

**COVID19 Care Home Support > Implementation Status**

Local Authority:

Contact name:   
E-mail:

Total number of CQC registered care homes in your area:

Please submit local plans (covering letter and this template) to [CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk) by 29 May

**Complete**

\*Please enter the number of registered Care Homes in your local area, where the corresponding action or support is in place

Key COVID19 Support Actions for Care Homes	*Number of Care Homes (Please see note above)	Would additional support be helpful to progress implementation further? (Yes/No) If Yes, please offer a brief description of the type of support that would be helpful	Please indicate any issues that you would like to highlight (optional)
<b>Section complete</b>			
<b>Focus 1: Infection prevention and control measures</b>			
1. Ability to isolate residents within their own care homes	307	No	Norfolk is having regular telephone discussions with Quality Monitoring Officers regarding cohorting of alternative dedicated COVID-19 accommodation for people with LD/Autism
2. Actions to restrict staff movement between care homes	284	Yes	Increased support to recruit additional staff and to expand the available staffing pool. To avoid ambiguity, DHSC to strengthen guidance and communications confirming sharing of staff across care homes is not permitted unless faced with an emergency
3. Paying staff full wages while isolating following a positive test	111	Yes	DHSC to issue clearer guidance around the expectations of care homes paying full wages as a result of a positive test. Longer-term, it is essential to retain the numbers and skills of an engaged and supported workforce. DHSC to support additional Financial assistance in exceptional circumstances, for example, loss of revenue from empty beds and the risk this brings to care home business continuity.
<b>Section complete</b>			
<b>Focus 2: Testing</b>			
1. Registration on the government's testing portal	261	Yes	DHSC to provide IT support to assist with small care homes registration. DHSC to provide faster turnaround times for test results through its portal. Request that test results via the national portal are shared with local system to ensure complete data picture.
2. Access to COVID 19 test kits for all residents and asymptomatic staff	99	Yes	DHSC to clarify the question to ensure results reflect all forms of testing such as community support teams. Additional support and training on best practice for how to use the testing kits
3. Testing of all residents discharged from hospital to care homes	226	No	NCC/N&WCCG have a long established criteria for safe acute discharge and have commissioned a step down facility to ensure swift discharge for patients unable to be isolated
<b>Section complete</b>			
<b>Focus 3: Personal Protective Equipment (PPE) and Clinical Equipment</b>			
1. Access to sufficient PPE to meet needs	328	Yes	Successful, supported and timely rollout of the national distribution portal "Clipper" Free issue of essential PPE or if there is to be a charge then priced at the manufactured cost.
2. Access to medical equipment needed for Covid19	274	Yes	Greater clarity around equipment requirements
<b>Section complete</b>			
<b>Focus 4: Workforce support</b>			
1. Access to training in the use of PPE from clinical or Public Health teams	290	Yes	DHSC to consider stipulating that each care home has a nominated trainer specifically for PPE use
2. Access to training on use of key medical equipment needed for COVID19	236	Yes	DHSC to offer support with Technology upgrades, both technical and financial, in putting the necessary infrastructure into care homes to allow access to video consultations
3. Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	139	Yes	Guidelines and issue resolution concerning indemnity of NHS staff working across care providers
<b>Section complete</b>			
<b>Focus 5: Clinical support</b>			
1. Named Clinical Lead in place for support and guidance	247	No	Norfolk has assigned a Clinical Lead for each registered care home. As a direct result of this feedback, additional communications is being planned
2. Access to mutual aid offer (primary and community health support)	320	No	Norfolk is supporting the development of a peripatetic workforce model across health and care professionals aligned to the localities/PCNs
<b>Section complete</b>			