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| **Coping with the Covid-19 Epidemic****Tips and advice for the Social Care sector, from the Social Care sector!** | New Image.JPG |

This document does not seek to signpost to the raft of guidance being put out by the Government, NHS, SCC and other entities. This is being captured on the SCA website.

Instead, this is a record of practical operational tips, thoughts, observations and resources which have been posted by Surrey Care Providers to be shared with other Providers. It won’t all apply to everyone, and some of it seems bleeding obvious, but hopefully it will give a few ideas.

If you have anything you would like to share, please submit to David.Holmes@ashcroftsupport.com. We will update weekly.

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| Preparations for the people we support |
| 26/3 | Hospital Passports  | In overwhelmed hospitals there is a real risk that the people we support will not get appropriate care.It would be good to ensure that hospital passports are clear and up to date. | Maria MillsActive ProspectsMaria.Mills@activeprospects.org.uk |

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| Staffing |
| 22/3 | Delineation of responsibilities  | Providers are seeking to isolate their services to minimise risks to people we support and staff.One additional step would be to keep some staff outside the home to conduct all external tasks – shopping, collecting medication etc. This would eradicate a good number of contacts. | SCA |
| 22/3 | Staff optimisation | If we could persuade a team of staff to isolate with people we support then we could reduce contacts to zero. Of course, this is generally impractical, and few staff would wish to do this.However, it might be possible to apply the same logic to reduce contacts and safeguard wellbeing. The proposition is that:* People working long shifts reduces the number of people coming into the service
* People working shifts in blocks reduces risk, for two reasons:
	+ Staff who are in the working block are less likely to be infected because they are working
	+ Staff who are not in a working block will have time for symptoms to emerge before they are due to return to work.
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| Messaging  |
| 22/3 | Positive staff messaging | We are all in for the long haul, and our organisations will rely so much on our outstanding and committed staff.It is important that we give positive messages to our staff. Blogs are a good bet. | SCA |
| 22/3 | Family comms. | We are focusing so much on the people we support that it is easy to overlook other parties. In particular, it is important to maintain links with families. A weekly email might be a good bet.  | SCA |

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| HR Management |
| 22/3 | Staff taking holidays | There is a risk that no staff will wish to take holidays whilst Covid-19 is prevalent. If it goes on for six months, providers would then have all their staff taking all their annual leave in the last quarter, which would be a nightmare. We each need to find a way to manage this. | SCA |
| 22/3 | Substituting leave for absence | Some staff are absent with symptoms and are entitled to sick pay. Others are absent for a variety of other reasons, such as looking after children. Those people who are absent but not entitled to be paid could take annual leave. This might work for them, because it keeps the money coming in, and it might work for the organisation, to manage the issue highlighted above. | SCA |
| 26/3 | Staff self-isolation | With many staff self-isolating, Providers will have a challenge to staff their services.Best practice would be to maintain a schedule of absent staff, noting dates and reasons, and contacting regularly to update the position.Within the parameters of employment law, it will be for individual Providers to determine what they pay for. The SCA Directors would be happy to share what their organisations are doing.  | SCA |
| 26/3 | Furloughing | Furloughing is a new concept in the UK, introduced the Govt only a few days ago. Details are still emerging. The initial concept was that furlough was to be implemented for people whose jobs no longer exist due to Covid-19, and that the Govt would funds 80% of the normal wages for a three month period. It is hoped that the application will also cover people who are being instructed to stay at home (over 70s, underlying health conditions, pregnant) and those who are not available to work for a good reason (such as being stranded overseas). Something to think about.  | SCA |
| 26/3 | Reward | We all have staff who are going the extra mile. A number of Providers are seeking to reward with extra payments, and/or with benefits such as transport expenses or free meals. | SCA |

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| Recruitment |
| 22/3 | Recruitment | An unfortunate consequence of Covid is that people in many sectors are losing their jobs, whilst Social Care is still recruiting. Many of these people have worked in hospitality and retail, and have good transferrable skills.This is an excellent time for providers to fill their vacancies.The SCA is playing a role to open channels, but providers can also contact local organisations to advertise their opportunities. | SCA |
| 22/3 | Recruiting from friends, families and alumni | Neil Eastwood always recommends recruiting close to home because people are auto-vetted and tend to stay. There will be more people in the close, connected community who are seeking work than ever before. There will also be ‘good leavers’ who are looking for work. Definitely worth getting in touch. | SCA |
| 22/3 | Recruitment processes | Recruitment processes can be redesigned to maintain social distancing by using videoconferencing. | SCA |
| 22/3 | DBS checks | When recruiting at distance providers cannot see original versions of documents. Alternate provisions have been in place: <https://www.gov.uk/government/news/covid-19-changes-to-standard-and-enhanced-id-checking-guidelines>  | SCA |
| 26/3 | Referencing  | CQC are advising providers to go ahead and start new staff where it is not possible to gain a reference, subject to you completing the rest of the full recruitment process, to ensure that you find the person suitable to work in your service.You will also need to keep an audit trail to show this, for future inspections, and get the references at a later date. You may also need to consider that the person works supervised. There should be some firmer long-term guidance coming from CQC once the emergency legislation has passed. | Martin Barrett,CEO,NellsarMartin.Barrett@Nellsar.com |

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| Training |
| 22/3 | On-line training | Many Providers prefer classroom training to online training, but this is clearly a time when online training makes a lot of sense.We hope that this record will be place where providers share their good experiences with online training providers. | SCA |

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| Working practices  |
| 22/3 | Video-conferencing | Many Providers are embracing video-conferencing as a way of conducting meetings remotely. This is nothing to worry about – meetings held in this way can be very effective.Favoured packages are:* Zoom. This is available with limited functionality for free (meetings up to 40 mins), or with fuller functionality for a small monthly fee.
* Microsoft team. This is free for 6 months with Office 365. Particularly good for close teams working together with shared resources.
 | SCA |
| 22/3 | Home-working | Homeworking is not as easy as it sounds. It presents a range of issues, not least how to maintain output. Some people seem to be good at it whilst others struggle. A particular challenge for people working from home is how to maintain wellbeing.Many of the technical aspects are covered in a useful ACAS guide, available at <https://archive.acas.org.uk/homeworking>. There are also many articles on the internet giving tips about best practice. These suggest, for example, having a dedicated workplace, working normal hours and scheduling tasks. | SCA |
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| PPE  |
| 26/3 | Thermometer covers | Thermometer covers seem to be in very short supply.Might be worth considering how they can be rationed, or disinfected and re-used.  | SCA |

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| Maintaining high quality care and support |
| 22/3 | Activity support | There are a number of potential sources of day activities to keep people entertained, fit and healthy whilst in isolation. It would be great to catalogue them here. |  |
|  | Online activities | Dayspace is offering 2 -3 daily activities online via their Dayspace Surrey YouTube page and Facebook. Activities include, dance, singing, baking and art. You could film or photograph your groups joining in with sessions to share with Dayspace and/or family members. Dayspace is also releasing podcasts to enhance their offer to the visually impaired.  | Hannah Millsted,director hannahmillsted@millstedcare.co.uk |
|  | Online activities | Dramatize are live streaming and uploading videos to their website to provide an activity/ entertainment whilst in isolation. Every day there will be both a live stream and video uploaded at the following times (please be patient if we are running a bit late)… 9am – Morning Mix-Up Live Stream on Facebook  10am – Video Upload on our website 1pm – Exercise session Live Stream on Facebook  3pm – Video Upload on our website  The videos can be found via this link –  <http://www.dramatize.co.uk/online-workshops.html> Facebook  page - <https://www.facebook.com/DramatizeTC/?ref=hl>   | Karen DavisDirectorDramatizekaren@dramatize.co.uk |

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| Things we shouldn’t forget because we are all distracted by Covid-19 |
| 22/3 | Fees | It is almost April, the time when fees are traditionally uplifted. Providers will have their own processes surrounding fee uplifts. Don’t forget to act! | SCA |
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