

Care home visits – FAQ

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Q1. Who should have access to care homes and how?

Alzheimer's Society has been calling for the Government to bring in a Key worker scheme, which would allow one or two family members or friends of a care home resident to be designated as key workers. This would give them access to PPE, regular testing and infection control advice. We are pleased to see the Government has now begun to implement this recommendation, through a pilot scheme.

Q2. Has the key worker pilot scheme begun, and where has it happened?

Yes, we are happy to say the pilot has begun. It has been conducted in 15 care homes of varying care homes across Dorset, Hampshire and Cornwall.

Q3. What are the next steps for the roll out of the pilot?

All the care homes that have taken part have said that they would be happy to continue using this system to enable visits to happen. Once the Department has received feedback from Directors of Public Health, they will look to publish the results of the pilot. Some roll out of Lateral Flow testing to care homes has already begun and the Government have committed to having people to be able to visit care homes before Christmas.

Q4. What's the difference between Lateral Flow Devices (LFD) and Polymerase Chain Reaction (PCR) tests?

PCR tests are the tests that are primarily being used in drive-through and walk-in sites. They are also the tests being used for home testing. Completed PCR tests are analysed in a lab, with a result issued within a few days. They test for viral RNA and are very accurate in determining if someone has, or has had, the virus. This also means that those PCR tests can indicate a positive result even if the individual is no longer contagious or no longer has the virus.

LFD tests are primarily being used in care homes. The individual is swabbed, following which a person who has received training (often a member of the care home staff) process the swab. It typically takes 30 at least minutes for the analysis to happen. LFDs determine whether someone is likely to be contagious. As such, someone could test positive on a PCR test (indicating they may have some of the virus in their system) and test negative on an LFD test (indicating they do not have enough of the virus in their system).

Q5. If I have a negative LFD test, can I visit in the same way I used to visit my loved one?

No. PHE are confident that LFD tests identify 90% of infections. However, to ensure the risk remains as small as possible, use of PPE and infection control measures is still necessary.

However, a negative test result, combined with use of PPE and infection control measures should mean that *meaningful* visits can happen. This means that loved ones can hold the hands of residents, talk and care for them, including in their individual bedrooms.

Q6. Has the pilot scheme revealed any issues?

We know that some care providers have expressed concern that there will be extra administrative staffing costs with the introduction of this system. One provider estimated for an average-sized ~60 bed home the introduction of this system would take ~33 hours per week of staff time.

Alzheimer's Society would like to hear from the Government, how they can support providers through this change.

Q7. Are the Lateral Flow Device (LFD) tests effective?

Yes. We know there have been some concerns published about the efficacy of these tests, but having reviewed Public Health England's findings, we are confident these tests are sufficiently accurate. There has been some concern raised that people could test positive on a PCR (laboratory) Test but negative on a rapid Lateral Flow test conducted in the care home, meaning the Lateral Flow Tests are unreliable. However, people will test positive on Lateral Flow Test only if they're sufficiently infectious to be a realistic risk to passing on the virus in a care home. We expect the Government to be issuing new, clearer communications on this soon.

There is a negligible difference between self-swabbing and being swabbed, so long as the swab is done effectively. The difference in the efficacy is often in the *processing* of the test. The test should be processed by a trained member of staff. The staff member will put the swab in a buffering solution and will then have to wait a set and strict amount of time for it to be processed.

NHS England are hosting *daily* webinars for care home staff on administering tests. We understand these webinars are being attended by up to 1,000 staff members each time. Care staff can register for one of these [webinars here](#). Written guidance has also been published [here](#).

Q8. Once the pilot rolls out can visits to care homes go ahead in Tier 2 or Tier 3 area?

Yes, we expect there will be difference to care home access for visitors depending on what area they live in. With the correct and proper use of testing and PPE, the risk of infection is reduced, and SAGE documents have shown that visitors to care home pose a 'low risk' at spreading the virus.

Q9. For socially distanced, outdoor visits, are tests necessary?

No. Though if an individual is unwell or displaying symptoms of the virus, they should not visit.

Q10. Different care home providers are using different guidance to inform their policy on care home visiting; why?

Throughout the pandemic there has been several iterations of guidance to care homes. We have heard anecdotal evidence of some conflation of this guidance by providers, which has meant some families receiving inaccurate information on care home visits. The most recent guidance from DHSC should be the guidance used. We have recommended to the Government that they collate existing and *current* guidance into a single document, for use by providers and families.

Below are questions we have received from MP's offices prior to the introduction of the key worker pilot scheme.

Q10. Have care homes been paid to receive patients from hospital?

Yes, although this wouldn't be unusual in itself. Through Continuing Health Care, care homes receive funding when a resident joins them from hospital. Alzheimer's Society has not seen examples of care homes being given cash incentives to accept patients from hospital.

Q11. Are care homes concerned they could be sued if someone catches Covid-19?

Some of the smaller care providers, who own one or several homes, have expressed concerns that they could face litigation, should they allow people to enter the care home and someone in them catches Covid-19. Both the Secretary of State and the Minister for Care have confirmed that this is an issue he is looking into.

Q12. Does the ceasing of visits impact on a person with dementia's health?

Yes, this has been seen to be the case. In a survey of care home managers, conducted by Alzheimer's Society, 79% of care home managers surveyed reported a worsening of resident's health and wellbeing through lack of social contact.

We also know that resident's loved ones provide an important element of care and are often more attuned to needs of the resident.

Alzheimer's Society are now urging the Government to implement a rehabilitation strategy to help people with dementia and their carers recover from the effects of the pandemic, including from the significant negative effects the stopping of visits has had on their health and wellbeing.

Q13. What alternatives are there to in-person visiting?

We know that many care homes have stopped visits all together, and others have put in place alternative arrangements. These include:

Virtual visits – Many care homes have been offering Zoom calls or video chats with their loved ones. Whilst this may work for some, we have seen that people with dementia have become more distressed or confused at these. We also know that many older people live with sight or hearing problems, meaning this is inappropriate.

Window/outdoor visits – Some care homes have offered visits to take place outside or through a window. This, again, can cause confusion or distress for people with dementia and does not allow for the loved one to provide them with important care. As we enter the winter, these types of visits will become less appropriate.

As the above types of visits are not always appropriate, care homes should look for alternative ways for visits to happen to ensure that people's individual needs have been met. We have seen examples of this working well, for example a care home offering visits to place in a secure room within the care home which is cleaned in between visits.

Q14. What if a care home feels they can safely allow visits but local officials have stopped them?

Alzheimer's Society believes that all local authorities should introduce an appeals process, as implemented by Hertfordshire County Council. This appeal process would allow individual care homes, that has been deemed unable to provide visits by the local Director of Public Health, but a feel they have assessed the risk as being manageable to lodge an appeal.

Q15. How would this work for private care homes?

Directors of Public Health still hold an authority to ensure public health rules are followed in private care homes. Therefore private care homes, which make up the majority of care homes in England, would still be under the purview of the Director of Public Health and still able to lodge an appeal.

Q16. What conversations have you been having with the Scottish Government on care home visits?

Alzheimer's Society operates in England, Wales and Northern Ireland only, and so we have not had conversations with the Scottish Government on this issue. We are however, always looking to examples in Scotland for opportunities to share best practice. We know that recently published Scottish guidance encourages providers to be "generous" with regard to visits.

Q17. Do those in domiciliary care receive less access to testing?

This is not something we have seen examples of; however we do know that the infection rate has been lower amongst recipients and carers in domiciliary care. We would welcome you sharing any examples of this you receive.

Q18. Do Care Home Managers decide who can visit and for how long?

Directors of Public Health in each local area carry out risk assessments as to whether care homes should be allowed to admit visitors into the home. Alzheimer's Society believes care homes should have the option to appeal this decision if they feel that they have appropriately assessed the risk. We have found that larger care home providers have generally been more inclined to allow visits because they can manage risk. Some smaller providers are certainly enabling and promoting visits, but smaller providers generally also seem to have greater concerns about litigation. We know some insurers have been telling care homes that they would not be covered if they admitted visitors.

Separate to care home visits, we were also asked questions on the following:

Q19. How are the NHS Well Pathways progressing?

We know that the pandemic has understandably caused some obstruction to this work. In October Alzheimer's Society produced a report, '[From diagnosis to end of life](#)', which makes a series recommendations on the Dementia Pathway for both local and national bodies.

Q20. Is the UK the best country in the world for dementia care and research?

We would agree that the UK is one of the best countries in the world for dementia, however other countries are generally quite poor. The pandemic has caused a loss of funding to dementia research charities, meaning early-career researchers will be less likely to choose dementia as their field of research. We welcomed the Conservative Party's commitment to

double dementia funding for the next 10 years through the 'Dementia Moonshot' and are eager to see this implemented through the forthcoming Comprehensive Spending Review.

Q21. Where can I signpost people with dementia to for support?

Alzheimer's Society runs a dedicated phone line to support people with dementia and their families. *Dementia Connect* is staffed by trained Dementia Support Workers who are able to provide to support to people affected by dementia.

If any of your constituents who have dementia, or have a loved one with dementia, and are need of support they can contact our **Dementia Connect** phone line on **0333 150 3456** or visit <https://www.alzheimers.org.uk/dementiaconnect>.

Welsh speakers can contact us on **03300 947 400**.