

Service Provider Response Form

Name of Service: Berkeley Court Care Home

Date: 02/09/2021

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 a reminder 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 with families and staff. <i>"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".</i> <i>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</i>	Letters have been sent out to all family members explaining the role of essential care giver. I have also spoken to relatives if they needed more information. Essential care givers just give the home a quick call to say they are coming in to check that their family member is available and isn't for example with the GP or hairdresser. They can visit for as long as they want to. Residents can have up to five visitors	Berkeley Court	Done.

<i>is an outbreak, or the resident is in isolation (e.g. following discharge from hospital).</i> <i>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 personal or practical care (although this may be agreed in discussion with the care home).</i> <i>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.”</i>			
2. 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.	Information is shared with families in letters, telephone and also when they come to the home to visit. They are also involved in all decisions regarding their loved one.	Team Leaders	Information shared daily.
3. Ensure that copies of residents’ individualised risk assessments/visiting plans are routinely shared with relatives.	All residents have a covid care plan and any change in visiting rules are communicated to families by letter.	Team Leaders/ Carers	Team meeting daily.
4. Consider making indoor visiting (without screens) available at the weekend so that there are more options for residents whose family work.	Due to the lack of extra staff Manager/Deputy/Admin/Receptionist to assist with visiting and testing on the weekends we have fewer	All Staff.	Working all the time to find solutions to make

	appointments. Families are still able to take their family members out. This is to ensure that this is managed safely following the guidelines for testing.		visiting more available.
5. If not happening already, consider making trips out of the home available to residents in addition to regular indoor visits (rather than instead of), since they do not affect the number of people in the care home at any one time.	Trips out of the home are available to all residents. These trips out are not instead of indoor visits they are as well as.	All Staff	In place.
6. 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 takes into account 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.	We judge the length of the visit on the resident as sometimes 20 minutes can be too long for them. Our indoor visits can be limited because of the number of families who want to see their loved ones, but we do try and give 30 minutes. Essential care givers come for as long as they like. Families can test at home and just show us when they arrive at the home. We plan on setting up the Keyworker programme again by the end of October we haven't been able to do it yet as we have a new manager settling in and have had staff come and go since covid also a lot of sickness due to covid.	Updating all the time to accommodate residents and family needs. All staff.	

➤ 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.			
7. Consider ways to make it easier for relatives to communicate with the care home such as a named staff member for each resident or a dedicated email address for relative enquiries.	Keyworkers to be put back in place by 31 st October. Families are able to speak to the team leader who is accountable for the care of the resident.	Management	31/10/2021