

## **APPG On Coronavirus**

Testing – A summary of experience at  
Community Integrated Care.

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## Testing Report – Community Integrated Care

This report provides summary information on testing for people supported by Community Integrated Care and its workforce. Community Integrated Care is one of the UK’s largest social care charities.

For the purpose of this report, we have focussed on people who receive ongoing support by the charity. We have reported on two internal divisions in our charity:

- Our 18 older peoples care homes.
- Our ‘independent living’ division. This supports people who have learning disabilities, mental health concerns, autism, acquired brain injuries and other complex care needs. It also includes older people and people with physical disabilities, who live in Extra Care settings.

This division includes some registered care services, as well as (primarily) supported living and extra care.

### Background information

- Community Integrated Care has had 49 people pass away due to Covid-19 9 of these individuals lived in Supported Living settings, which are not prioritised for testing in the current government strategy
- Thankfully, we have not lost any colleagues to the virus.

### Testing For People We Support

The below chart details how many people we support have been tested at any stage.

Table 1: Percentage of testing in divisions

	<b>Total population</b>	<b>Number of individuals tested at any stage</b>	<b>As a percentage %</b>
<b>Older People’s Care Homes</b>	677	423	62%
<b>Independent Living division</b>	2195	110	5%

- Despite promises of prioritisation for testing in older people’s care homes, 38% of people supported in our older people’s care homes are yet to be tested.
- Just 5% of our independent living division (*which supports people who have learning disabilities, autism, acquired brain injuries, mental health concerns, physical disabilities and other complex care needs – including older people in extra care services*) have ever been tested.

This 5% figure is people we support who are aged over 65 and live in registered care homes within our ‘Independent Living’ division, who are therefore eligible for the same testing as people in other care homes for

older people. It also captures individuals who have been symptomatic and received testing in the same way as the general population.

Ultimately, proactive and regular testing needs to be extended to all social care settings, not just over 65s living in registered care homes.

Our Supported Living services support many people who share similar vulnerabilities to the population in our older peoples' care services. The oldest person we support in an Extra Care service is 104 years old. Despite these parallel risks, people in extra care, supported living or other community support options are not afforded the same access to testing as those in older people's care homes.

It seems wrong to discriminate on these individuals based upon the type of property they live in or the category of their care.

The below table (Table 2) demonstrates the numbers of people we support being tested each month, and how these figures stand as a percentage of that care division. This demonstrates that whilst testing numbers seem to have had some improvement in August, we are still some distance away from the stated aim of testing all people living in care homes monthly.

The figures for our Independent Living settings further demonstrate how disadvantaged people are who are supported in other community-based settings, despite the obvious risk categories that many people we support have.

Table 2: Monthly testing rates in divisions

Monthly testing for people we support.						
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Total number of individuals tested to date.
Number of individuals in our registered care homes for over 65s tested (supporting 677 people)	4	308	102	94	176	684
% of that population tested	0.59%	45.49%	15.07%	13.88%	26.00%	
Number of individuals in our Independent Living services tested (supporting 2195 people)	0	34	58	26	1	119
% of that population tested	0%	1.55%	2.64%	1.18%	0.05%	

### Testing Capacity and Time – For People We Support

Testing for people supported needs to be delivered with patience, compassion and person-centred approaches. This takes time and comes with significant resource implications.

- We estimate that it takes on average 20 minutes to test a person we support, considering the supporting administration and logging of information, as well as the time spent putting the individual at ease.
- We have seen testing for people with complex needs can take over an hour per individual.
- We have delivered 814 tests for people we support. Using only the minimum testing time, we estimate this to have taken 440 hours – or 58.6 days of FTE time.
- Clearly this is a significant resource requirement and an unmet cost.

### Test Capacity and Time For Colleagues

- We estimate that on average, testing takes 10 minutes per colleague – factoring in the administration and record keeping requirements.
- In a typically sized care home that supports 60 people per week, you might expect to employ a staff team of 100 people. This equates to 16.6 hours of testing per week, or 2.2 days. Clearly, care homes do not have large administrative teams, and this is a significant task to absorb – or alternatively to fund additional staffing hours to meet. This work is accommodated alongside a range of other new responsibilities, such as booking and facilitating family visits and the extended requirements around infection prevention and control.
- Care homes are broadly still funded as though their workloads were the same as before the pandemic, but there are significant new tasks that they need to absorb.
- We estimate that we have dedicated 60 days of FTE time to managing testing, for the 2668 tests that our colleagues have had so far.
- Should we reach the point where testing for staff is a weekly requirement, we will need to resource 78 days of FTE input every week to facilitate these tests.
- Again, whilst we absolutely want and welcome any opportunities to provide weekly testing in our services, this is a significant impact upon our resource and carries a financial burden.

To summaries, we estimate in a 60 bed nursing care home, a cost of £550 per week in nurses delivering testing for both colleagues and the people they support.

### Testing For Colleagues – Delivery To Date

The below table (Table 3) details the numbers of colleagues who have been tested every week since the outset of this pandemic. It highlights:

- That at the peak of the crisis, there was not the proactive testing for colleagues working in care
- In August, there was a significant improvement in testing numbers, which has not been sustained.
- Colleagues working in our Independent Living division have only received testing if they are in a register care service that supports people aged 65+ or have experienced a suspected outbreak.

Table 3 – Weekly Testing Rates

w/c	All Colleagues	%	Older People's Care Homes	%	Independent Living Division	%
30/03/2020	1	0%	1	0%	0	0.00%
06/04/2020	2	0%	1	0%	1	0.03%
13/04/2020	59	1%	19	2%	40	1.01%
20/04/2020	44	1%	7	1%	37	0.93%
27/04/2020	38	1%	14	1%	24	0.61%
04/05/2020	25	1%	2	0%	23	0.58%
11/05/2020	227	5%	204	20%	23	0.58%
18/05/2020	181	4%	115	11%	66	1.66%
25/05/2020	176	4%	131	13%	45	1.13%
01/06/2020	112	2%	78	8%	34	0.86%
08/06/2020	123	2%	52	5%	71	1.79%
15/06/2020	250	5%	126	13%	124	3.13%
22/06/2020	112	2%	88	9%	24	0.61%
29/06/2020	100	2%	22	2%	78	1.97%
06/07/2020	285	6%	227	23%	58	1.46%
13/07/2020	247	5%	198	20%	49	1.24%
20/07/2020	153	3%	124	12%	29	0.73%
27/07/2020	286	6%	263	26%	23	0.58%
03/08/2020	904	18%	879	87%	24	0.61%
10/08/2020	129	3%	117	12%	12	0.30%

**Proportionality of testing**

The below table lists how many of our colleagues have been tested at any stage.

- 98% of our older people’s colleague’s have had at least one test. This shows that eventually, largely, the government’s commitment to all colleagues being tested at some stage has been met.
- Just 16% of our independent living colleagues have had at least one test. Again, these services support people who are clearly exceptionally vulnerable to the impact of Covid-19.
- Obviously, however, one off testing has minimal value. They provide a snapshot in time. Weekly recurrent testing provides meaningful information that can be used to protect lives and manage risk.

	Total headcount	Tests	%
<b>Older Peoples Care Division</b>	1006	982	98%
<b>Independent Living Division</b>	3966	625	16%

**Additional Challenges With Testing**

- Before the move to whole home testing, even care homes that experienced extensive outbreaks could not receive testing for all staff and residents. Despite the obvious dangers, testing was only made available to people who were symptomatic. The stress and distress that this caused for families, colleagues and residents was powerfully captured in a BBC Panorama documentary ‘The Forgotten Frontline’, which shadowed our EachStep Blackley care home throughout the crisis. We would urge the APPG to watch this film to understand the frontline experience of the care sector at the peak of the crisis.
- Testing has been an ongoing challenge for colleague. For example, before testing was provided at site, we had colleagues who had to make hour plus journeys to testing centres. Many colleagues do not own cars, so this was a significant stress and administrative challenge. This illustrates a lack of coordination and an understanding of the reality of life on the frontline in care when developing plans.
- We have been blighted on many occasions by administrative failings of third parties. For example, on several occasions, tests have been invalidated by the courier not arriving to pick up them up.
- Local communications, such as sharing information on the locations for pop-up testing sites has often been poorly coordinated.
- We were affected by the withdrawal of Randox testing. In these cases, we were not sent replacement tests until our return of the Randox tests had been received back and those tests formally voided. This presented an unnecessary delay to testing.

- Both colleagues and people supported have found testing of the individuals we support emotionally draining in some circumstances.
- We are yet to receive any communications on the 20-minute testing programme.
- With CQC and external health professionals such as district nurses now looking to resume their visits, consideration needs to be given to their testing. These groups are not currently prioritised for testing, but there is an expectation that they will wish to enter care home environments.

### **Family Visits**

Community Integrated Care is dedicating significant efforts to helping to facilitate family visits. From the outset, through fundraising we purchased tablet computers so that families could stay connected. We supported regular family visits at the earliest opportunity, including within our gardens.

However, we are increasingly seeing families expect visits *within* care home settings. To properly support indoor family visits, consideration needs to be given to how they can be regularly tested. This is hugely important, given the mental health impact that we are seeing on people we support and their loved ones.

We would like to highlight to the APPG what is likely going to be a growing expectation for in-home visits, especially as the good weather ends in the weeks ahead and garden visits become more problematic.

We would also urge the Government to be more cautious and nuanced in the language they present to families. They need to balance the desire for good PR and managing the public mood with the personal fallout of inappropriately raised hopes.

The public statements that home visits would be 'starting soon' created a swell of expectation and demand, without the appropriate plans being developed with providers at the time. Clearly, there were caveats to the nature of these visits, but the simplification of a 'return to care home visits' message was not fully communicated and did not prepare families for the restricted reality of these visits.

**Prepared on behalf of Mark Adams, CEO**

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