



social care  
institute for excellence

# Delivering safe, face-to-face adult day care

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## Introduction

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This guide aims to support you, day care managers, social workers, commissioners and providers, to restart or continue activities. It is focused on community-based day services, day centres (with and without personal care), including specialised day centre environments, and those with outdoor spaces.

## Key messages

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- Plans will involve balancing risks and being flexible. They must be underpinned by continued Public Health England guidance and the Government's planned phases for re-opening the country, and should comply with any future lockdowns.
- It is essential that there is an ongoing conversation between social workers, commissioners, providers and people who access day care services, and their carers and families about changing plans, people's needs and levels and types of support. This is an ongoing and iterative process.
- Consider the 'journey' the service and people who access day care are on – what happened during lockdown, the immediate future, and planning for the long term. There may be opportunities to do things in new and innovative ways.

## About this guide

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### Who is this guide for?

This guide is aimed at:

- **Commissioners:** Most often local authorities but may be NHS Clinical Commissioning Groups (CCGs).
- **Providers:** Independent, including charitable or not-for-profit providers, and local authorities.
- **Managers:** Day care or day centre managers and voluntary co-ordinators.

The guide will also be relevant for people who have a direct payment from their local authority to purchase services, their carers and families, helping to make clear what to expect from services and the local authority.

### Scope of the guide

This guide is about face-to-face adult day care provision in England.

It applies to community-based day services (with and without personal care), including specialised day centre environments, and those with provision in outdoor spaces.

This guide does not cover use of public indoor spaces and facilities such as sports centres and cafes. It does not include online/virtual day care provision.

It will be necessary to consider other relevant guidance, particularly in assessing the package of support required to meet an individual's needs which remain of paramount

importance. The needs of carers are important to consider in relation to changes to support. This includes guidance on:

- [Domiciliary care](#)
- [Supporting adults with learning disabilities and autistic adults](#)
- [Direct payments and personal assistants](#)
- [Guidance on mental health and wellbeing](#), including for people with a learning disability, people with autism, older people and people with dementia

### What is day care for adults?

Day care for adults typically involves planned activities for older or working age adults, to support them with important aspects of social, health, nutrition and daily living. These support services are typically run by social care professionals and volunteers and are often in non-residential, group settings. Day care enables adults who have care needs, and/or who are at risk of social isolation, to engage in social and organised activities, as well as providing a regular break to carers.

Day care provision in England is hugely varied, with a range of different care settings, activities and groups using the services.

Day care settings include:

- purpose-built day centres
- day centres attached to or part of a care home
- community buildings (with shared use)
- sports and leisure activity venues
- cafes, restaurants and pubs (for example, lunch clubs)
- outdoor private and public spaces.

Day care services for adults support meaningful activities for the people who take part. These include social, leisure, entertainment, skills-based, educational and employment opportunities. Day care often includes mealtimes and refreshments and may provide services such as hairdressing, assisted bathing, cutting nails and chiropody as well as advice and support with health issues.

Day care services are for adults with many different support needs and may be specialised in the care they provide. Specific groups include:

- older people
- people living with dementia
- adults with learning disability and/or autism, brain injury, mental health problems and long-term health conditions.

The loss of, or reduction in, day care services during the COVID-19 crisis has been hugely challenging for people who use the services and their families and carers. These challenges

have included social isolation; disruption of important routines; loss of support with aspects of personal grooming; loss of key interactions with healthcare services; disruption to educational and employment opportunities and a reduction in independence. Families and carers have not had respite and may have been supporting adults experiencing increased stress and anxiety and/or with cognitive or physical decline due to lockdown and disrupted services.

## Practical information

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### General health and safety check of buildings

Aside from preparing the building for protecting those using them from COVID-19, standard health and safety checks will be needed, especially for buildings that have been closed or for buildings that you did not previously use.

- If the site/building has been out of use, consider undertaking a health and safety check of, for example, hot/cold water systems (including legionnaire's checks), gas safety, fire safety, kitchen equipment, security including access control and intruder alarm systems, ventilation. Guidance on specifics have been set out for schools; although you are not a school it might be relevant.
- Consider arranging an 'enhanced clean' if the building is under your control – or ask the owner about this.
- Check fire alarm procedures in relation to social distancing and the use of space. Do they need to be adjusted (e.g. changing assembly points)? If so, plan how you will let staff, volunteers and people who use services know about any changes.

### Infection prevention and control

If anyone who uses the service, works for the service or works in the building where services are run has any COVID-19 symptoms, including mild symptoms, or has been in contact with a confirmed case in the past 14 days, they should not go to the day centre.

#### Latest guidance for households with possible or confirmed COVID-19 infection

Infection prevention and control for everyone:

1. Hand hygiene. Regular handwashing is essential for everyone. Soap and water or alcohol gel can be used for cleaning. Skin-friendly wipes are an alternative option.
2. Remember to avoid touching your face, eyes and mouth if possible.
3. Coughing and sneezing: Cover the mouth, make sure there is somewhere for the safe disposal of tissues and a supply of new ones, wash hands after coughing or sneezing onto them.
4. Some day centre attendees may require help with hand and respiratory hygiene.

### NHS Test and Trace

Providers will need to be familiar with the [NHS Test and Trace guidance for employers](#). How this impacts staff and those using services will differ depending on your service, and where different people or groups or people are in contact with each other.

It is important that:

- people using services, families, carers and day care staff are all aware of what to do if they are contacted, and that they must contact the service
- the service keeps up-to-date record as to which individuals have been in contact or possible contact within the day care service or services
- services understand their duty to report to local [Health Protection Teams](#) if there are confirmed or suspected cases of COVID-19.

### **Testing**

See [latest government guidance on testing](#).

All day care workers and people using services with symptoms can access testing. Staff and people using services with no symptoms are not expected to be tested before starting or returning to work.

### **Unnecessary items and soft items/furnishings**

Government advice is to remove items that are hard to clean, such as those with intricate parts, and remove soft furnishings (e.g. cushions, rugs, blankets, soft dolls). Non-absorbent seating coverings are preferable to fabric seating. Day care providers should not provide soft 'comfort' items such as soft toys and blankets, but rather attendees should bring them in and take them home again.

Thinking about 'unnecessary' items is a matter of judgement as soft items may be needed for comfort and feelings of security. Any necessary soft items can be disinfected using sprays designed for use on fabric.

### **Frequently touched surfaces**

Think about and list those areas and surfaces (e.g. door handles/plates, grab rails) that are frequently touched as they will require more frequent cleaning between group/bubbles or individuals. Sensory activities involving a lot of touching can be considered if the surfaces can be disinfected and this is done regularly. Providers, cleaners and any staff undertaking cleaning activities should follow [this government guidance](#).

For more information about COVID-19 infection control see our [quick guide](#) and [e-learning course](#).

## Tiers and day care provision: What is allowed?

### Updated tier system from 20 December

The guidance relating to tiers and day care provision is the same for [Tier 1](#), [Tier 2](#), [Tier 3](#) and [Tier 4](#) with most day care provision being considered a support group.

Further information can be found for Tiers 1–3 under ‘Meeting family and friends: Meeting in larger groups’ within each of the three sets of guidance.

*‘... support groups of up to 15 participants – formally organised groups to provide mutual aid, therapy or any other form of support, where it is necessary for these to take place in person. These cannot take place in private dwellings. Under-fives do not count towards the 15-person limit for support groups.’*

Further information for Tier 4 guidance can be found under ‘Where and when you can meet in larger groups’ within the ‘[Hands. Face. Space](#)’ section.

*‘Support groups that have to be delivered in person can continue with up to 15 participants where formally organised to provide mutual aid, therapy or any other form of support - but they must take place at a premises other than a private home. This includes, but is not limited to, support to victims of crime, people in drug and alcohol recovery, new parents and guardians, people caring for those with long-term or terminal illnesses, or who are vulnerable, people facing issues relating to their sexuality or gender, those who have suffered bereavement, and vulnerable young people, including for them to meet youth workers.’*

### Social distancing

The national advice on social distancing is to maintain 2 metres if at all possible. This is especially true in day care settings where the populations being cared for are vulnerable. Therefore, in this guidance document we recommend to continue to use 2 metres in all settings. Whenever possible, staff should follow [social distancing guidance](#) being more than 2 metres away from the person they support.

Where social distancing is not possible (e.g. on transport), [face coverings should be used](#). These do not need to be to a clinical standard, but they reduce the risk of the wearer spreading the infection if they have COVID-19.

Staff members must also observe a 2-metre social distancing rule: between those using services and staff members, and between staff and those using services. Where that 2 metre cannot be maintained and for activities involving touch (such as personal care), [PPE will need to be used](#). In circumstances where the use of PPE is considered too distressing or fully prevents communication, a suitable risk assessment should be undertaken.

The need for leaving a 2-metre space where possible, and using a face covering or PPE when it is not, gives rise to the following considerations.

- Greater space per person than would normally be needed
- Social distancing and/or wearing a face covering or being supported by someone wearing PPE is challenging for some people using services

Where it is not possible to meet the 2 metre rule and use face coverings or PPE, undertake an individual and group risk assessment (see [Risk assessment](#)). Also, the use of groups or 'bubbles' can reduce the risk of spreading infection where this is the case.

### Consistent groups/Bubbles

Bubbles are small, consistent groups of service users, volunteers, and staff together throughout the day. Each group or bubble is kept apart from each other as far as possible. [Guidance for early years/schools](#) may be useful to draw on as they are using a bubble model.

Things to think about:

- Keep a record of those in the same bubble
- Staff and the people they support should stay in the same group/bubble throughout the week
- People using services should only be in one bubble. For those who would usually use more than one service (this could be across providers) it is recommended they use only one face-to-face group service. Where the risk to an individual not using more than one service is found to be high, it may be possible to support a cross-service risk assessment to enable more than one to be attended.
- Where possible each bubble should use the same base room. Alternatively, it may be possible to divide rooms with temporary dividers
- Transport can be included in the bubble where group transport is in use
- Where it is possible to use multiple entrances try to have separated entrances for different rooms
- Consider staggering arrival/departure times and refreshment/meal times for each bubble
- Signage for safe practice and usage of rooms
- Measure each room and state clearly on the door how many people can be in each room at one time
- Arrange furniture or activities 2m apart. Arrange furniture or activities so staff can stand/sit next to the person they are supporting and not face to face

Please note: The term bubble is commonly used in relation to groupings within organisations or activities, such as pupils within schools. It is separate to (but with a similar infection prevention and control purpose) 'support bubbles' which were introduced for single adult households.

### Personal protective equipment (PPE)

PPE is required for staff when they are providing close personal care in direct contact with the person they are supporting – this refers to touching and to supporting personal care. It is also recommended when working with someone who is coughing.

Government [recommendations for domiciliary or home care are relevant to day care settings](#), and should be followed where possible particularly for indoor activities. The recommendations for home care includes details on face mask types and the use of visors.

Information and posters for staff on putting on and taking off PPE can also be found with this guidance. In addition, this [illustrative PPE guide for community and social care settings](#) is relevant to day care.

It is understood that there will be exceptions in relation to the wearing of PPE, in particular face masks where it is distressing, prevents communication or poses an additional risk of items being grabbed. Staff should assess the risk for each activity where PPE is problematic for the person being supported.

PPE can be accessed through your business-as-usual (BAU) channels. This may be your local authority or through public sector buying organisations, or other commercial routes you may have already established.

## Food preparation

Where refreshment and food preparation are undertaken, [guidance for food businesses](#) will apply.

An alternative approach that may be necessary, especially if social distancing is not possible in food preparation areas, is for everyone to be asked to bring their own food and refreshments. Only supply food and refreshments to those unable to do so.

## Use of transport

Transport is an integral part of many day care services and may include provider-owned vehicles, community transport, public transport, family or carers driving, or taxis. Transport will need to be planned in advance and it is likely that group vehicles, such as minibuses will have reduced capacity. As well as travel to the activity or centre, arrival, exiting vehicles and entering the venue or building will need planning.

- Families should be asked to provide transport for the person accessing day-to-day services on the day/s that they are going to attend a day service location. It is acknowledged that this will not be possible for all families.
- For those requiring transport to attend a day service location, providers need to assess their transport fleet and options in line with guidance.
- The provider, together with the transport service (if it is not in-house) should agree the number of service users that can be transported safely at any time. This will vary depending on the needs of service users and their understanding of the behaviours required to minimise the risk of infection from COVID-19.
- Where people using the transport are unable to wear facemasks, the transport will need a lower capacity than where all passengers can wear a mask.
- Protocols for the modification, cleaning and maintenance of the vehicles should be implemented by all service providers.
- Consider seating arrangements to maximise distance between people in the vehicle.
- Passengers should face away from one another.

Protocols for the modification, cleaning and maintenance of vehicles should be implemented by all service providers:

- [Guidance for transport providers](#)
- [Guidance for transport users](#)
- [Guidance for using private cars and other vehicles](#)

### **Numbers and prioritisation of face-to-face and group activities**

Many face-to-face day care activities have had to be stopped or have only been available to a very small number of people considered to have the greatest need or to be at risk without the service. It is important to highlight that for most services, the same level of face-to-face provision that was available before lockdown may no longer be possible. A combination of lower numbers taking part in face-to-face activities and a lower number of contact hours, may be required in order to manage infection control and prevention, social distancing requirements.

#### **Re-assessing needs and preferences**

It is recommended that conversations about the support people and their carers will need takes place as soon as possible. This can be via a review of care and support plans. Any need identified for reassessment will need to be flexible and in line with requirements of provisions the [Care Act \(2014\)](#) and potential for ongoing changes in the Government's rules on lockdown and re-opening of services and society.

New needs may have emerged. Much has been changed by coronavirus, but the personality, preferences and interests of the person being supported will likely not have done. There are also some new opportunities that have been developed to support people and their carers that might need to be factored into the review of care and support plans.

Some individuals will not wish to return to face-to-face services while the risk of COVID-19 persists, for example those that have been shielding.

- [Example of prioritising face-to-face activities](#)

Many day care providers have continued to provide support remotely or with minimum contact. This has included virtual meal clubs, evening social groups and maintaining regular contact to groups that were shielding, by visiting at their window. Many of these activities can continue or evolve ensuring some level of support for a wider range or people than can access face-to-face services.

- [See overview of areas to cover in an individual assessment of welfare and support needs.](#)

### **What to do if someone becomes unwell in a day care setting?**

If anyone in an day care setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow the [COVID-19: guidance for households with possible coronavirus \(COVID-19\) infection guidance](#).

If a person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate supervision as required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

**PPE** should be worn by staff supporting the person who is unwell.

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the person subsequently tests positive. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

## Supporting individuals with transition back into a service

Consideration of how to support people to transition back into a service will be necessary. The current health crisis has increased confusion, fear and anxiety for everyone, and inevitably it will bring additional challenges. There may be a need for detailed planning where people will need to adjust to returning to a service, having adapted to new routines during lockdown, and where they are unsettled or even traumatised by change (potentially resulting in escalation of behaviours that challenge or unmet needs). Some people returning to face-to-face activities may have experienced a loss of confidence or be anxious about whether will they be able to remember the new measures.

## Resources which may be helpful for supporting transition

- [Easy to understand range of resources and videos](#) (Learning Disability England)
- [National Autistic Society](#)
- [Explaining Coronavirus for People with Learning Disabilities and other videos](#) (Surrey and Borders Partnership Trust)
- [Coronavirus support for people affected by dementia](#) (Alzheimer's Society)

## How to approach re-opening day care services: Where to start and planning for the future

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### Different starting points

Services will have different starting points when considering safely re-opening. Many day care locations where adults received daytime support closed in March 2020 to regular users. Some commissioners and providers worked to identify those people, and carers most at need of support, and considered ways in which home-based or remote support could be offered. Other services have been able to provide very limited, or no, day care support during this time.

During lockdown there may have been changes to contracts, re-deployment of staff, or an increase in the use of technology and home-based one-to-one support. The preferences and needs of people with a learning disability and/or autism, older people or people with dementia, a mental health or other conditions, and those of their carers and families, may have changed. New and creative ways of providing support have emerged which may provide opportunities to innovate and do things differently, alongside new challenges involved in safely resuming services whilst minimising the risk of infection from COVID-19.

It is recognised that older people and those with physical or learning disabilities may have more co-morbidities which are risk factors for worse outcomes should they become unwell with COVID-19. For their safety, and the safety of their families, the staff that support them and the general public, it is essential that planning to resume the provision of day services is approached with caution. Plans must be underpinned by continued Public Health England guidance and the Government's planned phases for re-opening the country, and any future lockdowns.

Day care offers an essential service and improves the quality of life for those that participate and for their carers. It is a central component of social citizenship for many. It is essential that participants and carers continue to receive the support they need. Where the number of people who can safely access day care services needs to reduce, alternative arrangements for support in the short term will need to be considered and regularly reviewed. New ways of working and organising services are needed to keep those who use services, their carers and families, staff and the general public at the lowest risk of infection.

## Communication and engagement

### People and carers accessing services

Clear, regular communication is essential at this time. Uncertainty is likely to continue as restrictions are lifted, but local or national infection rates could again rise. Agree a communication plan to ensure that all people using services and their families are kept informed of what will be happening in the weeks and months ahead, and when (some) services are likely to resume.

Ongoing communication will need to continue with all people and their carers who access the service (whether attending day care services or not). This is in addition to conversations with people accessing day care services and their families in order to ascertain their [welfare and support needs](#). Areas to consider are:

- Using technology to communicate with those accessing services where carers and families are able to support this. This can be for both group communications and also individual. For example, having an individual handover by text, rather than face to face.
- Talk to those accessing face-to-face services and their carers and families about minimising the risk of contracting COVID-19 outside day care activities as well as within them.
- Talk to those accessing face-to-face services and their carers and families about what to do if someone in their household has symptoms, tests positive for COVID-19, or is contacted via Test and Trace.

Explain the reasons for any reduced capacity in face-to-face provision, as well as under what circumstances services could be expanded in future or may be reduced (e.g. outbreak within the service or localised lockdown), and what would be put in place should this happen.

### **Conversations between commissioners and providers**

Commissioners and providers have responded to the COVID-19 crisis in different ways with varying levels and forms of continued provision. Whatever the current status of the service, it is useful to have an open and reflective conversation. Principles for this conversation:

- What has been your 'journey' during lockdown and what, if any, services have been maintained, started or put on hold?
- What might the immediate future of the service look like?
- What might the longer-term future of the service look like and what are the unknowns for future planning?

Areas to consider within this conversation:

- **Your values:** What is the purpose of your service and how can those values be taken forward even if their delivery needs to change.
- **If and how service users will be prioritised for face-to-face services:** See section below on considerations for prioritisation of face-to-face group activities.
- **Financial considerations:** Including the existing model of funding and if/how that will work moving forward. The likelihood of additional costs due to requirements around personal protective equipment (PPE) and infection prevention and control. Changes to the numbers of people accessing some forms of day care, and other forms of support in the context of the whole care package, needs and preferences of individuals. Consider the need for services to remain sustainable in the longer term.
- **New ways of working and opportunities:** Are there new and innovative ways of working and delivering services that have taken place during the COVID-19 crisis? Would it be of benefit to continue or expand these? What have been positive lessons learned? For those re-opening, what new ways of working can be developed that would benefit services longer term?

### **Example of flexible funding arrangements from Devon County Council.**

### **Conversations between providers, people who access services and carers**

The person who participates in day care services, and their carers should be at the heart of this conversation. Planning should be person centred, but drawing on a whole family approach where carers' needs are also recognised, including those of young adult carers.

For some individuals, carers and families, multiple conversations may be needed and a great deal of flexibility in planning.

Any planning will need to be done within the context of the [Mental Capacity Act](#), which affirms the right of people to make their own decisions where they are able. If a person has capacity to decide whether or not they wish to return to a day setting which is available to them, that decision must be respected. If a person chooses not to go, and that causes

additional pressures for their family or carers, they cannot be forced to go. A negotiation will be needed.

If the person lacks capacity to make a decision about returning to day care, a [best interests decision](#) will need to be made. Using the best interests checklist (see the [MCA Code of Practice, 5.13](#)), a decision will need to be made – involving carers, families and professionals – about whether a return would be in the best interests of the individual. This would need to factor in the person’s past and present wishes, feelings and beliefs - the extent to which they enjoyed attending day care prior to the COVID-19 lockdown would need to be considered. Also consider a balance of risks between COVID-19 and the impacts perhaps of continued lockdown and isolation.

It is important to note that the best interests of any family members – who may wish for someone to return to day care, in order to have a much-needed break or return to work – cannot be a determining factor in whether it is the person’s best interests to go. But, this may affect the care being provided – in this case a [carer’s assessment](#) could be appropriate.

Information that is useful to know:

- What services did they receive prior to lockdown? This includes services with all providers as some people use more than one.
- What support have they received since lockdown (if any). How have they found that?
- What would they like support to look like going forward? It could be that they would prefer a continuation of current support, or return to group activities.
- If they have been accessing no services or different services since lockdown, what needs to be planned for the transition back? Are there challenges or key considerations? This could be a process for some, especially those for whom social situations and communication already posed a challenge.
- What is their level of need and/or risk? For example, pressures on carers, any deterioration in physical, cognitive or mental health or mobility.
- What understanding do they and/or their families have around keeping safe in the community and what are their concerns?
- Understanding that it is not possible for everyone to return to face-to-face activities. Even though lockdown is lifting, services may not be able to return to pre-lockdown for the majority or providers and groups.
- Understanding that for those who usually use more than one service (that is, they would be part of multiple groups) they may only be able to attend one.

For those who are most likely to return to face-to-face services, the responsibilities of those using the services and their families should be addressed and could involve an agreement or checklist. Responsibilities include not using the service if they are unwell, following Test and Trace instructions and following Government guidelines to the best of their ability. Where someone has not been able to follow guidelines, sharing this information with the provider is essential.

Example of a triangulated approach between commissioners, operational teams and providers, involving individuals and their families.

### Considering other agencies and contractors (such as building landlords, public facilities, insurers and transport providers)

Depending on the service provided, a range of agencies and contractors may need to be involved in the safe re-opening or expansion of face-to-face services. This includes:

- **Insurance providers:** Checking your insurance policy and any amendments that may need to be made.
- **Building landlords / management groups:** Ensure relevant health and safety checks have been undertaken for buildings that have been closed or new spaces that may now need to be used. Be clear who has responsibility for deep cleaning and regular cleaning. Make sure you are aware of any other users of the building and know who is responsible for handing over and cleaning between user groups.
- **Public facilities:** You may need to check on the status and cleaning of public toilets and changing areas for outside and public-space facilities. Extra cleaning may be required. To ensure social distancing, access may need to be controlled. The [advice on public toilets](#) on GOV.UK offers further guidance.
- **Transport providers:** For those relying on community transport, new contracts of working are likely to be needed. Times, places and numbers may all change as well as the need for following infection prevention and control and PPE guidance. There is relevant guidance for [transport providers](#). [Local taxi and private hire companies](#) may also be required. Public transport can be used, with a risk assessment in place for those unable to [wear masks and follow distancing guidelines](#).

### Additional considerations for staff and volunteers

It is important to ensure that staff and volunteers feel safe and supported within the context of all service resumption planning and their concerns and needs are considered when re-opening or expanding face-to-face support. Staff that have been redeployed will need to have an agreed plan for returning to day services.

New protocols could introduce unfamiliar ways of working for staff and volunteers – this may be stressful and staff may feel more isolated. For example, having dedicated staff for each group/bubble, minimising contact between staff, increased online and telephone communication with families, wearing PPE, changed work patterns and alterations to typical activities.

A 'return to work' protocol for all staff and volunteers can reassure staff of the measures being taken to minimise risk of infection and of the support in place for them as they return.

### COVID-19-specific training

Staff training is required regarding new ways of working and COVID-19 etiquette. It is important staff understand why new systems and protocols are in place and how they can help to minimise risk. This includes:

- Infection prevention and control

- Safe systems of working, social distancing and [correct use of PPE](#)
- Local training on measures to be taken in different environments or service locations
- Training needs of all staffing groups including: kitchen staff, cleaning staff and transport staff

### **Support and wellbeing**

As well as a risk assessment for staff and volunteers, their wider needs and wellbeing is important to consider. Important issues may include:

- bereavement
- anxiety
- feelings of isolation
- guilt at not being able to provide the same level of service as previously
- returning staff may feel like they are ‘starting a new job’
- exhaustion or burnout
- staff not having taken breaks or leave
- caring responsibilities
- changes in availability to work.

Staff may value the opportunity for discussion and reassurance, and appreciate having more than one method of communication available.

[Public Health England](#) and [Royal College of Occupational Therapists](#) offer online wellbeing tools and guides, and there are also local offers of free support for social care workers. Conversations about what has worked for them and opportunities for formal and informal peer support are also helpful to social care staff.

### **Responding to bereavement and trauma**

Many people have experienced bereavement trauma during the COVID-19 pandemic, including people who use services, families, staff and volunteers.

A key consideration will be on the impact of COVID-19 on anyone who may also be experiencing trauma as a result of the challenges of COVID-19 in their work, day care, home and personal lives.

Some resources that may help with supporting those with trauma or grief are:

- Trauma grab sheets
- Understanding what trauma is and its causes
- Understanding what someone who has experienced trauma might feel, emotionally and physically, and how they might behave and relate to others
- Some approaches that can be used to support people who have experienced trauma

- Coronavirus: dealing with bereavement and grief
- Coronavirus and your mental health

## Conducting risk assessment to deliver safe adult day care

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### Individual assessments of welfare and support needs

As part of the conversations between providers, people who access services and their carers and families, and the prioritisation of face-to-face and group activities, an individual assessment of needs for care and support will need to be conducted for those who would normally access the service where their needs are likely to have changed. This is to enable providers and commissioners to both understand people's needs and how they may be met, and to prioritise those whose need for face-to-face services is greatest.

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Areas to consider:

- Safeguarding concerns raised
- The sustainability of current paid or unpaid care arrangements
- The extent to which current care arrangements meet their needs
- Wellbeing of carers
- Support needs, including changes in mental, physical or cognitive wellbeing
- Ongoing access to food and medication
- What alternative services they received whilst the day service has been closed – what support has been effective
- The person and their family/carer's current view on returning to the day centre/service if they start planning to reopen
- Any relatively simple to make adjustments that could be made to provision to better support someone's needs and wellbeing

### Individual risk assessments for COVID-19 for face-to-face services

#### Staff and volunteers

All staff and volunteers should be risk assessed using a two-stage process:

1. Identification of those who are potentially at higher risk of contracting COVID-19 or poorer outcomes from being ill.
2. Assessing the risks associated with those individuals and identifying actions to minimise the risks.

The first stage could be undertaken with individual conversations or a form or survey. A conversation should then be had with those identified as being at higher risk.

Risk factors include: Age, ethnicity, sex, some underlying health conditions, pregnancy.

Care has to be taken when asking for personal health information and this should only be asked for when it's required to support the worker. The level of detail provided should be no more than is necessary and reasonable.

More information on risk assessing staff and volunteers and options for those who may be at greater risk can be found as part of the [COVID-19: adult social care risk reduction framework](#). Staff from [black, Asian and minority ethnic \(BAME\) backgrounds](#) may have increased concerns about COVID-19, and employers / organisations should handle these conversations sensitively.

A health declaration form may help with this process. Ofsted's '[social care health self-declaration form](#)' could be adapted for this use.

Day centre are staffed by a wide range of people and some may be more vulnerable to infection, for example, because they have an underlying health condition. Staff whose health makes them clinically extremely vulnerable are recommended to follow the [guidance on shielding and protecting clinically extremely vulnerable persons from COVID-19](#).

### Those using face-to-face services

Identifying those who are at higher risk of COVID-19 in terms of:

- People who may not be able to follow guidelines that help protect them and others from the spread of COVID-19. For example, not being able to socially distance, wear a mask, issues with staff or volunteers wearing a mask when working with them, difficulties with regular hand washing.
- People who would be at risk of a poorer outcome if they were to become infected. There is a great deal of overlap between higher risk groups and those groups that use day care services. In addition, the same consideration as for staff should be included: Age, ethnicity, sex, some underlying health conditions, pregnancy.
- Regular coughing, sneezing and other risks regarding bodily fluids may apply to some individuals.
- Risks around anxiety, stress and behavioural changes as a result of the changes to social interactions and routines as a result of COVID-19. For example, distress in relation to PPE, changed routines and social distancing.

### Risk assessment of COVID-19 for the provider or group

The provider, each service and/or each group will require a risk assessment which includes contingency planning. It is at this level that overall numbers attending services, staffing, and how the service would respond to an occurrence of infection, localised lockdown or other COVID-related events should be set out.

People attending face-to-face services and their carers and families should be made aware of the key contents of this risk assessment so they understand under which circumstances face-to-face support may have to be withdrawn or reduced.

Day Services for Adults – things to consider when doing a Risk Assessment for re-opening –  
Worcestershire example

Example of the type of form that could be used.

### Risk assessment for specific locations, objects or activities

A risk assessment will need to be undertaken for each building or regular location used. This should include:

- Flow for people entering and leaving the building
- Maximum number of people that can be in the building and within each room or part of the building at one time
- Maximum number of people that can be in boundaries outdoor spaces at a time (e.g. car parks, outside activity areas and gardens)
- Toilet and changing facilities – ideally limit use within a bubble, provide soap and paper towels to allow good hand hygiene with enhanced cleaning after each use
- Cleaning of shared hoists and mobility equipment
- Kitchen or refreshment facilities
- Surfaces most frequently touched

Some activities will need to be risk assessed on an ongoing basis in line with wider guidelines. These include:

- Activities involving shared objects (for example, games involving shared objects such as inflatable balls, parachutes, or a dice). The use of clean objects is advised.
- Playgrounds, activity areas and sensory rooms. Consider the guidance on avoiding soft furnishings, regular cleaning and outdoor areas
- Activities where participants are less likely to be able to, or remember to, socially distance
- Activities that involve increased blowing or breathing out – for example, singing or exercise. Currently, live singing is not recommended
- Bathing and hairdressing services should be risk assessed in line with Government guidelines (see [home care](#) guidance for information on bathing and [for hairdressing](#)).

## Practice examples of delivering safe adult day care

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### Hollacombe Community Resource Centre

Hollacombe Community Resource Centre is a day service for young people and adults who have a profound and multiple learning disability who may also have complex health and social needs. Hollacombe has been closed since 17th March 2020. Daily contact has been made with families and care agencies to ensure individuals are maintaining their health and wellbeing as far as possible and staff have been supporting people in a variety of ways. A 'Red, Amber, Green' (RAG) system is being introduced to determine which people are most at risk being isolated at home. A set of standard operating procedures are being followed to allow services to re-open to those people, to ensure the risk of infection is mitigated as far as possible.

Of the regular attendees at Hollacombe before lockdown, a small group will return to the centre in bubbles with specific staff, transport and people. A group will continue to be supported by specific staff in the community and their own home and a small number of people will want or need to wait until the service can confidently open further.

### Example of flexible funding arrangements Devon County Council

The Council's review of existing financial support has recognised that due to the wide variety of settings and activities and different levels of COVID-19 vulnerability in people potentially attending, it is essential that each provider undertake a full risk assessment, in liaison with their local community team before making the decision to re-open.

The review has also recognised that whilst these assessments are taking place many providers have utilised their staff teams to support service users in their own homes or in other varied forms of service delivery. Where this is the case, or where it has been deemed safe to resume some form of day opportunity service with reduced capacity, we would want to support you from needing to furlough additional staff. In these circumstances the Council will therefore:

- continue to pay for the number of commissioned places at the level of the next pay run i.e. before you had to take action to close your day service
- continue to pay you at whatever agreed rate pertains at that point.

### Terms and conditions

The extension of financial flexibilities described in this update will only apply to day opportunity services that confirm to us that staff are actually working the hours and / or remain available after 10 June 2020 to be redeployed to support other providers or the Council/NHS if not (with all appropriate training and support).

These arrangements will be in operation until 30 September 2020. They will be reviewed at the end of August.

Please be assured we will be doing our utmost to ensure that payments are made to your business in a timely way to ensure you can continue to operate during the next 13 weeks and to think through with us any longer-term implications for your service model. We will however need to ensure that funding which has been provided to you is made for additional

cost incurred; so, in due course we may contact you to request additional supporting information, which we reserve the right to access under the existing terms of the contract we have for services with you.

We will also, where carer/care staff sickness payments have been made, require that Statutory Sickness Pay which has been reimbursed by the Government, is repaid to the Council.

If providers are able to claim from central government in respect of SSP reimbursement, or for wages support of up to 80 per cent, then they should do this and claim from government. You should not claim for such additional costs from DCC, UNLESS you require urgent cash flow stabilisation. In this case we would like you to notify us once you have received reimbursement from central government so that we can assess if any of the payments we have made to you need to be returned to us. i.e. so that there is no double counting of government and local government funding.

Ultimately please note that monies can be recouped from schedule payment runs, although we will always seek to agree an amount and timing with you first.

### **Bradford Triangulated Approach**

In Bradford a triangulated approach was used between commissioners, operational teams and providers. This has involved discussions strategically and with individuals and families who use services on: what was provided before COVID-19, what was done differently during COVID-19, and what is considered as important in the future offer of day opportunities (recognising that restrictions in the current pandemic and the heightened need to keep safe). See plan below:

#### **Operational**

Service to assess and prioritise individuals most at risk and in need of a service over the summer.

#### **Communications**

Communication to be issued providers to understand their set-up and plans, and potential offer (in addition to virtual) for individuals in the short term. Should be clear that the expectation is not yet to re-open a building-based service.

#### **Operational**

Need to understand the options available to service users for the next three to six months including: - number of sites that will be open - potential sessions available - day respite opportunities - what the offer is for people who require a service and their carers.

Once short-term offer becomes clear - map service availability against locations of people who receive a service and understand transport/ travel implications.

### **Example from a county council as to how it identified individuals with a high need to resume services using a Red, Amber, Green system**

Please note: These types of risk assessment should be undertaken by staff trained to do so and ideally include social work oversight

**Red** – There is immediate risk for the person or carer.

**Indicators:**

- A safeguarding concern has been raised.
- There is an imminent breakdown of either paid or unpaid care arrangements due to care support no longer being able to manage.
- Person has high levels of anxiety which is being expressed through distressed behaviours towards self, others and objects.
- Person has been prescribed antipsychotic drugs to reduce distressed behaviors during lockdown.
- Person's mental health is declining and they are becoming withdrawn and less willing to engage.
- Carer's mental health is declining, or they are experiencing high levels of anxiety
- Person is experiencing deterioration of their physical health.
- Person is unable to be supported at home or in the community due to their anxiety, their understanding of the situation and lack of community facilities that are open.
- Person is unable to be supported at home due to the vulnerability of other family members.

**Amber** – The person or carer is experiencing difficulties but are not in immediate risk.

**Indicators:**

- The existing care arrangements are at risk.
- Family carers are choosing to self-isolate due to the health vulnerability of the person they care for however there is an increase in risk to their own health and concern regarding how much longer it is sustainable.
- There are some signs of deterioration in mental and physical health that are of concern but they're being managed.
- The person's deterioration above or the ongoing caring requirement is likely to have an increasing impact on the unpaid carer.
- The situation is affecting the carer's outcomes under the Care Act such as ability to work.

**Green** – There are minimal concerns regarding person's or carer's wellbeing.

**Indicators:**

- Carer isn't expressing any concerns.
- There were no welfare concerns prior to the person going into isolation.

Following a person being identified as being Red, a Mental Capacity Assessment must be completed to firstly determine if the person has capacity to make an informed decision and if not, decide if the person should resume day services.

The assessment must take into consideration the indicators but also the following:

- People making decisions on behalf of the person to understand fully the risk of person contracting COVID-19 and that risk to be weighed up against quality of life.
- If the person has any health conditions that makes them at risk of COVID-19.
- If the carer has had a Carers Assessment in the past, it will be worth them requesting a review. If they have not, it is worth requesting one via Adult Social Care

### New Directions Subgroup (Ireland) example of a tool for prioritising risk

Priority 1 (P1)	Having considered the individual's overall package of care and the presenting needs of the individual and their family, the profile of a P1 person will be:
Service users	<ul style="list-style-type: none"> <li>• day attendee</li> </ul>
Red Risk on Matrix	<ul style="list-style-type: none"> <li>• person not receiving any or very limited ancillary/social care supports e.g. respite, home support/PA</li> </ul>
	<ul style="list-style-type: none"> <li>• person with noted increase in behaviours of concern</li> </ul>
	<ul style="list-style-type: none"> <li>• person who has a noted decline in presentation i.e. mental</li> </ul>
	<ul style="list-style-type: none"> <li>• health, physical health etc due to absence of a regular day service</li> </ul>
	<ul style="list-style-type: none"> <li>• safeguarding</li> </ul>
	<ul style="list-style-type: none"> <li>• familial vulnerabilities/ circumstances i.e. single parent, elderly parents, residing with persons who are immune compromised, limited external supports, parents returning to work.</li> </ul>

Priority 2 (P2)	Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of a P2 person will be:
Orange risk on Matrix	<ul style="list-style-type: none"> <li>• person receiving limited ancillary services/social care supports</li> </ul>

	<ul style="list-style-type: none"> <li>presenting with an emerging need that could escalate to P1 should services not respond.</li> </ul>
	<ul style="list-style-type: none"> <li>person is managing reasonably well at home and/or are lonely, seeking contact with peers.</li> </ul>

Priority 3 (P3)	Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of a P3 person will be:
Orange/Green on Matrix	<ul style="list-style-type: none"> <li>person is contented at home and the services provide support to reassure and enable them to have a structured day.</li> </ul>
	In offering remote services consider infrastructure, interest and capacity of individuals.

Priority 4 (P4)	Having considered the individuals overall package of care and the presenting needs of the individual and their family, the profile of a P4 person will be:
Orange/Green on Matrix	<ul style="list-style-type: none"> <li>persons may opt in or out of this offered support. Not anxious to avail of support during this COVID-19 pandemic.</li> </ul>
	In offering remote services consider infrastructure, interest and capacity of individuals.

### Example from 'Helping adult day centres to unlock lockdown' King's College London

Helping adult day centres to unlock lockdown (King's College London)

**Scenario 1 / Service user group**

**[Add detail of this scenario / service user group]**

Location	Add detail of which parts of the day centre this scenario applies to, if relevant.
Number of daily service users	Add detail of numbers of staffing and volunteers required for this scenario, including detail of numbers of staff and volunteers to be deployed in other parts of the day centre, if applicable.
Equipment	Add detail of any new or increased equipment that needs to be installed or made available – or considered at a future point: e.g. plastic screens, yellow marker tape, cupboards for storing out-of-use equipment, small tables for use as hand sanitising stations, specific chairs or chair coverings, automatic doors, automatic taps, additional sinks, etc.
Attendance	Add details of number of days this applies to and any conditions attached: e.g. limits to number of days each service user may attend to enable the whole service user group to attend at least once weekly.
Criteria for inclusion in this scenario or group	Add detail of criteria to be met to be included in this group e.g. service user characteristics (personal care needs, low/high level of cognitive impairment), any paperwork required.
Support level	Add detail of what type of support this group of people need, including staffing levels for providing this and any other conditions relevant to staffing: e.g. personal care assistance, support with symptoms of cognitive impairment, socialising.
Exit criteria (service users)	Add detail specifying criteria or the circumstances in which a service user might not be able to attend the centre or may need to be moved to a different service user group (based on their needs).
Assessment and care plan	Add detail concerning planned reviews of care plans if relevant.

Pros	Add detail of any advantages you have identified with this plan, either for the organisation, for the service user, for family carers, for the bigger picture: e.g. the importance of risk empowerment, personalising information and communications.
Cons	Add details of any disadvantages or practical challenges you have identified with this plan – either or the organisation, for the service user, for family carers, for the bigger picture - and how these could be addressed: e.g. challenges associated with meeting staffing and volunteer requirements

## Further information

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### SCIE

- COVID-19 infection control for care providers (Quick guide)
- Infection control e-learning course
- Dementia in care homes and COVID-19
- Safeguarding adults with dementia during the COVID-19 pandemic
- Q&A Coronavirus (COVID-19): Dementia and care homes
- Mental Capacity Act (MCA) and the COVID-19 crisis
- Safeguarding adults during the COVID-19 crisis
- COVID-19 resource and best practice hub for social care

### DHSC and Public Health England

- Coronavirus: Guidance and support

### Department for Education

- Managing school premises during the coronavirus (COVID-19) outbreak

### Other resources

- Mental Capacity Act: Code of practice
- Carers UK: Carer's assessment
- Royal College of Occupational Therapists: Staying well when social distancing
- King's College London: Helping adult day centres to unlock lockdown

This guidance was developed in collaboration with Public Health England, the Local Government Association and King's College London as part of the NIHR, Applied Research Collaboration, South London.