COVID19 Care Home Support > Implementation Status

Local Authority: Trafford Council *

Total number of CQC registered care homes in your area: 54 *

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

This sheet is currently incomplete. Please complete all fields in yellow and marked with an asterisk (*) before submitting.

**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				
Ability to isolate residents within their own care homes *	27	Yes *	We have undertaken an audit of our homes. 27 homes are able to self-isolate. 13 care homes are currently able to isolate residents because of the current layout of the building. Additional capital funding is required for a minimum of 5 homes to enable the private sector care homes to fund internal refurbishments/ make premises suitable for isolation for future waves of COVID or any other pandemic. A minimum of 14 homes would require additional staff to manage because of the layout of the building so additional revenue funding required for those homes, and capital funding for those homes that would require additional doors etc.	Older premises do not have the ability to social distance - shared rooms, small rooms, narrow corridors. Advice and guidance re isolation is given to all providers in line with national guidance. We have supported reduced admission activity where a suspected outbreak has been identified and also suggested reduced admission activity to homes. Increased support through infection control team and clinical support identified and delivered in a timely way.
Actions to restrict staff movement between care homes *	All	No *		Working together the Council /CCG and care providers have done well in reducing movements of care home staff between homes, strict adherence to PPE requirements and the use of digital solutions where possible is in place for other staff such as district nurses and GPs, as well as prioritising face to face visits thus reducing the requirement to enter homes to provide clinical support. AVS has been commissioned and put in place to cover all homes to reduce footfall of GPs across care homes. Supply of PPE is in place for all homes, if their local supply should be delayed or inadequate. Regular contact with the homes is maintained through our commissioning team, which builds the intelligence into a Locality stirep, feeds into the Greater Manchester understanding of requirements and supports the LA with monitoring the compliance with infection control measures. This also alerts the council of the needs of the homes and all care providers and enables actions to be taken, if needed, to support them.
Paying staff full wages while isolating following a positive test *	TBC	Yes *	Sufficient funding to enable us to pass on funds to providers, to ensure stability and sustainability post COVID. Long term funding for Social Care to be addressed by central government - not as part of payments to the NHS .	We have advised homes to pay staff required to isolate, however this information has not been collected and the expectation has been that they would be paying staff at least 80% of their wages. The Council is looking to make it a condition for care homes of receiving any additional funding from us following the latest government announcement re. infection control funding in May 2020. To support the care home sector, the Council has inflated the market prices for 20/21 through its inflationary uplift together with carrying out a rebasing of as described in the FPPC executive report to the Council in Feb 2020; moved to payments in advance from March 2020 and payment on planned care for home care, block contracts for D2A, residential and nursing care, making additional increases to fee rates as a COVID payment in April following government funding announcements, and the introduction of a sustainability payment if care home providers drop below 90% occupancy back dated to April 2020.
Focus 2: Testing				
Registration on the government's testing portal *	20	Yes	Data on completed tests for staffing and results for these testing sites is not available to the LA which impairs our ability to understand the numbers who have accessed such tests and what other support we could offer to care homes. Some care home staff do not have access to a car and so a walk in facility would be helpful.	A programme of testing symptomatic residents and staff across all the care homes has been developed following the initial outbreak testing through PHE NW. Results are collated and monitored to ensure that alongside support to individual care homes a Trafford wide view is fully understood. We are able to offer to testing to care home residents who become symptomatic during an outbreak, as well as to those who were initially affected. This enables us to understand the situation in the home. Additionally the Care Home Testing team, comprising LA, CCG and Infection Prevention, are supporting each care home in the use of the national portal for whole home testing of asymptomatic staff with support for those care homes who request it. Training and advice has been provided on undertaking safe and effective swabbing with testers available when Care Homes feel unable to undertake themselves. Follow up support is in place to help care homes manage residents and staffing levels when positive results are returned. Symptomatic staff will continue to be encouraged to utilise local and national routes for testing. The testing service and results management is a vital part of our contact tracing response, which we are currently developing. While at a locality level we are expecting to be focussing on outbreak management in high consequence setting and on complex cases, we will be working with our local communities to ensure that people are able to access testing quickly and that people are supported to any self-isolation following contact tracing. In line with government advice we have been recommending registration on the national testing process. We are just starting to receive feedback on which care homes have registered on the portal from PHE returns, but this is only when their request has been processed. We have a prioritisation process that will target specific homes for repeat testing to monitor and track the infection control support to the homes. A key issue will be accessing results so that we can provide further support to the home. At present we only have a pathway for care homes to share the results with GPs when this is completed by the swabbing team and a national/ GM system could support to resolve this issue and reduce the time impact on homes to complete this task. Care Home staff who are self isolating and drive have good access to drive-through Regional Testing Centres: Manchester Airport, Etihad Stadium and Mobile Testing Unit capacity. New offer to care homes where all residents will be tested.
Testing of all residents discharged from hospital to care homes *	All	Yes	We currently have no opportunities to systematically test asymptomatic residents transferring between care homes and to/from residents domestic homes to/from care homes. We would welcome the opportunity to set up such a service if lab capacity was available and extending capacity in our local swabbing team.	Right from the very beginning in Trafford we have sought to prevent the spread of infection both to, and within care homes – to the care homes through an insistence on all patients being tested before discharge from hospital and within through the extensive training, together with advice and supply of infection control information and resources. This was introduced in advance of national changes to discharge protocol as described in the COVID hospital discharge requirements (19 March 2020). This national guidance suggested people leaving hospital should not be tested but should be isolated when returning to a care home. However, because in Trafford we have had in place an agreement to test prior to discharge since early -March, we have therefore provided additional assurance that residents have a negative swab before returning to a care home setting. This has enabled all patients/residents to be appropriately and safely managed. Additionally the Care Home Testing team comprising LA, CCG and Infection Prevention are supporting each care home in the use of the national portal for whole home testing of asymptomatic staff with support for those care homes who request it. Training and advice has been provided on undertaking safe and effective swabbing with testers available when Care Homes feel unable to undertake themselves. Follow up support is in place to help care homes manage residents and staffing levels when positive results are returned. Symptomatic staff will continue to be encouraged to utilise local and national routes for testing. The testing service and results management is a vital part of our contact tracing response, which we are currently developing. While at a locality level we are expecting to be focussing on outbreak management in high consequence setting and on complex cases, we will be working with our local communities to ensure that people are able to access testing quickly and that people are supported to any self-isolation following contact tracing. Additionally the Care Home Testing team comprising LA, CCG and Infection Prevention are supporting each care home in the use of the national portal for whole home testing of asymptomatic staff with support for those care homes who request it. Training and advice has been provided on undertaking safe and effective swabbing with testers available when Care Homes feel unable to undertake themselves. Follow up support is in place to help care homes manage residents and staffing levels when positive results are returned. The swabbing team within the local care organisation could take on more testing to support admissions from the community , if lab capacity was available. A programme of testing symptomatic residents and staff across all the care homes was developed and put in place following the initial outbreak testing through PHE NW. Results are collated and monitored to ensure that alongside support to individual care homes a Trafford wide view is fully understood. We are able to offer to testing to care home residents who become symptomatic during an outbreak, as well as to those who were initially affected. This enables us to understand the situation in the home.
Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment				
Access to sufficient PPE to meet needs *	All	Yes *	Smoother routes to access to PPE, especially for AGPs. Also support needed for fit testing FFP3s	All the providers are regularly reminded to continue to source their PPE stock from their usual providers. Where this has not been possible the use of the National Disruption service has been encouraged. Additionally the LA and the CCG are receiving weekly PPE deliveries via Greater Manchester Local Resilience Forum (LRF). This includes, typically, 1lR masks, single use gloves, single use aprons, single use goggles/eye protection, FFP3 masks, face visors, single use gowns and hand sanitiser. This is then distributed to the care sector via the LA. To supplement both of these supply routes, the LA and CCG are also procuring additional PPE for onward distribution to the care sector when their supply is unavailable or the cost has become prohibitive. The two LAs and GM working together have established a very effective mutual aid hub and distributed over 2 million items of PPE so far, despite the national supply chain problems which are causing us considerable work and risk. The mutual aid hub has also taken the lead on developing guidance and training for staff on the use of PPE, including in planning the fit testing for masks for staff undertaking aerosol generating procedures. Care homes are contacted twice weekly to ensure that their supplies are sufficient and are able to escalate any issues with PPE supply, access, training etc. through to the Council's commissioning team and the mutual aid hub. The Directors of Public Health have worked together across GM to ensure consistent advice and guidance is available to each locality.
Access to medical equipment needed for Covid19 *	Some	Yes *		A stocktake was completed by the Council's commissioning team with all providers, and gaps were identified around syringe drivers, and medical equipment. The partnership between LCO and the CCG enabled any stock the homes indicated they no longer required to be distributed through the district nurses and palliative care teams as required, thus maximising the use of equipment. The CCG/Council have worked with colleagues across GM to access the "stay safe " digital pilot and have placed an order for equipment such as pulse oximeters for distribution to care homes and home care. This is in line with the developmental work the council was introducing through its transformation work prior to COVID , which was focused on establishing "blended roles" and the provision of holistic care.
Focus 4: Workforce support				
Access to training in the use of PPE from clinical or Public Health teams *	All	No *		As expected infection control is a critical element of support to care homes. The Infection Prevention and Control Team from the Trafford Local Care Organisation, alongside the Public Health Team, have been working closely with the care homes in a number of ways. This includes training and information on preventing and managing infections, training and information on the correct use of PPE and working with individual care homes to manage outbreaks as appropriate. This support is offered in a variety of ways including webinars, subject specific emails from the DASS, DPH, Director of Commissioning, Primary care and nursing leads, system briefings and information added to daily briefings. The coordination of all communications has ensured the providers receive consistent messages and are kept up to date and briefed when national guidance changes or additional support has been put in place. Training was in place prior to the COVID outbreak , but the Webinars and links out with kit have had a specific focus on COVID infection, use of PPE, Donning and Doffing, waste disposal, deep cleaning, reducing movement of staff across settings, testing, managing visitors to the settings etc. Trafford has rolled out the national training programme for super trainers, with a specialist matron trained to provide Train the Trainers infection control training to 6 CHC nurses in Trafford who are aligned to 10 homes each. We aim to be fully compliant with the CNO Call to Action for Care and Residential homes by 29th May to have delivered IPC, PPE and Testing training. National and local training packages on how to use PPE, especially for AGP have been utilised. Trafford have identified people with IPC within their care packages in care homes, at home or utilising Direct payments and personal health budgets in advance of any illness, arranged for their staff to be fit tested and trained, plus ensuring they have access to the appropriate PPE. Support to access contingency funding, PPE, training and support through a dedicated helpline.
Access to training on use of key medical equipment needed for COVID19 *	All	Yes *	National training packages on how to use medical equipment	The Trafford system has been working hard to implement the COVID-19 response through primary care and community health support to care home residents and facilitating the enhanced care home model including clinical leadership, consistent check-ins for patients, and delivery of personalised care and provision of medication support. Trafford has longstanding arrangements providing primary care support into Care Homes. This has been developed further during this period, with the alignment of care homes to Primary Care Networks to support the proactive management of residents through their registered GP and local pharmacy support. The LA, CCG and Local Care Organisation have developed a support package that offers an enhanced clinical support package to every care home 24/7. This builds on the existing Alternative to Transfer (ATT) support offered via Mastercall and the primary care support provided through the Primary care networks and the Community Enhanced Care service where providers care can discuss concerns they may have regarding any residents. During this time we have enhanced the model to ensure there is additional medical cover to offer further support over the 24 hour period In addition, in partnership with, the care homes are engaged in a new digital Covid-19 tracker to support the oversight of the care management of their residents. The alignment of care homes to Primary Care Networks supports the proactive management of residents through their Registered GP and local pharmacy support. In addition, the AVS service carries palliative care packs to ensure that there is no delay in the commencement of EOL medication and pain management for those patients who rapidly deteriorate whilst under the care of the AVS service. To further support the proactive management of patients, end of life documentation has been made electronically accessible on GP clinical systems, through the utilisation of the EMIS One Template for Palliative Care. This has included summary of NICE guidance for management of COVID symptomatic patients being added, to support clinicians in the timely prescribing of these medicines. To support the timely delivery of EOL medication, a further 5 pharmacies have been commissioned to hold end of life medicines stock. Clinical pharmacy support to care homes is provided by Trafford's Care Homes Medicines Optimisation Team. This is long established team is dedicated team who have continued to provide support remotely to care homes with medication queries, medication reviews, medicines reconciliation following transfer of care, ordering of medication for patients and are a key part of the multidisciplinary team for review of patients. Trafford's Home Oxygen Assessment and Review service (HOSAR) has also continued to provide support and care during this period. The service has linked in with the palliative care and community team, to support a coordinated response. This service will, via a referral, clinically review a patient and order oxygen via a Home Oxygen Order Form (HOOF), if clinically appropriate. Access to specialist support has been implemented during this period, with EOL advice and guidance support now available to care homes via Trafford's Supportive Palliative Care Team and St Ann's Hospice. An advisory clinical equipment stocklist for end of life for Care Homes has also been developed and communicated to support Homes to respond to a potential increase in the number of residents dying whilst in their care. Training in recognising death, anticipatory care planning and delivery of end of life care has been provided to Care Homes by the Palliative Care Team and a panel of experts across Medicines Optimisation, Safeguarding and Primary Care and a wider programme of education and training is in development. Webinars and links out with kit. Rolling out national training programme for super trainers.
Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers *	All	No *		All care providers were supported to check their business continuity plans and especially the Care Home sector were advised that staff should not work across multiple locations. In Trafford, we have a small number of homes owned by the same company; many are independent single site businesses, which reduce the risk of cross contamination caused by staff moving sites. However there is an acknowledgment that use of agency staff at times is crucial for business continuity and safe levels of staffing, and the training re infection control is extended to this group if regularly in use. Many businesses report they have regular bank staff or agency . Additionally the LA has over recruited staff to its in house services in order to free-up staff to move into other care homes if needed. This has not been required to date. The LA is also sourcing a standby team in collaboration with a key workforce supplier and a number of care settings. The CCG /Council has also procured an on-call standby nursing resource to deploy immediate clinical support into any nursing homes who are not able to source nursing capacity for their homes. This has been in place throughout May and not been accessed to date. All staff working in care homes are given inductions and are trained to the required standards under the CQC guidance by providers. Any returning professionals would be provided with the same level of training. Infection control and public health staff providing support, advice and guidance around PPE and testing. A human resources hub has been established within the Council to facilitate the expanded staff cover arrangements. Trafford has recruited locally and accessed the GMW/NW ADASS recruitment campaign as well as the national recruitment work . Trafford operates a workforce academy which is supporting local young people to access social care as a career, which had an open day just before lockdown commenced. The recruitment work has attracted people from the Aviation industry.
Focus 5: Clinical support				
Named Clinical Lead in place for support and guidance *	All	No *		The Trafford system has been working hard to implement the COVID-19 response through primary care and community health support to care home residents. The enhanced care home model has been implemented and provides clinical leadership, consistent check-ins for patients, and the delivery of personalised care and provision of medication support. Trafford has longstanding arrangements providing primary care support into Care Homes. This has been developed further during this period, with the alignment of care homes to Primary Care Networks to support the proactive management of residents through their Registered GP and local pharmacy support. The LA, CCG and Local Care Organisation have developed a support package that offers an enhanced clinical support package to every care home 24/7. This builds on the existing Alternative to Transfer (ATT) support offered via Mastercall and the primary care support provided through the Primary Care Networks and the Community Enhanced Care service, and provides a resource where care providers can discuss concerns they may have regarding any residents. During this time we have enhanced the model to ensure there is additional medical cover to offer further support over the 24 hour period. In addition, in partnership with Health Innovation Manchester, the care homes are engaged in a new digital Covid-19 tracker to support the oversight of the care management of their residents. The alignment of care homes to Primary Care Networks supports the proactive management of residents through their Registered GP and local pharmacy support. In addition, the AVS service carries palliative care packs to ensure that there is no delay in the commencement of EOL medication and pain management for those patients who rapidly deteriorate whilst under the care of the AVS service. To further support the proactive management of patients, end of life documentation has been made electronically accessible on GP clinical systems, through the utilisation of the EMIS One Template for Palliative Care. This has included summary of NICE guidance for management of COVID symptomatic patients being added, to support clinicians in the timely prescribing of these medicines. To support the timely delivery of EOL medication, a further 5 pharmacies have been commissioned to hold end of life medicines stock. Clinical pharmacy support to care homes is provided by Trafford's Care Homes Medicines Optimisation Team. This is long established team is dedicated team who have continued to provide support remotely to care homes with medication queries, medication reviews, medicines reconciliation following transfer of care, ordering of medication for patients and are a key part of the multidisciplinary team for review of patients. Trafford's Home Oxygen Assessment and Review service (HOSAR) has also continued to provide support and care during this period. The service has linked in with the palliative care and community team, to support a coordinated response. This service will, via a referral, clinically review a patient and order oxygen via a Home Oxygen Order Form (HOOF), if clinically appropriate. Access to specialist support has been implemented during this period, with EOL advice and guidance support now available to care homes via Trafford's Supportive Palliative Care Team and St Ann's Hospice. An advisory clinical equipment stocklist for end of life for Care Homes has also been developed and communicated to support Homes to respond to a potential increase in the number of residents dying whilst in their care. Training in recognising death, anticipatory care planning and delivery of end of life care has been provided to Care Homes by the Palliative Care Team and a panel of experts across Medicines Optimisation, Safeguarding and Primary Care and a wider programme of education and training is in development.
Access to mutual aid offer (primary and community health support) *	All	No *		Care homes pathway in place for all primary and community health. To further support the proactive management of patients, end of life documentation has been made electronically accessible on GP clinical systems, through the utilisation of the EMIS One Template for Palliative Care. This has included the summary of NICE guidance for management of COVID symptomatic patients being added to support clinicians in the timely prescribing of these medicines. To support the timely delivery of EOL medication, a further 5 pharmacies have been commissioned to hold end of life medicines stock. Clinical pharmacy support to care homes is provided by Trafford's Care Homes Medicines Optimisation Team. This long established team is a dedicated team who have continued to provide support remotely to care homes with medication queries, medication reviews, medicines reconciliation following transfer of care, ordering of medication for patients and are a key part of the multidisciplinary team for review of patients. Trafford's Home Oxygen Assessment and Review service (HOSAR) has also continued to provide support and care during this period. The service has linked in with the palliative care and community team, to support a coordinated response. This service will, via a referral, clinically review a patient and order oxygen via a Home Oxygen Order Form (HOOF), if clinically appropriate. Access to specialist support has been implemented during this period, with EOL advice and guidance support now available to care homes via Trafford's Supportive Palliative Care Team and St Ann's Hospice. An advisory clinical equipment stocklist for end of life for Care Homes has also been developed and communicated to support Homes to respond to a potential increase in the number of residents dying whilst in their care. Training in recognising death, anticipatory care planning and delivery of end of life care has been provided to Care Homes by the Palliative Care Team and a panel of experts across Medicines Optimisation, Safeguarding and Primary Care and a wider programme of education and training is in development. ATT cover available 24/7. Looking at MDT approach. 24/7 community enhanced care service for care homes and people at home and liaises with primary care. Dedicated Medicine optimisation support in place and gives care homes access to oxygen, pain management and EoL care. Each care home in Trafford network is aligned to a primary care network