



Responding to COVID-19 in the Liverpool City Region

Care Homes and COVID-19: How we can Prepare for Future Outbreaks

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Map of Liverpool City Region Combined Authority (LCRCA) boundary (in red) and constituent local authorities



Data sources: Westminster parliamentary constituencies (December 2018 - ONS), local authority districts (December 2018 - ONS), and combined authorities (December 2018 - ONS)

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Key takeaways

1. The COVID-19 pandemic has centred public attention on the challenges facing care homes in the UK and elsewhere. High care home death rates are particularly associated with failures over hospital discharges without COVID-19 testing, testing capability and a lack of personal protective equipment (PPE).
2. The risks of an immediate second peak in coronavirus infections, as well as a prospective second wave during winter underline the need to make the lives of older people living in care homes better and to reduce the potential impact of any future infectious outbreaks.
3. Although measures have been taken to help alleviate the immediate crisis in care homes, strengthening preparedness in the longer term demands that actions are focused on a number of key areas outlined in this briefing.
4. These include improving infection control and prevention; retrofitting and building care homes with future pandemics in mind; ensuring continuous professional development activities for staff, including research; reviewing the pay and remuneration of care home workers; establishing dedicated in-reach services; and creating teaching care homes to serve as beacons of good practice for the sector.
5. The pandemic has amplified the urgency for action by healthcare providers and all key stakeholders within the Liverpool City Region (LCR) on a range of pre-existing and newly-emergent challenges for care homes. For them to be made fit for purpose and ready to manage future crises, collaborative and strategic thinking is required.

1. Introduction

The COVID-19 pandemic has brought to the fore the significant challenges care homes in the UK have been struggling with for several years. Low pay, high care worker turnover rates, and inadequate training with inconsistent and variable clinical support, are just some of the challenges that existed pre-COVID-19. Infection control and prevention were also variable and not standardised. However, death rates during the present pandemic have centred considerable public attention on these and other critical issues.

Key factors that have contributed to the higher COVID-19 death rates in care homes include hospital discharges that were not tested for COVID-19, lack of testing capability, lack of personal protective equipment (PPE), inadequate and uncoordinated healthcare support for care homes, and large worker vacancies

with high turnover rates. These have been exacerbated by the health and social inequalities between the north and south of England, with the north being more adversely affected.

This policy briefing articulates a number of recommendations which, if implemented, will make the lives of older people living in care homes better and reduce the impact of any future infectious outbreaks. This is imperative given that Dr Michael Ryan, Executive Director of the World Health Organization's (WHO) Health Emergencies Programme, has warned of an "immediate second peak" in COVID-19 cases as many countries emerge from lockdowns (WHO 2020). A second wave of infections likewise remains a distinct possibility during the winter months; particularly troubling as an effective vaccine is unlikely to be ready for some time, if at all.

2. Care homes and COVID-19 in England

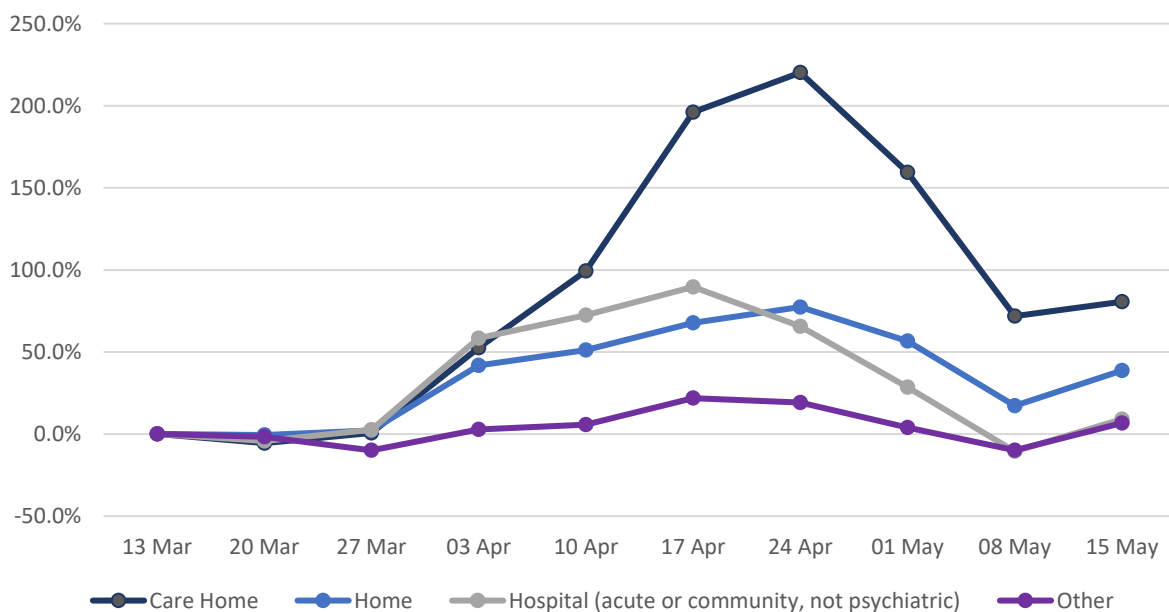
In England, there are 15,517 care homes providing a capacity of 457,361 beds with about 411,000 occupied (Sillett 2020). Over 80% are owned by private firms (Blakeley and Quilter-Pinner 2019). Care homes can be residential, nursing or both and provide alternative living options for older people with multiple chronic conditions and functional disabilities, as well as people with learning disabilities. While there are care homes for all adult ages, the vast majority are for older people, with 60% of residents being 80 years or older. Residents in the majority of cases have multiple chronic conditions and varying levels of dependency with increased risk of morbidity and mortality.

Data on COVID-19 related care home deaths in England only started being recorded on 10 April 2020. Up until 22 May there have been 10,530 such deaths

in care homes compared to 3,294 in hospitals during the same time period. The number of deaths in both care homes and hospitals has been falling steadily, although those occurring in the former remain higher (ONS 2020). (Figure 1, which presents deaths attributable to all causes over a longer timeframe, suggests the same trend.) The global picture, especially in Europe and North America, is similar with a high number of care home fatalities. Better outcomes have been experienced in Asia, particularly in South Korea and Hong Kong.

The COVID-19 pandemic has therefore raised our awareness of the weak foundations upon which our care homes have been struggling to survive, and the Liverpool City Region (LCR) network is no exception. Indeed, Care Quality Commission figures indicate that 371 COVID-19 related deaths have occurred in care homes in the LCR up to 15 May (Clements 2020).

Figure 1. Percentage change in deaths from any cause by place of death in England and Wales



Note: 'Other' includes deaths in hospices, other community establishments and elsewhere.

(Source: [ONS Deaths registered weekly in England and Wales, provisional](#))

Factors contributing to the high number of COVID-19 cases in care homes include:

- The initial discharge of older people back into care homes without prior COVID-19 testing to ensure that they were not infected
- Lack of the required kit for testing both residents and care home staff
- Lack of personal protective equipment (PPE)
- The pre COVID-19 challenges mentioned in the introduction.

Additionally, not allowing visits, with the reduced social contacts from family and friends that this inevitably entails, has probably impacted on the mental wellbeing of care home residents. Morale has fallen and stress risen for care home workers, and with so many vacancies and high turnover rates, this has further pressurised the existing workforce (Oung, Schlepper and Curry 2020).

In comparison to our hospitals, where over 60% of beds are occupied by older people with multiple chronic conditions, the number of health and social care professionals available to support care home residents is significantly less. If we were to apply the principles of population health management, this is just one area where we should focus our resources to reduce physical and mental health emergencies.

3. Improving care home preparedness

In the last decade, increasing efforts – and some resources – have gradually been put in place to support care home residents in the UK, but there is a lot more to be done if we wish to have a significantly positive impact on the lives of older people with frailty. In 2016, a new model of care for care homes was launched (NHS England 2016), which was

further updated in 2019 by the NHS's Long Term Plan. These models of care recommended a collaborative interdisciplinary team involving primary and community care with secondary care support.

[The government updated its care home guidance on 22 May 2020](#), which clarified and emphasised additional points around PPE, infection control and prevention, quarantining, and the movement of staff between care homes.

In response to the pandemic, the government has now made it easier for care homes via an [online portal](#) to request COVID-19 testing, while efforts are ongoing to supply them with sufficient PPE. Although testing is still variable, all hospital discharges to care homes since 16 April were mandated to carry out COVID-19 testing. Furthermore, the British Geriatrics Society has [developed several good practice resources](#) on COVID-19 and older people, including guidance for care home and NHS staff to manage the pandemic in care home settings. In the LCR, a variety of additional clinical support was put in place for care homes.

While these are welcome measures in the immediate crisis, going forward there are several key areas that actions should be focused on to improve our care homes and their preparedness for future pandemics in particular.

Infection control and prevention

We can improve on infection control and prevention through close liaison with, and the support of, local health care providers. In hospitals we have infection control nurses and doctors who can support care homes with developing policies, education and training. The facilities available for cleaning and decontamination, as well as the availability of appropriate PPE, will also need to be improved. Funding for

these will be needed from various sources and multi-sectoral discussions should take place at the local, city region and national levels. Similarly important will be real-time local data collection on infection control and prevention, coupled with the sharing of information and insights so that problems can be addressed early.

Care home design

Care home buildings should be designed or repurposed for health and safety, infection control and prevention, as well as encouraging physical activities and mental wellbeing. This will make the care homes environment conducive not just for long-term living but facilitate the management of future outbreaks of infections such as influenza, diarrhoeal illnesses and any future pandemic. While there are existing guidelines and regulations, we need to be more ambitious than this and retrofit / build for the future. Residents' rooms should not be cramped and each should ideally have en-suite facilities for washing and toileting.

Local authorities will recommend minimum requirements that need to be met based on expert advice from architects who specialise in designing care homes. Best practice in care home design from around the world can be identified and adapted to our needs. Older people should also be involved in co-creating their living environments.

Training provision

We should provide training to care homes staff on a regular basis through continuous professional development programmes supported by regular appraisals. Nurses and care assistants in care homes should maintain their knowledge and skills. However, this is difficult to achieve as they are not provided with the time and resources to do so. Dialogue with care home owners and

their employees should seek to agree what will be useful and mandatory for them to receive and then make it very easy to achieve.

Supported by the Clinical Commissioning Groups, local authorities and the LCR Combined Authority, the local NHS health care providers should be commissioned to provide the appropriate education and training, including mandatory training to ensure care home workers have the knowledge and competence to provide the care we all wish our older people to receive. Local health care providers already have a wealth of continuous professional development activities and training that they can share with care homes. Support for this can be through the learning and development department of the local health care provider.

Remuneration

The pay and remuneration of care home workers should be reviewed to reflect the complex work they do looking after older people usually with multiple chronic conditions. Various recommendations have been made over the years including introducing an "agenda for change" pay scale (as in the NHS). The local authorities, private sector employers, trade unions and the LCR Combined Authority should liaise regionally and work with the relevant national agencies to address this.

Dedicated in-reach services

A dedicated in-reach service should be established to provide secondary care expertise in collaboration with primary, community and mental health services. This could also explore how we can continue to provide services at times of pandemics using virtual consulting media, as well as understanding / exploring how we ensure older people get the care they need.

In liaison with local community and secondary care healthcare providers, an integrated system of providing clinical care needs to be improved upon so that transfers out of older people's usual place of residence is minimised while at the same time ensuring that where alternative community or hospital treatment is necessary, this can be implemented seamlessly.

The frailty assessment units in local hospitals and the intermediate care step-up facilities in the community would be the key hubs for these activities. A team that works in close collaboration needs to be clearly developed and mapped out so that those individuals are not hampered from doing what is necessary and right by traditional organisational boundaries or regulations. The enhanced health in care homes model of the NHS Long Term Plan (NHS England 2019), which has been rolled out across the country and is in varying stages of being set up across the LCR, can be further leveraged.

Teaching care homes

Teaching care homes should be created to serve as beacons of good practice, as well as a valued resource in which to train the next generation of health and social care professionals in how to best care for older people. Using these hubs, a strong research and quality improvement culture can be established to support all LCR care homes so that residents have the same opportunities as NHS patients to be involved in research activities.

These can be actioned through alliances formed between the local universities, health and social care providers, and [ENRICH](#), which have the necessary curricula and an education and training infrastructure so that all health and social care students can rotate through. Such teaching care homes will improve the knowledge and competence of staff as

well as increase retention and make working in care homes a more attractive career.

4. Concluding thoughts

The recommendations above, if acted upon by key stakeholders within the LCR, will result in a better environment for older people with frailty and ensure that the downstream consequences of not managing issues earlier and better do not escalate during future infectious outbreaks. Care homes would be much better placed to provide the excellent care that older people with frailty deserve and should get. There is clearly a moral imperative to act, not least in light of the significant number of COVID-19 related deaths that have occurred within care home in the LCR and elsewhere.

Additionally, the broader health and social care sector, of which care homes are a constituent part, is a major employer within the LCR, representing some 18% of total employment (LCRCA 2018). The challenges and opportunities facing this sector prior to COVID-19, including priorities around recruitment and career development, training and skills needs, as well as aspirations over ensuring the provision of good jobs, were previously the focus of assessments such as the LCRCA's *Skills for Growth Action Plan*.

However, the pandemic has amplified the urgency for action by all stakeholders on a range of pre-existing and newly-emergent challenges for care homes. Local partnership working across the sector and clear lines of communication between care homes and wider support systems, have never been more important. For care homes to be made fit for purpose and ready to manage future crises, collaborative and strategic thinking is required.

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