



North Central London Social Care Providers response to COVID-19

Case studies: examples of innovation and good practice in winter 2020/21

Responding to covid-19

Social care providers have had huge challenges to face in responding to the pandemic and in north London we have seen a fantastic amount of resilience, creativity and unwavering commitment to delivery the best support possible to residents.

This has included using technology to enable residents to talk to families, friends and medical professionals; rapidly deploying best practice in infection, prevention and control; finding creative ways to facilitate safe visiting; monitoring residents' health conditions and communicating these to clinicians; developing new ways for residents to take part in activities and have fun despite lockdown measures and engaging with the creativity and kindness of the local community.

This short pack has a few examples that celebrate the resourcefulness of the care sector and may give other providers ideas to think about, borrow and improve on further. The case studies are all from winter 2020, ahead of the vaccination programme, so there may be examples where policies or guidance has or will change in the future, such as around visiting and testing, so please bear this in mind when looking at examples.

We would love to hear more ideas and would be happy to add case studies to share with other providers and also with job seekers so that they can see the creativity, caring values and impact that the care sector has on residents. If you have an example to share please email Nathan.cole@camden.gov.uk

Case study 1

Delivering effective infection prevention and control to protect both staff and residents

Summary Priscilla Wakefield House in Haringey is a nursing care home that accommodates up to 117 people. The home was recently found by the Care Quality Commission to be effectively following guidance on infection prevention and control and personal protective equipment, which has helped the home to keep staff, residents and visitors safe during the pandemic.

What measures have been put in place?

Safe visiting practices

- Upon entering the building, visitors are taken to a 'hands free' check in area. This involves visitors scanning a QR code with their smart phone that takes them to a COVID-19 questionnaire and disclaimer for signing. If a visitor does not have access to a smart phone, the receptionist will check them in to save the individual from having to touch anything. A temperature check is also carried out on all visitors via an infrared thermometer. After checking in visitors are guided to a designated donning and doffing area, and are provided with PPE and information about how to correctly do this. Visitors are also given a bin bag, which upon leaving they are to use to safely dispose of their PPE into clinical waste.
- In line with government guideline the home only allows one person from each family or household to visit on a regular basis. A structured visiting schedule has been implemented with visitors given a designated time and day each week when they are able to visit. Visiting slots are unchangeable, and visits are kept to 20 minutes long to ensure there is enough time between visits for doffing and sterilisation of the area.
- In preparation for winter the home ordered two visiting pods. The pods allow visits to continue outside in a warm environment whilst maintaining social distancing.

Staff training

- Staff are trained in infection control in relation to Covid-19 and the appropriate use of PPE, including donning and doffing of PPE.
- The care home has an in-house training manager who takes a daily walk around to check on staff member's infection control and PPE practices. The training manager will remind staff about what good practice looks like and the importance of following correct procedure.

Cohorting

- The care home has a dedicated area for COVID-19 positive residents in the event of an outbreak. For all admissions into the home, whether returning residents or new residents, from a hospital or a community setting, the resident is tested by the care home on arrival and isolated for 14 days. A second test is conducted on the resident on day 9 to check again for COVID-19.

Regular testing

- All care home staff are tested on a weekly basis. This includes care and non-care staff, as well as visiting MDT members. The home is also looking to organise regular testing for visiting district nurses. All care home residents are tested every 28 days.

Bubbles

- Each floor of the care home is run like its own unit with neither staff or residents moving around. These bubbles mean that in the event a resident or staff member tests positive, the care home will just need to isolate the floor, and not the whole home.

High risk staff

- Care home staff identified as being in high risk groups for contracting Covid19 are made aware of what to do to minimise the risks to them.
- Discussions have been carried out with non-high risk staff to explain the heightened risk of COVID-19 to staff members from high risk groups, and the reasons why they may be asked to support residents with COVID19 instead of staff from high risk groups.
- All care home staff and departments have been advised about the evidence of the disproportionate impact and risk of COVID-19 to BAME communities.

What benefits have been seen?

- The screening questions have saved people from visiting the home who shouldn't be.
- The daily reinforcement and reminding of good IPC and PPE practices has helped to ensure staff remember to use good practice, and use PPE safely and effectively.
- The home has systems in place to help prevent an outbreak, and to swiftly deal with a positive case.
- Visitors have been prevented from catching and spreading infections.
- Shielding and social distancing rules have been met.
- People are admitted safely into the service.

Top tips for others

- You won't change culture by focussing on the negatives. Providing constant reassurance to staff that they are doing the right thing, and acknowledging good practice when you see it is important for boosting staff morale, and motivating them to continue to work in a positive way.
- The daily walk around by the in-house training officer has been helpful in ensuring staff do not lose momentum in adhering to IPC and PPE protocols.
- Use the home's layout to your advantage when putting in place IPC measures. For example, floors have been turned into bubbles, and rooms that have two entrances have been repurposed for cohorting
- The structured visiting schedule have meant visiting family and/or friends are clear about when they can and cannot visit, and the home has been able to limit the number of visitors on site at any one time. Continue to do as much as possible as what you were doing for residents pre-COVID-19 with safety measures in place.

To find out more

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Case study 2

Delivering effective infection prevention and control to protect both staff and residents

Summary Autumn Gardens in Enfield provides accommodation, personal and nursing care for up to 85 people, most of whom are living with dementia. The home specialises in providing care to the Greek Cypriot community, with approximately 60% of the home's residents being Greek speaking. Recently, Autumn Gardens was found by the Care Quality Commission to be effectively following guidance on infection prevention and control and personal protective equipment, which has helped the home to protect residents, staff and visitors.

What measures have been put in place?

Safe visiting practices

- Visitors are split into three categories (1) family and friends; (2) contractors; (3) health and social care professionals. A different information pack is provided to each group on arrival. Staff will go through the contents of the pack with visitors from all categories.
- Visiting family and friends are emailed a few days prior to their visit. The email sets out how the visit will take place, advises about PPE on arrival, and reminds them about the residual risk of infection upon visiting the home. The day before the visit staff will call the visitor to go through a screening questionnaire. This has helped to ensure family and friends really think before visiting and they are cautious to not visit with any signs of infection.
- All visitors are screened for symptoms of COVID-19 on arrival, and provided with the required personal protective equipment, including a PHE donning and doffing poster to help with their understanding of how to safely use it.
- Where visiting is permitted under the current government guidance, the home has the option of a visit in the visiting booth, in the garden (where the weather is appropriate), by a window or in the resident's bedroom where the individualised visiting risk assessment determines this is appropriate. Visitors are LFD tested and there is a new visitor centre in the home's grounds to facilitate visitor testing and waiting in comfort before their visit.

Information translation

- Guidance, leaflets and information packs are translated into both English and Greek so staff, people and visitors can have a better understanding of the processes around IPC.

Training

- Staff receive regular IPC training by the in-house Greek and English speaking development team. The development team are upskilled care home staff who the home has supported to become qualified trainers. Training is provided both in person and over video call. Once a month the development team will meet individually with care staff to go through PPE and IPC guidance. These are conducted even if there have not been any changes to national guidance. This monthly check in gives staff an opportunity to ask any questions and reminds them about the importance of adhering to IPC rules, as well as check on their general wellbeing.

National Guidance

- Management have largely kept abreast of changing national guidance through gov.uk email updates. Importantly, management have involved care staff in decisions about how to implement the guidance in the home to ensure the measures put in place practically work for staff and residents. When management have come across any gaps or uncertainties in the national guidance, they have looked to Enfield council, PHE and NCL for guidance.

What benefits have been seen?

- The family and friends pre-visit screening questions have saved people from visiting the home who shouldn't be.
- The risk of visitors, staff and residents catching and spreading infections has been minimised.
- Staff understand and are able to correctly adhere to IPC and PPE protocol.
- IPC measures have been put in place that are appropriate for the layout of the home, and right for staff and residents.
- Shielding and social distancing rules have been met.
- The risk of infection outbreaks is effectively managed and been minimised.

Top tips for others

- It's important to keep up with the latest national guidance although this may be difficult for smaller homes who lack capacity to dedicate a lot of staff time and resource to this.
- Guidance should be interpreted into something suitable that works for your home/environment. It is vital that any measures put in place are practical and work for staff and residents. Autumn Gardens is one of two care homes in the group and national IPC guidance has been implemented differently in each home according to the different needs of residents and staff, and the layout of the building.
- It's imperative for staff to feel supported, well trained and to have a good understanding of what they are meant to be doing. The monthly check ins from the development team have been key in ensuring this.
- Online training isn't always the best for staff. Staff at Autumn Gardens have gained a lot more out of live video or in-person (appropriately socially distanced) training sessions by the development team where questions can be raised and real engagement can happen.
- Messages around adherence to IPC and PPE protocol need to be continually reinforced to staff to ensure they are appropriately followed and remain at the forefront of people's minds.

To find out more

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Case study 3

A What's app group for CQC registered managers of social care services in North Central London

Summary Skills for Care have been facilitating a WhatsApp Group for CQC registered managers of all North Central London social care providers during the COVID-19 Pandemic. The group is intended as peer support for managers and was set up in March. By April, it was supported by Capital Nurse, My Home Life, North Central London CCG, North London Councils and Skills for Care. CapitalNurse have helped the group by identifying funding for a medical doctor to support the group during COVID-19 with medical, PPE, and IPC issues with extensive support behind the scenes from local authorities, CCGs and My Home Life.

How does the initiative work?

Membership	Open to all CQC registered managers of social services in NCL (i.e. nursing and residential care homes, home care agencies and supported living). There are approximately 140 registered managers of adult social care providers participating.
History	The WhatsApp group originates from the SweetTree Registered Managers' Network which covers Camden, Islington and Haringey, and is run by Skills for Care on behalf of the Department of Health and Social Care. When COVID-19 hit, the Network which normally met in-person was moved to a WhatsApp group, and membership was extended to include registered managers from Barnet and Enfield.
Purpose	Traditionally, registered managers tend to be isolated, often operating in very small teams or with no peers at all. Initial purpose of the WhatsApp group was to provide instantaneous emergency communication and peer support to managers on COVID-19 issues. In the early months of the pandemic, up to 60 messages were exchanged daily on PPE, IPC, staffing, and shared experiences, facilitated by a returning doctor and his support team. Since the initial spike has settled and managers have become more used to working through the pandemic, the WhatsApp group is now more used for information updates, sharing key documents, sounding out policy changes, and checking in to see how participants are managing.
Governance	A steering group was formed of key stakeholders from health and care such as quality leads, clinical leads, commissioners, and support organisations to oversee the governance and accountability of the WhatsApp model. A governance framework was co-produced with the manager representatives which set out the rules of engagement. An operational policy was also developed that set out ground rules and gave assurance to participants that the group would be used in a safe and sensible way.
Contributors	The group is facilitated by Skills for Care, but also has added support from a returning doctor, an advisor in infection control, pharmacists, workforce leads and a PPE broker.
Virtual group conversations	In addition to the WhatsApp group, a couple of teleconferences via Microsoft Teams have also been held. These virtual group conversations have provided a safe space for members to check in with one another, discuss residents' care and practical issues, and share their experiences and concerns.
Resources	Some of the main resources referred to and shared amongst the group include Gov.uk updates, CQC guidelines and recommendations, best practice and Skills for Care workforce resources.

What benefits have been seen?

- Members have instantaneous support around COVID-19 issues.
- The group provides a peer network with whom members can talk about shared issues and build confidence in the solutions they are using and/or approaches taking.
- Sharing of useful information between members on practical issues, such as where to source PPE. This was particularly valuable during the early stages of the pandemic when there were shortages.
- Creation of a community of people who are in the same situation and having similar experiences.

Top tips for others

- Make sure you invite the right people and you have a core group of supporting experts to help field questions and contribute to the discussion.
- Help members to feel empowered to speak and raise questions by creating a supportive environment. This can be achieved through answering and encouraging all questions no matter how big or small, informal off topic/non-work based chit-chat, and sharing of positive stories/news.

Feedback from registered managers

- "Really useful information and discussions"
- "I find the group very resourceful and formative. As a manager I feel I am able to share experience and does not feel alone. Hope this group continues even after Covid-19."
- "The group is very supportive. We share good practice and help each other to make sense of different topics affecting us and also any guidelines."
- "Having Richard, the doctor, has been very helpful, and he puts things in layman's terms which I find very useful. And done positively is better than all negative."
- "Very informative and supportive it is good to have contact with like-minded people."

To find out more

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Case study 4

Education and support groups for North Central London care home staff

Summary NCL training hub have been running virtual education and discussion groups for care home staff across NCL since May 2020. The purpose of the groups is to meet the clinical, educational and psychological needs of care home staff, and provide support and a forum for discussion during the COVID-19 pandemic.

How does the initiative work?

Organisation	The virtual discussion groups originally started in Barnet and have evolved to now cover all five NCL boroughs. The discussion groups are divided into five PCN groupings and include care homes from Barnet as well as the four other NCL boroughs. The PCN groupings have been organised in such a way to ensure there are similar numbers of care homes in each group and homes that are geographically close are together.
Frequency, timing and structure	The five discussion groups are held once a month over Microsoft Teams. Each session consists of a 15 minute educational light bite on a relevant subject. The remaining 45 minutes of the session is unstructured and spent discussing any topics, experiences, clinical questions and/or issues that are relevant to participants on the day.
Educational light bite	The educational light bite session is designed and delivered by Louise Keane, Professional Education and Development Nurse, North London Partners, who is very engaged with the learning needs of care homes. Examples of subjects covered include medicines management, sensory passports and duty of candour. Importantly, participants can count the educational session towards their Continuing Professional Development (CPD).
Facilitation	<p>The discussion groups are facilitated by assigned regular facilitators, and there are usually two or three facilitators per group. Having regular facilitators has helped to create familiarity and build positive relationships between facilitators and participants. The facilitators help to ensure the group remains a safe and supportive space, answer questions and aid discussion. The facilitators are all trained volunteer facilitators from the NCL Training Hub's Faculty of Education and have different clinical backgrounds (e.g. general practitioners, practice nurses and pharmacists).</p> <p>Another goal is to have facilitators who are from the care and social care sector, which will give care homes an additional voice within these sessions and provides an excellent development opportunity for care staff.</p>
Participants	<p>The discussion groups are open to all care home staff, however participants have mainly been care home managers, nursing and care staff. The number of participants per session has so far varied from anywhere between 10 to 60 participants.</p> <p>It is noted that project leads are aware of maintaining the sense of 'small group' facilitated conversations, which are usually around groups of 10 and are looking into use of break out rooms to work around increasing participant numbers. This is because the aim is to maintain a small group learning ethos that best allows all participants to contribute freely.</p>

What benefits have been seen?

- The discussion groups have given care home staff a safe space to problem solve with peers, and discuss concerns and issues in a constructive and supportive way.
- The educational component has helped care staff to meet their CPD requirements, and helped contribute to care home management's CQC requirement of facilitating access to clinical supervision for their staff.
- The non-prescriptive nature of the sessions have enabled varied and rich discussion.
- The discussion groups have given participants an opportunity to get to know peers from neighbouring care homes (which they would otherwise not have had the opportunity to do), learn from each other and build relationships and networks.
- Feelings of isolation have been reduced for care staff through attending the sessions, and many participants have realised the issues and challenges they are facing are the same as what their peers are experiencing who work in different homes.
- Queries and concerns raised in the discussion groups have led to real change. For example, a query was raised around transdermal patches in one of the discussion groups. This query was fed back by Louise to Medicines Management, who followed the query up with pharmacists and resulted in the production of a document clarifying how to administer these medicines.

Top tips for others

- The educational component is very popular amongst care home nursing staff who are keen to meet their CPD requirements. It has also made the groups more appealing to care home managers as it helps them to meet their CQC requirements.
- The grouping of discussion groups by PCN has been very beneficial in allowing participants to get to know peers from neighbouring homes.
- Having the same participants and facilitators in each discussion group has helped to quickly build relationships and create familiarity.
- Make it easy as possible for people to join the discussion group. For example, participants are sent a link to the session on Microsoft Teams, which they just need to click on to join. Participants are not required to give any advance notice of if they will be attending or not.
- Having someone like Louise, involved who is very engaged with the learning needs of care homes, has helped to ensure the sessions have been well received.
- Creating a safe non-judgmental and familiar space has really been key in ensuring participants feel comfortable to ask questions, share their experiences and challenges.

To find out more

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Case study 5

Wellbeing support for shielding domiciliary care staff

Summary City & County Healthcare Group is the largest provider of publically funded home care in the UK. Through the pandemic, the provider has been supporting their shielding domiciliary care staff through a number of different measures, such as by supporting vulnerable staff to make informed decisions about shielding, regular communication, and giving staff access to the Employee Assistance Programme, 'LifeWorks'.

What measures have been taken?

Supporting vulnerable employees to make informed decisions about shielding

At the start of the pandemic clinically vulnerable care staff were identified, supported to shield and individual risk assessments were carried out. As the initial peak of the pandemic has passed some vulnerable care staff have indicated they are no longer shielding and would like to return to work. These requests to return to work have been considered with caution subject to individual risk assessments and clinical advice. For those who have expressed a desire to return to work sensible conversations have been had with each of those staff members, including advising them about the risks of returning, and informing them about the safety measures that have been put in place to protect the health of staff. Once fully informed, care staff can then make a decision as to whether they wish to continue to shield or feel comfortable to return to work with safety measures in place.

Regular communication

From early on, the provider has ensured regular, clear and accurate communication is sent to all of their domiciliary care staff. Regular and clear communication has helped to address the confusion felt amongst care staff over what they are supposed to be doing, and what government guidance is actually saying. At the start of the pandemic when national guidance was frequently changing this was particularly important, and communication was sent out daily via email. However, since much of the guidance has now stabilised communication has been scaled back to once or twice a week in order to avoid inundating staff with the same information, which could lead to it getting ignored.

LifeWorks

LifeWorks is an Employee Assistance Programme, which is accessible via mobile app and other platforms (e.g. computer). It provides access to a whole range of wellbeing support, including health, wellbeing, family life, work issues and money matters. It was introduced by the provider pre-Covid19 in response to feedback from local branch managers that they were often providing wellbeing support to care staff, which although was well intentioned was not necessarily consistent. As such LifeWorks was introduced as a long-term support offer to fill this gap. All employees have access to the programme, as well as up to six of their family members as it is recognised individual and family wellbeing are linked.

During the pandemic, LifeWorks has been promoted to domiciliary care staff as an available tool to support their wellbeing. As well as a wide range of wellbeing support, LifeWorks has a COVID-19 specific toolkit, which includes the latest COVID-19 information and news. Through LifeWorks, staff have access to six free telephone counselling sessions. LifeWorks is independent and staff access it anonymously, which is important for ensuring they feel comfortable using it. LifeWorks also has numerous staff discount schemes with a variety of companies, which help staff to save money on daily essentials, entertainment and key life events. These perks have helped to boost staff morale and make things more affordable during this financially challenging time.

What benefits have been seen?

- Vulnerable care staff have been able to make an informed decision as to whether to shield, and have felt supported through the decision making process.
- Regular and clear communication has helped staff to have a good understanding of what they are meant to be doing, and the measures they should be taking to protect themselves and their clients.
- As the app has links to a wide range of support and information for example on separation and divorce, substance abuse, financial stress, managing depression...etc. it means it is extremely versatile and staff can use it to support them through a wide range of issues and life events. For example, care staff have used the app to support them with managing anxiety and grief felt after people who they have been caring for have passed away, and one employee was referred to the app who was not coping well with their new born baby.
- LifeWorks has given the provider something genuine they can offer to employees as support.
- For shielding staff, LifeWorks has provided them with tools to help them cope with their change in circumstances. For example, isolation and the challenges that come with that, loss of earnings and how they can access financial support, as well as dealing with the anxiety they may experience when they go outside.

Top tips for others

- As well as communicating about COVID-19, it is important to take time out to recognise non-work related celebrations, such as Ramadan to help staff remain positive and connected.
- It's important to be transparent when communicating to staff, especially in regards to reporting of COVID-19 cases in their areas.
- Feedback received on LifeWorks has been very positive. It is a really great tool to be able to offer to people during this time. The app has been promoted for every high level or low level issues that come along.
- LifeWorks is particularly helpful for those who are shielding to help them cope with feelings of loneliness, isolation and anxiety.
- Normal BAU processes have been maintained where possible with caveats. This has helped care staff to continue to feel supported and connected. For example, Covid-19 secure processes have been put in place in all local branches so care staff can feel comfortable to come in if they need to. Supervision of care staff has also continued as normal although it is now done online and/or over the phone to prevent staff from making unnecessary trips into their local branch office.

To find out more

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Case study 6

Capital Nurse 'Bags for Carers'

Summary: Capital Nurse Programme and North Middlesex worked with voluntary sector services and the wider community to provide hand-knitted bags for care home staff to separate clothes worn during shift, and reduce the risk of infection.

What measures have been taken?

To support infection control measures around PPE and keep staff protected, staff from the Capital Nurse Programme, alongside voluntary sector staff from the community, devised a plan to provide 'bags for carers' to help staff in care homes separate clothes worn during shift from other clothes and minimise the risk of infection.

This project was borne out of a campaign in Northampton managed by Healthwatch to support hospital staff to reduce the risk of spreading coronavirus:

<https://www.northamptonchron.co.uk/health/coronavirus/homemade-washable-drawstring-bags-needed-hospital-staff-northamptonshire-2596838>

The initiative started small, with colleagues from Capital Nurse and a North London Hospice store sourcing material and knitting bags for staff to use at The Grange and Clovelly House in Barnet.

Since the start of the project, 2000 bags have now been provided to homes across North London, hand-knitted by volunteers from the community.

A huge amount of enthusiasm has been generated by this project. Within some of the bags, local children have included notes / pictures of support for carers.

What benefits have been seen?

- The homes involved in the project were thrilled. For many, the main benefit was the fact staff felt appreciated, which was no small thing given the huge pressure staff were under.
- The bags also helped from an infection control perspective. Having the bags reinforced the need for staff to keep their clothes / scrubs separate to manage the risk of infection.
- The project was also a real community endeavour, bringing together people outside of the care sector (including children) to support local providers

Top tips for others

- Just do it! The project highlighted that there are lots of people in the wider community who want to help but don't know how. These initiatives provide a great focal point for those energies.
- Local Healthwatch services can provide a useful focal point to direct energies and identify groups to coordinate work / bring ideas to life.
- Local charities and community groups are key to building local capacity and enthusiasm for these types of projects

To find out more

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