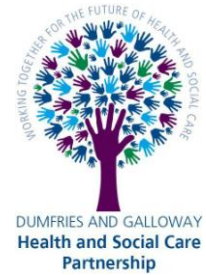


Care Home Assurance Visit



Name of service			
Registration Type (Residential / Nursing / EMI)			
Number of beds in care home		Number of people using the service	
Open to admissions/transfers		Open to visiting	
Number of residents COVID positive:		Number of staff COVID positive and/or self-isolating:	
Date of first positive case:		Date of first positive case:	
Date of last positive case:		Date of last positive case:	
Assurance team	Name	Role	
Assurance Diary/Previous visits	Date	Team members	
Recommendations from previous Assurance Visit (where applicable)			
Recommendation	Timescale Met?		Comments

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Observations and Feedback
1. Residents know how they can stay in touch with people that are important to them and report good support from staff to do this
Notes
2. Residents are receiving regular interactions and engagement from staff including encouragement and resources to undertake activities either alone or with staff, including people who are supported in their bedrooms.
Notes
3. Residents are encouraged to move regularly and remain as active as they can including the use of outdoor space where possible
Notes
4. There is good communication between the service, families and those who are important to people experiencing care about up to date information on the impact of COVID 19 in the service and how care and support is being provided.
Notes
Evidence
5. Resident's personal plans are up to date, regularly reviewed and reflect their rights, choices and wishes as well as their changing needs during COVID-19. This includes information on people's preferences for support required to maintain contact with those important to them and ways they can remain active and engaged.
Notes
6. The staff in the service have established links for advice and support from health and social care colleagues in the community (including GP, nursing and social work -community teams) meaning people have access to and are receiving health and social care support to meet their individual needs and choices.
Notes
7. Staff know how to keep residents who live in the care home safe when they are unable to follow guidance on infection prevention and control measures including social distancing. <i>Where there are restrictions on people's movement, risk assessments identify how the</i>

<i>risks are managed.</i>
Notes
8. There is guidance for staff on how to support residents in their own rooms and how to provide care and support differently in response to COVID-19.
Notes
9. There is evidence that staff are able to identify and respond to changes in people's health and wellbeing, including identifying possible typical and atypical symptoms of COVID-19. There is a process for the escalation of concerns and obtaining clinical advice and support where required.
Notes
10. People have regular access to nutrition including fluids while in their own rooms, and records are maintained for people who require support to eat and drink.
Notes
11. People have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives. Staff are familiar with people's preferences for palliative and end of life care. This includes arrangements for DNACPR protocols.
Notes
12. Guidance is in place to support safe care after death of people who have died and support to their families and those who are important to resident.
Notes
13. Staff understand and follow guidance regarding visitors that is risk-based, proportionate and person centred, including for people receiving palliative or end of life care
Notes
14. Supplies of medication are adequate to manage symptom relief and comfort with appropriate systems in place for review of medication requirements and stock.
Notes

Overview of Improvement Needs for this area of care, including any recommendations (7.1 wellbeing)

7.2 Infection control practices support a safe environment for both people experiencing care and staff

	Yes	No
15. Is there a current COVID-19 outbreak? - <i>Outbreak definition: Any confirmed or suspected cases of COVID-19 within the same area or facility within 14 days, where cross-transmission cannot be excluded. A single suspected or confirmed case may indicate current transmission within the facility and must be reported to the local HPT who will assess, without delay, whether an outbreak may be current.</i>		
Notes		
	Yes	No
16. Have there been any confirmed cases of COVID-19?		
Notes		
17. If yes to either question above, have the local Health Protection Team been contacted to provide advice/make assessment?		
Notes		
18. For any confirmed or suspected cases - resident placement is prioritised in a suitable area i.e. single room with en-suite facilities.		
Notes		
19. Where cohort areas are established for multiple cases of confirmed COVID (if single rooms are unavailable). Those suspected cases are cohorted separately from confirmed cases until confirmed, if the care home layout can accommodate this.		
Notes		
20. Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a resident safety risk assessment for door closure). If the door cannot be kept closed the bed/chair are placed at the furthest safe point of the room to keep 2m distance from the open door.		
Notes:		
21. The general environment in communal areas looked at are clear from non-essential items/clutter (to allow effective cleaning)		
Notes:		

22. Domestic staff have sufficient supply of equipment including mop heads, disposable clothes, cleaning solution (Chlorine based) - Ask staff.		
Notes		
	Yes	No
23. Increased frequency (twice daily) cleaning is incorporated into the care home cleaning schedules for areas where there may be higher environmental contamination rates e.g. "frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails. - using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).		
Notes		
	Yes	No
24. At least daily cleaning of the resident isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).		
Notes		
	Yes	No
25. Is the environment in the areas looked at visibly clean? Advise Care Inspectorate will check areas such as but not limited to: floors, corners, vents, bathrooms/toilets, resident rooms, sitting/dining areas.		
Notes		
26. Where possible dedicated re-usable care equipment is used. If it is not possible to have dedicated items of reusable equipment for isolation/cohort areas, is equipment removed from isolation/cohort areas cleaned and disinfected before use elsewhere? Detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.)		
Notes		
27. Care equipment is clean and free from dirt/dust or body fluids. Observe some equipment. Advise Care Inspectorate will look at areas such as but not limited to: commodes, bath chairs, toilet raisers, toilet roll dispensers, tables, lounge chairs, bed rails (including checking undersides)		
Notes		
28. Where safe to do so and there are sufficient numbers of staff they are 'cohorted' to work either with people who have tested positive for COVID-19 and people who are showing symptoms, or with people who have no symptoms? [Staff should work only with residents who have COVID-19, or residents who do not, and staff should not cross over between the two groups]. If not possible what control measures have been put in place to mitigate risks from staff crossing between these areas.		
Notes		

29. Has the service actively promoted and communicated to everyone the importance of hand hygiene and the “WHO 5 Moments” and best practice technique?		
Notes		
	Yes	No
30. Are there enough handwashing facilities for staff and residents to safely decontaminate hands. (Note hand wash basins should not be used for the disposal of any other liquids or waste)		
Notes		
	Yes	No
31. When people are unable to wash their hands themselves, are they supported to maintain hand hygiene?		
Notes		
	Yes	No
32. Staff wash their hands with soap and water with appropriate drying facilities (not hand dryers) available or use alcohol-based hand rub (ABHR) at the correct times. Observe staff		
Notes		
	Yes	No
33. Are staff aware of when ABHR should be used and it is readily accessible?		
Notes		
	Yes	No
34. For people living with dementia, are there enough signs, staff and interaction to support and keep them safe?		
Notes		
	Yes	No
35. Cooling fans have been removed from areas and are not in use.		
Notes		
36. Do staff have access to HPS COVID-19 Information and guidance for Care Home Settings and the NIPCM and are they following this guidance? (Ask staff, can they demonstrate how they access this)		
Notes		

	Yes	No
37. Is respiratory and cough hygiene practice encouraged (catch it, bin it, kill it) and tissues and hand wipes readily available for people. (observe practice and ask staff how they manage this)		
Notes		
	Yes	No
38. Is infectious waste disposed of through a clinical waste stream, does the organisation have a clinical waste contract?		
Notes		
	Yes	No
39. If no clinical waste contract is infectious waste disposed of in a disposable bag, double bagged and stored securely for 72 hours before put out for uplift (observe secure storage area – must be locked also ask staff).		
Notes		
	Yes	No
40. Do staff have easy access to the correct PPE in line with HPS COVID-19 Information and guidance for Care Home Settings		
Notes		
	Yes	No
41. PPE is stored in a clean dry place to prevent splashes or dirt/dust contamination not above sinks/wash hand basins or sluices/bedpan washers – where splash contamination is possible.		
Notes		
	Yes	No
42. In all circumstances disposable aprons and gloves are single use, these are removed after each task or episode of care and hand hygiene carried out.		
Notes		
	Yes	No
43. If IIR surgical facemasks are used for sessional use staff do not move between COVID and non-COVID areas wearing them.		

Notes		
	Yes	No
44. Are there any AGPs carried out in this care home? List provided HPS AGPs (Ask management)		
Notes		
	Yes	No
45. If AGPs are carried out have the HPT advised on safe practice, have staff been fit tested for FFP respirators Also how are stocks maintained? (Ask management and staff).		
Notes		
46. Is visiting being offered in line with HPS COVID-19 Information and Scottish Government guidance for Care Home Settings?		
Notes		
47. Residents with suspected/confirmed COVID (or from a care home with an ongoing outbreak) should not be transferred to other settings including hospitals before the recipient service is aware of their COVID-19 status and has prepared for admission of the resident. Can the care home confirm this?		
Notes		
48. When people are admitted into the care home, is this managed in line with the guidance on testing and isolation?		
Notes		
49. Are laundry items managed safely in line with the HPS COVID-19 Information and guidance for Care Home Settings. Such as, treated as infectious, placed in alginate bag and outer bag, laundry hamper taken close to point of use but not inside isolation area, linen not shaken or placed on surfaces such as floor, tables, not re-handled once bagged, no inappropriate items in the laundry hamper.		
Notes		
	Yes	No
50. Are staff uniforms being laundered on the premises?		
Notes		
51. If laundry facilities not available for staff, are staff aware of the guidelines on washing their own uniforms?		
Note		

How are staff safely transporting uniforms home after use.
Notes
52. Testing is taking place as per current good practice guidance for both staff and people using the service?
Notes

Overview of Improvement Needs for this area of care, including any recommendations (7.2 infection control)

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Observations and feedback
53. Staff were observed using PPE appropriately and in line with HPS COVID-19 Information and guidance for Care Home Settings
Notes
54. There is evidence that staffing arrangements are right and staff are confident in supporting people in both communal areas and their bedrooms, providing appropriate observation and support to people?
Notes
55. Staff were observing social distancing guidance when appropriate and sensitively supporting everyone to do the same. Staff practice social distancing such as during break/mealtimes, in office and staff areas.
Notes
Evidence
56. The service has in place a staffing contingency plan in the event that staff are absent due to COVID-19?
Notes
57. There is evidence that staffing arrangements are regularly reviewed and responsive to the changing needs of the service and staff personal circumstances (including resilience).

Notes
58. There are clear protocols and risk assessments for the use of agency staff or staff from other services. This includes key information about other services where staff have worked and testing arrangements to prevent possible transmission of COVID-19. <i>Where possible the same staff should be used – contact agency to check where staff have worked – ask about the testing of agency staff</i>
Notes
59. All staff have received training on COVID-19 appropriate to their role.
Notes
60. All staff have been trained (or received updates where training has already taken place) on infection prevention and control during COVID-19. This includes the donning, doffing and safe disposal of PPE.
Notes
61. Infection Prevention and Control training and practice is regularly evaluated by the organisation to ensure it is sufficient. <i>Describe below how this is achieved.</i>
Notes
62. Internal audit/Observations of staff practice are undertaken with improvement actions taken when necessary (for example through team discussions, reflective accounts or supervision, improvement action plans). Where improvements have been identified as required how are these followed up to ensure compliance.
Notes
63. Staff feel well supported and can access additional support if they require it. This means they feel able to care and support people well. <i>What is in place? This might include debriefing on the management of complex situations, personal safety, assessment of workload and bereavement support.</i>
Notes
64. Staff are aware of and participating in local testing arrangements and are clear about when they should not be coming to work (self isolating). <i>What processes are in place to ensure staff do not come to work if they display symptoms of COVID-19?</i>
Notes
65. Staff feel that there is supportive and visible leadership which enables them to voice their concerns or share ideas

Notes
66. Staff have knowledge of and access to guidance relating to supporting people during COVID-19 pandemic, including Scottish Government and Health Protection Scotland guidance? Ask staff to demonstrate how they access this. Are staff implementing the guidance?
Notes

Overview of Improvement Needs for this area of care, including any recommendations (7.3 staffing)

<i>What people told us - Please enter details of the views of people using the service and any relatives and carers, which were obtained</i>

<i>General Notes & Summary of Recommendations:</i>

Date/time feedback given		Feedback Method (face-to-face, telephone call, TEAMS etc.):	
Feedback provided to (name & role):			
Notes on providers response to feedback			

Follow up visit type (agreed with care home manager)		Follow Up Visit Date:	
Author of Report		Date	