave of COVID-19, residents' nutritional status and fluid intake will be reviewed. If there are any concerns regarding weight loss, take action to minimise a reduction in physical health. Refer residents to the dietician where required and fortify foods where necessary. Check for any choking risks and ensure they are managed with the speech and language therapist and ensure the catering team are aware of ongoing concerns regarding food and fluid intake

Review falls in the home – refer residents to a physiotherapist or falls clinic, or the GP for a medications review.

Ensure residents who have COPD continue with their medication and take them regularly. Please note that rescue packs containing steroids and antibiotics are no longer recommended by NICE.

Care home managers will review residents skin integrity care plans and risk assessments. Where there are increased risks referrals will be made to GPs or district nurses. Relatives will be informed of any concerns and actions taken.

The availability of clinical and care equipment will be reviewed, and equipment checked (see below).

3.3 Safety

Care homes before a second wave of COVID-19 should review the following and ensure supplies are adequate to provide an effective level of healthcare during the winter months:

- Equipment stored at the care home. Check all necessary equipment has been calibrated where required, that equipment is in full working order and that any appliances required to work with equipment are in place, e.g. for nursing homes - suction machines, LifeVac, nebulisers and blood glucose monitoring kits
- Clinical/care equipment is available such as thermometers with covers, oxygen saturation machines, blood pressure cuffs and readers
- Nursing homes - ensure there are syringes, needles and other clinical equipment that may be needed during the winter months
- All homes will continue to evaluate their stocks of PPE and ensure they have supplies suitably stored and audited

As detailed above, residents' wellbeing will be reviewed, and plans put in place to minimise a reduction in health and safety.

Care homes will continue to monitor trends in accidents/incidents and ensure that any lessons learnt are embedded to minimise the risk of further harm to others. Note: an increase in falls should raise concerns about residents' physical health as falls may be the first sign of an infection or other illness. Accident and illness trends of staff will also be monitored to identify if and what additional safety controls may be warranted.

Residents will be offered nutritious and wholesome meals that meet their cultural needs and preferences. Healthy snacks will continue to be available during the day and night and care staff should be alert to signs that residents may be hungry who cannot always express this. Weight loss will be closely monitored and actioned accordingly.

Runwood Homes and Sanders Senior Living will promote safe staffing, staff where possible will work on one particular floor or unit and rotas will be planned to ensure staff who may be at risk of serious illness during an outbreak of an infectious illness will be supported to work in a different way or self-isolate where this is required. Individual risk assessments will be the cornerstone of effective management.

3.4 Psychological/emotional wellbeing

During any period where there is no outbreak in a care home, visits will continue to be by appointment only. Garden visits will continue and visits in rooms only where there is an exceptional circumstance, for instance when a resident is nearing the end of life. We will continue with having a constant named visitor.

During this period care homes will also allocate a dedicated room where there is easy access and egress to hold visits during inclement weather. Where a suitable room cannot be located, care homes will work with the Facilities team to identify a suitable alternative such as implementing a "bubble" where visits can still take place. Visits will be for a maximum of one hour, but residents and staff should expect shorter visits if there is a high demand for a certain day.

Visiting by chiropodists, dentists and opticians will continue according to the Runwood Homes and Sanders Senior Living protocol.

General Practitioners continue to provide services mainly via video call; care homes will continue to work with General Practitioners in a way that meets the needs of residents and the General Practitioners in charge of their clinical care.

During an outbreak of even one case, visiting of all relatives and professionals will cease according to current national and local guidance and the care home will not re-open until advised locally to do so. Where there are exceptional needs such as palliative care, visits may continue but these must be the exception and not the rule.

All visitors must have their temperature taken and complete a Visitor Screening Tool. Staff will continue to ensure that contact details are taken of visitors in case they are needed for Test and Trace. Visitors must also wear face masks at all times.

A range of activities are provided for residents across care homes. The Director of Wellbeing, Associate Director and dementia team continues to support homes with planning activities so that there is variety that meets physical, social and psychological/emotional wellbeing.

Information will be re-cascaded to staff pre-second wave informing of the support available should staff be personally affected by COVID-19. Contact details for the Mental Health First Aiders will also be made available.

The Director of Wellbeing and Associate Director will continue to support homes either by visiting where safe to do so or during a second wave, by remote support. Following the second wave of COVID-19, care homes will be involved in debrief sessions, as in the first wave, to understand staff experiences and identify any changes required in case of further outbreaks.

Care homes will monitor the mental health of residents who are at risk of a decrease in mental wellbeing and liaise with the relevant families, health professionals, partners and charities. The Director of Wellbeing and Associate Director should be informed where there are concerns so additional advice and support is provided. Signs of reduced wellbeing may be subtle such as a lowered appetite, withdrawing, sleeping badly or simply behaviours that are out of character.

Care home managers should also observe staff for signs of stress and if necessary complete a risk assessment related to stress. This must be regularly reviewed and updated. Regional Operations Directors also need to be aware that home managers may also suffer from stress and support home managers with a range of support to enable staff to feel supported.

Care home managers will continue to maintain an open-door policy and be available to staff and residents. Care home managers will continue to be supported by the Regional Operations Directors, wellbeing leads and teams and support services such as quality and governance, HR and senior management as required.

3.5 Communication strategy

Prior to a second wave of COVID-19, care homes will review the contact details for families and ensure they are up to date; especially important are up to date phone numbers and email addresses. They will also ensure that contact details are up to date for LPAs as they may be needed at short notice to support residents' wellbeing. Copies of LPAs must be held with paper-held care plans or scanned on to the electronic care record system.

When visiting is restricted, alternative communication means will be used such as Zoom or Teams. WhatsApp and Facebook groups must not be used, neither staff personal mobiles as these breach data protection regulations.

Residents and relatives will be informed when there is an outbreak and when care homes have restricted visitors or care homes reopen and updated as strategies change in care homes.

When staff are self-isolating home managers will also keep in touch with staff to monitor their wellbeing. Staff will be required to check with home managers before coming back to work and staff must meet with their manager before returning to their usual place of work.

Runwood Homes and Sanders Senior Living will cooperate and work with external partners to provide timely information where requested.

Where feedback is given from residents, families and stakeholders including constructive criticism care homes will listen and take appropriate actions to implement quality improvement. Care homes where possible should inform residents, families and external partners in a "You Said, we did" format – the marketing team will be able to help with this.

The company website will be kept up to date with any changes so care homes should request families and stakeholders to also keep checking the website.

Information will be available in other formats where required.

3.6 Business continuity

Pre-second wave, business continuity plans and COVID plans will be reviewed. Lessons learnt from the first wave and the SWOT analysis will be implemented into the management of a second wave.

Staff rotas will be planned, and all efforts made to keep staff safely at work. This may mean staff temporarily working in other areas of care homes to support the home with managing its daily activities whilst also working towards keeping vulnerable staff safe.

Care homes will continue to monitor staff that are at increased risk of serious illness or worse through COVID-19 and deploy staff as necessary to ensure business continuity but also promote the health of staff.

3.7 End of life care

Runwood Homes and Sanders Senior Living recognises how distressing it can be for anyone coming towards the end of life and how upsetting this can also be for families. We understand the need for compassionate care that is sensitive to various culture needs and residents' personal preferences.

Prior to a second wave, end of life care plans will be reviewed. Where a resident's wishes are not clear, staff will sensitively seek to gain the required information. Where appropriate, palliative care teams will be consulted so that the best outcomes for residents are achieved and there is access to medications where indicated.

Coordinate My Care is a means of planning for someone's end of life wishes so that staff and the multidisciplinary team can better meet a person's needs if medical attention is required. Care homes will liaise with residents, families and General Practitioners to help plan for the event that medical attention is required.

There are times when a person declines very suddenly or dies without warning. At these times there may not be enough time to ask families to come and see their loved ones before they die.

When a death is expected and decline is recognisable, one named relative should be given the opportunity to visit their loved one before they pass. Relatives will need to be advised that care homes are currently only having one named constant visitor per resident which will continue for the foreseeable future and that when they visit they will be asked to wear full PPE and that the visit may only be brief. Consideration must be given to any religious and cultural needs and timely action taken to support the resident who is dying to meet their religious and cultural needs.

When informing family members of a death, this must be done sensitively and compassionately.

Where staff are trained and assessed as competent to do so they may verify a death; where these measures are not in place, the GP our out of hours service will need to verify a death.

When someone has died who was COVID-positive or suspected COVID positive, the undertakers must be informed.

Care home managers need where possible to support bereaved families and ensure condolences are sent from the home.

The impact of a staff member dying can also have devastating effects on staff and residents. Families and staff impacted by a bereavement can contact the following sources of support:

- CRUSE - telephone: 0800 107 1677 or www.cruse.org.uk
- EOL DOULA UK - telephone: 078878 840663/07825 795808 or https://eol-doula.uk/get-doula-support

Local arrangements will be put in place where needed and the Mental Health First Aiders can also help:

- Paul Gaskell – telephone: 07736 882456
- Kieun Kwon – telephone: 07795 658716
- Sarah Sanders – email: Sarah.Sanders@runwoodhomes.co.uk

3.8 Quality

Quality monitoring is an essential element of ensuring care homes are well-led and that teams in head office are maintaining an oversight and reacting promptly to concerns.

Regional Operations Directors will continue to support care home managers and monitor the quality of service. If visiting is restricted, Regional Operations Directors will be able to remotely support via Zoom or Teams and request evidence of quality measures via email. The Senior Management and Quality and Governance team will

also continue to support via telephone or Zoom/Teams and visit when there is not restricted visiting. A key focus will remain on infection prevention and control and good governance.

3.9 References

- Adult social care: our COVID-19 winter plan 2020 to 2021, published September 2020, https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021
- How to work safely in care homes updated 28th August 2020, https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes
- Admission and care of residents in care homes, updated 2nd September 2020, https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes
- COVID-19 rapid guideline: community based care of patients with COPD, published April 2020, https://www.nice.org.uk/guidance/ng168
- https://www.coordinatemycare.co.uk/
- How long to self-isolate for, NHS guidance updated 24th August 2020 https://www.nhs.uk/conditions/coronavirus-COVID-19/self-isolation-and-treatment/how-long-to-self-isolate/
- PPE guide for community and social care settings, August 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911188/PHE_PPE_guide_for_community_and_social_care_settings_AUG_2020.pdf
- Care of the deceased with suspected or confirmed coronavirus, updated 31st July 2020, https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19#guidance-for-staff-in-residential-care-settings-including-care-homes-and-hospices
- Runwood Homes and Sanders Senior Living visiting protocols
- Visitor Screening Tool
- Runwood Homes Outbreak Management Plan
- Runwood Homes PPE policy
- Runwood Homes PPE risk assessment
- Runwood Homes PPE audit
- Runwood Homes and Sanders Senior Living Donning and Doffing competency
- Runwood Homes Home Manager's monthly infection prevention and control audits
- Runwood Homes Senior Management COVID-19 audit