

COVID-19– Frequently Asked Questions - Care Homes and Care Home Support Plans

COVID-19 Care home support plans

What is the purpose of these plans?

- The government wants to ensure that
 - Support is getting to care homes to be able to take the steps they need to protect residents and staff
 - Care homes are taking up this support and able to do this
- The plans consist of data collected from new questions on the capacity tracker to gain direct data from care homes and information (both in the template and the cover letter) on how system partners are working together to support homes.

What is the role of the local authority chief executive in producing these plans?

- The Local Authority Chief Executive is ultimately responsible for the final sign off and submission of the response and the template, but this is expected to be in consultation with local health and social care partners as set out in the guidance.

How will the information you are asking for be collected locally?

- The completion of the template and agreement of support needs and information of the cover template should be a collaborative process between statutory bodies (local authority, CCG) care home providers and local provider forums.
- Local authorities and CCGs should base the return on the numbers of care homes where the required actions are in place on the capacity tracker, and cross reference this with other sources of data (CCG returns on training super trainers and primary care returns on GP support to care homes) in setting out any local issues and planned actions. If care homes have been able to provide the information on the capacity tracker they should work with their local authority to provide the information necessary for the plan.

What level of detail are you looking for in the narrative sections of the plan

- Plans should be concise and set out answers to the specific questions highlighted in the guidance:
 - Joint work to ensure care market resilience locally, and that support is in place for care providers as set out by Government. This should include confirmation of daily arrangements in place to review the local data and information of the state of the market locally.
 - Your system's collective level of confidence that these actions are being implemented or plans are in place to urgently implement, briefly setting out any areas where there are concerns and what support you might need.
 - A short description of the approach that commissioners (LAs and CCGs) are taking to address short-term financial pressures experienced by care providers, taking into account local market context and pressures. This should include details on any temporary or longer-term changes to fees paid by commissioners.
 - The approach agreed locally to providing alternative accommodation where this is required, and care arrangements for people who need to be isolated or shielded, where their normal care home does not have capacity to provide

this. Costs of providing this accommodation are covered by the £1.3 billion COVID-19 discharge funding via the NHS.

- Local co-ordination for placing returning clinical staff or volunteers into care homes, where care homes request this support.
- You can also set out specific challenges or areas of innovation locally.
- We are not expecting long plans, and would encourage areas not to include multiple annexes.

Is this a one-off collection or a regular dataset?

- Initially this is aimed at getting an overall picture and reassurance from areas that a plan is in place to deliver the commitments that government and the NHS have made.
- Departments and NHS England & NHS Improvement are working to add questions to the capacity tracker so that this information is available on a regular basis without the need for area returns.
- Care home providers should continue to update these questions as and when there are relevant changes.

Does this apply to private homes with no publicly commissioned beds?

- Yes, this support should be available to all care homes, including those that only care for people who fund their own care.

Does this only apply to care homes for older people or those with disabilities?

- No. This covers all residential care and nursing homes for adults.

Completing this is taking time away from the frontline. Why are we being asked to do this now?

- The government has recognised that the level of infection remains a concern in care homes and needs to be confident that support is being provided across the sector.
- By amending the capacity tracker, we are hoping to minimise the need to carry out a separate data gathering exercise.
- The answers to these new questions should help local authorities and health bodies to direct support to where it is needed.

How do we know/confirm all care homes in our area?

- Information from the capacity tracker regarding care homes in your local area will be made available to you.
- You will also have data on CQC registered homes in your area.

How will we have the resources to implement support for local care homes and support their financial sustainability?

- Government has made available £3.2 billion in direct grants to support local government to manage the costs of coronavirus as well as covering the costs of support for hospital discharge via the NHS.
- [£600 million](#) (nationally including devolved administrations) to support social care providers to put in place arrangements to halt the spread of COVID 19.

Homes for people under the age of 65, for instance residential homes for people with learning disabilities cannot currently register on the government portal. How should they answer

- You should answer 'no' to the questions relating to registration on the portal and whether you have received kits. Local commissioners will know that you are not currently able to do so.
- The aim of these questions is to understand whether those homes that are able to access testing for all residents can do so, and over time to ensure that all homes have been able to register.

Infection Control Fund

Is receipt of this funding dependent on completion of capacity tracker?

- Departments have said expect the Adult Social Care Infection Control Fund to be conditional on the provision of regular information. Further details will be confirmed once the grant determination letter has been finalised.

Will funding be dependent on the answers care homes put through the capacity tracker?

No, care homes are being asked this information to ensure that they have access to the support package and to help local areas prioritise follow up support. There is no penalty for care homes in saying no to a question, and in order to ensure support is appropriately prioritised it is important that care homes set out the most up to date picture for their care home.

Capacity Tracker

Is use of this tracker compulsory?

- We need one version of the truth in terms of bed capacity in the system to help providers collaborate to ensure that patients and the public are cared for in the right setting. That is why we are encouraging
 - all care homes,
 - all hospices (including children's hospices) and
 - all providers of inpatient community rehabilitation and end of life care
- to input their data.

How will capacity tracker be used to support these returns

- Local systems should work together with their care home providers, and draw on data from the Capacity Tracker, and other sources, such as safeguarding referrals and CQC information to understand levels of implementation and identify issues.
- Nationally, NHS E/I are looking to add fields to the capacity tracker to automate this process and allow for the picture nationally and by area to be updated regularly

What support is there for care homes to get their data onto the tracker?

- For current support please visit Capacity Tracker website address at: <https://carehomes.necsu.nhs.uk/>. This weblink will signpost to wider resources when they are available to be released.

What if a local care home does not sign up?

- We know that everyone across health and social care is pulling in the same direction, and that everyone recognises that by working together we can help the country get

through this incident. Therefore, we are confident that care homes will work with us on this.

We use a different capacity tracker tool – can't we just use this instead?

- We are asking systems that use another system to use the capacity tracker in parallel for the duration of this incident. The reason for this is that the Care Tracker system is being used to collect data nationally and co-ordinate the response. We therefore need consistent data that we can use and need all places to use this system.

Does the capacity tracker include Community beds - not just care homes?

- NHS community providers will need to report all beds through the Capacity Tracker from 23 March. This will provide an overview of all bed based capacity across community health and residential care.

How is the data from capacity tracker being used?

- From now, the capacity tracker will also be used to support the local care home support plans that local areas are being asked to submit. The data on capacity tracker will show the extent of implementation of the government's commitments to support homes and will be vital to understanding whether care homes are being supported.
- It is the system champions responsibility to get the data from capacity tracker into decision making points such as local resilience forums. This is really important as when the data is used and is shown to be used locally it will drive improvements in data entry.

What support is there for providers?

- Each CCG has been asked to nominate system champions – preferably 2 or more to allow for coverage of leave etc. They are responsible for leading the roll out of Capacity Tracker for Care Homes, Hospices and Community Rehabilitation beds within their CCG/Local Authority to achieve 100% onboarding uptake and updating daily.
- The system Champions should:
 - Work with regional leads to effectively operationalise Capacity Tracker. Escalating issues as appropriate.
 - Supports Care Homes, Hospices and Community Rehabilitation bed providers to sign up to Capacity Tracker
 - Supports providers to update Capacity Tracker daily to ensure live data is available
 - Access and update reporting directly from Capacity Tracker
 - Scrutinise data at a local level and ensure data is available to local decision making points such as Local Resilience Forums (or local equivalent).

Will the systems champion be working with care homes that don't currently contract with the CCG?

- Yes, it is important that all care homes, community providers, rehabilitation units and hospices are on the tracker.

Overall

Care homes are experiencing significant spread of COVID 19 – how are you supporting them?

- Ministers have written to local authorities setting out further commitments and asking for details of their plans for improving resilience of the care home sector. Specifically:
 - Testing – that local partners are implementing the commitment to offer testing to all asymptomatic care home staff and all residents.
 - Infection control and clinical support – that NHS commitments set out on [29 April](#) and [1 May](#) to provide support and training to care homes are being implemented across all homes.
 - Workforce – minimising the extent to which care workers are moving between different units, and supporting growth in the workforce to help deliver safe staffing levels
 - Personal Protective Equipment – provision and support in its effective usage.
 - Supporting the financial sustainability of the care home sector during the COVID-19 incident
 - New £600 million grant funding to homes to implement infection control measures.
- The Government’s action plan for social care¹, published on 15 April announced that everyone being admitted to a care home would have a COVID test prior to entering the home.
- For people being discharged from hospital:
 - Anyone being discharged from hospital will be tested for COVID-19 prior to admission to a care home and the NHS will be responsible for carrying these out.
 - The Discharge Service Requirements published on 19 March still apply and patients that do not meet the criteria for remaining in hospital will still be discharged that day. Where a test has been carried out and the result is pending, the person should be discharged and, pending the result of the test, should be isolated within the care home in the way that an infected person would be.
 - In cases where a person infected with COVID-19 has been in hospital with severe symptoms and a period of rehabilitation following this, they will not require further test and can be discharged with COVID-free status.
 - People being discharged from hospital who are asymptomatic will have been given a COVID 19 test, but the action plan still recommends that they be kept in isolation for 14 days. Where a care home is not able to accommodate this, the local authority will work with local health partners to arrange an alternative.
 - In a few cases, a person with COVID 19 symptoms will be well enough to be discharged into social care. Where a care provider has facilities (single rooms

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf

with a separate bathroom, or room to cohort residents with COVID-19) then the person should be able to complete their 14 day isolation period in that setting. If this is not available, the local authority will make alternative arrangements.

- For people entering care homes from the community.
 - The government has committed to start providing COVID-19 diagnostic tests prior to admission to a care home. Most people entering a care home will have been self isolating or shielding in their own homes prior to this. On admission, care home staff should discuss with the person and their families whether to isolate the person for the first 14 days.
- In all cases, care homes should follow the updated government [plan](#) and [guidance](#) on use of Personal Protective Equipment.
 - The government published guidance on 2 April on admission to care homes during the COVID-19 incident. This can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf
- The guidance stresses the importance of care homes making their capacity available to support the national effort. This includes accepting transfers of patients from hospital, who are fit to be discharged.

Care market issues

You are asking about short term support for the care home market. What is expected?

- The LGA and ADASS published [advice](#) to local government on appropriate fee uplifts for social care providers to reflect pressures on the market.
- The finance guidance for the COVID 19 discharge support funding states 'Local commissioners are expected to ensure that an appropriate market-rate is paid for this support. This includes CCG and local authorities working together to agree an approach to ensuring the market can sustain a rapid and significant increase in supply.'
- Local areas should also ensure that social care suppliers are paid promptly, or for planned care where possible to address cash flow issues. The LGA, ADASS and the Care Provider Alliance published [guidance](#) in March on best practice related to provider resilience.

NHS mail

What will happen with the normal Information Governance requirements for NHS mail

- To improve communication between health and social care during the COVID-19 outbreak, NHSX is speeding-up the roll-out of NHSmail and temporarily waiving the completion of Data Security Protection Toolkit (DSPT) to allow for quicker on boarding. This is in-line with information governance guidance for COVID-19.
- These are temporary measures to improve communication during COVID-19. NHSX is committed to enabling care providers to choose the right communication solutions for them. Providers will be asked to give their own assurance that they are secure and post-COVID-19, NHSmail regional teams will take providers

through the full DSPT process, supporting them to accredit their secure email system or NHSmail for sharing in future.

Workforce

What are you asking care homes to do to manage the movement of staff between care homes?

- Given the evidence of the prevalence of asymptomatic transmission (Annex C), Public Health England strongly recommends that care homes do all they can to restrict staff movement wherever feasible.
- Annex C of the letter to systems sets out further advice on steps to take to achieve this. Including
 - Ensure that members of staff work in only one care home wherever possible. This includes staff who work for one employer across several homes, or members of staff that work on a part time basis for multiple employers.
 - Extend these restrictions to agency staff, under the general principle that the fewer settings members of staff work in, the better.
 - Limit or “cohort” staff to individual groups of patients or floors/wings, including “hot” areas where a group of staff look after COVID-positive residents and alternative areas where a different group of staff look after non-COVID patients.
 - Where additional staff are needed to restrict movement between or within care homes, look to actively increase recruitment of staff.
 - Take steps to limit members of staff’s use of public transport. Where they do not have their own private vehicle, this could include encouraging walking or cycling to and from work and supporting this with changing facilities or rooms. In some instances, local taxi firms may be willing to provide fares to and from a care home at discounted rates.
 - Consider how you could provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site, or in partnership with local hotels.
- Local authorities and CCGs should be working to support homes, particularly smaller ones, to do this. On 13 May, Government announced the £600 million Infection Control Fund. This funding will support Care Homes to implement infection prevention and control, including workforce measures. The funding will be paid initially to local government, but will be ringfenced for this use.

[Question by question guidance and links](#)

Capacity Tracker questions – further guidance

General

Completing questions

All the questions asked on the capacity tracker are phrased to deliver Yes/No answers. The guidance for each specific question provides more detail, but we know that, in some cases, homes will not need additional support – for instance larger homes, or those that are part of a chain. Where a question is asking about support that you do not need, you should answer yes. The intention here is to identify gaps – i.e. homes that need support but can't access it.

Link to Infection control fund

Are the answers we give to the new capacity tracker questions being used to decide allocations of the new Infection Control Funding?

- The capacity tracker questions are intended to give an overall picture of how the various commitments to support care homes are being rolled out. You will not lose funding if you answer 'no' to any questions.
- Locally, answers to these questions should supplement the knowledge and data that local authorities and health bodies use to support the sector.
- 75% of the new funding will be allocated purely on the number of beds that a home has. The remaining 25% will be allocated by councils based on local needs.

Do homes need to be on capacity tracker to be eligible for this funding?

- Departments have said expect the Adult Social Care Infection Control Fund to be conditional on provision of regular information

What does regular mean in this context?

- You should be completing the capacity tracker daily.
- Where you have answered yes to some of these questions, the answers should not change. Others will only do so periodically. You should update questions as this happens – for instance once you receive kits for whole home testing.

Ability to isolate residents and staff

The Government's guidance on the [admission and care of people in care homes](#) sets out guidance on steps to take where one or more residents has a confirmed or suspected infection (annex C). The government's [social care action plan](#) also recommends that people being discharged from hospital be isolated for 14 days, even if they have had a negative test. Local authority and health partners will be able to advise and support homes to put in place isolation or cohorting, and where this is not possible, the local authority will find alternative accommodation (paid for from the Discharge Support Funding in cases where a person is leaving hospital).

The question asks whether your home can create isolation beds or cohorted areas. You should answer yes if you have already created isolation or cohorted areas, or if you are able to.

Actions to restrict staff movement between care homes

The Government's package of support for care homes, published on the 14 May sets out the growing evidence that COVID 19 is being transmitted between asymptomatic residents and staff within and between care homes. As well as support for homes on infection control, the document describes actions that care homes can take to reduce infection by changing workforce practices, including action to restrict workforce movement. The government has also announced £600 million in funding (the [infection control fund](#)) to pay for the additional costs of actions to reduce workforce transmission.

These are in section 9 (annex) – reproduced below

- Ensure that members of staff work in only one care home wherever possible. This includes staff who work for one employer across several homes, or members of staff that work on a part-time basis for multiple employers.
- Extend these restrictions to agency staff, under the general principle that the fewer settings members of staff work in, the better.
- Whilst the safety of residents and staff is paramount, providers should consider limiting or “cohorting” staff to individual groups of patients or floors/wings, including segregation of COVID-positive and COVID-negative patients. This needs careful management and explicit agreement with staff, adherence to the latest guidance and relevant PPE.
- Where additional staff are needed to restrict movement between or within care homes, look to actively increase recruitment of staff. Advertise vacancies on [Find a Job](#), and use materials from the [national recruitment campaign](#) in order to support recruitment activities.
- Take steps to limit use of public transport by members of staff. Where they do not have their own private vehicle, this could include encouraging walking or cycling to and from work and supporting this with changing facilities or rooms. In some instances, local taxi firms may be willing to provide fares to and from a care home at discounted rates.
- Consider how you could provide accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site, or in partnership with local hotels.

If you are taking some or all of these actions, you should select yes.

75% of the allocation of the infection control fund is allocated to homes based on the number of beds they have. This funding can be used to support any of the actions set out here.

Number of care homes that are paying staff full wages while isolating following a positive test

The government is making [£600 million available](#) via local authorities to support care homes with the costs of action to halt the spread of COVID 19. Care homes will be asked to restrict permanent and agency staff to working in one home. The funding can also be used to pay the wages of staff who are self isolating. The capacity tracker return asks care homes to confirm whether they are paying the full wages of staff who are having to isolate following a positive test. This question is separate to the main returns on the use of this funding.

The funding can also be used to pay self isolating staff with suspected COVID symptoms.

Registration on the government's testing portal

Care homes can now order tests for all residents and asymptomatic staff via the government's [testing portal](#). All care homes that work with older residents (over 65) should

register. Directors of public health will identify homes that meet the nationally set priorities to receive tests earlier. All care homes that register should receive tests by early June.

If you have registered on the site, please reply yes on the capacity tracker.

If you care for people under 65, e.g. homes for people who have learning disabilities, you cannot currently register on the portal and should select 'no'. Your local authority will know that this is because you cannot register.

Access to COVID 19 test kits for all residents and asymptomatic staff

If you have received testing kits for all residents and asymptomatic staff then select yes. This refers only to testing kits accessed from the portal and not tests arranged through local health protection teams in the event of an outbreak, or any tests given to residents prior to discharge from hospital.

As in the previous section, note that distribution of tests is being prioritised for certain higher risk homes. See the note above in respect of homes with residents under the age of 65.

Testing of all residents discharged from hospital to care homes

The government's social care action plan (published on 15 April) announced that anyone discharged from hospital to a care home will be tested prior to discharge. This question asks care homes to confirm that all residents (either new residents or people returning to the home) have been tested prior to discharge and have their results.

Access to sufficient PPE to meet needs

You already complete questions on levels of five different types of personal protective equipment (PPE) in the tracker. This question is asking for an overall assessment of whether you currently have the PPE you need overall.

Access to medical equipment needed for Covid19

Under the offer of [mutual aid](#) from the NHS, care homes can be supplied (or reimbursed the costs of, medical equipment needed to enable remote monitoring of people with confirmed or suspected COVID 19 infection. If you have been able to access equipment as needed, or do not need additional equipment, then you should answer yes.

The types of equipment listed here include pulse oximeters, temperature monitoring equipment and in some cases oxygen.

Access to training in the use of PPE and medical equipment.

Care homes should be able to access training and support from the NHS and public health in the use of equipment. This includes use of PPE, but also in the use of equipment for remote monitoring. This is set out in the NHS offer for [mutual aid](#)

Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers

The NHS has asked local health systems to provide opportunities to support care homes should also be provided to younger health professional 'returnees' and public volunteers who

have offered to help (subject to appropriate personal risk assessment). Where you have been supported in this way, or have access to this support, select yes.

Named Clinical Lead in place for support and guidance

All care homes should have a named clinical lead identified through the local primary care network or General Practice. These leads will support the home and form part of the clinical support to homes set out by the NHS [here](#).

The NHS guidance on clinical leads is that this person may not always be a GP and can be another health practitioner.

CCGs are already collecting monitoring data, but this question seeks to confirm that care homes are clear that they have a clinical lead.

Access to mutual aid offer (primary and community health support)

The NHS support offer to homes includes support and training on infection control, weekly check ins and medication reviews. This is set out in the [letter](#) of the 1 May from the NHS to health bodies. Tick yes if you have been offered this support – even if not all elements were required.