

**Adult Social Care Trade Associations
Query responses on COVID-19
16 – 20 March 2020**

Query:
Karolina Gerlich

Ability for care workers to attend training and need for providers to cancel mandatory training/deliver online

Response:

We recognise that at this time providers will be prioritising providing care to people and that this may mean that training will be delayed. However, providers should make every effort to ensure that staff are competent, confident and skilled in providing safe care to the people using their service.

Query:
Peter Webb, CAA

Is there any learning to be shared from COVID-19 cases in Highgate Care Home in Scotland?

Response:

Thank you. We agree that it is important to share learning from how providers have responded to the challenges posed by Covid-19. We would encourage providers to work together and share good practice examples. We do not have information about this provider at this time.

Query:
Peter Webb, CAA

If the RM is self-isolating for a period or, the RM is over 70, so therefore “at risk” and staying at home and that period at home is over 28 days. What is the procedure that CQC will expect. Clearly, they are in contact via phone, video linking, e-mail, etc.

Response:

Thank you. We would expect in this instance that providers would notify CQC of the absence in the form of a statutory notification. We would expect providers to set out the steps that they are taking in the absence of the registered manager being on site that adequate management cover and safe systems of care are in place.

Query:

Karolina Gerlich

Need for guidance on PPE and disinfection of phones etc. and what measures how care workers should take i.e. should they be changing clothes, going into older peoples homes or wear gloves

Response:

Thank you. The guidance published by PHE provides support to homecare providers of what PPE to use and when this should be used.

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

Query:

Karolina Gerlich

Pay: Care workers worried they won't get paid when self-isolating for two weeks and worries about leaving others short staffed.

Response:

Thank you. We are working closely with the DHSC to share the challenges to the health and social care sector and how staff can be supported. We recognise that these are challenging times and we would encourage front line workers to follow the advice from PHE related to self-isolation to minimise the spread of Covid-19 and protect people who use services.

Query:

Lisa Lenton, CPA

Guidance to ensure continued compliance with interim framework e.g. will providers be penalised for not arranging refresher training, DBS checks

Response:

We recognise that at this time providers will be prioritising providing care to people and that this may mean that training will be delayed. However, providers should make every effort to ensure that staff are competent, confident and skilled in providing safe care to the people using their service. CQC does have [guidance](#) and in an 'emergency' staff can be deployed on just an adult first check which is usually returned very quickly

Query:
UKHCA

As a former provider, I could imagine feeling a little afraid of telling CQC that we are short of staff, even though this is going to be a reality for everyone. I don't know what you're planning to do in practice with the info from the PIRs. If you are able to use it to highlight providers that need help with workforce issues and facilitate practical solutions to addressing problems, e.g., in collaboration with local authorities, that would help to allay potential concerns.

Response:

In reference to staffing at this time our focus is on supporting providers and the health and social care system respond to the challenges posed by Covid-19. We recognise that this is a challenging time and that staffing levels may be impacted. Providers must work creatively and in collaboration with the sector to continue to provide safe and effective care to the best of their ability. The purpose behind the information we gather from the PIR at this time is to do exactly as you mention, we will use the information to feedback themes and issues to central government as well as offering practical solutions and sign posting where we can to providers.

Query:
NCF

If you are not inspecting are they still operating within the regulations. The key issue that people are concerned about at this moment is around staffing levels – and how they operate in this crisis situation with a skeleton staff without being in breach of the regulations – for example if through a period of household self-isolation they are without a registered manager for a period of over 28 days or have a very reduced staffing level which they are unable to address through illness or lack of availability. If they are in this situation and they then let you know, what, if anything will you do with that information.

Response:

At this time our focus is on supporting providers and the health and social care system respond to the challenges posed by Covid-19. We recognise that this is a challenging time and that staffing levels may be impacted. At this time providers must work creatively and in collaboration with the sector to continue to provide safe and effective care to the best of their ability. We don't advise on absolute staffing numbers in any sector, but we can talk to providers about their concerns and offer advice. Where we are making decisions that affect the entire sector, we will communicate with providers — as we have been doing — to make sure everyone is updated at the same time.

Our regulatory approach will focus on risk; making proportionate judgements, focusing on supporting providers.

Query:
NCA

- in the absence of any definitive advice many providers have already consulted with residents, staff and friends and relatives and restricted visiting. Are you saying that you will not support their decisions in the interest of the vulnerable people they seek to protect?
- is there any guidance on notification guidelines during this period?
- will reports in the system with challenges be held or will the process of responses to these be continuing or is that activity suspended?
- what will your position be on volunteer support work especially around appropriate training.
- providers are very concerned about staffing levels with self isolation being the reality they are faced with - is there any thought around that?

Response:

Visiting Care Homes

Public Health England has issued guidance on how care homes can minimise the risks of transmission. This states:

To minimise the risk of transmission, care home providers are advised to review their visiting policy, by asking no one to visit who has suspected COVID-19 or is generally unwell, and by emphasising good hand hygiene for visitors. Contractors on site should be kept to a minimum. The review should also consider the wellbeing of residents, and the positive impact of seeing friends and family

In considering the wellbeing of people living in care homes, we cannot underestimate the benefits of contact with friends and families. Decisions to restrict visitors must be proportionate to the risk posed to people, staff and visitors.

Where any visiting restrictions are in place providers must support people to maintain connectivity with their friends and families.

Friends and families will understandably want to be kept informed about their loved one's wellbeing. It is important that any restrictions discussed with and communicated to people and their loved ones in a timely and accessible way. Communications should include information about how people can maintain contact with their friends and relatives in the absence of face to face visits.

Other methods of maintaining contact should be considered. These could include, but are not limited to:

- Keep in touch using remote technology such as phone, internet, and social media phone calls

- video calling, (relatives may wish to provide mobile phones, laptops or tables to enable this)
- supporting people to see their relatives outside of the home environment, in the garden of the service for example or local open space. Consideration will need to be given to current government guidance on social distancing.

• **Reports**

The process of issuing reports on inspections we have conducted will continue. We have a duty to publish reports following our inspection. As you are aware we have paused our inspections now but will continue to respond to risk.

Reduced Staff, Training and Volunteers

CQC inspectors will be reasonable and proportionate in their approach. CQC does have guidance and in an 'emergency' staff and volunteers can be deployed on just an adult first check (page15 of this [guidance](#)) which is usually returned very quickly.

In terms of training, we recognise that at this time providers will be prioritising providing care to people and that this may mean that training will interrupted. However, providers should make every effort to ensure that staff and volunteers are competent, confident and skilled in providing safe care to the people using their service.

Staffing

Thank you for sharing your concerns about the impact of self-isolation of staff on care services. We know staffing levels are a great concern. We never advise on absolute staffing numbers in any sector, but we can talk to providers about their concerns and offer advice. Where we are making decisions that affect the entire sector, we will communicate with providers — as we have been doing — to make sure everyone is updated at the same time.

Query

Peter Webb, CAA

Enhanced DBS – can providers take on staff without enhanced DBS. Will Adult First be ok? One particular provider in Oxfordshire has been waiting since January for Thames Valley police check. We've had similar queries about the need for a DBS, everything else is in place for an offer of employment, apart from the DBS, which can be taking 2 days to 3 months to achieve.

Response:

CQC does have [guidance](#) and in an 'emergency' staff can be deployed on just an adult first check which is usually returned very quickly

Query:
Peter Webb, CAA

Local Authorities / CCGs asking social care providers to accept clients who have tested positive for Covid-19, without details of how long ago the test was done. This is without PPE such as masks being available, or any training to use that PPE.

Response:

We understand the pressure that local systems are under at present. We would encourage providers to plan ahead and as part of the preparedness plans support staff to understand how to follow good practice in terms of infection control in line with the guidance from PHE. We are working with DHSC to review the trusted assessor guidance to support people to move through the health and social care system safely. DHSC are taking action to support providers to access the infection control equipment that they need.

Query:
Peter Webb CAA

The recommendation to isolate clients in their rooms (in res / nursing homes) is fine, in theory. With wandering dementia clients, or those with mental health, or learning disabilities managing this is almost impossible. If say a client who wanders and has dementia actually has Covid-19, then storing bagged waste in the room for 72 hrs is impossible.

Response:

We understand the difficulties in providing care to people in services with a suspected or confirmed diagnosis of Covid-19. We are working with DHSC who are developing guidance of supporting people who may lack capacity. At this time we would encourage providers to work creatively to support people in the least restrictive way possible. The principle we would encourage is to work with people as much as possible to involve them in this process.

Query:

Peter Webb, CAA

I've contacted the Home Office about obtaining a Domestic licence for care homes to Keep 'ward stocks' of end of life drugs. Including controlled drugs. This will be essential in order to give people dignified palliative care. This is relevant because it is likely that care homes will be used for end of life care as hospital / hospice beds will be unavailable.

I understand that the licence application takes 16 weeks so the question is can exceptions be made for these current circumstances?

There will be issues about storing larger amounts of controlled drugs if we just go down the anticipatory route together with an increased amount of waste.

Response:

We discussed that this wasn't CQC legislation but that we work closely with our regulators and home office.

Care homes usually hold medicines, including controlled drugs, dispensed and labelled for individuals.

Care homes with nursing may also hold stocks of controlled drugs and these homes might consider holding stocks if people are at the end of their lives for which a controlled drugs license from the home office will normally be required. Which I see has been applied for.

As you have correctly raised residential homes cannot under current Home Office legislation hold stocks of controlled drugs. They can only hold controlled drugs prescribed and dispensed for an individual person.

As you know it is the home office legislation that controls this law.

Whilst we cannot provide advice on the specifics of Home Office legislation, we are signposting enquirers to the Home Office Duty Compliance Officer for them to advise.

We recommend speaking to the home office, and the duty compliance officer phone number is 020 7035 8972.

If you could let us know what the home office advise we can look at what safe will look like.

**Query:
UKHCA**

we've been sked whether CQC will be continuing to register new homecare providers during the current suspension of inspection activity.

If you are going to continue to register new providers would they be inspected?

Response:

We continue to consider applications to register new care services, and where possible, are prioritising COVID-19 related applications. Our inspections, at this time, are risk-based.