



Covid-19 Statement and Govt. Guidance

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Coronavirus (COVID-19): provision of home care - Updated 8 November 2021

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This publication is available at <https://www.gov.uk/government/publications/coronavirus-covid-19providing-home-care/coronavirus-covid-19-provision-of-home-care--2>.

Introduction

This guidance has been updated in line with the latest advice on testing and infection prevention control ([IPC](#)).

Purpose of the guidance

The purpose of this guidance is to support the safe delivery of services throughout the COVID-19 pandemic. In addition to protecting against the risk of COVID-19, we want to support home care providers to enable the people they support to lead healthy, independent lives.

Providing home care

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be clinically extremely vulnerable ([CEV](#)) will not be advised to shield again. If you were previously identified as [CEV](#), you are advised to continue to follow the guidance contained in [Coronavirus: how to stay safe and help prevent the spread](#) (<https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do>). Individuals should consider advice from a health professional on whether additional precautions are right for them.

How homecare providers can ensure they are caring for people safely

Homecare providers must ensure that the level of support provided to an individual meets their assessed needs. However, home care providers may need to reallocate duties or reduce visits if a person being cared for tests positive for COVID-19. These decisions will need to:



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- be made subject to agreement with partner agencies and/or commissioners that the reduction in duties or visits balances the risks of reducing care with that of potential transmission of COVID-19
- consider the care support needs, wishes and feelings of the relevant person and the unpaid carer or carers, in line with a personalised care approach • where significant changes are made, be based on a new assessment of the person's needs – the new level of support provided to the person must meet their assessed needs • be made in agreement with the person's social workers and family

What to do if someone being cared for develops COVID-19 symptoms

If anyone being cared for by a home care provider reports COVID-19 symptoms they should be supported to contact [NHS 111 \(https://111.nhs.uk/service/covid-19\)](https://111.nhs.uk/service/covid-19) via telephone or online.

Home care workers should report suspected cases of COVID-19 to their managers.

Providers should work with other community providers of care to review and assess the impact of risk on their care needs if they have symptoms and when they test positive. This could include district nurses, GPs, other health professionals involved in the person's care, commissioners, and the relevant person. Ring 111 or speak to the relevant community provider where appropriate.

All confirmed and suspected cases of COVID-19 should be reported in the [Capacity Tracker \(https://capacitytracker.com/\)](https://capacitytracker.com/).

Suspending care

If a person receiving care or their unpaid carer wishes to suspend their care, particularly if they are self-isolating, the commissioner should be alerted to this by the provider. All parties should work together to agree whether this is the appropriate step and what can be done to ensure the person's assessed support needs are met and they have access to essential items throughout this period, for example food or medicines. It is important to understand the reasons behind the request to suspend care and to provide advice about the precautions which should be taken to help reduce the risk of transmission of COVID-19.

Providers should assess the risks to the person posed by a reduction or suspension of visits or care. If the care provider is concerned about the risks, or the capacity of the person to make this decision, they must seek advice from the relevant commissioning authority. If the person receiving care is self funding, they can contact the local authority for advice.

There is further guidance available on [how the Mental Capacity Act applies to a person's ability to make decisions around receiving care \(https://www.nhs.uk/conditions/social-care-and-support-guide/makingdecisions-for-someone-else/mental-capacity-act/\)](https://www.nhs.uk/conditions/social-care-and-support-guide/makingdecisions-for-someone-else/mental-capacity-act/).



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If at any time providers or managers think that someone may be acting against the person's best interests in making the decision to suspend care on their behalf, then they should contact their local authority's adult safeguarding team.

Where care is commissioned by the local authority then the decision to suspend the care package must be made by the local authority in partnership with the person and the [ethical framework](https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care) (<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>) for social care.

If staffing capacity

leads to care being suspended or prevents any care duties from being delivered, those identified as most at risk from not receiving care should be prioritised. The relevant people should be alerted to this, such as local authorities and [CQC](#). If the provider is unable to meet the assessed needs of one or more supported people because of staff shortages, they should discuss this with the relevant service commissioner. Adequate provisions should be put in place should care be suspended due to staffing capacity. When assessing their staffing capacity, providers should refer to the guidance on restricting staff movement between their care home and other health and care settings.

Providers can [access advice on recruiting and maintaining staffing capacity](https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/COVID-19-Safe-and-rapid-recruitment.aspx) (<https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/COVID-19-Safe-and-rapid-recruitment.aspx>).

Hospital discharge

Upon discharge, individuals should receive information about who they can contact if their condition changes, ranging from direct contact points within the clinical team who supported the person in an acute or community hospital, through to signposting to relevant voluntary or housing sector partners for help in day-to-day duties.

Vaccination

Why it is important to get a COVID-19 vaccination

People who are fully vaccinated are far less likely to get COVID-19 with symptoms, become seriously unwell, be admitted to hospital, or die from the disease.

Frontline social care workers are more likely to be exposed to COVID-19 at work than the population as a whole and are at higher risk of repeated exposure to the infection due to the nature of their work. Catching COVID-19 can result in serious illness and may lead to long-term complications. These are more common in older staff and those with underlying health conditions.

All home care workers have now been offered a vaccine. The first dose of the vaccine offers good levels of protection, but to get maximum protection everyone must get a second dose and any further recommended booster doses.



It is essential that home care workers continue to follow guidance on infection control, including recommendations for hand hygiene, testing and the use of PPE regardless of vaccination status.

Infection, prevention, control (IPC) and personal protective equipment (PPE)

IPC measures should continue to be practised in home care to reduce transmission of COVID-19 and other infections including flu. This includes regular cleaning, ventilation, limiting social contact and hand hygiene.

PPE must be used correctly and is only effective when combined with:

- cleaning your hands regularly and appropriately for at least 20 seconds respiratory hygiene.
- avoiding touching your face with your hands.
- following standard infection prevention and control precautions.
- use the correct technique for putting on and taking off PPE.
- Safely dispose of used PPE

Home care workers should continue to follow the recommendations on use of PPE in [how to work safely in domiciliary care \(https://www.gov.uk/government/publications/covid-19-how-to-work-safely-indomociliary-care\)](https://www.gov.uk/government/publications/covid-19-how-to-work-safely-indomociliary-care).

Advice for staff

Staff in individual risk groups

Healthcare workers and those working in social care are at a higher risk of repeated exposure to infection. COVID-19 infection can be serious and may lead to long-term complications. These are more common in older staff or those with underlying clinical risk factors.

Factors including age, sex, ethnicity, certain underlying health conditions and pregnancy may be associated with an increased risk of or from COVID-19. Employers are encouraged to ensure that an appropriate person, such as a line manager, carries out individual conversations with all staff who may be at greater risk.

Staff from Black, Asian and Minority Ethnic (BAME) backgrounds may have increased concerns about COVID-19 and employers should handle these conversations sensitively. Employers should ensure that staff are supported and any necessary steps to reduce risk are considered on an individual and proportionate basis. The employee should consult their employer if they have any concerns and discuss issues raised with their line manager.

Many staff will be able to work normally.

COVID-19 testing for home care workers



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Full information about how to access, conduct and report tests can be found in [Coronavirus \(COVID19\) testing for homecare workers: information for agencies](https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers-information-for-agencies) (<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers-information-for-agencies>).

All home care workers should continue to take part in the weekly PCR testing regime for home care workers. This includes those care workers who 'live in' with the people they support.

Anyone who has [symptoms of COVID-19](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/main-symptoms/) (<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/main-symptoms/>) should self-isolate immediately and get a PCR test from the [online government portal](https://www.gov.uk/get-coronavirus-test) (<https://www.gov.uk/get-coronavirus-test>) or by calling 119. Additionally, a symptomatic individual who tests negative for COVID-19 may have another infectious illness like flu and actions to limit transmission may be needed.

How home care providers can support the NHS Test and Trace service

NHS Test and Trace is a key part of the government's COVID-19 response. If we can rapidly detect people who have recently come into close contact with a COVID-19 case, we can take swift action to minimise transmission of the virus.

Staff from NHS Test and Trace or other public health professionals may contact home care providers if one of their staff or service users has tested positive for coronavirus to alert those who have been in close contact with them.

Home care providers can assist NHS Test and Trace by keeping a record of their care staff and recipients of care. This may include:

- the name and telephone number for a home care worker the dates and times that a home care worker is usually at work.
- records of care workers' visits including names and addresses of clients, arrival, and departure times of their visit.
- the names and telephone numbers of other home care workers, when working in proximity with someone else (for example, during a 'double up' visit).

Self-isolation for adult social care staff

From 16 August, fully vaccinated health and social care workers will not be required to isolate, and can continue working, if they come into 'close contact' with a COVID-19 positive person provided they have both:

- received a negative PCR test.



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- received a daily negative Lateral Flow Test (LFT) for the duration of their otherwise isolation period.

Consideration should be given to how to ensure staff can deliver safe care during the 10 days after being identified as a close contact of someone who has tested positive for COVID-19. This includes applying the measures known to reduce risk such as distancing, maximising ventilation, PPE, charting, and enhanced testing of COVID-contacts.

This should be built into home care providers' general risk assessments for responding to infectious diseases and ensuring safe staffing levels are maintained. Where possible, staff should be redeployed for 10 days following contact with a positive COVID-19 case to undertake service where contact with people who are at [higher risk of severe illness \(https://www.nhs.uk/conditions/coronaviruscovid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/\)](https://www.nhs.uk/conditions/coronaviruscovid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/) if infected with COVID-19 can be minimised; recognising this may be challenging in adult social care settings.

If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate for 10 days as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

Further information can be found in the guidance on [COVID-19 management of staff and exposed patients or residents in health and social care settings \(https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-ofexposed-healthcare-workers-and-patients-in-hospital-settings\)](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-ofexposed-healthcare-workers-and-patients-in-hospital-settings).

Reducing contact between staff

From 19 July 2021, the legal restrictions on social distancing no longer apply and there are no legal limits on contact between households. COVID-19 can still be spread through social contact. You can mitigate this risk by reducing the number of people your staff encounter, for example:

- holding supervision and team meetings remotely, wherever possible, or in small groups in well ventilated rooms.
- not conducting information sharing (for example at the end of a shift) through face-to-face meetings unless necessary.
- staggering times at which staff access designated locations from which PPE and other equipment are collected.
- minimising the risks of transmission of the virus in locations visited by multiple people through good infection control (for example, regular cleaning of touch points and surfaces).
- minimising vehicle sharing.



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- making use of secure means of sharing information remotely between agencies such as NHSmail or other secure email systems.

Staff returning from international travel

Staff should take a cautious approach to international travel.

We advise staff to avoid travel to red list countries. Staff members that do travel to red list countries must follow the [guidance on red list countries and territories \(https://www.gov.uk/guidance/red-list-of-countries-and-territories#when-you-arrive-in-england---red-list-rules\)](https://www.gov.uk/guidance/red-list-of-countries-and-territories#when-you-arrive-in-england---red-list-rules). There is a responsibility on staff to disclose to their employer that they have travelled through a red list country.

It is advisable that managers and supervisors request proof of pre and post travel PCR results before the staff member returns to work as a precaution in these instances.

If a fully vaccinated staff member travels to a non-red list country and is required to work the day after they return, they should undertake a PCR test and await a negative result before returning to work.

An additional PCR test should be taken 48 hours later as well as daily lateral flow tests (LFTs) (up to 10 days) from the day of arrival.

Mental health support for staff

Guidance to [support and maintain the wellbeing of those working in adult social care \(https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-careworkforce\)](https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-careworkforce) has been published on GOV.UK. It provides advice and resources on maintaining mental wellbeing and how employers can take care of the wellbeing of their staff during and beyond the COVID-19 pandemic.

Support from commissioners

Business continuity planning and emergency preparedness – See also Emergency Contingency Plan – General and Emergency Winter Contingency Policy.

[All local areas are required to have arrangements in place to respond to emergencies \(https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19guidance-commissioners\)](https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19guidance-commissioners) under Civil Contingencies legislation, which specifies the roles and responsibilities of the different organisations involved in planning for, responding to and recovering from emergencies. In relation to adult social care, the lead role in responding to emergencies lies with the local authority.



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Risk monitoring and emergency response

Local authorities need to have the strongest possible intelligence about emerging risks and national government needs to have robust information about risks to enable a national-level response where necessary.

Home care providers should continue to update the [Capacity Tracker \(https://capacitytracker.com/\)](https://capacitytracker.com/) to provide information about the impact of COVID-19 on their service. This will support local resilience forums (LRFs) and local authorities to direct mutual aid to providers where needed.

The role of LRFs in supporting the stabilisation and recovery of home care and home care providers is specified in [The role of local resilience forums: a reference document \(https://www.gov.uk/government/publications/the-role-of-local-resilience-forums-a-reference-document\)](https://www.gov.uk/government/publications/the-role-of-local-resilience-forums-a-reference-document).

Strategic Co-ordinating Groups should continue to work with local authorities, [CCGs](#), and Safeguarding Adults Boards (SABs).