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Weekly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings
17th 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 of the impact of COVID-19 on the well-being of care home residents in the Netherlands; international evidence of the relationship between mortality in long term care facilities and early intervention to control community transmission; and from the USA, evidence that nursing home staff communities are likely to be an important source of infection, and that variation in nursing home outbreaks may be related to differences in the neighbourhoods where staff live. From the UK, clear evidence from the 'Easter 6' study that symptomatic screening is insufficient to control the transmission of COVID-19 in care homes; the challenge of false positive results in screening for SARS-CoV-2 in care homes in areas of low prevalence; and the value of care sector and academic partnerships in driving a sector led research agenda. Finally, a summary of recent published reports, guidance and statistics.

Peer-Reviewed Articles

Publication date	Title / URL	Journal / Article type	Digest
09.09.2020	Investigation of SARS-CoV-2 outbreaks in six care homes in London, April 2020	EClinicalMedicine / Article	<ul style="list-style-type: none"> • Across six London care homes during April 2020, 105/264 (39.8%) residents were SARS CoV-2 positive, including 28 (26.7%) symptomatic, 10 (9.5%) post-symptomatic, 21 (20.0%) pre-symptomatic and 46 (43.8%) who remained asymptomatic. Case-fatality at 14-day follow-up was highest among symptomatic SARS-CoV-2 positive residents (10/28, 35.7%) compared to asymptomatic (2/4, 4.2%), post-symptomatic (2/10, 20.0%) or pre-symptomatic (3/21, 14.3%) residents. Among staff, 53/254 (20.9%) were SARS-CoV-2 positive and 26/53 (49.1%) remained asymptomatic. Whole genome sequencing identified multiple (up to 9) separate introductions of different SARS-CoV-2 strains into individual care homes. • A high prevalence of SARS-CoV-2 positivity was found in care homes residents and staff, half of whom were asymptomatic and potential reservoirs for on-going transmission. A third of symptomatic SARS-CoV-2 residents died within 14 days. • Symptom-based screening alone is not sufficient for outbreak control.
10.09.2020	Mortality Rates From COVID-19 Are Lower in Unionized Nursing Homes	Health Affairs / Article	<ul style="list-style-type: none"> • Used cross-sectional regression analysis to examine the association between the presence of health care worker unions and COVID-19 mortality rates in 355 nursing homes in New York State. • Health care worker unions were associated with a 1.29 percentage point mortality reduction, which represents a 30% relative decrease in the COVID-19 mortality rate compared to facilities without health care worker unions. Unions were also associated with greater access to PPE, one mechanism that may link unions to lower COVID-19 mortality rates.
10.09.2020	The impact of COVID-19 measures on well-being of older long-term care facility residents in the Netherlands	Journal of the American Medical Directors Association / Letter	<ul style="list-style-type: none"> • A survey conducted among 193 residents, 1609 relatives, and 811 carers in 38 Dutch long-term care facilities during the visitor-ban, showed high levels of loneliness and increased frequency and severity of mood and behavior problems.

			<ul style="list-style-type: none"> Loneliness was reported by 149 (77%) residents: 50% perceived themselves as moderately, 16% as strongly and 11% as very strongly lonely. Over half of the staff reported an increase in residents' severity of agitation, depression, anxiety, and irritability, plus appetite disorders. Concludes that as social contact and meaningful daytime activities are essential for LTCF residents, LTCF should implement policies on allowing visitors and continuing daytime activities as much as possible in times of COVID-19. This should be done in conjunction with residents, family and staff, prioritizing residents' well-being and autonomy again.
11.09.2020	Social Isolation and Psychological Distress Among Older Adults Related to COVID-19: A Narrative Review of Remotely-Delivered Interventions and Recommendations	Journal of Applied Gerontology / Article	<ul style="list-style-type: none"> Looks at interventions delivered by a range of individuals (i.e., community members to mental health professionals), and interventions that vary by implementation (e.g., self-guided therapy, remotely-delivered interventions via telephone or video call). Recommendations to overcome barriers to implementation and delivery are provided, with consideration given to the different living situations including long-term care/nursing home settings.
11.09.2020	Ordinary Care in Extraordinary Times	Irish Journal of Psychological Medicine / Article	<ul style="list-style-type: none"> Describes a project being undertaken by a rural Psychiatry of Old Age service in 16 nursing homes in the north-west of Ireland using mobile tablets for remote video consultations during the COVID-19 crisis. Describes challenges and limitations of the project.
12.09.2020	Family Communication in Long-Term Care during a Pandemic: Lessons for Enhancing Emotional Experiences	American Journal of Geriatric Psychiatry / Article	<ul style="list-style-type: none"> Objective was to examine what communication methods, other than in-person visits, were associated with greater positive and lower negative emotional experiences for LTC residents and their family members and friends, using results of a nationally-targeted online survey. Participants were 161 community-dwelling adults who had a family member or friend in a LTC facility. Greater phone frequency was associated with less participant negative emotions. Greater e-mail frequency was associated with more perceived resident positive emotions. Greater frequency of letters delivered by staff was associated with more participant negative emotions. Greater frequency of letters delivered by staff and the postal

			<p>service were associated with more perceived resident negative emotions.</p> <ul style="list-style-type: none"> • These findings highlight the importance of having familiar methods of communication like the phone and email in place between families and LTC residents to maintain their emotional well-being when in-person visits are restricted.
12.09.2020	A Comparison of COVID-19 Mortality Rates among Long-Term Care Residents in 12 OECD Countries	Journal of the American Medical Directors Association / Letter	<ul style="list-style-type: none"> • Using publicly reported data on COVID-19 deaths for 12 OECD member-countries (Belgium, Canada, Denmark, France, Germany, Ireland, Italy, Netherlands, Spain, Sweden, United Kingdom, and the United States), population-specific mortality rates and ratios for LTC home residents and community-dwelling older (age ≥65 years) and younger (age <65 years) persons were calculated and compared. • Within the 12 countries, LTC home residents, community-dwelling older persons and younger persons accounted for an average of 46.1%, 45.9% and 8.0% of COVID-19 deaths and an average of 0.9%, 18.2% and 80.9% of national populations, respectively. • Countries that maintained relatively low levels of community transmission and acted early and aggressively to prevent the introduction and spread of COVID-19 into their LTC homes had the lowest LTC home resident mortality rates. • Results suggest that the level of community transmission, as reflected in the mortality rate for community-dwelling persons, and the level of policy response related to infection prevention and control practices in LTC homes and at the broader community level were important factors driving LTC home resident mortality rates.
15.09.2020	Seeking Answers for Care Homes during the COVID-19 pandemic (COVID SEARCH)	Age and Ageing / Article	<ul style="list-style-type: none"> • Authors present analyses of the uncertainties of care home managers and staff expressed in a self-formed closed WhatsApp™ discussion group during the first stages of the pandemic in the UK. • Demonstrates that almost one-third of these uncertainties could have been tackled immediately through timely, responsive and unambiguous fact-based guidance. The other uncertainties require appraisal, synthesis and summary of existing evidence, commissioning or provision of a sector- informed research agenda for the medium- to

			longer-term. The questions represent wider internationally relevant care home pandemic related uncertainties.
15.09.2020	Stemming the Tide of COVID-19 Infections in Massachusetts Nursing Homes	Journal of the American Geriatrics Society / Article	<ul style="list-style-type: none"> • In April 2020, Massachusetts nursing homes (NHs) became a hotspot for COVID-19 infections and associated deaths. In response, Governor Charles Baker allocated \$130 million in additional funding for 2 months contingent upon compliance with a new set of care criteria, including mandatory testing of all residents and staff, and a 28-point infection control check-list. • The Massachusetts Senior Care Association and Hebrew SeniorLife rapidly organized a Central Command team, targeted 123 "special focus" facilities with infection control deficiencies for on-site and virtual consultations, and offered all 360 facilities weekly webinars and answers to questions regarding infection control procedures. The facilities were also informed of resources for the acquisition of PPE, back-up staff, and SARS-COV-2 testing. • Both resident and staff infection rates started higher in special focus facilities, then rapidly declined to the same low level in both groups. Adherence to infection control processes, especially proper wearing of PPE and cohorting, was significantly associated with declines in weekly infection and mortality rates.
15.09.2020	Using Telementoring to Share Best Practices on COVID-19 in Post-Acute and Long-Term Care Facilities	Journal of the American Geriatrics Society / Article	<ul style="list-style-type: none"> • The project Extension for Community Healthcare Outcomes (ECHO) model has been used extensively in urban and rural settings to provide telementoring to healthcare workers in a variety of topics and has shown promise in sharing best practices with long term care staff via telementoring. • Employs didactic training and case discussion facilitated by academic medical experts at a remote location, connecting to registered trainees virtually through a web-based videoconferencing platform. • Report shares authors' experience in utilizing ECHO as an educational platform throughout the state of Illinois to rapidly respond to evolving changes in the COVID-19 pandemic.
15.09.2020	Regular mass screening for SARS-CoV-2 infection in care homes already affected by Covid-	Journal of Infection / Letter	<ul style="list-style-type: none"> • Despite the large numbers of ongoing COVID-19 outbreaks in England, four London care homes under investigation did not have any additional cases prior to taking part in the national screening programme. The

	<p>19 outbreaks: implications of false positive test results</p>		<p>reporting of three positive results in a single care home was, therefore, unexpected and prompted additional investigations, which included repeat swabs, which were all negative, and blood sampling which confirmed their seropositivity at the time of re-testing. The lack of an antibody rise four weeks later confirms that these detections were not new infections and, therefore, false positive screening tests.</p> <ul style="list-style-type: none"> • Further work needs to be undertaken to assess the value of repeated mass swab testing in care homes during periods of low community prevalence, particularly if SARS-CoV-2 positivity rates fall below 1%, when the likelihood of false positive results increases exponentially even with RT-PCR assays that have very high specificity rates. • This can have a significant impact on care homes, in terms of unnecessary isolation of vulnerable residents and loss of workforce leading to suboptimal care provision, plus the danger of behavioural fatigue so that, when strict infection control measures are required in a genuine outbreak, recommended measures may not be adhered to.
<p>15.09.2020</p>	<p>COVID-19-Associated Deaths in San Francisco: the Important Role of Dementia and Atypical Presentations in Long-term Care Facilities</p>	<p>Journal of General Internal Medicine / Research Report</p>	<ul style="list-style-type: none"> • From March 5 to July 14, 2020, 50 decedents with confirmed COVID-19 were reported. Of these, 46 had COVID-19 listed as the underlying cause of death. Twenty-one (46%) decedents resided in a LTCF. • The average age was 81 years (range 30–100), and the most common race-ethnicity was Asian (49%). The most common co-morbidities included dementia (46%), diabetes mellitus (43%), cardiac disease (41%), and chronic lung disease (28%). Common presenting symptoms included dyspnea (48%), fever ≥ 100.0 °F (46%), cough (30%), and altered mental status (25%). Thirty-nine (89%) were hospitalized, 24 (59%) required intensive care, and 19 (44%) were intubated. The mean time from symptom onset to death was 14.1 days (range 4 h–42 days). • Findings are a reminder that clinicians should remain vigilant for COVID-19 in older adults with dementia, who may present with atypical signs and symptoms and deteriorate quickly.

Preprints (non-peer reviewed)

Publication date	Title / URL	Journal / Article type	Digest
11.09.2020	Relationship between nursing home COVID-19 outbreaks and staff neighborhood characteristics	MedRxiv / Article	<ul style="list-style-type: none"> • Combined data on facility-level COVID-19 deaths with facility-level data on the neighborhoods where nursing home staff reside for a sample of eighteen states. • Findings suggest that staff communities are likely to be an important source of infection, and that disparities in nursing home outbreaks may be related to differences in the types of neighborhoods nursing home staff live in.

Reports and other publications

Publication date	Title / URL	Author(s)	Digest
03.09.2020	Digital innovation in adult social care: how we've been supporting communities during COVID-19	Local Government Association & the Association of Directors of Adult Social Services / Report	<ul style="list-style-type: none"> • Looks at: <ul style="list-style-type: none"> ○ What has been done to support the use of technology for connection, wellbeing and bringing communities closer together? ○ What has been learned about the factors which lead to successful digital innovation in adult social care and those that don't? ○ What are the next steps to keep up the momentum and sustain new learning, approaches and ways of working? • This report is a stock take of recent digital activity across local government which can be used to promote and stimulate continued work in this area with local communities.

			<ul style="list-style-type: none"> • Captures key areas of continued work needed to enable successful and sustainable digital innovation in adult social care.
11.09.2020	COVID-19 infection rises: letter to care providers from Director of Adult Social Care Delivery	Department of Health and Social Care / Letter	<ul style="list-style-type: none"> • Stuart Miller has written to care providers to highlight rising infection rates and request action on testing and PPE in all care settings.
17.09.2020	More than £500 million for social care to reduce coronavirus transmission over winter	Department of Health and Social Care / Press Release	<ul style="list-style-type: none"> • Care providers in England will benefit from over half a billion pounds extra funding to reduce COVID-19 transmission and help protect residents and staff throughout winter. • The Infection Control Fund, set up in May, has now been extended until March 2021, with an extra £546 million to help the care sector restrict the movement of staff between care homes to stop the spread of the virus. • The fund will help care providers pay staff full wages when they are self-isolating, and enable staff to work in only one care home, reducing the risk of spreading the infection. • This brings the total funding for infection control measures in care homes to over £1.1 billion and underlines the government's commitment to ensure adult social care has the resources it needs to keep residents and staff safe.

Guidance

Publication date	Title / URL	Author(s)	Digest
Updated 11.09.2020	Overview of adult social care guidance on coronavirus (COVID-19)	Department of Health and Social Care	<ul style="list-style-type: none"> • Provides information for adult social care providers about COVID-19 guidance and support.
Updated 11.09.2020	People Who Live in a Nursing Home or Long-Term Care Facility	Centers for Disease Control and Prevention	<ul style="list-style-type: none"> • Updated guidance on infection prevention.
Updated 11.09.2020	Visitors' protocol - CPA briefing for care providers	Care Provider Alliance	<ul style="list-style-type: none"> • Updated Visitors' Protocol to reflect the official guidance, where relevant, and to highlight issues to consider or practice which are not covered within Government guidance.

			<ul style="list-style-type: none"> • Aims to provide a set of principles and top tips to help people using care and support to have the opportunity to safely receive visitors during the COVID-19 pandemic, while minimising the risk of its introduction to, or spread within, the care setting. • It is primarily aimed at care settings which cater for older people, including people with dementia, such as residential and nursing homes.
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Statistics

Publication date	Title / URL	Author(s)	Digest
15.09.2020	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.
16.09.2020	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 13 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.