Public Health England

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Weekly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings
13th August 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.

We do not accept responsibility for the availability, reliability or content of the items included in this resource and do not necessarily endorse the views expressed within them. Our intent is to highlight early emerging research findings as well as research that has been subject to peer review and wider scrutiny.

This week's digest includes: new research on the value of segregating staff to reduce the transmission of COVID-19; a critique of the UK Government's Ethical Framework for the COVID-19 response in adult social care; experiences of US nursing home staff and recommendations for better support; and community prevalence as a predictor of outbreaks of COVID-19 in US care homes. From the UK, further evidence of the value of whole care home testing in detecting COVID-19; and further evidence of the value of sero-prevalence studies to determine the true extent of care home outbreaks. Finally, a summary of recent published guidance including a phased approach to the introduction of visiting in care homes and delivering safe face-to-face care adult day care.

Peer-Reviewed Articles

Publication date	Title / URL	Journal / Article type	Digest
02.08.2020	Community nursing services during the COVID-19 pandemic: the Singapore experience	British Journal of Community Nursing / Article	• Community nurses in Singapore support vulnerable older persons with chronic health conditions. • This report shares the Singapore General Hospital community nursing experience, preparation and transforming efforts during the pandemic, such as team segregation, active screening and triage before visits, a shift from face-to-face to teleconsultation to meet the requirement of safe social-distancing.
05.08.2020	Covid-19: care homes show the failures in UK's response	BMJ / Letter	• Contrasts the experiences of care homes in Wuhan, China with the experiences across the UK, commenting on how we must learn from what has happened and implement measures such as a programme of surveillance to detect infection early, and practical support to deliver an effective infection control response.
05.08.2020	End of life in the time of CoViD-19: the last farewell by video call	Minerva Anestesiologica / Letter	• Commentary on using a video call to enable a dying patient's family to see him for the last time. Family responded positively during follow-up questionnaire.
05.08.2020	"It's like Fighting a War with Rocks:" Nursing Home Healthcare Workers' Experiences During COVID-19	Infection Control & Hospital Epidemiology / Letter	• As part of a larger study on the HCWs' COVID-19 related risks and exposures in the US, authors interviewed 161 NH staff from 28 NHs who tested positive for the virus. • Reports on their experiences and recommends better measures to support them, such as education and training, easy access to and training on the appropriate use of PPE, physical and emotional support.
07.08.2020	Ethical framework for adult social care in COVID-19	Journal of Medical Ethics / Extended Essay	• Summarises the key features of the Government's document "Responding to COVID-19: The Ethical Framework for Adult Social Care" and subjects it to critical analysis. Highlights three primary issues: • the emphasis placed on autonomy as the primary ethical principle;

			- the interface between ethics and law which is largely overlooked; - the lack of attention paid to the concept of responsibility and communal obligations.
07.08.2020	Psychological intervention with elderly people during the COVID-19 pandemic: the experience of a nursing home in Italy	Psychogeriatrics / Note	In the Jewish Nursing Home in Rome which accommodates 19 patients with a mean age of 84.4 years (SD = 7.3; 85% female), psychological interventions have been provided to patients using teleconsultation instead of face-to-face sessions. Discusses pros and cons of this service.
08.08.2020	Staffing Levels and COVID -19 Cases and Outbreaks in US Nursing Homes	Journal of the American Geriatrics Society / Brief Report	- Investigate whether baseline nurse staffing is associated with the presence of COVID-19 in nursing homes and whether staffing impacts outbreak severity. 71% of the 13,167 nursing homes that reported COVID-19 data as of June 14 had at least one case among residents and/or staff. Of those, 27% experienced an outbreak. - Prevalence of COVID-19 in the community remains the strongest predictor of COVID-19 cases and deaths in nursing homes, but higher nurse aide and total nursing hours may help to contain the number of cases and deaths.
10.08.2020	Association of Nursing Home Ratings on Health Inspections, Quality of Care, and Nurse Staffing With COVID-19 Cases	JAMA / Research Letter	Across 8 states, high-performing NHs for nurse staffing had fewer COVID-19 cases than low-performing NHs. In contrast, there was no significant difference in the burden of COVID-19 cases between high- vs low-performing NHs for health inspection or quality measure ratings. These findings suggest that poorly resourced NHs with nurse staffing shortages may be more susceptible to the spread of COVID-19.
10.08.2020	Point Prevalence Testing of Residents for SARS-CoV-2 in a Subset of Connecticut Nursing Homes	JAMA / Research Letter	- Point prevalence surveys were conducted in 33 NHs across Connecticut, representing 15.3% of NHs state-wide (n = 215). - Overall, 2117 residents were tested (median per NH, 51; range, 14-242) and 601 (28.3%) were positive. Of the 601 positive residents, 530 (88.2%) were asymptomatic when sampled; 11.7% (62/530) developed symptoms within 14

			days (presymptomatic). All SARS-CoV-2–positive residents were asymptomatic or presymptomatic at the time of testing in 45.5% of NHs. • In a sample of NHs in Connecticut with at least 1 COVID-19 case in the week preceding point prevalence surveys, 28% of residents tested positive, of which 78% remained asymptomatic and 10% were presymptomatic.
10.08.2020	Risk Adjustment for Benchmarking Nursing Home Infection Surveillance Data: A Narrative Review	American Journal of Infection Control / Article	• Objectives of this paper are to review: (a) published infection rates in LTCF in the U.S. to assess the level of variability; (b) studies describing facility- and resident-level risk factors for infection that can be used in risk adjustment models; (c) published attempts to risk-adjust LTCF infection rates; and (d) efforts to develop models specifically for risk adjustment of infection rates in LTCF for benchmarking.
11.08.2020	Shortages of Staff in Nursing Homes During COVID-19 Pandemic: What Are the Driving Factors?	Journal of the American Medical Directors Association / Article	• Obtained self-reported information on staff shortages, resident and staff exposure to COVID-19, and PPE availability from a survey conducted by the Centers for Medicare & Medicaid Services in May 2020. • Of the 11,920 NHs, 15.9%, 18.4%, 2.5%, and 9.8% reported shortages of licensed nurse staff, nurse aides, clinical staff, and other staff, respectively. • Shortages in licensed nurses and nurse aides were more likely in NHs having any resident with COVID-19. Having one-week supply of PPE was associated with lower probability of staff shortages. NHs with a higher proportion of Medicare residents were less likely to experience shortages.

Preprints (non-peer reviewed)

Publication date	Title / URL	Journal / Article type	Digest
10.08.2020	Nursing Home Staff Networks and Covid-19	SSRN / Article	• Performed the first large-scale analysis of nursing home connections via shared staff using device-level geolocation data from 30 million smartphones. • Found that 7 percent of smartphones appearing in a nursing home also appeared in at least one other facility, even after visitor restrictions were imposed. • Estimated that nursing homes have, on average, connections with 15 other facilities. • Results suggest that eliminating staff linkages between nursing homes could reduce COVID-19 infections in nursing homes by 44 percent.
10.08.2020	Does Service Provider Matter During a Pandemic? COVID-19 Cases and Deaths Among Nonprofit vs. For-Profit Assisted Living Facilities in Florida	SSRN / Article	• Despite prohibiting visitors, 672 ALFs of the 3,119 in Florida had reported at least one positive case of COVID-19 by a resident or staff member as of June 30, 2020. • Found that nonprofit ALFs experienced fewer positive cases of COVID-19 among their residents, but there is no difference between nonprofit and for-profit ALFs in terms of resident deaths. • Found evidence that ALF staff are infecting residents, and the provision of nursing services matters for protecting ALF residents from COVID-19.
11.08.2020	Whole Care Home Testing for Covid-19 in a Local Authority Area in the United Kingdom	MedRxiv / Article	• 912 residents and staff were tested from 15 care homes in Essex, all of which had reported either zero or one case of COVID-19 to the Health Protection Team. • SARS-CoV-2 was detected in 23 (5.2%)of 441 residents. Of these 23, 21/23 (91%) were asymptomatic as reported by the care home managers. • SARS-CoV-2 was detected in 8/471 (1.7%) of staff. • The findings of the study suggest that symptoms, as reported by care home managers, are an insensitive method of defining the extent of SARS-CoV-2 infection in nursing homes. Viral detection from residents is more common than from staff.

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			• Microbiological screening is a more sensitive method for defining the extent of SARS-CoV-2 in care homes than managerial reporting of resident symptoms.
12.08.2020	High prevalence of SARS-CoV-2 antibodies in care homes affected by COVID-19; a prospective cohort study in England	MedRxiv / Article	• We investigated six London care homes experiencing a COVID-19 outbreak and found very high rates of SARS-CoV-2 infection among residents and staff. • Residents and staff had a convalescent blood sample for SARS-CoV-2 antibody levels and neutralising antibodies by SARS-COV-2 RT-PCR five weeks after the primary COVID-19 outbreak investigation. • Of the 518 residents and staff in the initial investigation, 208/241 (86.3%) surviving residents and 186/254 (73.2%) staff underwent serological testing. Almost all SARS-CoV-2 RT-PCR positive residents and staff were antibody positive five weeks later, whether symptomatic or asymptomatic. Symptomatic but SARS-CoV-2 RT-PCR negative residents and staff also had high seropositivity rates, as did asymptomatic RT-PCR negative individuals. Neutralising antibody was present in 118/132 (89.4%) seropositive individuals and was not associated with age or symptoms. Ten residents (10/108, 9.3%) remained RT-PCR positive, but with lower RT-PCR cycle threshold values; all 7 tested were seropositive. New infections were detected in three residents and one staff member. • RT-PCR testing for SARS-CoV-2 significantly underestimates the true extent of an outbreak in institutional settings.

Reports and other publications

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| 06.08.2020 | Written Statement: Care Home Testing Programme | Vaughan Gething MS, Minister for Health and Social Services | • The majority of Welsh care homes will move to a fortnightly testing cycle for staff from 10 August, except for the Betsi Cadwaladr University Health Board area which will continue undertaking weekly testing of their staff. This policy will be reviewed in eight weeks, in early October. |

Guidance

Publication date	Title / URL	Author(s)	Digest
Updated 06.08.2020	Supported living services during coronavirus (COVID-19)	Department of Health & Social Care and Public Health England	• Primarily intended for the managers, care and support workers, and other staff in supported living settings, it is also relevant to local authorities, clinical commissioning groups (CCGs), primary care networks (PCNs), and community health services. It sets out: • key messages to assist with planning and preparation in the context of the coronavirus (COVID-19) pandemic so that local procedures can be put in place to minimise risk and provide the best possible support to people in supported living settings; • safe systems of working, including social distancing, respiratory and hand hygiene and enhanced cleaning; • how infection prevention and control (IPC) and PPE applies to supported living settings.
06.08.2020	Coronavirus (COVID-19): clinical guidance for the management of clients accessing care at home, housing support and sheltered housing	Scottish Government	• Guidance aimed at local authorities, Health and Social Care Partnerships and registered providers, who support and deliver care and support to people in their own homes to support measures to prevent and prepare for infection in people receiving care at home or housing support.
Updated 07.08.2020	Coronavirus (COVID-19): providing home care	Department of Health & Social Care	• The document brings together guidance for social care staff, registered providers, local authorities and commissioners who support and deliver care to people in their own homes in England. It covers:

			- personal protective equipment; - clinically extremely vulnerable people and care groups; - hospital discharge and testing; - government support for social care; - information collection and governance.
08.08.2020	Coronavirus (COVID-19): adult care homes visiting guidance	Scottish Government	- This guidance sets out how care home visiting may be re-introduced while minimising the risks to residents, staff and visitors. - It sets out how relaxation of visiting restrictions will take place in three further stages, moving through outdoor visiting, indoor visiting by one designated person and eventually to a controlled programme of outdoor and indoor visiting. It sets out what precautions will be taken to safeguard resident, visitor and staff safety.
11.08.2020	Care homes and supported living: Learning and sharing following the COVID-19 lockdown	Social Care Institute for Excellence	- Practice examples and resources to support care home and supported living staff. Includes the following topics: - Staff wellbeing; - Balancing infection control with wellbeing; - Opening care homes and supported housing.
Updated 11.08.2020	Delivering safe, face-to-face adult day care	Social Care Institute for Excellence	This guide aims to support day care managers, social workers, commissioners and providers, to restart or continue activities. It is focused on community-based day services, day centres (with and without personal care), including specialised day centre environments, and those with outdoor spaces.
Updated 12.08.2020	What In-home Social Service Providers and Clients Need to Know about COVID-19	Centers for Disease Control & Prevention	- Guidance for in-home social service providers including, but not limited to, caregivers or aides, teachers or tutors, social workers, and resettlement agency personnel who visit the homes of their clients, providing a variety of home and community-based services including personal care, and activities of daily living. - Includes guidance on how COVID-19 spreads and how you can protect yourself and others to slow the spread.

Statistics

Publication date	Title / URL	Author(s)	Digest
11.08.2020	Number of deaths in care homes notified to the Care Quality Commission, England	Office for National Statistics & Care Quality Commission	• Provisional counts of deaths in care homes caused by the coronavirus (COVID-19) by local authority up to week ending 7 August.

Editorials and News

Publication date	Title / URL	Author(s)	Digest
10.08.2020	Nursing homes: the titanic of cruise ships - will residential aged care facilities survive the coronavirus disease 2019 pandemic?	Internal Medicine Journal / Editorial	• Australian RACF facilities have not been designed with infection prevention strategies in mind and staffing ratios are highly variable. • Discussion focusses on suggested changes to the workforce, testing and location of care.