

South West Care Home Resource Pack

June 2020

Version 1.1

Created using the NHS London Care Home Resource Pack 1.2.

This South West guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

NHS England and NHS Improvement





A note to systems

The purpose of this resource pack is to provide guidance and useful links to information for Care Homes in the South West. The information is aligned with NHS 111 Star lines and national guidance, including good practice which can be embedded locally by care providers.

This resource is to compliment local protocol and guidance, it does not replace it.

We would encourage you to edit and tailor this pack to make it work for your local systems. You may choose to extract parts to compliment your current comms, or you may add more information specific to your geography. We advise that you ensure it is accessible to all, including readability and where the pack is hosted.



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111 Starlines

- Care home staff concerned about a resident who may have COVID-19 symptoms can dial **NHS 111 Star*6** for faster access to urgent advice from a senior clinician if they cannot get through to the resident's own GP.
- Before calling, record observations where possible: date of first symptoms, blood pressure, [pulse respiratory rate](#) and temperature. If there is a care plan/TEP for your resident, please have access to it.

The screenshot shows two steps of the NHS 111 call flow. The first step is 'DIAL 111' with a telephone icon, followed by a grey bar with a speaker icon and the text 'Thank you for calling NHS 111, please press 9 to continue.' The second step is 'PRESS 9' with a large number 9 icon, followed by a grey bar with a speaker icon and the text 'Let's work out where you are.'

At this stage, you will be prompted: "If you are calling about coronavirus symptoms, please press 1, or press 2 to continue"
PLEASE PRESS 2 TO ACCESS THE NHS 111 STARLINES

The screenshot shows a grey bar with a speaker icon and the text 'You'll hear a pause. Then when asked your age...'. This is followed by a blue bar containing the asterisk icon, the number 6 icon, the text 'PRESS *6', and a speech bubble icon.

Resources

[RESTORE2™](#); a physical deterioration and escalation tool for care/nursing homes.

[SBAR Communication Tool](#) – situation, background, assessment, recommendation

Coronavirus (COVID-19): support for care homes: [Guidance](#)



Reporting an outbreak in your home



What to do in case of a COVID-19 outbreak?

An outbreak of COVID-19 is defined as **two or more residents** in the care home diagnosed with compatible symptoms:

- New continuous cough
- High temperature ($\geq 37.8^{\circ}\text{C}$)
- Loss or change to sense of smell or taste

Care home residents may also commonly present with **other signs of being unwell** such as being more confused, having diarrhoea, dizziness, conjunctivitis and falls. Residents may also present with **changes in usual behaviours** such as being restless or **changes in abilities** such as walking.

Record observations where possible: Date of first symptoms, blood pressure, [pulse](#) [respiratory rate](#) and temperature – remember to [maintain fluid intake](#)

For more clinical support, call the residents **GP** in the first instance. Call NHS **111* Star 6** for urgent clinical advice, or if the GP is not available – this will put you in contact with a Clinician in NHS 111

Notify outbreaks to: Public Health England South West
Phone Number: 0300 303 8162 Option 1, Option 1
Email: swhpt@phe.gov.uk
Guidance: [COVID-19 investigation and initial clinical management of possible cases](#)



Public Health
England

Do 2 or more residents or staff have the following symptoms?

Fever of 37.8°C or above

New onset or acute worsening of one or more of these symptoms:

- cough
- runny nose or congestion
- sore throat
- sneezing
- hoarseness
- shortness of breath
- wheezing
- chest pain

Sudden decline in physical or mental ability

If you notice 2 or more residents or staff meeting these criteria, occurring within 14 days, in the same area of the care home **you might have an outbreak**. Consider influenza or COVID-19 as an alternative diagnosis in residents with suspected chest infection or fever or cough

Resources

COVID-19 Infection prevention and control (IPC): [Guidance](#)
British Geriatrics Society - Managing COVID-19 Pandemic in Care Homes: [Guidance](#)



Atypical COVID-19 presentations

- Research suggests that older people do not always present with typical symptoms, such as fever, cough, shortness of breath and fatigue.
- Older people are at a greater risk of infection and death from COVID-19 and therefore we must remain alert.
- We should be more vigilant and anticipate more atypical presentations in older adults.
- If you notice these changes in your residents, inform their GP/call 111*6

Atypical Symptoms:

- Delirium (hypo and hyperactive)
- Falls
- Generalised weakness
- Malaise
- Functional decline
- Conjunctivitis
- Anorexia
- Increased sputum production
- Dizziness
- Headache
- Rhinorrhoea
- Chest pain
- Haemoptysis
- Diarrhoea
- Nausea/vomiting
- Abdominal pain
- Nasal congestion
- Anosmia
- Tachypnoea
- Unexplained tachycardia
- Decreased blood pressure
- Myalgia and arthralgia
- Rash
- Seizures
- Hypoxia



Resources

Atypical Covid-19 presentations in older people – the need for continued vigilance [Blog](#)



Infection Prevention and Control



- Follow the guidance on [handwashing and social distancing](#)
- Follow the [guidance](#) to see if you should be using PPE
- Masks should be worn when doing any task that requires you to be within 2 meters of your residents
- Masks can be used continuously, depending on [different scenarios](#)
- Gloves and aprons are for single patient use only
- Additional PPE is required for Aerosol Generating Procedures as described in the [table](#).

If you take your mask off, it MUST go in the clinical waste bin

In times of PPE shortage:

Order through your normal routes as first option, then try the following national social care distributors:

Careshop: coronavirus@careshop.co.uk

Blueleaf Care: 03300 552288 / emergencystock@blueleafcare.com

Delivernet: 01756 70 60 50 / kevin.newhouse@delivernet.co.uk

Countrywide Healthcare: 01226 719090 / enquiries@countrywidehealthcare.co.uk

If unsuccessful, contact the **LRF**, who will either supply directly or pass to LA. Visit your LRF [website](#) for info on PPE and contact details.

If no success, and then contact: **The National Supply Disruption line:** 0800 915 9964 / supplydisruptionservice@nhsbsa.nhs.uk

Please also refer to the following [guideline](#) for re-use of PPE during times of severe shortages.



Caring for residents:

- Follow clinical advice on length of isolation for your resident which will depend on clinical symptoms and test results.
- Consider bathroom facilities. If no en-suite available:
 - Designate a single bathroom for this resident only
 - Use commode in room

Resources

[Guidance for Residential Care Providers](#)

Infection Control: [Guidance](#)

COVID-19 PPE use for non-aerosol generating procedures: [Guidance](#)

COVID-19 PPE use for aerosol generating procedures: [Guidance](#)

Best practice - How to hand wash: [Poster](#)

Government [PPE Plan](#).

Correct handwashing technique ([video](#) and [guidance](#))

COVID-19: infection prevention and control (IPC): [Guidance](#)

COVID-19: how to work safely in care homes: [Guidance](#)



Personal Protective Equipment (PPE)



In your care home:

Different types of PPE is worn depending on the type of work people do and the setting in which they work. Click on this [link](#) to see the video on how to put on PPE and take it off in your care home. You can also use the [poster](#).

Why are people wearing different PPE?

You may see other people wearing different types of PPE, for example, paramedics, district nurses and GPs. This is because some roles will have contact with more people in different procedures and settings, who are possibly infected. In addition, there are a number of styles of PPE made by different manufacturers. You will see, for example, not all face masks will look the same.

Communicating in PPE

Communication is really important and wearing PPE can be a barrier to this. Consider how you could improve communicating with your residents whilst wearing PPE, for example nod or shake your head to show what you mean.

There are simple ways to still show compassion and care whilst wearing PPE, as discussed in this [video](#).

Resources

PPE in all settings: [Guide](#)

Personal Protective Equipment from Public Health England and the NHS: [Video](#)

Donning and doffing of PPE in Health and Care Settings: [Video](#)

Communicating whilst wearing PPE: [Guide](#)

COVID-19 How to work safely in care homes: [Guidance](#)

PHE COVID-19 [webinar](#) for South West Care Homes – Staff protection and wellbeing

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.



Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.



Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.





Managing respiratory symptoms



A **new continuous cough** is one of the symptoms of COVID-19. However, coughing can continue for some time even if the person is getting better. This does not necessarily mean the person is still infectious, especially when other symptoms have settled down.

There are simple things you can do to help **relieve coughing** such as drinking honey and lemon in warm water or elevating the head when sleeping.

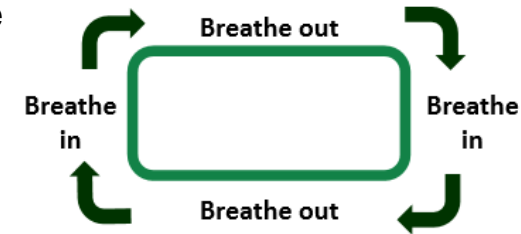
Worsening or **new breathlessness** may indicate that the person is deteriorating. However, people can also appear breathless because they are anxious, especially when they are not used to being on their own in a room, or seeing staff wearing PPE.

50% of people with mild COVID-19 take about two weeks to recover. Recovery for people with severe COVID-19 will take longer.

Continue to ensure residents are hydrated and check oxygen saturations. If a those less than 92%; call the GP.

If a resident is experiencing breathlessness:

- Try and reassure them and if possible, help them to adopt a more comfortable position, for example, sitting upright might help
- It is not recommended to use a fan during the COVID-19 outbreak, instead opt for a cool flannel
- Encourage residents to breathe a rectangle
- Consider increased monitoring



- If this is an unexpected change:
 - Call the GP in the first instance
 - Call NHS 111 Star*6 if concerned, or if GP is not available
 - In emergency call 999
 - Be explicit that COVID-19 is suspected
- If this is an expected deterioration, and there is an advance care plan:
 - Follow the care plan instructions
 - Call GP for further advice if needed
 - Call community palliative care team if they are already involved and if further advice is needed

Resources

Supporting someone with breathlessness: [Guide](#)

Managing breathlessness at home during the COVID-19 outbreak: [Guide](#)
[Stress, panic and breathlessness](#)

22 June 2020



Supporting residents with learning disabilities



People with learning disabilities may be **at greater risk** of infection because of other health conditions or routines and/or behaviours. It is important that staff are aware of the risks to each person and reduces them as much as possible.

This will mean significant changes to the persons care and support which will require an update in their care plan. If the resident needs to exercise or access the community as part of their care plan, it is important to manage the risk and support them to remain as safe as possible.

You may need help or remind the resident to wash their hands:

- Use signs in bathrooms as a reminder
- Demonstrate hand washing
- Alcohol-based hand sanitizer can be a quick alternative if they are unable to get to a sink or wash their hands easily.

Residents that are high risk may require [shielding](#), this may be difficult in shared accommodation, it is important to ensure that you follow the government guidance as much as possible.

To minimise the risk to people if they need access to health care services you should use supportive tools as much as possible such as a RESTORE2 or RESTORE Mini.

- Consider using the [STOP and Watch Tool](#) as an early warning tool when you have identified an important change whilst caring.
- Does the person need extra help to remain safe and protected?
- Think about ways to engage to ensure that they understand changes in activities.
- Allow time to remind the person why routines may have changed.
- Develop new care plans with the person and their family.



Resources

Easy [read poster](#) explaining why staff are wearing PPE End of Life Care: [guidance](#)
MCA and DoLS COVID 19 [guidance](#) and [summary](#)
Tool to support monitoring for signs of deterioration [STOP and WATCH](#)
Hospital Visitors [guidance](#)
Government guidance on [exercise](#)
Protecting extremely vulnerable people: [Government guidance](#)
SCIE COVID-19 Care staff supporting adults with learning disabilities or autistic adults: [Guide](#)



Supporting your residents with dementia



There will be a **significant change in routine** for people living with dementia. People they love are no longer able to visit and they may not have access to the activities they enjoy.

People may behave in ways that is difficult to manage such as **walking with purpose** (wandering). Behaviour is a form of communication, often driven by need. Someone could be hungry, in pain or constipated, they might be scared or bored. Ask someone walking if there is something that they need, try activities with them and if possible go for a walk with them.

Some people **ask to go home** – this is often because people want to feel safe and secure. Talking about family that they are missing and looking at photographs can help.

People might find **personal care frightening** (it might seem like they are aggressive). Giving them time to understand what is happening, showing them the towel and cloth, encouraging them to do what they can and keeping them covered as much as possible can help.

People with dementia may need help or reminders to **wash their hands**. Use signs in bathrooms as a reminder and demonstrate hand washing. Alcohol-based hand sanitizer can be a quick alternative if they cannot get to a sink or wash their hands easily.

People with dementia may find being approached by someone wearing **PPE frightening** - It may be helpful to laminate your name and a picture of your role and a smiley face. Introduce yourself and explain why you're wearing PPE.

If people with dementia become unwell they might get **more confused** (delirium).



COVID-19 testing when a person has dementia

- Explain the procedure using the appropriate language
- Continue to explain throughout
- Demonstrate what will happen on someone else/toy
- Take your time, so the person feels at ease
- Continue to reassure

Resources

- Meeting the needs of people with dementia living in care homes [video](#)
- Easy [read poster](#) explaining why staff are wearing PPE
- [Communication cards](#) can help to talk about COVID-19
- HIN activities [resources](#) during COVID-19
- Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs) COVID 19 [guidance](#) and [summary](#)
- British Geriatric Society [short guide dementia and COVID-19](#)
- GP Dementia [Training Videos](#)
- Getting a COVID swab when a person has dementia: [Top tips](#)
- COVID-19: Dementia and care homes: [Q&A](#)



Supporting residents with delirium



Delirium is a sudden change or worsening of mental state and behaviour. It can cause confusion, poor concentration, sleepiness, memory loss, paranoia, agitation and reduced appetite and mobility.

COVID-19 can cause delirium – it might be the only symptom. Delirium can also be caused by infections, hospital admissions, constipation and medications.

You can help to **prevent delirium** by:

- Stimulating the mind e.g. listening to music and doing puzzles
- Physical activity, exercise and sleeping well
- Ensure hearing aids and glasses are worn
- Ensuring plenty of fluids and eating well
- Addressing issues such as pain and constipation

If you are concerned that a resident has delirium speak with their GP or call 111*6 who can try and identify the cause.

Delirium in people with learning disabilities may indicate a deterioration in the person's physical or mental health. Please contact the individuals lead contact to discuss any changes and seek guidance.

Reducing noise and distraction, explaining who you are and your role and providing reassurance can help. Residents with delirium may find PPE distressing - having your name, role and picture to show people may help.

Always remember to be kind, calm and mindful of emotional needs.



Prevent it, Suspect it, Stop it.

Delirium can be prevented and treated.
Remember the causes of delirium.

TIME AND SPACE		
T - Toilet	A - Anxiety/Depression	S - Sleep
I - Infection	N - Nutrition/Hydration	P - Pain
M - Medication	D - Disorientation	A - Alcohol/Drugs
E - Electrolytes		C - Constipation
		E - Environment

Resources

- Delirium prevention [poster](#)
- Delirium awareness [video](#)
- Delirium and dementia [video](#)
- Raising awareness and training of delirium: [Resources](#)



Managing falls



Prevention is better than cure and continuing to implement falls prevention interventions such as strength and balance exercises is important.

To help prevent falls:

- Complete your local falls assessment and care plan
- Keep call bell and walking aid in reach of your residents
- Ensure residents shoes fit well and are fastened and clothing is not dragging on the floor
- Optimise environment – reduce clutter, clear signage and good lighting
- Ensure the resident is wearing their glasses and hearing aids

Residents do not need to go to hospital if they appear **uninjured**, are well and are no different from their usual self. People with learning disabilities or dementia may not be able to communicate if they are in pain or injured following a fall, take this into account when deciding on whether or not to go to hospital.

Going to hospital can be distressing for some residents. Refer to their **advance care plan** to make sure their wishes are considered and take advice e.g. from GP or 111*6. Only ring 999 when someone is seriously ill or injured and their life is at risk.

Whilst waiting for an ambulance, keep your resident as comfortable as possible. Offer a drink to avoid dehydration and painkillers such as paracetamol to ease discomfort - tell the ambulance staff what you have given the resident.

Think

- Is an emergency ambulance required for the resident who has fallen?

Ask

- Contact your GP, community team or 111*6 for clinical advice and support
- Follow advice on [NHS website](#) on when to ring 999

Do

- Use assessment and observation to monitor for deterioration or injury in the hours following a fall
- If available and safe use appropriate lifting equipment
- If it is unsafe to move someone who has had a fall keep them warm and reassure them until the ambulance arrives
- Ensure you have up to date moving and handling training
- Continue to implement existing falls prevention measures

Resources – prevention

Greenfinches – [Falls Prevention Resources](#)

Simple set of exercises to stay active - [video](#) and a [poster](#)

Later life training [you tube exercises](#) including chair based exercises

Resources – falls

Falls in care homes management [poster](#)

I STUMBLE [falls assessment tool](#) which is available as an [app](#)

What to do [if you have a fall](#)

Resources – falls videos

Assisting someone who is uninjured up from the floor: [Link](#)

Using slide sheets in a confined space: [Link](#)

Using a hoist to move from floor to bed: [Link](#)

[HSE - Moving and handling in health and social care](#)



Supporting residents health and wellbeing



Your role is important in helping people in your care to enjoy their daily life and take a full part in it as much as they can and is possible. When choosing activities it is important to take in to account, the likes and preferences of your residents.

The Health Innovation Network (HIN) has produced an Activities guide which collates a number of activities which are free to use and dementia friendly. The guide can be found [here](#)

Some residents may have lost friends that they live with, care staff or family. At a Loss recommends speaking to the bereaved or offering help, listening (ask, don't give solutions), showering them with good things, ensuring others do too, and keeping it up.

Cruse also recommends ways to support someone who is grieving. Be honest. Acknowledge the news by sharing your condolences, saying how sorry you are that their friend or relative has died. Share your thoughts about the person who died (if appropriate), tell your friend or relative how much the person will be missed and that you are thinking of them. Remind them that you are there for them, as much as you can be.

Active at Home

A guide to being active at home during the coronavirus outbreak



PHE have released a booklet resource for older adults, [Active at Home](#), to support people to stay active during the outbreak.

Look at how you can use this tool to support your residents. Exercise can help manage stress, improves sleep and reduces the risks of falls.

It's normal for people to feel anxious during these times, developing a routine with your residents will help them to focus on things which they can control.

Resources

Physical activity for adults and older adults [poster](#)

Managing activities for older adults during COVID-19 (HIN) [link](#)

NHS LiveWell [link](#)

Relatives & Residents Association [helpline](#) At a Loss tips to help someone bereaved at this time [here](#) Cruse – what to say when someone is grieving [here](#).

Death & Grieving in Care Homes during COVID-19: [Guidance](#)



Primary care and community services support **NHS**

Virtual Check-ins:

- Starting in May 2020 weekly virtual “Check-ins” will be carried out by GPs or other members of the primary care team for residents identified as a clinical priority
- The healthcare team (multi-disciplinary team/MDT) supporting your care home will work on a process to support development of personalised and individually agreed care plans including treatment escalation plans for residents reflecting their needs and wishes
- Your home should have direct support from Primary Care. For example, support could be from GPs, wider MDT, pharmacists, community nurses, geriatricians, community palliative care teams and a variety of other health care professionals, which may vary according to local provision
- Primary care pharmacists may be able to provide advice and support regarding medication for residents. This may include administration, provision and storage of medication, as well as medicine use reviews for residents
- Technical support will be needed to enable homes and the wider MDT to help deliver care, including eg. Microsoft Teams, video conferencing etc. Access to equipment will be helpful in some care home settings, for example, via remote monitoring using pulse oximetry to test oxygen levels, as well as other equipment.

Shielding in care home settings:

- The guidance on shielding is absolutely valid to those who are clinically extremely vulnerable and living in long term care facilities, including care home facilities for the elderly and those with special needs. See this [link](#) which details all the actions to be followed.



Pharmacy Medicines Support to Care Homes



- A new operational model has been implemented for pharmacy and medicines teams to provide primary care and community health support for Care Homes.
- Pharmacy teams will increasingly collaborate across NHS systems and provide practical advice and clinical support to help reduce the risk of harm in Care Homes, and ensure best use of medicines both during and following the Covid-19 pandemic period.
- Pharmacy teams are therefore focusing on meeting the needs of care home residents and staff and work as members of the multidisciplinary clinical team.
- Support is being led by the CCG, but pharmacists will collaborate across the CCG, PCN, hospital, community pharmacy and other local Pharmacy services.



Key areas where pharmacy professionals will support care homes:

- Medicines supply
- Clinical review (e.g. new residents, hospital discharges)
- Information and professional advice around medicines
- Structured Medication Reviews (including residents prioritised by the MDT and those with complex polypharmacy or medicines concerns)





Admissions into your home



The admission of patients into your home from hospital or community settings raises numerous challenges.

- For **all** admissions to your home, whether a returning or new resident, from a hospital or from a community setting, **should be managed in isolation for 14 days**, regardless of a positive or negative swab from hospital, and regardless of whether they are showing symptoms or not.
- For residents being discharged from hospital, most will be **swabbed 48 hours before discharge**. Provided all Infection Prevention and Control advice is followed, it is safe to accept a resident into your home.
- The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home.
- **Discharge can still happen while awaiting results**, as a negative result is not required to enable discharge.
- Risk Assessments should be carried out in line with current guidance and recommendations.

There may be grounds for a care home to decline admission if the home feels they are unable to manage the resident's isolation needs.

- If there is a side room with an en-suite, then this is adequate facility for isolation but there may also be staffing challenges which may influence your decision to accept
- If you are unable to accommodate a resident in isolation, the national guidance indicates that the Local Authority has some responsibility to help. However, your local CCGs will also support making the necessary arrangements with a joint approach between health and social care in supporting care homes with temporary alternative placements
- If alternative provision is required **this would be for a period of 14 days**.

Resources

Stepdown of infection control precautions and discharging COVID-19 patients: [Guidance](#)

[COVID-19: Adult Social Care Action Plan](#)

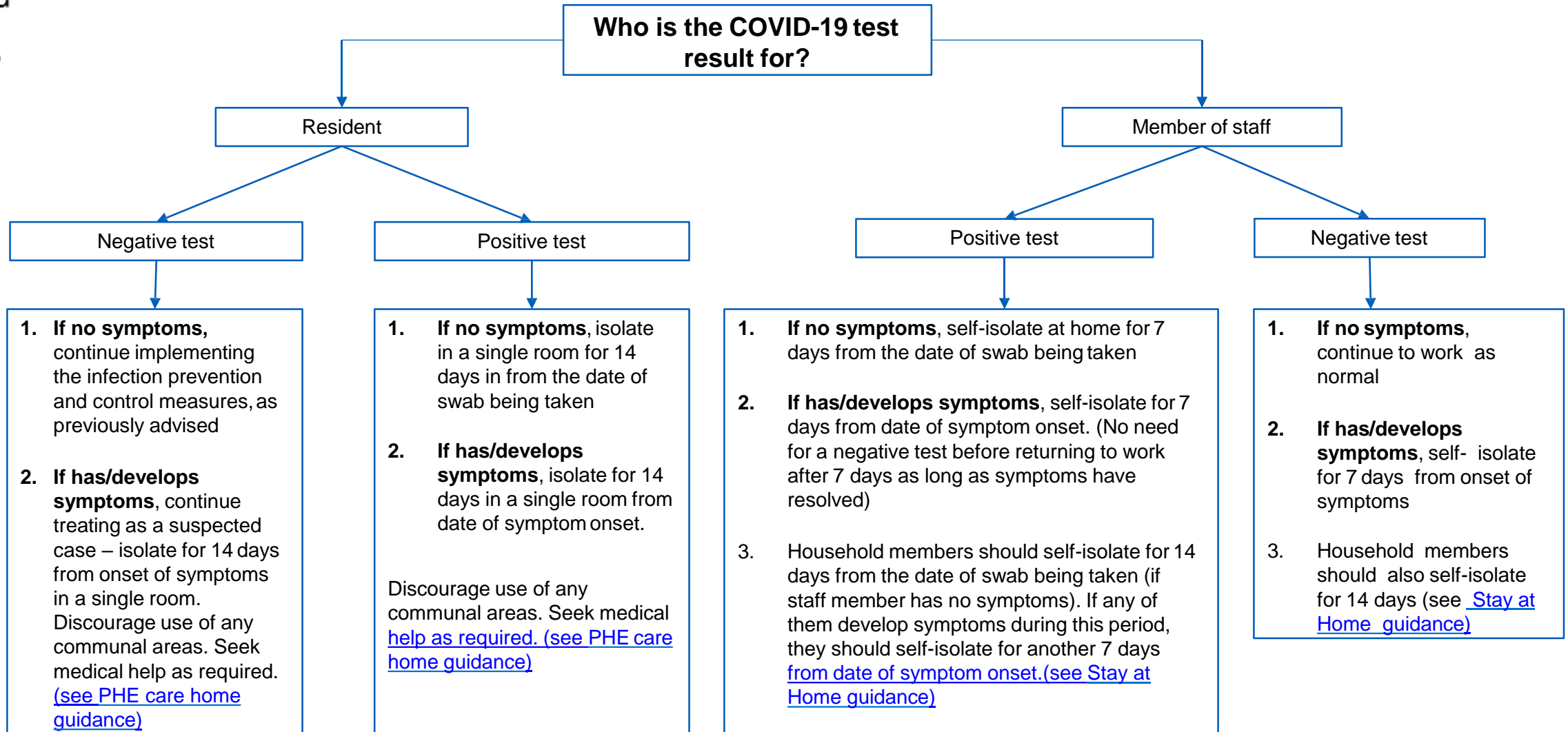
Risk assessments: [Guidance](#)

[Admission and Care of Residents during COVID-19 Incident](#)

Coronavirus (COVID-19): admission and care of people in care homes: [Guidance](#)



PHE care home testing results



If any care home of any type suspects a case or outbreak, the local Health Protection Team must be informed. In these circumstances Pillar 1 tests are arranged for symptomatic cases and Pillar 2 testing for other residents and staff.



Talking to relatives



Conversations with relatives about COVID-19 can be challenging. COVID-19 has a large impact on not only the individual, but those who care for them and their loved ones.

It may be that these conversations need to be held over the phone or remotely.

Ensure you are in a quiet, private space, free of interruptions. When you introduce yourself, check the person you are talking to is the person you need to speak to. Remain compassionate, allow time to respond and offer a follow up call. More guidance can be found [here](#).

These conversations are hard

Following a courageous conversation with a relative or carer, talk to a colleague.

Resources

Real Talk [evidence based advice about difficult conversations](#)

VitalTalk [COVID communication guide](#)

Health Education England [materials and films](#) to support staff through difficult conversations arising from COVID-19.

Talking to relatives
A guide to compassionate phone communication during COVID-19

Introduce SPEAK SLOWLY OPEN WITH A QUESTION ESTABLISH WHAT THEY KNOW

Hi hello my name is... GRACE WARD SISTER
I'm calling to give you an update on your brother, Frank.
Are you OK to talk right now?
Can you tell me what you know about his condition?

Share info in small chunks PAUSES SIMPLE LANGUAGE EUPHEMISMS JARGON

Helpful concepts

- Honesty with uncertainty**: There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.
- Hope for the best, plan for the worst**: We hope Frank improves with these treatments, but we're worried he may not recover.
- Sick enough to die**: Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days. I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.

Comfort and reassure

Is there anything you can tell me about Frank to help us look after him? What matters to him?
We've been looking after him and making sure he's comfortable.

Allow silence LISTEN EMPATHISE ACKNOWLEDGE

I am so sorry. Please, take your time.
It must be very hard to take this in, especially over the phone.
I can hear how upset you are. This is an awful situation.

Ending the call DON'T RUSH NEXT STEPS

Before I say goodbye, do you have any other questions about Frank?
Do you need any further information or support?

Afterwards Chat with a colleague. These conversations are hard. #weareallhuman

NHS Chelsea and Westminster Hospital
proud to care

Developed by Dr Antonia Field-Smith and Dr Louise Robinson, Palliative Care Team, West Middlesex Hospital

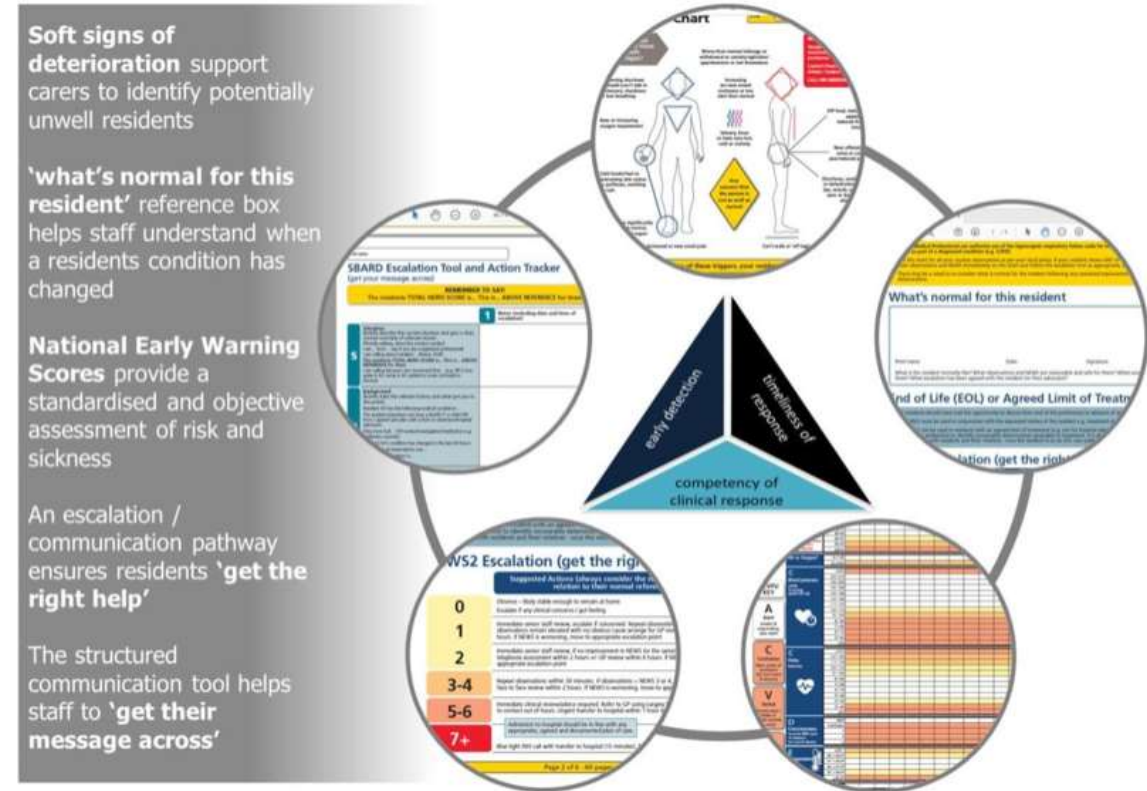
Advance Care Planning

RESTORE2 supports the early recognition and communication of physical deterioration using National Early Warning Scores for Care Home residents.

This enables Primary Care services to prioritise and intervene for residents most at risk to ensure that people receive earlier urgent community and emergency care in the most appropriate place, at the right time and by the most competent person, preventing hospital admissions and saving lives.

The British Geriatrics Society (BGS) recently released a new guide, COVID-19: Managing the COVID-19 pandemic in care homes. The good practice guide offers 13 key recommendations, including that care home staff should be trained to spot the early warning signs of residents becoming unwell, where possible using the [RESTORE2TM](#) tool or soft signs using RESTORE2miniTM.

Whilst the BGS recommendations are in response to COVID-19, these tools are designed for identifying and responding to patients who become unwell through both COVID-19 and non-COVID-19 illnesses, and will have a long term benefit for your staff and residents.



Resources

Short training [videos](#) produced by the West of England AHSN in partnership with Health Education England
Additional ReSPECT resources and training are [available](#)



Supporting care in the last days of life



Some residents will have expressed their wishes to not go to hospital and to stay at the care home and made as comfortable as possible when they are dying.

Family is able to **visit their relative** who is dying. If they are unable to visit, look at using technology to connect loved ones.

Common symptoms at the end of life are fever, cough, breathlessness, confusion, agitation and pain. People are often more sleepy, agitated and can lose their desire to eat and drink. Breathing can sound noisy, due to secretions, and medicine can be given to help. The GP, palliative care team or 111 if urgent can provide advice about symptom control and medication

Some people can become agitated or distressed when dying, ensure you provide reassurance and comfort. This could be through music, reading or looking through photos.

Caring beyond the resident

End of life care for an individual goes beyond one person, it is also important to support those caring for them.

- Discuss and recognise the needs of the person dying and their loved ones to support dignified end of life care
- Identify coping strategies and self-care for the carer
- Think about care after death, this may be a memory box including memory cards, notebooks or diaries
- Ensure the resident's loved ones know where to find support



Results through relationships
Dorset Integrated Care System in collaboration with Easier Inc
NHSE Personalised Care Group

The South West End of Life COVID-19

Briefing produced by NHS England highlights the latest guidance, resources and upcoming opportunities. To receive this please email england.sweol@nhs.net.

Resources

- Guidance on visitors for people in their last days of life: [Guide](#)
- End of Life Care: Support during COVID-19: [Guide](#)
- Key to care: [End of life care](#)
- Royal College of GPs COVID: [End of Life Care in community](#)
- NICE COVID-19 rapid guidelines [managing symptoms in community](#)
- Facilitating compassionate care for patients dying with COVID-19: [Joint statement](#)



Verification of death – national guidance



The guidance covers deaths in care homes (under community settings) which are **expected** including confirmed and unconfirmed COVID-19 cases.

The guidance states that “verification of death is performed by professionals trained to do so in line with their employers’ policies (for example medical practitioners, registered nurses or paramedics) or by others with remote clinical support.”

Equipment to assist verification of death includes:

- Pen torch or mobile phone torch
- Stethoscope (optional)
- Watch or digital watch times
- Appropriate personal protective equipment (PPE)

Process of verification in this period of emergency:

1. Check the identity of the person – for example photo ID.
2. Record the full name, date of birth, address, NHS number and, ideally, next of kind details.
3. The time of death is recorded as the time at which verification criteria are fulfilled.

For **remote clinical support**:

During core practice hours call the resident's GP. For out of hours, call 111*6 and a clinician will provide remote support to work through the process.



Care after death



What is an Expected Death?

- An expected death is the result of **acute or gradual deterioration in the patient's health and often due to advanced disease and terminal illness**. For example, a person having an expected death due to metastatic cancer and unrelated to COVID-19
- A patient diagnosed with COVID-19 who is being treated in the community with end of life care plans in place, would be an expected COVID-19 death and should be managed according to their end of life care plan. This will include patients with confirmed COVID-19 who have been discharged from Hospital to a Care home with an end of life plan.

- ✓ **During core practice hours: call the person's registered general practice**
- ✓ **Outside of core practice hours: call NHS 111*6**

What is an Unexpected Death?

- These are deaths where the resident has **died suddenly or without the cause being expected** due to illness, or where the cause is unknown. This will include all cases where the death may be due to accident, apparent suicide, violent act and any other death that is not medically expected

- ✓ **Call NHS 111*6**

Verification of Death will need to be completed in the home soon after death. This can be done either by suitably trained Health Care Professional, such a registered nurse in the care home who has completed the correct training*, or another suitably trained Health Care Professional available to visit (eg. District/community nurse).

The Learning Disabilities Mortality Review (LeDeR) Programme was set up to review every death of a person with a learning disability over the age of 4. You can find out more about LeDeR and notify the LeDeR that someone has died [here](#).

Resources

*Special Edition of Care After Death: [Registered Nurse Verification of Expected Adult Death \(RNVoEAD\) guidance](#)



Care after death – using PPE and IPC



If the deceased person has suspected or confirmed COVID-19:

- PPE should be used, consisting of disposable plastic apron, disposable plastic gloves and a fluid-resistant surgical mask. Click on this [link](#) for more information
- Ensure that all residents maintain a distance of at least two metres, or are in another room from the deceased person and avoid all non-essential staff contact with the deceased to minimise risk of exposure
- If a member of staff does need to provide care for the deceased, this should be kept to a minimum
- You should follow the usual processes for dealing with a death in your care home, ensuring that infection prevention and control measures are implemented
- Staff in residential care settings are requested to inform those who are handling the deceased when a death is suspected or confirmed to be COVID-19 related as required. This information will inform management of the infection risk.

Following Verification of Death, care after death must be performed according to the wishes of the deceased as far as reasonably possible. The deceased should be transferred to the mortuary/funeral directors as soon as practicable. PHE guidance on the care of the deceased with suspected or confirmed coronavirus must be followed. Click on this [link](#) for more information.

Mementoes/keepsakes (e.g. locks of hair, handprints, etc) should be offered and taken at the time of care after death, as they will not be able to be offered at a later date. Mementoes should be placed in a sealed bag and the relatives must not open these for seven days.



Technology



COVID-19 is changing how we access services, this is particularly relevant to care homes as many healthcare professionals can no longer visit.

Through utilising digital tools you can continue to access advice, support and treatment for your residents from a range of health and care professionals. Digital tools can help ensure information on residents is sent and received securely and help facilitate remote monitoring which can support clinical decision about your residents.

To effectively utilise these tools you will need to think about the current technology you have in your organisation:

What you will need:

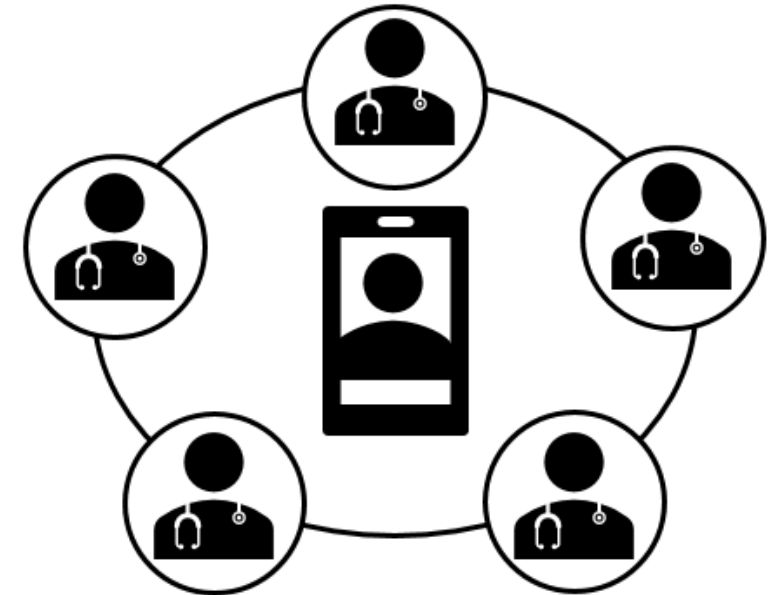
- Minimum 10mb broadband speed and adequate coverage across your home - click [here](#) to test your broadband speed.
- An email address, preferably NHS mail. Signing up to NHS mail is easy and allows you to share confidential information securely
- A device which can be taken to the resident or a confidential space.

Helpful tips:

- Liaise with your GP/HCP to find out how they are delivering remote consultations
- Once you have NHS mail you can access MS Teams. Click [here](#) to learn more.
- Digital social care have launched a [technology helpline](#) to support you.

Benefits of video consultations:

- One-off assessment of patients/residents
- Virtual weekly check-ins (as part of national requirement)
- Medication reviews
- End of life care/assessments



Resources

[Link](#) to Digital Social Care
Digital Social Care telephone [Helpline](#)



Supporting care home staff wellbeing



The COVID-19 outbreak is affecting us all in many ways: **physically, emotionally, socially** and **psychologically**. It is a normal reaction to a very abnormal set of circumstances. **It is okay not to be okay** and it is by no means a reflection that you cannot do your job or that you are weak. Managing your emotional wellbeing right now is as important as managing your physical health. If you are concerned about your mental health, your GP is always a good place to start. If it is outside of working hours, contact the crisis line of your borough which is [here](#) or if you are known to services, please call your Care Coordinator or the service responsible for your care.

Support your own wellbeing:

- These times are temporary and things will get better.
- Consider and acknowledge how you are feeling and coping, reflecting on your own needs and limits.
- Ask for help if you are struggling. Asking for help when times are difficult is a sign of strength.
- Stay connected with colleagues, managers, friends and family. Where possible do check on the needs of colleagues and loved ones.
- A lot of things might feel out of your control at the moment. It can help to focus on what we can control rather than what we cannot.
- Acknowledge that what you and your team are doing matters. You are doing a great job!
- Choose an action that signals the end of your shift and try to rest and recharge when you are home.

To speak to someone:

- **Urgent Support:** Good-Thinking's [Urgent Support page](#) has numbers and links to help you access urgent support,
- **1:1 Mental health support** 24 hours a day: Text FRONTLINE to **85258** for a text chat or call **116 123** for a phone conversation
- Visit [Bereavement Support Online](#) or call the free confidential bereavement support line (Hospice UK), on 0300 303 4434, 8am – 8pm
- **NHS Psychological therapy (IAPT):** Search [here](#) to find out how to get access to NHS psychological therapy(IAPT)
- **Finances:** If relatives of staff are financially effected by COVID-19, they can access the [Money Advice Service web-chat](#) or **call 0800 138 1677**, from www.moneyadviceservice.org.uk



Staff mental health and emotional wellbeing



Evidence-based apps and personalised online tools:

- **Worry and anxiety:** The free [Daylight phone app](#) teaches you to manage worry and anxiety by offering audio-led guidance tailored to you
- **Sleep:** [Sleepio](#) is a highly personalised free digital sleep-improvement program which helps you get to the root of poor sleep
- **Substance misuse:** Breaking Free is an evidence-based digital treatment and recovery programme that allows users to recognise and address the issues that are driving their use of alcohol and/or drugs. Freely available to care homes for one year when signing up by **30th June 2020**. Visit the [website](#), click SIGN UP and use the access code **NHSE2020**. This code is applicable for social care staff.

Work and well-being:

- **Going Home checklist:** Find simple steps to help you manage your own wellbeing at the end of each working shift in this [video](#)
- **Risk Assessment BAME staff:** Use Risk Reduction Framework for staff at risk of COVID-19 infection (pages 9 and 10) [here](#) and assessment [here](#)
- **Preventing work related stress:** Use Health and Safety Executive's talking toolkit for preventing work related stress [here](#)
- **'Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus':** Guidance from the British Red Cross for staff, volunteers and communities. Can be found [here](#)
- **Mental Health at work:** Information and resources for managers on taking care of your staff. Learn how to support your staff [here](#)
- **Anxiety and worry:** Access the Guide to managing worry and anxiety amidst uncertainty from Practitioner Health (Psychology Tools) [here](#)

Further resources:

- **The stigma of COVID-19** can cause distress and isolation. Learn how to fight it [here](#)
- Building your own resilience, health and wellbeing website is a resource from [Skills for Care](#)
- **Reflective debrief after a death:** Support carers to take time grieving and reflecting together about the person that has passed away, what happened leading up to the death, what went well, and what didn't go so well, what could have been done differently, and what needs to change as a result of the reflection – Resource from 'What's Best for Lily' by UCL Partners. Find out how to do this by downloading resources [here](#).
- **Care Workforce COVID-19 app:** Get information and advice, swap learnings and ideas, and access practical resources on looking after your own health and wellbeing. Signup [here](#) or download the app using an Apple or Android phone.
- For access to more tips, free guides, assessments and signposted resources, visit [Good Thinking](#)