COVID19 Care Home Support > Implementation Status

Local Authority: Oldham

Total number of CQC registered care homes in your area: 44

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Please submit local plans (covering letter and this template) to **CareandReform2@communities.gov.uk** by **29 May**

Complete

**Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place*

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) *If Yes, please offer a brief description of the type of support that would be helpful*		Please indicate any issues that you would like to highlight (optional)
Focus 1: Infection prevention and control measures				
1.1) Ability to isolate residents within their own care homes	44	Yes	Additional guidance for care homes whose layout does not make the cohorting of "wings" to support isolation straightforward. Additional guidance for care homes supporting people with a dementia who may struggle to isolate. Additional guidance where isolation may lead to mental illhealth such as depression. Additional guidance for isolating any new residents entering the home.	The market is predominantly made up of converted and extended victoria properties, rather than modern purpose built homes, which makes cohorting challenging. Feedback from care homes suggests that isolating residents with a dementia can lead to escalations in their presentation, and others are reporting signs of depression. Whilst mental health support through our care home liaison service and wider support is being provided, wider national guidance would be welcomed.
1.2) Actions to restrict staff movement between care homes	44	Yes	Additional guidance for care homes to enable them to provide safe care on reduced staffing levels if avoiding the use of staff from other homes or agency. Additional guidance for staff visiting the home to provide wider support (eg GP's, community nursing staff etc)	Reductions in staffing levels as a result of symptomatic or confirmed positive staff self isolating, results in challenges around safe staffing levels. There is an issue in balancing safety through the use of additional staff (from other sites if in a group or agency) with minimising the spread of infection.
1.3) Paying staff full wages while isolating following a positive test	44	Yes	How this is sustainable in the longer term in the absence of a continuance of increased funding post covid specific support	Through the financial support offered by the local authority from central government non-recurrent covid grants received, providers are able to claim finanical assistance with the cost of backfill for absent staff, which enables them to pay their absent staff a full wage.
Section complete				
Focus 2: Testing				
2.1) Registration on the government's testing portal	44	Yes	More streamlining and organisation of the various testing routes to ensure that results are returned swiftly, and awareness of results by care home support teams to enable proactive interventions	Providers are reporting the process as time consuming, and requiring data re-entry if repeat tests are required for the same person. Issues reported with arranging for courier
2.2) Access to COVID 19 test kits for all residents and asymptomatic staff	44	Yes	More streamlining and organisation of the various testing routes to ensure that results are returned swiftly, and awareness of results by care home support teams to enable proactive interventions	Lab capacity, testing capacity, knowledge of care home staff to self-test to support validity of result, multiple testing routes adds confusion and delay
2.3) Testing of all residents discharged from hospital to care homes	44	Yes	Additonal guidance to clarify that the test result should be negative prior to discharge	Testing pre-discharge does not mean knowing the result pre-discharge. Need to ensure that all discharges are routed through discharge hub
Section complete				
Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment				
3.1) Access to sufficient PPE to meet needs	44	Yes	Consideration should be given to intervening at a national level to control prices and quality of supply. The removal of VAT has seen many suppliers increase their prices by 20%. Clearer guidance on the expectations of LA's and	It should be made clear, if national stockpile delivered stock is beyond its use by date, what checks have been made to confirm that this stock is safe to use.
3.2) Access to medical equipment needed for Covid19	44	No		Care homes have been supplied with BP monitors, pulse oximeters, thermometers and urinalysis dipsticks. STICH offer includes assessing and prescribing a range of medical equipment eg beds, pressure relieving equipment
Section complete				
Focus 4: Workforce support				
4.1) Access to training in the use of PPE from clinical or Public Health teams	44	No		Whilst the IP&C Team have undertaken IP&C/PPE /Outbreak management training to all Care Homes, (via face to face and through microsoft teams), we will be arranging mop-up sessions esp. in the evenings in order to target more night staff moving forward. Support is also provided by the Supporting Treatment in Care Homes (STICH) team with PPE and IP&C
4.2) Access to training on use of key medical equipment needed for COVID19	44	No		Weekly video meetings with care homes attended by clinicians who can give guidance on equipment use. Use of video consultations (care homes have been provided with smartphones) with care homes contacting the digital hub who can guide care staff in real time on the use of equipment. STICH team supporting EOLC by providing training on pain, symptoms management and the deployment of syringe drivers.
4.3) Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	44	Yes	How bringing in additional temporary capacity to where it is most needed at a point in time, can be facilitated in such a way as to not increase the movement of staff between care homes (point 1.2 above)	Volunteers have expressed an unwillingness to work in front line social care. Efforts to recruit through Greater Manchester and North West ADASS campaigns, whilst generating significant interest, applications and selection, have resulted in minimal numbers wishing to proceed to employment.
Section complete				
Focus 5: Clinical support				
5.1) Named Clinical Lead in place for support and guidance	44	No		Named clinical lead in place. Most Primary Care Networks are now progressing well with named practices. This support includes welfare calls to care homes and completion of care reviews with care plans.
5.2) Access to mutual aid offer (primary and community health support)	44	No		Digital hub in place for primary care support. Multi-disciplinary Supporting Treatment in Care Homes (STICH) team in place and community falls team offering daily support. This team was brought together through temporary deployment in response to care home need and offers clinical support and non-medical prescribing. Primary care conducting daily virtual ward rounds.Primary care support to adult social care and community health services to enable an integrated approach to care home support. Cygnets are being deployed to provide additional capacity to support EOLC for staff and residents
Section complete				