



social care
institute for excellence

Delivering safe, face-to-face adult day care

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Introduction

This guide aims to support you, day care managers, social workers, commissioners and providers, to restart or continue activities. It is focused on community-based day services, day centres (with and without personal care), including specialised day centre environments, and those with outdoor spaces.

Key messages

- Plans will involve balancing risks and being flexible. They must be underpinned by continued Public Health England guidance, and should comply with any future lockdowns. While being fully vaccinated does reduce the risk of catching and transmitting COVID-19, it does not eliminate it.
- It is essential that there is an ongoing conversation between social workers, commissioners, providers and people who access day care services, and their carers and families about changing plans, people's needs and levels and types of support. This is an ongoing and iterative process.
- Consider the 'journey' the service and people who access day care are on – what happened during lockdown, the immediate future, and planning for the long term. There may be opportunities to do things in new and innovative ways.

About this guide

Who is this guide for?

This guide is aimed at:

- **Commissioners:** Most often local authorities but may be NHS Clinical Commissioning Groups (CCGs).
- **Providers:** Independent, including charitable or not-for-profit providers, and local authorities.
- **Managers:** Day care or day centre managers and voluntary co-ordinators.

The guide will also be relevant for people who have a direct payment from their local authority to purchase services, their carers and families, helping to make clear what to expect from services and the local authority.

Scope of the guide

This guide is about face-to-face adult day care provision in England.

It applies to community-based day services (with and without personal care), including specialised day centre environments, and those with provision in outdoor spaces.

This guide does not cover use of public indoor spaces and facilities such as sports centres and cafes. It does not include online/virtual day care provision.

It will be necessary to consider other relevant guidance, particularly in assessing the package of support required to meet an individual's needs which remain of paramount

importance. The needs of carers are important to consider in relation to changes to support. This includes guidance on:

- [Domiciliary care](#)
- [Informal or unpaid carers](#)
- [Supporting adults with learning disabilities and autistic adults](#)
- [Direct payments and personal assistants](#)
- [Guidance on mental health and wellbeing](#), including for people with a learning disability, people with autism, older people and people with dementia

What is day care for adults?

Day care for adults typically involves planned activities for older or working age adults, to support them with important aspects of social, health, nutrition and daily living. These support services are typically run by social care professionals and volunteers and are often in non-residential, group settings. Day care enables adults who have care needs, and/or who are at risk of social isolation, to engage in social and organised activities, as well as providing a regular break to carers.

Day care provision in England is hugely varied, with a range of different care settings, activities and groups using the services.

Day care settings include:

- purpose-built day centres
- day centres attached to or part of a care home
- community buildings (with shared use)
- sports and leisure activity venues
- cafes, restaurants and pubs (for example, lunch clubs)
- outdoor private and public spaces.

Day care services for adults support meaningful activities for the people who take part. These include social, leisure, entertainment, skills-based, educational and employment opportunities. Day care often includes mealtimes and refreshments and may provide services such as hairdressing, assisted bathing, cutting nails and chiropody as well as advice and support with health issues.

Day care services are for adults with many different support needs and may be specialised in the care they provide. Specific groups include:

- older people
- people living with dementia
- adults with learning disability and/or autism, brain injury, mental health problems and long-term health conditions.

The loss of, or reduction in, day care services during the COVID-19 crisis has been hugely challenging for people who use the services and their families and carers. These challenges

have included social isolation; disruption of important routines; loss of support with aspects of personal grooming; loss of key interactions with healthcare services; disruption to educational and employment opportunities and a reduction in independence. Families and carers have not had respite and may have been supporting adults experiencing increased stress and anxiety and/or with cognitive or physical decline due to lockdown and disrupted services.

Practical information

General health and safety check of buildings

Aside from preparing the building for protecting those using them from COVID-19, standard health and safety checks will be needed, especially for buildings that have been closed or for buildings that you did not previously use.

- If the site/building has been out of use, undertake a health and safety check of, for example, hot/cold water systems (including legionnaire's checks), gas safety, fire safety, kitchen equipment, security including access control and intruder alarm systems, ventilation. Guidance on specifics have been set out for schools; although you are not a school it might be relevant.
- To help decide which actions to take prior to re-opening the building for permitted activity, a [COVID-19 risk assessment should be completed](#), taking account of the core guidance and encouraging physical distancing where possible. This will be in addition to any risk assessment which is already in place for the community facility. See [Conducting a risk assessment](#).
- Consider arranging a 'deep clean' (cleaning and decontamination) if the building is under your control – or ask the owner about this. This would include removing clutter and items of equipment which are not used regularly to enable effective cleaning of surfaces. [See guidance on cleaning in non-healthcare settings](#).
- Check cleaning schedules and services are back to usual operating and review whether the scheduling of these works for your activities; cleaning frequencies may be increased for heavily populated spaces or frequently touched surfaces.
- Check fire alarm procedures in relation to physical distancing and the use of space. Do they need to be adjusted (e.g. changing assembly points)? If so, plan how you will let staff, volunteers and people who use services know about any changes.

See [Guidance for the safe use of multi-purpose community facilities](#).

See PHE guidance on [Cleaning, hygiene and handwashing to reduce coronavirus \(COVID-19\) transmission](#)

Infection prevention and control

Although most people are now fully vaccinated, it is still possible to catch and spread COVID-19 and so it is important to mitigate the risks in other ways.

Physical distancing, washing your hands regularly, good respiratory hygiene (using and disposing of tissues), cleaning surfaces and keeping indoor spaces well ventilated are the most important ways to reduce the spread of COVID-19.

Infection and control measures in the workplace should be robustly implemented and adhered to, including supporting continued physical distancing, optimising ventilation, use of Personal Protective Equipment (PPE) where indicated, hand and respiratory hygiene and enhanced decontamination/cleaning (especially frequently touched surfaces).

Anyone who uses the service that has any COVID-19 symptoms, including mild symptoms, should not go to the day centre and instead should self-isolate for 10 full days from the day the symptoms started. The day care service can direct people using services and carers who have a positive COVID-19 case to the [guidance for households with possible or confirmed COVID-19 infection](#), which includes easy-read versions.

If someone using a service is unvaccinated or partially vaccinated and is notified as a contact of a COVID-19 case by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt.

If someone using the service is fully vaccinated and has been exposed to someone with possible or confirmed COVID-19 but is asymptomatic, they no longer need to self-isolate provided they have received a negative PCR test and undertake a daily lateral flow test (LFT) during their contact period (up to 10 days). The day care manager and local authority should assess the risk of people who have been exposed but have been fully vaccinated attending group day care.

Any staff who work for the service or in the building where services are run are considered social care staff. If they develop any of the symptoms of COVID-19 they should follow the [stay at home guidance](#) and arrange to have a PCR test either through their workplace arrangements or the [NHS Test and Trace service](#), as soon as possible. If a staff member is identified as a contact of a COVID-19 case, the need to self-isolate relates to vaccination status. See [COVID-19: management of staff and exposed patients or residents in health and 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 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).

From 16 August, fully vaccinated staff who receive a negative PCR test result can usually return to work providing they are medically fit to do so, subject to a discussion with their line manager/ employer and a local risk assessment. Fully vaccinated health and social care workers who have been in contact with someone with COVID-19 and asked to isolate by NHS Test and Trace, will not be required to isolate, and can continue working provided they have received a negative PCR test and receive a daily negative LFT for the duration of their otherwise isolation period.

If the staff member develops symptoms of COVID-19 during this period, they should follow the [Government guidance \(section 2.1\)](#).

For complex cases, contact with the [public health team](#) in your local authority should be

made to connect providers with infection prevention and control (IPC) and PPE as well as training and other resources.

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](#).

Hand hygiene

- Promote hand hygiene; ensuring that everyone, including staff, service users and their carers, have access to hand washing facilities. Some day care users may need support to undertake hand hygiene as well as access.
- Washing hands with soap and water for at least 20 seconds is essential before and after all contact with the person being cared for, removal of protective clothing and cleaning of equipment and the environment.
- Ensure that liquid soap and disposable paper towels are available at all sinks.
- Alcohol-based hand rub (ABHR) can be used if hands are not visibly dirty or soiled. Dispensers should be safely sited and adequately provided to be accessible to users and staff.
- Day centre managers should regularly audit hand hygiene practice and provide feedback to employees.

Respiratory hygiene

- Limit close contact with others. The main way of spreading COVID-19 is through close contact with an infected person. When someone with COVID-19 breathes, speaks, coughs or sneezes, they release particles containing the virus that causes COVID-19. These particles can be breathed in by another person.
- Remember to avoid touching your face, eyes and mouth if possible.
- Disposable single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest foot-operated waste bin.
- Hands should be cleaned with soap and water if possible (and hand gel if not), after coughing or sneezing, using tissues or after contact with respiratory secretions and/or contaminated objects.
- Some day centre attendees may require help with respiratory hygiene.

Cleaning

COVID-19 spreads from person to person through small droplets, aerosols and through direct contact. Surfaces and belongings can also be contaminated with COVID-19 when people with the infection cough or sneeze or touch them. The risk of spread is greatest when people are close to each other, especially in poorly ventilated indoor spaces and when people spend a lot of time together in the same room.

Regular cleaning plays a vital role in limiting the transmission of COVID-19 as it reduces the presence of the virus and the risk of contact.

Reducing clutter and removing difficult-to-clean items can make cleaning easier. Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices.

When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used

Unnecessary items and soft items/furnishings

Government advice is to remove items that are hard to clean, such as those with intricate parts, and remove soft furnishings (e.g. cushions, rugs, blankets, soft dolls). Non-absorbent seating coverings are preferable to fabric seating. Day care providers should not provide soft 'comfort' items such as soft toys and blankets, but rather attendees should bring them in and take them home again.

Thinking about 'unnecessary' items is a matter of judgement as soft items may be needed for comfort and feelings of security. Any necessary soft items should be cleaned in accordance with the manufacturers' guidance. Where fabric items are required for therapeutic or sensory care, these should be allocated to the individual for the duration of the care period and decontaminated before use by another client.

Frequently touched surfaces

Think about and list those areas and surfaces (e.g. door handles/plates, grab rails) that are frequently touched as they will require more frequent cleaning between individuals. Sensory activities involving a lot of touching can be considered if the surfaces can be cleaned and this is done regularly. Providers, cleaners and any staff undertaking cleaning activities should follow [this government guidance](#).

As a minimum, frequently touched surfaces should be wiped down twice a day: one of these should be at the beginning or the end of the working day and the other during the day, especially after periods of high activity. Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. Cleaning frequently touched surfaces is particularly important in bathrooms and communal kitchens.

Risk assessment

Providers of day care services should take all possible steps to secure safety of users and staff when open, and should decide to remain closed if they are not able to safely adhere to the guidelines outlined in the section on risk assessments.

For more information about COVID-19 infection control see our [quick guide](#) and [e-learning course](#).

See PHE guidance on [Cleaning, hygiene and handwashing to reduce coronavirus \(COVID-19\) transmission](#)

Face coverings for volunteers, carers and people using services

Volunteers, carers and people using services are encouraged to wear a face covering when:

- in any public indoor setting (this includes an indoor day care setting)
- using shared transport with people outside their household

Limiting close contact

There is no longer a legal restriction around social or physical distancing for support groups. Although most adults are now fully vaccinated, it is still possible to catch and spread COVID-19. [Current government guidance states:](#)

- You do not need to stay 2 metres apart from people you do not live with. There are also no limits on the number of people you can meet.
- However, in order to minimise risk at a time of high prevalence, you should limit the close contact you have with those you do not usually live with, and increase close contact gradually. This includes minimising the number, proximity and duration of social contacts.
- You should meet outdoors where possible and let fresh air into homes or other enclosed spaces.

Risk assessments should be undertaken, for individuals and services when considering close contact between people using services, staff, volunteers and carers.

This risk assessment should also include other factors such as an indoor setting, ventilation, number of people, client group and the risk to them and face coverings/PPE.

Where physical distancing is not possible (e.g. on transport), and when indoors in a public setting, face coverings should be worn by those using services. These do not need to be to a clinical standard, but they reduce the risk of the wearer spreading the infection if they have COVID-19. Face coverings do not replace physical distancing. Even if a face covering is used, staff and users should continue to wash hands regularly and maintain physical distancing. It is important to use face coverings properly and thoroughly wash hands before putting them on and taking them off.

Government guidance on [keeping yourselves and others safe states:](#)

“COVID-19 spreads through the air by droplets and aerosols that are exhaled from the nose and mouth of an infected person. The Government expects and recommends that people wear face coverings in crowded areas such as public transport.”

Staff members are no longer required by law to observe the 2-metre social distancing rule between themselves and those using services. However, where 2 metres cannot be maintained and for activities involving touch (such as personal care), appropriate PPE will need to be worn by staff. In circumstances where the use of PPE is considered too distressing or fully prevents communication, a suitable risk assessment should be undertaken.

The need for minimising close contact with service users, considering wearing a face covering indoors and staff wearing appropriate PPE, gives rise to the following considerations:

- Greater space per person than would normally be needed
- Physical distancing and/or wearing a face covering or being supported by someone wearing PPE is challenging for some people using services

There is further information on physical distancing and risk mitigation in the [guidance for the safe use of multi-purpose community facilities](#).

Personal protective equipment (PPE) for staff

PPE refers to masks, aprons, gloves and visors. It is essential that PPE is used correctly to protect staff and those they care for. Government [recommendations for domiciliary or home care](#) are relevant to day care settings, and should be followed as far as possible to reduce the risk of transmission. This includes guidance on how to put on and take off PPE safely. An [illustrated PPE guide](#) is also available and explains which items of PPE are required in different scenarios.

Please note that the use of surgical masks by care workers in all indoor care settings is still recommended. The specific type of surgical mask required will vary depending on the type of care being provided. There is not sufficient evidence to recommend the use of face coverings or cloth masks instead of surgical masks by staff delivering health and care activities, therefore they should not be used by staff in day centres.

It is understood that there will be individuals for whom the wearing of PPE, in particular face masks, is distressing, prevents communication or poses an additional risk of items being grabbed. Staff should assess the risk for each activity where PPE is problematic for the person being supported, including the potential to withhold services where safe practice cannot be achieved. Visors are less effective at protecting against contact with respiratory particles than face masks and should only be used following a risk assessment or in combination with a face mask. Visors and eye protection goggles are helpful in reducing the risk of contact into the eyes from small viral particles. The [recommendations for domiciliary or home care](#) guidance contains advice on the use of PPE when supporting autistic people or those with learning difficulties.

Recognising the increase in demand for PPE this year, the government has committed to providing free PPE for COVID-19 needs to the adult social care sector until the end of March 2022. Day centres can access this through local resilience forums (LRFs), or local authorities where LRFs have stood down regular PPE distribution.

Testing for a COVID-19 infection

Testing

Testing is an important measure to support day care centres to remain open safely. Regular testing can identify staff and people receiving support with no symptoms carrying COVID-19 who may pass this on to others. Through testing, people who test positive are able to isolate and break the chains of transmission.

NHS Test and Trace is offering PCR and rapid lateral flow tests (LFT) to adult day care centre staff and service users in England. Routine testing is being offered to reduce infection risk in open adult day care centres and to identify any positive cases in these settings as early as possible.

Eligible day care centres are those that are open and run by paid day care staff. Services must be for adults over 18 and provided within non-residential care settings that support the health and wellbeing of adults. This includes settings such as:

- purpose-built day care centres
- day centres attached to or part of a care home or supported living
- other buildings in communities specifically used for regular adult day care

These criteria have been developed based on clinical advice about risk factors within day care services. As a result, settings meeting these criteria are ones where the risk of transmission and outbreak are higher, and the impact on service users may be high given their vulnerability.

Weekly PCR and twice-weekly LFTs, three-to-four days apart, are strongly encouraged to be undertaken by all staff and volunteers working regularly in these centres, as well as private transport staff who support service users to attend.

Service users are encouraged to undertake up to twice-weekly testing:

- LFTs twice a week, every three-to-four days
- If a service user is only visiting once or twice per week, they only need to test on the day of their visit(s). Testing should not be mandatory for attendance, but is encouraged if possible;
- Service users can be tested either at home or on site assisted by staff.

Everyone who tests positive will need to undertake a confirmatory PCR and self-isolate at home immediately until they receive their result.

For more information about how to access testing and what the testing process looks like, please see full guidance below. Before your centre begins rapid lateral flow testing, please join or watch a recording of [webinars](#) being run by NHS Test and Trace specifically for day care centres and download our supporting material.

See [guidance on regular testing for adult day care centres in England](#).

For detailed guidance documents see [Coronavirus \(COVID-19\) testing for adult social care \(ASC\) settings](#):

- [On-site testing for adult social care services: rapid lateral flow test guide](#)
- [Step-by-step guide for ASC staff to self-test using rapid lateral flow tests](#)
- [Rapid lateral flow testing in ASC settings: an overview](#)
- [Coronavirus \(COVID-19\) testing: terms and conditions](#)
- [Coronavirus \(COVID-19\) self-test for staff, service users and visitors in adult social care settings: privacy notice](#)

For accessible instructions on lateral flow testing, please refer to the [rapid lateral flow home test instructions](#).

For any testing queries or issues, please call 119.

NHS Test and Trace

Providers will need to be familiar with the [NHS Test and Trace guidance for employers](#) as well as the guide for the [management of staff and exposed patients or residents in health and social care settings](#). How this impacts staff and those using services will differ depending on your service, and where different people or groups or people are in contact with each other.

It is important that:

- people using services, families, carers and day care staff are all aware of what to do if they are contacted, and that they must contact the service
- the service keeps up-to-date record as to which individuals have been in contact or possible contact within the day care service or services
- services understand their duty to report to local [Health Protection Teams](#) if there are confirmed or suspected cases of COVID-19.

Restrictions and day care provision: What is allowed?

Step 4 of the national roadmap out of lockdown, from 19 July 2021

Most legal restrictions to control COVID-19 have been lifted at step 4. This means that:

- You do not need to stay 2 metres apart from people you do not live with. There are also no limits on the number of people you can meet.
- However, in order to minimise risk at a time of high prevalence, you should limit the close contact you have with those you do not usually live with, and increase close contact gradually. This includes minimising the number, proximity and duration of social contacts.

There is no longer a specific 'support group' section of the Government guidance and no formal size limits on groups. Further general information can be found within the [Government guidance](#).

As part of their risk assessment, local authorities and commissioners are encouraged to consider the COVID-19 infection rates in their area and in consultation with providers, set a maximum limit for the number of people using a service at a given time. Previously there was a limit of 15 which increased to 30. There is no longer a set limit, but local authorities should consider setting one themselves.

It is recommended that services update their risk assessments for staff and people using services. Further information about risk assessments can be found [at Individual risk assessments for COVID-19 for face-to-face services](#).

Food preparation

Where refreshment and food preparation are undertaken, [guidance for food businesses](#) will apply.

An alternative approach that may be necessary, especially if physical distancing is not possible in food preparation areas, is for everyone to be asked to bring their own food and refreshments. Only supply food and refreshments to those unable to do so.

Use of transport

Transport is an integral part of many day care services and may include provider-owned vehicles, community transport, public transport, family or carers driving, or taxis. Transport will need to be planned in advance and it is likely that group vehicles, such as minibuses will continue to have reduced capacity. As well as travel to the activity or centre, arrival, exiting vehicles and entering the venue or building will need planning.

As set out in safer transport guidance, from 19 July social distancing rules (2m or '1m+') were lifted on domestic public transport. This means that people using transport do not need to stay 2 metres apart from people they don't live with. Providers should, however, continue to consider the risks of close contact with others particularly if they are not fully vaccinated or in one of the higher risk or [clinically vulnerable](#) groups for a poor outcome from COVID-19.

The requirement to wear face coverings in law have been lifted. However, the Government expects and recommends that people wear face coverings in crowded areas such as public transport. It is recommended you wear a face covering when travelling in a private vehicle with people you do not usually meet.

- Families should be asked to provide transport for the person accessing day-to-day services on the day/s that they are going to attend a day service location and avoid using public transport where possible, especially at peak times. It is acknowledged that this will not be possible for all families.
- Car sharing should not be encouraged for staff or for people using services.
- For those requiring transport to attend a day service location, providers need to assess their transport fleet and options in line with guidance.
- People using shared transport are encouraged to wear face coverings (unless exempt).
- The car/minibus will need to be cleaned before and after their use and have open windows or car vents for ventilation that use outside air, not recirculating internal air.
- The provider, together with the transport service (if it is not in-house) should agree the number of service users that can be transported safely at any time. This will vary depending on the needs of service users and their understanding of the behaviours required to minimise the risk of infection from COVID-19.
- Where people using the transport are unable to wear facemasks, the transport should consider a lower capacity than where all passengers can wear a mask.
- Protocols for the modification, cleaning and maintenance of the vehicles should be implemented by all service providers.
- Consider seating arrangements to maximise distance between people in the vehicle.

Protocols for the modification, cleaning and maintenance of vehicles should be implemented by all service providers:

- [Guidance for transport providers](#)
- [Guidance for transport users](#)

- [Guidance for using private cars and other vehicles](#)
- [Guidance for community transport](#)

Numbers and prioritisation of face-to-face and group activities

As part of their risk assessment, local authorities and commissioners are encouraged to consider the COVID-19 infection rates in their area and in consultation with providers, set a maximum limit for the number of people using a service at a given time.

It remains the case that for many services, the same level of face-to-face provision that was available before lockdown may still not be possible or preferable. A combination of lower numbers taking part in face-to-face activities and a lower number of contact hours, may be required in order to manage infection control and prevention requirements and to enable continued physical distancing.

Re-assessing needs and preferences

It is recommended that conversations about the support people and their carers will need takes place as soon as possible. This can be via a review of care and support plans. Any need identified for reassessment will need to be flexible and in line with requirements of provisions the [Care Act \(2014\)](#) and potential for ongoing changes in the Government's rules on lockdown and re-opening of services and society.

New needs may have emerged. Much has been changed by coronavirus, but the personality, preferences and interests of the person being supported will likely not have done. There are also some new opportunities that have been developed to support people and their carers that might need to be factored into the review of care and support plans.

Some individuals will not wish to return to face-to-face services while the risk of COVID-19 persists, for example those that have been shielding.

- [Example of prioritising face-to-face activities](#)

Many day care providers have continued to provide support remotely or with minimum contact. This has included virtual meal clubs, evening social groups and maintaining regular contact to groups that were shielding, by visiting at their window. Many of these activities can continue or evolve ensuring some level of support for a wider range or people than can access face-to-face services.

- [See overview of areas to cover in an individual assessment of welfare and support needs.](#)

Attendance of users

When service users and their carers attend face-to-face services, the provider should reassure themselves that the user and their carer have not had COVID-19 symptoms or tested positive for it in the past 10 days.

Anyone who uses the service that has any COVID-19 symptoms, including mild symptoms, should not go to the day centre and instead should self-isolate for 10 full days from the day the symptoms started. The day care service can direct people using services and carers who have a positive COVID-19 case to the [guidance for households](#)

[with possible or confirmed COVID-19 infection](#), which includes easy-read versions.

If someone using the service is unvaccinated or partially vaccinated and is notified as a contact of a COVID-19 case by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt.

If someone using the service is fully vaccinated and has been exposed to someone with possible or confirmed COVID-19 but is asymptomatic, they no longer need to self-isolate provided they have received a negative PCR test and undertake a daily LFT during their contact period (up to 10 days).

What to do if someone becomes unwell in a day care setting?

If anyone in an day care setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home immediately and advised to isolate and follow the [Stay at home guidance](#)

If a person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate supervision as required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

[PPE](#) should be worn by staff supporting the person who is unwell.

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the person subsequently tests positive. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

Outbreak of COVID-19

In the event of a suspected or confirmed outbreak, day care managers should contact their local health protection team (HPT) immediately for further advice.

An outbreak is when there are two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:

- identified direct exposure between at least two of the test-confirmed cases in that setting (for example, under 1 metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases
- when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases

Providers are reminded to remain vigilant for outbreaks caused by other infections and to report any suspected outbreaks or serious incidents relating to infection, in a timely manner, to their local health protection team

Supporting individuals with transition back into a service

Consideration of how to support people to transition back into a service will be necessary. The current health crisis has increased confusion, fear and anxiety for everyone, and inevitably it will bring additional challenges. There may be a need for detailed planning where people will need to adjust to returning to a service, having adapted to new routines during lockdown, and where they are unsettled or even traumatised by change (potentially resulting in escalation of behaviours that challenge or unmet needs). Some people returning to face-to-face activities may have experienced a loss of confidence or be anxious about whether they will be able to remember the new measures.

Resources which may be helpful for supporting transition

- [Easy to understand range of resources and videos](#) (Learning Disability England)
- [National Autistic Society](#)
- [Explaining Coronavirus for People with Learning Disabilities and other videos](#) (Surrey and Borders Partnership Trust)
- [Coronavirus support for people affected by dementia](#) (Alzheimer's Society)

How to approach re-opening day care services: Where to start and planning for the future

Different starting points

Services will have different starting points when considering safely re-opening, with some not having reopened since March 2020, some being near fully reopened and others providing a reduced or limited service.

During lockdown there may have been changes to contracts, re-deployment of staff, or an increase in the use of technology and home-based one-to-one support. The preferences and needs of people with a learning disability and/or autism, older people or people with dementia, a mental health or other conditions, and those of their carers and families, may have changed. New and creative ways of providing support have emerged which may provide opportunities to innovate and do things differently, alongside new challenges involved in safely resuming services whilst minimising the risk of infection from COVID-19.

Although most people using and working in social care are now fully vaccinated, it is still possible to catch and spread COVID-19. It is recognised that older people and those with physical or learning disabilities may have more co-morbidities which are risk factors for worse outcomes should they become unwell with COVID-19. For their safety, and the safety of their families, the staff that support them and the general public, it is essential that planning to resume the provision of day services is approached with caution. Plans must be underpinned by continued Public Health England guidance, and any future lockdowns.

Day care offers an essential service and improves the quality of life for those that participate and for their carers. It is a central component of social citizenship for many. It is essential that participants and carers continue to receive the support they need. Where the number of people who can safely access day care services needs to reduce, alternative arrangements for support in the short term will need to be considered and regularly reviewed. New ways of working and organising services are needed to keep those who use services, their carers and families, staff and the general public at the lowest risk of infection.

Communication and engagement

People and carers accessing services

Clear, regular communication is essential at this time. Uncertainty is likely to continue as restrictions are lifted, but local or national infection rates could again rise. Agree a communication plan to ensure that all people using services and their families are kept informed of what will be happening in the weeks and months ahead, and when (some) services are likely to resume.

Ongoing communication will need to continue with all people and their carers who access the service (whether attending day care services or not). This is in addition to conversations with people accessing day care services and their families in order to ascertain their [welfare and support needs](#).

Areas to consider are:

- Using technology to communicate with those accessing services where carers and families are able to support this. This can be for both group communications and also individual. For example, having an individual handover by text, rather than face to face.
- Talk to those accessing face-to-face services and their carers and families about minimising the risk of contracting COVID-19 outside day care activities as well as within them.
- Talk to those accessing face-to-face services and their carers and families about what to do if someone in their household has symptoms, tests positive for COVID-19, or is contacted via Test and Trace.

Explain the reasons for any reduced capacity in face-to-face provision, as well as under what circumstances services could be expanded in future or may be reduced (e.g. outbreak within the service or localised lockdown), and what would be put in place should this happen.

Conversations between commissioners and providers

Commissioners and providers have responded to the COVID-19 crisis in different ways with varying levels and forms of continued provision. Whatever the current status of the service, it is useful to have an open and reflective conversation. Principles for this conversation:

- What has been your 'journey' during lockdown and what, if any, services have been maintained, started or put on hold?
- What might the immediate future of the service look like?
- What might the longer-term future of the service look like and what are the unknowns for future planning?

Areas to consider within this conversation:

- **Your values:** What is the purpose of your service and how can those values be taken forward even if their delivery needs to change.
- **If and how service users will be prioritised for face-to-face services:** See section below on considerations for prioritisation of face-to-face group activities.
- **Financial considerations:** Including the existing model of funding and if/how that will work moving forward. The likelihood of additional costs due to requirements around personal protective equipment (PPE) and infection prevention and control. Changes to the numbers of people accessing some forms of day care, and other forms of support in the context of the whole care package, needs and preferences of individuals. Consider the need for services to remain sustainable in the longer term.
- **New ways of working and opportunities:** Are there new and innovative ways of working and delivering services that have taken place during the COVID-19 crisis? Would it be of benefit to continue or expand these? What have been positive lessons learned? For those re-opening, what new ways of working can be developed that

would benefit services longer term?

[Example of flexible funding arrangements from Devon County Council](#)

Conversations between providers, people who access services and carers

The person who participates in day care services, and their carers should be at the heart of this conversation. Planning should be person centred, but drawing on a whole family approach where carers' needs are also recognised, including those of young adult carers.

For some individuals, carers and families, multiple conversations may be needed and a great deal of flexibility in planning.

Any planning will need to be done within the context of the [Mental Capacity Act](#), which affirms the right of people to make their own decisions where they are able. If a person has capacity to decide whether or not they wish to return to a day setting which is available to them, that decision must be respected. If a person chooses not to go, and that causes additional pressures for their family or carers, they cannot be forced to go. A negotiation will be needed.

If the person lacks capacity to make a decision about returning to day care, a [best interests decision](#) will need to be made. Using the best interests checklist (see the [MCA Code of Practice, 5.13](#)), a decision will need to be made – involving carers, families and professionals – about whether a return would be in the best interests of the individual. This would need to factor in the person's past and present wishes, feelings and beliefs – the extent to which they enjoyed attending day care prior to the COVID-19 lockdown would need to be considered. Also consider a balance of risks between COVID-19 and the impacts perhaps of continued lockdown and isolation.

It is important to note that the best interests of any family members – who may wish for someone to return to day care, in order to have a much-needed break or return to work – cannot be a determining factor in whether it is the person's best interests to go. But, this may affect the care being provided – in this case a [carer's assessment](#) could be appropriate.

Information that is useful to know:

- What services did they receive prior to lockdown? This includes services with all providers as some people use more than one.
- What support have they received since lockdown (if any). How have they found that?
- What would they like support to look like going forward? It could be that they would prefer a continuation of current support, or return to group activities.
- If they have been accessing no services or different services since lockdown, what needs to be planned for the transition back? Are there challenges or key considerations? This could be a process for some, especially those for whom social situations and communication already posed a challenge.
- What is their level of need and/or risk? For example, pressures on carers, any deterioration in physical, cognitive or mental health or mobility.
- What understanding do they and/or their families have around keeping safe

in the community and what are their concerns?

- Understanding that it is not possible for everyone to return to face-to-face activities. Even though lockdown is lifting, services may not be able to return to pre-lockdown for the majority or providers and groups.
- Understanding that for those who usually use more than one service (that is, they would be part of multiple groups) they may only be able to attend one.

For those who are most likely to return to face-to-face services, the responsibilities of those using the services and their families should be addressed and could involve an agreement or checklist. Responsibilities include not using the service if they are unwell, following Test and Trace instructions and following Government guidelines to the best of their ability. Where someone has not been able to follow guidelines, sharing this information with the provider is essential.

Example of a triangulated approach between commissioners, operational teams and providers, involving individuals and their families.

Considering other agencies and contractors (such as building landlords, public facilities, insurers and transport providers)

Depending on the service provided, a range of agencies and contractors may need to be involved in the safe re-opening or expansion of face-to-face services. This includes:

- **Insurance providers:** DHSC has sought advice from experts within the insurance broking community. There is no suggestion that day and respite services would not continue to be covered by their existing insurance policies. Organisations are however encouraged to speak to their insurance providers who can give advice on their individual policy.
- **Building landlords / management groups:** Ensure relevant health and safety checks have been undertaken for buildings that have been closed or new spaces that may now need to be used. Be clear who has responsibility for deep cleaning and regular cleaning. Make sure you are aware of any other users of the building and know who is responsible for handing over and cleaning between user groups.
- **Transport providers:** For those relying on community transport, new contracts of working are likely to be needed. Times, places and numbers may all change as well as the need for following infection prevention and control and PPE guidance. There is relevant guidance for [transport providers](#). [Local taxi and private hire companies](#) may also be required. Public transport can be used, with a risk assessment in place that considers if people will wear masks and be able to leave space between themselves and other passengers.

Additional considerations for staff and volunteers

It is important to ensure that staff and volunteers feel safe and supported within the context of all service resumption planning and their concerns and needs are considered when re-opening or expanding face-to-face support. Staff that have been redeployed will need to have an agreed plan for returning to day services.

New protocols could introduce unfamiliar ways of working for staff and volunteers – this may be stressful and staff may feel more isolated. For example, minimising contact between staff, increased online and telephone communication with families, wearing PPE, changed work patterns and alterations to typical activities.

A 'return to work' protocol for all staff and volunteers can reassure staff of the measures being taken to minimise risk of infection and of the support in place for them as they return.

COVID-19-specific training

Staff training is required regarding new ways of working and COVID-19 etiquette. It is important staff understand why new systems and protocols are in place and how they can help to minimise risk. This includes:

- Infection prevention and control
- Safe systems of working, physical distancing and [correct use of PPE](#)
- Local training on measures to be taken in different environments or service locations
- Training needs of all staffing groups including: kitchen staff, cleaning staff and transport staff

Support and wellbeing

As well as a risk assessment for staff and volunteers, their wider needs and wellbeing is important to consider. Important issues may include:

- bereavement
- anxiety
- feelings of isolation
- guilt at not being able to provide the same level of service as previously
- returning staff may feel like they are 'starting a new job'
- exhaustion or burnout
- staff not having taken breaks or leave
- caring responsibilities
- changes in availability to work.

Staff may value the opportunity for discussion and reassurance, and appreciate having more than one method of communication available.

[Public Health England](#) and [Royal College of Occupational Therapists](#) offer online wellbeing tools and guides, and there are also local offers of free support for social care workers.

Conversations about what has worked for them and opportunities for formal and informal peer support are also helpful to social care staff.

Responding to bereavement and trauma

Many people have experienced bereavement trauma during the COVID-19 pandemic, including people who use services, families, staff and volunteers.

A key consideration will be on the impact of COVID-19 on anyone who may also be experiencing trauma as a result of the challenges of COVID-19 in their work, day care, home and personal lives.

Some resources that may help with supporting those with trauma or grief are:

- Trauma grab sheets
- Understanding what trauma is and its causes
- Understanding what someone who has experienced trauma might feel, emotionally and physically, and how they might behave and relate to others
- Some approaches that can be used to support people who have experienced trauma
- Coronavirus: dealing with bereavement and grief
- Coronavirus and your mental health

Conducting risk assessment to deliver safe adult day care

Individual assessments of welfare and support needs

As part of the conversations between providers, people who access services and their carers and families, and the prioritisation of face-to-face and group activities, an individual assessment of needs for care and support will need to be conducted for those who would normally access the service where their needs are likely to have changed. This is to enable providers and commissioners to both understand people's needs and how they may be met, and to prioritise those whose need for face-to-face services is greatest.

As part of the conversations between providers, people who access services and their carers and families, and the prioritisation of face-to-face and group activities, an individual assessment of needs for care and support will need to be conducted for those who would normally access the service where their needs are likely to have changed. This is to enable providers and commissioners to both understand people's needs and how they may be met, and to prioritise those whose need for face-to-face services is greatest.

Areas to consider:

- Safeguarding concerns raised
- The sustainability of current paid or unpaid care arrangements
- The extent to which current care arrangements meet their needs
- Wellbeing of carers
- Support needs, including changes in mental, physical or cognitive wellbeing

- Ongoing access to food and medication
- What alternative services they received whilst the day service has been closed – what support has been effective
- The person and their family/carer's current view on returning to the day centre/service if they start planning to reopen
- Any relatively simple to make adjustments that could be made to provision to better support someone's needs and wellbeing

Individual risk assessments for COVID-19 for face-to-face services

Staff and volunteers

All staff and volunteers should be risk assessed using a two-stage process:

1. Identification of those who are potentially at higher risk of contracting COVID-19 or poorer outcomes from being ill.
2. Assessing the risks associated with those individuals and identifying actions to minimise the risks.

The first stage could be undertaken with individual conversations or a form or survey. A conversation should then be had with those identified as being at higher risk including those who are [clinically vulnerable](#).

Risk factors include: Age, ethnicity, sex, some underlying health conditions, pregnancy.

- Staff and volunteers who have not been vaccinated or fully vaccinated are at higher risk of catching and spreading COVID-19 as well as at risk of poorer health outcomes if they catch it.

Care has to be taken when asking for personal health information and this should only be asked for when it's required to support the worker. The level of detail provided should be no more than is necessary and reasonable.

More information on risk assessing staff and volunteers and options for those who may be at greater risk can be found as part of the [COVID-19: adult social care risk reduction framework](#). Staff from [black, Asian and minority ethnic \(BAME\) backgrounds](#) may have increased concerns about COVID-19, and employers / organisations should handle these conversations sensitively.

A health declaration form may help with this process. Ofsted's '[social care health self-declaration form](#)' could be adapted for this use.

Day centres are staffed by a wide range of people and some may be more vulnerable to infection, for example, because they have an underlying health condition. Staff whose health makes them clinically extremely vulnerable are recommended to follow the [guidance on protecting people who are clinically extremely vulnerable persons from COVID-19](#).

Those using face-to-face services

Identifying those who are at higher risk of COVID-19 in terms of:

- People who may not be able to follow guidelines that help protect them and others from the spread of COVID-19. For example, not being able to keep their distance from other people, wear a mask, issues with staff or volunteers wearing a mask when working with them, difficulties with regular hand washing.
- People who have not been vaccinated or fully vaccinated are at higher risk of catching and spreading COVID-19 as well as at risk of poorer health outcomes if they catch it.
- People who would be at risk of a poorer outcome if they were to become infected. There is a great deal of overlap between higher risk groups and those groups that use day care services. In addition, the same consideration as for staff should be included: Age, ethnicity, sex, some underlying health conditions, pregnancy.
- Regular coughing, sneezing and other risks regarding bodily fluids may apply to some individuals.
- People that require support with aerosol generating procedures (AGP) should be carefully risk assessed and specific [AGP guidance](#) should be followed. This could include the use of portable ventilators.
- Risks around anxiety, stress and behavioural changes as a result of the changes to social interactions and routines as a result of COVID-19. For example, distress in relation to PPE, changed routines and physical distancing.
- People whose health makes them clinically extremely vulnerable are recommended to follow the [guidance on protecting people who are clinically extremely vulnerable from COVID-19](#).

Risk assessment of COVID-19 for the provider or group

The provider, each service and/or each group will require a risk assessment which includes contingency planning. It is at this level that overall numbers attending services, staffing, and how the service would respond to an occurrence of infection, localised lockdown or other COVID-related events should be set out.

People attending face-to-face services and their carers and families should be made aware of the key contents of this risk assessment so they understand under which circumstances face-to-face support may have to be withdrawn or reduced.

[Day Services for Adults – things to consider when doing a Risk Assessment for re-opening – Worcestershire example](#)

[Example of the type of form that could be used \(Kings College London\)](#)

Risk assessment for specific locations, objects or activities

A risk assessment will need to be undertaken for each building or regular location used. This should include:

- Flow for people entering and leaving the building
- Maximum number of people that can be in the building and within each room or part of the building at one time

- Maximum number of people that can be in boundaries outdoor spaces at a time (e.g. car parks, outside activity areas and gardens)
- Toilet and changing facilities – ideally limit use within a bubble, provide liquid soap and paper towels to allow good hand hygiene.
- Cleaning of shared hoists and mobility equipment between client uses
- Kitchen or refreshment facilities
- Surfaces most frequently touched

Some activities will need to be risk assessed on an ongoing basis in line with wider guidelines.

These include:

- Activities involving shared objects (for example, games involving shared objects such as inflatable balls, parachutes, or a dice). The use of clean objects is advised.
- Playgrounds, activity areas and sensory rooms. Consider the guidance on avoiding soft furnishings, regular cleaning and outdoor areas
- Activities where participants are less likely to be able to, or remember to, socially distance
- Activities that involve increased blowing or breathing out – for example, singing or exercise. Risk can be reduced by moving activities outside or in well ventilated rooms.
- Bathing and hairdressing services should be risk assessed in line with Government guidelines (see [home care](#) guidance for information on bathing and [for hairdressing](#)).

Practice examples of delivering safe adult day care

These practice examples are all from before 19 July 2021, but remain relevant given the ongoing COVID-19 context.

Hollacombe Community Resource Centre

Hollacombe Community Resource Centre is a day service for young people and adults who have a profound and multiple learning disability who may also have complex health and social needs. Hollacombe has been closed since 17h March 2020. Daily contact has been made with families and care agencies to ensure individuals are maintaining their health and wellbeing as far as possible and staff have been supporting people in a variety of ways. A 'Red, Amber, Green' (RAG) system is being introduced to determine which people are most at risk being isolated at home. A set of standard operating procedures are being followed to allow services to re-open to those people, to ensure the risk of infection is mitigated as far as possible.

Of the regular attendees at Hollacombe before lockdown, a small group will return to the centre in bubbles with specific staff, transport and people. A group will continue to be supported by specific staff in the community and their own home and a small number of people will want or need to wait until the service can confidently open further.

Example of flexible funding arrangements Devon County Council

The Council's review of existing financial support has recognised that due to the wide variety of settings and activities and different levels of COVID-19 vulnerability in people potentially attending, it is essential that each provider undertake a full risk assessment, in liaison with their local community team before making the decision to re-open.

The review has also recognised that whilst these assessments are taking place many providers have utilised their staff teams to support service users in their own homes or in other varied forms of service delivery. Where this is the case, or where it has been deemed safe to resume some form of day opportunity service with reduced capacity, we would want to support you from needing to furlough additional staff. In these circumstances the Council will therefore:

- continue to pay for the number of commissioned places at the level of the next pay run i.e. before you had to take action to close your day service
- continue to pay you at whatever agreed rate pertains at that point.

Terms and conditions

The extension of financial flexibilities described in this update will only apply to day opportunity services that confirm to us that staff are actually working the hours and / or remain available after 10 June 2020 to be redeployed to support other providers or the Council/NHS if not (with all appropriate training and support).

These arrangements will be in operation until 30 September 2020. They will be reviewed at the end of August.

Please be assured we will be doing our utmost to ensure that payments are made to your business in a timely way to ensure you can continue to operate during the next 13

weeks and to think through with us any longer-term implications for your service model. We will however need to ensure that funding which has been provided to you is made for additional cost incurred; so, in due course we may contact you to request additional supporting information, which we reserve the right to access under the existing terms of the contract we have for services with you.

We will also, where carer/care staff sickness payments have been made, require that Statutory Sickness Pay which has been reimbursed by the Government, is repaid to the Council.

If providers are able to claim from central government in respect of SSP reimbursement, or for wages support of up to 80 per cent, then they should do this and claim from government. You should not claim for such additional costs from DCC, UNLESS you require urgent cash flow stabilisation. In this case we would like you to notify us once you have received reimbursement from central government so that we can assess if any of the payments we have made to you need to be returned to us. i.e. so that there is no double counting of government and local government funding.

Ultimately please note that monies can be recouped from schedule payment runs, although we will always seek to agree an amount and timing with you first.

Bradford Triangulated Approach

In Bradford a triangulated approach was used between commissioners, operational teams and providers. This has involved discussions strategically and with individuals and families who use services on: what was provided before COVID-19, what was done differently during COVID-19, and what is considered as important in the future offer of day opportunities (recognising that restrictions in the current pandemic and the heightened need to keep safe). See plan below:

Operational

Service to assess and prioritise individuals most at risk and in need of a service over the summer.

Communications

Communication to be issued providers to understand their set-up and plans, and potential offer (in addition to virtual) for individuals in the short term. Should be clear that the expectation is not yet to re-open a building-based service.

Operational

Need to understand the options available to service users for the next three to six months including: – number of sites that will be open – potential sessions available – day respite opportunities – what the offer is for people who require a service and their carers.

Once short-term offer becomes clear - map service availability against locations of people who receive a service and understand transport/ travel implications.

Example from a county council as to how it identified individuals with a high need to resume services using a Red, Amber, Green system

Please note: These types of risk assessment should be undertaken by staff trained to do so and ideally include social work oversight

Red – There is immediate risk for the person or carer.

Indicators:

- A safeguarding concern has been raised.
- There is an imminent breakdown of either paid or unpaid care arrangements due to care support no longer being able to manage.
- Person has high levels of anxiety which is being expressed through distressed behaviours towards self, others and objects.
- Person has been prescribed antipsychotic drugs to reduce distressed behaviors during lockdown.
- Person's mental health is declining and they are becoming withdrawn and less willing to engage.
- Carer's mental health is declining, or they are experiencing high levels of anxiety
- Person is experiencing deterioration of their physical health.
- Person is unable to be supported at home or in the community due to their anxiety, their understanding of the situation and lack of community facilities that are open.
- Person is unable to be supported at home due to the vulnerability of other family members.

Amber – The person or carer is experiencing difficulties but are not in immediate risk. Indicators:

- The existing care arrangements are at risk.
- Family carers are choosing to self-isolate due to the health vulnerability of the person they care for however there is an increase in risk to their own health and concern regarding how much longer it is sustainable.
- There are some signs of deterioration in mental and physical health that are of concern but they're being managed.
- The person's deterioration above or the ongoing caring requirement is likely to have an increasing impact on the unpaid carer.
- The situation is affecting the carer's outcomes under the Care Act such as ability to work.

Green – There are minimal concerns regarding person's or carer's wellbeing. Indicators:

- Carer isn't expressing any concerns.
- There were no welfare concerns prior to the person going into isolation.

Following a person being identified as being Red, a Mental Capacity Assessment must be completed to firstly determine if the person has capacity to make an informed decision and if not, decide if the person should resume day services.

The assessment must take into consideration the indicators but also the following:

- People making decisions on behalf of the person to understand fully the risk of person contracting COVID-19 and that risk to be weighed up against quality of life.
- If the person has any health conditions that makes them at risk of COVID-19.
- If the carer has had a Carers Assessment in the past, it will be worth them requesting a review. If they have not, it is worth requesting one via Adult Social Care

New Directions Subgroup (Ireland) example of a tool for prioritising risk

Priority 1 (P1)	Having considered the individual's overall package of care and the presenting needs of the individual and their family, the profile of a P1 person will be:
Service users	<ul style="list-style-type: none"> • day attendee
Red Risk on Matrix	<ul style="list-style-type: none"> • person not receiving any or very limited ancillary/social care supports e.g. respite, home support/PA
	<ul style="list-style-type: none"> • person with noted increase in behaviours of concern
	<ul style="list-style-type: none"> • person who has a noted decline in presentation i.e. mental
	<ul style="list-style-type: none"> • health, physical health etc due to absence of a regular day service
	<ul style="list-style-type: none"> • safeguarding
	<ul style="list-style-type: none"> • familial vulnerabilities/ circumstances i.e. single parent, elderly parents, residing with persons who are immune compromised, limited external supports, parents returning to work.
Priority 2 (P2)	Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of a P2 person will be:
Orange risk on Matrix	<ul style="list-style-type: none"> • person receiving limited ancillary services/social care supports

	<ul style="list-style-type: none"> presenting with an emerging need that could escalate to P1 should services not respond.
	<ul style="list-style-type: none"> person is managing reasonably well at home and/or are lonely, seeking contact with peers.
Priority 3 (P3)	Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of a P3 person will be:
Orange/Green on Matrix	<ul style="list-style-type: none"> person is contented at home and the services provide support to reassure and enable them to have a structured day.
	In offering remote services consider infrastructure, interest and capacity of individuals.
Priority 4 (P4)	Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of a P4 person will be:
Orange/Green on Matrix	<ul style="list-style-type: none"> persons may opt in or out of this offered support. Not anxious to avail of support during this COVID-19 pandemic.
	In offering remote services consider infrastructure, interest and capacity of individuals.

Example from 'Helping adult day centres to unlock lockdown' King's College London

Helping adult day centres to unlock lockdown (King's College London)

Scenario 1 / Service user group

[Add detail of this scenario / service user group]

Location	Add detail of which parts of the day centre this scenario applies to, if relevant.
Number of daily service users	Add detail of numbers of staffing and volunteers required for this scenario, including detail of numbers of staff and volunteers to be deployed in other parts of the day centre, if applicable.
Equipment	Add detail of any new or increased equipment that needs to be installed or made available – or considered at a future point: e.g. plastic screens, yellow marker tape, cupboards for storing out-of-use equipment, small tables for use as hand sanitising stations, specific chairs or chair coverings, automatic doors, automatic taps, additional sinks, etc.
Attendance	Add details of number of days this applies to and any conditions attached: e.g. limits to number of days each service user may attend to enable the whole service user group to attend at least once weekly.
Criteria for inclusion in this scenario or group	Add detail of criteria to be met to be included in this group e.g. service user characteristics (personal care needs, low/high level of cognitive impairment), any paperwork required.
Support level	Add detail of what type of support this group of people need, including staffing levels for providing this and any other conditions relevant to staffing: e.g. personal care assistance, support with symptoms of cognitive impairment, socialising.

Exit criteria (service users)	Add detail specifying criteria or the circumstances in which a service user might not be able to attend the centre or may need to be moved to a different service user group (based on their needs).
Assessment and care plan	Add detail concerning planned reviews of care plans if relevant.
Pros	Add detail of any advantages you have identified with this plan, either for the organisation, for the service user, for family carers, for the bigger picture: e.g. the importance of risk empowerment, personalising information and communications.
Cons	Add details of any disadvantages or practical challenges you have identified with this plan – either or the organisation, for the service user, for family carers, for the bigger picture - and how these could be addressed: e.g. challenges associated with meeting staffing and volunteer requirements

Further information

SCIE

- COVID-19 infection control for care providers (Quick guide)
- Infection control e-learning course
- Dementia in care homes and COVID-19
- Safeguarding adults with dementia during the COVID-19 pandemic
- Q&A Coronavirus (COVID-19): Dementia and care homes
- Mental Capacity Act (MCA) and the COVID-19 crisis
- Safeguarding adults during the COVID-19 crisis
- COVID-19 resource and best practice hub for social care

DHSC and Public Health England

- Coronavirus: Guidance and support

Department for Education

- Managing school premises during the coronavirus (COVID-19) outbreak

Other resources

- Mental Capacity Act: Code of practice
- Carers UK: Carer's assessment
- Royal College of Occupational Therapists: Staying well when social distancing
- King's College London: Helping adult day centres to unlock lockdown
- [King's College London: Day Care Research Forum meetings \(2021\)](#)

This guidance was developed in collaboration with Public Health England, the Local Government Association and King's College London as part of the NIHR, Applied Research Collaboration, South London.



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