

# Covid Care Home Action Plan for Doncaster

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**Date:** 12<sup>th</sup> May 2020

# Objective One: Coordinated support and a clear plan for each care home

Task	Description	Rationale	Actions	Timescales	Leads
1 <b>Coordinate support across the care home sector</b>	Maintain an accurate overview of Covid impact on homes	<ul style="list-style-type: none"> <li>Timely understanding of emerging issues and underlying themes so that support can be diverted as necessary</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing partnership review of situation and support for care home sector – daily situation report meeting and twice weekly tactical coordination meeting</li> <li>Data model that tracks care home impacts, seeks to flatten curve and supports sustainable recovery</li> </ul>	Actions already established, including arrangements to keep under review	Phil Holmes, DMBC Andrew Russell, CCG Jon Gleek, DMBC
2 <b>Coordinate support to help individual care homes address risks proactively</b>	Ensure care homes receive consistent support to help them develop a tailored plan.	<ul style="list-style-type: none"> <li>A ;proactive approach to reducing risks for each care home that builds on the home’s own leadership and capacity</li> </ul>	<ul style="list-style-type: none"> <li>Multi disciplinary team (MDT) approach in each Locality – ensuring clear connection with PCN arrangements below</li> <li>A Borough-wide MDT approach for Learning Disability</li> <li>A named relationship lead for each care home</li> <li>An individual plan for each home worked up within the scope of this strategy following discussion about the issues the home faces, capability to respond and support required</li> </ul>	Initiate w/c 4 <sup>th</sup> May Establish w/c 11 <sup>th</sup> May	Kate Anderson Bratt, DMBC Ian Boldy, CCG Jo Forrestall, CCG Annika Leyland, DMBC Faye McKenzie, DMBC Joanne Nicholls, RDaSH
3 <b>Bolster Primary Care &amp; Community Health support to care home residents</b>	Ensure timely, coordinated access to clinical advice and support	<ul style="list-style-type: none"> <li>Increase in-reach to homes to support both residents and staff</li> </ul>	<ul style="list-style-type: none"> <li>MDT approach in each Primary Care Network area</li> <li>A named clinical lead for each care home</li> <li>Information sharing agreement to avoid multiple clinicians needing to visit the home</li> <li>Arrangements for pharmacy and medication support</li> <li>Arrangements for remote monitoring – and face-to-face assessment where clinically appropriate</li> <li>Arrangements for sensitive and collaborative decisions around hospital admissions for care home residents</li> <li>Arrangements for support with End of Life care</li> <li>Arrangements for 7 day working including out of hours</li> </ul>	Initiate w/c 4 <sup>th</sup> May Establish w/c 11 <sup>th</sup> May	Andrew Russell, CCG Anthony FitzGerald, CCG Laura Sherburn, PCD Graeme Fagan, RDaSH Primary Care Network leads
4 <b>Provide financial support to care home providers</b>	Ensure care homes receive available financial support	<ul style="list-style-type: none"> <li>Support with additional costs arising from Covid to help enable service continuity</li> </ul>	<ul style="list-style-type: none"> <li>Communication of financial support for each care home: payment in advance, supplier relief scheme including PPE costs, loss of income</li> </ul>	Establish w/c 4 <sup>th</sup> May	Phil Holmes, DMBC Cath Anderson, DMBC Hayley Tingle, CCG
5 <b>Provide digital support to care home providers</b>	Support care homes to use technology to help deliver Covid objectives	<ul style="list-style-type: none"> <li>Technology has a key role in reducing Covid risks, for example by reducing avoidable physical contact but also by increasing support to tackle isolation</li> </ul>	<ul style="list-style-type: none"> <li>Ensure connectivity to secure online communication</li> <li>Access to technology that reduces isolation for residents</li> <li>Robust information sharing, eg shared care plans</li> <li>Access to 24 hour MDT support and monitoring</li> <li>Access to virtual consultations from Primary Care</li> <li>Access to education / training via video conferencing</li> </ul>	Initiate w/c 11 <sup>th</sup> May Establish w/c 18 <sup>th</sup> May	Katie Dowson, CCG

## Objective Two: Support wellbeing and eliminate routes of transmission into care homes

Task	Description	Rationale	Actions	Timescales	Leads	
6	<b>Ensure focused wellbeing support to care home residents and staff</b>	Measures for residents and staff that reduce trauma from impact of Covid	<ul style="list-style-type: none"> <li>The stringent measures required to protect care homes have a significant effect on lives of residents and staff.</li> <li>Covid outbreaks themselves are hugely traumatic</li> </ul>	<ul style="list-style-type: none"> <li>Agreement of actions and support to reduce negative impact of isolation on residents, for example via use of IT</li> <li>Clear routes to psychological support for care home staff</li> <li>Support from Safeguarding and DoLS teams to ensure continued focus on human rights in all care home settings</li> </ul>	Initiate w/c 11 <sup>th</sup> May Establish w/c 18 <sup>th</sup> May	Annika Leyland, DMBC Sarah Jones, DMBC Faye McKenzie, DMBC
7	<b>Safe and timely COVID+ discharge to community</b>	Activity for people admitted to NHS beds that reduces risks on discharge to care homes	<ul style="list-style-type: none"> <li>Timely testing plus access to appropriate recovery time will maximise numbers of people discharged "Covid free"</li> <li>Ensuring capacity to isolate will reduce risks of spread to other people in the home</li> </ul>	<ul style="list-style-type: none"> <li>Testing patients being discharged from hospital to a care home in advance of a timely discharge</li> <li>Providing appropriate NHS step-down rehabilitation facilities, where NHS bedded care is still required</li> <li>Ensuring access to step down and step up capacity to enable isolation where the home of choice is unable to do this</li> </ul>	Actions already established, including arrangements to keep under review	Phil Holmes, DMBC David Purdue, DBTH Andrew Russell, CCG Tracey Wrench, RDASH
8	<b>Increased segregation in Care Homes</b>	Increased use of cohorting residents and staff	<ul style="list-style-type: none"> <li>Cohorting reduces the risk of transmission by having certain staff, for example, only look after COVID positive residents.</li> </ul>	<ul style="list-style-type: none"> <li>All homes assessed by ability to segregate</li> <li>Where staff model or capacity is the limiting factor, discussions about what would be required to alleviate</li> </ul>	Already initiated Establish w/c 4 <sup>th</sup> May	Kate Anderson Bratt, DMBC Ian Boldy, CCG
9	<b>Prevent staff rotation and more securely lock down homes</b>	Measures for staff and visitors that will reduce transmission risks	<ul style="list-style-type: none"> <li>Establish working and visiting patterns to reduce the risk of Covid spreading within homes, into homes and between homes</li> </ul>	<ul style="list-style-type: none"> <li>Understanding of staffing arrangements in home with aim of preventing working on multiple sites</li> <li>Stop all non-essential visits and consider arrangements for staff to live in</li> <li>Where staff capacity and accommodation a limiting factor, discussion about what would be required to alleviate.</li> <li>Ensuring continued access to external input including clinical support around End of Life</li> </ul>	Initiate w/c 4 <sup>th</sup> May Establish w/c 11 <sup>th</sup> May	Kate Anderson Bratt, DMBC Ian Boldy, CCG
10	<b>Develop contingency for loss of workforce capacity</b>	Routes for supplementing workforce capacity	<ul style="list-style-type: none"> <li>Effective Infection Prevention and Control measures plus impact of staff sickness create risk of workforce gaps which will need to be mitigated</li> </ul>	<ul style="list-style-type: none"> <li>Maximising impact of the Social Care Academy</li> <li>Deploying returning nurses</li> <li>Mutual aid from NHS organisations and from Council</li> <li>Establishing contingencies for cleaning, meal provision, other ancillary capacity</li> <li>Contingency plan for significant loss of capacity</li> </ul>	Initiate w/c 4 <sup>th</sup> May Establish w/c 11 <sup>th</sup> May	Kate Anderson Bratt, DMBC Ian Boldy, CCG Sarah Jones, DMBC Rosalind McDonagh, DMBC

## Objective Three: Improving infection prevention and control

Task	Description	Rationale	Actions	Timescales	Leads	
1 1	<b>Ensure clear guidance and messages for all care home staff and visitors</b>	Single version of relevant IPC guidance in easy to read format to enable quick understanding	<ul style="list-style-type: none"> <li>This will increase awareness and understanding of existing guidance and increase the effectiveness of current interventions and therefore spread of COVID-19 within care homes.</li> </ul>	<ul style="list-style-type: none"> <li>All parties coordinating support to care homes to be aware of simple, consolidated IPC information and to share this appropriately</li> <li>Clear guidance and messages to be used to underpin and support “train the trainer” approach below</li> </ul>	<p>Already initiated Establish w/c 4<sup>th</sup> May</p>	<p>Victor Joseph, DMBC Kate Anderson Bratt, DMBC Ian Boldy, CCG Joanne Nicholls, RDaSH</p>
1 2	<b>Implement “train the trainer” approach</b>	Provide a named contact to help ‘train the trainers’ in care homes.	<ul style="list-style-type: none"> <li>Ensure understanding of PHE’s recommended approach to IPC</li> <li>Particular focus on care homes without regional / national infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>Identify named contacts and align these with Locality structure for co-ordination</li> <li>Deliver “train the trainer” sessions in accessible formats that support two-way understanding</li> </ul>	<p>Initiate w/c 4<sup>th</sup> May Establish w/c 11<sup>th</sup> May</p>	<p>Victor Joseph, DMBC Wendy Feirn, CCG</p>
1 3	<b>Support on deep cleaning</b>	Additional support for quality assured routine deep cleaning	<ul style="list-style-type: none"> <li>Routine high quality deep cleaning is an important and effective IPC measure. Quality assured deep cleaning will reduce spread within homes</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate deep cleaning in the “train the trainer” approach above</li> <li>Consider mutual aid / staffing capacity for care homes in the context of any workforce shortages</li> </ul>	<p>Initiate w/c 4<sup>th</sup> May Establish w/c 11<sup>th</sup> May</p>	<p>Victor Joseph, DMBC Wendy Feirn, CCG</p>
1 4	<b>Support homes maintaining PPE supplies</b>	Ensure supply of PPE to meet demand	<ul style="list-style-type: none"> <li>Adequate Personal Protective Equipment is a key requirement to protect residents, staff, visitors and the wider community</li> </ul>	<ul style="list-style-type: none"> <li>Work with Local Resilience Forum to maximise supply via local businesses, coordinated procurement, MHCLG drops, accessing national Clipper scheme</li> <li>Support providers with emergency mutual aid</li> <li>Refund excess provider costs via supplier relief scheme</li> </ul>	<p>Actions already established, including arrangements to keep under review</p>	<p>Scott Cardwell, DMBC Holly Wilson, DMBC Denise Bann, DMBC</p>
1 5	<b>Programme of case finding, tracing and testing</b>	Extend testing and accompany by appropriate follow up	<ul style="list-style-type: none"> <li>Prioritise testing where it most adds value in protecting life</li> <li>Limit risk of asymptomatic transmission and swiftly reduce risks via contact tracing</li> </ul>	<ul style="list-style-type: none"> <li>Establish logistical arrangements for testing care home residents and staff</li> <li>Establish programme of rollout that is proportionate to IPC risks</li> <li>Establish contact tracing capacity and programme</li> </ul>	<p>Initiate w/c 4<sup>th</sup> May Establish w/c 11<sup>th</sup> May</p>	<p>Victor Joseph, DMBC Ken Agwuh, DBTH Lisa Devanney, CCG</p>