

Supporting BAME Colleagues in Social Care Services

Good Practice Guide

Introduction:

Surrey Heartlands Health and Care Partnership (ICS) recognises the emerging evidence that shows that black and minority ethnic (BAME) communities are disproportionately affected by COVID-19 and this has a disproportionate impact on people from black, Asian and minority ethnic (BAME) backgrounds. As a system we are undertaking a number of actions to support the workforce and population aimed specifically at reducing the risk of Coronavirus (Covid-19) to BAME staff members. This document aims to provide good practice guidance to care services in reducing the risk of Coronavirus (COVID-19) for all staff and assist with implementing appropriate measures for staff at increased and high risk within their own service.

Social Care National Guidance:

Gov.uk <https://www.gov.uk/coronavirus>

Public Health England <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes> Updated June 15th 2020

Personal Protective Equipment (PPE) is essential and very effective in maintaining safe practice. PPE should be used for all staff and users of services, following the Public Health England guidance at all times: <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes/covid-19-putting-on-and-removing-ppe-a-guide-for-care-homes-video> Updated video June 15th 2020

Public Health England

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881004/Putting_on_PPE_Care_Homes.pdf

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Care Quality Commission (CQC) <https://www.cqc.org.uk/guidance-providers/adult-social-care>

NHS People - also available to all care staff <https://people.nhs.uk/> - helping you manage your own health and well-being while looking after others

This section provides examples of good practice which can be used and adapted to assist employers and managers to create a safer working/living environment for staff and users of their services. We understand that all of the suggestions below may not be possible in all services, but it is important to consider each point to reduce any risks as much as possible.

1. Changes to service design
Reduce movement of workers between homes and if possible areas of each home. Create zones and allocate staff to those areas.
Work with staff to make sure the 2 metre rule is in place and adhered to. Maintain social distancing in all communal areas by staying apart, including corridors and rest areas
Stagger hand-over periods to avoid groups of staff arriving and leaving at the same time
You have a large home and staff are moving about the home all the time, walk round the building with the staff member and identify where the risks are, talk about how these risks can be reduced. Make sure that all staff know who is at risk and how they can work to keep everyone safe
Move furniture in communal areas e.g. chairs, tables, to ensure social distancing is maintained.
Set up one way systems e.g. in communal areas, corridors if space allows
Stagger communal dining times to maintain social distancing
Stagger break times for staff, make sure after every break time that all cups and break area is fully cleaned. Staff must maintain social distancing during breaks.
Once PPE is removed social distancing must be maintained including in staff rooms and break areas. Staff must not share food packets or phones or other goods, pens etc.
Risk assess all areas of the care home with a Covid-19 specific risk assessment process

2. Safe Staffing
Remember: Health and Safety is everyone's responsibility, all employees have a 'duty of care' and a responsibility for safety and health at the workplace, make sure staff are aware of risks to others and work to support you and others to minimise risks and stay safe whilst at work
Carry out risk assessments for all staff, ensuring staff know who are in the vulnerable groups. Identify who is at risk; based on the risk level make sure reviews are carried through in a timely fashion. Consider prioritising BAME staff.
Identify those staff who are at risk and look if possible at other areas of work they can do that reduces their risk.

Wherever possible, care staff who are at high risk should not work with any service user who is in isolation or any new admissions until 14 days of isolation, regardless of any test result.
If staff are deemed to be at high risk, redeployment into non direct care roles e.g. office based duties should take place until the risk has been eliminated or reduced to a safe, acceptable level.
If the staff member usually works on double up care, as above, if possible, allocate non personal care roles to the staff member that allow for social distancing.
In circumstances where a risk assessment has identified that a member of staff should not come into work, and you have no other roles the person can be redeployed to or cannot allocate non personal care roles that allow for social distancing, the situation should be discussed with the staff member and they should be asked to remain at home for the safety of themselves and those they live with until such time as it is safe to return.
Ensure all staff receive training in infection, prevention and control, hand hygiene, respiratory hygiene, health and safety, use of PPE (including donning and doffing)
Encourage staff to walk, cycle to work, try to avoid public transport, car sharing is not recommended by PHE
The staff member travels to work every day on public transport, there is no alternative to this. There is a requirement now to wear a mask on public transport and the guidance says it is sufficient for this to be a cloth mask, mitigate against this risk by issuing the staff member with disposable gloves and fluid repellent mask for all journeys. Make sure staff member has had PPE and IPC training so that they fully understand the correct putting on and taking off of masks.
You are now starting to take new admissions and some of your residents are returning from hospital. All new admissions or those residents returning from a stay in hospital must isolate for 14 days, even if they have had a test that had a negative result. Ensure that all vulnerable staff are not delivering any care or support to residents who are isolating or who are symptomatic.
Support staff mental health and wellbeing by signposting to these resources: Health and Wellbeing for Adult Social Care – Gov.uk resources to support the workforce Daylight - provides support to people experiencing symptoms of worry and anxiety. Sleepio - a clinically-evidenced sleep improvement programme Silvercloud - offers mental and behavioural programmes to support those experiencing difficult emotions and situations as a result of the pandemic. Use the code SOC2020
 <p>Send a text 'FRONTLINE' to 85258 to start a conversation</p>
 <p>Samaritans emotional support – call 0300 131 7000, 07:00-23:00</p>



Hospice UK bereavement and trauma support – call **0300 3034434**, 08:00-20:00

3. Infection Control and PPE

Isolate individuals suspected/confirmed COVID-19

Make sure you have full isolation procedures in place to support this for residents and for staff

Where possible, staff who are at high risk should not work with those residents who are isolating

Arrange for users and workers to be tested for COVID-19

Make sure that everyone has the correct PPE and that staff know what they should be wearing, how they should be putting on and taking off (donning and doffing)

Make sure PPE is accessible in an area that staff can access, and that PPE is not stored in residents' rooms

Have designated 'donning and doffing areas' for PPE, staff should carry out good hand hygiene before putting PPE on and again when they remove PPE

Ensure correct clinical waste procedures are in place for PPE

Domestic staff and administrator do not see the need for PPE as they are not delivering personal care, talk through the risks and mitigate against these by making sure that all staff have full PPE as they potentially could be cleaning contaminated surfaces. Ensure masks are fluid repellent masks and that all staff have had training on correct use of PPE and IPC.

You currently have no suspected cases and no staff off with any symptoms, are the risks lowered? No, we are in a sustained transmission stage and staff must maintain IPC measures and PPE

Ensure handwashing facilities/sanitiser are available for all staff at all times

4. Contact with family, friends and the outside world

Communicate with family and friends via, FaceTime, video calls, speakerphone calls, emails, letters, and photographs. Arrange time slot schedule with families which states the type of call they are getting, what time and who it will be with.

Visits with family member through glass door or window – family member remains outside
Where possible, enable visits with relatives in the garden – maintaining social distancing.
If visits take place inside the building, ensure adequate cleaning between visits.
Be creative with ways of staying in touch, set up Zoom meetings with family/friends and service user sharing a meal together via Zoom or Face time/Whatsapp video calls
Implement measures to reduce and control risks before face to face visits recommence e.g. visitors must be symptom free, wash hands/sanitise on entering and leaving, maintain social distancing, wear face coverings, not advisable to bring pets to visit

5. Communication and Networking
Apply infection control and social distancing measures to staff areas e.g. staff room, office
Discourage sharing of items e.g. phones, tablets, keyboards, tv remote control, mobility and other equipment – thoroughly clean before and after use
Consider how hand over meetings take place so that social distancing is maintained, are there alternative ways of handing over information e.g. Video calls such as MS Teams, Zoom, use of electronic records, written notes, telecare
Keep your staff updated as much as possible, keep reinforcing the guidance in a way that supports staff and appreciates the work they are doing

6. System Collaboration
Inter-professional and inter-agency collaboration aims to bring together professionals, agencies, services users, carers and service providers. Keep up to date with national and local information and guidance to implement improvements, redesign, evaluation and review of services to meet current and future demands
Use the advice and work with professional bodies or trade unions for continued support
Access local and national data to give insights into relevant trends that impact the sector and services
Use methods of confidential data collection to reach outcomes; participate in national and local data collection to ensure qualitative and quantitative data is available
Engage with system partners i.e. CCG, Health and Local Authority colleagues to look at options for support and guidance, work collaboratively to address any staffing issues as a result of risk assessment processes
Engage with other organisations within the wider workforce system such as Skills for Care and Surrey Care Association for appropriate guidance and support

7. Use of technology

InteractiveMe - 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, it has a greater scope than just this. Families can add to the profile and interact with their relatives despite not being in the Home.

Care Messenger - Families can 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. When the relative receives a message, it pops up on their TV screen so the relative will not miss the message. They open it using a standard TV remote and can respond with some pre-determined messages, maintaining two-way contact.

Pain assessment tool - PainChek. An app downloaded onto a mobile device uses facial recognition to identify facial muscle movements that are indicative of pain. Then the tool takes the carer through a series of other questions about vocalisation, body movement, activity etc and then gives a score. This tool can be used on medication rounds for those on PRN pain medication, any new admissions to get a baseline assessment and anyone that has a change in behaviour to identify if the behaviour is due to pain. Senior staff have access to the pain history for all residents and can see trends.

Home Instead West Lancashire and Chorley has introduced a service to help provide additional assurance that all is well to families when it is caring for their loved ones. 'Virtual Peace of Mind – Home Aware' is based on a range of sensors monitoring activities of daily life in the client's own home which is then triangulated by Home Instead to produce the complete wrap-around service. Their activity is continually analysed via an AI Hub, and any changes in the typical pattern of behaviour that might indicate that a potential serious problem is developing, is immediately identified and reported. The package can include the ability for staff to make emergency or regular visits should that be required as an option.

Consider the use of facetime, Zoom, MS Teams for DoLS and other assessments

If you haven't already set up NHS mail then you can do this easily now and support is available, once you have NHS mail you will have easy access to the Teams App. <https://digital.nhs.uk/services/nhsmail>

Digital Social Care is a run by social care providers for social care providers.

Digital Social Care is a dedicated space to provide advice and support to the sector on technology and data protection. Digital Social Care has been working with the Local Government Association, NHS Digital and NHSX on how to help care providers benefit from the increased use of digital technology while also keeping safe and secure. <https://www.digitalsocialcare.co.uk/>

[Skills for Care Support for registered managers](#) - Skills for Care have created a package of support for Registered Managers. This includes a series of **webinars, local networks, a Facebook group, essential training** and a dedicated **advice line**.

8. Wellbeing of people who use services

Ensure any new service users are tested and isolated for 14 days

Ensure COVID-19 testing is accessible to all
Communicate clearly with individuals on the need for reducing risks and why these measures are in place
Spend time with service users to discuss any fears and/or concerns about the situation
Enable activities to take place outside/in the garden wherever possible
Encourage physical activity, good nutrition and hydration

Additional information for Home based/Domiciliary Care/Reablement Services/Live-in Services/Supported Living/Extra Care Housing/Shared Lives Schemes
Use telephone/video calls to check in with individuals, especially where face to face calls are not taking place due to high risk
Avoid use of 'double up' calls by staff from vulnerable groups where possible
Non care calls – e.g. shopping avoid entering the home where possible
Full PPE should be worn for care calls, ensure correct disposal after use and ask individuals to put on a mask before you enter their home
Avoid use of public transport where possible
Avoid sharing personal items e.g. cups/glasses, cutlery, phones, pens etc
Create groups of staff that work with the same service users
Limit contact with pets in the home
Identify opportunities for staff at risk to do more office based work

Resources:

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>

<https://www.gov.uk/government/publications/coronavirus-covid-19-providing-home-care/coronavirus-covid-19-provision-of-home-care>