



BUSINESS CONTINGENCY AND EMERGENCY PLANNING

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Policy Statement

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

The Policy

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

Late Visits

This is different to missed visits which is a separate policy and the two should not be confused. A late visit is when the scheduled visit time is not met by the assigned worker. There are usually built in lateness periods via local authority service specifications and these are usually between 15 and 30 minutes duration. For example; a schedule visit at 7.30pm would not be considered a late visit until 7.45pm or 8pm, using the agreed lateness duration of the local authorities we work with. Unique Personnel has a late period of 30 minutes.

Late visits can be caused by many different situations for example: medical emergency, such as a fall or stroke where medical assistance is needed.

The scheduled visits on that round would need to be covered as its likely the worker would be delayed until the arrival of the emergency services. Family, friends or representatives will be kept informed.

Utilities Failure

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

Adverse Weather/Winter Planning

In situations such as these it would mean rescheduling the visits. Families and social services would be contacted, informed and an explanation given of why the changes had been implemented.

To minimise travel, care workers would be scheduled to start as close to home as possible and some could be scheduled to walk where flooding or snow and ice were present. The employment of locally based staff would assist in this situation. The involvement of family and neighbours would be considered for service users whose needs could be met by this assistance. All service users would be contacted and given information and advice pertinent to the service user, e.g. the times of visits and who would be making them.

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

Pandemic Management

A pandemic is recognised as one of the highest risks faced by the Health and Social Care sector. Public Health England now has responsibility to protect the public's health from such an outbreak and to provide guidance to organisations where the impact of such a pandemic could be catastrophic. They regularly publish Preparedness Strategies, Response plans etc. in the event of such a situation.

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

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

All Local Authorities have an Emergency Civil Plan (ECP) You can access the local authority ECP on the relevant website, this is activated when certain criteria are met.

A multi-agency approach is in place via the health authority and Public Health England and the organisation will follow all available advice and guidance in

managing any pandemic or similar situation. Staff will be advised as to their actions via the office.

Force Majeure Situations

Where a force majeure was in place, e.g. major flooding, fuel shortages, road closures & winter conditions, we would take advice and co-operate in any way possible with the Civil Emergency Team and the statutory agencies involved.

This could include:

- Emergency centres being utilised
- Evacuation procedures
- Staff secondment to assist
- Assisting other providers with visits

We have good local knowledge and our relationship with our multi-agency partners would enable us to deliver the service except where advice was given to the contrary.

We are aware of winter plans from our local authority and the NHS and would seek appropriate advice immediately in order to manage the situation effectively.

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

Related Policies

Co-operating with Other Providers

Continuity of Care for Support Workers

Duty of Candour

Good Governance

Notifications

Related Guidance

- *Regulation 17 Good Governance*

<https://www.cqc.org.uk/guidanceproviders/regulations-enforcement/regulation-17-good-governance>

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

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

Training Statement

Managers will be kept up to date with relevant local plans, as appropriate, at least annually, in order to respond in an effective and efficient manner.

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes.

Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and external courses are sourced as required. Unique Personnel aims for all service users to receive the best possible care and support to be to be independent and to live as securely and as comfortable as possible. Unique Personnel endeavors to achieve this by providing training for all employees to meet all service users' needs.

Addendum - Brexit and CQC Compliance Guidance

In order to remain CQC compliant there are several things that need to be considered and some that should be actively pursued to keep you on the compliance track.

Stay Up to Date

Consider how best to do this, pertinent to the size of your organisation.

Consider a Brexit Reviewer, who would frequently check government guidance, and keep in touch with the L.A. and C.C.G. in your area, both of whom have been told to have a Brexit point of contact.

These are the two particular areas as providers, as they cover medicine supply and those who employ E.U. nationals, who need to comply with staffing requirements which are already thrown into confusion.

E.U. nationals employed in the UK need to register under the E.U. Settlement Scheme. This scheme has 2 gateways:

- Settled Status is for those who have been here more than 5 years.
- Pre Settled Status is for those who have been here less than 5 years.

The scheme is available online with a current end date of 31/12/20 to complete the registration process.

For providers who belong to local or national associations, these are also a good source of information and advice.

Operation Yellowhammer is the code name for the overarching work across all government departments to address the immediate impacts of a no-deal Brexit.

Operation Yellowhammer has outlined possible scenarios. As a provider you need to have a level of preparedness for whatever outcome may unfold.

Impact of Brexit will no doubt vary across the country, but providers near to transport hubs, such as ports, oil refineries, power stations to name a few, may find their risk level is higher, simply because of their geographical location.

Preparations for no-deal have been stepped up considerably and more resources have been made available to plan and prepare for all contingencies. Government guidance will be regularly updated, and with just under 3 months till October 31st it will be a rollercoaster to the end.

Plan Do Check Act (PDCA) is all you can do. No one has a crystal ball, not even the government and until November 1st when we may have an idea of how it will all pan

out in the future, we need to do our best to minimise any disruption or adverse impact on services that is within our control.

Business contingency needs to be updated to reflect Brexit risks.

Remember too, that if you decide that the risks are high enough to disrupt services, the CQC should be notified, in order to keep CQC compliant. These notifications should detail things such as staff shortages due to Brexit implications, any disruption to drug supplies and any other situations where a notification would alert CQC to any difficulties that you as a provider are experiencing.

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- *<https://www.gov.uk/guidance/actions-for-adult-social-care-providers-to-prepare-for-brexit#history>*

- *<https://www.gov.uk/brexit>*