



Public Health  
England

Protecting and improving the nation's health

# Weekly Care Homes Evidence Digest

**Prevention and control of COVID-19 in home care/care homes settings**  
**22nd October 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: evidence from Sweden of the negative impact of COVID-19 on the quality of end of life care in care homes; further evidence from the USA of the lack of relationship between the extent of outbreaks of COVID-19 in nursing homes and quality indicators; feasibility of an acute care unit for elders in long term care facilities in reducing functional decline following COVID-19. From the UK, risk factors for the transmission of SARS-CoV-2 in care homes; and further evidence and lessons learned from a care sector/ academic partnership on the prevention and control of COVID-19 in care homes. Finally this week, summaries of an extensive and wide ranging collection of recently published reports, guidance and statistics.

**Peer-Reviewed Articles**

| Publication date | Title / URL   | Journal / Article type                           | Digest   |
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| 06.10.2020       | Were clinical routines for good end-of-life care maintained in hospitals and nursing homes during the first three months of the outbreak of COVID-19? A national register study | Journal of Pain and Symptom Management / Article | <ul style="list-style-type: none"> <li>• Data about five items reflecting clinical routines for persons who died an expected death from COVID-19 during the first three months of the pandemic (March-May 2020) were collected from the Swedish Register of Palliative Care. The items were compared between the COVID-19 group and the reference cohort, and between the nursing home and hospital COVID-19 deaths.</li> <li>• 1316 expected deaths were identified in nursing homes and 685 in hospitals. Four of the five items differed for total COVID-19 group compared to the reference cohort: fewer were examined by a physician during the last days before death, pain and oral health were less likely to be assessed, and fewer had had a specialised palliative care team consultation. Assessment of symptoms other than pain did not differ significantly. The five items differed between the nursing homes and hospitals in the COVID-19 group, most notably regarding the proportion of persons examined by a physician during the last days (nursing homes - 18%, hospitals - 100%).</li> <li>• Higher preparedness for and monitoring of end-of-life care quality should be integrated into future pandemic plans.</li> </ul> |
| 06.10.2020       | Atypical clinical presentation of COVID-19 infection in residents of a long-term care facility  | European Geriatric Medicine / Article            | <ul style="list-style-type: none"> <li>• Aim was to assess the magnitude of the infection in residents from—and staff working in—a long-term-care facility 7 days after the identification of one resident with confirmed COVID-19 infection and the clinical presentation of the infected residents.</li> <li>• Two weeks after the first case, 50.9% of residents and 27.5% of the workers were tested positive for SARS-CoV-2. Diarrhea, fall, delirium, and hypothermia can be initial symptoms of COVID-19 in LTCF residents.</li> <li>• The rapid dissemination of a COVID-19 infection in a LTCF may be due to a delay in the diagnosis of the first case, whose presentation could be atypical in residents.</li> </ul>  |

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| <p>06.10.2020</p> | <p>State Actions and Shortages of Personal Protective Equipment and Staff in U.S. Nursing Homes</p>           | <p>Journal of the American Geriatrics Society / Article</p> | <ul style="list-style-type: none"> <li>• Our sample was the 13,445 facilities with information about PPE and staffing shortages for each of the five weeks between the week ending June 21st, 2020 and the week ending July 19th, 2020. Associations between facility characteristics and shortages were examined using descriptive statistics and logistic regression models.</li> <li>• Over the five-week study period, 27.6% of facilities reported one or more weeks of PPE shortage, 30.2% of facilities reported at least one week of staffing shortage, and 46.5% of facilities lacked PPE and/or staff. Facilities located in states in the Northeastern PPE consortium or with LTC teams were modestly less likely to have had a PPE shortage and facilities located in states that implemented processes to match job seekers with LTC facilities were marginally significantly less likely to have had a staffing shortage.</li> <li>• Concludes that given that nearly half of U.S. nursing homes recently faced a shortage of PPE and/or staff, and that state budget deficits may limit further state actions, ongoing federal assistance with PPE and staffing of nursing homes is needed.</li> </ul> |
| <p>09.10.2020</p> | <p>Challenges experienced by elderly people in nursing homes due to the coronavirus disease 2019 pandemic</p> | <p>Psychogeriatrics / Note</p>                              | <ul style="list-style-type: none"> <li>• Looks at the main problems caused to nursing home residents by Covid-19 such as:             <ul style="list-style-type: none"> <li>○ They may have non-specific symptoms such as altered mental status, weight loss, fatigue, falls, or functional decline and not necessarily fever or cough.</li> <li>○ Social isolation is difficult to maintain and can lead to negative consequences</li> <li>○ Compliance with PPE-wearing is difficult to maintain</li> </ul> </li> <li>• Suggests solutions such as:             <ul style="list-style-type: none"> <li>○ Patients should be able to communicate with their family members and loved ones as much as possible with the help of telecommunications</li> <li>○ Training and support should be provided to capable patients so that they can perform respiratory exercises and physical activities in their room on their own.</li> <li>○ Considers medical interventions should a resident test positive.</li> </ul> </li> </ul>  |

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| <p>10.10.2020</p> | <p>COVID-19 in a Sydney nursing home: a case study and lessons learnt</p>   | <p>Medical Journal of Australia / Article</p>         | <ul style="list-style-type: none"> <li>• Timeline of the first major outbreak in Australia in an 80-bed nursing home. Describes the lessons learned, such as:</li> <li>• Decisive leadership from management and expert infection prevention and control guidance is crucial. Regular, targeted training is required to embed IPC principles in routine practice and enable rapid escalation to high level outbreak precautions when required;</li> <li>• Contingency plans are needed to ensure surge capacity of qualified, experienced staff to deal with sudden demand due to absenteeism from illness or quarantine;</li> <li>• Proactive allied health support is necessary to maintain social connection, mobility and nutrition to mitigate risks of pro-longed isolation or quarantine of aged residents;</li> <li>• Hospital admission of residents with COVID-19 can be determined on a case-by-case basis, according to medical need, resident preference and facility resources;</li> <li>• A single confirmed case of COVID-19 in a resident, staff member or frequent visitor requires an immediate outbreak response, including testing of all staff and residents, isolation or quarantine as required, and implementation of strict IPC measures.</li> </ul> |
| <p>11.10.2020</p> | <p>Prevalence of COVID-19 in Ohio Nursing Homes: What's Quality Got to Do with It?</p>                                    | <p>Journal of Aging &amp; Social Policy / Article</p> | <ul style="list-style-type: none"> <li>• Authors' analysis found that through mid-June, just under one-third of nursing homes in Ohio had at least one resident with COVID-19, with over 82% of all cases in the state coming from 37% of nursing homes.</li> <li>• Overall findings on the association between facility quality and the prevalence of COVID-19 showed that having any resident case of the virus or even having a high caseload of residents with the virus is not more likely in nursing homes with lower quality ratings.</li> </ul>  |
| <p>14.10.2020</p> | <p>Effectiveness of an Acute Care for Elders unit at a long-term care facility for frail older patients with COVID-19</p> | <p>Geriatric Nursing / Article</p>                    | <ul style="list-style-type: none"> <li>• The Acute Care for Elders (ACE) is a model of care addressed to reduce the incidence of loss of self-care abilities of older adults occurring during hospitalization for acute illness.</li> <li>• This observational study aimed to describe the effectiveness of an ACE unit at a long-term care facility to prevent functional decline in older adults with frailty and symptomatic COVID-19.</li> <li>• Fifty-one patients (mean age: 80.2+9.1 years) were included.</li> <li>• At discharge, 36 (70.6%) patients had no functional decline, 6 (11.7%) were transferred to hospital and 4(7.8%) died.</li> </ul>  |

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| <p>14.10.2020</p> | <p>Outcomes of nursing home COVID-19 patients by initial symptoms and comorbidity: Results of universal testing of 1,970 residents</p> | <p>Journal of the American Medical Directors Association / Article</p> | <ul style="list-style-type: none"> <li>Assessed the association of symptom status and medical comorbidities on mortality and hospitalization risk associated with COVID-19 in residents of a large nursing home system consisting of 1,970 residents from 15 nursing home facilities in Maryland.</li> <li>Asymptomatic infection with SARS-CoV-2 in the nursing home setting was associated with increased risk of death suggesting a need for closer monitoring of these residents, particularly those with underlying cardiovascular and respiratory comorbidities.</li> </ul>   |
| <p>14.10.2020</p> | <p>Maintaining Resident Social Connections During COVID-19: Considerations for Long-Term Care</p>                                      | <p>Gerontology and Geriatric Medicine / Article</p>                    | <ul style="list-style-type: none"> <li>Describes the important considerations for the facilitation of social connections between LTC residents and their loved ones during the COVID-19 pandemic, based on the experiences of 10 continuing care homes in Alberta, Canada. Important considerations include: technology, physical space, human resource requirements, scheduling and organization, and infection prevention and control.</li> <li>Authors describe some of the challenges encountered when implementing alternative visit approaches such as video and phone visits, window visits and outdoor in-person visits, and share several strategies and approaches to managing this new process within LTC.</li> </ul>              |
| <p>16.10.2020</p> | <p>Poor feeding due to visitor restrictions in long-term care facilities during the coronavirus disease 2019 pandemic</p>              | <p>Psychogeriatrics / Note</p>   | <ul style="list-style-type: none"> <li>Visitor restrictions in Hong Kong began on 24 January 2020. Between then and 31 May 2020, there were 170 patients with poor oral feeding admitted into the acute medical wards of Queen Mary Hospital and Tuen Mun Hospital from LTCFs. Authors identified 24 patients with advanced dementia, as indicated by a Global Deterioration Scale score of 7 (i.e. completely dependent including feeding and toileting), who had been admitted from LTCFs with reduced feeding during this period.</li> <li>Oral feeding in patients with advanced dementia could deteriorate during periods of visitor restrictions. Ways to improve feeding during these periods should be explored and tried.</li> </ul> |
| <p>16.10.2020</p> | <p>Ethical Considerations during COVID-19: Informed consent cannot be made in advance</p>  | <p>Journal of the American Medical Directors Association / Letter</p>  | <ul style="list-style-type: none"> <li>At the end of March, a triage protocol for admission to an intensive care unit (ICU) bed was released in Ontario. Although the protocol was never implemented, it's existence caused unexpected and undue pressure on LTC homes to avoid hospital transfers.</li> <li>Ensuring treatment proposals are both individual and time-specific can ensure that transfers to hospital are wanted and beneficial - before, during, and after the COVID-19 pandemic.</li> </ul>   |

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|            |  |  | <ul style="list-style-type: none"> <li>Describes the Prevention of Error-Based Transfers (PoET) project which was created specifically to ensure that LTC homes align practices with Ontario’s Health Care Consent Act (HCCA) and that transfers were in line with each individual resident’s wishes, values, and beliefs.</li> </ul>   |
| 18.10.2020 | Added value of anti-SARS-CoV-2 antibody testing in a Flemish nursing home during an acute COVID-19 outbreak in April 2020                            | Acta Clinica Belgica / Article                         | <ul style="list-style-type: none"> <li>During an acute outbreak in a nursing home, 119 residents and 93 staff members were tested with RT-PCR test and/or a rapid IgM/IgG test. Of these participants, 176 had both tests, 24 only RT-PCR, and 12 only IgM/IgG in the period April 14 to 16 April 2020.</li> <li>26% of residents and staff were PCR-positive. An additional 8% was diagnosed using IgM/IgG antibody testing. The use of RT-PCR alone as the sole diagnostic method for surveillance during an acute outbreak is insufficient to grab the full extent of the outbreak.</li> </ul>   |
| 19.10.2020 | Asymptomatic and Presymptomatic Severe Acute Respiratory Syndrome Coronavirus 2 Infection Rates in a Multistate Sample of Skilled Nursing Facilities | JAMA Internal Medicine / Research Letter               | <ul style="list-style-type: none"> <li>A small number of US and international reports have documented higher asymptomatic rates in SNFs. Authors examined asymptomatic and presymptomatic infection rates in a large multistate sample of US SNFs, and examined variation in case counts by SARS-CoV-2 prevalence in the counties where SNFs are located.</li> <li>Observed high asymptomatic and presymptomatic SARS-CoV-2 infection rates in a large multistate sample of SNFs, demonstrating the importance of universal testing for identifying and isolating cases. The SNFs located in areas with high SARS-CoV-2 prevalence detected higher numbers of asymptomatic and presymptomatic cases during initial point prevalence surveys, building on emerging evidence that SNF location is an important predictor of outbreaks.</li> </ul> |
| 20.10.2020 | State of the Pandemic Commentary: Preparing Nursing Homes for a Second Wave of COVID-19  | Infection Control & Hospital Epidemiology / Commentary | <ul style="list-style-type: none"> <li>Outlines suggested models for collaboration, configuration, and controls to facilitate optimal preparedness and response for U.S. NHs during this pandemic and beyond.</li> <li>Authors urge the creation of formalized collaborative relationships between NHs, public health, and local hospitals and labs. In addition, the US needs a national strategy for resource allocation, program development, management, and staff and patient protection in partnership with local and state health departments to increase funding, reporting, and regulation for NHs.</li> </ul>   |
| 20.10.2020 | Surveillance study of asymptomatic and pre-  | Infection Control & Hospital Epidemiology / Letter     | <ul style="list-style-type: none"> <li>Study to identify the rate of asymptomatic and pre-symptomatic SARS-CoV2 infection in care home residents and staff was carried out in five</li> </ul>   |

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|  | <p>symptomatic SARS-CoV2 Infections in care homes in Northern Ireland</p> |  | <p>care homes reporting recent outbreaks of COVID-19 to the Public Health Agency in Northern Ireland.</p> <ul style="list-style-type: none"> <li>• The majority of those who tested positive for SARS-CoV2 reported symptoms between the 14-days prior to the test and the 7-days following (86%). Of these, 69% reported having at least one typical symptom out of cough, fever, or shortness of breath; whilst 13% experienced only atypical symptoms.</li> <li>• The findings of this study suggest that individuals infected with SARS-CoV2 may be asymptomatic at the time of infection or may present with a range of both typical and or atypical symptoms.</li> <li>• Individuals may develop symptoms at least up to one week after they test positive for SARS-CoV2. During this time individuals may have the potential to transmit the virus unknowingly to others, which may have devastating impacts in high-risk settings such as care homes.</li> </ul> |
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## Preprints

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| <p>04.10.2020</p> | <p>Risk factors associated with SARS-CoV-2 infection and outbreaks in Long Term Care Facilities in England: a national survey</p> | <p>MedRxiv / Preprint</p> | <ul style="list-style-type: none"> <li>• 5126/9081 (56%) LTCFs with 160,033 residents and 248,594 staff participated in a cross-sectional survey of all LTCFs providing dementia care or care to adults &gt;65 years in England with linkage to SARS-CoV-2 test results.</li> <li>• Odds of infection and/or outbreaks were reduced in LTCFs that paid sickness pay, cohorted staff, did not employ agency staff and had higher staff to resident ratios.</li> <li>• Higher odds of infection and outbreaks were identified in facilities with more admissions, lower cleaning frequency, poor compliance with isolation and for-profit status.</li> <li>• Reducing transmission from staff requires adequate sick pay, minimal use of temporary staff, improved staffing ratios and staff cohorting.</li> <li>• Transmission from residents is associated with the number of admissions to the facility and poor compliance with isolation.</li> </ul> |
| <p>14.10.2020</p> | <p>Preventing COVID-19 spread in closed facilities by regular testing</p>   | <p>MedRxiv / Preprint</p> | <ul style="list-style-type: none"> <li>• The simulation model underlying the pandemic preparedness tool CovidSim 1.1 (<a href="http://covidsim.eu/">http://covidsim.eu/</a>) is extended to investigate the effect of regularly testing of employees in order to protect immobile resident</li> </ul>   |

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|                   | <p>of employees – an efficient intervention in long-term care facilities and prisons</p>                           |                           | <p>risk groups in closed facilities. Our simulations are adjusted to reflect the situation of LTCFs in the Federal Republic of Germany.</p> <ul style="list-style-type: none"> <li>• The reduction in the number of infections and deaths within the risk group are investigated as well as the potential economic gain resulting from savings in COVID-19 related treatment costs in comparison to costs resulting from the testing interventions.</li> <li>• Regular screening of all employees by PCR tests provides a significant reduction of COVID-19 cases and related deaths in LTCFs. While the frequency of testing (testing rate) and the quality of tests have noticeable effects, the waiting time for obtaining test results (ranging from 12 up to 96 hours) hardly impacts the outcome. The results suggest that testing every two weeks with low-quality tests and a processing time of up to 96 hours yields a strong reduction in the number of cases. Rough estimates suggest a significant economic gain.</li> </ul>   |
| <p>20.10.2020</p> | <p>Correlation of COVID-19 Mortality with Clinical Parameters in an Urban and Suburban Nursing Home Population</p> | <p>MedRxiv / Preprint</p> | <ul style="list-style-type: none"> <li>• Retrospective cross-sectional study of 56 patients in two nursing home facilities (one urban, one suburban) from 3/16/2020 to 7/13/2020 with positive COVID-19 PCR assays.</li> <li>• In the 56-patient cohort, average clinical and laboratory findings were 74.0 years, 62.5% female, 28.5% uncontrolled hypertension, BMI 25.6, hemoglobin A1c 6.4, TSH 2.4, vitamin B12 568.3, folate 12.4, iron 47.8, total iron binding capacity 271.8, hemoglobin 11.6, albumin 3.5, triglycerides 100.3, total cholesterol 133.5, HDL 40.9, and BUN to Creatinine ratio 22.2:1. Logistic multivariate regression analyses failed to demonstrate clinically significant correlation with COVID-19 mortality. In the urban nursing home, BUN to creatinine ratio exceeding 20:1 was the only factor that showed statistical significance to COVID-19 mortality (<math>p = 0.03</math>). In the suburban nursing home, age over 80 was the only clinical factor demonstrating statistical significance to COVID-19 mortality (<math>p = 0.003</math>).</li> <li>• No one parameter was clinically significant in the overall 56-patient cohort; however, mortality in our population was 14.3% compared to New Jerseys 28.3%, a 49.5% reduction in mortality. Rigorous control of clinical parameters may have contributed to this reduction in mortality.</li> </ul> |

Reports and other publications

| Publication date | Title / URL   | Author(s)   | Digest  |
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| 04.10.2020       | <p>As if Expendable: The UK Government's Failure to Protect Older People in Care Homes During the Covid-19 Pandemic</p> | Amnesty International                                   | <ul style="list-style-type: none"> <li>• Highlights the UK Government's failure to protect older people in care homes during the COVID-19 pandemic.</li> <li>• Sending thousands of patients untested from hospitals into Care Homes, at the height of a pandemic, was wrong and put lives at risk.</li> <li>• Amnesty International is calling for a full independent public inquiry.</li> <li>• They demand that regular testing is made available for care home residents, staff and visitors to ensure people in care homes can be safely visited by their loved ones.</li> <li>• Adequate PPE must also be provided to better protect people from COVID-19.</li> <li>• The government must review all 'Do Not Attempt CPR' orders on care home residents that have been added without proper process.</li> </ul>   |
| 07.10.2020       | <p>Rapid Review for Care Homes in Relation to Covid-19 in Wales</p>   | Prof. John Bolton, commissioned by the Welsh Government | <ul style="list-style-type: none"> <li>• An independent review of care homes' operational experience between July and September 2020.</li> <li>• The report provides recommendations for supporting care homes ahead of winter pressures, and includes the following key messages:</li> <li>• Health and Care need to work in partnership with care home managers in order to ensure that: <ul style="list-style-type: none"> <li>○ Every care home has an effective Infection Control Plan that is put into place;</li> <li>○ Every care home has an effective plan for business continuity that includes ensuring that there are staff available to meet residents' needs;</li> <li>○ Every care home should be supported to ensure there are meaningful and helpful day to day activities for residents and that the wellbeing of both staff and residents are taken into account in all the decisions that are made. This must include help offered to ensure that residents can remain in touch with relatives and friends;</li> </ul> </li> </ul> |

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|            |  |   | <ul style="list-style-type: none"> <li>○ Every care home has the right protective equipment;</li> <li>○ Every care home has access to tests for residents and staff to know who may have the virus;</li> <li>○ Every care home has good access to primary health services including GPs.</li> </ul>   |
| 07.10.2020 | LESS COVID-19: Learning by Experience and Supporting the Care Home Sector during the COVID-19 pandemic: key lessons learnt, so far, by frontline care home and NHS staff | University of Leeds, NICHE-Leeds, Applied Research Collaboration for Yorkshire and Humber (YHARC), Leeds Beckett University, National Care Forum, City University of London | <ul style="list-style-type: none"> <li>● Sets out findings of a research study to capture the experiences of frontline care home and NHS staff caring for older people with COVID-19 and to share the lessons learnt about the presentation, trajectories, and management of the infection with care homes that have and have not yet experienced the virus.</li> </ul> |
| 09.10.2020 | SCWG: COVID-19 and care homes - update paper, 23 September 2020  | Social Care Working Group   | <ul style="list-style-type: none"> <li>● SCWG update paper on the situation in care homes. It was considered at SAGE 59 on 24 September 2020.</li> </ul>  |
| 15.10.2020 | The state of health care and adult social care in England 2019/20  | Care Quality Commission   | <ul style="list-style-type: none"> <li>● Looks at the quality of care before the pandemic, the impact of the coronavirus pandemic, collaboration between providers, and at the challenges and opportunities ahead.</li> </ul>   |
| 16.10.2020 | Submission to the Health and Social Care Committee inquiry into workforce burnout and resilience in the NHS and social care  | The King's Fund   | <ul style="list-style-type: none"> <li>● Provides an overview of the resilience of the NHS and social care workforce, including the impact of Covid-19. The evidence also considers what is known about the causes of burnout in the NHS and social care workforce, what can help reduce it, and the implications for national policy.</li> </ul>                       |
| 21.10.2020 | Coronavirus (COVID-19) - care home outbreaks: root cause analysis - terms of reference   | Scottish Government   | <ul style="list-style-type: none"> <li>● Aim is to collate and evaluate local level experiences and responses to the resurgence of COVID (wave 2) outbreaks within care homes. To support learning and practice across the sector through the sharing of learning identified and approaches to improvement.</li> </ul>  |

## Guidance

| Publication date | Title / URL | Author(s) | Digest |
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| Updated<br>07.10.2020 | COVID-19: how to work safely in care homes  | Public Health England      | <ul style="list-style-type: none"> <li>• The guidance includes:</li> <li>• PPE recommendations for care home staff</li> <li>• FAQs on the use of PPE in care homes</li> <li>• examples which help to identify the correct use of PPE when undertaking activities that require physical contact or activities which do not require physical contact but are carried out in close proximity to residents</li> <li>• guides to putting on and taking off PPE.</li> </ul> |
| Updated<br>07.10.2020 | COVID-19: how to work safely in domiciliary care in England   | Public Health England      | <ul style="list-style-type: none"> <li>• This resource is primarily for care workers and providers delivering care in the following settings: visiting homecare; extra care housing; live-in homecare.</li> <li>• It provides guidance on the use of PPE, and explains how PPE guidance applies to the homecare (domiciliary care) setting.</li> <li>• Includes guides for putting on and taking off PPE.</li> </ul>  |
| Updated<br>07.10.2020 | Guidance on COVID-19 PCR testing in care homes and the management of COVID-19 PCR test positive residents and staff | Health Protection Scotland | <ul style="list-style-type: none"> <li>• Repeat testing for staff and residents who have previously had COVID-19 section updated: amended to reflect staff who have previously tested positive should be exempt from being retested within a period of 90 days from their initial illness onset.</li> </ul>   |
| Updated<br>07.10.2020 | Care homes action plan  | Welsh Government           | <ul style="list-style-type: none"> <li>• Detailing how they will support care homes during the winter, targeting six specific areas: <ul style="list-style-type: none"> <li>• infection prevention and control</li> <li>• personal protective equipment (PPE)</li> <li>• general and clinical support for care homes</li> <li>• residents' well-being</li> <li>• social care workers' well-being</li> <li>• financial sustainability</li> </ul> </li> </ul>           |
| Updated<br>13.10.2020 | COVID-19 - Information and guidance for care home settings  | Health Protection Scotland | <ul style="list-style-type: none"> <li>• Provides advice about COVID-19 for those working in residential care home settings.</li> <li>• A control measure tool for the control of incidents and outbreaks in Social or Community Care &amp; Residential Settings, specific for COVID-19, is also available here.</li> </ul>   |

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| 14.10.2020         | Coronavirus (COVID-19): adult care homes visiting guidance | Scottish Government                        | <ul style="list-style-type: none"> <li>From Monday 12 October care home residents will be able to have up to 6 outdoor visitors at one time from no more than 2 households. Indoor visiting to residents by designated individuals should also be possible once care homes have developed a plan to allow this to happen as safely as possible, and for up to four hours.</li> <li>This guidance sets out how care home visiting may be gradually increased while minimising the risks to residents, staff and visitors. There are two main sets of guidance: to support care homes with restoring visiting by friends and family; resuming wellbeing activities and visits by professionals.</li> </ul> |
| Updated 15.10.2020 | Update on policies for visiting arrangements in care homes | Department of Health & Social Care         | <ul style="list-style-type: none"> <li>This guidance is for directors of public health, care providers and others who'll be involved in planning to enable visits to care homes. It sets out: <ul style="list-style-type: none"> <li>the principles of a local approach to visiting arrangements and dynamic risk assessment;</li> <li>guidance for providers establishing their visiting policy;</li> <li>guidance for providers taking decisions on visiting for particular residents or groups of residents;</li> <li>infection control precautions;</li> <li>communicating with relatives and others about the visiting policy and visiting decisions.</li> </ul> </li> </ul>                        |
| Updated 16.10.2020 | Testing Guidelines for Nursing Homes                       | Centers for Disease Control and Prevention | <ul style="list-style-type: none"> <li>Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel</li> </ul>  |
| Updated 16.10.2020 | Infection prevention and control in care homes             | Care Quality Commission                    | <ul style="list-style-type: none"> <li>CQC inspectors use this set of questions and prompts to look at how well staff and people living in care homes are protected by infection prevention and control.</li> <li>Questions are designed to help care homes prepare for the risk of a second wave and the impact of winter pressures.</li> </ul>   |
| Updated 20.10.2020 | COVID-19: infection prevention and control (IPC)           | Public Health England                      | <ul style="list-style-type: none"> <li>The IPC principles in this document apply to all health and care settings including independent sector, care homes, care at home.</li> <li>This guidance does not apply to Adult Social Care settings in England.</li> </ul>  |

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| 20.10.2020 | Coronavirus (COVID-19): interim guidance on the extended use of face masks and face coverings in hospitals, primary care, wider community care and adult care homes | Scottish Government                | <ul style="list-style-type: none"> <li>• Guidance on the extended use of face masks and face coverings by staff including in adult social or community care and adult residential settings, care home settings and domiciliary care.</li> <li>• Also contains advice for visitors to care homes.</li> </ul> |
| 21.10.2020 | Winter discharges: designated settings  | Department of Health & Social Care | <ul style="list-style-type: none"> <li>• The letter sets out arrangements for the Care Quality Commission designated premises scheme for people discharged to a care home with a positive COVID-19 test.</li> </ul>   |

## Evidence Summaries

| Publication Date | Title / URL   | Author(s)                | Digest  |
|------------------|---|--------------------------|---|
| 07.10.2020       | Coronavirus: Adult social care key issues and sources | House of Commons Library | <ul style="list-style-type: none"> <li>• This briefing paper provides an overview of key issues facing the adult social care sector during the Covid-19 outbreak, and provides links to some of the key official guidance for the sector.</li> <li>• Section one provides a high-level overview of policy in relation to adult social care since the start of the coronavirus outbreak in early 2020, including the development of key UK Government guidance.</li> <li>• Section two provides more detailed information on some key issues that have been raised during the course of the outbreak, including: <ul style="list-style-type: none"> <li>• Statistics on deaths in care homes;</li> <li>• Funding for adult social care, including the financial pressures on social care providers;</li> <li>• Testing for care home staff and residents;</li> <li>• The discharging of patients from hospital into care homes;</li> <li>• Rules relating to visiting care homes for friends and family of residents;</li> <li>• The supply of PPE to the adult social care sector.</li> </ul> </li> </ul> |

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| 09.10.2020 | Coronavirus: Local authorities' adult social care duties (the Care Act easements)   | House of Commons Library                    | <ul style="list-style-type: none"> <li>This briefing paper provides an overview of changes to local authority duties around the provision of adult social care during the coronavirus outbreak.</li> </ul> |
| 16.10.2020 | Is visiting [in the social context] associated with increased incidence of COVID-19 in long-term residential care facilities? | National Health Library & Knowledge Service | <ul style="list-style-type: none"> <li>Summarises the evidence from a number of organisations plus the international literature.</li> </ul>  |

## Statistics

| Publication date | Title / URL   | Author(s)  | Digest  |
|------------------|---|--|---|
| 20.10.2020       | 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"> <li>Provisional counts of deaths in care homes caused by the coronavirus (COVID-19) by local authority up to week ending 16 October.</li> </ul>  |
| 21.10.2020       | Coronavirus (COVID-19): adult care homes - additional data                      | Scottish Government                                      | <ul style="list-style-type: none"> <li>Weekly data on COVID-19 in adult care homes in Scotland up to 18 October including:</li> <li>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;</li> <li>Deaths reported to Care Inspectorate - the number of deaths reported by adult care homes, including COVID-19 and non-COVID-19 related deaths.</li> </ul> |

## Editorials and News

| Publication date | Title / URL | Author(s) | Digest |
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| 12.10.2020 | CQC to review use of DNACPR during pandemic   | Care Quality Commission / News                     | <ul style="list-style-type: none"> <li>The DHSC has asked the CQC to review how Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were used during the coronavirus pandemic, including in care homes setting following concerns that were widely reported earlier in the year that elderly and vulnerable people may be being subjected to DNACPR decisions without their consent or with little information to allow them to make an informed decision.</li> </ul>                    |
| 15.10.2020 | The King's Fund response to Care Quality Commission's State of care report                            | Richard Murray, Chief Executive of The King's Fund | <ul style="list-style-type: none"> <li>Comments on the health inequalities demonstrated by the CQC's report, and that the government should use the Spending Review to provide the multi-year funding needed to meet its manifesto commitments to boost staff numbers in the sector.</li> </ul>  |
| 16.10.2020 | CQC state of health and care report - The Care Provider Alliance response: Exposure and opportunities | Care Provider Alliance / Press Release             | <ul style="list-style-type: none"> <li>Calls for a long-term funding and support solution to ensure that the social care market is sustainable, an equal place for care providers at local and national planning and decision-making tables alongside our health and local authority colleagues, recognition and reward for our highly-skilled care workforce.</li> </ul>  |
| 21.10.2020 | UK: Leaked documents show plans to again discharge COVID-19 patients into care homes                  | Amnesty International / Press Release              | <ul style="list-style-type: none"> <li>Amnesty claims to have seen documents sent by local authorities to care homes in different parts of the country last week asking how many beds they can provide for COVID-19 patients, without any independent assurance of capacity to do so safely.</li> <li>Amnesty has launched a campaign calling for a full independent public Inquiry into the pandemic, with an interim phase starting immediately focusing on older people in care homes.</li> </ul> |