

# Trafford Community Infection Prevention and Control Team

## Annual report 2020 – 2021

**Do**

- ✓ get vaccinated – [find out how to book your COVID-19 vaccine](#)
- ✓ meet people outside if possible
- ✓ open doors and windows to let in fresh air if meeting people inside
- ✓ limit the number of people you meet and avoid crowded places
- ✓ wear a face covering when it's hard to stay away from other people – particularly indoors or in crowded places
- ✓ wash your hands with soap and water or use hand sanitiser regularly throughout the day

**Don't**

- ✗ do not touch your eyes, nose or mouth if your hands are not clean



Public Health England

PPE guide for community and social care settings including care homes

What PPE to wear and when – an illustrative guide

An illustration of a female caregiver in a blue uniform and mask standing next to an elderly male resident in a wheelchair. Both are wearing masks and gloves.

Department of Health & Social Care

**ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020**

Local Authority Circular

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**Author:** Anna Anobile, Modern Matron, Community Infection Prevention and Control Team (CIPCT)

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## 1. Introduction

The global SARS-CoV-2 (COVID-19) pandemic throughout 2020 into 2021 and beyond has highlighted the importance of promoting and practicing stringent infection prevention and control practices. This has not only applied to health and social care settings and other high risk settings, but also across all sectors of society.

Responding to the needs of health and social care providers, and other settings within Trafford, has been extremely demanding, particularly as COVID-19 continues to present ongoing and fast-changing challenges.

During 2020 – 2021, through collaborative working, the Community Infection Prevention and Control Team continued to support and educate colleagues to maintain assurance around safe and effective infection prevention and control practice, however with work dedicated to COVID-19, monitoring and management of other HCAs was largely halted. This was the case for teams across the UK and worldwide.

This report differs from previous documents, seeking to reflectively review the input of the IPC team, challenges faced, and lessons learnt during the first year of the pandemic. The report narrative will also highlight how partnership working with health and social care partners and other high-risk settings, including supported living and special schools led to positive outcomes.

Changes in the service and priorities for 2021 to 2022 are outlined, and planned work as we move forward to recover and learn to live with COVID-19. As always, guided by The Health and Social Care Act 2008 '*Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*' which sets out requirements for health and social care services to ensure compliance around cleanliness and infection.

The focus for the service continues to improve understanding and best practice around IPC and promote reduction of Healthcare (and social care) Associated Infections (HCAI).

## 2. Infection prevention and control – service management and provision during pandemic

In 2020, Trafford Community Infection Prevention and Control Team was organisationally transferred to Manchester Foundation Trust, where previously employed through Pennine Acute NHS Foundation Trust. The team are permanently seconded to work with Trafford Metropolitan Borough Public Health Department, based at Sale Waterside.

For recruitment, HR and employment responsibility, MFT provide support as parent organisation.

Trafford Community IPC team are no longer responsible for provision of service to Trafford Local Care Organisation providers. As MFT employed, TLCO services, including District Nursing Teams, are now overseen by the MFT Community IPC team.

### Team members:

- Phil Broad, Modern Matron, Band 8A;
- Linda Magennis, Specialist Infection Prevention and Control Nurse, Band 6; and
- Ann Molineux, Assistant Practitioner, Band 4.

Phil was able to retire after long service and accolade with the IPC team in November 2020.

The team were supported throughout 2020, no more so than following Phil's retirement, by Public Health colleagues, notably Director of Public Health, Eleanor Roaf, and Donna Sagar, Consultant in Public Health.

New Modern Matron, Anna Anobile commenced in post at the end of March 2021.

## **2. COVID-19**

### **2.1 COVID-19 in Care Homes – the challenges**

*“The large excess of deaths in care homes shows England, and other countries, didn't adequately protect this vulnerable group in the first wave of COVID”.* Dr Jonathan Stokes, The University of Manchester

From the first two months in 2020 where cases of viral illness causing illness and death in mainly elderly individuals in China, then moving to Europe (Italy in the main), it became frighteningly evident that SARS-CoV-2, later termed COVID-19, could have a devastating effect on care homes and other high-risk settings.

The first cases of COVID-19 reported in UK care homes was during the first week of March 2020.

In mid-March, Hospital Trusts discharged medically fit patients to care homes to free capacity - mandatory testing prior to discharge was only brought into effect a month later.

Although incidents were starting to become evident, the infection control team, as per others across GM and nationally, awaited Public Health England (PHE) and Department of Health and Social Care (DHSC) guidance. The first of which was published 2<sup>nd</sup> April 2020. UK Government claimed in May to have placed a 'protective ring' around care homes, however response to risk was undoubtedly delayed

Much reliance was placed on local response with Public Health (PH), Community IPC, and Health Protection Teams (HPT) pulling together information for dissemination and training. Small local teams already under pressure were stretched to limits, in some areas leading to sickness and ill-feeling, with much attention paid initially to acute settings and risk to ITU beds and hospitalisation – focus on treatment and response rather than prevention.

In Trafford, the team worked collaboratively with colleagues in Public Health, Adult Health and Social Care Commissioning, and the Clinical Commissioning Group (CCG) to support care homes and to monitor COVID-19 cases and transmission in settings which had been forced to close to visitors. The team also linked closely with colleagues across Greater Manchester with the GM Health Protection Confederation to share information, guidance, posters and exchange news and incidents with focus on how to prevent and manage viral transmission within homes.

Initially, it was unknown that COVID-19 could transmit through asymptomatic carriage, and this had a devastating effect on many homes. Asymptomatic testing was introduced in June 2020 for care homes.

Care homes responded quickly to the introduction of asymptomatic testing for residents and staff, despite the complicated and lengthy registration process, additional man hours and enormous effort to introduce. Referred to Pillar 2 (commercial laboratory provision and testing, as opposed to Pillar 1 – PHE laboratory control) PCR - Polymerase Chain Reaction swabs were provided initially by Randox. Service provision shortly after changed to Kingfisher. Reports of delays in receiving swab results (up to 7 days on occasion) were widespread, affecting all areas.

These delays in testing and reporting may have created windows in which infected individuals were not identified and could spread the virus or led to unnecessary isolation of residents. It was then, and remains today, vital to continue to reiterate the importance of stringent IPC precautions, rather than rely on testing as the 'Golden Nugget'.

Lateral Flow Device (LFD) rapid antigen testing for staff, was introduced more widely in November 2020 in care homes, and IPC and the newly formed Swabbing Team assisted with explanation and demonstration around the process for use of the swabs and kits.

Atypical presentation of COVID-19 in older people also led to outbreaks in care homes – symptom presentation not only persistent cough, loss of sense of taste and/or smell, and high temperature, but in older individuals also: confusion; increasing or new delirium; enteric symptoms; headache; general malaise; off food and drink.

This observation was shared widely by IPC teams in GM and nationally was communicated by local teams to the care homes and included in later updated guidance by PHE and DHSC.

The Community IPC Team, at the time managed by Phil Broad, Modern Matron, looked at ways to disseminate information to the homes and other settings, including rapidly changing IPC guidance around personal protective equipment (PPE), isolation, and closure of residential settings to visitors.

To assure safety of individuals required to carry out aerosol generating procedures (AGP) in care homes, within domiciliary care, and other social care settings, Linda provided much needed support throughout the pandemic to fit test staff for FFP3 (Filtering Face Piece) respiratory protection.

In response to request from NHSE/NHSI Lead Nurse to ensure all care homes were supported, nursing colleagues from Trafford CCG assisted with 'Super Trainer' IPC training for care home staff in correct use of PPE (donning – putting on, and doffing – taking off) and other IPC interventions, attending care home car parks rather than entering settings to demonstrate, with much appreciation.

Face to face training and demonstration by Trafford and other IPC teams during 2020 – 2021 moved very rapidly to on-line and virtual platforms. The Greater Manchester Care Home Cell delivered the first COVID-19 webinar in September with representation from PHE, GM Screening and Immunisation Team, and IPC leads, including Trafford's new Modern Matron for IPC, Anna Anobile. As with most teams and services, the use of webinar-based learning, e-learning, and access to other online visuals will undoubtedly continue to provide much needed resource for the care homes, along with planned return to safe face-to-face, on-site training.

Table 1, below, provides a timeline synopsis of IPC observations and reflections around COVID-19 in care homes:

**Table 1**

2020	COVID-19 in Care Homes Timeline – IPC observations and reflections
March-April	<ul style="list-style-type: none"> <li>•UK Government and Public Health England (PHE) slow response to risk to elderly care home residents - reliance on guidance from local Community IPC and Health Protection teams.</li> <li>•COVID-19 care home cases and outbreaks reported first week of March 2020; first care home guidance published 2<sup>nd</sup> April</li> <li>• 'First wave' of pandemic - IPC measures initially reliant on recognising commonly reported symptoms to prevent transmission</li> <li>•Confusion around PPE requirements and poor provision – local authorities work to access and allocate stock</li> <li>•Initially no access to SARS-CoV-2 testing for care home residents poor despite risk to this cohort, provision for hospitalised patients only with symptomatic testing reliant on PHE lab capacity</li> </ul>
May - June	<ul style="list-style-type: none"> <li>•Introduction of local testing platforms and enhanced provision from May 2020</li> <li>•CCG lead nurses, contacted by NHSE/NHSI Lead Nurse to assist and assure re education – 'super trainers'</li> <li>•Infection control 'fund' introduced for Care Homes – 'capacity tracker'</li> </ul>
July - August	<ul style="list-style-type: none"> <li>• Introduction of commercial 'Pillar 2' asymptomatic PCR testing for care home staff and residents</li> <li>•COVID cases in general population fall - random 'false positive' results in care homes cause confusion</li> </ul>
September – December	<ul style="list-style-type: none"> <li>•Increasing reliance on testing and results rather than meticulous IPC practices</li> <li>•PHE and commercial lab capacity stretched, delayed reporting causes anxiety and frustration</li> <li>•Work to re-introduce visiting to care homes safely - lack of collaboration with IPC specialists</li> <li>•Governmental 'push' to introduce Lateral Flow Device/Testing (LFD/LFT) for care home visitors</li> <li>•Cases rise – 'second wave'. Re-introduction of COVID-19 into Care Homes, despite asymptomatic testing. Staff exhausted – lapses in IPC</li> <li>•'Back to Basics' IPC messages reinforced across GM</li> <li>•GPs and healthcare providers slow to recognise atypical symptomatic presentation of COVID-19 in elderly care home residents</li> <li>•Pfizer Biontech COVID-19 vaccine MHRA approval – first vaccine given 8<sup>th</sup> December. Glimmer of hope for care homes.</li> </ul>
January 2021 onwards	<ul style="list-style-type: none"> <li>•Continued roll out of COVID-19 vaccine programme – Oxford/AstraZeneca vaccine MRHA approval 30<sup>th</sup> December</li> <li>•IPC – education, leadership, guidance, remains vital</li> <li>•Reintroduction of IPC care home audit</li> </ul>

## 2.2 Managing COVID-19 outbreaks in care homes – reflections and lessons learnt

Managing COVID-19 outbreaks proved demanding and challenging for the IPC team in Trafford and other areas. Guidance from PHE around management of Outbreaks of Acute Respiratory Illness, to include COVID-19 was first published in November 2020.

Care homes in Trafford are asked to inform CIPCT of any symptomatic or positive cases of COVID-19 to be able to advise. To monitor cases of COVID-19 in England and Wales, the DHSC Capacity Tracker was also introduced in May 2020 to be completed by homes to inform of cases, incidents, or outbreaks. Although duplication of reporting had on occasions caused confusion, the care homes have worked incredibly well report accurately and diligently.

The Capacity Tracker was introduced with The Adult Social Care Infection Control Fund to support adult social care providers in England to reduce the rate of COVID-19 transmission within and between care settings. The fund was extended in October 2020 and, in April 2021 was consolidated with the existing Rapid Testing Fund, to support additional lateral flow testing (LFT) of staff in care homes, and enable indoors, close contact visiting where possible.

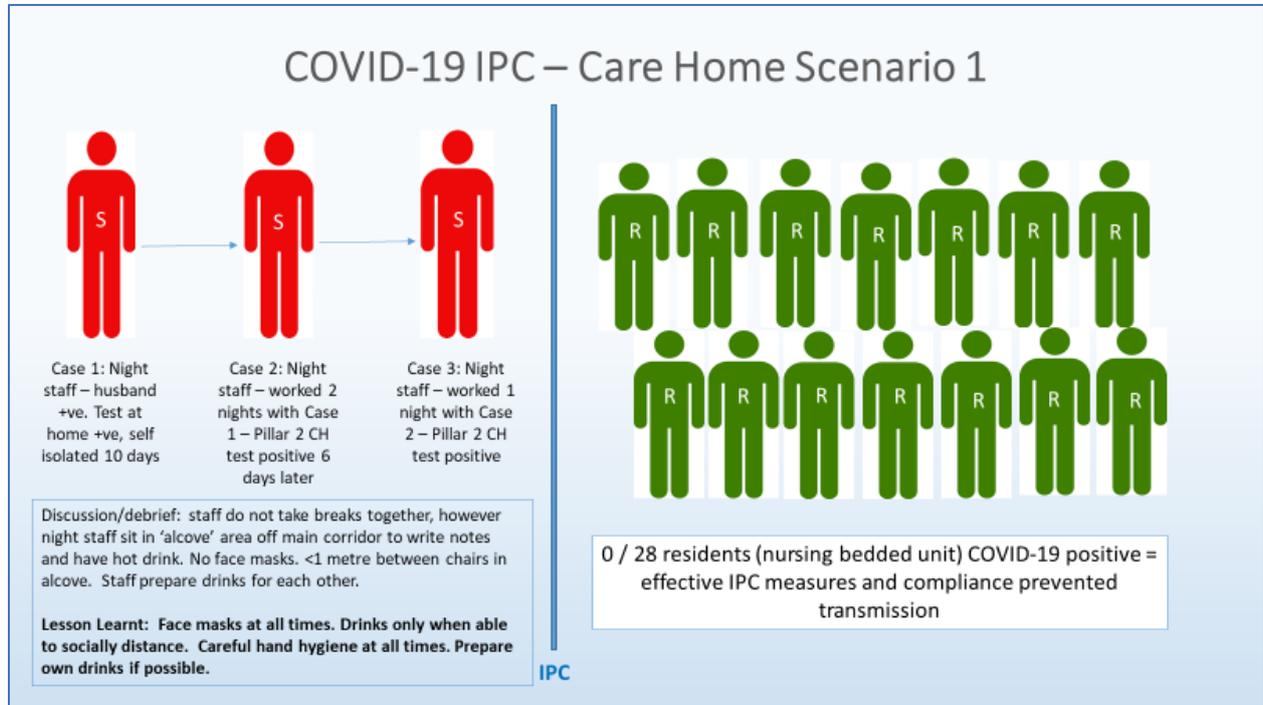
When managed well, respiratory outbreaks, similarly to outbreaks of diarrhoea and vomiting, can prevent on-transmission between staff, staff to resident, and resident to staff.



The following depict outbreak scenarios similar to those seen nationally, across GM and in Trafford:

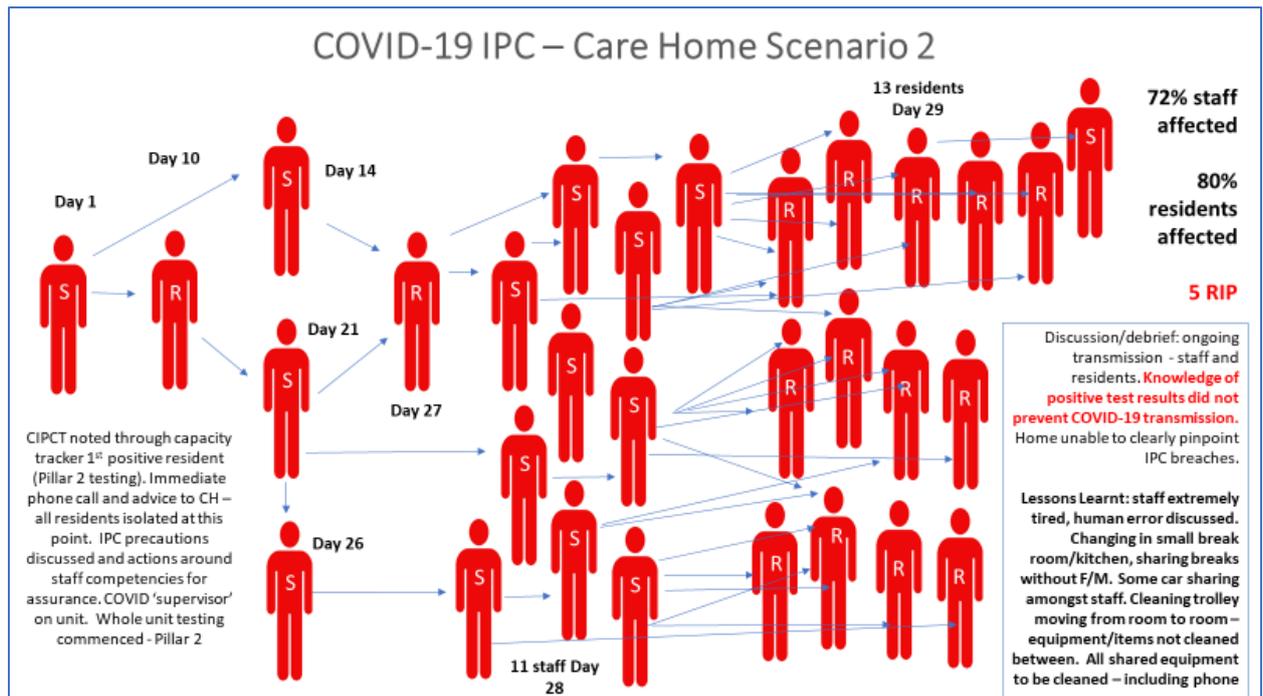
### Care home outbreak - Scenario 1

On-transmission from staff to residents was avoided through implementation of effective IPC measures, rapid testing, and recognition and self-isolation of affected staff:



### Care home outbreak - Scenario 2:

Initial delay in reporting of cases to CIPCT – care home completed capacity tracker. IPC advice and testing potentially delayed. Multiple lessons learnt.



With timely IPC input, appropriate knowledge and implementation of IPC precautions, isolation of affected individuals, leadership and monitoring of staff and residents, viral transmission can be prevented, and this is the message which Trafford CIPCT and other teams will continue to give.

Initial observation period for care homes following outbreak of COVID-19 was 28 days. This changed in February 2021 to 14 days. During an outbreak period in care homes, non-urgent admissions, visits, and transfers out of the home are suspended, therefore this change in guidance was welcomed by IPC teams, care homes, and care home visitors.

### 3.3 IPC Service Feedback from Trafford Care Homes

In April 2021, to ascertain care home perceptions of the help received from Trafford CIPCT, the team conducted a telephone survey of all care homes in Trafford in April 2021.

34 Care Homes (100%) participated in the IPC service feedback survey:

- 91% (31 care homes) were happy with the service provided
- 3% (1 care home) was not happy with the service provided
- 6% (2 care homes) did not specify whether happy or unhappy with service provided

See Appendix 1 for summary of survey findings.

### 3.4 Impact on other high-risk settings and individuals

As with care homes for individuals over 65 years of age, other sectors of the population were identified as ‘high-risk’ of complications from COVID-19.

Table 2 outlines which settings and individual groups to which this applies:

**Table 2**

COVID-19 ‘High Risk’ Community Settings	
High Risk Community Setting – COVID-19 infection	Why?
Care homes for >65s, residential and nursing bedded	<ul style="list-style-type: none"> <li>• Most severely affected - aged over 75 in the general population</li> <li>• A third of those who died from COVID-19 (first wave) lived in residential care homes</li> <li>• University of Manchester claim care home death toll hugely underestimated by up to 10,000</li> </ul>
Supported living settings: individuals with learning disabilities (LD)	<ul style="list-style-type: none"> <li>• 10-year age band with largest number of deaths was 55 to 64 for people with LD, as opposed to &gt;75 for general population</li> <li>• Deaths from COVID-19 in people with LD 2.3 times the rate in the general population</li> </ul>
Black, Asian and Minority Ethnic (BAME) communities:	<ul style="list-style-type: none"> <li>• Black people are at almost twice the risk of death from COVID-19 than White people;</li> <li>• Men of Pakistani and Bangladeshi heritage 1.8 times more likely to die from COVID-19</li> <li>• Women from the same backgrounds 1.6 times at greater risk</li> </ul>
People experiencing homelessness, asylum seekers, and people with no recourse to public funds (NRPF):	<ul style="list-style-type: none"> <li>• Mean age of COVID-19 death in homeless male 58 years</li> <li>• Socio-economic vulnerabilities, poor housing and deprivation increase risk of COVID-19 infection</li> </ul>
Special schools	<ul style="list-style-type: none"> <li>• Vulnerable group generally, however children and young people (CYP) with long-term conditions and health needs remain low risk of complication from COVID-19</li> <li>• Safe delivery of AGP for children with tracheostomies – liaison and learning, GM and nationally</li> </ul>

Prior to the COVID-19 pandemic, Trafford IPC had little input with supported living settings – and this was a similar picture for other IPC and Health Protection teams across GM.

As risk to individuals with learning disabilities (LD) became evident, the team worked closely to identify settings, to advise, and support providers. The team now have regular meetings with Adult Health and Social Care Commissioning team to discuss any issues or concerns around IPC in care homes, supported living (including LD and Mental Health, MH) provision, domiciliary and day care provision.

Linda Magennis was able to visit providers of day care between June and August 2020 (Appendix 2), and in March 2021 to offer advice around cleaning and decontamination, and other aspects of IPC.

The team have also had input with Special Schools around provision of delivery of aerosol generating procedures, including children with tracheostomies to facilitate safe return to classroom learning, including advisory visits to Brentwood and Delamere Special Schools and liaison with school support staff, parents, carers, and the Children's Community Nursing Team. As a result of these interventions, two pupils with higher needs were able to return to school.

#### **4. Infection prevention and control – recovery plan 2021 – 2022**

##### **4.1 Team structure and service provision**

New Modern Matron came into post end of March 2021. Recruitment of a second Band 6 nurse has proved challenging, and the process which began in January 2021 only now come to fruition with new nurse due to start work with the team (September 2021).

The team, once at capacity, will be able to fully plan IPC recovery program.

##### **4.2 Audit program**

Care home audits had to be suspended during the pandemic due to inability to physically visit settings.

A new GM audit tool was presented to the care homes in May 2021 with roll out of 'Baseline' RAG (Red, Amber, Green) audits, different to previous model in Trafford. Planned roll out from June 2021.

Similarly, suspension of premise IPC audits has been the case for General Practice (GP) and Primary Care Settings, with team capacity unable to re-commence delivery. A GM audit tool for GP practices, and Minor Surgery provision is due to be ratified in October 2021, and team will work with GM colleagues to familiarise with content, with plan to re-commence audit inspections in Trafford by November 2021.

Health centre audits no longer fall under the provision of Trafford CIPCT, however weekly link with Manchester Foundation Trust Community IPC colleagues facilitates understanding of any areas of concern.

### 4.3 Training and education

It is envisaged once team capacity increases, and face to face training is able to re-commence safely that link-worker sessions will be planned again – for both care homes, and in conjunction with CCG for Practice Nurses.

Online, virtual, and webinar learning along with small face to face sessions where requested will be provided, as team capacity allows.

### 5. Healthcare Associated Infection (HCAI)

The pandemic throughout 2020 to 2021 forced IPC efforts and input to concentrate on provision of service and support around COVID-19 – monitoring, outbreak management, advice and input.

Review, feedback, and collaborative management of other healthcare associated infections, namely MRSA (Methicillin/Meticillin Resistant Staphylococcus Aureus) blood stream infection (BSI), Clostridium *difficile* infection, and e-coli (Escherichia Coli) Gram Negative BSI proved unmanageable capacity-wise IPC team in Trafford 2020 to 2021. This was also reported to be the case by GM colleagues.

Clostridioides *difficile*: Reduction in prescription of broad-spectrum antibiotics may also reduce the number of cases of antibiotic-related Clostridioides (Clostridium) *difficile* as thought in the UK that antibiotic prescription increased 2020 – 2021 due to closure of GP practices as per Government guidance and increase in telephone and none face-to face patient consultations.

Targeted work and input, including liaison with CCG Medicines Optimisation Team has now commenced to ensure processes in prescription and access to Vancomycin as first line treatment for Clostridioides *difficile* infection for patients in the community and in community settings is robust.

MRSA: Partnership working with MFT colleagues and services, and other health and social care providers has also re-commenced in relation to management, feedback and learning around MRSA BSI.

E-coli BSI: Work around Gram-negative bacteria, in the main e-coli BSI will also be re-commenced, with focused liaison with care homes, and with primary care partners with aim to reduce and manage through education, particularly around importance of hydration, consideration of ‘To Dip or Not To Dip’ urine – rather to appropriately obtain laboratory specimens to prevent unnecessary prescription of antibiotics for wrongly diagnosed urinary tract infection (UTI). Numbers of cases fell in 2020 – 2021, and this may have been attributed to reduction in hepato-biliary surgical interventions.

Table 3 outlines comparative case numbers from April 1<sup>st</sup> 2019 – March 31<sup>st</sup> 2020, and April 1<sup>st</sup> 2021 – March 31<sup>st</sup> 2021.

Organism	2019 – 2020 case total	2020 – 2021 case total
MRSA BSI	Hospital onset – 1 Community onset - 1	Hospital onset – 3 Community onset - 0
Clostridioides <i>difficile</i>	69	79
e-coli BSI	166	158

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## Appendix 1

### IPC Service Feedback from Trafford Care Homes

Care Home	Overall Impression	Comments
Ann Challis	Happy with the service	Happy with the service will be in touch if and when they need to.
Allingham House	Happy with the service	Felt well supported by the IPC team.
Ascot House	Happy with the service	Excellent service from IPC been supportive and came when needed.
Amberleigh	Happy with the service	Very happy with the service.
Ashlands Manor	Happy with the service	Very happy with the service.
Beverley Park	Happy with the service	Happy with the service.
Bickham House	Did not specify	Wanted to know process with inspections and training.
Bradley House	Happy with the service	Fantastic service especially during outbreak.
Brookfield	Happy with the service	Not had to contact IPC often but felt supported when they did.
Bowfell	Happy with the service	Have been happy with the service provided.
The Cedars	Happy with the service	Happy with the service they have been given.
Claremont	Happy with the service	Happy with the service so far.
Debrook Lodge	Did not specify	Experienced problems with LFD tests.
Faversham	Happy with the service	Happy with the service.
Ferrol Lodge	Happy with the service	Happy with the service from IPC.
Flixton Manor	Happy with the service	Been really good got no complaints.
Four Oaks	Happy with the service	Very happy have kept in regular contact well informed of changes.
Handsworth	Happy with the service	Very happy friendly and helpful advice when needed.
Haylands	Happy with the service	Absolutely fantastic.
Heathside	Happy with the service	Very happy with support received from IPC.
Kara House	Happy with the service	Quite happy with the service received.
Lime Tree House	Happy with the service	Contact received from IPC was great.
Lynwood	Happy with the service	Very happy with the service
Manor Hey	Happy with the service	Very happy with the support given from IPC thankful of any updates.
Mayfield	Happy with the service	Happy with the service provided.
Oakfield Croft	Happy with the service	Whole team fabulous very supportive.
Oldfield Bank	Happy with the service	Happy with the service and felt supported.
Our Lady of the Vale	Happy with the service	More than happy with IPC team always there when needed.
Sunrise Senior Living	Happy with the service	Brilliant answered all questions and gave support when needed.
Timperley Care Home	Happy with the service	No issues with IPC team.
Urmston Manor	Happy with the service	Donning and Doffing training was good IPC team very supportive.
Woodend	Happy with the service	Feel very well supported.
Wyncourt	Not Happy with the Service	Abysmal support from IPC team.
York Lodge	Happy with the service	Great advice given very helpful.

**34 Care Homes (100%) participated in the service feedback survey:**

- **91% (31 care homes) were happy with the service provided by IPC**
- **3% (1 care home) was not happy with the service provided by IPC**
- **6% (2 care homes) did not specify whether happy or unhappy with service provided by IPC**

## Appendix 2

### CIPCT – Day Care Provider Visits

Day Care provider/ setting	Date visited	Observations, and IPC advice given
Age UK Sharples Building 1-3 Church Rd Urmston M41 9EH	23 June 2020	Glove use Hand hygiene posters Donning/Doffing poster Wipe use PPE Guidance
Stockdales Mencap Building Navigation Rd Sale	8 <sup>th</sup> July 2020	1 PEG feed service user
Fitzroy 1 Roebuck Lane Sale M33 7SY	8 <sup>th</sup> July 2020	Younger service users Small rooms
Managed by M&J Days Together The Venus 15 Westbourne Rd M410XQ Urmston	9 <sup>th</sup> July  Follow up 3 August 2020	(Usually in Altrincham Methodist Church) Chairs not wipeable; deep clean required Service up and running, going well, small groups Using outside space and going out to parks, outdoor cycling Now has wipeable chairs
M & J Support Services St Matthews Church Hall Chapel Lane Stretford M32 9AJ	31 July 2020	Very vulnerable group All epileptic 2 continuous cough 1:1 plus 1 runner 6 service users, phased return Childs nursery in building
Breakaway 117 Braemar Ave Stretford M32 9LX	3 August 2020	Up and running with 4 service users, may increase to 6 at later date. This is providers own house No need for disposably packaged lunch Lunch can be refrigerated Going out every day in 2 vans
The Quest Scout Hut Stretford	6 August 2020	Large space across several rooms First Aid Paper towels not hand dryers E-bug resources in use Mops/ cleaners used for building
Stockdales Harbour Rd	7 August 2020	1:1 in large room at Stockdales
Trafford Choices	13 August 2020	Attention to cleaning room required Public transport
Pavilion Project Bowden	17 August 2020	Staff and service users unable to wear masks at all times due to service user anxiety
Heather Day Care Partington	17 August 2020	Suggested 8 service users only Considering weekend opening Using dom care staff to just staff day care
Out and About Sale Moor	17 August	5 at the most
One to One St Matthews Church	31 March 21	Age 20-50 Varying capacity All mobile 3 spaces to utilise in building Also go out and about