

Purpose

This guidance is intended for Adult Social Care (ASC) front line practitioners who will consider undertaking visits to customers at varying locations during the COVID-19 pandemic. The purpose of the guidance is to ensure safe working practices during the pandemic.

The following factors should be considered before conducting a face to face visit:

- Offer the individual / carer a choice in how we conduct the assessment – i.e. face to face or virtual. It is vital here to use professional curiosity when weighing up this decision. For example, is specific information required from the home environment in order to inform your assessment? Is there gaps or inconsistencies in the information you have gathered? Do you need to see the person?
- Consider how possible it is to engage the person over the phone – does this limited engagement create gaps in your assessment?
- Would carrying out the assessment over the phone lead to risks or affect the quality of the assessment/review?
- If attempts to contact the person have failed a face to face visit is the only way to gain information.

The contribution to reducing risk to staff and reducing the spread of the virus in the community needs to be balanced with the benefits and risks to individuals of not conducting visits.

We will be undertaking face to face work in situations where this improves communication and helps the individual or carer. We will continue to undertake face to face work where not doing so might result in harm to the individual, carer or others.

Visits will also be undertaken where seeing the person in their setting is important – examples of this include self-neglect, safeguarding where it is important to see the person is not being influenced or controlled, and where staff have to use observation as part of the assessment.

Vulnerable staff

Team Leaders, Assistant Team Leaders and Specialist Senior Roles and Senior Social Workers should talk to all of their staff to identify any who may be at increased risk. This will take account of mental as well as physical health.

Staff in either the clinically extremely vulnerable, or clinically vulnerable groups, should continue to follow the government advice and they will not undertake face to face work. <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

Change this link to current guidance

The Government guidance for those who are clinically extremely vulnerable and clinically vulnerable has now changed. Shielding is still paused and Government advice states that these staff can go to work as long as the workplace is Covid-secure, but those in the clinically extremely vulnerable group

should be supported to carry on working from home wherever possible.

We recognise that staff may have health issues and concerns other than those listed in the government guidance. Where this is the case and they feel that they may be at increased risk if they contracted COVID-19, then they must tell their manager.

We will also take account of situations where staff live with or care for someone who is clinically extremely vulnerable or clinically vulnerable. Again, they should discuss this with their manager.

Where possible managers will look to support staff with concerns to work from home. If this impacts on the work of the team, medical advice will be sought from the staff member's clinician in order to inform a risk assessment. Check this is still relevant to current guidance.

BAME staff

Evidence shows that Black, Asian and Minority Ethnic (BAME) communities are disproportionately affected by COVID-19 and we recognise that some staff may have additional concerns. The reasons for the disproportionate effects are not yet fully understood, but the health inequalities present for communities have long been recognised. Associated health risks such as diabetes, obesity and other conditions account for a significant amount of the difference in rates.

Differences in use of public transport, job role and access to PPE have also been cited as possible reasons. By ensuring that staff with underlying health conditions are protected, there is good access to PPE and travel by public transport is avoided, we believe that we have removed as far as possible the potential for BAME staff to be disproportionately affected.

If staff members have any concerns at all they should talk to their managers.

Self-isolating staff

Staff should keep up to date with the government guidance on social distancing, self-isolation and track and trace, and should follow the guidance if they or anyone in their household or support bubble, shows coronavirus symptoms.

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

Home visits

Home visits can (should) now be undertaken where the considerations set out above are explored and justified.

Telephone and video assessments can be supported by a carer or relative who is on site or by a visiting professional. Questions can be asked by people present with the assessor listening/watching and guiding if necessary.

Where the customer or carer is in the clinically extremely vulnerable category, or where they have particular concerns about staff visiting, then extra steps should be considered before a face to face visit is undertaken.

When all remote options have been explored and the assessment would not be adequate, then the risk of not doing it should be balanced with the risk to the individual carer/family. Choice and consent should be considered – people may choose not to have a face to face assessment at this time.

Where the person may lack capacity to decide on a visit, an assessment should be done and if they lack capacity a best interest decision should be made.

Where face to face assessment/review and/or visit is necessary then staff should take steps to reduce the risk to themselves and the person and their carer/family by:

- Completing a Pre-visit questionnaire and save to the individual's record, any concerns should be discussed with the Senior Social Worker or Team Leader
- Planning the visit (especially if working with other professionals) will help to reduce the length of the visit and put in place measures to reduce risks
- Agree measures to keep all safe in advance – advise it is to reduce risk for all
- Consider - Can the assessment take place in open air? Can a barrier be created between you and the individual, carer/family i.e. through a window?
- Be able to follow social distancing and remain at least one metre apart
- Practice thorough hand hygiene before and after the visit – wash with soap and water or use hand sanitiser where this is not available and avoid touching your face
- Consider allowing airflow at the venue – ask to open doors, windows
- Limit the number of people present – if a person does not need to be present gather information prior to or after the visit
- Use telephone and video calls for as many aspects of the assessment as possible to ensure information is gathered from a number of appropriate and necessary sources
- Upon arrival at the home do not enter until observations have been made of the presentation of the customer/family/carers e.g. any visible signs of symptoms
- Ensure that all relevant PPE is worn
- Only take with you items essential for the visit – leave behind bags, coats etc.
- Avoid touching surfaces as far as possible
- Sanitise any items you have used such as keyboards, mobile phones
- Staff should consider showering and changing clothing as soon as they arrive home. Wash items in accordance with the manufacturer's instructions, using the warmest water setting and dry items completely. Laundry that has been in contact with an unwell person can be washed with other people's items. Do not shake dirty laundry.
- If anyone has symptoms or is self-isolating then wait until the end of the isolation period unless there is a significant risk consideration
- In line with government guidance for home care providers, staff should treat people who have been discharged from hospital in the last 14 days, and are awaiting the result of their COVID-19 test, as if they have the virus.

Remember that the visit does not need to go ahead, or can be ended, if at any point it is not safe.

Provider visits

Team Leaders, Assistant Team Leaders and Specialist Senior Roles and Senior Social Workers should discuss and agree with practitioners which individuals, carers require a visit to a provider such as a residential or nursing home or other location during this period, depending on the level of risk.

The approach for **home visits** should be followed, with the presence and safety of other residents and staff being an additional consideration.

Prior to a visit, contact the provider to check if the home/centre is open for visits, whether they have COVID-19 positive residents/patients and discuss any precautions the provider wishes the practitioner to take when visiting e.g. using the providers PPE, seeing the person in a 'safe location' in the home, a conservatory, the garden, or designated area, entering and exiting the building as defined by the provider - this is not an exhaustive list, discussion with providers is vital for safety and risk assessment

Recording of decision-making in regard to visit/non-visit

Practitioners need to record their decision to go ahead with the visit or not in Case Notes on LAS. They should list the benefits and risks and views of relevant people and steps taken to mitigate risks.

****Please remember- If it is not recorded, it never happened****

Reporting concerns and highlighting good practice

Having open and honest conversations is even more critical than normal during the pandemic. It is important that staff share any worries or concerns they have so that we can review and take any steps necessary to improve safety.

It is also important to share strategies and approaches that have helped during the pandemic.

Please talk to your line manager, or if you feel unable to for any reason, another manager or your Service Delivery Manager – do not keep concerns to yourself.