



**Runwood Homes Senior
Living
Northern Ireland**

Winter Plan 2020

Version History

Version	Date of Issue	Author	Change Summary
V1	August 2020	Rhonda Ware	New Document
V2	September 2020	Rhonda Ware	Content update
V3	4 th September 2020	Rhonda Ware	Updates from Director of Group Operations
V4	7 th September 2020	Rhonda Ware	Feedback from H&S Consultant
V5	8 th September 2020	Rhonda Ware	Final approved by Gavin O'Hare-Connelly
V6	16 th September 2020	Rhonda Ware	Fogging machine updated.
V7	23 rd September 2020	Rhonda Ware	Changes to visiting arrangements
V8	25 th September 2020	Rhonda Ware	Updated regarding visiting and local surges
V9	28 th September 2020	Rhonda Ware	Hospital visits added, appendix A 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. Act promptly on changes identified by national bodies to promote COVID-secure care homes.

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
- 14) language, dietician, and palliative care where residents care needs require this
- 15) 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
- 16) Information and communication will be in Plain English and accessible
- 17) 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
- 18) 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
- 19) 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. A directive to staff has been issued in respect of social distancing outside of the workplace also.

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.

Where possible residents during sustained COVID transmission will mix in “bubbles” so should a COVID outbreak occur, 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, where allowed will be required to meet the physical/social distancing policies set by nationally and the company and adhere to the visiting policies. At the time of reviewing this policy, Northern Ireland has placed a ban on households visiting other households. Many care homes have interpreted this national guidance as closing care homes to visitors however Runwood Homes Senior Living recognises that this increases the isolation of residents in their homes so has taken the position that Runwood Homes will follow the guidance for Northern Ireland, which includes working closely with our partners to manage visiting in line with local recommendations.

Where visiting is allowed, the resident will be asked to nominate a maximum of two constant named visitors to visit. Where one of these visitors becomes unwell another one can be nominated.

All visits are pre-booked and an appointment time given. All visitors will be asked to have their temperature taken and complete a Visitor Screening Tool – visiting guidance may change locally. Children under the age of sixteen will not be permitted to visit, except in exceptional circumstances which would be discussed with the Home Manager.

Care homes are required to follow the visiting guidance that their local Health & Social Care Trust give. This is dependent on the surge level within a certain postcode area (see Appendix A).

For homes that do not have an outbreak care homes are required to implement an individualised visiting plan for residents which takes account of personal health and care needs such as those who have hearing, visual difficulties or cognitive impairment. A dynamic risk assessment should be in place so that risks are constantly reviewed. This will also take account of the current surge level and the requirements for visiting as outlined in national guidance.

Home Managers and Wellbeing Leads should facilitate the use of other media/virtual

visits to support relatives and residents to remain in contact with each other.

Where visiting is allowed, the home should be able to accommodate visiting seven days per week, and if nominated visitors are unable to visit during the daytime, they should speak to the Home Manager regarding out of hours visits. Care homes will do all they can to support visiting to residents whilst working within the restrictions caused by the increasing pandemic but working within local guidance.

Where care homes deviate from the national guidance, they may be asked to give a rationale for this. Visits should be based on a risk assessment and will need to rely on the ability to ensure social distancing and safety of residents and the visitor. Where visitors are denied, this should be clearly documented.

Where visiting is allowed, we recognise that some individuals may have specific support and assistance requirements to ensure that their health or communication and social care need can be met the presence of a family member or carer may be required and as far as possible this need should be facilitated.

Runwood Homes Senior Living continuously reviews its visiting policies and monitors the national situation closely. Changes to the visiting policy will be communicated promptly to Home Managers through the Runwood Homes regional management teams.

PPE

The correct use of PPE will remain an ongoing message and requirement 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. (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).

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 uses 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 HSC Trusts – in these cases care homes will keep Local HSC Trusts 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 HSC Trusts 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, when permitted 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 and 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 with handwashing audits to be completed.

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, the disciplinary policy has been updated to reflect non-compliance with staff testing.

Head office staff will also be tested weekly from the 1st October 2020. 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.

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.

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. Anyone with an inconclusive test result will also self-isolate for **ten** days.

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 must alert the HSC Trust Care Manager formally in writing if this is the case.

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 to include family, care manager, RQIA and GP.

There is currently no specific guidance about the management of residents' safety and wellbeing when attending important clinical outpatient visits. Runwood Homes Senior Living has taken the position that residents attending these appointments and the person accompanying them must comply with the receiving venue's PPE policy, hand hygiene policy and checking in procedures. Residents will not be required to self-isolate if they attend a short appointment but if a resident stays in hospital overnight, they should be isolated for fourteen days on return to the care home; as per government guidelines.

Where visiting is allowed, visitors must not visit the care home when they are feeling unwell; even slightly; irrespective of what the illness may be. Members of the public are also strongly advised against visiting if they are shielding.

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 by the Head Housekeeper and Person-in-Charge of the Nursing or Residential Care Home.

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 Regulations. All chemicals **MUST** be locked away when not in use without exception.

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. Facilities to encourage good hand hygiene for visitors 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 with soap and water 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 (HSC Trust) and PHA (Public Health Agency NI) 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 (PHA). 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.

In the event of a suspected outbreak, the regional management team must immediately be informed, further guidance obtained and the Director of Group Operations informed. The PHA Duty Desk must be informed immediately, the PHA team will be able to provide guidance on cleaning and disinfection through the PHA NI (Outbreak protocol). 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 regional or head office level, 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, this includes dietetics referrals and GP referrals. Refer residents to the dietician where required and fortify foods where necessary in line with prescribed guidance. 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 through the SALT and Weights Management Process within the care home.

Review falls in the home – refer residents to a physiotherapist or falls clinic, or the GP for a medications review ensuring all risk assessments and care plans are fully reflective of residents' individual needs.

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

Tissue Viability Teams and /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, blood glucose monitoring kits, SpO2 Monitors, Sphygmomanometers, Stethoscopes, Thermometers or any additional equipment required for individual care delivery – alert the Regional Operations Director if any equipment requires replacing / repair as a priority.
- Clinical/care equipment is available such as thermometers with covers, oxygen saturation machines, blood pressure cuffs and readers must be checked daily.
- 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 weekly.

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 in line with national guidance.

During this period, anticipated from 1st October 2020 care homes will also allocate a dedicated room where there is easy access and egress to hold visits during inclement weather – this must not be where visitors need to enter the main resident facing area of the home if avoidable. 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 protocol. A risk assessment is in place.

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 will be according to current national and local guidance and if the care home is advised to close it will not re- open until advised locally (Public Health Agency) 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. A regional Wellbeing Manager for Northern Ireland will lead on monitoring of appropriate activity in line with infection prevention and control best practice.

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 company 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 or learning 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.

Where residents would benefit from the support of a care partner, for instance those who would benefit emotional, physical or mental support, the care homes should implement a care partner. This person is more than a visitor; they are someone who has previously played a role in attending to their relatives physical and mental health and provided specific support and assistance to ensure communication that health and social care needs are met. This may be a close friend rather than a relative. A risk assessment will be needed for this. This person is not one of the visitors that is pre-booked.

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. An enhanced Northern Ireland Team has been developed including A Regional Operations Director, Regional Operations Manager, Regional Nurse Compliance Inspector, Regional Wellbeing Manager, Regional Training Manager and Head Office support.

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 Director and Regional Operations Manager (NI), wellbeing leads and teams and support services such as quality and governance, HR and senior management as required.

Weekly support calls (Fridays) will take place for every service which has Board of Director attendance and the Responsible Individual for Northern Ireland chairing the support calls.

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 designated next of kin (NOK) as they may be needed at short notice to support residents' wellbeing.

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 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 and personal wishes.

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

Where clinical staff are trained and assessed as competent to do so they may verify a death; where these measures are not in place, the GP or 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 immediately.

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 Director and Regional Operations Manager (NI) will continue to support care home managers and alongside the Regional Nurse Compliance Inspector will 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. However, with testing in place visits to services regarding quality monitoring will continue.

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 Next review date - 17th October 2020 when Department of Health & Social Care produce their Winter Plan and Care England do so.

3.10 Appendices

A – Surge levels and visiting requirements for care homes

3.11 References

- COVID-19: Regional principles for visiting in care settings in Northern Ireland, updated 21st September 2020 <https://www.health-ni.gov.uk/sites/default/files/publications/health/COVID-19%20REGIONAL%20PRINCIPLES%20FOR%20VISITING%20IN%20CARE%20SETTINGS%20IN%20NORTHERN%20IRELAND%20-%20revised%2022-09-2020%20%28002%29.pdf>
- COVID 19- Guidance for Nursing and Residential Care Homes in Northern Ireland (Dept of Health, Northern Ireland) updated 21 July 2020, <https://www.health-ni.gov.uk/sites/default/files/publications/health/COVID-19%20%20GUIDANCE%20FOR%20NURSING%20AND%20RESIDENTIAL%20CARE%20HOMES%20IN%20NORTHERN%20IRELAND%20%28JULY%202020%29.pdf>
- COVID 19 Regional principles for visiting in care settings in Northern Ireland, Updated July 2020, <https://www.health-ni.gov.uk/sites/default/files/publications/health/covid-visiting-guidance.pdf>
- Regional nutrition guidance for care home residents with suspected or confirmed COVID-19, May 2020

<https://www.publichealth.hscni.net/publications/regional-nutrition-guidance-care-home-residents-suspected-or-confirmed-covid-19>

- 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
- 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>
- Guidance for carers and care home staff on the wide range of symptoms which can be associated with COVID-19 27 May 2020, <https://www.publichealth.hscni.net/publications/symptom-checklist-covid-19-nursing-and-residential-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/uploa>

[ds/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

A – Surge levels and visiting requirements for care homes during COVID-19 pandemic

Surge level	High/Extreme Surge Level 5	Medium Surge Level 4	Pre/Low surge Level 3
Description of surge	A material risk of healthcare services being overwhelmed – extremely strict social distancing	A high or rising level of transmission – enforced social distancing	The virus is in general circulation – social distancing relaxed
Area of care			
Care homes	<p>Arrangements for end of life visiting only.</p> <p>Alternatives to face to face visiting for all others should be provided</p>	<p>Indoor visiting in residents’ rooms – one person for one hour once weekly will be permitted where this can be accommodated within social distancing. This does not apply to care partner arrangements.</p> <p>Alternatives in line with care homes visiting policies e.g. outdoor visits, virtual visits and designated visiting rooms etc. should be provided.</p>	<p>Two people will be permitted access indoors at any one time where this can be accommodated within social distancing.</p> <p>Care partner arrangements in place.</p> <p>Alternatives in line with care homes visiting policies, e.g. outdoor visiting, virtual visits, etc. should be provided.</p>