

Coronavirus (COVID-19) advice for social care

Q&A Coronavirus (COVID-19): Questions and answers for social care

Updated: 2 April 2020

Questions from you and answers from the Minister of State for Social Care, the Social Care Institute for Excellence and NHS England.

We've asked for your questions on how the COVID-19 pandemic is affecting care services. Below are some of the key answers. There are plenty of other questions and answers and all of the organisations listed here will continue to offer advice on this.

Your panel



Helen Whately MP, Minister of State for Social Care.



Paul Burstow, Chair, Social Care Institute for Excellence (SCIE).



Matthew Winn, Director of Ageing Well and Community Services, NHS England.

Introduction

SCIE's Chair, former Care Minister Paul Burstow, answers some of your questions below, but also says:

“Over the past few weeks our world has transformed around us, it has got smaller and more distant at the same time. Face to face meetings have been replaced with video conferences with all the faces in rows looking out of the screen, which for a child of the 70s always makes me think of the Brady Bunch! There is no shortage of information about the response to COVID-19, but there are still lots of questions. We hope that the answers from Helen, Matthew and myself will be helpful. Can I thank them both for their contribution. Stay well and safe everyone.”



Personal assistants (PAs)

Q. I employ personal assistants (PAs) through direct payments. If a PA or the whole team needed to be isolated, how would my care needs be met? And if I contracted COVID-19, could my PAs still assist me? This is a worry for a lot of people.

“If personal assistants are concerned that they have COVID-19 they should follow the guidance on [Direct Payments and Personal Assistants home care provision](#) ^{link 1}. As the guidance explains, they should contact the NHS and, if advised to self-isolate at home, they should not visit and care for you until it is safe to do so.

If your personal assistant or team of personal assistants are unable to deliver the necessary care, it may be necessary to put contingency plans into action. For example, family members might be able to step in and support you to ensure that you receive the care you need; and local authorities and clinical commissioning groups should adopt a flexible approach to how direct payments are used during this period, to ensure that appropriate care is delivered. Local authorities should consider requests to pay a close family member to provide care if the local authority determines this to be necessary.





Carers

Q. What advice is there for carers over COVID-19?

“Both [Carers UK](#) ^{link 2} and the [Carers Trust](#) ^{link 3} have good advice on their websites. I love the idea of a [Virtual Cuppa](#) ^{link 4}, where people can talk about the challenges of COVID-19 as well as suggesting practical steps for how to get through it. There’s excellent advice on [creating a contingency or emergency plan](#) ^{link 5}. Even though we are in an emergency right now, it’s not too late to start a plan. For example, you can ensure that key information is made readily available for professionals. And, with the Mental Capacity Act in mind, check how the person being cared for feels about any decisions you need to make. Their welfare is of course paramount and should be part of any decision made. This doesn’t go out of the window just because of COVID-19 and the situation we find ourselves in.

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Q. If someone else provides care, who pays if the usual payment goes to the usual carer who is off sick?

“If you cannot source the care you need then you should approach the local authority for support in obtaining the care you require. If you have symptoms of COVID-19, then the risk of transmission should be minimised through safe working procedures.

As with staff in home care services, personal assistants and other care staff should use personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations.

[The home care guidance can be found here](#) ^{link 6} and the Department of Health and Social Care will be releasing guidance on this shortly.

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Housing

Q. I’ve been moved into emergency housing without a care package due to COVID-19. I won’t last long independently as I need help with basic survival such as food etc. What are you doing to help people like me stay safe?

“If your care needs are urgent and you cannot arrange care for yourself, then please contact your local authority for help.

On 19 March the Government announced that it will provide £2.9 billion of funding to strengthen care for the vulnerable. This consists of £1.6 billion, which will go to local authorities, to help them respond to other COVID-19 pressures across all the services they deliver. This includes increasing support for the adult social care workforce and for services helping the most vulnerable, including homeless people. The remaining £1.3 billion will be provided to the local NHS and used to enhance the NHS discharge process so patients who no longer need urgent treatment can return home safely and quickly.

Guidance has been published on [this discharge process and you can find it here](#) ^{link 7}.

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Direct payments

Q. Please give clarity around direct payments. Can we employ someone in the household if the PAs are unable to come due to self-isolation?

“As a general rule, people cannot use their direct payments to employ family members to provide paid care. However, in exceptional circumstances, people can also use their direct payment to pay a relative who lives with them, if they and their local council decide that this is the only satisfactory way of meeting their care needs.”



Residential care

Q. What will happen if my adult son's care home provision collapses? He has 2:1 support in a specialised care home 70 miles from his family home.

“Local authorities are responsible for ensuring there are no gaps in services that people need. They should be working with providers to ensure that people receiving care and other services can be safely transitioned if there is a need for that to happen. If a person's care needs are urgent, then please contact the relevant Local Authority for help.”



Q. Can you please confirm whether staff working in a residential setting for drug and alcohol detox and rehab will be included in the definition of 'keyworkers' for the purposes of children of these staff accessing school?

“Staff working in a residential setting for drug and alcohol detox and rehabilitation are part of the health and care workforce, and therefore are included in the Government's definition of 'key workers'.”



Q. What progress has the Government made in providing emergency staff cover for care homes?

“Local Authorities are responsible for ensuring care needs are met in their area, including in the event that a care provider is unable to do so. Government has asked all relevant Local Authorities to make sure they have effective oversight of all care providers in their area; both those who look after clients who receive public funding for their care; and those who exclusively look after self-funded clients. We are supporting Local Authorities in this work.”

We are working with the sector on developing guidance to support workforce redeployment and the use of volunteers in social care settings. Publication of this guidance is expected in shortly.”



Mental capacity

Q. What is the position with Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Assessments? And should DoLS assessments continue as usual?

“ We recognise that we have to strike a careful balance; between the need to protect some of the most vulnerable in our society; and with preventing the spread of the virus. The principles of the Mental Capacity Act 2005 continue to apply during the emergency period. Where a person lacks the relevant capacity to consent to their care or treatment, and the arrangements amount to a deprivation of liberty, an application for the Deprivation of Liberty Safeguards (DoLS) may need to be completed.

During this emergency period, where possible, assessments should be carried out using remote techniques, e.g. telephone or video calls. Previous assessments may be used for up to a year, and can also be used to assist the current assessor. The Department of Health and Social Care will be releasing specific guidance on this shortly. Here's [SCIE's Mental Capacity Act resources](#) [link 8](#).

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End-of-life care

Q. As the majority of patients with end of life care needs will continue to be cared for at home rather than in a clinical setting, will the Government issue guidance regarding expediting Disclosure and Barring Service (DBS) checks for prospective emergency volunteers working in this space?

“ We are working with DBS to expedite barring checks for the social care sector, as well as health, to enable quick recruitment. Fast-track DBS checks apply to emergency volunteers as set out in the Coronavirus Act, as well as returning health and social care workers and backfill health and social care workers.

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Independent providers

Q. We are a charity with a regular independent living scheme to older people. Our staff are concerned for clients and relatives. Should we postpone activity as non-essential services or aim to continue based on screens to call and checks for symptoms?

“ To keep themselves and others safe, people living in independent living schemes should be staying at home and limiting contact with others. The [guidance on social distancing](#) [link 9](#) provides advice about the measures we should all be taking to reduce social interaction between people in order to reduce the transmission of coronavirus. It is intended for use in situations where people are living in their own homes, with or without additional support from friends, family and paid care staff.

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Assessments

Q. How do we take on new clients and complete assessments for home care?

“ Guidance has been published how health and care systems and providers should [change their discharging arrangements](#) [link 10](#) and the provision of community support during the coronavirus situation, alongside



additional national funding. [The Coronavirus Act](#) link 11 provides powers for Local Authorities to adopt streamlined arrangements and to prioritise needs should that be essential in current exceptional circumstances. We will shortly issue guidance on use of the powers.

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Social work students

Q. How do social work students fit into this publication whilst on placement?

“ Social work students are part of the wider health and social care workforce and are therefore considered to be ‘key workers’.

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At risk groups

Q. When will the ‘more stringent measures’ be announced for people who are ‘at even higher risk of severe illness’? I have chronic respiratory issues and my medical team just transferred to London; they are self-isolating due to symptoms. What will happen?

“ Public Health England has published guidance on shielding and protecting people defined on medical grounds as ‘extremely vulnerable’ and considered at very high risk of severe illness from coronavirus. If you are in this category, you will be contacted by the NHS by 29 March. Please follow the [NHS advice](#) link 12 on how to protect yourself. We urge you to shield yourself and stay at home.

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Urgent care needs

Q. How will urgent care needs be met e.g. if family carers become unwell and need to isolate, how will provision be increased to meet need?

“ If your care needs are urgent and you cannot arrange care for yourself, then please contact your Local Authority for help.

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Supermarkets

Q. What’s the latest with the supermarkets?

“ Our supermarkets chains are in the public eye and in the front line when it comes to the UKs response to the emergency. There were a number of questions about what the supermarkets are doing to support vulnerable people and our vital social care workforce. SCIE has rung around and if you want access to the early-morning opening for key care staff, supermarkets mainly say that you do need to show an NHS ID. Unfortunately, the 1.6 million care workers don’t have one! The National Care Forum tell us that, “Many of our members are being turned



away from supermarkets, even with ID. The supermarket staff on the ground assume you need to be NHS workers or have an NHS ID to get access to the special hour.

SCIE is urging all the Supermarket chains to have a clear and consistent approach and to include social care workers and social workers in these designated slots. In terms of guaranteeing online delivery slots for care homes, people living alone at home and carers, the supermarkets tell us that the situation is “constantly being reviewed”. Most of the supermarkets have up-to-date information on their websites, so do keep checking. SCIE will put any news about this [on our website](#) [link 13](#).

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Dementia

Q. How can I carry on supporting someone with dementia?

“ If you are supporting someone with dementia, the usual arrangements should still apply but it's important to continue planning during this period of uncertainty; both with medicine - and food shopping and cooking; but also, over what activities people can take in. It's really important that people stay active and connected with things like [gentle exercises](#) [link 14](#) and by phone, post, email and skype. But of course, it's vital to know what to do immediately if they do get ill, or you as a carer get ill. It's best to leave the person the right contact numbers to call, prominently displayed, such as NHS 111 or their local GP. The Alzheimer's Society has some [excellent, detailed advice on coping with the COVID-19 outbreak](#) [link 15](#) .

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Isolation

Q. There are likely to be some unintended consequences of all of this isolation. What can be done?

“ We were asked what can be done about the long-term effects of isolation. According to research, people with dementia tend to feel more isolated than the population as a whole, and this COVID-19 outbreak is no doubt an especially challenging time for them. Poor health, reduced mobility and cognitive impairment all increase in line with any older person's chances of being lonely. And yet face-to-face contact is not allowed in many situations at the moment. It might be a tough ask but try to do all you can to help someone with dementia be confident in using the phone or video calling to keep in contact, post a letter, send postcards (there are lots of online ways and apps to do this). As Alzheimer's say, "They may be anxious about the situation. Tell the person that you're thinking of them and encourage others to do so as well." That might sound challenging, but many care services use IT and encourage service users to embrace it. Here's SCIE's [advice on using technology to support dementia](#) [link 16](#) and never has something like this been more important.

The Alzheimer's Society is intending on providing telephone support, replacing their face-to-face meetings, and their helpline is open for more advice on 0333 150 3456.

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Training for staff

Q. We have had to temporarily postpone all training, including mandatory requirements that managers. Will anyone be penalised?

“ Throughout this period the CQC will continue to provide oversight of registered health and care providers, taking a flexible approach to regulation whilst continuing to have oversight of performance. It will take a pragmatic approach to inspection and proportionate action as ne  to keep people safe.

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Q. Is there any advice or online training for managing equipment such as hoists, etc?

“ Most equipment training is face-to-face due to the risks with using manual handling equipment and the variables involved. Locally, teams are being creative and using virtual opportunities to support patients and carers. The difficulty you have is private companies only train on their own equipment. Saying that, Handicare as a company have offered to conduct assessments via FaceTime or similar. [Here's something they posted on LinkedIn](#) [link 17](#) about this recently.

Prism Medical have some online training videos, as well as A1 Training Solutions but online training in this area is not widespread and so there is a potential opportunity here.

I have approached the Royal College of Occupational Therapists to suggest creating guidance together and to discuss virtual opportunities with members.

There is advice within the Discharge Guidance around Equipment:

- The single co-ordinator will need to ensure there is access to sufficient equipment to support discharge of people with reablement or rehabilitation needs at home.
- Local commissioner must ensure there is a sufficient supply of more commonly used items
- Easy access to equipment must be available seven days per week.
- Providers are prepared for rapid implication of increased volumes of rehabilitation equipment.
- Single-handed equipment needs to be readily available also, to reduce the need for double handed care, to release workforce capacity.
- Simple approval process is required for more complex patients requiring hospital beds, pressure relieving equipment and hoists.
- Use of photographs supplied by family/carers/community staff to be used as an alternative to complete access and risk assessment visits.
- If a visit is required, then this needs to be arranged within four hours of decision to discharge.

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Looked after children

Q. Why is there no advice regarding Looked After children and foster carers?

“ While looked after children and foster carers are not specifically provided for in existing advice, you should adhere to the same guidelines as for all other children and young people. Where necessary, you should seek advice from your Local Authority's looked after children and foster care leads for further information.



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Thank you to everyone who sent in questions. We will all continue to offer advice on the COVID-19 pandemic and care services.

- [SCIE: Coronavirus \(COVID-19\) advice for social care](#) [link 18](#)
- [Department of Health and Social Care COVID-19 advice](#) [link 19](#)
- [NHS England COVID-19 advice](#) [link 20](#)
- [SCIE: Mental Capacity Act resources](#) [link 21](#)
- [SCIE: Safeguarding resources](#) [link 22](#)
- [SCIE: Blogs on COVID-19 for the social care sector](#) [link 23](#)



link 1 | <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

link 2 | <https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19>

link 3 | <https://carers.org/guidance-coronavirus>

link 4 | <https://www.mobiliseonline.co.uk/cuppa>

link 5 | <https://www.carersuk.org/help-and-advice/practical-support/planning-for-emergencies>

link 6 | <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

link 7 | <https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements>

link 8 | <https://www.scie.org.uk/mca>

link 9 | <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>

link 10 | <https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements>

link 11 | <http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted/data.htm>

link 12 | <https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/>

link 13 | <https://www.scie.org.uk/>

link 14 | <https://www.alzheimers.org.uk/get-support/daily-living/exercise/early-middle-dementia>

link 15 | <https://www.alzheimers.org.uk/coronavirus-covid-19>

link 16 | <https://www.scie.org.uk/dementia/support/technology>

link 17 | https://www.linkedin.com/posts/handicare-moving-and-handling-uk-06704a137_handicare-gps-v1-7-high-res-activity-6647815781109374976-_Ks

link 18 | <https://www.scie.org.uk/care-providers/coronavirus-covid-19>

link 19 | <https://www.gov.uk/government/organisations/department-of-health-and-social-care>

link 20 | <https://www.england.nhs.uk/coronavirus/>

link 21 | <https://www.scie.org.uk/mca>

link 22 | <https://www.scie.org.uk/safeguarding>

link 23 | <https://www.scie.org.uk/care-providers/coronavirus-covid-19/blogs/covid-long-term-conditions>

