Quality Compliance Systems

AN RLDatix COMPANY

Winter Planning 2025-2026

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Winter Ready

Table of Contents

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People We Support

NHS Flu Guidance

Being ready for the flu season is essential. The flu vaccination programme is critical in supporting resilience for those receiving care through the winter months, when hospital admissions are at their peak and demand on support and care in the community and services is high.

Those in the UK eligible for a flu vaccine include:
From 01 September 2025:

- Pregnant women

From October 2025:

- Those aged 65 years and over
- Those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza chapter 19)
- Those in long-stay residential care homes
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- Close contacts of immunocompromised individuals
- Frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers

Pre-season preparation

- Providers must ensure that individuals who use their services have access to information about the flu vaccine as early as possible to make an informed decision on whether they would like the vaccine
- It is also important that all staff are encouraged to have the flu vaccine
- Advanced preparation is vital for a successful programme to achieve high vaccine uptake

Who should not have the flu vaccine?

A GP or Pharmacist is better placed to advise on this, however as a basic guide:

Individuals should avoid it if they have had a serious allergic reaction to a flu vaccine or any of its ingredients, in the past.

For example, someone with an egg allergy must ask their GP or pharmacist for a low-egg or egg-free vaccine, as some flu vaccines are made using eggs. If an individual is feeling unwell or has a high temperature, the vaccination may be delayed until they are better.

Staff Responsibilities

- Have a lead member of staff with responsibility for running the flu immunisation campaign
- All staff should know who the lead person is
- All staff should understand the reason for the programme and have access to Government resources
- Every member of the team should know their role and responsibilities
- Get all staff involved in promoting the vaccine message to individuals and their families
- Reassure those who need vaccination that they will receive an inactivated vaccine that does not contain any live viruses and cannot give them flu
- Hold regular meetings so that all staff know the flu plan and how it is progressing
- Contact the local GP surgery as soon as possible to discuss how and when the flu vaccination programme will be delivered
- For those self caring, or supported in remote and community settings, offer advice to contact their local GP surgery as soon as possible to discuss when they can receive the flu vaccination
- To ensure that as many people as possible have the flu vaccine, consider setting up drop in sessions, buddying up people who use the service with staff so they can be vaccinated at the same time
- To make it as easy as possible for staff to access the flu vaccine programme, consider flexibility of rotas to allow them to book appointments with their local GP surgery or to attend drop in sessions
- Include other healthcare professionals in championing flu vaccination

Further considerations

- Record the number of individuals using your services receiving the vaccine so that uptake can be measured
- At the end of the season, review the campaign, discuss and record successes, challenges and learning points for next year
- **England Only** – Update the Capacity Tracker - Who needs to comply?
  - All adult social care (ASC) providers registered with the CQC will need to comply with keeping the capacity tracker up to date.

    Failure to provide the information in accordance with the requirements will now amount to a breach of the duty and a potential fine under the Health and Care Act 2022.

- https://www.gov.uk/government/collections/annual-flu-programme
- https://www.nhs.uk/conditions/flu/
- https://www.gov.uk/government/organisations/uk-health-security-agency
- https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/
- https://phw.nhs.wales/topics/immunisation-and-vaccines/fluvaccine/eligibility/

Other Vaccination Guidance

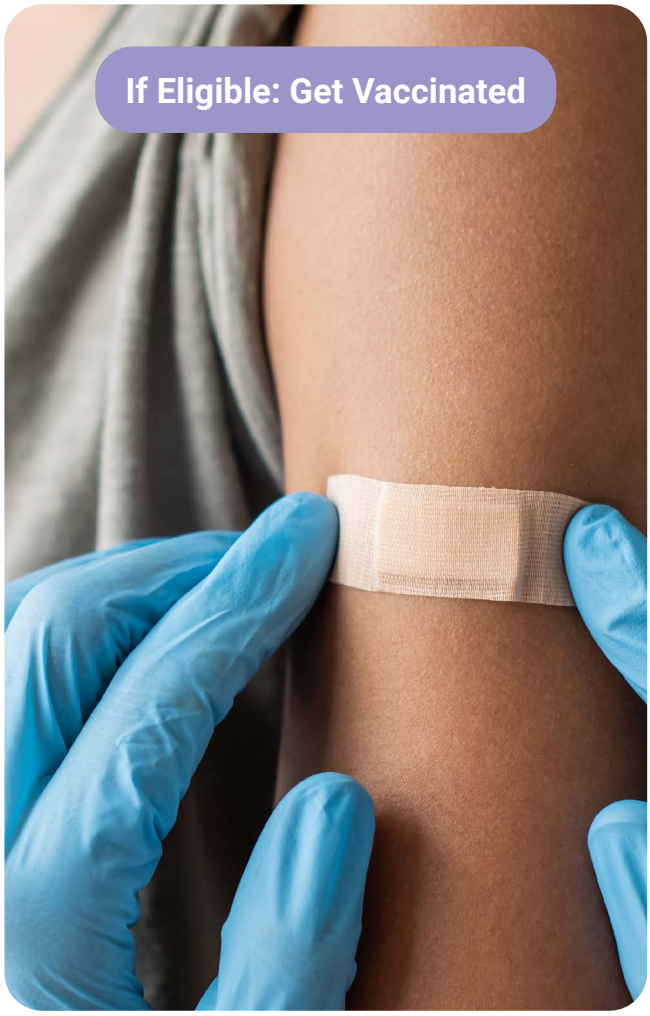
Providers must make every effort to encourage individuals to take up the offer of every vaccine they are eligible for.

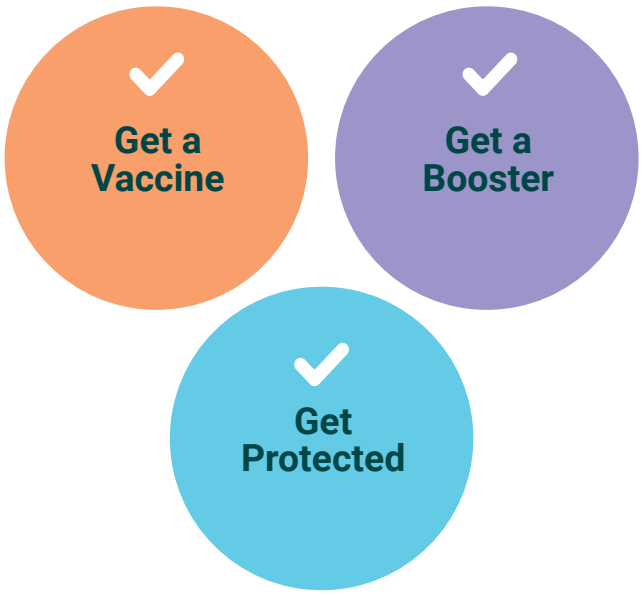
Vaccinations continue to provide good protection against hospitalisation and death.

Vaccinations are clinically proven to be safe and effective and vaccine programmes are continuously monitored.

The start date for adult flu vaccinations aligns to COVID-19 vaccinations to support co-administration of flu and COVID-19 wherever possible and provide the best possible protection as we head in to winter.

Providers are encouraged to offer flu vaccination with other commissioned vaccination programmes for which the individual may be eligible (for instance shingles or pneumococcal vaccines) where it is clinically acceptable.





Other Vaccination Guidance

COVID-19

The focus of the programme is shifting towards targeted vaccination of those at highest risk of serious disease.

In the UK:

The vaccine is usually offered no earlier than around 6 months after the last vaccine dose. Those eligible can get protection from an autumn COVID-19 vaccination even if they have not taken up a COVID-19 vaccine offer in the past.

A very small number of individuals who are at risk of COVID-19 cannot have the vaccine – this includes individuals who have severe allergies to a component in the vaccine. The GP will be able to advise on this.

The UK COVID-19 programme will run from 01 October 2025 to 31 January 2026.

Those eligible in autumn 2025 include:

- Residents in a care home for older adults
- All adults aged 75 years and over
- Individuals who are immunosuppressed aged 6 months and over

Keep Up To Date

- https://www.nhs.uk/conditions/covid-19
- https://www.gov.uk/government/publications/covid-19-vaccination-autumn-booster-resources/a-guide-to-the-covid-19-autumn-programme
- https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/

Shingles

The shingles vaccine helps:

- Reduce the chances of getting shingles
- Reduce the chances of getting serious problems from getting shingles

Individuals can get shingles more than once, so it's important to get vaccinated even if individuals have had shingles before.

The shingles vaccine is given as either 1 or 2 doses.

Individuals do not need a booster each year.

In the UK:

The vaccine is available from the 01 September for those:

- Aged 18 and over who have a severely weakened immune system
- Aged 65 to 79
- People who turn 65 on or after 01 September 2023
- People aged 70 to 79

Pneumococcal

The pneumococcal vaccine helps protect against serious illnesses like pneumonia and meningitis.

In the UK:

The vaccine is recommended for:

- Babies
- Those aged 65 and over
- Those at higher risk of getting seriously ill from pneumococcal infections

Usually only one vaccination is recommended for those over 65 years. Those at risk of getting seriously ill may need extra doses.

Winter Illness

In winter, cold weather and spending more time indoors mean illnesses spread more easily. These can impact our health whatever our age, but as we get older, our immune systems find it harder to fight off bugs.

Cold weather can also make existing health problems worse, and the risk of this increases with age. Existing health conditions like asthma and arthritis are affected by colder temperatures and symptoms can worsen.

Common cold:

A cold is a very common mild viral infection. Symptoms include things like a blocked or runny nose, a sore throat and a headache.

There's no cure for a cold, symptoms can be helped with:

- Rest
- Drinking plenty of fluids
- Eating healthily
- Pain relief, such as paracetamol or ibuprofen, to relieve high temperature and aches (if not contra indicated)
- Using decongestant sprays or tablets to relieve a blocked nose
- Remedies such as sucking on menthol sweets

To prevent colds form spreading, staff and individuals should:

- Wash hands often, especially before touching the nose or mouth and before handling food
- Always sneeze and cough into tissues
- Throw away used tissues straight away and wash hands
- Clean surfaces regularly

Cough:

A cough is a reflex action to clear airways of phlegm and irritants such as dust or smoke. Most coughs clear up within 3 weeks and don't need any treatment.

A dry cough means it's tickly and doesn't produce any mucus (phlegm). A chesty cough means phlegm is produced to help clear the airways.

To help symptoms:

- Rest
- Drink plenty of fluids
- Pain relief such as paracetamol or ibuprofen (if not contra indicated)

COVID-19:

COVID-19 is part of a family of viruses that includes the common cold and more serious respiratory illnesses such as SARS. Coronavirus affects your lungs and airways and is spread very easily.

Symptoms include:

- Cold-like symptoms
- Fever or chills
- Continuous cough
- Shortness of breath
- Tiredness
- Body aches
- Loss of appetite
- Nausea, diarrhoea,
- Change in sense of taste or smell.

To prevent COVID-19 from spreading, staff and individuals should:

- Isolate and avoid contact with other people for 5 days (If you test positive)

Flu:

Flu (influenza) is a viral infection that affects the respiratory system. Flu can lead to serious illness. It is especially common in winter.

Symptoms include:

- Sudden high temperature
- Tiredness and weakness
- Headache
- General aches and pains
- Dry, chesty cough
- Sore throat
- Difficulty sleeping
- Loss of appetite
- Diarrhoea or tummy pain
- Feeling sick and being sick
- Chills
- Runny or blocked nose
- Sneezing

To help symptoms:

- Rest
- Get plenty of sleep
- Keep warm
- Drink lots of water to avoid dehydration
- Take paracetamol or ibuprofen to lower your temperature and treat aches and pains (if not contra indicated)

To prevent flu spreading, staff and individuals should:

- Wash hands regularly with soap and warm water
- Clean surfaces like computer keyboard and door handles regularly
- Use tissues to cover the mouth and nose when coughing or sneezing
- Bin used tissues as soon as possible
- Avoid unnecessary contact with other people while infectious

Hypothermia:

Hypothermia is a dangerous drop in body temperature below 35°C. It's a medical emergency that must be treated in hospital.

Staff should call 999.

Symptoms include:

- Shivering
- Pale, cold, dry skin, lips may turn blue or grey
- Slurred speech
- Slow breathing

Treatment whilst waiting for help:

- Move them somewhere warm
- Wrap them in a blanket, making sure their head is covered
- Give them a warm non-alcoholic drink and some sugary food if fully awake
- Stay with them

Gastroenteritis:

Gastroenteritis is usually caused by a bacterial or viral stomach bug. In adults, gastroenteritis is often caused by the norovirus which is more common in winter (it's often called the 'winter vomiting bug').

Symptoms include:

- Diarrhoea
- Vomiting
- High temperature
- Headache
- Stomach pain
- Body aches and pains

To help symptoms:

- Drink lots of fluids
- Rest
- Eat when you feel able to

To prevent Gastroenteritis spreading, staff and individuals should:

- Wash hands with soap and water after going to the toilet

- Wash hands with soap and water before preparing, serving or eating food
- Wash clothes and bedding that has faeces or vomit on it on a 60°c wash and separately from other laundry
- Clean toilet seats, flush handles, taps and bathroom door handles
- Avoid contact with others as much as possible

Pneumonia:

Pneumonia occurs when the lungs become inflamed. It's usually caused by a bacterial or viral infection.

Pneumonia can be caught from someone who has it, or if you have another infection such as flu or COVID-19:

Symptoms include:

- Cough
- Shortness of breath
- High temperature
- Chest pain
- Aching body
- Loss of appetite

Pneumonia is usually treated with antibiotics, those at risk of becoming seriously ill may need hospital treatment.

To help symptoms:

- Drink plenty of fluids
- Rest
- Take paracetamol or ibuprofen to help with pain or a high temperature (if not contra indicated)

Bronchitis:

Bronchitis occurs when the airways in the lungs become inflamed. It's usually caused by a bacterial or viral infection.

Symptoms:

- Often similar to the common cold or flu
- Include cough
- Chest pain when coughing
- Shortness of breath
- Sore throat

Bronchitis itself isn't contagious, but some of the infections that cause it are.

Bronchitis usually clears up without treatment in around 3 weeks. Antibiotics may be needed if caused by a bacterial infection.

To help symptoms and reduce the risk of spreading infections to others:

- Rest
- Drink plenty of fluids
- Take paracetamol or ibuprofen to help with pain or a high temperature (if not contra indicated)
- Cover mouth and nose with a tissue when coughing or sneezing, put used tissues in the bin as quickly as possible
- Wash hands regularly with water and soap
- Avoid contact with other people if you have a high temperature

Infection Control

During winter, there is an increase in certain infections, including Norovirus, Flu and colds.

This can be due to more people gathering inside making it easier for viruses to spread from one person to another, and the cold, dry air may also weaken resistance and immune response, increasing the risk of infections.

It is important that key infection and control practices are reinforced to staff and individuals.

How to stop the spread of common winter illnesses:

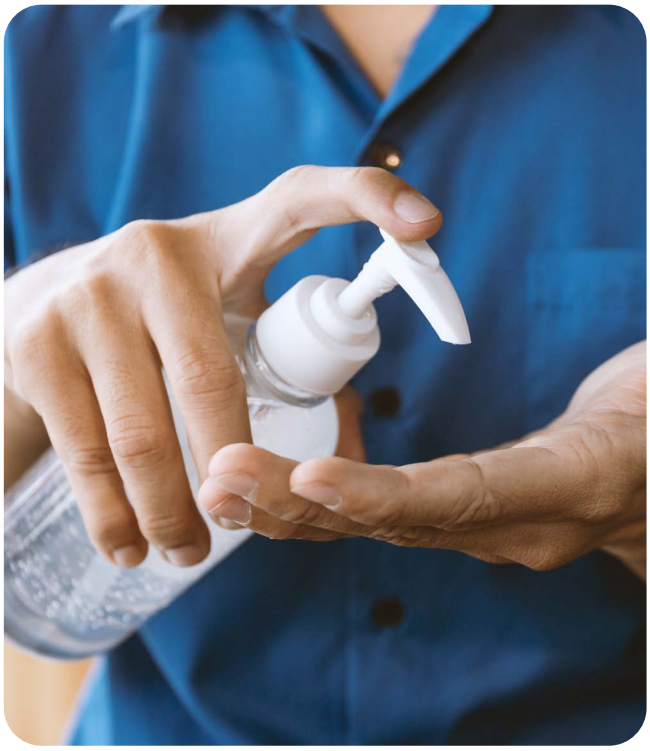
- **Hand Hygiene** – regularly washing hands
- **Ventilation** – opening windows
- **Cleaning** – disinfect high touch areas
- **Respiratory hygiene** – cough and sneeze into the crook of your elbow not your hands. Dispose of use tissues correctly and immediately
- **Isolate** – Stay away from other until no longer contagious
- **Vaccination** – get vaccinated
- **Don't share** utensils, cups, towels or other personal items
- **PPE** – ensure the correct PPE is used when required

Seasonal decorations can prevent effective cleaning of the environment and harbour bacteria and viruses.

Cleaning during the time decorations are out remains extremely important to prevent the spread of infection.

To minimise the risk of infection, facilitate environmental cleaning, whilst ensuring a celebratory environment:

- Decorations should either be single season use and disposed of when taken down or washable/wipeable so they can be decontaminated before being stored away
- To facilitate frequent cleaning and disinfection of surfaces, try to avoid putting decorations on horizontal surfaces, keeping them free from clutter
- Decorations that are hung up high are less likely to be touched and contaminated
- Remember, if there is an outbreak of infection in the home, after the outbreak is over, if the decorations cannot be appropriately cleaned and disinfected, they must be disposed of



Staying Healthy Over Winter

Winter is a time when we often look forward to warming foods and indulge in pies and puddings for comfort. There are different ways that we can look to stay both physically and mentally healthy during this time of year and encourage individuals to do the same.

Foods

There are certain foods that offer us a boost and can stop us from feeling sluggish. Some of our ideas are:

- Using ginger - this spice has a very warming quality, it can easily be added to stews for a lift or how about experimenting with it as a tea
- Using pulses instead of meat. With the price of food as it is, meat can be very expensive, vegetable-based dishes can be a cheaper alternative. Get creative with beans and pulses and have a vegetable chilli instead of a meat based plate
- Bananas - high in potassium and vitamin B6, both high in energy production
- Oranges - high in vitamin C
- Eggs - lower priced than meat, eggs offer a high level of protein

Physically Healthy

Encourage individuals to move around as much as they are able, not only for warmth but to keep active. If you don't use it, you lose it!

Staff should support people to take a daily supplement of Vitamin D, following advice from the Scientific Advisory Committee on Nutrition (SACN). Staff could consider facilitating an information session for people who use the service on keeping well in winter, going over the contents of this document.

What games and ideas can you create to capture your individual's interest in keeping active?

Nutrition in the winter

Winter is a critical time for older people to focus on their nutritional intake. The colder months can lead to increased susceptibility to illnesses, and proper nutrition is essential for maintaining health and immunity.

As we age, there are some elements of diet that change, it is also common to become less interested in food. People may find that they are less hungry than they used to be, so it can be harder to get all the nutrients required for good health. Eating habits may change from 3 large meals to more frequent smaller meals daily

The sense of taste and smell can change with age, which can affect appetite. Make foods as tempting and tasty as possible so that eating stays enjoyable. Try varying colours and textures as much as possible or adding herbs and spices such as mint, rosemary, cinnamon or paprika.

- **Balanced Meals**: Follow the Eatwell Guide, which emphasizes a variety of foods from five main groups: fruits and vegetables, starchy foods, protein sources, dairy or dairy alternatives, and healthy fats. This ensures a well-rounded intake of essential nutrients.
- **Increase Protein Intake**: Older adults may require more protein to maintain muscle mass and strength. Include sources such as lean meats, fish, eggs, beans, and legumes in meals. Calcium and Vitamin D: To support bone health and prevent osteoporosis, consume calcium-rich foods like dairy products, leafy greens, and fortified foods. Vitamin D is also crucial, especially in the UK where sunlight exposure may be limited; consider supplements if necessary following advice from the Scientific Advisory Committee on Nutrition (SACN)
- **Hydration**: Staying hydrated is vital, as older adults may have a reduced sense of thirst. Encourage regular fluid intake, aiming for at least 6-8 cups of fluids daily, including water, herbal teas, and soups. In the winter drinks such as hot chocolate and cocoa are enjoyed as can be warming in a cold day. Some people may be disinclined to drink due to having to go to the toilet, therefore consideration should be given to sitting near the toilet area to reduce anxiety about having an “accident” Poor hydration can result in constipation and discomfort but also a contributing factor in Falls and limited fluid intake can affect blood pressure with feeling of light headiness and dizziness. Residential settings could consider implementation of a Hydration Station where an assorted array of drinks are always available. The visual cue reminds people to drink, relatives and visitors use the station to give their relative, friend a drink.

Top Tips for Nutrition in Winter

Personal Preferences

- **Know Likes and Dislikes**: Ensure that the food preferences of the person being supported are well understood by staff. This increases the likelihood of the person enjoying their meals and consuming adequate nutrition.

Dining Environment

- **Ambient Atmosphere**: Create a calm, pleasant, and unhurried dining environment. Encourage the person to choose where they want to sit. Social interaction during mealtimes can significantly enhance well-being.

Table Setting

- **Set the Table**: Even if eating alone at home, set the table with appropriate crockery, cutlery, and condiments. This practice can make mealtime feel special and encourage better eating habits.

Aids for Independence

- **Adaptive Cutlery**: Use aids such as adaptive cutlery to promote independence in eating. Request an assessment to determine if the person requires these aids.

Protected Mealtimes

- **No Interruptions**: Adopt protected mealtimes with no interruptions or administration of medication during meals. Studies have shown this increases appetite and calorie consumption.

Meal Choices

- **Choice at Point of Service**: Offer meal choices at the time of service. In residential care, small plated meals can enable better choice. Consider hearty and warming foods such as porridge, soups, stews, and puddings during winter. Hot drinks like tea, coffee, hot chocolate, and cocoa are popular favourites.

Meal Presentation

- **Attention to Presentation**: Ensure meals are visually appealing, focusing on colour, texture, and taste to stimulate appetite.

Food First Principle

- **Supplement Timing**: Follow the Food First principle, where nutritional supplements are given after meals, not before. This ensures the person prioritises consuming food over supplements.

Support in Food Preparation

- **Involvement in Cooking**: If possible, support individuals in preparing their own food at home or in residential settings. The smell of food can stimulate appetite, and aids like bread makers can provide the aroma of freshly prepared bread.

By integrating these tips, older adults can enjoy their meals more, maintain better nutritional intake, and ultimately support their health and well-being during the winter months.

Winter Bed Pressures: A Collaborative Approach to Health and Social Care

Winter brings unique challenges to our already pressured health and social care systems. Increased respiratory infections and a higher risk of slips, trips, and falls are common during this period. To address these challenges effectively, a collaborative approach across the whole system is essential. Here are strategies to deliver safe, timely, and high-quality care during the winter months:

Preventative Measures

- **Adopt a Preventative Approach**: Implement strategies to prevent health issues before they arise. This includes promoting flu vaccinations, fall prevention programs, and education on managing chronic conditions for the people you support.
- **Early Intervention**: Identify and support individuals at higher risk of winter-related health issues early on, ensuring they receive timely care and support.

Strengthening Connections

- **Develop Strong Relationships**: Get to know your local social workers and other community care providers, your aim is to be the service of choice when they are looking for service provision. Forge strong relationships to improve the quality of care and enhance person-centred care.
- **Regular Contact**: Diarise a member of staff to contact local social workers weekly to offer services such as homecare, respite, or residential care. This regular communication can help in managing care more effectively.

Addressing Delayed Discharges

- **Focus on Timely Discharges**: Attention must be given to 'delayed discharges,' where individuals remain in hospital longer than clinically necessary. This can negatively impact their outcomes and overall well-being.
- **Correct Misconceptions**: Challenge inaccurate rhetoric suggesting there are no available places for discharge when vacancies exist. Liaise with other providers and organisations like Care England and Social Care Wales to advocate for accurate representation and solutions.

Ensuring Right Care, Right Place, Right Time

- **Individualised Support**: Ensure individuals receive the support that is right for them, tailored to their needs and circumstances. This involves offering comprehensive assessments and personalised care planning .
- **Strong Collaboration**: Foster strong collaboration and leadership across health, social care, and social work sectors. This unified approach can facilitate timely and safe hospital discharges.

Practical Steps

1. **Community Resources**: Utilise community resources and services to support individuals in their homes and avoid unnecessary hospital admissions.
2. **Communication Channels**: Maintain open and effective communication channels between hospitals and social workers to streamline the discharge process.
3. **Public Awareness**: Increase public awareness about available care options and support services to ensure individuals and families know where to seek help. Offer to speak at WI groups, church meetings to inform them of support available

By adopting these strategies, we can mitigate the pressures of winter on health and social care systems, ensuring individuals receive the right care in the right place at the right time. Collaboration, strong leadership, and proactive measures are key to managing winter bed pressures effectively.

Mentally Healthy

The winter can appear long and the reduction in daylight hours can have an unhelpful effect on individuals.

- Encourage getting out in daylight hours, even if only for a short while, whether it be a short walk or even just sitting in the garden, time spent outdoors is very uplifting
- Think about the use of SAD Lamps to treat Seasonal Affective Disorder. These have boosting benefits and can really aid in expelling the winter blues
- Take time to really engage with the individuals you support, meaningful moments go a long way to reduce feelings of loneliness

Christmas

Not everyone celebrates this time of year and for various reasons. Whilst for many this is a period that gets them through the winter, for others it can bring very mixed feelings and can add to feelings of loneliness. Some of the reasons why not all individuals may be excited about Christmas are:

- They follow a different religion or are non-religious
- Christmas is a reminder of times gone by and an era they no longer have
- Remembering lost loved ones
- Financial difficulties
- Being unable to see loved ones over the festive period

In what ways can you check in with individuals, so you are aware of how they feel about the festive period and how to best approach it?

Recognising Loneliness, Social Isolation or Lack of Social Connection

There is a growing lack of meaningful social connection in society in general. Traditional methods of connection are being replaced with more advanced technologies such as AI and social media. With this in mind, its even more important to raise awareness in your organisation of the effects of loneliness and social isolation.

Loneliness and isolation have been described as endemic in a continually changing world, affecting all age groups. It has become a significant part of public health attention and input, in the form of policy, strategy, support and guidance.

There have also been many research studies carried out and books written on the subject, especially concerning the effect on physical and mental health.

While loneliness and isolation can occur at any age, there is a significant increase with age.

It is important to note that social isolation is an objective state – defined in terms of the number of social relationships and contacts – loneliness is a subjective experience.

The benefit of positive social connection is just as important as physical and mental health. The terms solitutude, social isolation and lack of social connection are often used to decribe loneliness but they are infact 3 separate entities:

Solitude is the state of being alone

Isolation is a lack of social relationships or emotional support

Loneliness is a craving for social contact. It is often linked to feelings of sadness and emptiness

The World Health Organisation (WHO) have recently published From Loneliness to Social Connection, where you can find more detailed information here

https://www.who.int/publications/i/item/978240112360

Solitude

Spending time alone is not inherently wrong. Solitude can be a healthy, rejuvenating experience. It can allow people to reconnect with their needs, goals, and feelings. Some people require more solitude than others. Introverts, for example, enjoy spending lots of time alone and can feel drained through social interaction.

Social Isolation

The absence of social contact and/or networks, even within close communities. A person can experience social isolation, whereby they:

- Avoid social interaction due to shame or depression
- Spend extended periods alone
- Experience social anxiety or fears of abandonment at the idea of social interaction
- Have only limited or superficial social contact
- Lack meaningful social or professional relationships
- Develop severe distress and loneliness

This lack of social connection can become a cyclical spiral where the more time a persons spends alone and withdrawn the harder it becomes to forge meaningful connections.

Emotional Isolation

Occurs when someone is unable or unwilling to share their emotions with others. Someone may be reluctant to discuss anything but the most superficial matters. Without emotional support, they may feel “shut down” or numb. Emotional isolation can occur due to social isolation and lack of meaningful social connection.

Meanwhile, extroverts often need more social interaction to feel fulfilled. Circumstances that feel isolating or lonely to one person may be healthy for another.

https://www.goodtherapy.org/learn-about-therapy/issues/isolation

Prevention and Intervention

There are steps that staff, carers and other supporters can take to minimise the risks of loneliness, isolation, and withdrawal. These are described in many publications, and the common themes are as follows:

Early warning signs

- Low self-esteem
- Discomfort in social settings
- Refusing social contact
- Depression or anxiety
- Abandonment fears
- Negative view of themselves

Knowing the individual

Ensure that during this process you are able to gauge if they have or have had an active social life and if this is something they enjoy or enjoyed. You can build a good picture of personality types. Some individuals relish the idea of social connection, whereas others are very content in their own company.

The critical apect here is giving individual choices and delivering person-centred support.

Besides, this knowledge can help staff, carers and supporters identify changes in the individual that may be an early warning of withdrawal or perhaps a downturn in mood/mental health.

It is also vital to ensure that eyesight and hearing are checked regularly, as these can hinder social interaction.

A sense of purpose

Many individuals go through periods of feeling as though they have lost their sense of purpose. various factors can be attributed to this, including:

- Diagnosis of a long-term illness or condition
- Loss of a loved one
- Children leaving home
- Giving up work
- Losing aspects of independence
- Moving area or moving away from their long-term home

Goal setting with people really builds that sense of purpose and can help individuals feel useful. Nothing is more uplifting than the sense of achievement one feels when a task is accomplished, and this is a constructive means to avoid or reduce withdrawal. Goal setting could be as simple as an individual washing their own face to running a half marathon. Get to know people and you may be surprised to discover what they are capable of.

The use of positive language

The use of positive language has huge power. Our choice of words can have lasting impact on those that hear them. Educate your staff on how to positively interact with individuals:

- Encourage positive self-talk
- Talk about what the person can do not what they can't
- Talk about what is right with the world and limit chat about what is wrong

For people who suffer with loneliness it is important that the interactions we have with them are meaningful and leave them feeling more upbeat, rather than further downcast.

Face to Face Interactions Have More Benefits

Smartphones, tablets, smart watches - the list of technologies designed to amplify connection goes on, but the one thing that these devices all have in common is their ability to shut down face to face connections. How important do you feel if you sit down to dinner and someone's phone is on the table? Do you feel prioritised when someone talks to you with their phone in their hand? Many people do both these things without realising they have just made the anticipated person on the other end of the phone a priority.

With more and more settings adopting digitilisation, it's really important to have clear policies and procedures in place that minimise phone or tablet usage whilst staff are carrying out their duties. The best chance for people to remain socially connected when receiving their care or support, is for staff to remain emotionally present with them.

Consider also, the effect of this when families visit their loved ones. Whilst using their phones to share pictures or videos of other relatives is extremely positive, there is nothing lonelier than sitting there watching someone else scroll thorugh their phone without much other engagement. Have a think about ways you can mange this in your setting, supporting and encouraging active social connection and involvement.

Raise awareness of opportunities

There is a diverse range of opportunities to consider not just within the confines of a care service or home, and there is a broader community to consider, either to invite in or visit.

A few suggestions are:

- Direct one-to-one support
- Group-based support (based on shared interests)
- Signposting to other services
- Develop new relationships (such as the use of befriending services)
- Psychological approaches
- Promote physical activity
- Promote and enable volunteering
- Utilise technology and digital solutions
- Building safer communities
- Community wellbeing practices (e.g. choir)
- Mindful activities
- Spending time connecting with natureç

These three psychological approaches are researched and documented:

- Cognitive behavioural therapy
- Mindfulness
- Positive psychology

Asset-based community development (ABCD) models

ABCD models can be used within the broader community but can also be used within smaller communities such as care homes and neighborhoods.

What are the community assets within your community?

A growing third sector

The third sector has an important dual role to play in tackling social isolation and loneliness. Third sector organisations are generally rooted within their communities and are well-positioned to offer interventions and support in a different way to statutory services. What services are available in your community?

Links with the broader community

- Parish, community or town councils are useful links to establish to help enable individuals to feel part of the wider community, have a say on what is planned and suggest ways in which the community can be improved and made safer. Copies/extracts of the minutes of meetings can also be included in newsletters
- Churches, places of worship, religious and cultural beliefs - ensuring that individuals have access to their church, place of worship, and the social connection and support that can be given is important
- Community Navigator service – check to see if there is such a service in your area
- There are growing numbers of Facebook groups that offer connections to the wider community

Further Reading:

- https://www.goodtherapy.org/learn-about-therapy/issues/isolation
- https://www.who.int/publications/i/item/978240112360
- https://www.ageuk.org.uk/information-advice/health-wellbeing/loneliness/a-life-less-lonely/
- https://www.neighborhoodtransformation.net/pdfs/What_%20is_Asset_Based_Community_Development.pdf
- https://campaigntoendloneliness.org/guidance/
- https://www.campaigntoendloneliness.org/feeling-lonely/
- http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Loneliness.pdf

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Screening Checklist for Social Isolation Withdrawal

Name		**Date of Birth**	
Assessment Date		**Conducted by**	

Screening Questions	Yes	No
Does the individual have any physical, mental or life limiting conditions?	☐	☐
Is the individual confined to bed, use a wheelchair or walking aid?	☐	☐
Have eyesight and hearing tests been done recently?	☐	☐
Does the individual suffer from any type of incontinence?	☐	☐
Can the individual communicate verbally or non-verbally?	☐	☐
Does the individual have family and/or close friends with whom they choose to have contact?	☐	☐
Is the individual able to go out independently or do they require assistance/supervision?		
Has a life story/history been completed?	☐	☐
How are the hopes, aspirations and ambition in the life story/history met? (if not, can these be altered in able for them to be met to some degree?)		
Is the individual a member of any groups within the service or in the community?	☐	☐
How much time does the individual spend alone?		
Does the individual have an outgoing personality?	☐	☐
Does the individual have an introverted personality?	☐	☐

Screening Checklist for Social Isolation Withdrawal

Date of review	
Issue	**Agreed Intervention**

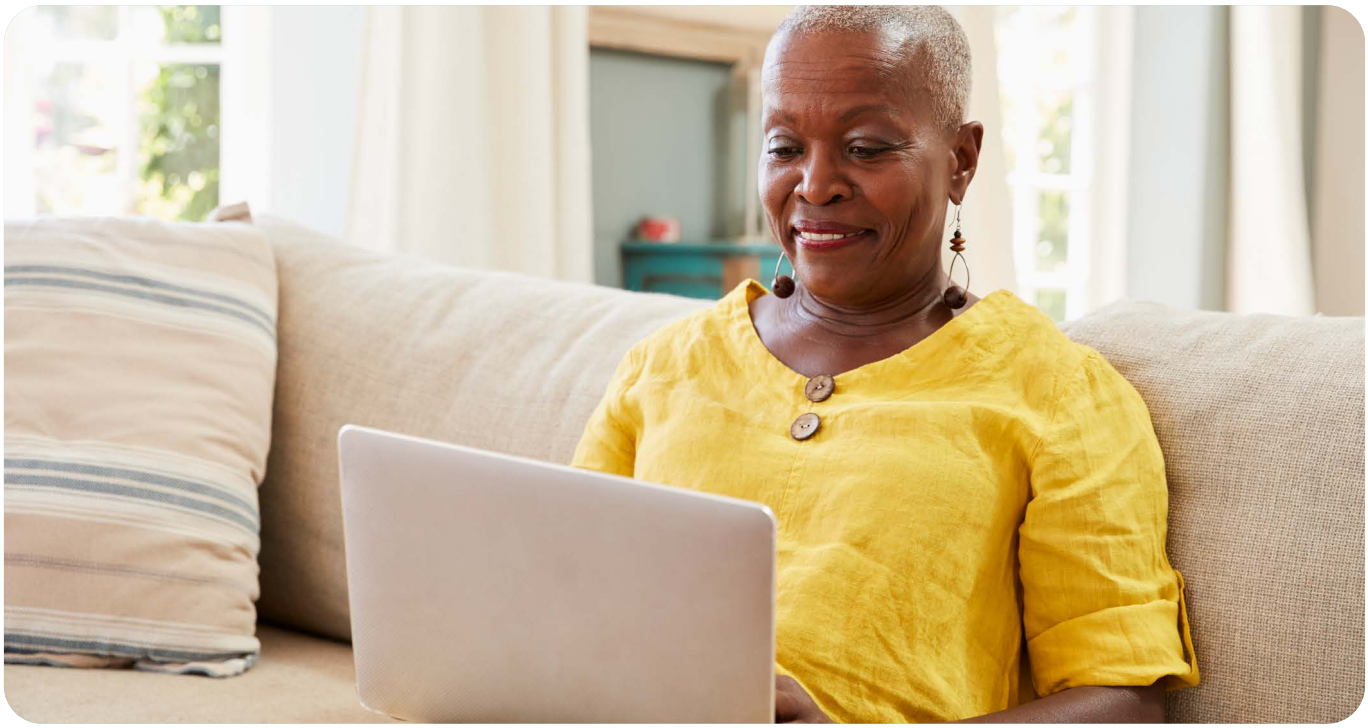
Activities and Inclusion

Colder weather and shorter days can sometimes increase feelings of isolation for the people you support. You can make a real difference by helping them to stay connected with family and friends, whether that's by phone, video chat or letter writing.

Think about ways to encourage enjoyable indoor activities too, such as reading, puzzles, crosswords, games, or watching favourite films. Having a TV guide, books, magazines, and preferred snacks available can make these activities more enjoyable. Always take time to find out what matters most to each person, and look for opportunities to support their individual interests indoors.

Winter time is also a season full of cultural and faith celebrations, such as Thanksgiving, Advent, Christmas, Hanukkah, Diwali, Bodhi Day, the Winter Solstice/Yule, Chinese/Lunar New Year, and sometimes Eid. These festivals can provide meaningful opportunities for connection, joy, and reminiscence. You might support service users to celebrate through music, storytelling, cooking, or simple craft activities. Making decorations, listening to seasonal or traditional songs, sharing family recipes, or learning about different cultural customs are all excellent ways to bring a sense of belonging and enrichment.

By combining practical support with creativity and cultural awareness, you can help people feel more engaged, valued, and connected during the winter months.



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Employees

Winter Rota Planning

The festive season is one of the most fun times of the year. For those of you tasked with planning the rotas, here are some helpful tips below that can stop the headache and leave you more time to enjoy it!

Plan Ahead

Send out emails in November to the people you look after or their support network to confirm which visit they require over the Christmas and the New Year period. This will help you to plan in advance and avoid overstaffing.

Check your In-House Policy Arrangements

Staff will naturally ask you what your policy is on working over the Christmas and New Year period. Every organisation varies. Some work the rostered rota, others allow shift swaps, and others ask staff to take a share of the work each. Whatever your policy, make sure that it is clear and that everyone understands what to expect.

Revisit Last Year

Before you create your rota for this year, do revisit what happened last year so that you can do your best to keep things fair.

Shift Adjustments

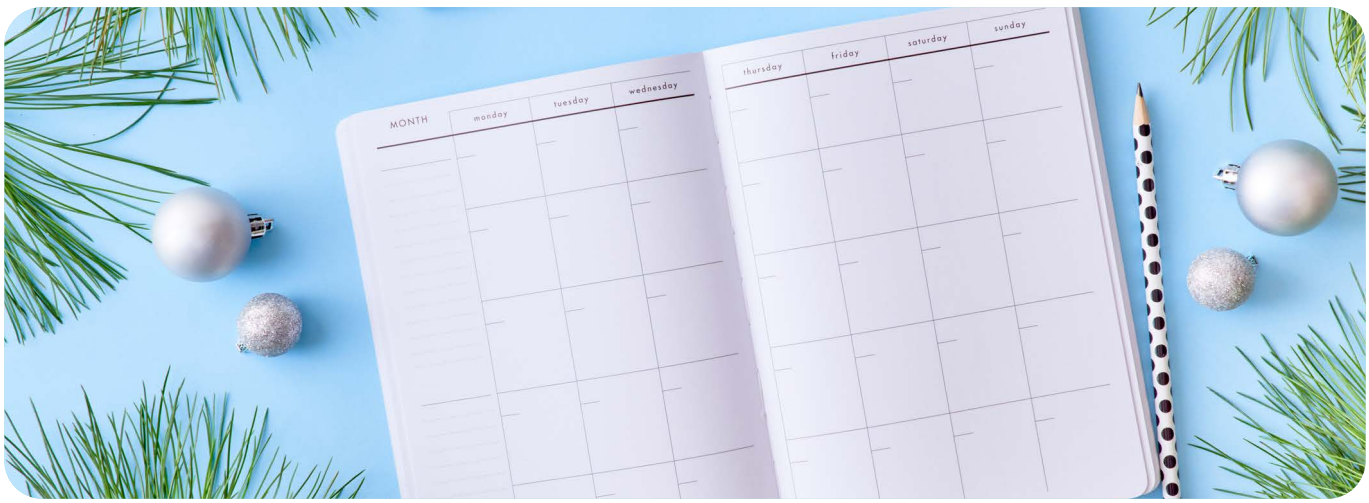
If you usually run on 12-hour shifts, consider splitting these into shorter shifts so that everyone has a chance to spend time with their own loved ones.

Additional Staff or Standbys

For the critical days over the festive period, arranging standbys gives peace of mind that there are back up staff in the event of the unexpected or staff sickness.

On call

Plan your on-call rota well in advance, ensuring fairness and so that people can make plans.



Lone Working

The winter months can seem long for a lone worker. There's every chance that work could start and finish in the dark. Make sure you encourage staff to stay safe by:

- Completing lone worker risk assessments that are regularly reviewed
- Mitigating any highlighted risks
- Ensuring that your lone workers have a full understanding of, and access to, the following:
  - Health and Safety Policy and Procedure
  - Accident and Incident Policy and Procedure
  - Lone Working Policy and Procedure
- Providing a torch
- Providing personal alarms
- Advising them to park in well-lit areas
- Sharing information on good winter car maintenance
- Changing where they park or their route, from time to time (if they street park)
- Checking in with staff during their shift - a text message goes a long way
- Offering debrief sessions - these are even more crucial when staff have an emotionally demanding workload
- Making sure that staff are fully aware that the on-call person is always available whilst they are on shift to answer any questions and offer support
- Organising some events that encourage contact time and connection with the wider team such as a coffee morning, afternoon tea or drop in window
- Organising team learning days
- Putting updates on your social media help to forge connection

Staff Connection in Winter

With the long and light summer days gone, people tend to want to hunker down in the winter months. With this in mind, it can seem like running through mud organising activities to keep staff connected during this period. Here are some ideas that might keep you and your team motivated and engaged as the festive period approaches:

- Instead of a traditional Christmas party, why not try out an escape room or scavenger hunt?
- Is there a charity that you could pick to support, a food bank to donate to or a local scheme to help?
- Create a real focus on wellness,
  - You could do a virtual or in-person group meditation session every Friday for instance
  - You could organise a supportive in-house wellness club with a focus on healthy eating and exercise
- Revamp your office space. If your office is looking tired, have a sort out, get some plants and spruce things up – this can help to motivate and elevate mood
- Keep in touch with the team – regular contact, be it through text, social media or an old fashioned telephone call which is invaluable in maintaining connection – although nothing beats in-person of course

Cost of Living

It's true that we are living in a time where costs are escalating beyond our control, adding to pressures and feelings of overwhelm. These factors can be true for both staff and individuals to whom we offer our support and care.

There are things that we can do to check in on both our staff and people we support to offer further help and guidance.

Look for signs that individuals may be struggling financially:

- Unwillingness to use heating
- Reluctance to have cooked food (prepared in the home) as it uses energy
- Skipping meals
- Not wanting to wash clothes regularly
- Low mood
- Not going out

What you can do:

- Ask if there is a friend or relative who can help them make a plan
- Refer them to a financial advocate
- Liaise with their social worker (if they have one)
- In community settings, locate your local food banks and disseminate the information to all

Signs that staff may be struggling financially:

- Being unable to get to work
- Not bringing food to work
- If meals are provided, eating a lot of food at work (as it could be their only meal of the day)
- Low mood
- Easily overwhelmed
- Not attending social events (as these may cost them additional money)

What you can do:

- Check in with staff, ask how they are doing
- If you are able to offer meals during shift this will be welcomed
- Instead of giving flowers as a reward for achievement, consider that some staff may find a supermarket voucher more beneficial
- Would setting up car shares be a welcomed proposal?
- Are you able to offer a bus pass as a perk?

Things that we can do as providers for everyone

The most important element you can offer to both staff and individuals you provide care to is offer them with the opportunity to talk, formally or informally, providing a safe space for them to share how they are feeling.

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Employee Welfare Checklist

Name of Employee:	
Date of Welfare Check:	
Welfare Check conducted by:	
Position of person carrying out the Welfare Check:	
Date of next scheduled Welfare Check:	

Frequent conversations and contact with employees will support their welfare and mental wellbeing. Use this form to support the welfare conversation with employees and note down any observations.

Employee to indicate how they have been feeling:					
	At no time	Some of the time	More then half the time	Most of the time	All the time
I have felt cheerful and in good spirits	☐	☐	☐	☐	☐
I have felt calm and relaxed	☐	☐	☐	☐	☐
I have felt active and vigorous	☐	☐	☐	☐	☐
I woke up feeling fresh and rested	☐	☐	☐	☐	☐
My daily life has been filled with things that interest me	☐	☐	☐	☐	☐

Employee Welfare Checklist

Wellbeing Questions			
	Yes	**No**	**Comments** *Where the employee has answered 'yes', discuss their feelings in more detail*
Have you been worried about work?	☐	☐	
Have you suffered from any anxiety?	☐	☐	
Have you been suffering from a variety of different emotions?	☐	☐	
Have you suffered any emotional upheaval? Do you resonate with any of the points listed in Appendix A?	☐	☐	
Have you suffered from any social reactions as listed in Appendix A?	☐	☐	
Have you suffered from any psycho-social reactions during the nature of your work, as listed in Appendix A?	☐	☐	
Have you suffered from any cognitive reactions as listed in Appendix A?	☐	☐	
Have you suffered from any physical reactions as listed in Appendix A?	☐	☐	
Have you suffered from any behavioural reactions as listed in Appendix A?	☐	☐	
Are you able to exercise regularly to support your mental wellbeing?	☐	☐	
Do you look after your own health and wellbeing?	☐	☐	
Do you have a regular sleep pattern?	☐	☐	
Do you have any dependants at home? (children, vulnerable people etc.)	☐	☐	
Are you able to balance work life with any dependants you may have?	☐	☐	
Have you felt lonely/isolated during this winter?	☐	☐	
Have you suffered any financial difficulties during the cost of living crisis?	☐	☐	

Wellbeing Questions

Are there any other issues or concerns not covered so far that you would like to discuss?

Have you felt supported in your role?
Detail here any bereavement or signposting to appropriate services

Overall Comments

Support Required

Appendix A

Emotional Reactions					
Feeling numb cold, stunned after an incident	Fearfulness	Distress	Helplessness	Guilt - at wanting to help but unable to due to self-isolating; at the death of someone; at surviving	Hopelessness
Anger	Anxiety	Stress	Sense of dread		

Social Reactions					
Social withdraw	Avoiding work – sickness absence, arriving late, disengaging from meetings	Interpersonal conflict	Unable to engage relationally as usually would	Difficulties in navigating multidisciplinary contexts or finding authority within these settings due to changes in priorities	

Psycho-Social Reactions					
Feeling the impact of others' anxiety on themselves	Compassion fatigue – feeling exhausted through showing empathy, care and compassion for others	Vicarious trauma – feeling the effects of trauma of others transferred onto yourself	Feeling responsible for the pressures within the wider system and for resolving these		

Appendix A

Cognitive Reactions					
Reduced concentration	Forgetfulness	Confusion	Reduced confidence in self or others	Hypervigilance – always on alert, scanning the environment; constantly watching the news etc. for information on the pandemic	Intrusive thoughts in the mind
Denial that the situation is occurring	Indecisiveness				

Physical Reactions					
Headaches	Exhaustion and lethargy	Difficulty sleeping or staying asleep	Hyper-arousal	Reduced appetite	Nausea/ gastrointestinal symptoms
Heart racing or pounding	Pain in the chest/ chest tightness	Sweaty hands	Night sweats	Pale	

Behavioural Reactions					
Social withdrawal – from colleagues, managers, friends and/or family	Behaviour that is out of character	Irritable	Crying or tearful	Increased use of alcohol, illicit drugs, cigarettes, or prescription drugs	Reduction in self-care (untidy, dishevelled)
Heightened self-care, i.e. excessive showering, disinfecting	Increase in minor accidents/risk taking	Restlessness			

Appendix B - Manager's Guidance

To support the wellbeing of employees, there are a range of things that can be done by a manager to offer support with this:

- **Be visible** – ensure that staff maintain daily contact with their team, whether this is via remote technology or under social distancing measures. As a manager, you must continue to remain visible with the workforce and organise and attend team meetings to ensure communication is maintained
- **Be available** – employees must know how to contact their line managers and who to contact in their absence, ensuring they are available and able to respond in a reasonable timeframe
- **Check on basic needs** – are staff members' basic needs being met? Do they get enough sleep? Are they eating and drinking enough?
- **Promote coping strategies** – signpost staff to support resources and any in-house support that may be provided
- **Promote self-care** – discuss at team meetings or during catch ups with staff what they are doing to maintain their own self-care, i.e. yoga, arts and crafts, gardening etc.
- **Model empathy, compassion and kindness** – emphasise during these times the good that is being done. Encourage achievement and ensure staff know of any positive feedback received about the service
- **Frequency of supervisions** – increase the opportunity for staff to have more conversations and supervisions to support them in their role especially during challenging periods. Allow, during the supervision, any feelings and experiences the carer may have to be discussed, where they want to do this
- **Promote connectedness** – ensure the team feels connected; this could be through daily check-ins each morning or huddles with the team to allow people to stay connected with what is going on. Use a variety of forms of promoting connectedness through virtual and face-to-face means
- **Promote learning** – ensure learning is maintained and developed pandemic as staff must be supported to carry out their role. Ensure new relevant learning is factored in
- **Share information** – ensure you provide staff with reliable and up-to-date information relevant to your service. Information can be shared in a variety of ways including blogs, newsletters, bulletins, factsheets, memos etc.
- **Support yourself** – ensure that you are also thinking about your own emotional needs and wellbeing and ultimately that you take care of yourself
- **Spend time in nature** – encourage staff and yourself to spend some time in nature, even if it is only 10 minutes during the day. Studies have shown this has positive effects such as stress reduction, lower heart rate as well as providing the opportunity to reset and re-energise

(Sourced from the COVID-19 - Guidance for the Support and Wellbeing of Adult Social Workers and Social Care Professionals in a Pandemic Crisis (NHS: Tavistock and Portman NHS Trust, 2020))

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Business Continuity

Adverse Weather

In England, the UKHSA first published the Adverse Weather and Health Plan in 2023, with an update in 2025

The UK Adverse Weather and Health Plan is a comprehensive strategy designed to address the impact of extreme weather events on public health. It aims to mitigate risks and enhance preparedness for adverse weather conditions, such as:

- Heatwaves
- Floods
- Storms

The plan includes measures to monitor weather patterns, provide timely warnings and implement emergency response protocols. It also emphasises public education, communication, and coordination among government agencies, healthcare providers, and local communities to ensure the well-being and safety of the population during severe weather events.

Although this plan applies to England it is a useful resource to refer to alongside Public Health Wales Guidance.

Heatwaves and hot weather warnings

Register for Weather-Health Alerting system -

- Weather-Health Alerting system registration form (office.com)

In Wales refer to Public Health Wales guidance here:

- https://phw.nhs.wales/services-and-teams/environmental-public-health/weather-and-health1/

Flood alerts and warnings

To check current flood alerts and sign up for alerts -

- Flood alerts and warnings - GOV.UK (check-for-flooding.service.gov.uk)
- https://flood-warning.naturalresources.wales

Weather warnings

Sign up to keep up to date with any weather warnings issued by the MET office -

- Guide to email alert service - Met Office

Business Continuity Plans

Business Continuity and Adverse Weather

Adverse weather can significantly disrupt service delivery, affecting staff, service users and their families. Having a robust business continuity plan in place ensures that services continue with minimal interruption. This includes having in place clear communication channels, flexible working arrangements, and contingency plans for transport or power disruptions. Preparing in advance and making sure staff are aware of procedures helps maintain safety, service quality, and operational resilience during severe weather events.

A good business continuity plan will:

- Identify potential risk
- Assess potential impact
- Monitor ongoing risks
- Develop strategies to reduce business disruption

By having a business continuity plan in place, providers can effectively respond to crises, such as:

- Adverse weather events
- Building issues
- Civil emergencies
- Data, IT and cyber security issues
- Failure of utilities
- Acute Respiratory Infection
- Fuel shortages
- Pandemics
- Supply chain issues including medication
- Staffing and recruitment
- Financial viability
- Quality assurance

Business continuity plan testing

Regulators and commissioning teams are very clear on expectations around business continuity plans that require you as a provider to:

- Develop a comprehensive plan
- Assess risks and impact
- Engage staff
- Regularly monitor, review and update
- Test and practice
- Collaborate and share findings and plans

QCS have produced a business plan template available as a free download here: Business Plan Template | QCS

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Business Continuity Plan Test

Date of Test			**Location of Test**		
Type of Test	☐	Desktop	☐	Practical	☐ Other
Time Test Started			**Time Test Complete**		

You can follow the scenario below or alternatively use the template and create a bespoke scenario for your service.

Scenario: **One** – *Use Log of Responses*

It's Bonfire Night and you've decided to have a fireworks event at the service.

The BBQ is set up at the back of the garden under the oak tree to give the cook some shelter. The fireworks are set up on the fence and across the perimeter of the garden and taped off to prevent access.

Risk Assessments are in place, all cover the event fully.

The event goes off without incident and everyone retires to bed happy.

However, the event did overrun, and the cook didn't shut down the BBQ properly and some embers remained. The cook was tired and said he would 'clean it properly and pack it away first thing in the morning,' as he had already 'worked extra hours to help out' even though he didn't have to.

At around 11.30pm one of the night staff went outside for a cigarette and noticed the rubbish next to the BBQ was on fire, spread to the tree and onto the fence.

You are the night staff on duty. What do you do?

Scenario: **Two** – *Use Log of Responses*

The Fire Officer requests the service be fully evacuated due to embers settling on the roof?

When the fire brigade arrived the tree and fence were ablaze and has reached the main bin storage area. Some bins were open, and as a result the contents are on fire next to some drums of cooking oil awaiting collection.

The service users are now waking up and becoming distressed. There are three of you currently in the building.

What do you do?

To make matters worse, the Fire Brigade have requested you evacuate the building as embers have been landing on the roof and gutters. They are concerned the roof might catch fire.

What do you do next?

Scenario: **Three** – *Use Log of Responses*

The Fire Brigade managed to put out the fire.

But, the old oak tree has split due to the heat and one large branch has fallen and hit the corner of the building, damaging some of the brickwork and guttering.

The rest of the tree is hanging towards the building and needs to be felled. This means none of the service users are able to return to the building until the tree has been made safe the following day. There is also some water damage in the building.

As a result, the Fire Brigade has banned entry until a full structural survey is done in the morning.

Who is now in charge of the situation and what do you do now?

Scenario: **Four** – *Use Log of Responses - Finally complete Lessons Learnt*

The next day you get the all clear and service users can return to the building.

Who is now in charge?

Log of Responses

Attendees/Participants				
NAME	POSITION/ROLE	ROLE IN TEST	SIGN	DATE

Business Continuity Plan Test

Attendees/Participants		
NAME	SCENARIO	COMMENTS

Business Continuity Plan Test

Business Continuity Plan Test - Conclusion

Name of Test Lead		**Sign**	
Date discussed in management meeting			

Business Continuity Event Lessons Learnt

Attendees List and Role					
NAME	NAME	NAME	NAME	NAME	NAME

Summary of Event Being Reviewed (Description and Feelings)

What worked well (Evaluation & Analysis)

What shortcomings were identified (Conclusion)

Business Continuity Plan Test

Manager's Comments/Sign Off

Lessons Learnt Action Plan		By Who	By When	Review Date
Issue Identified	Issue Identified			

Signature		Date	

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Leadership and How to Prepare for and 'Thrive' During Likely Challenges Experienced During Winter - Checklist

1. ACUTE RESPIRATORY INFECTION (ARI)

What should we be doing?	How can we do it?	Are we doing it?
Vaccinations	⊙ Liaise with health professionals regarding vaccinations to ensure they are prioritised ⊙ Liaise with staff and residents/service users about the need to have the flu and other available vaccinations ⊙ Ensure that staff are given time to be vaccinated by reviewing rotas and allowing time for them to visit their GP ⊙ Develop a recording system for staff and people using the service to keep a record of who has been vaccinated, and any reasons why they are not being vaccinated ⊙ Start a vaccination campaign to promote awareness of the importance of vaccinations such as Flu and COVID-19 ⊙ Consider people who have dietary restrictions or needs. Alternatives to the standard flu vaccine for vegans are available	☐
Be aware of, review and follow the latest guidance provided by the Government and other agencies	⊙ Be proactive with commissioners, health services, regulator, other agencies and the wider Local Authority ⊙ Ensure that there is a person responsible for monitoring latest guidance ⊙ Discuss changes in management meetings, and the implications for the service ⊙ Ensure that the service is signed up for alerts from DHSC/UKHSA/Welsh Government ⊙ Make contact with local provider forums/ alliances. Join a membership body eg. NCF and NCA to ensure you have sector support and can share ideas	☐

1. ACUTE RESPIRATORY INFECTION (ARI)

What should we be doing?	How can we do it?	Are we doing it?
Make sure we have procedures in place to share information internally/externally	⊙ Have regular team meetings to share information ⊙ Have ARI's an item on supervision agenda ⊙ Check the understanding of the person receiving the information ⊙ Sign up to be part of any local provider forums	☐
Ensure that you and your staff are following any testing requirements	⊙ Follow any current testing requirements in line with UKHSA/Welsh Government guidance ⊙ Include in your staff plan how information is discussed and cascaded	☐
Prepare for 'further waves'	⊙ Undertake a review of how the service plans to manage outbreaks ⊙ Reflect on any previous lessons learned ⊙ Document the review to provide evidence that you are focusing on improvement ⊙ Involve staff, residents/service users, external stakeholders, and relatives and loved ones ⊙ Be honest and open about where you could have done better ⊙ Share updated plans and processes ⊙ Understand that during winter ARI may be combined with additional pressures such as, Norovirus and other health concerns ⊙ Build capacity into your plans to ensure a sufficient pipeline of staff	☐
Review your procedures for visits in and out	⊙ Regardless of setting or location you should review your visiting policies in line with the latest government guidance ⊙ What measures do you have in place for supporting people to access the community, hospital appointments, visiting friends and family	☐
Assess the levels of PPE stock and supplies that will be required	⊙ Order sufficient PPE stocks now to ensure that if/when demand increases over winter you have stocks available, and are not forced into purchasing poorer quality, or PPE at an increased cost ⊙ Keep in contact with your suppliers and develop a positive relationship	☐

2. STAFFING

What should we be doing?	How can we do it?	Are we doing it?
Understanding staff needs	⊙ Set up 1:1 meetings with staff to discuss their wellbeing, any concerns they may have and the impact of ARI on their personal circumstances. For example, hold individual wellbeing meetings with staff to understand about personal circumstances and ARI concerns ⊙ Consider implications for the service. For example, does the staff member have elderly relatives, other caring roles, children of school age or uses public transport? ⊙ Support each staff member and develop Wellness Action Plans ⊙ Carry out risk assessments for all staff to identify those who may be vulnerable to ARI's	☐
Rota planning	⊙ Develop a rota in conjunction with staff and where possible include individual requests ⊙ Develop and publish future rotas for a longer period than usual to make staff aware of when they are working. This will assist with winter period pressures and promote a proactive approach focused on working together ⊙ Carry out a risk assessment based on your workforce to understand the impact of winter pressures	☐
Assessing skills, knowledge and experience	⊙ Ensure that the rota has a balance of necessary skills to meet the needs of the people using your service ⊙ Undertake a skills audit of the staff team and identify any shortfall ⊙ Assess your training provision to ensure that it supports a reablement/outcome focused approach that promotes independence ⊙ When arranging training, be future thinking and look at what possible areas of need may be more important over the winter period. For example: nutrition, falls, tissue viability, infection control, hygiene and health monitoring	☐

3. RECRUITMENT

What should we be doing?	How can we do it?	Are we doing it?
Reviewing Staffing Resource Pool	⊙ Ensure you have sufficient pools of staff who can work exclusively for your service ⊙ Explore recruitment strategies to recruit new staff such as refer a friend scheme ⊙ Review your recruitment plan and make use of government initiatives ⊙ Build on the enhanced reputation of social care and the service you provide ⊙ Highlight the positives and benefits of working for the service	☐
Relationships with agencies	⊙ Where the use of agency staff cannot be avoided, work with suppliers to ensure you have exclusivity with individual staff to avoid the spread of infections where community transmission is currently ongoing ⊙ In the event of an outbreak, avoid using staff that work between multiple locations	☐
Build on 'good will'	⊙ Take the opportunity to build on your reputation and actively commence recruitment even if at the current time there are limited opportunities	☐
Planning inductions	⊙ Use induction resources from Skills for Care to develop a clear induction plan. Ensure staff understand how to apply infection control requirements ⊙ Use existing staff to assist in inductions, share experience ⊙ E-Learning for Health has a free Care Certificate Course to support staff induction ⊙ Social Care Wales have resources to support with the All Wales Induction Framework	☐
Online training	⊙ Be proactive in researching online offerings and technological solutions to training	☐

4. SUPPLIES/SUPPLIERS

What should we be doing?	How can we do it?	Are we doing it?
Relationships with suppliers	⊙ Open communication with suppliers ⊙ Pay them promptly, as this will assist with them responding positively to requests ⊙ Contact suppliers regularly to stay in touch, even if you do not require anything at the present time ⊙ Review who you get supplies from and see if you could rationalise and focus on specific suppliers – base this on quality of products and value provided ⊙ Where there are shortages of supplies communicate this via the Capacity Tracker (England Only)	☐
Reviewing potential need	⊙ Review the amount of stock you need, and plan for potential future demand ⊙ If stock is non-perishable, then review winter needs now and order sufficient quantities, especially relevant for hygiene products and PPE ⊙ Do not stockpile, particularly with medicines	☐
Long-term contracts	⊙ Review contracts that you have and see if there is any benefit of negotiation and formalising/extending contract period ⊙ Work closely with commissioners to explore new opportunities for development or expansion where appropriate	☐
Contractor/Supplier Vaccination Requirements	⊙ Review arrangements with suppliers to ensure robust process are in place in order to comply with requirements without interruption to service continuity	☐

5. ENVIRONMENT

What should we be doing?	How can we do it?	Are we doing it?
Hygiene	⊙ Ensure that robust audits are carried out and these should be morefrequent over the winter period as infections are more easily spread ⊙ The audits are recorded, reviewed and actions highlighted and followed through by management ⊙ Ensure staff training promotes hygiene and continue to highlight it over the winter period ⊙ Management should carry out and complete spot checks with a particular focus on cleanliness and hygiene	☐
Adverse winter weather preparation	⊙ Ensure that adequate supplies of salt are available to manage icy pathways to the premises of the service where the service office remains open ⊙ Shovels and other items to support safe entry and leaving the premises are available ⊙ Staff are prepared for winter travel between work locations and their transport is regularly maintained ⊙ Contingencies are in place for when they might be needed, such as 4x4 vehicle hire ⊙ Ensure that all servicing is up to date on the premises, for example, heating, lighting, lifts and kitchen appliances etc., where applicable ⊙ Staff are aware of the need to report any issue with the environment, and management respond effectively	☐

6. BUSINESS CONTINUITY PLANNING

What should we be doing?	How can we do it?	Are we doing it?
Aware of government guidance	⊙ Management must keep up to date with the changes in guidance ⊙ Management must be able to demonstrate a process for ensuring the most recent guidance is used within services ⊙ When appropriate, relevant information should be shared with staff	☐
Flu pandemic	⊙ The Business Continuity Plan should be reviewed and updated to reflect the possible implications of a 'Flu pandemic'	☐
COVID-19	⊙ The Business Continuity Plan should be reviewed and updated to reflect the possible implications of a 'further COVID -19 wave'	☐
General business continuity	⊙ The management should ensure that a continuity plan is in place reflecting a range of issues and responses ⊙ In addition to COVID-19/flu ensure your business continuity plan includes other areas such as such as data, cyber security, staffing, adverse weather, fuel shortages, transport disruptions and any other local issues you feel are required ⊙ The management should ensure this plan is both reviewed and tested regularly	☐

7. MANAGEMENT OVERSIGHT

What should we be doing?	How can we do it?	Are we doing it?
Quality monitoring	⊙ Keep notes on any quality inspections/audits and ensure details of action plans are retained	☐
Monitoring audits	⊙ Ensure that there is an annual plan of audits with evidence of continual improvement	☐
Developing action plans to address quality issues	⊙ Develop with staff and ensure that the person accountable for actioning has the necessary experience to complete them	☐
Statement of Purpose	⊙ Make sure the Statement of Purpose is kept up to date ⊙ Ensure that any changes to the service are reflected in the document ⊙ Where any changes are made, ensure the regulator is notified	☐
Developing evidence	⊙ Set up a file to collate all regulatory evidence and review evidence monthly or earlier ⊙ All audits to be filed for easy reference with action plans ⊙ Ensure that all action plans are reviewed and updated with a reason detailing why an action has not been met	☐
Developing local networks, sharing resources	⊙ Get involved in local networks; this is a great opportunity to network and find out about new initiatives and share ideas ⊙ Many continue to hold meetings virtually during the pandemic ⊙ Virtual networking events such as Care Road Shows and Provider Forums will enable you to hear and keep up to date from subject matter experts and enhance your knowledge	☐

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Winter Preparedness Checklist

Name of person completing the checklist:	
Date of completion:	
Next review due:	

	Yes	No	Action
The vulnerability of those who use the service has been reviewed ahead of the winter period	☐	☐	
Staff have been made aware of the vulnerability levels during supervisions and team meetings and by the sharing of any action plans	☐	☐	
Where required, correspondence has been sent out to confirm their winter support requirements	☐	☐	
Rotas have been pre-planned, ahead of the winter period	☐	☐	
Staff have been issued their winter rotas in advance	☐	☐	
Where applicable, organisations/individuals have been issued their winter rotas in advance	☐	☐	
Staffing levels are sufficient to meet winter requirements and a strategy is in place via business continuity planning	☐	☐	
Recruitment has been undertaken where staffing levels are low	☐	☐	
The business continuity plan for the service has been reviewed ahead of the winter months	☐	☐	

Winter Preparedness Checklist

	Yes	No	Action
Staff are aware of the business continuity plan and any updates	☐	☐	
PPE stock levels have been reviewed ahead of the winter months	☐	☐	
Any PPE required for winter has been ordered	☐	☐	
Winter suppliers have been sourced for things, such as vehicles, that may be needed over the winter period	☐	☐	
A contact list is in place of all suppliers for staff to refer to	☐	☐	
An emergency contact list is in place within the business continuity plan for staff to refer to	☐	☐	

FURTHER ACTION REQUIRED

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QCS supports over 90,000 customers in the health and social care sector to comply with regulatory standards, prepare for inspections and provide best practice.

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