

NCF summary of guidance for designated settings for people discharged to a care home

The [Designated settings for people discharged to a care home guidance](#) was published late on 16.12.20.

Overall, the guidance sets out:

- Advice on setting up designated settings, and information for LAs and providers
- Information on discharge arrangements, and supporting individuals to ensure that their care needs and preferences are accounted for
- Additional advice on data collection, funding, visiting, and infection prevention and control requirements.

I have included a summary below but some of the key points about the scheme and guidance you should be aware of include:

- LAs are responsible for commissioning sufficient designated settings. And this will be met through the £588 million discharge funding until the end of March 2021. There is a big push for Home First and Discharge to Assess throughout this guidance and the way the funding is constructed. **(Section 8)**
- **Section 8.6** states that ‘Existing local authority or CCG care contracts for individuals placed in designated settings will be maintained, and we would expect ordinary funding sources to pay for these. Where the policy causes a material impact to care providers because of a shortfall between this contractual entitlement and the ordinary level of funding received for this patient, it is for local areas to agree any recompense, as appropriate.’ – you might want to take a look at **section 8** in full.
- **Section 2.7** states that everyone being discharged **into or back** into a registered care should first be discharged into a designated setting **but section 4.19** states that if an individual does not want to be discharged into a designated scheme then alternative arrangements should be made (**see also 4.11**). **Sections 4.12-4.14** also outline a couple of other exemptions to having to use the designated setting but it is very clear that the guidance expects people to be discharged to designated settings **and not their original care setting**. Do also note **section 4.26** which states that once the individual has finished 14-day isolation in designated setting **the individual can go back to the original setting or a different one**.
- The scheme does not apply to people who have contracted COVID-19 in a care home setting, people using hospital services such as outpatient, emergency departments, emergency assessment areas, day case facilities as long as they aren’t admitted to a bed for an overnight stay. It also doesn’t apply to people returning to their own home or to sheltered and extra care housing or supported living. (**section 2.11**)
- Designated settings can also be used for Discharge to Assess, rehabilitation or reablement functions for people who are COVID-19 positive but need residential care whilst this

happens (**Section 4.7**)

- Where a LA is unable to set up a designation scheme [admissions to care home guidance](#) applies. (**sections 2.7, 4.8, 4.14, 9.3**)
- No care home – designated or otherwise – will be forced to admit an existing or new resident with a positive result if they cannot cope with the impact. (**section 2.5**)
- The guidance states multiple times that designated settings need ‘sufficient’ insurance – **Sections 3.6-3.7, Section 6.**
- **Section 6 and 7.4** states that designated settings are expected to input data into the capacity tracker **on a daily basis.**
- **Section 4.11** outlines the responsibility of the NHS discharge manager – it includes ensuring that people or their advocates, and their original place of residence have full information about temporary arrangements and DoLs if appropriate. Throughout the guidance there is an emphasis on giving individuals and their relatives a say in the decision-making process where possible.
- There is a big emphasis on restricting staff movement throughout (**see section 3.8 and section 6**)
- **Section 9.1** essentially bans visits to designated settings except in exceptional circumstances such as end of life and the [hospital visiting guidance](#) should be followed in these cases, **not the care home visiting guidance.** As such, a provider might have the situation where a setting is running two types of visiting guidance where one part of a home is a designated scheme and the other is not.

Summary

Section 2.4 states that local authorities have the responsibility to ensure that there are sufficient designated settings to meet discharge needs - £588 million is being provided to support this.

Section 2.5 states that no care home will be forced to admit an existing or new resident with a positive COVID-19 test result if they are unable to cope with the impact. All residents should be discharged to the designated setting in the first instance.

Section 2.6 states that LAs may use NHS settings as designated premises if they are suitable.

Section 2.7 outlines what the designation scheme means:

- Every person must receive a COVID-19 PCR test result within 48 hours of discharge. No one will be discharged without receiving a test result (with the exception of those who have already tested positive within 90 days).
- Everyone being discharged **into or back** into a registered care should first be discharged into a designated setting. **Section 4** list exceptions.

- There needs to be a 14-day isolation period before moving in a care home from a designated setting.
- Proposed designated settings need to be inspected by CQC before they can be used.
- Everyone discharged into care home must have time-stamped reported COVID-19 test result which is communicated to the person and the care home.
- If a LA does not have any designated settings in its area, the LA must take rapid steps to ensure designated settings are nominated and assured
- If there continues to be no designated scheme, then the existing [discharge guidance](#) and [admissions to care home guidance](#) should be followed.

Sections 2.8-2.11 detail who the designated guidance affects and emphasises that it also applies to those returning to care settings. **Section 4** lists exceptions.

Section 2.8 states that the scheme is for:

- Those leaving hospital and require CQC-registered care in a care home for the first time, **or are returning to an existing placement**, and
- Have tested positive for COVID-19 within 48 hours preceding discharge/those who are within an appropriate formal isolation period having tested positive.

Section 2.11 lists examples where the designation scheme does not apply:

- People who have contracted COVID-19 in a care home setting.
- People using hospital services – including emergency departments, outpatients, emergency assessment areas and day case facilities who are not admitted to a bed for an overnight stay.
- People returning to their own home or to sheltered and extra care housing or those living in supported living.

Section 3 outlines how the settings are to be located and what the requirements are.

Section 3.4 states that a designated setting must be on commissioning stand-alone units or settings with separate zoned accommodation and staffing.

Section 3.5 states that the setting:

- Must meet CQC registration requirements and not be in breach of legislative requirements
- Must meet CQC IPC protocol as set out on [website](#)
- Should provide a service that is rated good or outstanding.

Section 3.6 and 3.7 Care home providers must have sufficient insurance cover.

Section 3.8 sets out expectations that should be met regarding IPC and clinical support including limiting staff movement.

Sections 3.8-3.19 detail the actions for local authorities.

Section 4 gives more detail about discharge arrangements including a list of exemptions on clinical or care grounds. You should read this in conjunction with the [hospital discharge service model](#) which stresses Home First where possible and Discharge to Assess. The designated settings may **also be used to provide Discharge to Assess, rehabilitation or reablement functions for people who are COVID-19 positive but in need of residential care whilst this happens. (Section 4.7).**

Section 4.11 lists the responsibility the NHS discharge manager has. This includes, among others:

- Advising local council of any new potential admission to residential care
- NHS provider organisations **must ensure that people (or their advocates, or any deputy or attorney, if they lack capacity) and their original place of residence where that is a care home, have full information and advice about the temporary arrangements (to the designated setting) and ensure they are fully compliant with DoLs.**
- The decision to accept or reject an admission lies with the registered manager of the care service.
- where individuals are entering a care home for the first time, **a preferred destination for the person should be agreed with them and their relatives** before being discharged from the acute setting,

Section 4.12-4.14 lists exemptions

These exemptions from the designation scheme include:

- where an individual will not be able to access the appropriate specialist care to meet their needs anywhere other than their original setting/a particular setting if being admitted for the first time. This may particularly apply to supporting people with poor mental health, learning disabilities or autism, people with dementia, people at the end of their lives or those in drug and alcohol settings.
- Individual assessments of need, preferences and risk need to be undertaken. When this assessment finds that admission to a designated setting is not in the individual's best interests, they should be discharged in line with the existing discharge and admissions to care home guidance.

Sections 4.16-4.21 outline the steps needed to support planning with people being discharged, making it very clear that they must be involved in the decision making process. **Take special note of 4.19 which states that if an individual does not want to be discharged then alternative care arrangements should be discharged.**

Sections 4.22-25 outline the steps needed to support people without relevant mental capacity.

Section 4.26 states that after 14 days isolation in the designated facility, may return to their usual or a new place of resident in another care setting **without need for a further COVID-19 test or further isolation.**

Section 5 outlines the clinical and social support needed for a designated setting.

Section 6 outlines the actions for providers of designated settings and includes:

- Limited staff movement
- Arrangements in place for staff isolation with the expectation providers pay staff their normal wages
- Providers must have in place arrangement to support staff
- Providers must review [risk reduction framework](#) for social care as a guide on how to have conversations about COVID-19 and discuss specific risks to staff.
- Care home providers must ensure they sufficient insurance cover

- Relatives and residents need to be given a good understanding of the designated setting pathway and must be involved in decision making process.
- **Designated settings are expected to input data into capacity tracker on a daily basis. (see also section 7.4)**

Section 8 outlines funding arrangements.

LAs are responsible for commissioning enough designated settings. And this will be met through the £588 million discharge funding until the end of March 2021.

LAs and CCGs are expected to have evidence that contract terms, conditions and fee levels are appropriate for the agreed care packages and quality of care. The agreed rate must reflect the actual cost of care, including increased overheads from running these designated settings. The time spent by an individual within a designated setting contributes towards the 'up-to-6 weeks' funded care provided on discharge from hospital for new or additional care needs.

Section 8.6 states that 'Existing local authority or CCG care contracts for individuals placed in designated settings will be maintained, and we would expect ordinary funding sources to pay for these. Where the policy causes a material impact to care providers because of a shortfall between this contractual entitlement and the ordinary level of funding received for this patient, it is for local areas to agree any recompense, as appropriate.'

Section 9 is the annex.

Section 9.1 essentially bans visiting to designated settings apart from exceptional circumstances such as end of life. These visits **must** be carried out using [hospital visiting guidance](#) and **not** the visiting care homes guidance. As such, a provider might have the situation where a setting is running two types of visiting guidance where one part of the home is a designated scheme and the other is not.

Section 9.2-9.4 gives more detail about the IPC requirements for designated settings