

COVID-19 Management Plan

Approver	Executive Management Team
Plan	COVID-19 Management Plan
Document Date	5 July 2021 (Version 12)
Document owner	Director of People & Organisational Effectiveness
Related Documents	Infection Control Policy Business Continuity Planning
Location of Electronic Copy	Website, People Intranet page, People team

Signed:



Chief Executive:

Julia Ashley

On Behalf of the Board of Management

What Has Changed Since Version 11:

- 4.3 Government eased restrictions from 17 May.
Indoors, rule of 6 or 2 households still apply.
- 4.4 Businesses may not cater for groups bigger than the legal limits.
Guidance on working from home should continue wherever possible.
- 5.2.19 LFD tests now freely available to the public to order and self-test
- 5.2.3, 4 & 5 Updated *Stay at home and self-isolate* government guidance
- 5.2.26 to 8 Newly hired colleagues in our care settings to declare other work.
- 5.2.30,31&32 Updated guidance on travelling abroad during coronavirus pandemic.
- 5.3 Colleague vaccinations
- 5.3.10 to 12 Government set to make vaccination mandatory for all care home workers.
- 5.4 to 5.4.14 Updated Residents Welfare in Housing
Residents in housing may leave their homes to meet socially.
Indoors, the Rule of 6 or 2 households apply until 19 July 2021.
- 5.5. to 5.5.17 Updated Residents Welfare in Care.
- 5.7. Central Support Services (Central Office) Colleagues
- 5.7.1. C&C continues to encourage Central support services colleagues that can do so, to work from home.
- 5.7.2. Reference made to the new Central support services (Central Office) & Agile Working Management Plan.

1. AIM

- 1.1. The COVID-19 Management Plan (The Plan) sets out what the C&C Group (C&C) is doing to maintain services through the disruption caused by The Covid-19 pandemic as well as a potential or actual COVID-19 outbreak in one of C&Cs services or office. The Plan is a framework for the management and control of the situation and ongoing review of C&Cs response
- 1.2. The Plan aims to protect service continuity and the health and wellbeing of C&Cs workers, suppliers, residents and visitors to its schemes, homes and office. It identifies, assesses and balances a number of risks to ensure that essential services are maintained during a pandemic.

2. SCOPE

- 2.1. The Plan applies to all employees, volunteers and Board, Committee and Panel members. It also applies to those employed by agencies under agreements with C&C. All of these will be referred to as 'Workers' or 'Colleagues' in The Plan
- 2.2. Failure by any Worker to correctly follow The Plan may lead to disciplinary action being taken against them. Any disciplinary action will be dealt with in accordance with the Disciplinary Policy.

3. RESPONSIBILITIES

- 3.1. C&Cs Executive Management Team (EMT) is responsible for ensuring that C&C is fully prepared for the threat of a COVID-19 outbreak and the impact this has on C&C services
- 3.2. The EMT will review progress in the implementation of The Plan as required by new information available.
- 3.3. The Business Continuity Team (BCT) and Managers will ensure delivery of The Plan.
- 3.4. Workers will ensure that the Plan is followed and updates to The Plan are acted upon.

3.5. The People Team will

- 3.5.1. Continue to ensure adequate staffing levels including adjusting planned annual leave, sourcing emergency cover for front line services and planning ahead with Disclosure & Barring Services for planned emergency staffing.
- 3.5.2. Implement policies to manage the financial impact of colleagues affected by the outbreak.
- 3.5.3. Support colleagues to confidentially self-identify specific vulnerabilities and work with operational managers to agree alternative work plans for the duration of any period where they may be at risk
- 3.5.4. Ensure site risk assessments that include COVID-19 risks have been carried out by managers responsible for each location at which we work, that the plans are documented, saved and made available to colleagues and that suitable information is displayed.
- 3.5.5. Provide regular updates to colleagues on The Plan and any subsequent changes to The Plan
- 3.5.6. Initiate the People Team Business Continuity Plan (BCP) as required

3.6. Operational Managers will

- 3.6.1 Provide regular updates to Workers, residents, relatives, visitors and other local stakeholders on The Plan and any subsequent changes to The Plan
- 3.6.2 Implement infection control procedures, including enhanced cleaning regimes
- 3.6.3 Undertake an individual risk assessment of each colleague for whom they are responsible and determine any appropriate protective actions to be instigated when necessary, depending on the phase of the pandemic. These will be regularly reviewed as situation develops.
- 3.6.4 Ensure all visitors to homes, schemes and offices are inducted to C&Cs infection control procedures, including washing hands prior to entry to C&Cs premises
- 3.6.5 Manage compliance with the working time directive for Workers and ensure Worker welfare during any period of increased working hours
- 3.6.6 Review the BCPs of key suppliers and contractors and ensure that these are adequate to manage local risks
- 3.6.7 Initiate the home, scheme, and / or office BCP as required
- 3.6.8 Liaise with Public Health England (PHE) during any outbreak and act upon the advice / action plan provided
- 3.6.9 Inform the EMT of any outbreak or other potential or actual change in risk.

3.7. The I.T. Team will

- 3.7.1. Continue to ensure Workers are supported to work remotely.
- 3.7.2. Continue to ensure that urgent communications are displayed on IT equipment, and Reception Tablets.
- 3.7.3. Review BCPs of key suppliers and contractors and ensure that they are adequate to manage any risks
- 3.7.4. Initiate the I.T. Team BCP as required
- 3.7.5. Inform the EMT of any outbreak or other potential or actual change in risk

3.8. The Finance Team will

- 3.8.1. Continue to ensure that emergency funds are available if required.
- 3.8.2. Where possible, claim local or central Government financial supports where available in coordination with operational managers
- 3.8.3. Initiate the Finance Team BCP as required
- 3.8.4. Inform the EMT of any outbreak or other potential or actual change in risk
- 3.8.5. Maintain records and monitor the financial impact of COVID-19

3.9. The Marketing & Engagement Team will

- 3.9.1. Update the C&C website with stakeholder information
- 3.9.2. Provide relevant communication and marketing materials to stakeholders through printed and digital channels, including supporting all-employee briefings
- 3.9.3. Update scheme screens with important communications
- 3.9.4. Provide press releases as required
- 3.9.5. Initiate the Marketing & Engagement Team BCP as required
- 3.9.6. Inform the EMT of any outbreak or other potential or actual change in risk

4. BACKGROUND

- 4.1. The confirmed cases of COVID-19 are rising daily in the UK. As of 20 June 2021, 4.62m cases had been confirmed. The Government and Public Health England are clear that this is a global pandemic.
- 4.2. The Government has published the 'COVID-19 Response - Spring 2021', setting out the roadmap out of the current lockdown for England available at: <https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021>
- 4.3. On 17 May 2021, the UK Government eased the limits on seeing friends and family wherever possible, allowing people to decide on the appropriate level of risk for their circumstances. This means that most legal restrictions on meeting others outdoors were lifted - although gatherings of over 30 people remains illegal. Indoors, the Rule of 6 or 2 households still apply. These restrictions are expected to apply until 19 July 2021.
- 4.4. In all sectors, COVID-Secure guidance will remain in place and businesses may not cater for groups bigger than the legal limits. The legal limits that apply depends on the type of business or service that they provide. Some indoor events can be risk assessed to take place as long as steps are taken to protect individuals.
- 4.5. Guidance on working from home and social distancing remains in place until the government completes a review of social distancing (and other long-term measures) and makes its announcement on 19 July 2021.
- 4.6. The virus that causes COVID-19, known as SARS-CoV-2, is prone to mutation as with all such viruses. A recent new strain is proving particularly transmissible, and these appears to have increased rates of infection recently, placing a particular strain on NHS resources. Whilst anyone can catch the disease - which ranges from being without symptoms to being an extremely dangerous illness - people over 60 and those with compromised immune systems and respiratory problems are proving to be at greatest risk. There is evidence that males are at more risk than females and BAME people at greater risk than white people, but it is older age - far more than anything else - that is the major risk factor. Whilst the great majority of those that show signs and symptoms of infection will only have mild to medium symptoms, a small group will experience more extreme symptoms and may be at risk of complications such as pneumonia.
- 4.7. The virus appears to be transmitted as a result of contact with droplets from an infected individual. Medical advice is to avoid being within 2 metres of an infected person or within 1 metre if taking extra precautions (the 'one metre plus's rule). It is also possible that the virus can be transmitted by touching infected droplets with hands and then passing the disease to the mouth, nose or eyes. It is also possible that the virus can be caught through airborne transmission.

5. THE PLAN

- 5.1. C&C provides vital services to a wide range of people, including those who are significantly vulnerable and / or frail. It is crucial that these services continue and that those providing and receiving services are protected from harm.
- 5.2. Colleague welfare and maintaining essential staffing levels across all services
- 5.2.1. C&C requires that, where workers are involved in essential work that involves their attendance at a scheme or home, they continue to attend their usual workplace and maintain services at all times. Exceptions will be made in the following circumstances:
- 5.2.2. Where the Worker is in a period of self-quarantine for actual or suspected COVID-19 or due to having been in direct contact or living in a family home with someone that has the disease, including those that have been contacted by the NHS Test and Trace service and advised to self-isolate; self-isolation should be undertaken – according to Government guidelines - for 10 days after first noticing symptoms of COVID-19. This also applies in instances where colleagues fail to follow current protective measures, including breaches such as:
- face-to-face contact including being coughed on or having a face-to-face conversation within one metre.
 - been within one metre for one minute or longer without face-to-face contact.
 - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - travelled in the same vehicle as a case.
- 5.2.3. If the Worker or Colleague is notified by NHS Test and Trace they have a positive test result, they must complete a full isolation period. The isolation period starts immediately from when the symptoms started, or, if there are no symptoms, from when the test was taken. The isolation period **includes** the day the symptoms started (or the day the test was taken if the Worker did not have symptoms), and the next 10 full days.
- 5.2.4. The Worker can return to normal routine and stop self-isolating after 10 full days if their symptoms have gone, or if the only symptoms they have are a cough or anosmia, which can last for several weeks. If the Worker still has a high temperature after 10 days or are otherwise unwell, they should stay at home and seek medical advice.
- 5.2.5. If a Worker is isolating because of a positive test result but did not have any symptoms, and then develops COVID-19 symptoms within their isolation period, they should start a new 10-day isolation period by counting 10 full days from the day following your symptom onset.
- 5.2.6. Where an assessment of the risk profile of the individual has indicated that they should be treated as a special case – for example where there are current COVID-19 cases within their workplace, and they are assessed as being especially vulnerable;
- 5.2.7. Where the People Team has agreed alternative temporary working

arrangements for Workers who have self-declared that they are at particular risk should they become infected;

- 5.2.8. Where the Worker has childcare or other caring responsibilities and is unable to attend work, e.g. due to unscheduled school closures. In this instance, the People Team will agree alternative temporary arrangements including working from home where possible or unpaid emergency leave
- 5.2.9. Any worker that does not have to be in attendance is required to work from home. The Company will maintain regular communication with home workers and provide practical guidance on staying safe and well, including maintaining mental health.
- 5.2.10. C&C will pay Company sick pay from day 1 if COVID-19 is suspected or if people are ill and unable to work, including to those people who do not have a contractual right to Company sick pay subject to a management assessment. Examples include people who have exhausted their normal sick pay rights or who are on probation. This includes where people are self-isolating for 10 days, according to Government recommendations, but where it is not possible for them to work from home. People that are self-isolating but continue to work from home will not be considered to be sick but to be in an arrangement to work from home.
- 5.2.11. To ensure minimum safe staffing levels of service, C&C will until further notice lift caps on Care, Housing and C&C Direct worker overtime as long as the Worker has opted out of the Working Time Directive maximum 48-hour week regulations, and the relevant manager has undertaken a risk assessment of the Workers fitness for work and agreed that the Worker is fit.
- 5.2.12. All C&C colleagues will receive infection control advice on entry to a C&C scheme or home and be required to:
 - 5.2.12.1. Confirm that they do not have any symptoms of COVID-19
 - 5.2.12.2. Confirm that they have read and understood the COVID-19 guidance in force at the time
 - 5.2.12.3. Wipe down the signing-in tablet with an anti-viral wipe
 - 5.2.12.4. Wash their hands before proceeding with their visit.
 - 5.2.12.5. If in a Care Home, undergo a temperature check and change into clothing only to be used for that shift. They will also be asked to provide a negative Lateral Flow Device (LFD) test on a twice per week basis, in line with the current Government guidance.
- 5.2.13. All workers will be supplied with personal protective equipment relative to their role and have access to handwashing facilities.
- 5.2.14. Colleagues will be kept fully informed of current Government and NHS recommendations and will be provided with suitable cleaning materials and Personal Protective Equipment (PPE) in line with those recommendations.
- 5.2.15. In the event that a colleague starts to show signs or has symptoms that may indicate the onset of COVID-19 they must immediately cease work and inform their manager who will arrange for them to go home safely and self-isolate. If

they have symptoms before coming to work they should inform their manager and not come to work.

- 5.2.16. Care Home colleagues have weekly Polymerase Chain Reaction (PCR) and twice per week the Lateral Flow Device (LFD) testing arranged through the Home in which they work and are required to take the tests where they are arranged. This will be coordinated directly by the Home management, via a self-administered test.
- 5.2.17. The Home will arrange testing for people that are not currently showing symptoms in order to proactively reduce risk to the care home residents. This is in line with the Government policy to provide testing for all colleagues and residents within care homes.
- 5.2.18. Testing can also be arranged directly with the NHS or via their line management for other employees that do not work in care homes if they are showing symptoms of COVID-19 or if testing is deemed appropriate for the safety of residents or colleagues.
- 5.2.19. Around one in three people who are infected with Covid-19 have no symptoms, so could be spreading the disease without knowing it. Broadening testing to identify those showing no symptoms will mean finding positive cases more quickly, and break chains of transmission. Regular symptom-free testing is therefore recommended (every 3 to 4 days) to help stop the virus spreading.
- 5.2.20. Lateral Flow Device (LFD) tests are now available to the public, and all colleagues are encouraged to regularly participate in symptom free testing by ordering LFD tests to their homes and regularly taking tests.
- 5.2.21. Ill or self-isolating colleagues will be expected to return to work as soon as they are well or have a negative test for COVID-19. In general, we expect people to self-isolate for 10 days from first noticing symptoms and no colleague should return to work until after 10 days have elapsed following the day of the first symptoms.
- 5.2.22. Colleagues should not return to work until they have gone for a period of at least 48 hours without a temperature (without the use of fever reducing medications) and other symptoms are improving. Note that a cough or loss of the senses of taste and smell may persist long after recovery and need not delay the return to work. Where colleagues have been ill with COVID-19 they will not be re-tested before their return to work as they are likely to have genetic material from their illness still within their system and therefore give a false positive result.
- 5.2.23. Anyone returning to a workplace after a significant period away, for whatever reason, will be required to complete an updated individual risk assessment with their manager. C&C reserves the right to re-allocate individuals to other workplaces, within reason, in order to manage risks identified in an individual Worker risk assessment.
- 5.2.24. If a specific piece of work that a colleague is about to undertake is likely to bring them into contact with someone that has, or is reasonably suspected of having (e.g. is currently self-isolating), COVID-19 they should discuss with their line manager - and if appropriate the People team - and undertake a risk and mitigation assessment based on the specific circumstances if one has not

already been undertaken.

- 5.2.25. In line with advice from the NHS and local authorities, we do not automatically consider contact with someone that has COVID-19 should result in self-isolation. Any colleague that has been in contact with someone known to have COVID-19 should alert their line manager to assess the potential risk.
- 5.2.26. Any colleague that also works for another organisation, including both voluntary and paid work, should discuss with their line manager the nature of that work and undertake a risk assessment. It is crucial that we do not increase risk to our residents through potential transmission of the COVID-19 virus from other high-risk locations. Should the colleague have not previously declared this additional work or employment, no action will be taken against the colleague for that omission providing they declare it immediately so that a proper risk assessment can be made.
- 5.2.27. Newly hired colleagues in care will be required to inform the Home Manager of any other work and the nature of the work, so that the Home Manager can undertake an assessment of any risks – to the Care Home – that may result from the other work being undertaken. Should it be considered that the other work poses a high risk to the Care Home, the Company reserves the right to ask you to cease from the other work. Failure to inform the Home Manager may be considered a breach of the employee code of conduct.
- 5.2.28. Generally, meetings will continue to take place via Microsoft Teams/Conference call. All non-essential face to face meetings should be minimised.
- 5.2.29. The Company recognises that the COVID-19 crisis may have brought a range of issues and concerns. For example, many people may be affected by bereavement – either of a friend or family member or of residents that they care for. As well as the normal line management support, the Company maintains an Employee Assistance Programme (EAP) that is highly prepared to offer practical and emotional support during such circumstances. Regular reminders of how to access the EAP are being provided through Company communications. You can also request support in accessing EAP from the People Department. In addition, colleagues can access free bereavement counselling from Cruse Bereavement Care, details of which are available from the People Department.
- 5.2.30. The NHS is operating a ‘Test, Track and Trace’ initiative. People who have been in contact with others who test positive for COVID-19 will be contacted and required to self-isolate for 10 days. They will not be allowed to leave their home for any reason at all. Others that live with them or that are within their ‘Support Bubble’ also need to self-isolate until the person traced has received a negative test result.
- 5.2.31. Any colleague that is contacted as a part of this initiative should inform their manager and isolate immediately. If they have a positive COVID-19 test they should self-isolate for a minimum of 10 days from the date of the test and immediately inform their manager and if they have a negative test self-isolate for 14 days from being traced. If they have a negative test and are being contacted due to their work in a Care Home they may be able to return to work when medically fit to do so and should follow instructions given to them by the local Health Protection team.

- 5.2.32. It is not necessarily the case that where a colleague tests positive for COVID-19 all other colleagues working with them will be asked to self-isolate. This will depend upon whether suitable PPE was being worn in the workplace.
- 5.2.33. COVID-19 workplace risk assessments have been undertaken in all Schemes, Care Homes and Central Office to ensure significant risks are understood and mitigation actions taken. These are provided to everyone working at each location and colleagues should take responsibility to ensure they are fully aware of the risk mitigation strategies that apply in their workplace. In addition C&C is undertaking individual risk assessments with every front-line worker. These assessments are designed to check whether individuals are especially at risk from COVID-19 and – if so – allow the relevant manager to take appropriate actions. For example moving a vulnerable colleague to a different work location should their primary work location experience an outbreak of COVID-19.
- 5.2.34. In line with the UK government’s’ Foreign, Commonwealth & Development Office (FCDO), C&C advises colleagues against all non-essential international travel to some countries and territories. The Government confirmed that foreign holidays will be allowed to resume under a traffic light system, with countries split into green, amber and red lists.
- 5.2.35. Amber list countries and territories: Colleagues must follow these rules even if they have been vaccinated. If a colleague has been in an amber country or territory in the 10 days before they arrive in England, before the colleague travels to England, they must take a COVID-19 test, book and pay for day 2 and day 8 COVID-19 travel tests – to be taken after arrival in England and complete a passenger locator form. On the colleague’s arrival in England, they must quarantine at home or in the place they are staying for 10 day, and take a COVID-19 test on or before day 2 and on or after day 8.
- 5.2.36. Anyone planning to travel overseas should take this into account. Colleagues that currently work from home should be able to return to working immediately despite the self-isolation. Those colleagues that are not currently working from home should take into account the requirements for self-isolation when making travel arrangements, including booking sufficient vacation if they will be required to self-isolate.
- 5.2.37. Colleagues do not need to take a COVID-19 test or quarantine on their arrival in England if they are travelling within the UK, Ireland, the Channel Islands and the Isle of Man, (the Common Travel Area), and have not been outside of the Common Travel Area in the previous 10 days.
- 5.2.38. In circumstances where a colleague is overseas in an exempt country that then loses its exemption – and are therefore unexpectedly required to self-isolate – they should contact their manager as soon as possible in order to make suitable arrangements. For example, it may be possible to arrange short-term working from home, to take additional annual leave or to agree a plan to make up any working time lost at a later point.
- 5.2.39. All colleagues have a responsibility to maintain and protect the health and safety of themselves, their colleagues and our residents. Colleagues are encouraged to ensure they adhere to social distancing and PPE rules both when in their place of work and in all other aspects of their life. Those people working from

C&C premises, including Care Homes, Housing Schemes and offices, are asked to use every precaution in their travel to and from work and should they leave the premises during the day such as during their lunch break.

- 5.2.40. Where possible C&C encourages colleagues to take their work time breaks within their work premises, including colleague rooms or gardens where available, to minimise the potential for catching and spreading COVID-19. Specifically, within Care Homes, colleagues taking work breaks outside of the Home are still required to adhere strictly to the Infection Control procedures. This will involve changing out of their work clothing, washing their hands, wearing face masks and maintaining social distancing. Upon re-entering the Home they will be required to wash their hands, change back into their work clothing, put on a new mask and have their temperature checked before starting work. Any unreasonable refusal to follow these infection control guidelines would place residents and colleagues at risk and may be considered a disciplinary matter.
- 5.2.41. The Company encourages colleagues to use their holiday allowance during the holiday year, including any allowance that may have carried forward from prior holiday year. Colleagues may, in exceptional circumstances, carry forward five days of holiday into a new holiday year, starting on 1 April, provided those five days are used during the following three months (by the end of June)
- 5.2.42. The People Department will be maintaining oversight of outstanding holidays to be taken by colleagues.

5.3. Colleague Vaccinations

- 5.3.1. The NHS mass vaccination programme commenced on 8 December 2020. Initially the Pfizer mRNA vaccine was used. mRNA vaccines work by providing the genetic code for a person's cells to produce viral proteins. Once the proteins, which don't cause disease, are produced, the body launches an immune response against the virus, enabling the person to develop immunity.
- 5.3.2. From 4 January 2021, the NHS also started to use the AstraZeneca COVID-19 Vaccine. This is made up of another virus that has been modified to contain the gene for making the SARS-CoV-2 spike protein. The person's cells use the gene to produce the spike protein and their immune system treats this spike protein as foreign and produces natural defences – antibodies and T cells – which can then provide a defence against catching COVID-19.
- 5.3.3. The Moderna vaccine is an mRNA vaccine similar to that made by Pfizer. All three vaccines work best by having two doses:
- When taking Pfizer-BioNTech COVID-19 Vaccine, second shot is given 3 weeks (or 21 days) after the first.
 - When taking Moderna COVID-19 Vaccine, second shot is given 4 weeks (or 28 days) after the first.
 - It is recommended to ensure that the second shot is taken as close to the recommended 3-week or 4-week interval as possible.
- 5.3.4. The UK was the first country in the world to implement its inoculation programme. The government's Joint Committee on Vaccination and

Immunisation (JCVI) determined that the top priority for inoculations was residents in care homes for older adults and those that care for them. As a result, colleagues in C&C's Care Homes started to be vaccinated during late December 2020 and vaccinations were made available to colleagues in Housing from January 2021.

- 5.3.5. The AstraZeneca vaccine that became available in January is easier to handle than the Pfizer vaccine as it does not need to be kept at the extremely low temperatures required for the Pfizer vaccine. This has meant that vaccinations have commenced within the Care Homes themselves rather than only at NHS centres. Colleagues have had access to vaccines from this point and most care home residents at C&C have now had the vaccine.
- 5.3.6. The JCVI decided that employees working in supported housing will be eligible to receive vaccinations in its Cohort 2b. The Company believes that colleagues working in its sheltered housing schemes will be eligible for vaccinations within this cohort.
- 5.3.7. The Company continues to urge all eligible colleagues to take advantage of the opportunity for vaccination as soon as possible. This provides reassurance to colleagues that they will be less likely to develop severe COVID-19 symptoms. In order that we can provide the best possible care – in the safest way – for the vulnerable older people with whom we work as well as our colleagues, the vaccinations will be central to avoiding contracting COVID-19 and spreading it to those who are most likely to suffer badly were they to catch it.
- 5.3.8. C&C has a duty under the Health and Safety at Work Act 1974 to take reasonable steps to reduce any workplace risks. Encouraging uptake of the vaccination among colleagues to protect themselves and residents at the workplace is a primary way to reduce the risks.
- 5.3.9. As of 6 July 2021, in the UK, 45.3m people have had their first dose of vaccination (86.1% uptake), 31.3m have had their second dose (64% uptake), and a total of 79m vaccinations have been administered.
- 5.3.10. C&C continues to encourage all colleagues to be vaccinated. All new contracts offered to colleagues working in care homes and housing schemes include a condition that, if asked to do so, they will immediately become vaccinated unless there is a valid and over-riding reason that they cannot do so. Should any colleague have questions about vaccinations or be unsure whether they can be vaccinated they should contact their GP. Any questions regarding the Company's approach to vaccinations or any other queries relating to SARS-CoV-2 or COVID-19 can be addressed to the COVID Requests email address in total confidence.
- 5.3.11. The government has published its response to the consultation it carried out into mandatory vaccination for workers in care homes with residents over the age of 65. The consultation response states that vaccination will become mandatory for all care home staff, volunteers and anyone else entering the care home for work purposes (subject to certain exemptions). This policy will apply to care homes in England which are registered with the Care Quality Commission.

- 5.3.12. The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 were published in draft form on 22 June. The Regulations implement mandatory vaccination for staff, volunteers and anyone entering a care home for work purposes and apply to all CQC registered care homes in England.
- 5.3.13. The new requirement is likely to be law from October/November, subject to Parliamentary approval and a subsequent 16-week grace period. All those covered by the amended Regulations will need to produce evidence of having had two doses of a Covid-19 vaccine, or evidence that they are exempt from vaccination. It is anticipated that various sets of guidance to help care homes implement this policy will be produced by the government.

5.4. Resident Welfare in Housing

- 5.4.1. Information and advice will be made available to residents via personal letters, tablets, scheme screens, notice boards, social media and the C&C website. This advice will follow government guidance in place at the time.
- 5.4.2. Residents can leave their homes in order to go to work, shop for basic necessities, seek medical assistance or to exercise locally once per day. Currently residents may leave their homes to meet socially. Indoors, the Rule of 6 or 2 households will apply.
- 5.4.3. Residents who have been able to form a support bubble (i.e., those in single adult households) can continue to have close contact as if they live with the other people in the bubble but should not change who they have formed a support bubble with.
- 5.4.4. Residents who are concerned that they may be infected must remain in their flat / home. If they have significant concerns – for example have underlying health problems or are over 70 – experience extreme symptoms or they do not get better after 7 days they should dial 111 or go to the [111 NHS COVID-19](#) online service for advice. Residents can also speak to scheme colleagues via their alarm service, or by phoning the C&C Service Hub 020 7922 5300. Public Health England will advise on the course of action.
- 5.4.5. Any resident that wishes to be tested for COVID-19, whether or not they have symptoms, is now able to obtain a free test. For residents with symptoms, they can request a PCR test within the first eight days of showing symptoms, using the [Coronavirus Test Portal](#). C&C colleagues can provide guidance and support to arrange testing. During the first seven days of showing symptoms a postal test can be ordered. Alternatively, any time from the first to the eighth day of showing symptoms residents can book a visit to a local test site.
- 5.4.6. For residents that do not have symptoms, local testing sites have been set up to provide rapid lateral flow device tests (LFD test). These are walk-in centres and do not require booking in advance. Test kits can now be collected from specific locations to do at home or ordered online. They are free and can provide a result 30 minutes after taking the test.
- 5.4.7. Residents may pass through but must not use or congregate in any indoor or

outdoor area. Any resident that is concerned about their own or any other residents' welfare can contact their scheme staff or Service Hub to seek help, including if necessary, support with essential supplies e.g. milk, bread etc. Residents who are concerned for their health can use the 111 service above or telephone their own GP, including concerns about supplies of medication.

- 5.4.8. If residents do not act in accordance with guidelines that they should not congregate or meet with a person from outside their immediate household or social bubble, C&C colleagues may advise them as to what is required. In the event that they continually ignore Government guidelines this will become a Police matter.
- 5.4.9. Any resident that is confirmed as having COVID-19 must immediately inform a C&C colleague, who in turn must let their manager know straight away and the manager must inform a BCT representative. This will allow C&C to track cases and maintain careful control where are known infections.
- 5.4.10. Contractors may require access to flats and homes to complete compliance checks as well as urgent repairs. They may also now start work in communal areas whilst following social distancing rules and wearing appropriate PPE. All C&C contractor visits are to be kept to an absolute minimum, the contractors will receive infection control advice on entry to a C&C scheme and be required to:
 - 5.4.10.1. Confirm that they do not have any symptoms of COVID-19
 - 5.4.10.2. Confirm that they have read and understood the COVID-19 guidance in force at the time
 - 5.4.10.3. Wipe down the signing-in tablet with an anti-viral wipe, or preferably allow a colleague to sign in on their behalf.
 - 5.4.10.4. Wash their hands before proceeding with their visit.
- 5.4.11. Although additional weekend cleaning has been arranged, C&C schemes are not manned throughout weekends and evenings and residents in schemes will be encouraged to take their own actions for managing cleanliness of key areas such as door entry buttons, lift buttons and door handles
- 5.4.12. Resident activities at schemes will be suspended and gatherings of residents forbidden, other than meeting their own household indoors.
- 5.4.13. Each housing scheme is maintaining a weekly log of COVID-19 compliance issues to track where issues arise and how they are resolved. In addition the schemes each have a checklist against which they complete a weekly check to ensure for example that there are adequate stocks of PPE and sanitiser, they know who has tested positive for the disease and who is shielding and have checked for cleanliness and social distancing.
- 5.4.14. Residents in Housing are currently being contacted by their GP practices to have vaccinations. The Company will do whatever is reasonable to support the vaccination programme including distributing information and providing reassurance. To date the NHS has not advised any Scheme that it wishes to give inoculations within Company premises but, should they do so, we shall provide all possible assistance.

5.5. Resident Welfare in Care

- 5.5.1. C&C will maintain essential care services for residents including those who have contracted the virus and are quarantined. All residents in C&C's care homes require varying levels of assistance with personal care, eating and daily living.
- 5.5.2. Information and advice will be made available to residents, families and friends via email, tablets, scheme screens, notice boards, social media and the C&C website. This advice will follow the government guidance at the time.
- 5.5.3. As of 21 June 2021, the government further updated its guidance to support Care home visiting. Visiting should be supported and enabled wherever it is possible to do so safely and within an environment that is set up to manage risks. All visitors also have an important role to play – helping to keep their loved ones, other residents, and C&C colleagues safe by carefully following the infection control measures in place in the Care home.
- 5.5.4. Visiting must be supported and enabled wherever and whenever it is possible and safe to do so – and a wide range of professionals have a role in supporting this, including care home managers. More guidance available here: <https://www.gov.uk/government/news/care-home-residents-can-stay-overnight-as-visiting-restrictions-ease>
- 5.5.5. Care home residents can now spend more time with their family and friends, including overnight stay. Care home residents would still need to isolate for 14 days following a visit out that would be deemed high risk through a risk assessment or after an overnight stay at hospital.
- 5.5.6. Care home managers should feel empowered to exercise their judgement when developing practical arrangements or advice to put this guidance into practice so that visiting can take place smoothly and comfortably for everyone in the care home.
- 5.5.7. Each resident can nominate up to 5 people for regular visits (including, where relevant, an essential care giver) – as agreed with the care home.
- 5.5.8. To reduce the risk of infection, residents can have no more than 2 visitors at a time or over the course of one day (essential care givers and children are exempt from this daily limit).
- 5.5.9. Visitors should be tested using rapid lateral flow tests on the day of every visit and produce a negative COVID test prior to their gaining entry to the pod or if appropriate the care home. In the event of a positive test care home colleagues will support and advise on action needed.
- 5.5.10. Testing is one way of reducing the risk of visiting a care home, but it does not mean there is no longer any risk. The visitor must also wear appropriate PPE and follow all other infection prevention and control measures.
- 5.5.11. Visitors are advised to keep physical contact to a minimum. Physical contact like handholding is acceptable if PPE is used and hand washing protocols are followed. Close personal contact such as hugging presents higher risks but will be safer if it is between people who are double vaccinated, without face-to-face contact, and there is brief contact only.
- 5.5.12. In our care homes, except in the event of an active outbreak, C&C will seek to

enable:

- 5.5.6.1 Indoor visiting by up to 5 'named visitors' for each resident. These visitors will need to comply with the arrangements for testing, PPE and social distancing.
 - 5.5.6.2 Every care home resident can choose to nominate an essential care giver who may visit the home to attend to essential care needs. The essential care giver should be enabled to visit in all circumstances, including if the care home is in outbreak. Essential care givers will need to be supported to follow the same testing arrangements, and the same PPE and infection control arrangements, as care home colleagues.
 - 5.5.6.3 The 5 named visitors excludes babies and preschool-aged children (as long as this does not breach national restrictions on indoor gatherings)
 - 5.5.6.4 To reduce the risk of infection, residents can have no more than 2 visitors at a time or over the course of one day (essential care givers and children are exempt from this daily limit)
 - 5.5.6.5 Opportunities for every resident to see more people than just their named visitors, will be facilitated by enabling outdoor visiting and 'screened' visits.
 - 5.5.6.6 Visits in exceptional circumstances including end of life will always be enabled.
- 5.5.13. In all cases it is essential that visiting happens within a wider care home environment of robust infection prevention and control measures.
- 5.5.14. Visitors will be asked to take Lateral Flow Device (LFD) COVID-19 tests in a sectioned-off area or outdoors and will need this test to prove negative before being allowed to enter the pod or if appropriate the care home. The Care Home will give advice on appropriate social distancing and PPE use.
- 5.5.15. Visitors will be required to:
- 5.5.15.1. Call ahead to agree a time for their visit
 - 5.5.15.2. Confirm that they do not have any symptoms of COVID-19
 - 5.5.15.3. Agree that they have read and understood the COVID-19 guidance in force at the time
 - 5.5.15.4. Wash their hands before proceeding with their visit.
 - 5.5.15.5. Wear appropriate PPE as directed by the Care Home Manager
 - 5.5.15.6. Provide a negative LFD COVID-19 test via an onsite testing.
- 5.5.16. Residents will be tested on a monthly basis for COVID-19 infection using the Polymerase Chain Reaction (PCR) test. Any resident that shows symptoms of COVID-19 will be quarantined in their room and full infection control procedures put in place, including the use of suitable Personal Protective Equipment for colleagues according to current NHS guidelines. In addition to usual infection control procedures, residents may be asked to wear a face mask during the provision of personal care to protect care givers. The home manager will seek advice from Public Health England and will follow any recommended action plan

fully. They will immediately undertake an additional test for any resident showing signs of COVID-19, assisting the resident to perform the nasal and throat swabs or undertake the swab for them. Whole home testing will be undertaken as necessary. They will also inform the Director of Care who will inform a representative of the BCT so that C&C can track cases and maintain careful control over where there are known infections.

- 5.5.17. Any resident or colleague who tests positive for the COVID-19 virus (SARS-CoV-2) using a PCR test will not be tested again for the disease for a further 90 days due to the likelihood of residual antigens generating a false positive result.
- 5.5.18. Residents who are self-isolating should not participate in visits out of the setting. Where possible, any medical appointments should be done remotely or on site. However, if a resident who is self-isolating needs to attend an outpatient medical appointment, on their return to their care home they can continue their existing self-isolation period without re-starting at day zero. Care home managers must inform other appropriate parties that a resident is Covid 19 positive when arranging any medical support.
- 5.5.19. Homes will only continue to accept new residents if they have a negative COVID-19 result from a PCR test carried out no more than three days before being admitted. All potential new residents should self-isolate from the point of the test, where possible, until the result is known and will not be accepted into the Home until the negative test has been received.
- 5.5.20. Residents, admitted from a community setting are no longer required to self-isolate, however if they wish to do so, will be supported during their self-isolation period.
- 5.5.21. Residents admitted from hospital will be required to have a further Covid-19 PCR test and enter isolation for 14 days upon on admission. This also applies to all re-admissions of residents who have been admitted to hospital from our care homes.
- 5.5.22. During an outbreak involving two confirmed or clinically suspected cases of COVID-19 in a home (colleague or resident):
 - 5.5.22.1. Access to a home will be controlled and no visitors allowed - with the exception of authorised Workers
 - 5.5.22.2. The home will not accept any new referrals until given the all-clear by Public Health England
 - 5.5.22.3. Enhanced deep cleaning will be put in place
- 5.5.23. The outbreak can be declared over once no new cases have occurred in the 28 days since the onset of symptoms in the most recent case, which is twice the incubation period.
- 5.5.24. To maintain robustness, each care home will always hold three days' worth of frozen food stocks.
- 5.5.25. C&C Contractors will be able to work within Care Homes but only where necessary and will:
 - 5.5.25.1. Call ahead to agree a time for their visit

- 5.5.25.2. Receive infection control advice on entry and undertake an LFD test on entry.
- 5.5.25.3. Confirm that they do not have any symptoms of COVID-19.
- 5.5.25.4. Agree that they have read and understood the COVID-19 guidance in force at the time
- 5.5.25.5. Wash their hands before proceeding with their visit
- 5.5.25.6. Wear appropriate PPE as directed by the Care Home Manager

5.6. C&Cs Repairs Service and Street Property Managers

- 5.6.1. It is essential that C&C maintains as a minimum its emergency repairs service and compliance checks (for example fire, water, gas, lifts, asbestos and electricity compliance) through any potential COVID-19 outbreak. The safety of property, workers, residents and visitors is C&Cs main priority and the best way to keep everyone safe is by limiting the number of times workers enter the homes of residents. It is possible that an emergency repair or compliance check may be needed in a flat or home where a resident has been quarantined.
- 5.6.2. In order to maintain safe services, C&C will:
 - 5.6.2.1. Prioritise emergency repairs and, wherever necessary, postpone non-emergency repairs until the risk of infection has reduced
 - 5.6.2.2. Ask residents to confirm the level of risk to the repairs operative ahead of the visit and/or at the point of entry, i.e. if the resident has had any symptoms of the infection. In the event that the resident has signs or symptoms, the operative will consider the level of risk posed with their manager before proceeding with any work. They may cancel or delay any non-emergency work.
 - 5.6.2.3. Maintain a database of those residents who are self-isolating, due either to suspected COVID-19 or symptoms. This information will be provided to the C&C repairs services and contractors on a need-to-know basis.
 - 5.6.2.4. Ask residents to allow access to handwashing facilities on entry to the property and as required throughout the repair service
 - 5.6.2.5. Require operatives to continue wearing PPE when appropriate, such as eye protection and masks, and clean the area they are working in before and after their work.
 - 5.6.2.6. Ask quarantined or particularly at-risk residents to wear a face mask (which will be provided) and move to a place at least 2 metres away from the site of the repair, to protect themselves and the repairs operative.

5.7. Central Support Services (Central Office) Colleagues

- 5.7.1. C&C continues to encourage Central support services colleagues that can do so to work from home.
- 5.7.2. The Central Office (CO) continues to operate on an as-needed basis for colleagues until further notice – with Service Hub colleagues present on site on

a rota' d basis.

- 5.7.3. Please refer to the new *Central Support Services (Central Office) & Agile Working Management Plan*, which will be available on the People Intranet Page.
- 5.7.4. Colleagues that require the appropriate equipment to maintain a safe and healthy workstation should first make their request through their line manager or contacting a colleague in the People Department by writing to healthandsafety@ccht.org.uk.
- 5.7.5. The office is not operating a dedicated Reception function. It will only accept external visitors and contractors by prior arrangement.
- 5.7.6. An Office & Facilities Manager role has been created and will be recruited to, in order to take responsibility for the day-to-day management of the central offices and other areas of facilities management.
- 5.7.7. Heads of Service are required to lead their teams to continually build upon what has worked well whilst working remotely and in an agile way, to role model best practices, to address what has not worked well, and develop reasonable agreement which sets out the patterns or routines for their teams to visit and use the office space.
- 5.7.8. Colleagues having a clear need to visit the office – including where it is important for their mental wellbeing - can work from CO providing they have prior agreement from their line manager. In addition, an Individual Risk Assessment for COVID-19 must have been completed by the relevant line manager with the person wishing to come into CO.
- 5.7.9. Anyone wishing to visit CO is required to inform the Service Hub Manager (or Team Leader) at least one day in advance to ensure social distancing is maintained.
- 5.7.10. A Floor Diary is available on Outlook and anyone working in CO should pre-book space using the diary for their floor (for example 1st Floor Space 2) to help ensure sufficient social distancing.
- 5.7.11. Anyone working in CO is required to sign in using the tablet at the reception area and to observe strict social distancing throughout the entire time they are in the office. The Service Hub Manager (or Team Leader) will provide guidelines for safe working when inside CO, ensure hand sanitiser is available and assist in keeping workstations and other surfaces clean. The guidelines will be reviewed should numbers of people coming into CO rise above 10 per day.
- 5.7.12. Additional infection control measures are implemented in CO. Cleaning materials are made available to anyone working in CO and they will be expected to clean their workstation before and after use. Communal areas are being cleaned regularly during the day including entry pads and door handles. Colleagues are advised to minimise the use of the facilities and to clean kitchens, toilets and other facilities before and after use. Communal areas remain out of use.
- 5.7.13. All CO Colleagues who are working from home must be contactable by phone, MS Teams, email and are expected to work a full day for each working day. All CO teams / departments are required to ensure that they put in place the

necessary systems to enable calls to be transferred directly to their telephone line.

- 5.7.14. All CO Colleagues who are working from home are required to undertake Remote Workers Risk Assessment for their home working environment and to renew their online training on the use of Display Screen Equipment.
- 5.7.15. Colleagues working from home are responsible for ensuring the way in which they work is not putting their health at risk and is suitable in the medium to long term, for example involving an appropriate seating position with leg and arm support.
- 5.7.16. Colleagues that require additional equipment or advice regarding an ergonomic workstation should identify this in the DSE Self-Assessment Form, completed as part of the 'Display Screen Equipment' (DSE) Skillgate training. Any health issues or concerns should be raised with their line manager or a colleague in the People Department by writing to healthandsafety@ccht.org.uk

5.8. Financial Impact of The Plan

- 5.8.1. The budget cap on spend will be lifted for the budget areas:
 - 5.8.1.1. Infection Control
 - 5.8.1.2. Cleaning Materials
 - 5.8.1.3. Resident Welfare
 - 5.8.1.4. Budget holders must report any overspends to the finance team at the earliest opportunity.

6. **REVIEWING THE PLAN**

- 6.1. The Plan will be reviewed by the relevant EMT and key Heads of Service whenever there is a significant new announcement, including delivery of the associated action plans.
- 6.2. Each time The Plan is reviewed, an updated copy will be posted to C&Cs website. Workers, residents, relatives and other stakeholders will be kept informed of Changes to the Plan via social media, reception tablets and scheme screens
- 6.3. The BCT will also keep The Plan under review and feed through any operational issues, ideas and suggestions that will maintain the effectiveness of the Plan
- 6.4. The C&C Board will be kept updated with changes in levels of risk, all progress made with The Plan and any changes to The Plan