

To: Residents, Power of Attorneys, Next of Kin, and nominated Emergency Contacts

From: Colin Cole, General Manager, Hughenden Gardens Village

Regarding: Care provided by External Carers or External Care Providers

Dear Resident or Your Appointed Nominee,

The Covid-19 situation is a fast changing one and, at ExtraCare, our first concern is always for the safety of our residents, staff and volunteers. We are following guidance from the Department of Health, Public Health England and the Care Quality Commission to reduce the potential for the virus to affect our communities.

The guidance advises that we need to collate an up to date record of residents who may be in receipt of an *external* care plan, i.e. care not delivered by the ExtraCare Team. (External care is any care delivered by an external care provider or by family or friends).

If you receive care support externally, we would like you to supply information about your care plan as soon as possible. We are not intending to take over your external care, but we would like a copy of your care plan to understand your needs should an emergency arise. After we have received this information, our Administration or Care Team will contact you to discuss your plan.

I would be grateful if you would complete the care plan attached (page two) and sign this letter. Please send this information as soon as possible (preferably by email) to:

Colin Cole, Manager, Hughenden Gardens Village Hughenden Avenue, HP13 5XX.

Email: colin.cole@extracare.org.uk .

If you require any further clarification, please do not hesitate to contact me on my mobile number: 07894 229280. Thank you for helping keep our community safe - please look after yourself and stay well in these challenging times.

Yours sincerely,

Colin Cole, General Manager, Hughenden Gardens Village

Please tick one of the following options:

- My care plan is attached*.
- I do not wish to provide a copy of my care plan to ExtraCare.

Signed..... Date.....

Print name:.....

***Please note: if you are not an active Lasting Power of Attorney for Health and Welfare and are completing this on our resident's behalf, your signature indicates that you will have done this with the resident's consent.**

Care Plan	
If I start to show any signs or symptoms of Covid-19 I may need additional help with the following personal, domestic or administrative tasks:	Please state the tasks here:
If I do develop symptoms, I would like support from the following people:	Please state relevant name(s), address, telephone/mobile number, email here:
In an Emergency	
In an emergency, these are my priorities, with respect to my health and wellbeing:	Please state your priorities here:
In an emergency, I would like you to contact:	Please state relevant name(s), address, telephone/mobile number, email here:

Please note:

We are not intending to take over any external care calls, but we would like a copy of your care plan to understand your needs should an emergency arise. This will ensure ExtraCare is able to support you, therefore not compromising your safety or increasing a risk to your health and wellbeing.

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The ExtraCare Charitable Trust, registered charity number, 327186.