



Public Health
England

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Weekly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings
2nd July 2020

Summary

This weekly digest contains a selection of evidence published in the last 7 days, in relation to the prevention and control of COVID-19 in home care/care home settings. We search a number of Covid-19 review repositories, an existing PHE Covid-19 evidence digest, Ovid Medline and Embase, Social Care Online, medRxiv (pre-print server) and various websites. We select peer reviewed and non-peer reviewed publications (pre-prints), as well as systematic reviews, guidance and evidence summaries.

The digest is produced by PHE [Knowledge and Library Services](#) (KLS), in conjunction with a small editorial team.

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Peer-reviewed

| Publication date | Title / URL | Journal / Article type | Digest |
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| 24.06.20 | COVID-19 outcomes among people with intellectual and developmental disability living in residential group homes in New York State | Disability and Health Journal / Brief Report | <ul style="list-style-type: none"> • People with intellectual and developmental disabilities (IDD) living in residential group homes were at greater risk of severe COVID-19 outcomes: case rates – 7,841 per 100,000 for people with IDD compared to 1,910 for NY State; case-fatality – 15.0% for people with IDD compared to 7.9% for NY State; and mortality rate – 1,175 per 100,000 for people with IDD compared to 151 per 100,000 for NY State. • Differences in cases and mortality rate were confirmed across regions of the state, but case-fatality rate was only higher for people with IDD in and around the NY City region. • COVID-19 appears to present a greater risk to people with IDD, especially those living in congregate settings. |
| 25.06.20 | Outbreak of COVID-19 in a nursing home in Madrid | Journal of Infection / Letter | <ul style="list-style-type: none"> • The authors evaluated the status against SARS-CoV-2 of people either residing or working at a privately-run nursing home located at Madrid area (Spain) that was severely affected by an outbreak of COVID-19. • 26 residents (34%) had died of COVID-19 in 15 days; 20/44 staff workers had been on sick leave due to COVID-19 in the last month; 46/50 surviving (92%) residents had data suggesting active or past disease. • 30 (60%) residents still had detectable viral RNA and may be "potential" transmitters, 16 (32%) were non-excreting but seropositive residents and four (8%) naïve susceptible residents at risk of acquiring COVID-19 should be especially protected. • The study highlights the extraordinary risk of lethal spread of SARS-CoV-2 infection in nursing homes, the very rapid transmission of the infection among residents and the high degree of infection in staff members. |

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| <p>25.06.20</p> | <p>Prevention and infection control of COVID-19 in Nursing Homes: experience from China</p> | <p>Age and Ageing / Article</p> | <ul style="list-style-type: none"> • The Chinese Ministry of Civil Affairs formulated “Guidelines on the Prevention and Control of the Pneumonia Epidemic caused by a Novel Coronavirus in Eldercare Institutions”. These guidelines were based on early experience of what worked in nursing homes across the country. This article summarises the main learning points. • An early priority was to establish an epidemic prevention and control work structure and leadership group • Closed management was implemented early in nursing homes. • Regular observations enabled staff to isolate residents rapidly in the event of COVID-19 symptoms. • residents to communicate with their relatives utilizing the telephone and internet. Staff encouraged residents to participate in socially distanced communal exercises. • Nursing homes discontinued group meals and supported individual meals to avoid crowding. • When residents became unwell with COVID-19, they were immediately sent to designated secondary care hospital for treatment. Rapid contact tracing enabled us to identify other residents in the home who were at risk of COVID-19 and test them for SARS-CoV-2. Once residents were ready for discharge from hospital, they returned to their nursing homes and were kept under 14 days of isolation and observation. |
| <p>25.06.20</p> | <p>Research with older people in a world with COVID-19: identification of current and future priorities, challenges and opportunities</p> | <p>Age and Ageing / Article</p> | <ul style="list-style-type: none"> • Older people are disproportionately affected by the COVID-19 pandemic, which has had a profound impact on research as well as clinical service delivery. • Identifies key challenges and opportunities in continuing to conduct research with and for older people, both during and after the current pandemic. • Priorities in COVID-19 research include its specific presentation in older people, consequences for physical, cognitive and psychological health, treatments and vaccines, rehabilitation, supporting care homes more effectively, the impact of social distancing, lockdown policies and system reconfiguration to provide best health and social care for older people. |

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| | | | <ul style="list-style-type: none"> • Highlights new opportunities such as the ability to collaborate more widely and to design and deliver research efficiently at scale and speed. |
| 25.06.20 | Impact of COVID-19 Pandemic Restrictions on Community-Dwelling Caregivers and Persons With Dementia | Psychological Trauma / Article | <ul style="list-style-type: none"> • Restrictions related to the 2019 novel coronavirus (COVID-19) pose unique and significant challenges for community-dwelling caregivers and people with dementia, including disrupted routines, a lack of structure, decreased access to respite care, and new or worsening safety issues related to interpersonal violence and hygiene. • Issues confronting caregivers in the United States are identified, such as experiencing emotional distress, financial hardship and physical strain, balancing increased levels of housework and facing challenges in coordinating with health-care professionals, not being adequately prepared or trained to carry out medical tasks. • Describes possible ways to address some of these concerns, such as using respite care, following routines, setting goals, practising good hygiene, asking for help from and remaining in contact with social support networks. |
| 25.06.20 | Protecting and Improving the Lives of Older Adults in the COVID-19 Era | Journal of Aging & Social Policy / Article | <ul style="list-style-type: none"> • Older adults have been disproportionately impacted by the COVID-19 pandemic. • Government and community actions have been taken to mitigate the spread of the virus and its adverse health and economic effects. • Resulting policy actions can affect older adults negatively, including increased social isolation, economic risk and ageism. • This special issue of the Journal of Aging & Social Policy elucidates the pandemic's effects on older adults and their families, caregivers, and communities, and proposes policies and strategies for protecting and improving the lives of older people, both during and after the pandemic. |
| 27.06.20 | Informal Home Care Providers: the Forgotten Health-Care Workers During the COVID-19 Pandemic | Lancet / Article | <ul style="list-style-type: none"> • The COVID19 pandemic has led to an unprecedented reliance on home care as one pillar of the healthcare system to support people with confirmed or suspected COVID 19. • Policy planners who advocate for home care often make the assumptions that home care providers possess an |

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| | | | <p>appropriate level of health literacy, disease knowledge, psychological readiness, and medical care abilities. Another common assumption is that care recipients live in housing with adequate space where there are facilities for isolated care with ready access to home care materials.</p> <ul style="list-style-type: none"> • Findings from our cross-sectional population-based survey in an urban setting of Hong Kong affected by the early phase of COVID-19 suggest that a sizeable proportion (nearly 25%) of the general population took up informal home care responsibilities during this period. • Given that over half of these individuals were economically active, many informal home care providers bear a double burden of working and being the primary care provider. • During the pandemic, a proportion of these informal home care providers reported having inadequate knowledge about the health-care duties required and increased psychological stress. • Prioritising research in informal home care could help to inform and improve the planning, training, and management of future largescale public health emergencies in the 21st century. |
| 29.06.20 | <p>AGS COVID-19 Policy Brief Offers Roadmap to Government Action for a Critical Group During Pandemics: Older Adults in Nursing Homes</p> | <p>Journal of Gerontological Nursing / Article</p> | <ul style="list-style-type: none"> • Update from the president of the American Geriatrics Society on the Society’s work on Covid-19: • Produced a policy brief outlining core priorities for nursing home care during COVID-19. • Called for quick action to increase production and distribution of important supplies including PPE. • Produced guidance on transfers between nursing homes, hospitals, and other care settings. • Suggested ways of integrating key players in public health. • Reinforced the importance of supporting health professionals. • Reminded legislators to consider the value of supportive tax relief and payment opportunities targeting long-term care. |
| 29.06.20 | <p>Optimizing Medication Management During the COVID-19 Pandemic: It Takes a Village</p> | <p>Journal of Gerontological Nursing / Article</p> | <ul style="list-style-type: none"> • To support frontline health care professionals caring for older adults, the article provides guidance on strategies to |

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| | | | <p>optimize medication management within nursing homes and long-term care facilities.</p> <ul style="list-style-type: none"> • Reviews two medications that have been granted U.S. Food and Drug Administration emergency use authorization for treatment of COVID-19: hydroxychloroquine and remdesivir. • Highlights resources and strategies for improving communication among an interprofessional team during the ongoing pandemic, as well as education on COVID-19. |
| 29.06.20 | <p>Long-Term Care Facilities as a Risk Factor for Death Due to Covid-19 : Discussion Paper DP14844</p> | <p>Centre for Economic Policy Research / discussion paper</p> | <ul style="list-style-type: none"> • A large percentage of the deaths from COVID-19 occur among residents of long-term care facilities. • There are two possible reasons for this phenomenon. First, the structural features of such settings may lead to death. Alternatively, it is possible that individuals in these facilities are in poorer health than those living elsewhere, and that these individuals would have died even if they had not been in these facilities. • Findings show that, controlling for the population density and the percentage of older adults in the population, there is a significant positive association between the number of long-term care beds per capita and COVID-19 mortality rates. • This finding provides support for the claim that long-term care living arrangements (of older people) are a significant risk factor for dying from COVID-19. |

Preprints (non-peer reviewed)

| Publication date | Title / URL | Journal / Article type | Digest |
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| 29.06.20 | <p>COVID-19 related mortality and spread of disease in long-term care: a living systematic review of emerging evidence</p> | <p>MedRxiv / Article</p> | <ul style="list-style-type: none"> • Aim is to synthesise early international evidence on mortality rates and incidence of COVID-19 among people who use and provide long-term care. • A total of 33 study reports for 30 unique primary studies or outbreak reports were included. |

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| | | | <ul style="list-style-type: none"> • Outbreak investigations in LTC facilities found COVID-19 incidence rates of between 0.0% and 71.7% among residents and between 1.5% and 64.0% among staff. Mortality rates varied from 0.0% to 9.5% of all residents at outbreak facilities, with case fatality rates between 0.0% and 33.7%. In included studies, no LTC staff members had died. • COVID-19 incidence rates were between 0.0% and 71.7% among residents and between 1.5% and 64.0% among staff. Mortality rates varied from 0.0% to 9.5% of all residents at outbreak facilities, with case fatality rates between 0.0% and 33.7%. • Found wide variation in spread of disease and mortality rates between outbreaks at individual LTC facilities. |
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Guidance

| Publication date | Title / URL | Author(s) | Digest |
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| Updated 24.06.20 | Coronavirus (COVID-19): provision of home care | Department of Health & Social Care | <ul style="list-style-type: none"> • This guidance is for registered providers, social care staff, local authorities and commissioners who support and deliver care to people in their own homes, including supported living settings, in England. • It includes guidance on: PPE; Shielding and care groups; Hospital discharge and testing; Government support for social care; Information collection and governance; Other areas such as what to do if someone being cared for develops COVID-19 symptoms, mental health support for staff, safeguarding, plus definitions of the different care groups. |
| Updated 25.06.20 | Preparing for COVID-19 in Nursing Homes | Centers for Disease Control and Prevention | <ul style="list-style-type: none"> • This guidance has been updated and reorganized according to core infection prevention and control practices that should remain in place even as nursing homes resume normal practices, plus additional strategies depending on the |

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| | | | <p>stages described in the Centers for Medicare and Medicaid Services reopening guidance or at the direction of state and local officials. This guidance is based on currently available information about COVID-19.</p> <ul style="list-style-type: none"> • It highlights changes that have been made to the guidance, including: • Tiered recommendations to address nursing homes in different phases of COVID-19 response; • A recommendation has been added to assign an individual to manage the facility’s infection control program; • Guidance has been added about new requirements for nursing homes to report to the National Healthcare Safety Network; • A recommendation has been added to create a plan for testing residents and healthcare personnel for SARS-CoV-2. |
| 26.06.20 | CQC weekly coronavirus update for adult social care providers | Care Quality Commission | <ul style="list-style-type: none"> • A regular update for providers and professionals working in adult social care, sharing the latest guidance on COVID-19 and CQC’s approach during this period. • As well as links to guidance from a variety of organisations, it includes accessibility resources to help you communicate about COVID-19, plus death in service guidance and guidance on reducing risk in adult social care. |
| Updated 26.06.20 | Rapid review of public health guidance for infection prevention and control measures in residential care facilities in the context of COVID-19 | Health Information and Quality Authority | <ul style="list-style-type: none"> • The review summarises recommendations that have been issued internationally to limit the spread of COVID-19 and protect healthcare workers and residents. • Guidance for residential care facilities (RCFs) in the context of COVID-19 was identified from 17 agencies. • The guidance includes recommendations on testing, screening, monitoring, isolation, cohorting, physical distancing, visitation, personal protective equipment (PPE), environmental cleaning, immunisation, providing care for non-COVID-19 cases, caring for the recently deceased and governance and leadership. |

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| | | | <ul style="list-style-type: none"> • This version contains updated information from the CDC, UK Department of Health & Social Care, Health Protection Scotland and the Australian Department of Health. |
| Updated 29.06.20 | COVID-19: Guidance for Nursing and Residential Care Homes in Northern Ireland | Northern Ireland Department of Health | <ul style="list-style-type: none"> • This guidance is aimed at Health and Social Care Trusts and registered providers of accommodation for people who need personal or nursing care. • In addition, there are also important messages for relatives and friends of those in nursing and residential homes. • Key messages include: • Co-ordination between care providers, the voluntary and community sector, and the HSC is critical to the success of the strategy for delaying and treating COVID-19. • Workforce: providers and Trusts must plan in partnership, making the best use of all available assets, to ensure the availability and adequate training of staff. • Discharge: all patients discharged from hospitals to care homes should be tested for COVID-19 and isolated for 14 days. • Support: The RQIA's Service Support Team (SST) are available to support nursing and residential care home providers during this crisis. • Access to PPE: Providers should work with suppliers to secure an adequate supply of PPE but will be supported by Trusts where they are unable to source items. |
| 30.06.20 | COVID-19: Regional Principles for Visiting in Care Settings in Northern Ireland | Northern Ireland Department of Health | <ul style="list-style-type: none"> • During this COVID-19 pandemic, normal hospital, hospice and care home visiting arrangements were suspended with key exceptions. • This document follows a review of the restrictions and outlines the principles for visiting which applies to the following, Health and Social Care (HSC) Trust inpatient services, Maternity services, Care Homes, Mental Health and Learning Disability hospital inpatient services, Children's Hospital Services, for the duration for the COVID-19 pandemic. |

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| <p>Updated July 2020</p> | <p>Safeguarding adults during the COVID-19 crisis</p> | <p>Social Care Institute for Excellence</p> | <ul style="list-style-type: none"> • People may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness. • These groups may be targeted because of a number of factors. They may need assistance with some tasks, be less up to speed with technology, more welcoming of new contacts, more trusting and – for many older people – wealthier. There is evidence that social isolation increases the likelihood of abuse. • Safeguarding duties and responsibilities apply to adults who: have care and support needs; are experiencing, or at risk of abuse or neglect and, are unable to protect themselves because of their care and support needs. • There are numerous types and indicators of abuse that we should look out for: physical abuse; domestic violence or abuse; sexual abuse; psychological or emotional abuse; financial or material abuse; modern slavery; discriminatory abuse; organisational or institutional abuse; neglect or acts of omission; self-neglect. • Includes a useful checklist for frontline workers. |
| <p>Updated July 2020</p> | <p>Safeguarding adults with dementia during the COVID-19 pandemic</p> | <p>Social Care Institute for Excellence in partnership with Alzheimer’s Society</p> | <ul style="list-style-type: none"> • Safeguarding adults with dementia is an important part of everyday work for providers of adult social care. This quick guide aims to support care providers and staff to safeguard people with dementia during the pandemic. • There are increased concerns that, during this time, people may be more vulnerable to abuse or neglect. This may be a result of: increased social isolation; stress on carers and caring relationships; overstretched and stressed care staff; an increase in criminal behaviour (scams etc); an increase in domestic abuse; a range of new contacts (volunteers, those delivering food and medicines). • This quick guide aims to support care providers and staff to safeguard people with dementia during the pandemic. |

Evidence Summaries

| Publication date | Title / URL | Author(s) | Digest |
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| Updated 30.06.20 | Coronavirus: health and social care key issues and sources | House of Commons Library | <ul style="list-style-type: none"> • This briefing paper provides an overview of key issues facing the NHS and social care services during the coronavirus (Covid-19) outbreak, and links to official UK and international guidance and data. • It brings together and summarises some of the key issues that Members have raised on behalf of their constituents around the impact of coronavirus on the health and care sectors. • It also lists other reliable sources of information in the health and social care sector, including comment from organisations representing patients, staff and service providers. |
| 30.06.20 | Best practices for personal care workers providing home care in the context of COVID-19 | Newfoundland & Labrador Centre for Applied Health Research | <ul style="list-style-type: none"> • Authors identified 18 guidance documents from national and sub-national governments and public health agencies, with core elements that include infection prevention and control, PPE, screening (staff and patient/clients), and environmental cleaning and disinfection. • They did not find any research publications or expert opinion that directly addresses best practices for personal care workers providing home care in the context of COVID-19. • They included one Cochrane Rapid Review that addresses hospital healthcare workers' adherence to IPC measures in an effort to provide some insights about potential barriers and facilitators to effective implementation. |

Editorials and News

| Publication date | Title / URL | Author(s) | Digest |
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| <p>24.06.20</p> | <p>Covid-19 and lack of linked datasets for care homes</p> | <p>BMJ / Editorial</p> | <ul style="list-style-type: none"> • The covid-19 pandemic has placed a spotlight on how little is known about this sector, and the lack of easily accessible, aggregated data on the UK care home population. • To date there has been no national, systematic approach in the UK to develop care home datasets or to exploit their full potential to enhance residents' care. The authors are collaborating on a study to design, develop, and implement a minimum dataset for UK care homes such as that developed in the US for the Centers for Medicare and Medicaid Services. • The learning from covid-19 will directly inform this work, and the authors intend that any minimum dataset built for UK care homes should be a resource to support residents' care and not just a tool for regulation or cost containment. |
| <p>24.06.20</p> | <p>Covid-19: Continued outbreaks in care homes risk extending pandemic, say experts</p> | <p>BMJ / News</p> | <ul style="list-style-type: none"> • Experts at a Science Media Centre briefing have warned that the number of outbreaks in care homes and a lack of important public health information are still affecting the ability to manage the spread of Covid-19. • Latest figures from the Office for National Statistics (ONS) showed 100 outbreaks in care in England during the week of 8 June—an average of two to three deaths in each care home. • Care homes in some areas had been disproportionately affected, such as in Oxfordshire, where 74% of 129 care homes had had covid-19 outbreaks, and in Islington in London, where outbreaks had occurred in 81% of the 160 care homes. • In the week ending 12 June, the number of deaths involving covid-19 did not increase in any age group for the first time since the pandemic started. But the highest proportion of deaths involving covid-19 (14.2%) occurred in people aged 85-89. |
| <p>25.06.20</p> | <p>Thousands to be offered repeat testing in care homes</p> | <p>Department of Health & Social Care / Press Release</p> | <ul style="list-style-type: none"> • Approximately 10,000 people in care homes will be given repeat testing as part of a new government study into |

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| | | | <p>coronavirus to understand more about its spread in these settings.</p> <ul style="list-style-type: none">• The study will take place across over 100 care homes in England with swab tests (known as a PCR test to test if a person currently has the virus) and blood (antibody) tests for all consenting staff and residents over the next year.• It forms part of Pillar 4 of the Government’s COVID-19 testing strategy to conduct UK-wide surveillance testing to learn more about the spread of the virus. |
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