![C:\Users\XYZ\AppData\Local\Microsoft\Windows\INetCache\IE\ISQHTT4K\Vanamo_Logo[1].png]() **Promise Care Services Ltd**

**BUSINESS CONTINGENCY AND EMERGENCY PLANNING**

# Scope

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# Policy Statement

This organisation is aware of its responsibilities for the delivery of its commissioned services. This policy sets out the contingency arrangements that can be implemented when an unplanned critical or emergency event or force majeure situation arises.

A detailed business plan is in place.

# Covid 19

Because of the ever-changing situation with Covid 19, there is an addendum that has been issued to supplement this policy and should be read in conjunction with it.

# The Policy

This policy aims to enable service delivery to take place even in unplanned situations. Working with multi-agency partners, this organisation would seek to ensure the following measures were in place to minimise any disruption to planned services and to co-operate in any way possible to assist in any force majeure situation that may arise.

The following sets out how this organisation would seek to minimise the impact of unplanned situations.

# Late Visits

This is different from missed visits, which is a separate policy, and the two should not be confused. A late visit is when the scheduled visit time is not met by the assigned staff. There are usually built-in lateness periods via local authority (LA) service specifications, and these are usually between 15- and 30-minutes duration. For example; a scheduled visit at 7.30 pm would not be considered a late visit until 7.45 pm or 8 pm, using the agreed lateness duration of the LAs we work with. 15 miutes is the agreed lateness.

Late visits can be caused by many different situations, e.g. a medical emergency, such as a fall or stroke, where medical assistance is needed. The scheduled visits on that round would need to be covered, as it is likely the staff would be delayed until the arrival of the emergency services. Family, friends, or representatives will be kept informed.

# Utility Failure

From time to time, a utility failure occurs that impacts the Service User’s home. We would be able to access camping gas and water to enable the Service User to be cared for in terms of personal care, warmth, and nutritional needs. We would keep in contact with the family (where applicable), the utility agency (to ensure we could respond appropriately) and, where a large section of the community was affected, the relevant statutory agencies (e.g. police, social services) and the emergency civil planning department of the LA where necessary.

# Adverse Weather/Winter Planning

Such situations would require rescheduling the visits. Families and social services would be contacted and informed, and an explanation is given as to why the changes had been implemented.

To minimise travel, care staffs would be scheduled to start as close to home as possible and some could be scheduled to walk, where flooding, snow, or ice was present. The employment of locally-based staff would assist in this situation.

The involvement of family and neighbours would be considered for Service Users whose needs could be met by this assistance. All Service Users would be contacted and given information and advice pertinent to the Service User, e.g. the times of visits and who would be making them.

A statutory notification must be sent to the Care Quality Commission (CQC) if the adverse weather was likely to last more than 24 hours.

The impact of the pandemic on our health and social care system is ongoing and is why winter and surge planning is now a continuous and integral part of our work, with work on surge planning and delivery. We are implementing best practices to deliver system improvements and build capability including the development of contingency options for winter 2022-23. This means we are actively monitoring and evaluating strategic risks and system pressures to allow timely decision-making that is closely coordinated with Health Boards and CQC and revising our business contingency and emergency planning as necessary

With the continued uncertainty posed by Covid-19 and a possible resurgence of Flu, this winter will be even more challenging.

The Service Users are at the heart of what we do, and to guide and focus our collective efforts in preparing for winter we will:

* Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting access to the right care, in the right place, at the right time.
* Focus on expanding our workforce over the course of the winter, through recruitment, retention, and well-being of our staff, all to expand and support our workforce.
* Continue to deliver as safe care as possible throughout the autumn/winter period.
* Work in partnership across health and social care to continue to deliver safe care through the winter months.

Temperature in the workplace

The Workplace (Health, Safety and Welfare) Regulations require employers to provide a reasonable indoor temperature in the workplace.

This depends on the work activity and the environmental conditions.

The Approved Code of Practice on the Workplace (Health, Safety and Welfare) Regulations suggests the minimum temperature for working indoors should normally be at least:

* 16°C or
* 13°C if much of the work involves rigorous physical effort

As an organisation we provide:

* A reasonable working temperature for our office-based staff – at least 16°C
* Local heating or cooling (using fans, opening windows, using radiators) where a comfortable temperature cannot be maintained throughout each workroom.
* Rest facilities where necessary
* Heating systems which do not give off dangerous or offensive levels of fume into the workplace

The organisation takes these practical steps to keep employees as comfortable as possible:

* Provide adequate workplace heating, such as portable heaters, to ensure office areas are warm enough when they are occupied
* Reduce draughts while still keeping adequate ventilation
* Limit exposure by introducing systems such as flexible working patterns or job rotation where possible
* Provide enough breaks to allow staff to get hot drinks.

We work closely with our domiciliary workers during to support them to work and travel safely during any adverse weather.

Adverse weather- Service Users

Our managers and staff do whatever they can to identify service users who may

be at risk in cold weather and put into place measures to reduce risks. Staff who

visit people at home should assess the heating needs of service users and inform the office of any problems. With their consent, they can be referred to the local

housing support services or other local charities that can help.

When a service user is identified as being at risk, during cold weather, our care managers and staff consider what can be done to provide extra support. This may include additional visits to check they are keeping warm and have hot food and drink.

In cold weather, staff should advise service users to:

* Keep their heating turned on
* Seek advice from utility companies or charities if worried about fuel costs.
* Never cover heaters and fires, such as with drying clothes
* Never block air vents if they have wood-burning, coal or gas heaters
* Advise them to check that their carbon monoxide and fire alarms are in good working order
* Draw curtains and keep bedroom windows closed at night
* Wear more clothes at night such as bedsocks and thermal underwear.
* Dress in plenty of layers of warm clothing
* Eat healthily and have regular hot drinks
* Keep a list of emergency numbers nearby
* Ask friends or family to call in
* Where necessary, our workers might also liaise with a vulnerable person’s GP or with local charities and community support groups who distribute essential items to help keep people warm such as clothes, heaters and electric blankets.
* For people who rely on food banks, some charities will deliver food where individuals at risk are unable to get out of their homes because of the cold.

Sustained periods of cold and icy weather can disrupt travel and affect the ability of care staff to get to service users. In such cases, we consider alternative ways of providing care that can be put in place, including liaising with neighbours.

We prioritise our service users to ensure our most at-risk service users are supported and visited throughout any severe weather period.

Pandemic Management

A pandemic is recognised as one of the highest risks faced by the health and social care sector. UK Health Security Agency and Office for Health Improvement and Disparities now has the responsibility to protect public health from such an outbreak and to provide guidance to organisations where the impact of such a pandemic could be catastrophic. They regularly publish preparedness strategies and response plans, etc., in the event of such a situation.

The five phases of detection, assessment, treatment, escalation, and recovery are monitored, appropriate data collection, the route of the pandemic tracked, and advice and guidance issued, as appropriate.

 **A Covid-19 Pandemic**

Homecare providers must ensure that the level of support provided to an individual meets their assessed needs. However, home care providers may need to reallocate duties or reduce visits if a person being cared for tests positive for COVID-19. These contingency plans will need to:

* Be made subject to agreement with partner agencies and/or commissioners that the reduction in duties or visits balances the risks of reducing care with that of potential transmission of COVID-19.
* Consider the care support needs, wishes, and feelings of the relevant person and the unpaid carer or carers, in line with a personalised care approach.
* Where significant changes are made, be based on a new assessment of the person's needs – the new level of support provided to the person must meet their assessed needs.
* Be made in agreement with the person's social staffs and family with the involvement and consent of the Service User.

Providers should maintain business continuity plans to help manage emergencies. These should be kept up-to-date and key details to record may include:

* Who provides care for the Service User.
* Whether those delivering care are still able to provide care and are not self-isolating, whether paid staff or informal carers.
* How and where care and support plans are located.
* Requirements for any specialist care or long-term conditions/ people formally identified as clinically extremely vulnerable.
* Modes of communication.
* Key contacts coordinating care from other community-based services including, but not limited to:
	+ mental health and dementia support services
	+ learning disability services
	+ third-sector voluntary social and community enterprises (VSCEs)
	+ drug and alcohol or social work teams
	+ family members

It is particularly important to ensure risk management plans are balanced and updated for individuals who may find any change in routine challenging, for example, people living with dementia and certain types of autism. This should include preparation for and likely reactions by the Service User to changes in routine or unfamiliar carers, and ways to reduce potential stress. In cases where current circumstances make consistency impossible, providers should prepare people for the fact that it may be necessary for a different carer to support them.

Providers and local authorities should work together to facilitate mutual aid, care, and support plans across their areas. This is to inform planning ahead of a possible outbreak.

Routine movement of care staff between any shared living services and other health and social care settings should be avoided to reduce the potential spread of Covid-19 and other infections like flu from one setting to another. Following current government guidance.

By following these steps, most people we support should have a continuity of care, support, and help that adapts to their situation.

For people, where well-being is at risk, the managers may need to contact individual social services staff to seek further advice and support.

Health and Care Act 2022

The Act introduces measures to tackle the COVID-19 backlogs and rebuild health and social care services from the pandemic, backed by £36 billion over the next 3 years through the Health and Care Levy. It will also contain measures to tackle health disparities and create safer, more joined-up services that will put the health and care system on a more sustainable footing.

To continue to safeguard people receiving our services, in relation to the Covid-19 pandemic, the Health and Care Act 2022 (Adult social care provider information provisions: guidance for providers on data collection) requires us to submit a core subset of the data which has previously been submitted through the Capacity Tracker (CT). This is gathered on a monthly basis. We are required to update data by the end of the 14th day of each month, or the next working day where the 14th falls on a weekend or public holiday. Data must be no more than a week out of date – that is, data must be correct to no further back than the 8th of each month.

As a domiciliary service regulated by the Care Quality Commission the mandatory information required is:

* Number of people using the service today
* Number of staff in the organisation that have face-to-face contact with the people being supported
* Number of staff delivering care that are not working because of coronavirus
* COVID-19 vaccination
	+ number of staff known to have received a full primary course of the COVID-19 vaccination
	+ number of staff known to have received an autumn booster\*

**\*** The autumn booster questions will become mandatory in October 2022.

* Flu vaccination (seasonal: 1 September to 31 March):
	+ number of staff known to have received this season’s flu vaccination

**Staffing**

Staffing is the biggest issue for continuity of service to be ongoing and, when necessary, statutory notifications should be completed to assist with the planning required for cover.

All LAs have an Emergency Civil Plan (ECP), Civil Emergency Plan (CEP), or Civil Contingency Plans (CCP) that is activated when certain criteria are met. A multi-agency approach is in place via the health authority and UK Health Security Agency and Office for Health Improvement and Disparities, and the organisation will follow all available advice and guidance in managing any pandemic or similar situation. Staff will be advised as to their actions via the office.

# Force Majeure Situations

Where a *force majeure* was in place, e.g. major flooding, fuel shortages, road closures, and winter conditions, we would take advice and co-operate in any way possible with the civil emergency team and the statutory agencies involved. This could include:

* Emergency centres being utilised.
* Evacuation procedures.
* Staff secondment to assist.
* Assisting other providers with available beds.

We have good local knowledge, and our relationship with our multi-agency partners would enable us to deliver the service, except where advice was given to the contrary. We are aware of winter plans from our LA and the NHS and would seek appropriate advice immediately to manage the situation effectively**.**

A statutory notification must be sent to CQC if any of the above situations were likely to last more than 24 hours.

# Brexit

Guidance for EU nationals wishing to remain in the UK can be found at:

https://www.gov.uk/staying-uk-eu-citizen

Health and Care Visa temporarily expanded for 12 months: https://www.gov.uk/government/news/biggest-visa-boost-for-social-care-as-health-and-care-visa-scheme-expanded

A lead postholder **Blessing Ezike** is responsible for the updating of relevant information which may impact us as a provider.

# Related Policies

Co-operating with Other Providers

Continuity of Care for Support Staffs

Duty of Candour

Notifications

# Related Guidance

CQC Regulation 17: Good Governance:

https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance

Gov.UK Preparing for emergencies: find out about local plans:

https://www.gov.uk/local-planning-emergency-major-incident

Gov.UK Coronavirus (COVID-19):

https://www.gov.uk/coronavirus

Gov.UK Brexit:

www.gov.uk/transition

Health and Care Act 2022

https://www.gov.uk/government/publications/health-and-care-act-2022-adult-social-care-provider-information-provisions/adult-social-care-provider-information-provisions-guidance-for-providers-on-data-collection

NHS England: Winter resilience

https://www.england.nhs.uk/winter/

HSE: Temperature in the Workplace

https://www.hse.gov.uk/temperature/employer/h ow-you-keep-comfortable.htm

Department of Health and Social Care- Infection Prevention and Control

https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings

# Training Statement

Managers will be kept up to date with relevant local plans, as appropriate, at least annually, to respond effectively and efficiently.

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff is made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one-to-one, online, workbooks, group meetings, and individual supervision.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

Next Review Date: May 2024