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Weekly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings
24th September 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: further evidence from the USA of the importance of hand hygiene in preventing transmission of COVID-19 in home care settings; also from the USA, evidence of the association between quality ratings and outbreaks in nursing homes; and a rapid review of international policies for social care in response to SARS-CoV-2. From the UK, the impact of COVID-19 on adjusted mortality risk in care homes; and the need for practical and psychological support for people living with dementia, and carers, following closures of social care services as a consequence of COVID-19. Finally, a summary of recent published reports, guidance and statistics, including the Department of Health and Social Care Winter Plan for Adult Social Care, a report on the first phase of the COVID-19 pandemic by the Social Care Sector COVID-19 Support Taskforce and an update on policies for visiting arrangements in care homes.

Peer-Reviewed Articles

Publication date	Title / URL	Journal / Article type	Digest
15.09.20	Observation of Hand Hygiene Practices in Home Health Care	Journal of the American Medical Directors Association / Article	<ul style="list-style-type: none"> Two researchers observed 400 home care visits conducted by 50 nurses. The World Health Organization's "5 Moments for Hand Hygiene" validated observation tool was used to record opportunities and actual practices of hand hygiene, with 3 additional opportunities specific to the HHC setting. On arrival in the home was the most frequent opportunity (n = 384), the least frequent was after touching a patient's surroundings (n = 43). The average hand hygiene adherence rate was 45.6% after adjusting for clustering at the nurse level. Adherence was highest after contact with body fluid (65.1%) and lowest after touching a patient (29.5%). Hand hygiene adherence in HHC is suboptimal, with rates mirroring those reported in hospital and outpatient settings. The connection between poor hand hygiene and infection transmission has been well studied, and it has received widespread attention with the outbreak of SARS-CoV-2. Agencies can use results found in this study to better inform quality improvement initiatives.
17.09.20	High seroprevalence of SARS-CoV-2 in elderly care employees in Sweden	Infection Ecology & Epidemiology / Article	<ul style="list-style-type: none"> Secondary data from a screening with a COVID-19 rapid test for detection of SARS-CoV-2-specific IgM and IgG of 1,005 employees in 22 elderly care homes in Stockholm, Sweden, were analysed. Seropositive employees were found in 21 out of the 22 care homes. In total, 23% (231/1,005) of the employees tested positive for antibodies against SARS-CoV-2, and 14.3% (144/1,005) were found positive for IgM (either alone or combined with IgG), indicating recent or present infection. Of those that tested seropositive, 46.5% did not report any clinical symptoms, indicating pre- or asymptomatic infections. Reported symptoms with the highest correlation with seropositivity were fever and loss of smell and taste. These results suggest that antibody testing of employees in elderly care homes is valuable for surveillance of disease development and a crucial screening tool in the effort to decrease the death toll in this pandemic.

<p>17.09.20</p>	<p>International Policy Responses and Early Management of Threats Posed by the SARS-CoV-2 Pandemic to Social Care</p>	<p>Journal of Long-Term Care / Article</p>	<ul style="list-style-type: none"> • This paper reports and discusses the results of a rapid review of international early policy responses for the protection of social care systems after the World Health Organization (WHO) announced that SARS-CoV-2 had evolved into a pandemic. Literature was collected in March 2020. • The analysis of early responses in and about social care to the pandemic suggested an initial focus on avoiding the outbreak of the virus in care homes, with first steps being to limit visitors in these contexts and considering ways to isolate residents with symptoms or a confirmed infection. Responses to protect people receiving social care in their homes and schemes to support informal or family carers were less prominent. • The findings of this article can support reflection on the trajectory of policy responses to the threats that SARS-CoV-2 poses to social care. They can thereby potentially inform planning and policy responses for enhanced pandemic preparedness and stronger social care systems in the future.
<p>17.09.20</p>	<p>Responding to a COVID-19 Outbreak at a Long-Term Care Facility</p>	<p>Journal of Applied Gerontology / Article</p>	<ul style="list-style-type: none"> • This article describes an outbreak of COVID-19 in a long-term care facility (LTCF) in West Virginia that was the epicentre of the state's pandemic. Beginning with the index case, the authors describe the sequential order of procedures undertaken by the facility including testing, infection control, treatment, and communication with facility residents, staff, and family members. They also describe the lessons learned during the process and provide recommendations for handling an outbreak at other LTCFs.
<p>18.09.20</p>	<p>Association Between CMS Quality Ratings and COVID-19 Outbreaks in Nursing Homes - West Virginia, March 17-June 11, 2020</p>	<p>Morbidity and Mortality Weekly Report (MMWR) / Article</p>	<ul style="list-style-type: none"> • West Virginia nursing homes located in counties with high incidences of COVID-19 and those with 1-star ratings have a higher risk of experiencing COVID-19 outbreaks. • During March–June 2020, 14 (11%) of 123 West Virginia nursing homes experienced COVID-19 outbreaks. Compared with 1-star–rated (lowest rating) nursing homes, the odds of a COVID-19 outbreak were 87% lower among 2- to 3-star–rated facilities and 94% lower among 4- to 5-star–rated facilities.

<p>18.09.20</p>	<p>Communication Technology Preferences of Hospitalized and Institutionalized Frail Older Adults During COVID-19 Confinement: Cross-Sectional Survey Study</p>	<p>JMIR mHealth and uHealth / Article</p>	<ul style="list-style-type: none"> • Study objectives were to determine which virtual communication method (i.e., telephone call or video call) was preferred by confined older hospital patients and nursing home residents and the variables influencing this preference. • A total of 132 older people were surveyed between March 25 and May 11, 2020 (mean age 88.2 years, SD 6.2); 79 (59.8%) were women. Patients hospitalized in the geriatric acute care unit were more able to establish communication independently than residents institutionalized in the long-term care and nursing home (P=.03) and were more satisfied with their communication experiences (P=.02). In the long-term care and nursing home, residents were more satisfied with the use of video calls to communicate with their relatives (14/15, 93%) versus the use of telephone calls (6/12, 50%; P=.02). • Older people confined to health care settings were able to complete telephone calls more independently than video calls, and they tended to use telephone calls more often than video calls. The satisfaction degrees were similar with both modalities and even greater with video calls among long-term care and nursing home residents when they were given assistance to establish communication.
<p>19.09.20</p>	<p>Balancing Protection from COVID-19 and the Need for Human Touch in Nursing Homes</p>	<p>Journal of the American Geriatrics Society / Letter</p>	<ul style="list-style-type: none"> • Author outlines the importance of mitigating the effects of isolation whilst also preventing the spread of COVID-19.
<p>19.09.20</p>	<p>Mental health impact of SARS-CoV-2 pandemic on long-term care facility personnel in Poland</p>	<p>Journal of the American Medical Directors Association / Article</p>	<ul style="list-style-type: none"> • The paper assessed psychological response of LTCF personnel to the SARS-CoV-2 crisis. • Results show that access to PPE, safety guidelines and psychological support at workplace may reduce psychological distress.
<p>19.09.20</p>	<p>The Impact of COVID-19 on Adjusted Mortality Risk in Care Homes for Older Adults in Wales, United Kingdom: A retrospective population-based cohort study for mortality in 2016-2020</p>	<p>Age and Ageing / Article</p>	<ul style="list-style-type: none"> • Study analysed the mortality of older care home residents in Wales during COVID-19 lockdown and compare this across the population of Wales and the previous 4-years. • Survival curves show an increased proportion of deaths between 23rd March and 14th June 2020 in care homes for older people, with an adjusted HR of 1.72 (1.55, 1.90) compared to 2016. Compared to the general population in 2016–2019, adjusted care home mortality HRs for

			<p>older adults rose from 2·15 (2·11,2·20) in 2016–2019 to 2·94 (2·81,3·08) in 2020.</p> <ul style="list-style-type: none"> • The survival curves and increased HRs show a significantly increased risk of death in the 2020 study periods.
21.09.20	<p>Impact of COVID-19 related social support service closures on people with dementia and unpaid carers: a qualitative study</p>	<p>Aging & Mental Health / Article</p>	<ul style="list-style-type: none"> • People living with dementia (PLWD) and unpaid carers were interviewed via telephone in April 2020. Transcripts were analysed using thematic analysis. Demographic characteristics including household Index of Multiple Deprivation score and weekly hours of social support service usage before and since the COVID-19 outbreak were also collected. Paired samples t-tests was used to compare the mean of weekly hours of social support service usage before and since the outbreak. • 50 semi-structured interviews were conducted with unpaid carers (n = 42) and PLWD (n = 8). There was a significant reduction in social support service usage since the outbreak. Thematic analysis identified three overarching themes: (1) Loss of control; (2) Uncertainty; (3) Adapting and having to adapt to the new normal. Carers and PLWD were greatly affected by the sudden removal of social support services and were concerned about when services would re-open. Carers were worried about whether the person they cared for would still be able to re-join social support services. • PLWD and carers need to receive specific practical and psychological support during the pandemic to support their well-being, which is severely affected by public health restrictions.
21.09.20	<p>Racial and ethnic disparities in COVID-19 infections and deaths across U.S. nursing homes</p>	<p>Journal of the American Geriatrics Society / Article</p>	<ul style="list-style-type: none"> • The number of weekly new COVID-19 confirmed cases among residents ranged from an average of 0.4 cases per facility (SD=2.5) for the low-proportion group (93.0% had zero new case) to 1.5 cases per facility (SD=6.3) for the high-proportion group (78.9% had zero new case). Multivariable regression estimated that compared to the low-proportion group, the likelihood of having at least one new resident case was 76% higher (odds ratio [OR]=1.76, 95% confidence interval [CI] 1.38-2.25, p=0.000) for the high-proportion group. Similar across-facility disparities were found for the weekly count of new COVID-19 deaths among residents (ranging from 0.1 deaths per facility [SD=1.1] for the

			<p>low-proportion group to 0.4 deaths [SD=2.0] for the high-proportion group) and in the weekly count of new COVID-19 confirmed cases among staff (ranging from 0.3 cases [SD=1.4] to 1.3 cases [SD=4.4] per facility). No substantial disparities in self-reported shortages of staff or PPE were found.</p> <ul style="list-style-type: none"> • Nursing homes caring for disproportionately more racial/ethnic minority residents reported more weekly new COVID-19 confirmed cases and/or deaths. Immediate actions are needed to address these system-level disparities.
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Preprints (non-peer reviewed)

Publication date	Title / URL	Journal / Article type	Digest
18.09.20	A COVID-19 Nursing Home Transmission Study: sequence and metadata from weekly testing in an extensive nursing home outbreak	MedRxiv / Preprint	<ul style="list-style-type: none"> • This study aimed to assess the contribution of asymptomatic and presymptomatic residents and staff in SARS-CoV-2 transmission during a large outbreak in a Dutch nursing home. • 185 residents and 244 staff participated. Sequencing identified one cluster. In the symptom-based test strategy period 3/39 residents were presymptomatic versus 38/74 residents in the period of weekly facility-wide testing (p-value<0.001). In total, 51/59 (91.1%) of SARS-CoV-2 positive staff was symptomatic, with no difference between both testing strategies (p-value 0.763). Loss of smell and taste, sore throat, headache or myalgia was hardly reported in residents compared to staff (p-value <0.001). Median Ct-value of presymptomatic residents was 21.3, which did not differ from symptomatic (20.8) or asymptomatic (20.5) residents (p-value 0.624). • The frequency of a/presymptomatic residents compared to staff suggests that a/presymptomatic residents could be unrecognized symptomatic cases. However, symptomatic and presymptomatic/unrecognized symptomatic residents both have the same potential for viral shedding. The high prevalence symptomatic staff found in facility-wide testing suggests that staff has difficulty attributing their symptoms to possible SARS-CoV-2 infection. Weekly

			testing was an effective strategy for early identification of SARS-Cov-2 cases, resulting in fast isolation and mitigation of this outbreak.
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Reports and other publications

Publication date	Title / URL	Author(s)	Digest
16.09.20	Commission Final Report	Coronavirus Commission on Safety and Quality in Nursing Homes	<ul style="list-style-type: none"> • The main purpose of the independent Coronavirus Commission for Safety and Quality in Nursing Homes (Commission) was to solicit lessons learned from the early days of the pandemic and recommendations for future actions to improve infection prevention and control measures, safety procedures, and the quality of life of residents within nursing homes. • Nursing homes have emerged as prime hotspots for COVID-19 outbreaks. In the United States, nursing-home residents and staff represent only 8% of COVID-19 cases yet bear 41% of COVID-19 deaths based on data reported August 13. • Residents have been traumatized by the impact of nursing homes restricting visitors and curtailing group activities in an effort to mitigate spread of this virus. • The resulting physical and mental harm—and increased vulnerabilities—to residents is common knowledge and troubling. Furthermore, the pandemic’s spread in these institutions has exposed and exacerbated long-standing, underlying challenges in this care setting.
16.09.20	COVID-19 Insight: Issue 4	Care Quality Commission	<ul style="list-style-type: none"> • Explores some of the learning about good practice in infection prevention and control, and shares some of the good examples encountered in understanding how providers have worked together to tackle COVID-19.

18.09.20	Adult social care winter plan: letter from Minister for Care to local authorities	Department of Health and Social Care	<ul style="list-style-type: none"> Letter from Helen Whately, Minister for Care, to outline the expectations of local authorities in relation to the adult social care winter plan.
18.09.20	Social Care Sector COVID-19 Support Taskforce: report on first phase of COVID-19 pandemic	Department of Health and Social Care	<ul style="list-style-type: none"> This report sets out the progress and learning from the first phase of the COVID-19 pandemic in informing advice and recommendations to government and the social care sector.
22.09.20	The Cost of Inaction: 11 Deaths an Hour An Update on the Trump Administration's Response to COVID-19 in Nursing Homes	United States Senate	<ul style="list-style-type: none"> This report provides an update to “COVID-19 in Nursing Homes: How the Trump Administration Failed Residents and Workers,” a comprehensive report released on July 1, 2020 by Senate Democrats. It provides new information on the pandemic's deadly toll on nursing home residents and workers, based on a minority staff analysis of data submitted by nursing homes to the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS).

Guidance

Publication date	Title / URL	Author(s)	Digest
18.09.20	Adult social care: our COVID-19 winter plan 2020 to 2021	Department of Health and Social Care	<ul style="list-style-type: none"> Sets out the key elements of national support available for the social care sector for winter 2020 to 2021, as well as the main actions to take for local authorities, NHS organisations, and social care providers, including in the voluntary and community sector.
18.09.20	Coronavirus (COVID-19): interim guidance on the extended use of face masks in hospitals and care homes	Scottish Government	<ul style="list-style-type: none"> Guidance on the extended use of medical face masks by staff within residential healthcare settings such as acute adult (Inc. mental health) and community hospitals and care homes.
21.09.20 (updated)	Update on policies for visiting arrangements in care homes	Department of Health and Social Care	<ul style="list-style-type: none"> For all care homes in England, this guidance sets out: <ol style="list-style-type: none"> the principles of a local approach and dynamic risk assessment advice for providers when establishing their visiting policy

			<ol style="list-style-type: none"> 3. advice for providers when taking visiting decisions for particular residents or groups of residents 4. infection-control precautions 5. communicating with family and others about the visiting policy and visiting decisions
21.09.20 (updated)	Adult Social Care Infection Control Fund	Department of Health and Social Care	<ul style="list-style-type: none"> • Sets out the infection control measures that the infection control fund will support, including information on the distribution of funds and reporting requirements.

Statistics

Publication date	Title / URL	Author(s)	Digest
22.09.2020	Number of deaths in care homes notified to the Care Quality Commission, England	Office for National Statistics & Care Quality Commission	<ul style="list-style-type: none"> • Provisional counts of deaths in care homes caused by the coronavirus (COVID-19) by local authority up to week ending 11 September.
23.09.20	Coronavirus (COVID-19): adult care homes - additional data	Scottish Government	<ul style="list-style-type: none"> • Weekly data on COVID-19 in adult care homes in Scotland up to 20 September, including: • Testing for COVID-19 in adult care homes in Scotland split by care homes with confirmed Covid-19 and without confirmed Covid-19, presented by NHS Health Board; • Deaths reported to Care Inspectorate - the number of deaths reported by adult care homes, including COVID-19 and non-COVID-19 related deaths.

Editorials and News

Publication date	Title / URL	Author(s)	Digest
18.09.20	CPA responds to the Adult Social Care Winter Plan	Care Providers Alliance / News	<ul style="list-style-type: none"> • The Care Provider Alliance (CPA) welcomes the government's promise of extra funding as part of the Infection Control Fund

			and the announcement of the new Adult Social Care Winter Plan.
21.09.20	Ensuring Adequate Palliative and Hospice Care During COVID-19 Surges	JAMA / Editorial	<ul style="list-style-type: none"> This Viewpoint discusses barriers to quality end-of-life care during the COVID-19 pandemic, including limited staffing, inadequate access to palliative medications, and restrictive visitation policies, and calls for proactive surge planning through organizational and policy reforms to facilitate symptom relief and comfort for patients dying in the pandemic.