Delivering safe, face-to-face adult day care

March 2023

About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new

- supporting people who plan, commission, deliver and use services to put that knowledge into practice

- informing, influencing and inspiring the direction of future practice and policy.

Contents

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.

About this guide

Who is this guide for?

This guide is aimed at:

- **Commissioners:** Most often local authorities, but may be Integrated Care Boards (ICB).

- **Providers:** Independent, including charitable or not-for-profit providers, and local authorities.

- **Managers:** Day care or day centre managers and voluntary coordinators.

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:

- **COVID-19 supplement to the infection prevention and control resource for adult social care**[1]

- **COVID-19 testing in adult social care**[2]

- **People with symptoms of a respiratory infection including COVID-19**[3]

- **Infection prevention and control: resource for adult social care**[4]

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[1] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care.

[2] https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care.

[3] https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19.

[4] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care.

- **Living safely with respiratory infections, including COVID-19[5]**

- **Reducing the spread of respiratory infections, including COVID-19, in the workplace[6]**

- **Guidance for people previously considered clinically extremely vulnerable from COVID-19[7]**

- **Guidance for those at higher risk of serious illness as a result of weakened immune systems.[8]**

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.

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[5] https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19#keeping-yourself-and-others-safe.

[6] https://www.gov.uk/guidance/reducing-the-spread-of-respiratory-infections-including-covid-19-in-the-workplace#risk-assessment.

[7] https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19.

[8] https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk.

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

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. The requirement for undertaking a specific COVID-19 risk assessment has been removed. However, it is still good practice to do so, particularly when considering the re-opening of buildings which have been closed for a long time. See **guidance provided by the Health and Safety Executive (HSE) on conducting risk assessments**[9] which includes useful templates and examples.

- 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.

- 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.

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. Vaccination, 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.

People using services

Anyone who uses the service that has any of the main COVID-19 symptoms should follow the **guidance for people with symptoms of a respiratory infection**[10] including staying at home and avoiding contact with other people.

Individuals who are at the highest risk and therefore eligible for antivirals have access to free testing if they are symptomatic. In this case, individuals should follow the guidance for **people whose immune system means they are at a higher risk**[11] if they develop symptoms.

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[9] https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm.

[10] https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19.

[11] https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk.

In all cases, whether the individual has taken a test or not, the day care manager and local authority should assess the risk of people who have had symptoms to decide when they can return to the service. Even where an individual tests negative for COVID-19, they may have another infectious illness like flu and this should be considered as part of the risk assessment.

If someone using a service is a household or overnight contact of someone who tests positive for COVID-19, there is no longer a need to self-isolate. However, they should try to avoid contact with people with a higher risk of becoming unwell, limit close contact with people outside the household, wear a mask if they need to be a close contact with other people and wash their hands frequently. Again, the day care manager and local authority should assess the risk of people who have been a close contact, to decide when they can return to the service.

Staff and volunteers

"As we care for those using Day Care facilities we feel that in periods of heightened infectivity handwashing and social distancing should remain a priority."

Staff and volunteers who work in a day care centre eligible for testing have access to free symptomatic testing. Further information about which day care centres are eligible for testing can be found in the **Testing for Adult Social Care Services guidance**.[12]

In these services, if a staff member or volunteer becomes symptomatic, they should follow the 'If a staff member develops COVID-19 symptoms' section of the **IPC [Infection Prevention and Control] COVID-19 Supplement**[13] including taking an LFD test as soon as they become symptomatic (day 0), and if this is negative, taking another test 48 hours later, and staying away from work in between. If either of these tests are positive, the individual should follow the guidance in the section 'If a staff member receives a positive lateral flow or PCR test result' in the **IPC COVID-19 Supplement.**[14]

For all other staff and volunteers who work in day care services that are not eligible for free testing (for example office-based staff members), if they become symptomatic, should follow the **guidance for people with symptoms of a respiratory infection**[15] including staying at home and avoiding contact with other people.

Staff who are identified as a household or overnight contact of someone who has had a positive COVID-19 test result should discuss ways to minimise risk of onwards transmission with their line manager. This may include applying measures known to reduce risk such as

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[12] https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings.

[13] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care.

[14] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care.

[15] https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19.

distancing, maximising ventilation and wearing a mask for source control. Further information can be found here; **People with symptoms of a respiratory infection including COVID-19 - GOV.UK**.[16]

Providers should carefully consider measures if the staff member works with **people who are at higher risk of becoming seriously unwell**[17] with COVID-19 (seek clinical advice as necessary). Providers should also consider redeployment of staff in these circumstances during the 10 days following household or overnight contact with the case.

Staff should continue to comply rigorously with all relevant **infection control precautions**[18] while they are attending work and follow the advice for staff with symptoms of a respiratory infection, including COVID-19 if they develop any symptoms.

See: **COVID-19 supplement to the infection prevention and control resource for adult social care**[19] and the guidance on **COVID-19 testing in adult social care**.[20]

For complex cases, providers may wish to contact the **public health team** in their local authority for more information on infection prevention and control (IPC) and PPE, as well as training and other resources.

Vaccination

Vaccination is still the most effective way to prevent serious illness from COVID-19 and it is important to encourage and support all staff to get a COVID-19 vaccine and a booster dose as and when they are eligible, as well a vaccine for seasonal influenza. Providers can do this by putting in place arrangements to facilitate staff access to vaccinations, and regularly reviewing the immunisation status of their workforce in line with **immunisation against infectious disease ('the Green Book')**.[21]

During the Winter of 2022/2023, everyone eligible for a COVID-19 vaccination can either book their first dose, second dose and an Autumn booster dose online via the **National Booking Service**,[22] by phoning 119, or attending a walk-in centre.

The seasonal flu vaccine should be provided to staff by employers as part of the organisation's policy to prevent the transmission of infection. However, where frontline social care staff do not have access to an employer-led occupational health scheme, they can

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[16] https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#what-to-do-if-you-are-a-close-contact-of-someone-who-has-had-a-positive-test-result-for-covid-19.

[17] https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk.

[18] https://www.england.nhs.uk/publication/national-infection-prevention-and-control/.

[19] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care.

[20] https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care.

[21] https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book.

[22] https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/.

access the flu vaccine through the NHS free of charge. Everyone eligible can **book an appointment at a participating pharmacy**[23] online, or by contacting their GP.

The **COVID-19 vaccination guide**[24] for employers contains further information on actions employers can take to enable staff vaccination, and there is specific **flu vaccination guidance**[25] available for the social care sector . There is also guidance available on the **vaccines that are available through the NHS**.[26]

To ensure the safety of people attending day services, providers should undertake risk assessments wherever possible. These should take into account the COVID-19 vaccination status of both staff members and the people they support. Relevant clinical advice should be considered, including whether any individuals are at higher risk of severe COVID-19 infection. As a result of these risk assessments, providers may consider taking additional steps such as prioritising the deployment of vaccinated staff to care for those who are at higher risk of severe COVID-19 infection, where proportionate.

Ventilation

Particular attention should be given to how ventilation can be improved. Ventilation is an important control to manage the threat of COVID-19. Letting fresh air from outdoors into indoor spaces can help remove air that contains virus particles, and prevent the spread of COVID-19.

- Open windows and vents more than usual – even opening a small amount can be beneficial.

- Opening high level windows is preferable to low level windows where there is a danger of creating draughts and causing discomfort. Where the room has multiple windows, it is usually possible to create a more comfortable environment by opening all windows a small amount rather than just one a large amount.

- Opening windows on different sides of a room will allow greater airflow. Where possible, opening external doors can improve ventilation. However, this may present security and safety issues, so would need proper consideration and risk assessment.

Where possible, rooms should be ventilated after any visit from someone outside the setting, or if anyone in the care setting has suspected or confirmed COVID-19. For more information on improving ventilation please see **guidance on the ventilation of indoor spaces to stop the spread of COVID-19.**[27]

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[23] https://www.nhs.uk/conditions/vaccinations/book-flu-vaccination/.

[24] https://www.gov.uk/government/publications/covid-19-vaccination-guide-for-employers/covid-19-vaccination-guide-for-employers.

[25] https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff/personal-care-assistants-guidance-for-free-flu-vaccination.

[26] https://www.nhs.uk/conditions/vaccinations/.

[27] https://www.gov.uk/government/publications/covid-19-ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus/ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus-covid-19.

Hand hygiene

Day care services should promote hand hygiene; ensuring that everyone, including staff, people attending the service and their carers, have access to hand washing facilities. Providers should also ensure that liquid soap and disposable paper towels are available at all sinks. Some day care users may also need support to undertake hand hygiene.

Good practice in hand hygiene:

- It is essential to wash hands with soap and water for at least 20 seconds before and after all contact with the person being cared for, before putting on and after removing PPE, after cleaning equipment and the environment, and before and after handling food.

- Alcohol-based hand rub (ABHR) can be used if hands are not visibly dirty or soiled, except when caring for a person with diarrhoea and/or vomiting. 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.

For further guidance on hand hygiene please see guidance on **infection prevention and control: resource for adult social care.**[28]

Respiratory hygiene

Good respiratory hygiene reduces the transmission of respiratory infections. Being alert to people with respiratory symptoms is important as this may indicate infection. To help reduce the spread of infection, day care centres should:

- encourage people to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing their nose

- ensure a supply of tissues is in reach of the person or those providing care

- dispose of all used tissues promptly into a waste bin, which should be provided

- encourage everyone to clean hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions

- encourage people to keep contaminated hands away from the eyes, nose and mouth

- support people who need help with respiratory hygiene where necessary.

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, sneeze or touch them.

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[28] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care.

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. 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.

For further guidance on cleaning of the environment please see guidance on **infection prevention and control: resource for adult social care.**[29]

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. While there are no longer any requirements for social distancing or wearing masks on public transport, providers should continue to consider the risks of close contact with others, particularly if they are at higher risk of serious illness as a result of weakened immune systems. Where community transport is being used providers should consider the infection rates in their local areas and the specific health and welfare needs of their service users in order to make decisions about risk mitigations, such as wearing face coverings, maintaining some social distance, setting a maximum capacity and the cleaning and maintenance of vehicles.

Face coverings or masks for visitors, carers and people using services

Wearing a face covering or face mask can reduce the number of particles containing viruses that are released into the environment from someone who is infected with COVID-19 or another respiratory infection.

Service users should be supported to wear a face covering whilst in the day centre in line with their personal preferences. Volunteers, carers and service users should consider wearing a face covering when outside the setting in line with **guidance on living safely with respiratory infections.**[30]

PPE for staff and volunteers

PPE refers to items including face masks, aprons, gloves and eye protection. The **COVID-19 supplement to the infection prevention and control resource for adult social care**[31] sets out the appropriate PPE that should be worn by care workers in a range of care scenarios.

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[29] https://delww.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care.

[30] https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19#when-to-consider-wearing-a-face-covering-or-a-face-mask.

[31] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care.

Face masks

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.

Volunteers and care staff do not routinely need to wear a surgical face mask at all times whilst in the day centre. However, there remain several circumstances where it is recommended to wear face masks to minimise the risk of transmission of COVID-19 and other respiratory infections. These are:

- When providing supervision for someone at the service who has developed symptoms which may be COVID-19 and is waiting to be collected.

- If the volunteer or carer is a household or overnight contact of someone who has had a positive test result for COVID-19.

- If a service user is particularly vulnerable to severe outcomes from COVID-19 (e.g. potentially eligible for COVID-19 therapeutics) mask wearing may be considered on an individual basis in accordance with their preferences.

If a service user would prefer care workers and volunteers to wear a mask whilst providing them with care then this should be supported. Providers should also support the personal preferences of care workers and volunteers to wear a mask in scenarios over and above those recommended in this guidance.

If there is an event or gathering and it is assessed as having a particularly high risk of transmission of COVID-19, mask wearing may be considered.

The specific type of surgical mask required will vary depending on the type of activity. For more information on the different types of face masks and when they should be worn please see the **COVID-19 supplement to the infection prevention and control resource for adult social care**.[32]

If masks are being worn, consideration should be given as to how best to put this into practice while taking account of the needs of individuals and minimising any negative impacts. If a person receiving care finds the use of PPE distressing, or their use is impairing communication, a local risk assessment regarding this can be made. This may be more likely to be relevant when caring for people with learning disabilities or cognitive conditions such as dementia, or supporting individuals relying on lip reading or facial recognition. If, following a risk assessment, it is determined that the use of face masks should be limited while caring for an individual, appropriate and proportionate mitigations should be considered such as limiting close contact and/or increasing ventilation to maintain adequate infection prevention and control. The needs of the person receiving care should be recognised and they should be as involved as they wish to be and/or are able to be in determining their needs in these circumstances.

It may be appropriate in certain circumstances to consider transparent face masks, some of which could be considered for use as an alternative to type IIR surgical masks. Guidance on

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[32] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care.

technical specifications for transparent face masks[33] has been provided by the government and should be consulted.

Other PPE

Staff should wear gloves for care tasks involving contact with non-intact skin, or mucous membranes, and all activities where exposure to blood, body fluids, secretions or excretions is anticipated – such as dressing wounds or carrying out personal care. Further information about types of gloves can be found in the **Infection prevention and control: resource for adult social care**[34] under 'gloves'.

Plastic disposable aprons should be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions. This could include activities such as personal care or handling dirty laundry.

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

If anyone in a day care setting becomes unwell with **symptoms of COVID-19**[35] and has not had a negative test that day they should be sent home immediately and follow the **guidance for people with symptoms of a respiratory infection including COVID-19**.[36]

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 two 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.

Group sizes and day care settings

There are no formal size limits on groups. Managers, local authorities and commissioners should consider the room/building size and layout, ventilation, activities, and client group when making decision about group sizes as part of a risk assessment.

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, consider setting a maximum limit for the number of people using a service at a given time. Further general information can be found within **guidance on living safely with respiratory infections, including COVID-19**.[37]

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[33] https://www.gov.uk/government/publications/technical-specifications-for-personal-protective-equipment-ppe/transparent-face-mask-technical-specification.

[34] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care#preventing-infection.

[35] https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/.

[36] https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19.

[37] https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19.

Re-opening and re-building 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. It may well be that day centres will move to a more blended or hybrid approach, with some irreplaceable face to face elements being retained, while others being conducted remotely or virtually for those who are able to access a building.

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 resuming and rebuilding day services is approached with caution. Plans must be underpinned by continued UK Health Security Agency (UKHSA) guidance.

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. However, despite the ending of lockdown and restrictions people may continue to be anxious and worried about accessing public spaces and will need to be supported and reassured that it is safe to do so. At the same time, new ways of working and organising services may be 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 with people and carers accessing services

Clear, regular communication is essential and providers should develop a communication plan to ensure that all people using services and their families are kept informed of what which services have been resumed and what is likely to happen in the weeks and months ahead.

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 of getting back to 'normal' activities.

Conversations with people accessing day care services and their families should seek to ascertain their welfare and support needs. 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**[38]), 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 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.

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[38]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf.

- 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 even though lockdown has lifted, services may not be able to return to pre-lockdown for the many providers and groups.

For those who would like 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 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.

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 do services look like at the moment? What are the challenges? What helps?

- 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.

- Financial considerations: Including the existing model of funding and if/how that will work moving forward. The likelihood of additional costs due to recommendations and 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 in the longer term?

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: The Department of Health and Social Care (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 and 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.

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, 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**[39]

- safe systems of working, physical distancing and **correct use of PPE**[40]

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[39] https://www.scie.org.uk/e-learning/infection-control.

[40] https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures.

- 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**,[41] their wider needs and wellbeing are 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

- Long COVID.

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

- **Coronavirus: dealing with bereavement and grief**[42]

- **Coronavirus and your mental health.**[43]

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[41] https://www.scie.org.uk/care-providers/coronavirus-covid-19/day-care/safe-delivery/assessment.

[42] https://www.cruse.org.uk/get-help/coronavirus-dealing-bereavement-and-grief.

[43] https://www.mind.org.uk/information-support/coronavirus/.

Conducting risk assessment to deliver safe adult day care

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

People using services and their carers

As part of 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. This is to enable providers and commissioners to both understand people's needs and how they may be met. Some important areas to consider include:

- Support needs, including changes in the mental, physical or cognitive wellbeing of the service user, as well as the wellbeing of carers.

- Safeguarding concerns raised and the extent to which current care arrangements are sustainable and meet their needs.

- Identifying service users who are at **higher risk of serious illness as a result of weakened immune systems.**[44]

- 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 keep their distance from other people, wear a face covering or mask, issues with staff or volunteers wearing a mask when working with them, difficulties with regular hand washing.

- People that require support with aerosol generating procedures. Guidance on AGPs included in the **COVID-19 supplement to the infection prevention and control resource for adult social care should be followed.**[45]

- Risks around anxiety, stress and behavioural changes as a result of the changes to social interactions and routines following COVID-19 and Long COVID. For example, distress in relation to PPE, changed routines and fear of enclosed spaces.

Staff and volunteers

Similarly, providers should also have individual conversations with all staff and volunteers in order to assess risk and identify any needs, support or adaptations that may need to be made. Day centres are staffed by a wide range of people, and it will be important to:

- Identify those who are more at risk of serious illness if they contract COVID-19 due to underlying health conditions or weakened immune system.

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[44] https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk.

[45] https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care.

- Assess the risks associated with those individuals and identifying actions to minimise the risks.

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. Staff from **black, Asian and minority ethnic (BAME) backgrounds**[46] may have increased concerns about COVID-19, and employers should handle these conversations sensitively.

A health declaration form may help with this process. Ofsted's **'social care health self-declaration form'**[47] could be adapted for this use.

Staff whose health makes them clinically extremely vulnerable to serious illness should follow guidance for those at **higher risk of serious illness as a result of weakened immune systems**.[48]

Other risk assessment considerations for providers

Providers should also consider risk assessments for particular buildings, activities and contingency planning. This could include:

- overall numbers attending services and staffing

- number of people within each room or part of the building at one time

- regular cleaning of shared hoists and mobility equipment between client uses

- regular cleaning of kitchen or refreshment facilities

- activities involving shared objects or those that involve increased blowing or breathing out – for example, singing or exercise; risk can be reduced by moving activities outside or to a well-ventilated room.

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[46] https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities.

[47] https://www.gov.uk/guidance/childcare-and-childrens-social-care-health-declaration-form.

[48] https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk.

Practice examples of delivering safe adult day care

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 include:

- 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 behaviours 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 lack of 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 include:

- 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 include:

- 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 both the indicators and 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	- day attendee
Red Risk on Matrix	- person not receiving any or very limited ancillary/social care supports e.g. respite, home support/PA
	- person with noted increase in behaviours of concern
	- person who has a noted decline in presentation i.e. mental
	- health, physical health etc due to absence of a regular day service
	- safeguarding

	• 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 individual's 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	• person receiving limited ancillary services/social care supports
	• presenting with an emerging need that could escalate to P1 should services not respond.
	• 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	• 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 individual's 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	• 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[49] (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).

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49 https://www.kcl.ac.uk/research/helping-day-centres-to-unlock-lockdown.

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

- **Infection control e-learning course**[50]
- **COVID-19 resource and best practice hub for social care**[51]

DHSC and UK Health Security Agency

- **Coronavirus: Guidance and support**[52]

Other resources

- **Mental Capacity Act: Code of practice**[53]
- **Carers UK: Carer's assessment**[54]
- **King's College London: Helping adult day centres to unlock lockdown**[55]
- **King's College London: Day centre research forum**[56]
- **NHS Coronavirus (COVID-19) advice**[57]
- **Human Rights Act 1998**[58]

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

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[50] https://www.scie.org.uk/e-learning/infection-control.

[51] https://www.scie.org.uk/care-providers/coronavirus-covid-19/hub.

[52] https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance.

[53] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf.

[54] https://www.carersuk.org/help-and-advice/practical-support/getting-care-and-support/carers-assessment.

[55] https://www.kcl.ac.uk/research/helping-day-centres-to-unlock-lockdown.

[56] https://www.kcl.ac.uk/events/series/day-centre-research-forum.

[57] https://www.nhs.uk/conditions/coronavirus-covid-19/.

[58] https://www.legislation.gov.uk/ukpga/1998/42/contents.