

## Guidance

# COVID-19: guidance for supported living provision

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### 1. Who this guidance is for

This guidance sets out key messages to support planning and preparation in the event of an outbreak or widespread transmission of COVID-19.

It is aimed at local authorities, clinical commissioning groups (CCGs), community health services and providers of care and support delivered within supported living environments (people in their own homes), including for people with mental health conditions, learning disabilities or autistic adults.

There is guidance issued by Public Health England (PHE) for individuals, families and informal care workers of what to do to maintain home care support safely, if they are advised to isolate themselves at home.

Provision of care and support in supported living is largely delivered to help an individual to be able to live as independently as possible. However, supported living as a term covers a wide range of environments and support levels.

Some may be group living environments with communal areas and others wholly individualised. Some may be providing intimate and personal care or an emergency service. Others will involve significant support around daily living, food preparation, personal safety and access to the community.

Most of the care and support provided within supported living environments cannot be deferred to another day without putting individuals at risk of harm. It is therefore vital that these services are prioritised. This guidance is designed to support that.

### 2. Steps that supported living providers can take to maintain service delivery

To maintain service delivery, providers of supported living are advised to:

1. review their list of clients, and ensure that it is up to date, including the levels of informal support available to individuals. Providers should consider how they could share this information electronically, if they receive a legitimate request, including what the dataset might be.
2. work with local authorities to identify people who fund their own care and help them to establish the levels of informal support available. It may be helpful for providers to share the number of hours of care they provide to help with planning, but they will want to satisfy themselves that it is lawful for them to share that information.
3. map all care and support plans commissioned by the local authority, to inform planning during an outbreak.
4. work with local authorities to establish plans for mutual aid, including sharing of the workforce between supported living and home care providers, and with local primary and community health services providers; and with deployment of volunteers where that is safe to do so.
5. note the arrangements that local authorities and CCGs and NHS 111 are putting in place to refer vulnerable people self-isolating at home to volunteers who can offer practical and emotional support.

### **3. If a supported living care worker is concerned they may have COVID-19**

If care workers are concerned they have COVID-19 they should follow the [NHS advice](#).

If they are advised to self-isolate at home they should follow [COVID-19: stay at home guidance](#)

If advised to self-isolate at home, they should not visit or care for individuals until safe to do so.

### **4. If someone in supported living has symptoms of COVID-19**

If the individual receiving care and support has symptoms of COVID-19, risk to their health and wellbeing must be assessed and appropriate action taken.

#### **Personal protective equipment**

The risk of transmission should be minimised through safe working procedures. Care workers should use personal protective equipment for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

Aprons, gloves and fluid repellent surgical masks should be used in these situations.

In particular cases, if there is a risk of splashing then eye protection will minimise risk.

New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal.

#### **Cleaning**

If care workers undertake cleaning duties, they should use usual household products, for example detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.

Clean frequently touched surfaces. Personal waste (for example used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin which can be disposed of as normal.

### **Laundry**

If careworkers support the individual with laundry, then they should not shake dirty laundry. This minimises the possibility of dispersing virus through the air.

Wash items as appropriate, in accordance with the manufacturer's instructions.

Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the individual does not have a washing machine, wait a further 72 hours after the 7-day isolation period has ended. The laundry can then be taken to a public laundromat.

Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

### **5. If neither the individual in supported living nor care worker have symptoms of COVID-19**

If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

General interventions may include increased cleaning activity to reduce risk of retention of the virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.

Care workers should follow advice on [hand hygiene](#).

### **6. Government support**

The government will provide extra resources to tackle COVID-19.

This includes a COVID-19 response fund to:

- fund pressures in the NHS
- support local authorities to manage pressures on social care
- support vulnerable people
- help deal with pressures on other public services

The size of the fund will be reviewed as the situation develops, to ensure all necessary resources are made available.

As part of the government's emergency legislation measures, Statutory Sick Pay (SSP) will be paid from day one of sickness to support those affected by COVID-19. This will be a temporary measure to respond to the outbreak and will lapse when it is no longer required.

Individuals employed on zero-hour contracts may be entitled to SSP if their average earnings are at least £118 per week (calculated over an 8-week period). Those who are ineligible are able to claim

Universal Credit and/or contributory Employment and Support Allowance depending on their personal circumstances.

The government will also bring forward legislation to allow small- and medium-sized businesses to reclaim SSP paid for sickness absence due to COVID-19.

Read more information about this [package of measures to support those affected by COVID-19](#).

## **7. Local authorities**

Local authorities, working with their Local Resilience Forums and drawing on the pre-existing plans in place for pandemic influenza, should:

1. ensure their list of individuals in receipt of supported living is up to date and establish the levels of informal support available to individuals
2. contact all supported living providers in the local authority area (even where there are no host authority placements or contracts) and facilitate plans for mutual aid across the area. It is vital that this includes providers of supported living to people who use direct payments or who fund their support themselves and is not confined solely to local authority-funded individuals. The [Care Quality Commission \(CQC\) publishes information about all regulated care services on its online Directory](#).
3. consider the need to draw on local community health services and primary care providers to support provision and draw up a plan for how and when this will be triggered
4. consider how voluntary groups could enhance supported living care provision and link supported living providers and voluntary sector
5. take stock of how to maintain viable supported living provision during the outbreak of COVID-19, including financial resilience