



Care Homes Infection Control: Top Tips Guide

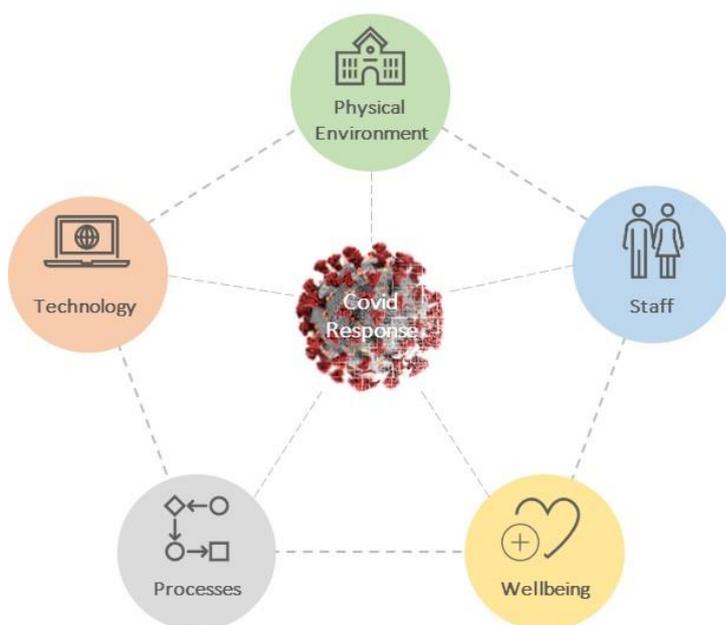
Section 1: Background and Application of this Top Tips Guide

The purpose of this guide is to highlight some of the ways in which residential and nursing homes have responded to the current Covid-19 pandemic in order to ensure that residents are safe, needs continue to be met and wellbeing is promoted, in what is very challenging and difficult circumstances.

This guide has been compiled from desktop review of policy and best practice guidance, together with interviews with a selection of providers and commissioners from across the North West region. This guide is an attempt to stimulate ideas on how providers and commissioners can develop and enhance services in the context of Covid-19, whilst simultaneously building future resilience into providers existing infection control plans.

As identified in figure 1, the guide is structured around 5 key areas and is interspersed with case studies from care homes interviewed and supplemented with practice examples taken from CQC's **['innovation and inspiration: examples of how providers are responding to coronavirus \(COVID-19\)'](#)**. Areas denoted as bold and underlined within the document contain hyperlinks to additional resources which will support the reader.

This top tips guide was commissioned by NW ADASS from Be You Consulting. This publication has been prepared only as a guide and discussion paper. While we have made every attempt to ensure that the information contained in this document has been obtained from reliable sources, North West ADASS and Be You Consulting is not responsible for any errors or omissions.





Physical Environment

Risk assessment is an important step in protecting residents and staff and helps focus on the risks that have the potential to cause harm and in this context, acquire Covid-19. In most instances, straightforward measures can readily control risks e.g. washing hands, routine deep/touch-point cleaning, utilising PPE, isolating residents, creating area 'covid secure areas' of homes and promoting social distancing. However, where the physical configuration of the buildings makes this difficult or impossible some providers have developed innovative solutions, such as:

- Provider engaged with a local company that rents out Motor Homes to enquire about additional sleeping facilities, in the form of motor homes to be parked on the driveway, in the event the home needed to lockdown due to an outbreak. The owner readily agreed and was insistent that there would be no charge. Technicians worked over the weekend to prepare the vehicles and delivered them all by the following Tuesday. The following day the home went into lockdown and the motor home was there and ready for extra staff to make use of (*source: CQC innovation and inspiration practice examples*).
- Provider introduced an "Airlock" in which all staff would enter the building by one door in the basement and accesses the staff room. Staff change from their normal clothes and bagged them up, washed hands and then change into clean scrubs for work wear and changed their shoes. Similarly, another homes maintenance staff converted a disused room on the lower ground floor into a new staff changing room, which enabled all staff to change before entering the home (*source: CQC innovation and inspiration practice examples*).

LakelandView Care Home

Lakeland View Care Centre is a 33 bedded unit predominately for elderly residents with challenging behaviour and dementia, situated on the outskirts of Morecambe. It is an old building adapted for use as a nursing home, with several lounge areas and outside decking. Accommodation is provided on two floors; most rooms are single (3 double rooms), with shared bathroom facilities.

some of the actions the home took in response to Covid included

"We have fewer safeguarding issues since we have been in lockdown, so it gives us things to think about for the future".
Owner



1

Physical environment: stopped admission to the double rooms and from the point of lockdown, the home moved the most vulnerable individuals in one area and segmented the staff accordingly. Occupancy levels dropped slightly due to the internal decision to restrict new placements based on risk, the 8 unoccupied rooms were available for staff in the event that the home went 'red' (an outbreak) and also allowed the team flexibility to move people around based on risk and develop creative solutions to challenges. For example: *"We had one gentleman who was symptomatic who wouldn't go to bed, he didn't recognise his room so would sleep in the chair in the lounge at night, so we got the largest room in the house and moved things around a bit and made it look like a flat, because not that long ago he had been in a flat and he liked his flat, and we disguised the bed and put a tv, chairs and a sofa in there and told him it was his new flat and he was delighted and he has not been out".*

2

Use of social bubbles: created 3 cohorts' downstairs and increased staffing levels, introducing a traffic light system based on risk. The cohorts were developed for those cases that we could not isolate because of their behavioural issues

3

Policies and procedures: have been supplemented rather than changed and created new ways of working through covid, such as new procedures for interviews and for people arriving at the front door, checking staff and risk assessing.

4

Technology: increased use of tablets and video conferencing with residents to liaise with GP's and communicate with family. Just prior to lockdown the home had key-pads on lounge areas installed, this helped to effectively cohort areas and prevent people 'wondering' into areas that were clean spaces.

5

Resident wellbeing: creating activities for the residents that are stimulating and imaginative, e.g. on the hot days they got bowls of water in the bedrooms and put their feet in (paddling). Utilising anything we can wipe down such as skittles art materials.

6

Staff wellbeing: developed a weekly wellbeing clinic providing staff with support resources and counselling and have also adopted an open-door policy outside of the clinic time.



Staff

Government guidance, based on the latest evidence of significant asymptomatic transmission in care homes, stipulates that providers should take all possible steps to minimise staff movement between care homes, to stop infection spreading between locations. Subject to maintaining safe staffing levels, providers should employ staff to work at a single location. Recognising the risks of infection in the community, providers should also support staff in taking steps to minimise their risk of picking up COVID-19 outside of work.

- Ensure that members of staff work in only one care home wherever possible. This includes staff who work for one employer across several homes, or members of staff that work on a part-time basis for multiple employers. Whilst absence levels are high due to people self-isolating due to symptoms, it may be necessary to employ or increase the number of agency staff; where this is the case these restrictions should also apply to agency staff, under the general principle that the fewer settings members of staff work in, the better.
- Where additional staff are needed to restrict movement between or within care homes, look to actively increase recruitment of staff. For example, one care home owner contacted local companies to see if their staff required work. The home recruited 12 staff in preparation for more staff self-isolating and processed all relevant checks, training and induction ready for them to work
- Consider how you could provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site, or in partnership with local hotels or businesses (as alluded to above).

Sutton Grange Care Home

Sutton Grange Care Home is situated in Southport and provides residential, nursing and respite care for the elderly, including individuals living with dementia. The home has 4 separate communities; a 20-bed unit for frail/elderly; 14 bed unit for dementia residential; 16 bed unit for general nursing and 20 bed dementia nursing. The property has a large garden that circles the property and ground floor bedrooms on the outside of the house have a door into the garden.

some of the actions the home took in response to Covid included

Recent testing identified 98% of residents have a negative result. Practice learning is being developed for future infection control policy.



1

Use of social bubbles: when 3 out of the 4 units became Covid positive, it was important to lock down and cohort staff to each of the units and relocate negative residents where possible. Once tests were conducted the manager undertook a local version of track and trace to identify people/spaces which may have been in contact with Covid. Staff movement onto the negative ward was limited to essential activity, all staff working on the unit had a different entrance and exit.

2

Changes in operating procedures: symbols on the doors of rooms was utilised to identify if the resident was positive or negative. For those rooms that had covid positive all PPE was stored outside the room with posters on the correct procedure for use. All clinical waste was left in the room for 72 hours before it was removed and would be placed in a bag and labelled with a date so we could see when items could be disposed of. Staff changed at work to ensure cross contamination was minimised.

3

Staffing capacity: where additional staff capacity was required the home redeployed staff from a sister home for a fixed period and put in place with the staffing agency to have a core team of 5 who only worked within Sutton Grange.

4

Staff wellbeing: online training and pop up training around things like the doffing of PPE was provided. Hotel accommodation was available for any staff tested positive who wanted to shield, and staff were discouraged from sharing cars for a period with taxis being provided. Staff from a BAME background were consulted on risk and encouraged to what they wanted to change about their work to help them to feel safe, such as working on the negative ward. Professional and emotional support from local authority colleagues has been positively utilised.

5

Resident wellbeing: iPads were used to keep in contact with the outside world. Initially, family were holding visits through the windows; however, the home noticed this was causing some distress and confusion with dementia patients so socially distanced garden visits have been set up. Strong relationships with the local GP has led to proactive and regular virtual GP visits.

- Take steps to limit use of public transport by members of staff. Where they do not have their own private vehicle, this could include encouraging walking or cycling to and from work and supporting this with changing facilities or rooms. In some instances, local taxi firms may be willing to provide fares to and from a care home at discounted rates. One care home provided all staff with hand gel, a box of gloves and some face masks for their car in case they need to go shopping etc. They also encouraged staff to add their shopping to our online order so they did not need to go out and have made all shifts 12 hours to reduce footfall of staff (*source: CQC innovation and inspiration practice examples*).
- Whilst the safety of residents and staff is paramount, providers should consider limiting or “cohorting” staff to individual groups of patients or floors/wings, including segregation of COVID-positive and COVID-negative patients. This needs careful management and explicit agreement with staff, adherence to the latest guidance and relevant PPE. In one care home staff wear different coloured T-shirts depending upon which area of the home they work within e.g. staff who work the middle floor of the home wear yellow t-shirts and those who work on the ground floor wear blue t-shirts. Staff do not go anywhere near staff who are not wearing their coloured t-shirt.



Wellbeing

Resident Wellbeing

Changes to routine and isolation in homes will have a profound impact on residents, especially those residents who are suffering with cognitive impairment and may be unable to process and understand the current events. The University of Worcester’s Association for Dementia Studies has produced [‘Providing person-centred support for residents living with dementia who need to be isolated in care homes during the COVID-19 crisis’](#). Whilst the guide is targeted at people with dementia the suggestions and tips, such as strategies to create an inviting isolation space, create stimulating activities and meeting needs for human contact are equally pertinent to all residents. Similarly, the Social Care Institute of Excellence (SCIE) has produced an insightful [Q&A Coronavirus \(COVID-19\): dementia and care homes](#) which explores some of the concerns relating to promoting the needs of people with dementia whilst also adhering to infection control procedures, such as PPE.

White Ash Brook Nursing Home

White Ash Brook is a residential care home providing personal care and support to up to 53 people. The home has two units, with one unit specifically for people living with dementia. Situated in Oswaldtwistle, the home is in a semi-rural location surrounded by gardens and open space. All rooms are en-suite.

some of the actions the home took in response to Covid included



- Physical environment:** located a wash station outside the entrance to building, purchased new dining room tables and chairs to set up appropriate spacing. Carpets have been replaced with flooring which is more appropriate to clean.
- Resident wellbeing:** created a designated visiting area in one of the unoccupied bedrooms as this is self contained the visitors have got their own toilet and numbers are strictly limited to 3 visitors plus 1 resident and times are limited to 30 minute slots and visitors have to be gownned up and are taken straight to the visitors room.
- Technology:** prior to covid staff used person-centred software which has helped eliminate reliance on paperwork. Using zoom for residents to contact the outside world and for doctors to see residents.
- Staff wellbeing:** created a support group and offer for staff which includes: a 'perk box', 24hour access to a GP and access to counselling.

The Care Provider Alliance (CPA) have produced a **COVID-19: visitors' protocol** which provides a set of principles and top tips to help people using care and support to have the opportunity to safely receive visitors during the COVID-19 pandemic, while minimising the risk of its introduction to, or spread within, the care setting. In the protocol the CPA states: *"Care providers should take a dynamic risk-based approach to how they facilitate and manage visits to care settings, which will need to consider the safety of all their residents, staff and visitors and minimise the risk of any COVID-19 infection. This will have to balance the risk of harm to residents not having visits, with the risk of harm to residents, staff and visitors. Care providers will need to ensure they take a person centred approach to their visiting policy, taking account of individual needs and capabilities"*. The CPA note identifies the following ways in which visits may occur:

- **Window visits:** This will need safe ground floor window access for both residents and their visitors and the relevant social distancing and PPE measures will need to be observed.
- **Garden visits:** Relevant PPE measures and social distancing will apply. Independent access to the garden will be needed to avoid visitors moving through the care setting to the garden. Providers will need to consider how to facilitate garden visits in different weather conditions, how to ensure cleaning of areas and any items used between visits and keep everyone safe, whatever the weather.
- **Drive through visits:** These are facilitated visits in the car parks of homes. Any relevant PPE measures and social distancing will apply.
- **Designated areas within a care setting where settings allow for this:** depending on the physical layout of the care setting, it may be possible to enable visits to an identified location inside the care home reserved for this purpose, that facilitates good ventilation, social distancing, ease of access by residents, and limits visitor journeys through the residential areas. An example might include the use of a conservatory as a designated visiting area.
- **In-room visits:** These visits may continue to be facilitated as appropriate, in line with national guidance in relation to essential / end of life visits to ensure the person can die with dignity and comfort, taking into account their physical, emotional, social and spiritual support needs.

Suspended or restricted visiting has resulted in care home providers developing innovative ways to provide residents with mental and social stimulation, examples include:

- Facilitating virtual coffee mornings, concerts, music and movement, drama productions and church services.
- Regular communication with family via private Facebook groups, which gives family the opportunity on a daily basis to keep in touch and see what is going on and also introduce families that may not know each other to help form support groups. Similarly, some homes have created pen pal schemes with other homes and community networks.
- Physical activity opportunities promoted through introduction of a Nintendo Wii, treadmill and increased gardening activities.
- Utilising the skills and interests of staff and residents family and friends, for example, the brother of a resident was a musician and his band streamed a live concert into the home. Solo entertainers performing from a social distance in our front garden. One homes Senior Care Assistant is also a trained hairdresser and is now in charge of the hairdressing salon and every afternoon for 2 hours offering hair care, beard care and beauty treatments (*source: CQC innovation and inspiration practice examples*).
- Provider purchased a Karaoke machine so that residents can enjoy a singalong, some of these singing sessions are recorded on video so that it can be shared with their loved ones, either via WhatsApp or on social media platforms.

- When working in close contact with customers e.g. personal care and wearing PPE, one home has taken pictures of staff smiling and made these into large laminated badges they can wear around their necks saying the staff members name and the caption 'I'm still smiling'. This has helped with customers anxiety (source: CQC innovation and inspiration practice examples).
- When a service user who did not have any family members died the home manager arranged for the coffin to be brought to the home. Staff and residents gathered around the hearse in the car park to have a small service prior to the deceased being taken to the crematorium. The home manager said he did not want the deceased to start their final journey alone (source: CQC innovation and inspiration practice examples).

Staff Wellbeing

Staff working in care homes have played a key role in the response to Covid-19. Staff have gone above and beyond in caring for residents and have, in many instances, learned new competencies and skills to do so, overcoming barriers and challenges for residents. Experiencing a pandemic can be very unsettling and have a negative impact on someone's mental health. Individuals may have a variety of concerns about the impact of the virus on their own health, their patients/customers and, directly or indirectly, on staff's wider family and friends, particularly if they have outside caring responsibilities. Supporting staff's mental wellbeing remains an utmost priority and is critical to ensuring the sustained health and capacity of the workforce as it responds to COVID-19. Every person is uniquely different and will respond to the stresses and anxiety recent events differently.

A line manager is in the best place to understand the demands on a team member, as well as their personal needs and circumstances; they are therefore in a unique position to identify and deal with potential triggers for stress. They are also very likely to be the first port of call if a team member is feeling stressed and needs support. The CIPD outlines 6 simple steps to follow **to support managers to minimise stress in their teams**. For managers there is a set of **wellbeing coaching questions** help you to start the conversation about undertaking a COVID-19 risk assessment, build insight into how the staff member is feeling, and create a safe environment to raise concerns. The LGA have also produced

Killelea House

Situated in north Manchester, Killelea House is a 36 bedded intermediate care unit, offering both nursing and residential beds. The service provides personal care and treatment to individuals predominately over 65 years old for up to six weeks to enable people to recover daily living skills, regain confidence and maximise their independence following a hospital admission or crisis at home.

some of the actions the home took in response to Covid included

Successfully managed 31 cases of covid positive residents through the service.



- 1 **Physical building:** when the pandemic started, Killelea created a covid wing to support the acute trust with discharges. The home is split into 4 different corridors so one was allocated to covid. created a clean area for staff to arrive in own clothes and change and can have a shower before they left.
- 2 **Operating policies and procedures:** footfall through the home was reduced through a 'time and motion' review of activity and additional cleaning capacity was introduced to regularly clean touch points. Due to the short-term nature of the rehabilitation, testing has been introduced upon entry and exit from the service. The service has employed a pharmacist who is based on site and can prescribe medication a lot quicker.
- 3 **Use of social bubbles:** as the service is a short term therapy unit all residents self isolate and access therapies one at a time, with social distancing in place during meal times. All staff training has moved to online modules and virtual meeting software is used to engage with outside agencies.
- 4 **Technology:** a donation of 4 iPads and 10 iPhone has helped residents keep in touch with family and friends and was used to participate in virtual VE celebrations.
- 5 **Resident wellbeing:** risk assessed, and socially distanced visiting has been introduced offering 30-minute slots.
- 6 **Staff voice:** the home undertook a staff survey and have had feedback from that some of that some of the staff want to keep some of the practices, such as split shifts but on the covid unit staff have been working alongside the nurses on a 8-8 shift and they think that is a better outcome for the customer as it gives better continuity so shift patterns have been adjusted.

key steps that the LGA recommend employers take in order to support and protect the mental health of frontline staff at this time.

Practical examples of how staff have been supported include:

- Provider made arrangements with their suppliers to supply additional food to the service so the staff can do their shopping and avoid having to go to the supermarket. They turned the service users' tuck shop into a staff shop and the service users serve the staff which has also provided residents with a stimulating activity (*source: CQC innovation and inspiration practice examples*).
- When shopping stocks were limited one home set up an account with a wholesaler and following a residents suggestion, the home bartered with staff for goods, for example, swapping bleach for toilet rolls and pasta. Everyone got involved and staff morale was high, they felt more involved and it saved them hunting around the shops after a busy day at work for supplies. Looking after the staff meant no unnecessary trips round several shops after their shifts or days off, searching for hard to find shopping essentials and reducing the risk of staff transmitting the virus - staff felt safer, staff morale high and safer environment for the residents (*source: CQC innovation and inspiration practice examples*).
- Creation of a Facebook network for care home managers and shares information daily on COVID-19 as well as offering peer support.



Processes

Residential and to a greater extent, nursing homes, look after many of the most medically vulnerable people in society, and play an important role in maintaining acute care bed capacity by accepting patients upon discharge from hospitals. The nature of interactions between staff and residents with complex personal care needs also facilitates viral transmission, therefore effective infection control measures based upon the best quality of information available is vital to reducing the impact of the pandemic on these settings. Whilst residential and nursing homes are legally required to have an infection control plan policies and procedures, the pandemic has elicited changes and updates to these, some examples include:

- Changes to cleaning rotas and processes, such as increased frequency of cleaning touch points and surfaces.
- Changes to staff rotas, such as increasing shift patterns and changing patterns of movement through the home.
- Delivering training remotely and through virtual technology
- New residents utilising designated, safe admission suites during their initial 14 days and routine testing.
- Offer virtual tours from the comfort of your home.
- Carrying out pre-admission assessments remotely by telephone, video call, or email. This is to ensure that any new admissions are safe, appropriate, and do not put our residents and staff at risk.

EAM Care Group

EAM care group run 3 homes across Greater Manchester, EAM House is an 8 bedded home for young adults with complex health and social care needs and is situated in its own gardens, which incorporates a sensory room, greenhouse and shaded outdoor area. EAM Lodge (Manchester) is a 6-bed nursing home for young adults and EAM Lodge (Trafford), is a 5-bed nursing home in offering residential and respite care for young people with complex health needs.

some of the actions the home took in response to Covid included



1

Policies and procedures: moved from face to face training virtual (online / zoom) or smaller groups of 2 or 3 at a time (if essential). Staff temperature checks (twice daily), hand washing, staff changing into uniform on site, PPE protocols and increased cleaning rota on touch points (e.g. door handles, light switches) have been introduced. The group employ a social worker who has undertaken individual covid risk assessments which have informed all local policy and procedure changes.

2

Resident wellbeing: personal activity timetables have been maintained but adapted to provide socially distanced access to the activities that were familiar to residents, for example, the interactive music group that visited the homes twice a week is now a zoom session. A couple of residents who normally attend church now access virtually and iPad's are being used to stay connected with families.

3

Staff wellbeing: increased frequency of staff supervision and have an open-door policy and produce newsletters with information and access to wellness resources. Part of Trafford and Manchester's managers network which have a WhatsApp group to offer peer support from other registered managers in the area.



Technology

During the COVID-19 pandemic, technologies are playing a crucial role in keeping our society functional in a time of lockdown, ranging from telehealth, remote learning and entertainment, through to keeping people connected through mediums such as Zoom, Skype and MS Teams. Some examples of technology utilised in care homes includes:

- Purchase of smart phones, tablets and iPad's to help residents keep in contact with family through video conferencing and social media. One home has appointed a staff member to be the social media champion and is responsible for updating the social media platform with photos and video's (with consent).
- Use of virtual technology for GP's and pharmacists to undertake clinical reviews.
- One home has adopted technology called interactiveMe which is a person-centred, tablet-based system which enables families to compile an electronic life history for their loved ones. Expressly used for one-to-ones; families can add to the profile and interact with their relatives despite not being able to visit. Similarly, there is 'Care Messenger' software which enables families to download a free app onto their devices to keep in touch with loved ones. They can send photographs and messages directly to a Care Messenger enabled TV in their loved ones room (*source: CQC innovation and inspiration practice examples*).
- One provider who announced their '**Adopt a Grandparent**' campaign last year to combat any potential feelings of loneliness across their homes, has gone digital with the initiative. Aimed at combating loneliness and encouraging companionship, the initiative is centred on connecting the public with care home residents by digital means, helping them to form meaningful, intergenerational friendships whilst providing residents with mental stimulation and remote companionship during covid-19. The scheme has more than 70,000 'virtual volunteers' from all around the world.

Rose Court

Situated in north Manchester, Rose Court is an 87 bedded home, which offers residential and nursing care over 3 floors, reflecting the level of complexity of needs. Approximately 70% of residents have some form of dementia.

some of the actions the home took in response to Covid included

"I would normally have around 20 infections this time of year and we only have 5, think it's because we have changed out processes around things like hand washing and wearing masks etc. When we come out of the pandemic, we need to look at transferring this into good practice for prevention of infection". Rose Court Manager



- 1 Use of social bubbles:** residents were kept to their own unit. As they previously had 'the run of the whole home', this has impacted on their mental health and wellbeing; to counter-balance this the external space and gardens has been utilised to maximum effect. Activities staff have worked on one floor per day to minimise movement between the floors.
- 2 Policy and process review in line with covid:** increased the frequency of infection prevention audits from 3 monthly to weekly. Staff use the laundry facilities to wash uniforms, so the risk of transference and cross contamination was reduced. Training and infection control management has been increased and policies for reducing the number of staff in enclosed spaces such as the kitchen, laundry and office have been introduced.
- 3 Increased use of technology:** to remotely interview staff and undertake DBS checks. Increased the use of technology in residents' rooms, such as alarm mats and beam alarms to promote safety, this was particularly pertinent for residents who were isolating as it reduced the number of un-necessary contacts.
- 4 Promoting resident wellbeing:** where residents tested positive or were suspected strict isolation within their rooms had a significant impact on wellbeing, especially those people with dementia. Access to iPads for entertainment and communication with the outside world, increased visits from staff, access to music helped to mitigate this impact. The home also used food as a vehicle for stimulating isolated residents.
- 5 Promoting staff wellbeing:** staff have been provided with a dedicated helpline and have a BAME pilot scheme and detailed risk assessment process.
- 6 Internal checks:** introduced twice daily temperatures checks and have adopted the 'brown sauce test' for those residents with advanced dementia who may not be able to communicate a loss in their sense of taste. This involves a small amount of sauce on the end of a spoon to check if there is a reaction to the taste.

Section 7: Local Support Offer

Every Local Authority should have some form of **Care Home Resilience Plan**. This plan should cover the entirety of the local market and the tailored responses that would be necessary in the case, for example, of significant outbreaks in a major care home, compared to small family run care homes.

Each care home to have a named community health team and lead clinician 24/7; mutual aid from community health service staff and workforce returners; testing of all patients discharged from acute to community to care homes; provision of NHS equipment and support for testing. Further information on Primary care and community health support for care home residents is available [here](#).

All patients being discharged to care homes should be tested prior to discharge and Local authorities should ensure that there is sufficient alternative accommodation as required to quarantine and isolate residents, if needed, before returning to their care home from hospital, in line with the **adult social care action plan**.

Section 8: Useful Resources

- CQC has published ['innovation and inspiration: examples of how providers are responding to coronavirus \(COVID-19\)'](#) which includes short examples of how care homes are adapting working practice to respond to challenges posed by the pandemic.

- The Social Care Institute of Excellence (SCIE) have released the guidance on ['day care re-opening and safe delivery'](#) on behalf of the Department for Health & Social Care (DHSC). The guidance is for commissioners, providers and families and covers many areas that will need to go into planning for the re-opening of day care and day service facilities, which may be pertinent.

- On the 22nd July the Department for Health and Social Care (DHSC) released [guidance](#) for councils, care providers and others who'll be involved in planning to enable visits to care homes. It sets out the principles of a local approach to visiting arrangements and dynamic risk assessment, establishing visiting policies, communication and infection control precautions.

- Public Health England has issued guidance on [how to work safely in care homes](#) and a [short video guide to putting on and removing PPE, isolation practices](#) and [decontamination and cleaning processes](#).

- DHSC COVID-19: [Action Plan for Adult Social Care](#) and wider [care home support package](#) which provides wider information for care homes including on management of COVID-19 cases within care homes, testing for care home staff and residents, the provision of remote consultation support to care homes, and personal protective equipment.

- SCIE have developed [advice and best practice](#) guides for families and professionals [supporting autistic adults and adults with learning disabilities during the coronavirus \(COVID-19\) crisis](#) and also [residents with dementia](#).

- [Adult Social Care Infection Control Fund](#) has been developed to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. The Care Provider Alliance issued a [discussion paper](#) on the potential application of the grant monies within care settings.

- [COVID-19 Health and Wellbeing of the Adult Social Care Workforce](#) includes tips, advice and toolkits that employers and managers can use to help build the resilience of their team and address any concerns their staff may have.

- [Employers' guide to managing the wellbeing of social care staff during COVID-19](#) has been produced by the LGA; this guide will help employers and managers to think about different ways to support the wellbeing of their social care staff and includes tips, advice and tools for staff to access to sustain their wellbeing.

- Mind have produced [wellness action plan](#) guides which are a personalised and practical tool for employees to use to identify how to address what keeps individuals mentally well at work and what can result in poor mental health. It also opens up a dialogue, helping supervisors better understand the needs and experiences of employees.

- Skills for Care offer [advice on maintaining team resilience on their website](#).