



UK Health Security Agency

Monthly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings

31st May 2022

Summary

This monthly digest contains a selection of evidence published in the last 30 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 UK Health Security Agency (UKHSA) Covid-19 evidence digest (including Covid-19 evidence digests produced by Public Health England prior to October 2021), Ovid Medline and Embase, Social Care Online, and various websites. We select peer reviewed publications, as well as systematic reviews, guidance and evidence summaries.

The digest is produced by UKHSA [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 digest **for the month of May** includes; from the **Netherlands**, a qualitative study of the impact of protective measures on maintaining activities for nursing home residents during the COVID-19 pandemic; a study of the negative impacts of downscaling activities in long-term care facilities on care givers during the COVID-19 visitor ban; and evidence of reduced morbidity and mortality in long-term care facilities following the introduction of low threshold testing for SARS-CoV-2; from the **Nordic countries**, a comparison of factors associated with COVID-19 infection in care facilities for older people and the importance of prevalence in local communities and staff, and testing resources; an **International** survey of staffing in long-term care homes before and after the COVID-19 pandemic with a call for standardized high-quality workforce data to design better decision-making tools for staffing and planning; from **Israel**, a mixed methods study showing negative impacts of the COVID-19 pandemic on the organisation and management of long-term care facilities; from **South Africa**, lessons learned and recommendations from delivering a psychosocial support programme for older people in retirement homes during the COVID-19 pandemic; and an analysis of SARS-CoV-2 cases in sentinel long-term care facilities showing a decreasing trend for numbers of outbreaks, cases and risk of mortality since the

first wave; from **Canada**, a call for further research to understand the impact of long COVID in long-term care residents; from **USA**, the role of staff in transmission of SARS-CoV-2 in long-term care facilities and the importance of vaccination; evidence of reduced risk of re-infection with SARS-Cov-2 within 90 days in nursing home residents and health care personnel; evidence of low risk of death with SARS-CoV-2 among residents admitted to a nursing home for post-acute care; and an editorial calling for a fundamental review of the US nursing home system with recommendation for improvements; and from the **UK**, a cohort study of risk factors for COVID-19 amongst care home residents; a cohort study showing reduced severity of Omicron compared with previous variants in residents of long term care facilities; and an editorial on the High Court ruling on the Gardner and Harris Judicial Review.

From the UK, France, Italy, Spain, Canada and USA, further accumulating evidence of the benefit of booster doses of COVID-19 vaccines in nursing home residents, including evidence of reduced severity from the Omicron variant.

Finally, summaries of other recently published COVID-19 pandemic reports, guidance and statistics.

We have a search facility for the Weekly Care Homes Evidence Digest. This can be achieved by using Endnote Software and accessing backups of the Research Digest. This will give access to the content of all previous weekly Digests and allow simple searches e.g. on authors, abstracts (where these are captured) and titles. Please note that this is not a substitute for a proper literature search. If you would like to access this facility please contact arthur.pearce@phe.gov.uk.

Peer-Reviewed Articles

Publication date	Title / URL	Journal / Article type	Digest
30.04.2022	Activities for Residents of Dutch Nursing Homes during the COVID-19 Pandemic: A Qualitative Study	International Journal of Environmental Research and Public Health / Study	<ul style="list-style-type: none"> The aim of this study was to describe the impact of these measures on activities for Dutch nursing home residents, the conditions under which the activities could take place, and the considerations when making decisions about the (dis)continuation of activities. Activities were offered in an adapted way, often under certain conditions, such as organizing activities at other locations (e.g., outside), with limited group size, and following specific guidelines. The main focus of the considerations made were the ability to adhere to the guidelines, the well-being of residents, ensuring safety, and balancing benefits versus risks given vaccination availability and coverage.
01.05.2022	Outcomes of SARS-CoV-2 omicron infection in residents of long-term care facilities in England (VIVALDI): a prospective, cohort study	The Lancet Healthy Longevity / Study	<ul style="list-style-type: none"> We did a prospective cohort study in residents of long-term care facilities in England who were tested regularly for SARS-CoV-2 between Sept 1, 2021, and Feb 1, 2022, and who were participants of the VIVALDI study. We compared the risk of hospital admission (within 14 days following a positive SARS-CoV-2 test) or death (within 28 days) in residents who had tested positive for SARS-CoV-2 in the period shortly before omicron emerged (delta-dominant) and in the omicron-dominant period, adjusting for age, sex, primary vaccine course, past infection, and booster vaccination. Observed reduced severity of the omicron variant compared with previous variants suggests that the wave of omicron infections is unlikely to lead to a major surge in severe disease in long-term care facility populations with high levels of vaccine coverage or natural immunity.
01.05.2022	The influence of the down- and upscaling of activities in long-term care facilities during the COVID-19 visitor ban on	Geriatric Nursing / Study	<ul style="list-style-type: none"> Here we investigate the influence of the down- and upscaling of activities on caregivers' physical and emotional exhaustion and their perceived ability to provide care and support.

	<p>caregivers' exhaustion and ability to provide care and support: A questionnaire study</p>		<ul style="list-style-type: none"> • The downscaling of certain activities for residents had a negative impact on caregivers' exhaustion and ability to provide care and support. • An adequate balance of different types of meaningful activities, with varying supervision levels, is beneficial for residents and caregivers.
<p>01.05.2022</p>	<p>Strong Decay of SARS-CoV-2 Spike Antibodies after 2 BNT162b2 Vaccine Doses and High Antibody Response to a Third Dose in Nursing Home Residents</p>	<p>Journal of the American Medical Directors Association / Study</p>	<ul style="list-style-type: none"> • The objective of this cohort study is to measure the antibody decay after 2 BNT162b2 doses and the antibody response after a third vaccine dose administered 6 months after the second one in nursing home residents with and without prior COVID-19 • In prior COVID-19 residents (n = 122), RBD-IgG median levels decreased by 82% in 167 days on average. In the same period, the number of residents with a high antibody response decreased from 88.5% to 54.9% (P < .0001) and increased to 97.5% after the third vaccine dose (P = .02 vs the first measure). • Authors conclude: The strong and rapid decay of RBD-IgG levels after the second BNT162b2 dose in all residents and the high antibody response after the third dose validate the recommendation of a third vaccine dose in residents less than 6 months after the second dose, prioritizing residents without prior COVID-19.
<p>03.05.2022</p>	<p>COVID-19 risk factors amongst 14,786 care home residents: an observational longitudinal analysis including daily community positive test rates of COVID-19, hospital stays and vaccination status in Wales (UK) between 1 September 2020 and 1 May 2021</p>	<p>Age and Ageing / Study</p>	<ul style="list-style-type: none"> • The aim of this observational cohort study was to determine individual-level risk factors for care home residents testing positive for SARS-CoV-2. • The outcome of interest was a positive SARS-CoV-2 PCR test. We included time-dependent covariates for the estimated community positive test rate of COVID-19, hospital inpatient status, vaccination status and frailty. • The multivariable regression model indicated an increase in age (OR 1.01 [1.00,1.01] per year), community positive test rate (OR 1.13 [1.12,1.13] per percent increase), hospital inpatients (OR 7.40 [6.54,8.36]), and residents in care homes with non-specialist dementia care (OR 1.42 [1.01,1.99]) had an increased odds of a positive test. • Having a positive test prior to the observation period (OR 0.58 [0.49,0.68]) and either one or two doses of a vaccine (0.21 [0.17,0.25] and 0.05 [0.02,0.09], respectively) were associated with a decreased odds.

<p>04.05.2022</p>	<p>Who's in the House? Staffing in Long-Term Care Homes Before and During COVID-19 Pandemic</p>	<p>Gerontology and Geriatric Medicine / Study</p>	<ul style="list-style-type: none"> • A survey was created on staffing in LTC homes before and during the COVID-19 pandemic to determine how the staff complement changed. • Five broad categories of staff working in LTC homes were as follows: (1) those responsible for personal and support care, (2) nursing care, (3) medical care, (4) rehabilitation and recreational care, and (5) others. • There is limited availability of data related to measuring staff complement in the home and those with similar roles had different titles making it difficult to compare between countries. Nevertheless, the survey results highlight that some categories of staff were either absent or deemed non-essential during the pandemic.
<p>06.05.2022</p>	<p>Effectiveness of a COVID-19 Additional Primary or Booster Vaccine Dose in Preventing SARS-CoV-2 Infection Among Nursing Home Residents During Widespread Circulation of the Omicron Variant — United States, February 14– March 27, 2022</p>	<p>MMRW Rep / Study</p>	<ul style="list-style-type: none"> • Analysis of COVID-19 surveillance and vaccination data from approximately 15,000 skilled nursing facilities found that, compared with primary series vaccination only, an additional or booster dose provided greater protection (relative VE = 46.9%) against SARS-CoV-2 infection during Omicron variant predominance.
<p>10.05.2022</p>	<p>The impact of COVID-19 on long-term care facilities and their staff in Israel: Results from a mixed methods study</p>	<p>Journal of Nursing Management / Study</p>	<ul style="list-style-type: none"> • We examined the impact of COVID-19 regarding organizational and management issues at Israeli long-term care facilities. • Three main effects emerged: worsened financial status of long-term-care facilities resulting from high expenditures for preventive measures and reduced revenue due to deaths and fewer resident admissions, increased workload due to decreased workforce and additional duties, and negative mental health effects on staff because of increased workload and the conflict between maintaining good clinical practice and following COVID-19 regulations. • The development of government directives needs to take into account potential conflicts between the directives and quality care principles and to provide a balanced approach that assures humane care. Facilities and their staff lacked adequate pandemic-related guidance and support.

<p>11.05.2022</p>	<p>Low-Threshold Testing for SARS-CoV-2 (COVID-19) in Long-Term Care Facilities Early in the First Pandemic Wave, the Twente Region, the Netherlands: A Possible Factor in Reducing Morbidity and Mortality</p>	<p>Journal of Applied Gerontology / Study</p>	<ul style="list-style-type: none"> • During the first wave of the COVID-19 pandemic, there was a shortage of SARS-CoV-2 diagnostic tests, and testing patients with mild symptoms (low-threshold testing) was not recommended in the Netherlands. Despite these guidelines, to protect those who were most at risk, low-threshold testing was advocated and offered to the majority of long-term care institutions in the Twente region. • Strikingly, excess mortality rate in the Twente region 1 month after the introduction of this strategy was found to be 62%–89% lower than that in neighboring regions, which may be explained by this divergent testing strategy. In an emerging pandemic, early implementation of a liberal testing policy may be more effective than restricted testing in settings with a high death rate.
<p>12.05.2022</p>	<p>Delivering a psychosocial program for older people living in retirement homes during the Covid-19 pandemic: A process evaluation and recommendations for community interventions</p>	<p>Journal of Community Psychology / Study</p>	<ul style="list-style-type: none"> • The Covid-19 pandemic lockdown regulations caused retirement homes to temporarily ban in-person visitation potentially increasing the mental health risks of older people. An opportunity arose for a multistakeholder community collaboration to design a mental health program for older people. • A qualitative retrospective design was used to evaluate the process of delivering a 12-week psychosocial program aimed at preventing loneliness, countering boredom, and providing older people in restricted settings with education about Covid-19 during the lockdown, in Durban, South Africa. • A strong need exists for multistakeholder community collaborations when implementing a program where the context restricts physical access.
<p>12.05.2022</p>	<p>Which factors are associated with COVID-19 infection incidence in care services for older people in Nordic countries? A cross-sectional survey</p>	<p>Scandinavian Journal of Public Health / Study</p>	<ul style="list-style-type: none"> • The proportions of residential/home units with client COVID-19 cases, mid-March–April 2020 were Denmark 22.7%, Finland 9.0%, Norway 9.7% and Sweden 38.8%, most cases found in clusters • Client likelihood of having COVID-19 was six-fold higher if the employees had COVID-19. Mean client cases per residential/home unit were Denmark 0.78, Finland 0.46, Norway 0.22 and Sweden 1.23. • Municipal COVID-19 incidence, employee cases, and the lack of testing resources somewhat explained the confirmed COVID-19 cases among

			<p>older people in residential/home units. A two- to five-fold unexplained inter-country difference in ORs in the multivariate analyses was notable.</p>
14.05.2022	<p>A Call to Action to Enhance Understanding of Long COVID in Long-Term Care Home Residents</p>	<p>Journal of the American Geriatrics Society / Study</p>	<ul style="list-style-type: none"> • Although most LTC residents survived acute COVID-19 infection, this does not mean they escaped the lasting impacts of long COVID. There are few studies investigating COVID-19 survivorship, including long COVID prevalence, management, and outcomes among LTC residents. • One of the few studies in older adults found that COVID-19 survivors (65+ years) had a higher risk of new or persistent clinical sequelae compared to non-infected older adults. Furthermore, older adult COVID-19 survivors only had increased risk differences of select sequelae (i.e., respiratory failure, dementia, and post-viral fatigue) compared to a group of older adults with viral lower respiratory tract illness.
15.05.2022	<p>A third dose of mRNA COVID-19 vaccine significantly enhances anti-SARS-CoV-2 Spike IgG response in nursing home residents in Italy</p>	<p>Journal of the American Medical Directors Association / Study</p>	<ul style="list-style-type: none"> • A third dose of the mRNA vaccine was shown to increase neutralizing antibody levels and prevent severe outcomes. However, data on the response to third dose of SARS-CoV-2 vaccine in frail and complex population in NH are still limited. In this context, we have assessed the trajectories of humoral immunity in a sample NH resident receiving a three-dose SARS-CoV-2 vaccine schedule. • A third dose of mRNA COVID-19 vaccine dose restores high levels of anti-Spike IgG in nursing home residents. A longer interval between first and third dose does not impair immunogenicity.
16.05.2022	<p>Severity of Omicron SARS-CoV-2 Infection in Vaccinated and Unvaccinated Residents of Long Term Care Homes</p>	<p>Infection Control & Hospital Epidemiology / Research Letter</p>	<ul style="list-style-type: none"> • In Ontario, PCR testing for COVID-19 is recommended for all residents with any compatible symptom, or exposure to any infected person. To assess the severity of COVID-19 due to Omicron in Ontario LTC residents, we undertook a chart review of the first 100 residents of Ontario LTC homes owned or managed by Extendicare Ltd. who were diagnosed with COVID-19 after December 15, 2021. • The 100 cases were diagnosed in 12 homes (median 3.5 per home; range 1-29) between December 17th and 30st, 2021. The median age was 83.5 years (range 48-99); 72 were female; 6 were immunocompromised, 23 had chronic renal disease, and 13 had previously had COVID-19. Overall, 5 residents had refused vaccination,

			<p>3 had received a single dose, 28 had received 2 doses and 64 had received 3 doses</p> <ul style="list-style-type: none"> • overall, the 31 day case fatality rate was 25% (2/8) in residents who had not been vaccinated or had received a single vaccine dose, 7.1% (2/28) in residents who had received 2 doses of vaccine, and 3.1% (2/64) in residents who had received 3 doses of vaccine (P=.01).
17.05.2022	Centenarians from long-term care facilities and COVID-19-relevant hospital admissions	Journal of the American Medical Directors Association / Study	<ul style="list-style-type: none"> • We found lower rates of COVID-19-relevant hospital admissions in centenarians from long-term care facilities than in younger residents; COVID-19 hospital mortality was higher in female centenarians. • We found lower rates of COVID-19-relevant hospital admissions in centenarians than in the younger cohorts of oldest old residents in LTCF, where the hypothesis of COVID-19-specific resilience in centenarians should be further investigated.^{2, 3} However, very likely lower admissions rates could be due to the fact that centenarians were treated differently when it came to COVID-19 infections.
19.05.2022	Testing and vaccination to reduce the impact of COVID-19 in nursing homes: an agent-based approach	BMC Infectious Diseases / Study	<ul style="list-style-type: none"> • Efforts to protect residents in nursing homes involve non-pharmaceutical interventions, testing, and vaccine. We sought to quantify the effect of testing and vaccine strategies on the attack rate, length of the epidemic, and hospitalization. • Interactions between 172 residents and 170 staff based on data from a nursing home in Los Angeles, CA. Scenarios were simulated assuming different levels of non-pharmaceutical interventions, testing frequencies, and vaccine efficacy to reduce transmission. • Authors conclude: Improving frequency of testing from 7-days to 3-days minimized the number of infections and hospitalizations, despite widespread community transmission. Vaccine prioritization of staff provides the best protection strategy when the risk of viral introduction is high.
19.05.2022	The role of staff in transmission of SARS-CoV-2 in long-term care facilities	Epidemiology / Study	<ul style="list-style-type: none"> • We examined SARS-CoV-2 transmission among residents and staff in 60 long-term care facilities in Fulton County, Georgia, from March 2020 to September 2021.

			<ul style="list-style-type: none"> • Case counts, outbreak size and duration, and R(t) declined rapidly and remained low after vaccines were first distributed to long-term care facilities in December 2020, despite increases in community incidence in summer 2021. Staff cases were more infectious than resident cases (average individual reproduction number, $R_i = 0.6$ [95%CI: 0.4-0.7] and 0.1 [95%CI: 0.1-0.2], respectively). • COVID-19 vaccines slowed transmission and contributed to reduced caseload in long-term care facilities. • Staff cases were six times more infectious than resident cases, consistent with the hypothesis that staff were the primary drivers of SARS-CoV-2 transmission in long-term care facilities.
20.05.2022	Reduced humoral response 3 months following BNT162b2 vaccination in SARS-CoV-2 uninfected residents of long-term care facilities	Age and Aging / Study	<ul style="list-style-type: none"> • Plasma levels of SARS-CoV-2-specific total IgG, IgM and IgA antibodies were measured before and 3 months after vaccination in older residents of LTCF. Neutralisation capacity was assessed in a pseudovirus neutralisation assay against the original WH1 and later B.1.617.2/Delta variants. • Three months after vaccination, uninfected older adults presented reduced SARS-CoV-2-specific IgG levels and a significantly lower neutralisation capacity against the WH1 and Delta variants compared with vaccinated uninfected younger individuals. • Although hybrid immunity seems to be active in previously infected older adults 3 months after mRNA/BNT162b2 vaccination, humoral immune responses are diminished in COVID-19 uninfected but vaccinated older residents of LTCF.
20.05.2022	Characteristics of Nursing Home Residents and Healthcare Personnel with Repeat Positive SARS-CoV-2 Tests \geq 90 Days After Initial Infection: 4 U.S. Jurisdictions, July 2020 – March 2021	Infection Control & Hospital Epidemiology / Study	<ul style="list-style-type: none"> • Prior SARS-CoV-2 infection is associated with a reduced risk of repeat infection for nearly six months. However, reinfections are frequently reported, particularly after 90 days from prior infection. • Early in the COVID-19 pandemic, CDC recommended that NH residents and healthcare personnel (HCP) previously diagnosed with SARS-CoV-2 infection should not be re-tested within 90 days following an initial infection, unless symptomatic. After 90 days, individuals should be tested if they develop COVID-19 symptoms, have been exposed to persons with COVID-19, were associated with a COVID-19 outbreak, or

			<p>as part of routine HCP screening based on community incidence and vaccination status</p> <ul style="list-style-type: none"> • Individuals with low Ct values were more likely to report COVID-19 symptoms but were otherwise difficult to distinguish from individuals with high Ct value specimens using clinical information, including prior testing results, timing since initial infection, or SARS-CoV-2 exposure history. These findings support the CDC recommendations at the time of the study for testing individuals ≥ 90 days after their initial infection.
23.05.2022	Incidence and Outcomes of SARS-CoV-2 in Post-Acute Skilled Nursing Facility Care	Journal of the American Medical Directors Association / Study	<ul style="list-style-type: none"> • The objectives of this cohort study were: To examine the risk of contracting SARS-CoV-2 during a post-acute skilled nursing facility (SNF) stay and the associated risk of death. • Primary outcomes included testing positive for SARS-CoV-2 during the post-acute SNF stay, and death among those who tested positive. • The sample included 45,094 post-acute SNF admissions. Overall, 5.7% of patients tested positive for SARS-CoV-2 within 100 days of admission, with 1.0% testing positive within 1-14 days, 1.4% within 15-30 days, and 3.4% within 31-100 days. Of all newly admitted patients, 0.8% contracted SARS-CoV-2 and died, while 6.7% died without known infection.
24.05.2022	SARS-CoV-2 cases reported from long-term residential facilities (care homes) in South Africa: a retrospective cohort study	BMC Public Health / Study	<ul style="list-style-type: none"> • The study aimed to describe the temporal trends as well as the characteristics and risk factors for mortality among residents and staff who tested positive for SARS-CoV-2 in selected LTCFs across South Africa. • Multivariable logistic regression was used to assess risk factors for mortality amongst LTCF residents. • The analysis of SARS-CoV-2 cases in sentinel LTCFs in South Africa points to an encouraging trend of decreasing numbers of outbreaks, cases and risk for mortality since the first wave. LTCFs are likely to have learnt from international experience and adopted national protocols, which include improved measures to limit transmission and administer early and appropriate clinical care.

<p>01.06.2022</p>	<p>COVID-19 vaccine booster dose needed to achieve Omicron-specific neutralisation in nursing home residents</p>	<p>eBioMedicine / Study</p>	<ul style="list-style-type: none"> • We longitudinally enrolled 85 NH residents (median age 77) and 48 HCWs (median age 51), and sampled them after the initial vaccination series; and just before and 2 weeks after booster vaccination. Anti-spike, anti-receptor binding domain (RBD) and neutralisation titres to the original Wuhan strain and neutralisation to the Omicron strain were obtained. • With boosting, the vast majority of HCWs and NH residents developed detectable Omicron-specific neutralising activity. These data provide immunologic evidence that strongly supports booster vaccination to broaden neutralising activity and counter waning immunity in the hope it will better protect this vulnerable, high-risk population against the Omicron variant.
<p>01.06.2022</p>	<p>Immunogenicity of BNT162b2 vaccine booster against SARS-CoV-2 Delta and Omicron variants in nursing home residents: A prospective observational study in older adults aged from 68 to 98 years</p>	<p>The Lancet Regional Health – Europe / Study</p>	<ul style="list-style-type: none"> • In this monocenter prospective observational study, anti-spike IgG levels, S1 domain reactive T cell counts, serum neutralizing antibody titers against Delta and Omicron variants were compared before and up to three months after the BNT162b2 booster dose, in NH residents without COVID-19 (COVID-19 naive) or with COVID-19 prior to initial vaccination (COVID-19 recovered). • The booster dose induced a high increase of anti-spike antibody levels in all subjects ($p < 0.0001$) and a mild transient increase of specific T cells. Before the booster dose, Delta neutralization was detected in 19% ($n = 8/43$) and 88% ($n = 37/42$) of COVID-19 naive and COVID-19 recovered subjects, respectively.

Guidance

<p>Publication date</p>	<p>Title / URL</p>	<p>Author(s)</p>	<p>Digest</p>
<p>03.05.2022 Updated</p>	<p>COVID-19 - information and guidance for care home settings (for older adults)</p>	<p>Public Health Scotland, ARHAI Scotland</p>	<ul style="list-style-type: none"> • This guidance relates to the management of COVID-19 in support of those working in care home settings and users of their services. It

			should be used for residential and respite services for older people, that are registered as care homes with the Care Inspectorate.
16.05.2022 Updated	Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities	Health Protection Surveillance Centre	<ul style="list-style-type: none"> This document replaces version 1.4 of this document. Circulation of influenza virus has increased in early 2022 and it is likely that it will continue to co-circulate with SARS-Cov-2 for a time during 2022. The emergence of the more infectious Omicron variant that is now dominant in Ireland represents an additional challenge. The clinical features caused by infection with respiratory viruses are often difficult to differentiate and the public health and infection prevention and control management is very similar.

Statistics

Publication date	Title / URL	Author(s)	Digest
18.05.2022	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.
24.05.2022	Care home resident deaths registered in England and Wales, provisional	ONS	<ul style="list-style-type: none"> Provisional counts of the number of care home resident deaths registered in England and Wales, by region, including deaths involving coronavirus (COVID-19), in the latest weeks for which data are available.
24.05.2022	Number of deaths in care homes notified to the Care Quality Commission, England	ONS, CQC	<ul style="list-style-type: none"> Provisional counts of deaths in care homes caused by the coronavirus (COVID-19) by local authority. Published by the Office for National Statistics and Care Quality Commission.
24.05.2022	Notifications to Care Inspectorate Wales related to	Welsh Government	<ul style="list-style-type: none"> Notifications to Care Inspectorate Wales related to COVID-19 in adult care homes

	COVID-19 in adult care homes (headline data): 18 May 2022		
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Editorials and News

Publication date	Title / URL	Author(s)	Digest
<p>03.05.2022</p>	<p>No minister, a “protective ring” was not thrown around care homes</p>	<p>Martin McKee</p>	<ul style="list-style-type: none"> • Cathy Gardner and Fay Harris, whose fathers had died from covid-19 in care homes during the first wave of the pandemic, challenged the repeated claim by the then health secretary Matt Hancock that the government had thrown a “protective ring” around care homes. They sought a ruling from the High Court that some decisions at the time had either breached their fathers’ human rights or were unlawful. • The Court rejected their arguments on human rights grounds, but ruled that the Secretary of State (then Matt Hancock) and Public Health England⁶ had acted unlawfully in respect of two documents in March and April 2020—a discharge policy and admissions guidance respectively.
<p>11.05.2022</p>	<p>National Academies: US Nursing Home System Needs Fundamental Overhaul</p>	<p>Jennifer Abbasi</p>	<ul style="list-style-type: none"> • A committee of the National Academies of Sciences, Engineering, and Medicine released its lengthy consensus study report, The National Imperative to Improve Nursing Home Quality, in April. The panel found that the current system falls far short of its vision of high-quality nursing homes, in which “residents receive care in a safe environment that honors their values and preferences, addresses goals of care, promotes equity, and assesses benefits and risks of care and treatments.” • The recommendations include improving low-paid nursing home workers’ wages and benefits while shoring up minimum staffing standards and education requirements. Nursing homes should be constructed or renovated to provide smaller and more home-like

			environments with single- rather than multiple-occupancy bedrooms and bathrooms, with ready access to personal protective equipment.
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