



GSF Care Homes COVID -19 Support Call 5



Wed July 22nd 2020

Keri Thomas, Julie Barker , Julie Armstrong Wilson

Plan of zoom call July 22nd

1. **Welcome and Introduction** – Keri Thomas
 - Housekeeping ,update and resources on GSF webpage Covid
2. **Hospice UK + GSF merger** -Carole Walford
3. **Reflection Breakout rooms**
 - **What are your main challenges and successes in your home?**
 - **Sharing examples of good practice**
4. **Update** Dr Julie Barker
 - Update on policies , new resources , verification of death + Question
5. **Open discussion- + questions**
6. **Conclusion and Next Support Call**

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 – breakout rooms**
- **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 - open to others**

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

Good news !



The GSF Centre has merged with Hospice UK from July 1st

- We have a shared vision and commitment in end of life care
- This means work continues , but with an enhanced team - 'business as usual' (though most of GSF team on furlough)
- Julie Operational Lead Nurse , Keri Clinical Lead , Carole Walford CCO
- We remain housed at Hospice House London still (currently closed)

Onwards and upwards !





Improving End of Life Care for All

Carole Walford
Chief Clinical Officer
Hospice UK

c.walford@hospiceuk.org

www.hospiceuk.org



Hospice UK Strategy

- Extend the reach and enable hospice quality care to be delivered in any setting
- Tackle inequality and widen access to hospice care
- Work with communities to build capacity and resilience to care for those at the end of their life
- Empower a strong, dynamic and responsive hospice sector.



Our Vision and Mission

Our vision is hospice care for every person in need. We believe that everyone, no matter who they are, where they are or why they are ill, should receive the best possible care at the end of their life. No one should die in avoidable pain or suffering.

Our mission is to transform the way society cares for the dying and those around them. To empower individuals, communities and populations to embrace the ethos of hospice care and extend its breadth and reach to improve everyone's experience of death, dying and bereavement.



GSF : now in its 20th year

GSF has helped teams provide better care for millions of people, enabling more to live well until they die.

Many thousands of doctors, nurses and carers use GSF to help transform end of life care, through the proactive, personalised, coordinated approach mainstreamed in national policy.

GSF is excited to be taking GSF to the next stage with a like-minded organisation, to meet the future challenges of quality end of life care for all.

The Relationship

The GSF centre has become a subsidiary of Hospice UK and remains its own independent organisation

Professor Keri Thomas continues in a part time consultant clinical lead role and stepped down as CEO .

The GSF centre team sits within the HUK Clinical Team, the GSF programme of work is resuming after a break during the Covid 19 crisis



GSF : Current Programme

GSF **Care Home** training is delivered via Regional Centre(RC) hospices.

GSF staff also run an “open” **Care Home** programme at Hospice House, London.

Domiciliary Care, Retirement Villages, Hospitals and Prisons programmes are delivered by the GSF team .

Programmes are incremental to achieve accreditation – time to complete is between 9 and 24 months , dependant on level of quality improvement that is required.



The Partnership

Together we can reach more people with quality end of life care in any setting, with any condition, given by any care provider.

CORONAVIRUS

Our plan to further support care home staff and residents

- £600 million infection control fund to keep reducing transmission in care homes
- Tests available for all residents and staff
- Every care home in England to have a named clinical lead
- Helpline support with Hospice UK and Samaritans

STAY ALERT › CONTROL THE VIRUS › SAVE LIVES

NHS and Social Care
Helpline

0300 131 7000

or staff can text
FRONTLINE to 85258



GSF Accreditation Update and Queries

Julie Armstrong-Wilson

- Previous round - Spring 2020 awards
 - Successful candidates notified
 - Awards to be posted out
- Current round Autumn 2020 Awards- Oct
 - Confirm if still on track for submitting this round
 - Portfolios to be sent later by post or electronic
 - Or defer to next March ?

GSF Care Homes Training continues ..

info@gsfcentre.co.uk or carehomes@gsfcentre.co.uk

- **Open Care Homes programme**
 - GSF Gold Level with accreditation -**Virtual workshops** recommencing via zoom by GSF central team -London HUK teaching later
- **Regional Training Centres across UK**
 - On-line virtual and later face to face
- **On-line training - GSF Virtual Learning Zone**
 - GSF Silver certificate level for care homes
 - Teaching modules - distance learning
 - **dementia support,**
 - **clinical skills,**
 - **and spiritual care**

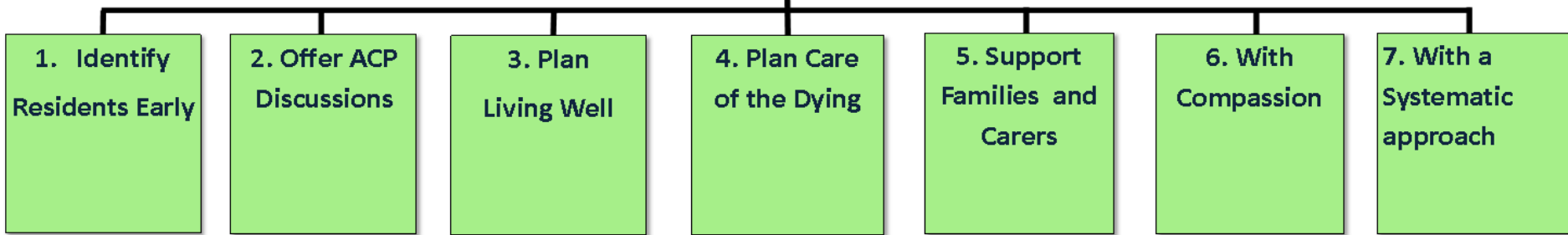




GSF Summary



Aim: To enable a gold standard of care for all people in the last years of life, supporting them to live well until they die.



NEW GSF Care Homes Plan

Day 1

Day 2

Day 3

Day 4 Accreditation

**Intro-
duction +
Preparation**

2. Assess
Advance Care
Planning

4. Plan
Dying well

**7 Systematic
care**

Pre
Accreditation
webinar

1. Identify

3. Plan
Living well

**5. Family
support**
**6. Compassionate
care**

**7 Systematic
care and
Progressing
to
Accreditation**

Homework
Preparation
tasks +
Baseline
evaluations

Homework
+ collecting
evidence for
portfolio

Homework +
collecting
evidence for
portfolio

Homework
and follow up
evaluations ,
embedding and
portfolio
completion

New BGS Frailty Hub – One Stop Shop



British Geriatrics Society
Improving healthcare
for older people



Blog

Join

Login

Coronavirus

Topics

Events

Policy & Media

Resources

BGS groups

About



Home > Policy & Media > New 'One-Stop Shop' for Frailty

SHARE



New 'One-Stop Shop' for Frailty

17 JULY 2020

The British Geriatrics Society launches new comprehensive Frailty Hub and CPD-accredited Frailty e-Learning module

The British Geriatrics Society (BGS) has launched a new **free-to-access Frailty Hub**, and associated **Frailty e-Learning module**, creating a 'one-stop shop' where healthcare professionals can view the latest information, research and educational resources addressing this crucial area of older people's healthcare.

The Frailty Hub brings together curated articles, national



Frailty Hub

This resource series brings together articles, national guidelines and best practice relevant to frailty.

NHSE -EHCH

Enhanced Health in Care Homes

QUICK GUIDE: CLINICAL INPUT INTO CARE HOMES

NHS
England

TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND



This is one of a series of quick, online guides produced by NHS England with partners providing practical tips and case studies to support health and care systems.

Click below to view

- Better use of care at home
- Identifying local care home placements
- Improving hospital discharge into the care sector
- Sharing patient information
- Technology in care homes



CARE ENGLAND
Representing independent care providers



the **gold standards**
framework

BGS: End of Life Care in Frailty 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>

End of Life care in Frailty

- Identification & Prognostication
- Advance Care Planning
- Urgent Care needs & deterioration
- Pain
- Continence , Falls
- Delirium, Nutrition, Dysphagia
- Social Support
- Dementia
- Care Homes
- Prisons
- Last days of Life



Six cluster groups of COVID 19 symptoms

helps **advanced warning** of need for respiratory support and O2 monitoring – currently symptoms for 13 days- 79% predicted

(Sector Steves King's College London)

	Cluster symptoms headache , loss of taste + smell in all	Need respiratory support	One or more trips to hospital
1. Mild	<ul style="list-style-type: none"> • Upper respiratory tract- cough • Muscle pain , 	1.5%	16%
2. Mild	<ul style="list-style-type: none"> • Upper respiratory tract- cough • Skipped meals • Fever 	4.4%	17.5%
3.	<ul style="list-style-type: none"> • GI symptoms eg diarrhoea 	3.7%	24%
4.	<ul style="list-style-type: none"> • Severe fatigue • Continuous chest pain • Cough 	8.6%	23.6%
5.	<ul style="list-style-type: none"> • Confusion • Skipped meals • Severe fatigue 	9.9%	24.6%
6.	<ul style="list-style-type: none"> • Marked respiratory distress + breathlessness • Chest pain • Confusion • Fatigue • GI symptoms 	20%	45.4%

3. Reflection

What are your main challenges and successes in your home?

Reflection

Feedback discussion

- Challenges
- Examples of good practice

Feedback- how GSF has helped

“ Without the knowledge and skills that the GSF has brought us, we would not have been in the place that we were at the beginning of COVID19.

There was a lot of flurry around ACP's and how important it was to have these in place; GP's having to spend an enormous amount of time to review and get in place (as appropriate), care home staff having to have the difficult conversations for the first time with no prior knowledge, training or support. **Thankfully, this was not us.**

One of the greatest aspects that the GSF has given us, is that **we can discuss our residents prognosis with the medical professionals with the utmost confidence** in relation to end of life care. Some GP's/consultants are afraid to approach this subject but take the lead from us, it seems to give them reassurance that we know what we are talking about and are pleased to learn that this has already been discussed with families.

Another great achievement I want to share - we have **reduced avoidable hospital admissions** (where possible). This means that the resident stays in their home , surrounded by those they love, trust and care for, right to the end.

Of course, COVID19 has increased the risk of death for those most vulnerable and we have seen our fair share, but **we have succeeded in ensuring that they passed as planned with the right care at the right time, every time.**

We were not in this place prior to GSF”.

Jane Borland, Rathgar House via Amanda Taylor

SHARING & QUESTIONS.....



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Yusakprahadi | Dreamstime.com

3. Update- what's new?

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



**Integrated
Care System**
Nottingham & Nottinghamshire

In the News.



[News about Care Homes Covid Testing](#)
[bing.com/new](#)

Coronavirus: More than 4,000 hospital patients discharged into care homes without test

Sky - 1d

Coronavirus: Care homes 'disappointed' on test assurances

BBC - 5d

[More than 100 hospital patients discharged into Gloucestershire care homes without Covid ...](#)
[More than 100 hospital patients were discharged to care homes in Gloucestershire without a Covid-19 test in the ...](#)
[stroudnewsandjourn...](#) - 2d

POLITICS

06/07/2020 20:09 BST

Boris Johnson Blames Care Home Owners For Failing To Follow Coronavirus Guidelines

PM suggests "too many" at fault after almost 20,000 residents in England and Wales died.

[By Graeme Demianyk](#)

Care workers' exclusion from new Health and Care Visa called 'embarrassing shambles'

Date Published: 14 Jul 2020 @ 10:14 AM

The Health and Care Visa will be open to people who want to work in the UK who have a confirmed job offer in one of the government's 'skilled' roles in NHS or social care - such as doctors, nurses and podiatrists but not care workers



Home Secretary Priti Patel answering questions about visa rules. Credit Parliament TV

Death in care homes- decreasing

Care home deaths fall for 11th consecutive week (ONS)

- 111 deaths falling from
- 147 the week before .

COVID-19: Care Homes in England

May 8, 2020

Carl Heneghan, Jason Oke

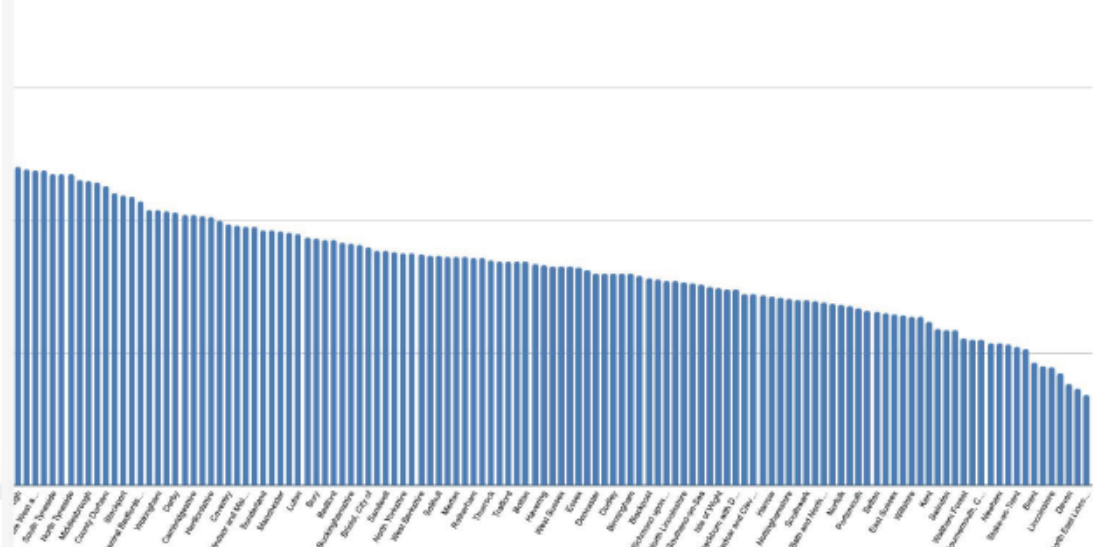
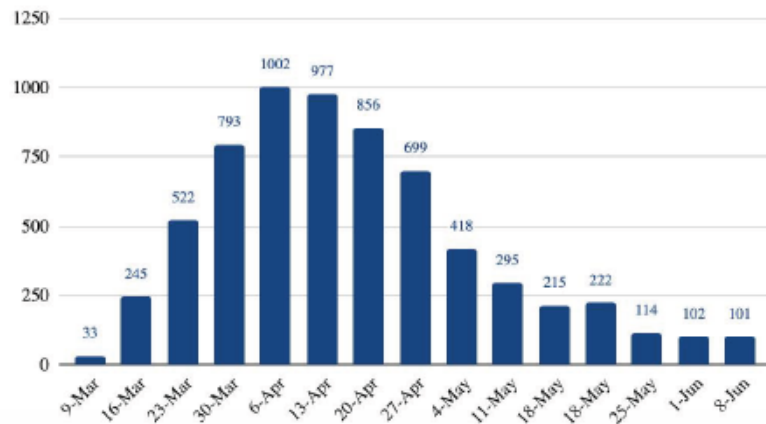
Data from [care homes](#) shows that 6438 out of 15,507 care homes (41.5%) in England have confirmed or suspected outbreaks of COVID reported to Public Health England upto the week commencing the 8th of June.

By Local Authority (interactive)

Care homes that have reported an Outbreak by Local Authority

Source: Public Health England

COVID-19 Care Homes Outbreaks in England by week



PPE in care homes- PHE new policy



Public Health
England

COVID-19

Personal protective equipment (PPE)
– resource for care workers working in
care homes during sustained COVID-19
transmission in England



Conflicting information & policy evidence



Two-thirds of people with coronavirus have no symptoms, ONS data shows

Analysis finds infection rates higher for those working in patient-facing healthcare or resident-facing social care roles

Chiara Giordano | 14 hours ago |



Two-thirds of people testing positive for **coronavirus** have no symptoms, according to **Office for National Statistics (ONS)** data.

The new figures suggest there is a potentially large number of **asymptomatic** cases – meaning the virus could be spread by people who don't realise they are carrying it.

Only 33 per cent of those testing positive for **Covid-19** reported any evidence of symptoms at the time of their swab test or at either the preceding or subsequent swab test, ONS analysis shows.

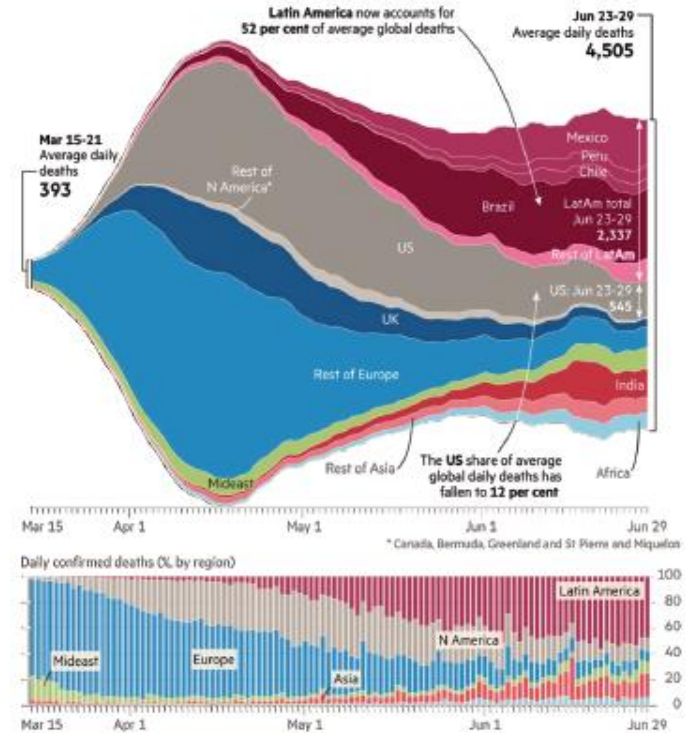


Second waves

Melbourne locked down
Leicester locked down
Berlin locked down
Bournemouth open



Surge in Latin America means global daily death toll on the rise once again
Daily deaths of patients diagnosed with coronavirus (7-day rolling average)



Second wave risks

Bigger homes more vulnerable - COVID-19 outbreak risk in care homes triples with every extra 20 beds, study finds

The likelihood of a coronavirus outbreak in a care home triples with every additional 20 beds it has, a study of 189 infected care homes by NHS Lothian and Edinburgh University has found. Date Published: 15 Jul 2020 @ 09:51 AM

Article By: Angeline Albert

However

Risk infection reduces with social distancing, respiratory hygiene, good ventilation.

Robust policies of testing patients prior to discharge from hospital

New Visiting Guidance (Scotland!)

<https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/>



Scottish Government
Riaghaltas na h-Alba
gov.scot

Visiting Guidance for Adult Care Homes in Scotland



25 June 2020



Stage readiness	Stage 1	Stage 2*	Stage 3*	Stage 4*
Visiting	<ul style="list-style-type: none"> Essential Visits (End of Life Care, Stress and Distress behaviours) 	<ul style="list-style-type: none"> Garden Visits with 1 key/designated visitor appropriate social distancing Essential visits Indoors 	<ul style="list-style-type: none"> Indoor visits of 1 key/designated visitor Garden visits with multiple visitors appropriate social distancing Essential visits as before 	<ul style="list-style-type: none"> Controlled visiting Resumption of communal life Garden visits with children appropriate social distancing Essential visiting as before
Communal activity	Avoidance of communal areas	<p>Residents use of outdoor areas in limited numbers in homes without an ongoing outbreak. Avoidance of communal areas</p> <p>Must be with:</p> <ul style="list-style-type: none"> Physical distancing Staff wearing appropriate PPE Strict cleaning regimes Visitor wearing face covering or mask 	<p>Residents use of outdoor areas in limited numbers in homes without an ongoing outbreak. All residents use of communal areas in limited numbers in homes without an ongoing outbreak with full physical distancing and IPC.</p> <p>Must be with:</p> <ul style="list-style-type: none"> Physical distancing Staff wearing appropriate PPE Strict cleaning regimes Visitor wearing face covering or mask 	<p>All residents use of indoor and outdoor communal areas in limited numbers in homes without an outbreak with full physical distancing and IPC.</p> <p>Must be with:</p> <ul style="list-style-type: none"> Physical distancing Staff wearing appropriate PPE Strict cleaning regimes Visitor wearing face covering or mask
Setting	Homes with no outbreaks . Homes with a previous outbreak must be cleared by HPS/DPH - 28 days from last symptoms of any resident No visiting apart from essential visits in homes with an outbreak			
Requirements	<ul style="list-style-type: none"> PPE Resident consent Choice of designated visitor Screening visitors Care Home risk assessment 		<ul style="list-style-type: none"> Visiting protocol Scheduled visits IPC and cleaning protocols Leaflet for families and designated visitors 	

*Subject to review and ratification by scientific advisory committee

Communication with those who have sensory impairments during COVID19



COVID – 19 Communication for People with a Sensory Loss V2 21 April 2020

This guidance is designed to help health and social care staff meet the spiritual care needs of people who are approaching the end of life during the COVID-19 pandemic. It cannot provide detailed information on every belief community; rather it outlines key points and principles, and signposts to where you can find more specific information as required.



Spiritual Care

- Spiritual care is a core aspect of holistic, person-centred care and should be available to everyone regardless of their views or background in an equal and fair way. Spirituality means different things to different people. It can, but does not always, include one's personal beliefs or religious faith.
- Restrictions put in place due to COVID-19 may prevent families, representatives of the belief communities or local chaplains from offering usual forms of spiritual support to those who are sick or dying. This might cause people to find themselves without their usual networks and hence they may find it more challenging to engage in practices or rituals aligned to their beliefs.
- Not knowing what to say, or the fear of saying the wrong thing, could lead health or social care professionals to avoid conversations about spiritual care altogether. However, asking some simple questions about a person's beliefs and wishes can provide comfort not only to the person who is dying, but also those who are close to them. Failure to acknowledge such needs may contribute to a person's sense of isolation and distress. It can also be upsetting for families, and can add to their grief, if they feel that their relative's spiritual care needs were not met.

<http://www.sad.scot.nhs.uk/media/16465/spiritual-care-resource-web.pdf>

Frailty Framework - Skills for Health



Frailty

A framework of core capabilities

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www.skillsforhealth.org.uk/images/projects/frailty/Frailty%20framework

Dementia United & Covid19

- Stay safe and well
- Stay connected
- Keep a sense of purpose
- Mental health and wellbeing
- Keeping physically active
- Eating and drinking well
- Carers
- Who to contact for help and advice
- Advice for volunteers

Own Mental health

MANAGE YOUR ENERGY, NOT YOUR TIME

from Harvard Business Review, October 2007
Tony Schwartz and Catherine McCarthy

physical energy

- enhance your sleep by setting an earlier bedtime and reducing alcohol use
- engage in some form of exercise every day
- eat small meals and light snacks every three hours
- pay attention to signs of flagging energy
- take brief, regular breaks from work at 90- to 120-minute intervals



spiritual energy

- identify your "sweet spot" activities that give you feelings of effectiveness, effortless absorption, and fulfilment, and find ways to do more of these
- allocate time and energy to what you consider most important in your life
- live your core values by practicing them intentionally



emotional energy

- defuse negative emotions, such as irritability through deep abdominal breathing
- fuel positive emotions in yourself and others by regularly expressing appreciation
- look at upsetting situations through new lenses:
 - ➔ REVERSE LENS "what would the other person in this conflict say, and how might they be right?"
 - ➔ LONG LENS "how will I likely view this situation in six months?"
 - ➔ WIDE LENS "how can I learn and grow from this situation?"

mental energy

- reduce interruptions by working on high concentration tasks away from phones and email. Switch them off.
- respond to voice mails and emails at set times during the day
- select the most important challenge for the next day the night before. Then make that your first priority when you start work.



Sketchnote by Hayley Lewis
©Haypsych June 2020

Resources

- webinar RCGP/AHSN:
<https://youtu.be/eLDdGSIHBjQ>
- e-LfH COVID19 modules include
- section on mental health & resilience
- HEE training videos for carers - practical skills e.g.

Rethinking - '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

SHARING & QUESTIONS.....



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Next GSF Support Call

- **Wed 10.30-11.15- time**
- **Restart Sept 16th**
- Other key topics?

- *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