

Supported Living Guidance Briefing

After being withdrawn on 13 May 2020, PHE and DHSC have finally released updated [Supported Living guidance](#).

It sets out:

- key messages to assist with planning and preparation in the context of the COVID-19 pandemic so that local procedures can be put in place to minimise risk and provide the best possible support to people in supported living settings.
- safe systems of working including, [social distancing](#), respiratory and hand hygiene and enhanced cleaning; and
- how [infection prevention and control \(IPC\) and personal protective equipment \(PPE\)](#) applies to supported living settings.

Who the guidance is for:

“The guidance is primarily for supported living settings, but many of the principles are applicable to extra care housing for older people. It may also be a useful resource for the wider supported housing sector, such as retirement or sheltered housing. Given the different types of supported living and the associated care, support and help for people living there, this guidance cannot be specific to individual locations, and local managers should use it to develop their own specific ways of working to protect people’s wellbeing and minimise risks.”

Brief Summary of what the guidance contains:

Steps that supported living providers and local authorities can take to maintain service delivery

This section contains 8 steps which providers should work with LA’s to ensure are in place. These are mainly centred around protecting service users through contingency plans, business continuity plans, infection control measures, restricting staff movement between settings, identifying and protecting those who are clinically extremely vulnerable and ensuring self-isolation measures align with arrangements of LA’s. CCGs and NHS 111.

Risk assessment, risk reduction and local implementation

This short section refers you to other pieces of guidance around infection control and risk assessment – including PPE guidance for [care homes](#) and [domiciliary care](#). It is very clear the guidance leaves it up to the provider to put in place the local arrangements that fit with their settings based on previously published guidance.

Staff within clinically vulnerable groups

This section contains links to information on [shielding](#) and factors that increase risk from COVID-19, including being from a BAME community. Again, it is left to the provider to base any local arrangements on this wider guidance and information.

General Infection Prevention and Control

This section refers to [social distancing guidance](#) and the [PPE guidance for domiciliary care](#). Do note the advice on infection control when caring for autistic people and people with dementia or learning disabilities and the links to [Learning Disability England](#).

2m distance is recommended for social distancing and to wear PPE if this is not possible (see PPE section below).

Visitors and support bubbles

The guidance asks for visits in person to be limited. The [staying alert and safe social distancing](#) guidance should be followed in terms of meeting family members, friends and support bubbles.

This section acknowledges that providers may have to work within the appropriate MCA framework to establish if a visit is in someone's best interest if the person being cared for does not have capacity.

Whether someone has capacity or not, the following must be followed:

- No-one with COVID-19 symptoms should visit.
- No one who should be self-isolating as they have been a close contact of a COVID-19 case in the previous 14 days should visit or returned from certain countries in the same time period.

- If a supported living service has a communal garden area which can be accessed without anyone going through a shared building, then using this space for visits should be encouraged, as long as social distancing measures are met.
- Alternatives to in-person on-site visiting should be explored, including the use of telephones or video, arranged walks in the park or outdoor spaces. If the person is clinically extremely vulnerable then the currently applicable shielding guidance should be followed.
- Providers could offer support so people can find/go to outside spaces to see their relative in a safer environment in line with current social distancing rules.
- Visitors should be encouraged to keep personal interaction with the person they are visiting to minimum and remain socially distanced for as much of the visit as possible
- Numbers of visitors should be limited to the current guidance on group meetings to preserve social distancing as best as possible, and consideration given to staggering visits or other options for limiting simultaneous visits.
- If there is not a communal garden area, then visitors should visit the person in the individual's own room and should be asked to wash their hands for at least 20 seconds on entering and leaving the accommodation. Visitors should take sensible precautions e.g. covering the mouth and nose with a tissue when coughing or sneezing (followed by handwashing) or crook of the arm (not the hand) if no tissues available. Dispose of tissues into a disposable rubbish bag and immediately wash hands with soap and water for at least 20 seconds or use hand sanitiser.
- If in shared accommodation, visitors should avoid (or minimise if avoidance is not possible) contact with other people who live there and staff (with face to face contact occurring for less than 15 minutes and at least 2 metres apart). Where needed, conversations with staff can be arranged over the phone following an in-person visit.
- Visitors should be encouraged to wear appropriate face coverings when visiting to protect people in supported living settings.
- We note that in some circumstances, visors may be preferable to masks, as a means to facilitate the more effective provision of care and social interaction through non-verbal communication, especially with patients with advanced dementia or learning disabilities for whom recognition of familiar staff is critical to reducing agitation and distress. The decision to use visors, would need to be risk assessed for the benefit of the person, and would have to balance with additional risk of transmission.

- Where possible, visitors can be given support on how to prepare for a visit and given tips on how to communicate if face coverings are required, for example speaking loudly and clearly; keeping eye contact; not wearing hats or anything else that might conceal their face further; wearing clothing or their hair in a way that the person they are visiting would more likely recognise.

If a supported living worker has COVID-19 symptoms

This section contains information about what to do if a staff member has COVID-19 symptoms with links to the relevant test & trace and other testing guidance that just be followed. It appears there is no mechanism to test for asymptomatic cases which is concerning.

We also found it interesting that there is no explicit mention of what happens to those receiving care if the staff member has COVID-19 symptoms and tests positive. We assume the Test and Trace procedures kick-in, along with the need to self-isolate but this isn't explicitly mentioned.

If someone in supported living has symptoms of COVID-19

Similar to the previous section, provides links to relevant testing guidance as well as some specialised guidance for those with dementia, autism or learning disabilities. Again, testing is only available if symptoms are present. There is no mechanism for asymptomatic testing. See also Annex A below.

The Health Protection Teams (HPTs) will be part of the response to managing outbreaks in supported living settings and your local HPT will provide tailored infection prevention control advice. To confirm the presence of an outbreak, PHE are responsible for the **initial risk assessment and initiating testing of suspected outbreaks in supported living settings (depending on local systems in place with other stakeholders such as local authorities and the NHS)**. If there is an outbreak, the HPT will be told and they will help tailor a response – which may include more testing.

An outbreak is defined as:

“within a 14 day period, there are i) two or more confirmed or suspected cases of COVID-19 in a supported living environment, ii) a care worker becomes aware that more than 1 person they support has COVID-19 symptoms, or iii) a care worker and a person who receives care from this worker have COVID-19 symptoms.”

The guidance then gives some advice on what to do when an outbreak is identified or suspected – including a link to [deep cleaning in care homes guidance](#).

Testing

This appear to be part of the previous section but it warrants a close look. It details when testing will happen in supported living settings besides the above. Testing appears to be only available to those staff who are symptomatic. There doesn't appear to be any way to access testing to monitor asymptomatic spread. Staff are directed to the Getting Tested portal.

For those being discharged from hospital the guidance states that:

“any individual moving into a supported living setting should be supported as if they were possibly COVID-19-positive until a 14-day period has passed, even where they have tested negative for COVID-19.”

The [domiciliary PPE guidance](#) needs to be followed.

The guidance states that hospitals should share COVID-19 status. But note:

“If the PCR (swab) test has been performed in hospital but the result still awaited, the person may only be discharged if assurance has been gained that appropriate support plans are in place for the requirements of the 14-day period to be met.”

There is then a section on those with autism or learning disabilities who may need further support or decisions made in their best interest.

PPE

As mentioned throughout, the guidance adopts the [domiciliary PPE guidance](#) as the guidance needed in supported living settings. The tables in this section are adapted versions of the domiciliary guidance.

Cleaning + Laundry

The last two sections detail guidance about cleaning and laundry.



Annex A: Taking Swabs

This section details special considerations to take when taking swabs from people with autism, learning disabilities, mental ill health, dementia or other cognitive impairments.

Annex B: Additional resources

This section details other pieces of advice from non-government organisations.