Service Provider Response Form

Name of Service: Simon Marks Court Care Home

Date 17/08/2021

Name of Service Provider: Anchor

Healthwatch Leeds Recommendation	Service Provider Response (including any actions you will take)	Who is responsible	When will this be implemented by
1. Communicate to all relatives the message that all residents can nominate an 'essential care giver' and clearly explain what this is. We know that this term can be confusing for both relatives and staff. Because of this, we've created this simple wording to try and help clarify the role. Feel free to use it in your communications to families. *"All residents (or their families/POA if they don't have mental capacity to make that decision) can now choose one person to be included in their five named visitors as an 'essential care giver'. This key visitor should be someone who they feel is "key" to their wellbeing (physical or emotional), and who helps them feel "happier and well".* *The key visitor will be able to visit them more often, flexibly and for longer periods, as well as being able to continue visiting even when there is an outbreak, or the resident is in isolation (e.g. following discharge from hospital).* *In the government guidance, they call this key visitor an 'essential care giver' but this doesn't mean that they have to provide any type of*	All relatives have received communication which highlights the essential care giver role and what this means in terms of visiting their relative in the home. All essential care giver relatives are aware of the testing regime and the government guidance. Letters and discussions have been held in terms of how the visiting is held. They can visit the resident in their own room, wear PPE, change their clothing in the designated changing area. All relatives are fully aware of completing the LFD testing and registering the test. Essential care givers attend to the home on the day that the	Anchor Hanover Home Manager	This Is in place and constantly reviewed

personal or practical care (although this may be agreed in discussion with the care home). Because more frequent and flexible visiting carries more risk, the key visitor will need to agree to have the same testing as care home staff (one PCR test and two lateral flow tests a week) and follow the same infection control procedures as them."	PCR testing is presented for the staff once a week.		
2. Remind relatives that they are able to take their relative on trips out of the home and about the precautions that you would like them to take when doing so.	Relatives wishing to take the resident out of the home then would complete a risk assessment prior to going out, this includes the place of visiting, vaccinations of the person taking the resident out. Means of transport whilst out on a visit.	Home Manager	This is currently in place
3. Make sure that residents' needs and wishes are routinely and consistently taken into consideration when drawing up individual risk assessments or visiting care plans. Where residents don't have mental capacity to be involved in these decisions, make sure families are involved in these discussions.	Each resident has a MCA and BI which highlights their understanding of the visiting and families are consulted and wishes are factored in.	Home Manager Care manager Team leaders	This is currently in place
4. Ensure that copies of residents' individualised risk assessments/visiting plans are routinely shared with relatives.	These are part of the monthly reviews as part of the care plan.	Care Manager	This Is currently in place

		Team Leaders	
5. Consider ways of enabling residents to have longer visits. Some questions to consider: ➢ Is your policy based on individual risk assessments for the residents, that considers individual needs? individual assessments are needed to consider the impact of a 30–60-minute visit for each resident, including whether such timed visits are appropriate for them and meet their wellbeing needs. ➢ If not being done already, have you considered enable visits to take place in residents' own rooms? This would allow the visits to be as long as appropriate for each resident, to better meet their wellbeing needs. It would also create a more natural, relaxing environment for the visit which will be more beneficial for the resident. ➢ Are you allowing visitors to take tests at home and bring proof of negativity on their visit (as permitted now in the Government guidance)? This would reduce your admin burden for 'processing' visitors on arrival.	Apart from essential care visiting there has to be a fair process for all the other visiting within the visiting area used for all normal visiting, we have to factor in mealtimes for residents and cleaning in between visits in order to maintain stringent infection control measures. We review the days of offering visiting which do include weekends, again this is communicated to visitors both in letter and verbally. When the government change the guidelines to include ordinary visits to take place in the residents own rooms, we shall then update our visiting policy. The relatives complete their own test and register it using the home's email address so we can see evidence of the negative test. Relatives that cannot	Anchor Hanover Home manager Care manager Team leaders	This is currently in place

	manage this we still test in the designated testing area and they then wait 30 minutes for the results before entering the home. The home is aware of the relatives that require the home to register the LFD test.		
6. If the visiting room is to be kept, consider introducing a smoking area away from it to reduce distractions and also ways in which can be made more homely.	The staff now take their break at a different part of the home which does not interfere with any part of the visiting. Storage of PCR/LFD tests moved to another area of the home. This area is normally used as a dining/café area which has good access for the relative to safely enter the home.	Home Manager	This is currently in place.