





Care Homes during the COVID-19 pandemic

Cllr James McInnes - Cabinet Member for Adult Social Care & Health Tim Golby – Locality Director

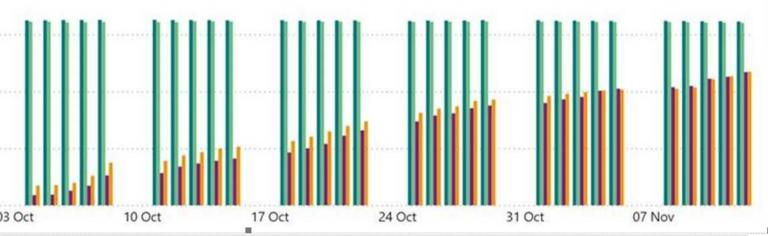
Care Home Market Overview - Devon

- Covid 19 has had a significant impact on the adult care and health market. It is also acknowledged that issues were present prior to COVID and have been exacerbated. Some are long term and structural (such as pay and conditions for the workforce), others are immediate and operational e.g. the risk of or actual provider failure.
- There are 320 Care Homes in Devon County Council's administrative area; 254 are classified as residential and 65 are nursing homes. Across Devon the number of registered beds has fallen from 8141 in June 2020 to 8001 in June 2021 and there are now 11 less care homes across the footprint.
- A covid outbreak within a care home has an impact on both hospital flow and the providers financial health
- Currently 15 homes are closed to new admissions due to staff shortages and whilst mandatory vaccination has had a small impact the main key contributory factors are Brexit, staff burnout and fatigue.

Vaccination in Care Homes

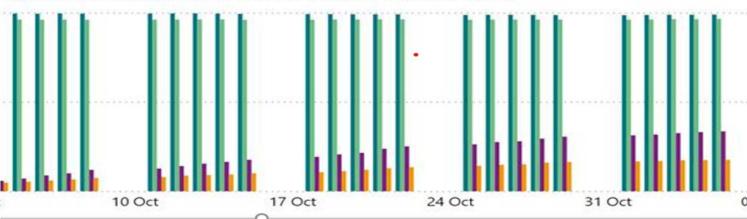
Cumulative Care Home Residents receiving vaccine

Residents Dose 1 Yes Residents Dose 2 Yes Residents Booster Residents Flu Vaccine



Cumulative Care Home Staff receiving vaccine

Staff Dose 1 Yes Staff Dose 2 Yes Staff Booster Staff Flu Vaccine



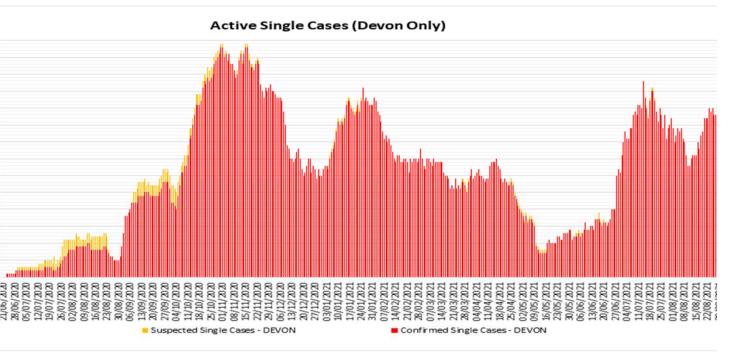
Vaccination for C19 for both staff and residents in care homes commenced on 24th December 2020

Residents – 96% have received their second dose

Staff – 95% have received their second dose.

Mandatory vaccination came into force for care home staff on 11/11/21. ICSD has lost approx. 500 care staff (inc cooks and cleaners) in the last few months but this is not just due to vaccination mandates.

Care Home outbreaks in Devon



Summary of DCC outbreaks							
ovider type	Eastern	Northern	Southern	Western	DCC Total		
esidential	17	7	5	4	33		
ursing	8	3	2	3	16		
omiciliary care	1	1	1	0	3		
ipported living	4	1	1	0	6		
ther	1	0	0	0	1		
otal	31	12	9	7	59		

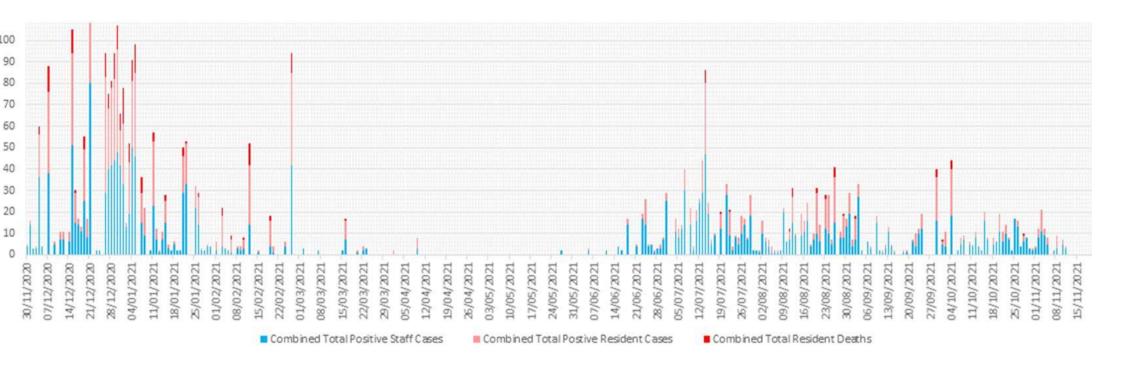
umber of DCC providers closed to new admissions	47
umber of DCC single cases	24

There are currently 49 care homes with a covid 19 outbreak. 47 of these homes are closed to accepting new admissions.

Within these 47 homes 148 beds are vacant and able to be accessed, this equates to approx. 2% of all beds. Whilst this seems a small number this has an impact on hospital flow and people within the community accessing services they require.

Some homes have had multiple outbreaks since the pandemic (or sustained periods of closure), this has financial implications, along with impacting on both the wellbeing of staff and residents.

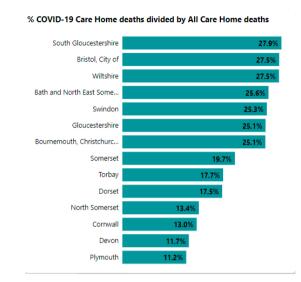
Care Home outbreaks in Devon

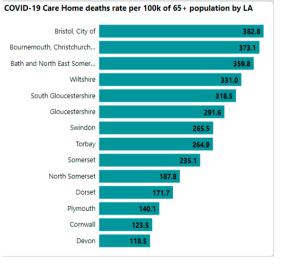


Our data on the most significant outbreaks (highest numbers of staff and resident infections and resident deaths) shows that these were especially concentrated in the peak periods of March/April 2020 and January/February 2021. This would indicate that the vaccination roll out has decreased the severity of a c19 outbreak within a care home environment, other factors such as good infection control practice will have also been a mitigatory factor.

Care Home Fatalities in the SW Region

- Comparatively fewer residents of care homes have died in the SW region than any other in the country during the COVID-19 pandemic However, within the SW region, the impact of the pandemic has varied considerably with N/E urban areas most affected, S/W rural localities least.
- Using the latest available data on deaths in care homes attributed to COVID-19 per 100k 65+ population:
 - Devon ranks lowest in the region and 14/150 in the country
 - Torbay is mid-ranking in the region and 78/150 in the country
- Looking at the proportion of deaths in care homes in the same period attributed to COVID-19:
 - Devon ranks second lowest in the region and 3/150 in the country
- Torbay is mid-ranking in the region and 16/150 in the country Generally, outbreaks and fatalities in care homes have been proportionate to prevalence in the community with more derived urban areas more affected
- The independent consultancy Carterwood assessed Devon as being one of five local authority areas where fatalities in care homes were significantly lower than you would expect from prevalence in the community





National research into outbreak risk factors

- National research into protective factors regarding care home outbreaks ascertained through a survey of over 5,000 care home managers found associations between lower risk and:
 - Transmissions from staff
 - Adequate sick pay
 - Minimal use of agency staff
 - Better staff-to-bed ratios
 - Staff cohorting
 - Transmissions from residents
 - Fewer admissions especially from hospital
 - Compliance with isolation procedures

Structural factors	Infection outcome						
	Infections in residents	Infections in staff	Outbreak*	Large outbreak			
Increased social deprivation							
For-profit status				1			
Larger LTCFs							
Staffing factors							
Lower staff-to-bed ratio							
Use of agency nurses							
Staff working at other sites							
Staff not cohorted							
No staff sick pay							
Control measures			1				
Lower cleaning frequency							
Inability to isolate residents							
Number of admissions to LTCF							
Later closure to visitors							

📕 p<0.008 🛄 p=0.008-0.05 🔲 p>0.05 🛄 Risk factor reduces odds of infection, an outbreak, or both

Figure 2 Heat map illustrating the main risk factors for SARS-CoV-2 infection and outbreaks in LTCFs

arning and going forward

e characteristics of the Care home market in Devon coincide h homes judged higher quality by CQC, have lower levels of breaks and offer a **better quality of life**:

- Smaller homes run by smaller providers integrated in their community
- Participative and communal living that promotes independence

wever, many are in ageing buildings and could be improved design:

- Improving ventilation and sunlight
- A design that adapts to health and care support but isn't defined by it

e care workforce has been significantly impacted, with a real of burnout and fatigue. Retention strategies are key ngside building on training and upskilling in recognition this key workforce in our communities

ere are a number of care homes with voids, critical coration focuses on designing services fit for the future w do we meet complex needs)

lancing cost, quality (IPC vs wellbeing) and sufficiency will always be a challenge

