

Covid-19 Care Home Survey

Carehome name:

Before we go through the survey, how are things going?

Use this text box to record any general conversation before you start the survey.

Section 1 - COVID-19 Prevalence

Section 1 considers the direct impact the COVID-19 pandemic may have had on people who are currently using your service.

Could I ask have you got any current cases of COVID-19 or anyone who is displaying symptoms? This is referring to people living in the care home.

- Yes
- No

Q1a Of the current cases, can you tell us the number of people in receipt of care who are displaying symptoms and are self-isolating:

Q1b Of the current cases, can you tell us the number of people in receipt of care who are a confirmed case of COVID-19:

Q1c Of the current cases, can you tell us the number of people who have been hospitalised as a result of COVID-19:

Q1d **Currently, do you have any other residents presenting as unwell with other symptoms?** *(Other symptoms may be loose bowel, aching joints, fatigue and vomiting.)*

Yes

No

Q1e **Total number of tests that have been completed in the care home:**

Q1f **Total number of Positive Tests undertaken in the care home:**

Q1g **Total number of Negative Tests undertaken in the care home:**

Q1h **Total number of people that have died from COVID-19 in the care home?**

Q1i **Total number of people that have died from COVID-19 in hospital?**

Q1j **Total number of people living in the care home that have died from non COVID-19 related illnesses in the care home?**

Q1k **Total number of people living in the care home that have died from non COVID-19 related illnesses in hospital?**

Q1l **Do you have anything else to discuss in relation to 'COVID-19 Prevalence'?** Use this text box to record anything not captured above in relation to Section 1.

Section 2 - Liaison with other agencies

Section 2 considers how well you are being supported by other agencies during the pandemic. At the point of time anyone is or had displayed covid-19 symptoms can I ask the following:

Has anything changed since your last call?

- Yes
- No
- First call with care home

Q2a Have you had any contact with Infection, Prevention Control teams for advice?

- Yes
- No
- N/A

Q2b Have you had any contact with Public Health England?

- Yes
- No
- N/A

Q2c Have you notified the Care Quality Commission (CQC)?

- Yes
- No
- N/A

Q2d Is the service receiving support from their GP Surgery or Pharmacy?

- Yes
- No
- N/A

Q2e Are there any problems accessing medication supplies that you need to report, especially end of life medicines?

- Yes
- No

Q2f Since your last survey, do you have any new or unstable patients, including those just discharged from hospital, that require a medication review or advice from a pharmacist?

- Yes
- No

Q2g Do you have anything else to discuss in relation to 'Liaison with other agencies'? Use this text box to record anything not captured above in relation to Section 2.

Section 3 - Infection Control

Section 3 considers the risk to you and the people you care for from cross infection into your care home:

Has anything changed since your last call?

- Yes
- No
- First call with care home

Q3a Have you implemented enhanced cleaning regimes as a result of the COVID-19 pandemic?

- Yes
- No

Q3b Have you ceased all non-essential visits into the care home?

- Yes
- No

Q3c Can you cohort staff including visiting staff between covid positive and covid negative residents?

- Yes
- No

Q3d Is cohorting undertaken via a separate unit or separate floors? If this is not possible across the whole building, please answer 'No'.

- Yes
- No

Q3e Are you able to self-isolate residents within your care home? If this is not possible across the whole building, please answer 'No'.

- Yes
- No

Q3f Do you have anything else to discuss in relation to 'Infection Control'? Use this text box to record anything not captured above in relation to Section 3.

Section 4 - Staffing Information

Section 4 considers any staffing impacts as a result of the pandemic or any concerns you have around the availability of staff to operate your service safely.

Has anything changed since your last call?

- Yes
- No
- First call with care home

Q4a Total number of staff who are currently displaying symptoms and are self-isolating:

Q4b Total number of staff who are currently a confirmed case of COVID-19:

Q4c Do you know how many staff have been tested for COVID-19? If unknown, answer 'No'.

- Yes
- No

Q4d Total number of tests undertaken on staff:

Q4e Total number of Positive Tests on staff:

Q4f Total number of Negative Tests on staff:

Q4g Do you have staff who work across multiple sites or with other care providers?

- Yes
- No
- Not known

Q4h Are you currently using Agency Staff?

- Yes
- No
- Not known

Q4i Are your agency staff working in any other care settings?

- Yes
- No
- Not known

Q4j **Do you know if any of the staff currently working in the home are attending any other workplace at the moment?**

- Yes
- No
- Not known

Q4k **Do you have any key members of staff currently off work with illness?** e.g. Clinical Lead, Care home Manager, Deputy Manager etc.

- Yes
- No

Please detail who is currently off work:

Q4l **Do you have anything else to discuss in relation to 'Staffing Information'?** Use this text box to record anything not captured above in relation to Section 4.

Section 5 - Protective Personal Equipment

Section 5 considers any issues you may be experiencing with access to PPE supplies and stock to operate your service safely.

Has anything changed since your last call?

- Yes
- No
- First call with care home

Q5a **Have you got any concerns around PPE stock?**

- Yes

- No
- N/A

Q5b **Are you confident staff (including agency) are using PPE in line with the guidance?**

If you need information on PPE guidance, please visit:

- Yes
- No
- N/A

Q5c **Do you know when your next delivery of PPE is scheduled?**

- Yes
- No

Q5d **When is your next delivery of PPE scheduled?** *Provide date in DD/MM/YYYY format)*

Q5e **Are you aware of the Local Resilience Forum process to access emergency supplies of PPE?**

If you need information on the LRF process, please visit:

- Yes
- No
- N/A

Q5f **Do you have anything else to discuss in relation to 'PPE'?** Use this text box to record anything not captured above in relation to Section 5.

Section 6 - Communication

Section 6 considers any issues you may be experiencing either communicating with people using your services and their families or any wider media interest that has been shown during the pandemic.

Has anything changed since your last call?

- Yes
- No
- First call with care home

Q6a **What communication has been shared with people and families regarding the outbreak, if appropriate?**

Q6b **Do you need any support with communication?**

- Yes
- No
- N/A

What support do you need?

Q6c **Have you received any media interest?**

- Yes
- No
- N/A

From who?

Q6d **Do you have anything else to discuss in relation to 'Communication'?** Use this text box to record anything not captured above in relation to Section 6.

End of survey

Thank you for your time today, that is the end of the update.

Is there anything else you can think of which you might need support with?

When should we call back tomorrow?

- Any time
- Specific time
- We cannot talk tomorrow

When is the best time to call tomorrow? *(Enter time XX:XX using the 24 hour clock i.e. 15:30)*
