GSF Care Homes
COVID -19 Support Call 3

Wed June 10th 2020

Prof Keri Thomas, Dr Julie Barker , Julie Armstrong Wilson

Plan of zoom call June 10th

1. Welcome and Introduction – Keri Thomas
   - Housekeeping + GSF webpage Covid resources
   - Introduction and useful resources
2. Reflection
   - **What are your main challenges and successes in your home**?
3. Update Dr Julie Barker
   - Update on policies and new resources + Questions
4. Examples of good practice from care homes
   - RESTORE use , COVID and dementia , other examples
5. Mental health for staff and residents
6. Open discussion and the 'new normal' + questions

Conclusion and Next Support Call- Wed July 1st Jo Hockley guest speaker on reflective debriefing sessions with your teams

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1. Zoom Housekeeping

- Do use chat room to introduce yourself and add your home and location

- Please stay muted during presentations/ while others talking
- Open times for open discussion and questions
- **Questions- good to know your key challenges and successes**

- **Resources will be available on GSF website homepage**
- + if you have something you can share, send to us to send round

- Chat room for other queries
- Tell us any key issues you'd like to discuss next time

- **Next Zoom Support Call 3 weekly- Wed July 1st 10.30-11.45**

(You don't have to re-register ,we'll send you the link -do invite others)

GSF Accreditation Update and Queries

- Keri Thomas

All Resources on GSF website

Home Page
COVID information
Support Calls including resources and powerpoints

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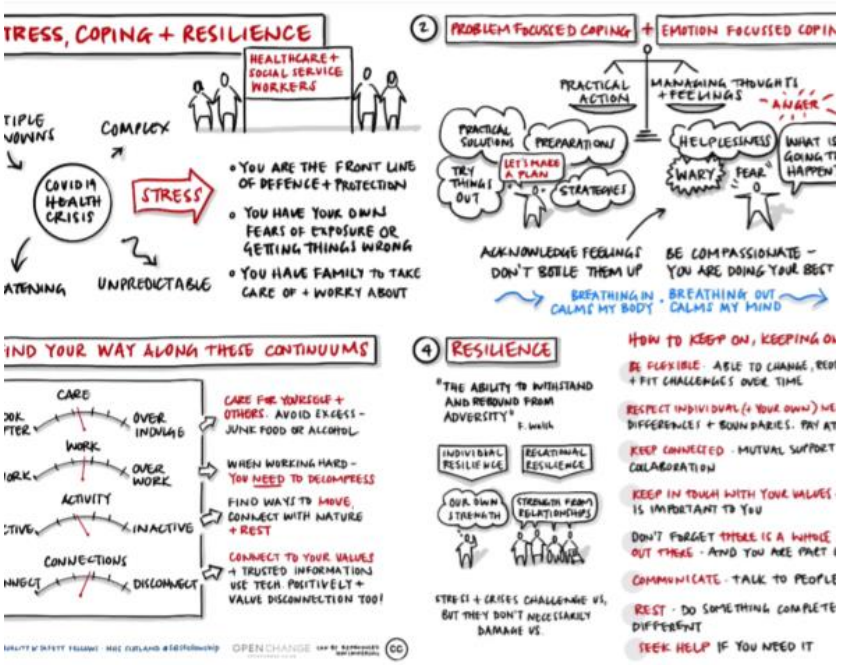
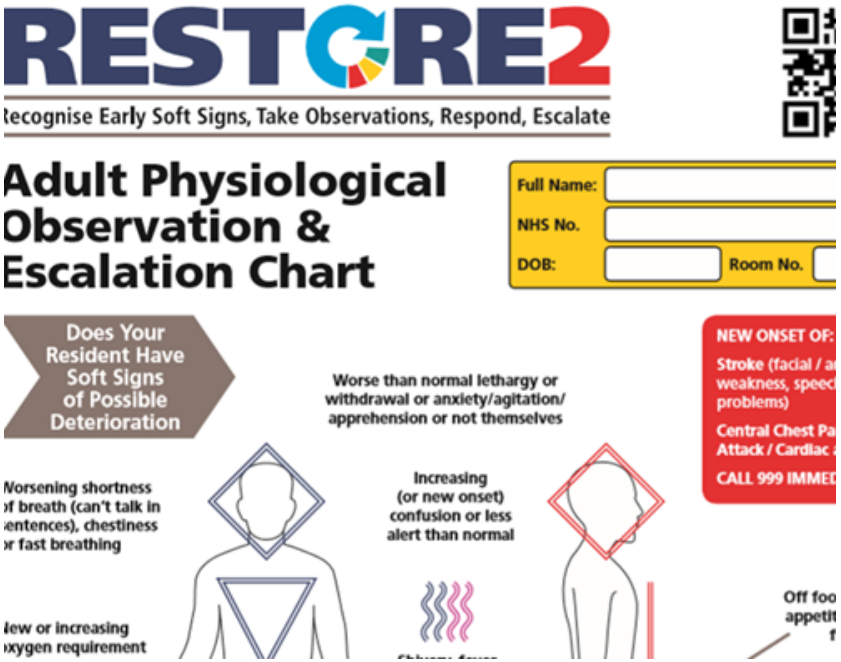
www.goldstandardsframework.org.uk





RESOURCES Recommendations for Managers and Decision Makers in Supporting Care Home Workers during COVID-19

Recommendations for Managers and Decision Makers in Supporting Care Home Workers during COVID-19

Provision of basic needs	▪ Try to ensure staff have adequate access to food, PPE and take regular breaks to reduce fatigue ▪ Even with staff shortages, stagger shifts where possible and make sure working hours are not excessive ▪ Consider staff who are at risk of financial insecurity, try to maintain income for those on sick leave or unable to work
Information about COVID-19	▪ Provide brief, clear, honest and accessible information. Highlight key points ▪ Include information about how to reduce infection and spread ▪ Ensure staff know how to provide specific care for those with COVID-19 ▪ Provide additional on the job training for staff on new skills they might need
Clear and systematic protocols for dealing with residents and staff who are symptomatic	▪ Be clear and consistent with staff about their duties and responsibilities, as this helps to reduce stress ▪ Provide training in the safe use and management of PPE ▪ Have concrete plans for organising the isolation of any resident with confirmed or suspected COVID-19
Effective communication, camaraderie, and social support	▪ Provide regular, clear and accurate information for staff ▪ Encourage informal peer support, buddying and mentoring between senior and junior staff members ▪ Facilitate camaraderie amongst staff and take measures to improve staff connectedness and cohesiveness ▪ Set up regular feedback mechanisms and ensure feedback is acted on
Support psychological wellbeing	▪ Provide compassionate and supportive management – pay attention and listen to staff, recognise and appreciate work with positive feedback, be understanding when things go wrong under pressure, normalise but don't minimise distress ▪ Know what support services are available to staff in your locality. Inform staff about these services and encourage them to access help if needed ▪ Enable staff to access appropriate online resources, helplines and wellbeing apps ▪ Role model appropriate self-care, share experiences, acknowledge difficulties and celebrate good practice
Grief and bereavement training and support	▪ Provide training and information for non-specialist staff about grief and bereavement ▪ Make information about bereavement clearly visible and available for staff, residents and families – include information leaflets, support lines and online services ▪ Encourage staff to reminisce about residents after they have died, reassure them of value of end-of-life care provided ▪ Implement effective, compassionate ways to notify all staff of a resident's death e.g. bulletin board, email to all staff ▪ Advise staff on how to communicate about a resident's death with relatives in the context of COVID-19 restrictions
Self-care	▪ Maintain structure and routine outside working hours, prioritise good quality sleep, rest and recovery ▪ Continue to attend to self-care, get daily exercise and engage in enjoyable activities ▪ Connect with family and friends via technology when helpful. Disconnect and take time out when needed ▪ Limit exposure to social media and rely on news from trustworthy sources

RESOURCES

BGS: End of Life Care in Frailty 12th May 2020

https://www.bgs.org.uk/resources/resource-series/end-of-life-care-in-frailty https://www.bgs.org.uk/resources/covid-19-end-of-life-care-in-older-people

https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes

SHARE

COVID-19: Managing the COVID-19 pandemic in care homes for older people

GOOD PRACTICE GUIDE

Authors:

British Geriatrics Society

Date Published:

30 March 2020

Last updated:

02 June 2020

The COVID-19 pandemic raises particular challenges for care home residents, their families and the staff that look after them. This guidance has been developed to help care home staff and NHS staff who work with them to support residents through the pandemic. *This is **Version 3** of this document.*

Navigate to

‘Positive Takeaways’

COVID 19 and care homes -Prof Mary Daley Oxford

- Better working together locally
- New procedures eg digital, capacity tracker
- Better data gathering on population
- Staff teamworking + bonding , more volunteers
- More visibility+ public awareness of care homes
- Greater recognition – Care Badge
- National Policy Enquiry on COVID and care homes
- Greater political awareness of need to improve social care and change funding + living wage

2. Reflection

What are your main challenges and successes in your home?

3. Update- what's new?

- **Dr Julie Barker**
- GP Newark Nottinghamshire
- GSF Clinical Associate
- Notts EOLC Lead & Care Homes lead
- Beaumond House Community Hospice: care services lead

Integrated Care System
Nottingham & Nottinghamshire

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Stats

Deaths from all causes in care homes are starting to stabilise, but remain 159% higher than at the start of the COVID-19 outbreak

Percentage change in deaths from any cause by place of death in England and Wales, relative to the week ending 13 March 2020

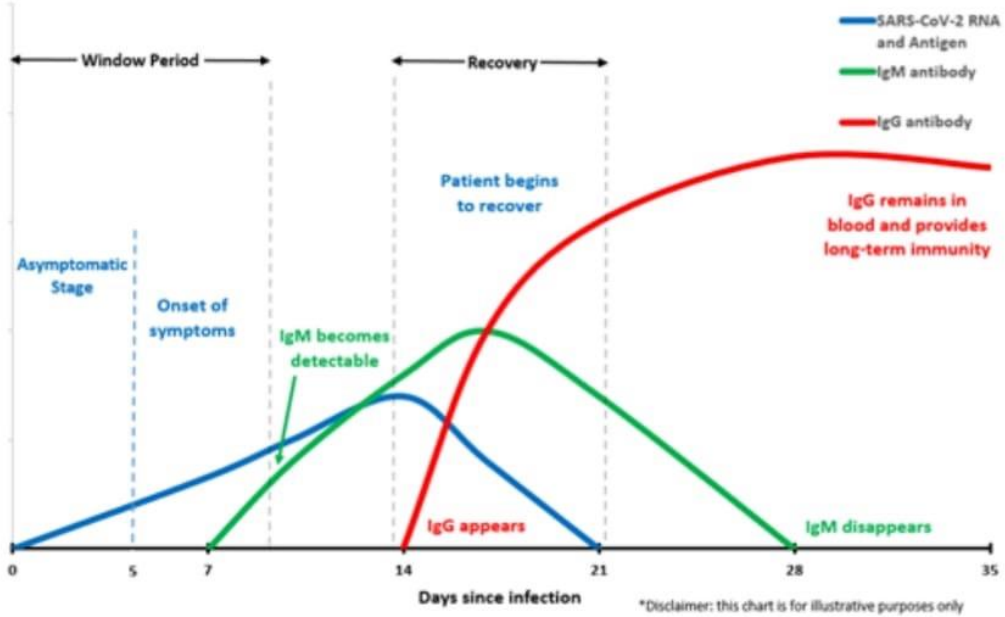
New Stuff - Knowledge about the disease

- Infectivity
- Persistent symptoms
- Need for rehabilitation

Antibody test .

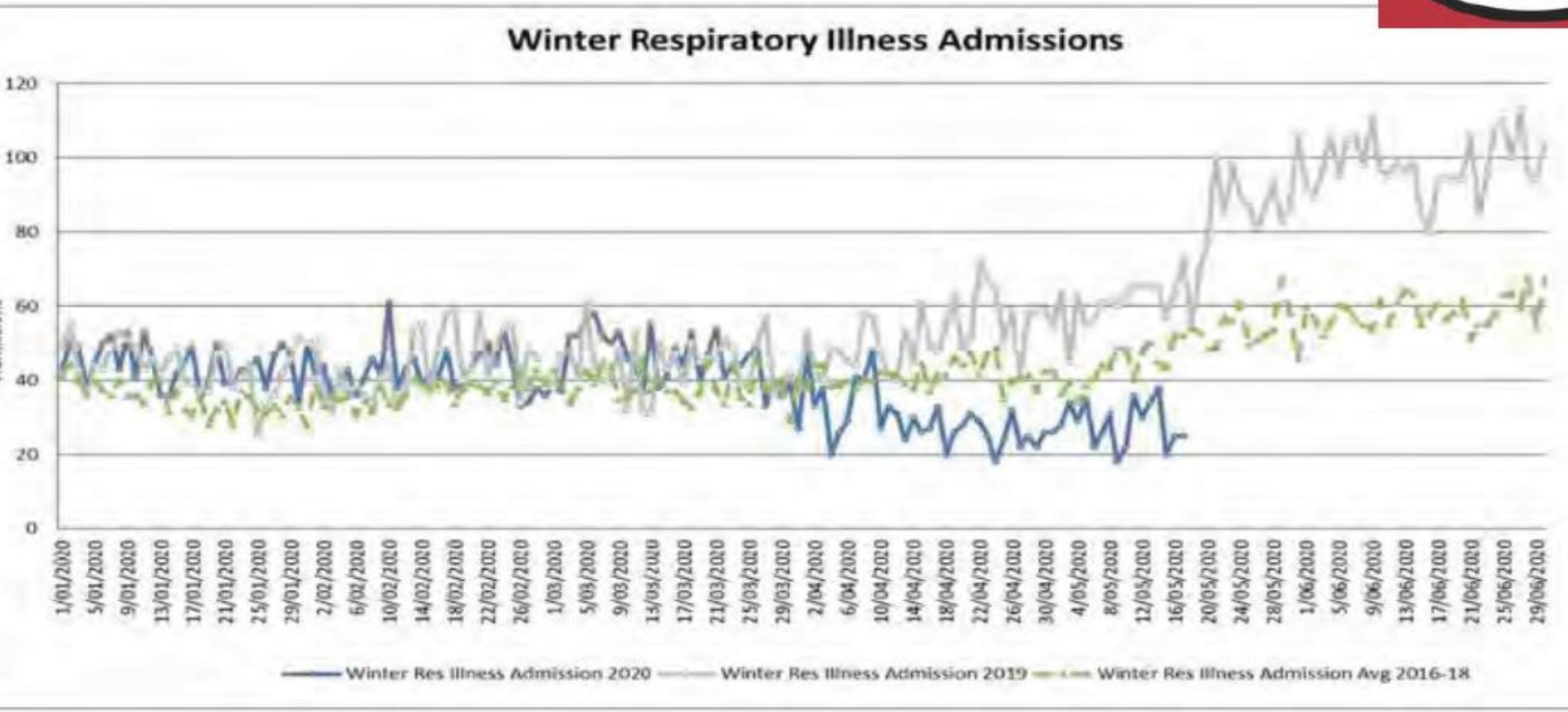
- Specific IgM antibodies to SARS-CoV-2 become detectable 3-5 days after onset of symptoms.

Therefore, this COVID-19 Rapid Test should not be used until symptoms have been present for at least 3 days.



Test results			Clinical Significance
PCR	IgM	IgG	
+	–	–	Patient may be in the window period of infection.
+	+	–	Patient may be in the early stage of infection.
+	+	+	Patient is in the active phase of infection.
+	–	+	Patient may be in the late or recurrent stage of infection.
–	+	–	Patient may be in the early stage of infection. PCR result may be false-negative.
–	–	+	Patient may have had a past infection, and has recovered.
–	+	+	Patient may be in the recovery stage of an infection, or the PCR result may be false-negative.

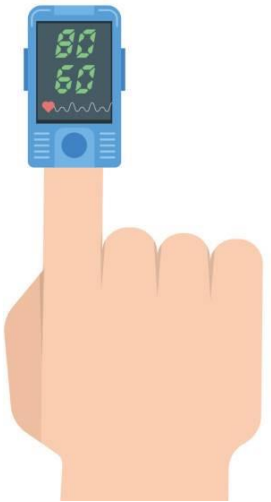
Australian Good News



Courtesy of Michael Moltoni Department of Health

New Stuff - Operational

- Masks
- Discharges
- Testing (residents & staff) & training (incl night staff)
- Cohorting/bubbles
- Video consultations
- Pulse oximeters national supply



Primary Care Support

Named clinical lead for each care home

- clinical leadership from GP practice or community health service
- MDTs

- proactive support for people living in care homes, including through personalised care and support planning as appropriate

- care home residents with suspected or confirmed COVID-19 are supported through remote monitoring – and face-to-face assessment where clinically appropriate – by a multidisciplinary team (MDT) where practically possible (including those for whom monitoring is needed following discharge from either an acute or step-down bed) and

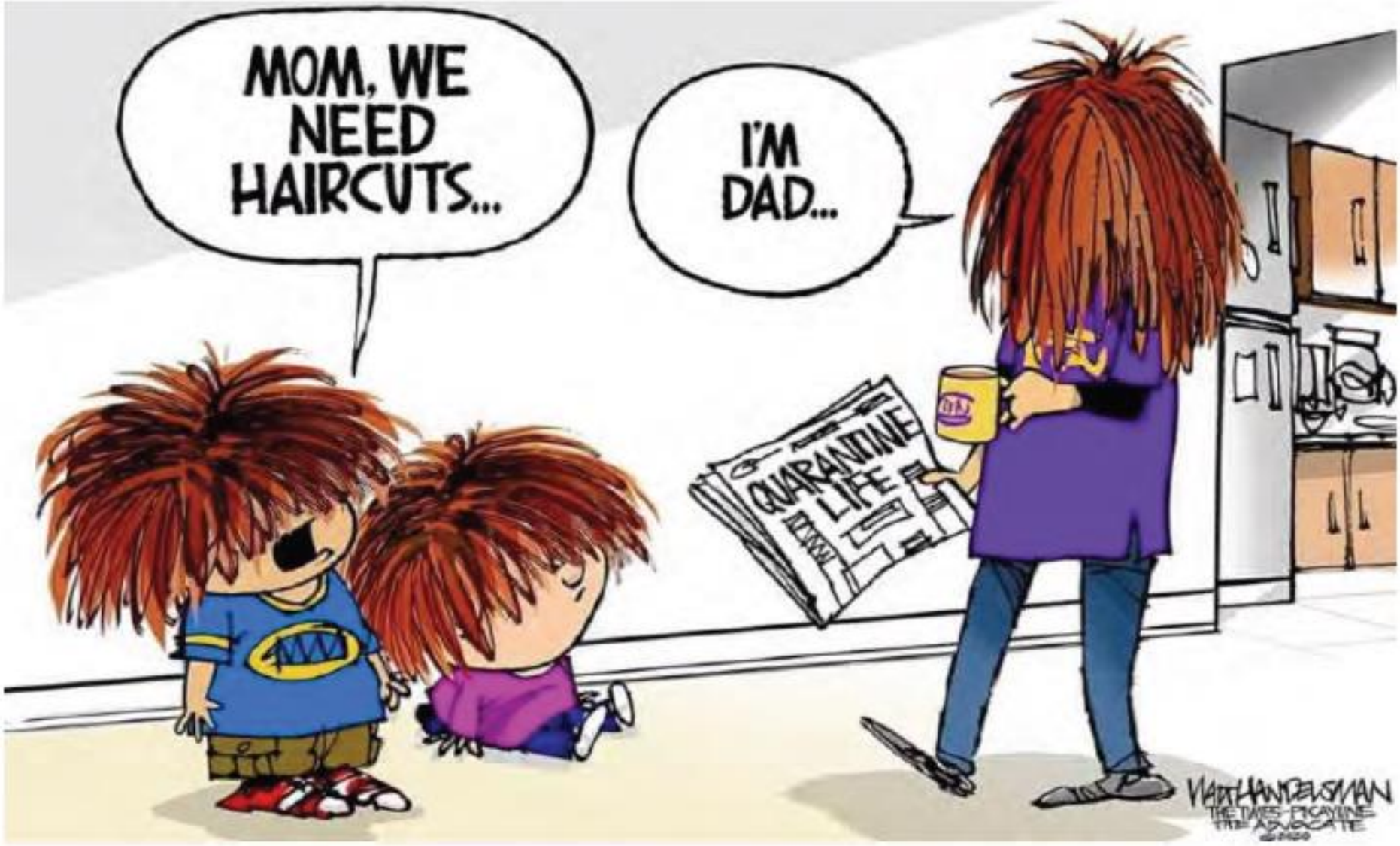
• sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit

The Details…..

a) **Delivery of a consistent, weekly 'check in'**, to review patients identified as a clinical priority for assessment and care. Remote contact usually. Review patients, care plan, support use of obs incl pulse oximetry

b) Development and delivery of **personalised care and support plans** for care home residents

c) Provision of **pharmacy and medication support** to care homes


MOM, WE NEED HAIRCUTS...
I'M DAD...
QUARANTINE LIFE
MATT HANTELSMAN
THE TIMES-PICAYUNE
THE ADVOCATE

What now?


This is your pilot speaking.
I'm working from home today

The ‘new normal’

- Dealing with uncertainty
- Peer support?
- GP practice alignment - how many of you are aligned already?

Resources

- webinar RCGP/AHSN:
  https://youtu.be/eLDdGSlHBjQ
- e-LfH COVID19 modules include section on me
- HEE training videos for carers

Resources: AHSN Network

RESTORE2 and other soft signs tools:
www.ahsnnetwork.com/spotting-serious-illness-and-sepsis

Videos for carers at www.e-lfh.org.uk and also available on YouTube.

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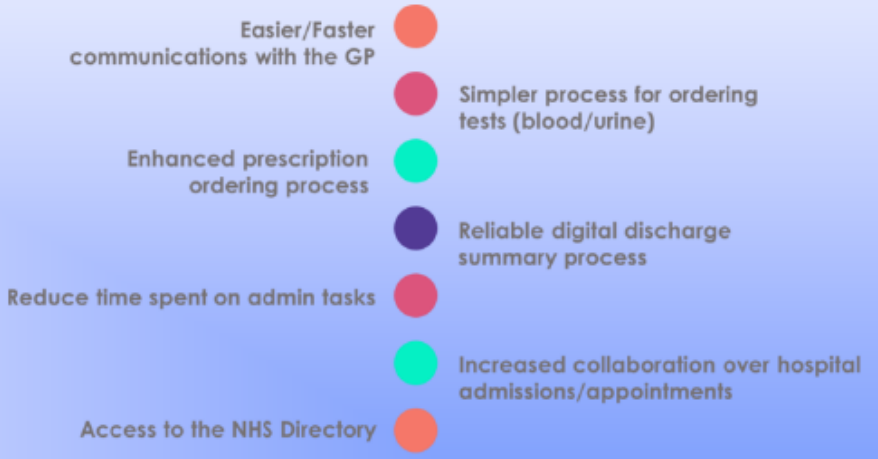
Digital support for care homes

Internet connection deals for care homes
www.nhsx.nhs.uk/covid-19-response/social-care/internet-connection-deals-care-homes

Digital Social Care

Really helpful website with lots of info:
www.digitalsocialcare.co.uk



Register and use NHSmail or get your existing email accredited: Link to register

Allows access to MS Teams and other tools for virtual ward rounds

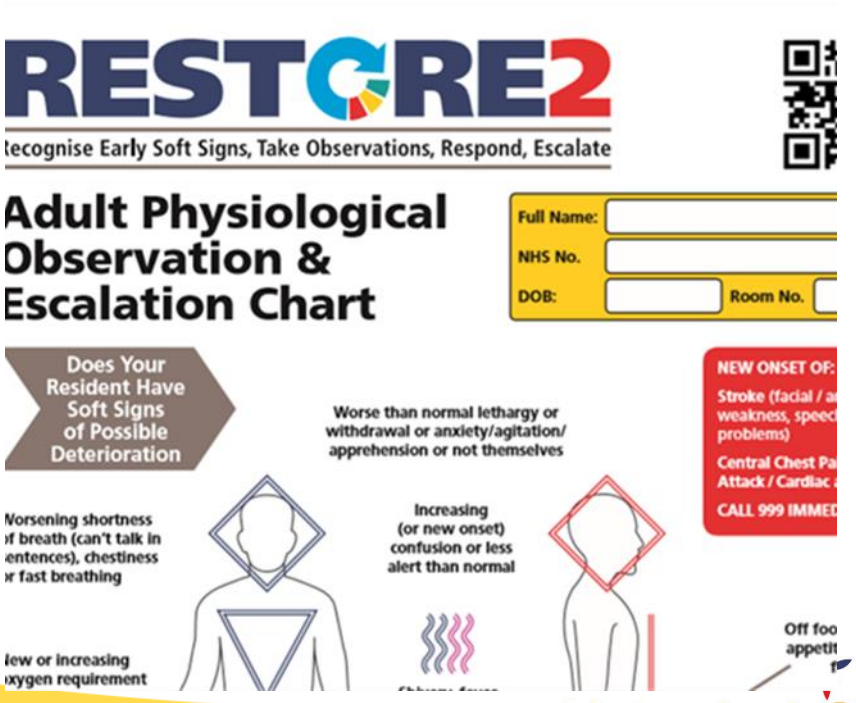
How Does GSF help you in this ?

- Needs based coding for GPs
- Advance care planning for all
- Reflect clinical care and medicines management
- Other….?

Sharing & questions…..

4. Examples of good practice from care homes

- RESTORE use
- IT developments
- Other examples
- COVID and dementia



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Activities for Older Adults During COVID19 -
A guide to online resources for those providing care for people with dementia
April 2020

Health Innovation Network South London

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Dementia and Covid

Sometimes, people with dementia can be upset about being cared for by someone wearing PPE. Here are a few things you can do to ease any stress:

- ✓ Have your name and picture clearly visible on clothing.
- ✓ Laminate a smiley face and flowers on PPE.
- ✓ Use tone of voice and open body language to demonstrate warmth.
- ✓ Draw or use written words to communicate where appropriate.
- ✓ Explain why you are taking a sample – these may need to be repeated.
- ✓ Play some of the person's favourite music to aid relaxation.
- ✓ Ensure hearing aids and glasses are worn and working.

5. Mental health for staff and residents

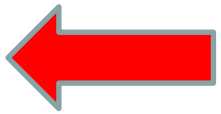
PSYCHOLOGICAL RESPONSE PHASES TO AN OUTBREAK

THE BRITISH PSYCHOLOGICAL SOCIETY: THE PSYCHOLOGICAL NEEDS OF HEALTH CARE STAFF AS A RESULT OF THE CORONAVIRUS PANDEMIC MARCH 2020

Preparatory phase: Rapid planning - that may lead to anticipatory anxiety, and feeling unprepared and therefore anxious.

Active phase. a: Heroics and Surge to a Solution: Increased camaraderie, sense of rising to a challenge. BUT staff may respond by instinct and be more prone to error. There may be frustrations and role confusion as people try to adapt quickly. Overworking. Poor communication. Witnessing things not seen before and feel out of control.

Active phase. b: Disillusionment and exhaustion. THIS IS THE AREA OF HIGHEST PSYCHOLOGICAL RISK. Staff may experience sudden exhaustion. They may neglect their physical and psychological needs. Moral distress (not being able to perform as you would usually want to)….emotionally disconnected and experience compassion fatigue



Recovery phase and long term psychological impact: The staff have time to reflect- many will be able to cope with what they have been through- some may experience POST TRAUMATIC GROWTH, but some will have feelings of guilt or resentment, burn out, ptsd.

At each phase family/home life will be impacting, previous vulnerabilities may come into play.

How are you doing caring for yourselves and your staff ?

SHARING & QUESTIONS…..

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Questions and Issues

- Verification of death in light of Covid 19
- Telemedicine and its impact on the close relationships built up with GPs through GSF.
- We feel let down by the system. ….need to stop these sort of things happening ever again as "Every life matters", no matter how old they are or where they live. … it is about time to recognise and respect Social care
- Shanci Matthew Morton Grange

6. Open discussion - what is ‘the new normal’?

- And any questions ?

Next GSF Support Call

- Wed July 1st 10.30-11.15
- Jo Hockley guest speaker on reflective debriefing sessions with your teams
- Other key topics eg verification of death ?

- *Do pass this on to any colleagues or other non- GSF care homes you think interested to register*

- Resources and power points on website following each Support Call

Thankyou -we salute you !
Keep up the good work !

Gold Standards Framework

www.goldstandardsframework.org.uk

info@gsfcentre.co.uk

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Key Recommendations

- 1. Care homes should have in place **standard operating procedures**
  2. Care home staff should be trained to check **the temperature**
- 3. **other vital signs including blood pressure, heart rate, level of consciousness,**
- **new confusion, pulse oximetry and respiratory rate**. This will enable
- external healthcare practitioners to triage and prioritise support of
- residents according to need.
- 4. All staff working with care home residents should recognise that
- COVID-19 often presents atypically in this group. An isolate and test
- approach, erring on the side of caution, is advised.
- 5. If taking vital signs, care homes should use the RESTORE2 tool, or
- other equivalent tools supported by local healthcare providers, to
- recognise deterioration in residents, measure vital signs and communicate
- concerns to healthcare professionals.
- For more information and resources visit www.bgs.org.uk/COVID-19
- 6. For most residents, the risks of exposure to COVID-19 from visitors
- outweigh the benefits. Exceptions may include residents nearing the end of
- life and some residents with a mental health disorder such as dementia,
- autism or learning disability where absence of visiting from an immediate
- family member or carer would cause distress. Visiting policies should be
- based upon individualised risk-assessments and shared decision making with
- residents, their families and care home staff.
- possible, these should be facilitated using other means such as telephone
- and/or technology such as tablet with video

8. Care homes that allow visitors should have an infection control and PPE policy that applies to visitors.
9. Care homes should have standard operating procedures for managing COVID positive res
should not be used. Community health services should provide clinical advice
and support for managing these situations. Having areas for residents to explore safely should be considered as part of zoning and cohorting policies.
10. Care homes should review available guidance on zoning and cohorting and consider whether this could work in their home. Zoning and cohorting
plans should be written in advance of any outbreak and should be subject to
review as situations change. Such approaches may involve temporarily moving residents away from their usual room during an outbreak.
11. During an outbreak, care homes should consider cohorting staff teams into those who work with COVID positive and negative patients to minimise
cross-infection.
12. Care homes staff, General Practitioners, community healthcare staff and
community geriatricians should work to review Advance Care Plans with care
home residents. This should include discussions about how COVID-19 may
cause residents to become critically unwell and what they and their families
would wish if their health deteriorates.
13. There are some situations in which supportive treatments such as care
home-based oxygen therapy, antibiotics and subcutaneous fluids should be
supported as part of the local response to COVID-19. The harms and benefits
of such treatments must be considered carefully.
14. Advance Care Plans must be recorded in a way that is useful for healthcare professionals called in an emergency situation. A paper copy should be filed in the care home records and, where the facility already exists, an electronic version used which can be shared with relevant services.