

Annex K: moving from the community to care homes

Provided by HMG

This annex sets out a service model for testing people moving from the community into a care home. It is intended to supplement existing local arrangements. Where local arrangements go beyond the service model set out, and are working well for care homes, these should not be disrupted.

This information applies to asymptomatic individuals moving from the community into an adult residential care home, unless otherwise stated.

Prior to admission into a care home

Prior to admission into a care home, the registered care home manager should ascertain:

- if the individual is well enough to be admitted
- if they have been swab tested using a PCR test (and if so when the test was conducted and the result of the test)
- what care and support the individual is currently receiving

The care home manager should ensure the individual has not had close contact with someone with COVID-19 symptoms within the last 14 days.

If a test has been conducted

If a test has been conducted within 2 days of planned admission into the care home, the care home manager must share the test result with the named clinical lead assigned to the care home.

If a test has been conducted but it was not done within 2 days prior to admission, another test must be conducted.

Confirmed positive case of COVID-19

For individuals with a confirmed COVID-19 positive status, the care home manager should follow the isolation strategy set out in [Annex C](#). Individuals admitted from the community should be immediately isolated for 14 days, regardless of symptoms. Cohorting policies are particularly important for older care home residents (see [section 1](#)).

Occasionally symptomatic individuals may need isolating beyond the isolation period if they have not recovered from their infection.

Once admitted to the care home individuals should be [closely monitored](#).

There will be no absolute requirement for a care home to admit a new resident to the care home. If appropriate isolation or cohorted care is not available, the care home manager should ask the individual's local authority to secure alternative appropriate accommodation.

Confirmed negative case of COVID-19

For individuals with a confirmed COVID-19 negative status, from a test taken less than 2 days prior to admission, a 14-day period of isolation is still recommended, particularly in care homes for older residents.

Further guidance on isolation of residents is in [section 1](#).

Conducting a test on admission

If a test has not been conducted or has been conducted over 2 days prior to the planned admission, the individual should be tested. The care home manager is responsible for the decision on how to test the individual.

The care home manager should work with the named clinical lead assigned to the care home to access a test kit and ensure the individual can be appropriately isolated. The care home manager could utilise testing capacity from DHSC pillar 2, local testing capacity or an alternative as they see fit. If the care home manager feels pillar 1 testing capacity is most appropriate, they should contact their local director of public health and organise testing using available capacity.

If the test result is positive, the care home manager should inform the individual's GP and, if they have already been transferred to the care home, the local HPT as they would with any symptomatic individual in their home. This will help support the individual's care and local risk assessment.

Urgent admissions

For urgent admissions (regardless of symptoms) the individual should be tested upon arrival and care home managers should follow the isolation guidance, set out in [Annex C](#).

Case study: Sheffield

The Sheffield Health and Social Care Swabbing Service is a multi-agency collaboration between Primary Care Sheffield (PCS), NHS Sheffield CCG and Sheffield City Council, drawing in expertise and resource from Sheffield Children's and Sheffield Teaching Hospitals.

Working in partnership, they have established a daily mobile swabbing team who will work on an on-call basis to provide support to the care homes when a person has been identified as needing admission to a care home from their own home. For urgent admissions, they will be isolated in the care home and swabbed by

this team. For planned admissions the person may be swabbed at home by the team prior to admission.

The team are operational 7 days a week. A single team is on duty each day consisting of 2 registered nurses or a registered nurse and a healthcare assistant, wearing full appropriate PPE. A test can be booked by a registered care home manager or the individual's GP, prior to admission, using a dedicated helpline number.

The team on duty use test kits from Sheffield Teaching Hospitals (STH) laboratory. Once the individual has been swabbed, the team return the sample to the STH laboratory along with the patient details. If the patient lacks capacity, an appropriate person or Power of Attorney should be the named person to receive the results. It is the patient's (or their nominated appropriate person) responsibility to inform the registered care home manager of the result.







The team will require the patient's name, date of birth, current address, registered GP practice details to register and the address of the care home the patient will be admitted to, in order to return the test result.

Results are communicated to care home and registered GP of patient within 48 hours of the test. PCS informs the care home of the result either by email if documented or by telephone call to the care home directly. PCS also adds results to the patient record.

This service is offered to all care homes within the locality. To highlight the mobile swabbing service communications were put out in GP bulletins and registered care home managers were contacted directly. The mobile swabbing service is publicised on a webpage, run by Sheffield City Council.

For further information contact pcs.community_swabbing@nhs.net.

1. Note that references to 'we' in this guidance refer to the Department of Health and Social Care. [↗](#)
2. Specific legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic has also been provided by [NHS England](#). [↗](#)

3. The issue of a negative result should be interpreted with caution, particularly in the presence of relevant clinical symptoms. These residents should have a clinical assessment in line with the local IPC policy which should account for where the patient was prior to admission to the home. The care home may still be advised to isolate these residents from other vulnerable and shielded residents for 14 days from admission. 
4. Please note that the discharge service requirements are currently under review and will be updated in due course. 
5. Recovery from an outbreak of COVID-19 in a care home is defined by a period of 28 days or more since the last laboratory confirmed or clinically suspected cases was identified in a resident or member of staff in the home. 
6. A personalised care and support plan based on the principles set out in the [Dementia: Good Care Planning](#) guide, to manage behavioural disturbances is important for people with dementia. Often, a person-centred approach can help diffuse any behavioural and psychological symptoms of dementia, such as walking with purpose. Alternatives to drugs should be tried before prescribing medication. Specialist advice should be sought, including if medication is being considered. [NICE guideline NG97](#) provides guidance on medication for behavioural disturbances in people with dementia. 
7. Symptoms may be more nuanced in older people with co-morbidities in care homes who may present with influenza-like illness (ILI), respiratory illness, new onset confusion, reduced alertness, reduced mobility, or diarrhoea and sometimes do not develop fever. This may be true for COVID-19, so such changes should alert staff to the possibility of new COVID-19 infection. 
8. Please note that some datasets have counted all care homes with one or more cases as outbreaks. In line with the new definition, one confirmed case will be reported as an 'incident', and 2 or more laboratory-confirmed or clinically suspected cases will now be recorded as an 'outbreak'. Data on the onset and recovery from outbreaks will be recorded and reported via the Capacity Tracker using the definitions provided above. 
9. The 10-day isolation period usually applies but care home residents are a particularly vulnerable group and their immune response may differ from younger normally healthier individuals. Therefore a 14-

day period of isolation is recommended for residents in care homes. 