

COVID-19 - Policy for Hospital and Non Hospital Admissions – Including New and Existing People we Support

This document relates to

Central Support Services ✓

Operational Services ✓

Community Engagement ✓

1. Scope of Policy

This policy sets out :

- The hospital discharge process for new individuals and those already known to Livability services.
- How new admissions / returning admissions will be managed during the COIVD-19 pandemic in order to ensure the safety of the person, others living in the service and Livability staff.
- How to enable the person to have the best possible start, or return to a Livability service during these unprecedeted times.

2. Key Points

As an organisation we are playing our part in the wider social care sector and supporting the NHS and Local Authorities wherever possible by admitting new people in need of support from both hospitals and the community and re-admitting people known to us following hospital stays.

The safety and wellbeing of the people we support and Livability staff are paramount during the COVID-19 pandemic. To ensure this, All people admitted or returning to Livability service must ideally have tested negative for COVID-19. Unless we can assure that a person can be safely isolated or supported away from others, a positive test result creates an unacceptable risk to other people we support and Livability staff.

In order to assure safety, there are a number of factors which will influence our decision to both admit and re-admit new people to our services. These include, but are not limited to:

- In line with Government guidance, ALL patients being discharged to a care home must be tested prior to discharge to ascertain their COVID-19 status. Confirmation of a persons COVID-19 status must also be obtained for individuals being admitted from the community.
- All individuals admitted or re-admitted from hospital must have tested negative for COVID-19 within the last 24 hours, preferably 12 hours prior to discharge.
- The undertaking of the Livability COVID-19 Due Diligence Assessment for New Admissions and the criteria within this being met
- All new and returning admissions must agree to a 14 day period of isolation on admission to the service.

- The receiving service must have sufficient stocks of the required PPE to meet the person's needs. The placement may be deemed to be inappropriate if the service cannot obtain and ensure a supply of the necessary P.P.E.
- Social distancing rules must be followed during and following the 14 day isolation period.
- Admissions must be conducted in a way which minimises disruption and anxiety for the new, returning and existing people we support.
- As far as possible, new admissions and people we support who are returning to Livability services following a hospital admission, must be involved as much as possible in their admission.
- Managers must assess the risk to people's health and safety during any care or treatment and make sure staff have the qualifications, competence, skills and experience to keep people safe. Managers must prevent and control the spread of infection.

As testing has become more widely available, there have been delays in obtaining the results of COVID-19 tests prior to a persons discharge from hospital and within the timescales specified in this policy. There may also be a situation where a treating hospital may deem that, once clinically stable, people we support with COVID-19 can be discharged before their symptoms have fully resolved and when still COVID-19 positive. This may mean people being discharged within the 14-day period from the onset of COVID-19 symptoms.

When such situations arise, there may be a need to make decisions on a case by case basis. The following factors and principles are likely to influence these decisions: -

- People we support who have been treated for non-COVID-19 related condition on non-COVID-19 wards - Hospitals have cared for people with COVID-19 in separate areas of their premises with separate entrances wherever possible. This level of diligence, coupled with increased infection control precautions within hospitals lessens the risk of COVID-19.

For people we support who have been treated on non-COVID-19 wards, the hospital will be asked to provide the dates and results of any COVID-19 tests undertaken during the persons hospital stay. Where it has not been possible to confirm a negative COVID-19 test within the 24 hours prior to discharge, the hospital must be asked to provide a written note documenting that whilst in their care the individual has been on a non COVID-19 ward and has not been in contact with anyone with COVID-19 during their stay.

A discussion about whether the admission can be safely managed must take place between the service manager and regional manager. If the regional manager agrees that the admission can be managed safely, final sign-off should be obtained from the Executive Director of Operations.

- People we support who have been treated on COVID-19 wards -in exceptional situations, our principle of requiring a negative COVID-19 test can be reconsidered if a service is able to safely support a person in a separate area of the premises, away from others and preferably with a separate team of staff. Any such situations must be agreed by the regional manager and be signed off by the Executive Director of Operations.

For all cases the COVID-19 lead must be informed of any decisions to admit people into services. As with any confirmed or suspected case of COVID-19, daily report forms must be completed and e-mailed to COVID-19 until the isolation period has ended.

3. Procedure

- 3.1 When a request has been made to carry out a pre-admission assessment or an assessment for a person to return to their contracted service, a detailed history about the hospital admission, care and treatment received and likely needs at the point of admission to the service must be obtained.
- 3.2 The assessment should be carried out by service manager or equivalent, deputy manager or equivalent or other competent person within the service. The assessment MUST be carried out with a nurse on the ward that has cared for the patient.
- 3.3 If the person is to be admitted to a Livability nursing service and has identified nursing needs, a nurse from the accepting Livability service must be involved in the assessment and decision making process. This is to ensure that the service can safely meet the person's needs.
- 3.4 A Livability COVID-19 Due Diligence form for admissions must be undertaken for all new and returning admissions.
- 3.5 In line with the Livability Standard Operating Procedures, Livability staff will not undertake visits to hospitals. The agreed pre-admission assessment documentation will be completed remotely either by telephone or video call and in conjunction with the relevant hospital or community based team.

Additional information required for the assessment may include, but is not limited to;

- Understanding the reason for the hospital admission or admission from the community.
- Obtaining confirmation of a COVID-19 diagnosis.
- Obtaining confirmation of a negative COVID-19 test in advance of the admission.
- Obtaining confirmation of any additional clinical tests relating to COVID-19.
- Discussion with the person and their family / nominated representative if appropriate.
- Discussion with persons GP (with consent).

- 3.6 Any additional documents and test results can be shared via nhs.net email or other secure email.
- 3.7 If any questions arise from the pre-admission assessment, please ensure these are discussed with the referrer and / or others involved in the persons care and treatment. Seeking further information to ensure the service can meet the person's needs at this stage is important to avoid the risk of the placement breaking down at a later stage.
- 3.8 On completion of the pre-admission assessment, the service manager must contact their regional manager. This is to discuss and confirm their decision as to whether or not they intend to admit the person upon their discharge from hospital or referral from the community.
- 3.9 A negative COVID-19 test result MUST be received in advance of the persons discharge from hospital, or admission from the community.
- 3.10 For admission form hospital, it is essential that part of the assessment includes confirmation that observations will be taken within four hours before discharge (up to the point of actually leaving the hospital), including temperature, full National Early Warning Score (NEWS 2 score (if there is a temperature above 37.8 the discharge plan **Must** be reviewed and discussed with the service manager/deputy etc.).

3.11 Trusted Assessor

- 3.11.1 'Trusted Assessor' schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital. Assessments and care planning can be undertaken by Trusted Assessor schemes in a way that meets both people's needs and legal requirements on providers.

Trusted Assessors have the qualifications, skills, knowledge and experience needed to carry out health and social care assessments, and to formulate plans of care on behalf of adult social care providers.

- 3.11.2 During COVID-19 hospitals have trained additional discharge staff to operate as 'Trusted Assessors.' These additional staff will supplement Trusted Assessors in existing schemes.
- 3.11.3 Voids in Livability services have been added to the National Community bed tracker. Trusted assessors and / or hospital discharge teams will have identified Livability services from the tracker tool.
- 3.11.4 Where Trusted Assessor arrangements are in place the service will liaise following agreed protocols.
- 3.11.5 Livability manager's must reiterate the Livability organisational need for the for the Trusted Assessors assessment to include confirmation that observations will be taken within four hours before discharge (up to the point of actually leaving the hospital), including temperature, full National Early Warning Score (NEWS 2 score (if there is a temperature above 37.8 the discharge plan **Must** be reviewed and discussed with the service manager/deputy etc.).
- 3.11.6 If the service does not feel able to meet the person's needs following receipt of an assessment by a trusted assessor, further discussion and any concerns should be raised through the local area escalation routes, which every area must have in place.

4. Involving and Providing Information to People we Support

- 4.1 Pre-admission assessment conversations with the person and / or those acting on their behalf should be undertaken by telephone or video call.
- 4.2 For a number of individuals and their families, COVID-19 will mean that they may not have the usual time to make decisions about where they receive care after a hospital stay or when coming from the community. Admissions to the service will therefore be very different for these individuals compared to how it would under usual circumstances.
- 4.3 If a services assessment or assessment undertaken by a trusted assessor identifies that a Livability service can meet the person's needs and if time, consideration

should be given to providing the person with information about the service. This may include providing information leaflets electronically or e-mailing a video tour of the home - including the person's new room if possible. Please ensure that consent forms are completed should any of the above include images of people we support.

- 4.4 Unless the admission is for end of life care, the person and their family should be informed that we are not accepting visitors to our services. It is important that we inform the person and their family that that we will support them to maintain contact through telephone and video calls.

5. Mental Capacity Act and DoLS

- 5.1 There have not been any changes to the duties and powers of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- 5.2 If the trusted assessor or a member of the relevant hospital or community team think that it is more likely than not that the person lacks the relevant mental capacity to make a decision about their ongoing care and treatment, a mental capacity assessment and best interest decision should be carried out before the decision is made. The assessment and best interest decision should be made by those who have been involved in the persons care. The service should be provided with a copy of this assessment.
- 5.3 If a new admission does not have capacity to consent to their care and treatment and if they meet the requirements of the DoLS 'acid test,' the service must make a DoLS application to the supervisory body.
- 5.4 The service should complete and award themselves an urgent 7 day authorisation. This will come into effect as soon as the application is completed. This can be extended for a further 7 days if required.
- 5.5 Supervisory bodies are using a shortened form for services to grant themselves urgent authorisations and to request extensions to this from the supervisory body. The form should be compelled as soon as is practically possible after the deprivation of liberty has been identified and started. It is likely that the supervisory body will take the Mental Capacity Assessment undertaken prior to admission into consideration for applications made during COVID-19.

6. CHC Funding and Hospital Discharges During COVID-19

- 6.1 The COVID-19 Bill made a provision that all care and support from hospital will be paid for by the NHS for the duration of the COVID-19 emergency period. This is to ensure that hospital discharges can happen as soon as the person is clinically safe and to reduce the pressure on NHS hospital beds. This applies to new care packages and to enhancements to existing care packages agreed on or before 19 March 2020.
- 6.2 In all circumstances, NHS staff involved in delivering these emergency measures should have conversations with people and their families about the possibility that, dependent upon their circumstances, they may need to pay in full or pay a contribution towards their care after the emergency period.
- 6.3 NHS CHC Assessments will not be taking place during the emergency period. Local health and social care systems will be monitoring the actions taken during emergency measures and will be logging individuals who may need to full CHC assessment after the emergency period. They may do this by undertaking a CHC checklist, the first stage of the assessment in usual circumstances.

7. Departure from Hospital / Community

- 7.1 Before the person leaves the hospital ward or discharge lounge a nurse must call the Livability service to confirm there is no change since the assessment and to confirm the patient's observations within 4 hours of discharge (as outlined in section 3 of this policy).
- 7.2 During the pre-assessment phase up to departure assurances that the person has not been in personal contact with symptomatic patients or relatives must be obtained.
- 7.4 Prior to their arrival at the service, consideration should be given to planning the person's admission to the service and the location of their room.
 - Route – to reduce foot fall and the risk of infection, consider the entry point nearest to their room. For some admissions, this may mean access by a patio door or through fire doors.
 - Location of person's room - If there are any vacant rooms closer to entry points and away from the rooms of others, consider allocating these for new admissions. The person could vacate and move to another room upon the completion of their 14 day period of isolation. This would leave the room available for other new admissions.

Clear explanation should be given to the person and their family if the above approach is adopted.

- 7.5 Required stocks of PPE should be placed in or near to the person's room in readiness for their admission.

8. Transport to the Care Home or Service

- 8.1 A range of transport options are available for people being discharged from hospitals /admitted to services form the community. These include volunteer drivers, community transport options and hospital transport. Demand for these services may be high. A responsive service will be essential to ensure the safety of individuals, reduce the risk of infection and to improve flow.
- 8.2 Livability transport / staff should only agree to transport the person if absolutely necessary or if this is a requirement of the services contract. Staff transporting the person must be adequately trained in infection prevention and control including properr use of PPE.

A risk assessment should be undertaken in order to assure the person can be safely transported and the Livability transport guidelines, including decontamination should be followed at all times.

The vehicle being used must have sufficient stocks of PPE for the person and the staff supporting their transfer to the service.

- 8.3 The person must wear a facemask for the duration of their journey from the hospital ward or community. The mask should continue to be worn until the person reaches their room. The mask should be discarded in line with current infection control practice once the person has reached their room.
- 8.4 Upon arrival at the service and before physical admission any change in clinical conditions must be confirmed.

If the person presents with any symptoms that might be associated with COVID-19, NHS 111 will be contacted for advice. The person will not enter the service if there are any concerns.

9. Admission

- 9.1 Route – to reduce foot fall and the risk of infection, consider the entry point nearest to their room. For some admissions, this may mean access by a patio door or through fire doors.
- 9.2 On arrival, the person will be taken straight to their bedroom with a dedicated bathroom where full PPE will be in place. Other people and staff should be asked to remove themselves from the route to the person's bedroom in order to reduce the risk of infection.
- 9.2 On arrival at the service and if possible, the person should be asked to consider changing into a fresh set of clothes. The clothes they have worn should be bagged and laundered in line with current infection control practices.
- 9.3 The person's temperature must be taken and recorded twice on the day of admission and for the following 14 days.
- 9.4 All new and returning admissions to Livability residential nursing or Supported Living Services will be asked to self isolate for a period of 14 days.

The period of isolation is irrespective of whether the person has been admitted from hospital or the community. The 14 day recommendation applies to both people who have and have not had COVID-19 and is in line with current Governmental recommendations .

A 14 day isolation period has been advised due to the vulnerabilities of people living in care home and supported living settings, especially as the immune response of people we support may differ from that of healthier individuals.

- 9.5 The Livability Standard Operating Procedures and the Livability PPE Standard Operating Procedures should be followed once the person has been admitted to the service.

10. Involving and Welcoming the Person

- 10.1 Moving to a new home is stressful at the best of times and is likely to be even more so for people moving into services during COVID-19 given that they will be isolating for 14 days from their date of admission and that staff supporting them will be adhering to

social distancing measures whenever possible. Ways of welcoming and putting the person at ease in the current circumstances should be considered.

These may include: -

- Ensuring the persons room is prepared in advance of their admission
- Providing welcoming touches such as welcome cards from staff and others living within the service
- Ensuring the person is given a copy of the guide to the home as well as recent copies of the service newsletter to enable them to gain an understanding of the different opportunities on offer
- Assigning a member of staff, preferably the persons keyworker, in order to spend time with the person, assist them to settle into their room and be a point of reference for any questions they may have

- 10.2 It is likely that the person may not have seen or be involved in the assessment process leading up to their admission. To ensure the accuracy of this information and in order to continue to develop the persons support / enabling plan, any interim plans should be shared and further developed with the person at their own pace.
- 10.3 One page profiles and communication profiles are key person centred documents which may act as good 'getting to know you,' tools before completing sections of the plan which require more personal information.
- 10.4 In line with the existing Livability Admission Policy, a CareSys support or paper based enabling plan documenting the persons key needs must be completed within two weeks of admission. Information from the assessment completed immediately before admission will inform this plan.

Policy Ownership

Name	Version
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COVID-19 Admissions from Hospital Protocol, including new and existing residents Policy	2.0
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Date published	Date for next review
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March 2019	March 2022
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Approved by	Signature	Date
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Executive Director of Operations	<i>Jane Percy</i>	March 2019
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History	Date	Author	Reason
1.0	March 2020	Jane Percy	New Policy
2.0	May 2020	Liz Salmon	Policy Update