

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.

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.

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 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.

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.

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.

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](#).

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.