

Hotel space

How to guide for local systems to set up a hotel to meet accommodation needs for patients discharged from hospital during the COVID-19 Pandemic

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Background information

As part of the continued response to the COVID-19 pandemic, a variety of methods to improve patient flow out of acute settings have been explored.

One of these methods is the use of hotel accommodation with care arranged and provided to the person as if they were living in their own home' as required – a model widely used in Nordic countries. Patients or individuals suitable for this type of discharge location would be those with low acuity of need.

This approach has previously been successfully implemented during the early stages of the COVID-19 pandemic by several areas in England.

Local systems through cross-sector collaboration need to **agree a lead organisation** to be responsible for coordination and commissioning the use of hotel accommodation. This lead organisation will need to work with and support the hospital discharge team.

Booking a hotel

The hospital discharge team will arrange the hotel booking defined in the individuals care and support plan. This will follow a local process and for those hotels commissioned locally this must be paid for and claimed via the Integrated Single Finance Environment (ISFE). Hotels that have been sourced from contractual changes to the Managed Quarantine Service (MQS) hotels. Will need to manage the provision locally.

Logistics of using hotel accommodation

Setting up the use of hotel accommodation for people medically fit to be discharged

The process for the set up and ongoing management of health and care services into the hotel will require local management.

Before a hotel is ready to accept individuals, general changes to the furniture in the room might be required (to improve infection prevention and control as well as to improve access). The rooms will also need to reflect the needs within the individual's care and support plan, for example assistive technology fitted, so that individuals have a mechanism to get help, should this be needed. These arrangements will need to co-ordinated between the discharge team, lead organisation, hotel and if required the care giver.

Hotels may also require support to make their facilities operational again, particularly those that have been unoccupied for some time, including shifting existing supplies out of the hotel to ensure there is adequate storage facilities for Personal Protective Equipment, oxygen, clinical waste etc.

Planning

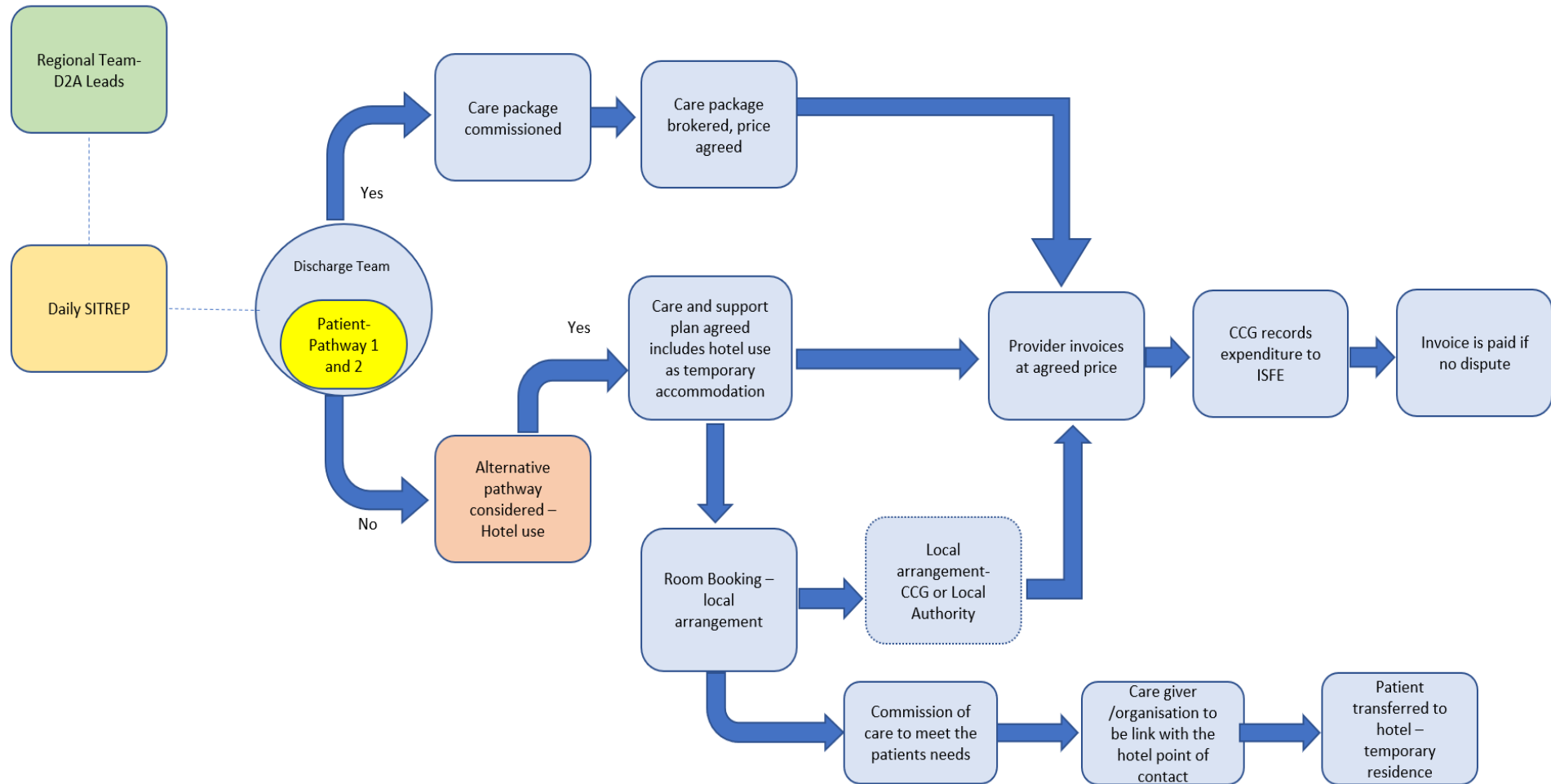
Co-ordination of the required care and support for individuals to ensure use of hotel accommodation is a short term, interim solution and enables a timely discharge.

The local system, via the Lead Organisation, will also need to co-ordinate the required care and support with individuals and families/representatives to ensure use of hotel accommodation is a short term, interim solution. That this is then clearly identified in a care and support plan

Transfer to hotel accommodation

Once the hotel room(s) are ready, individuals will need to be transferred into these spaces. Some individuals may have mobility issues and will need additional support to be transferred safely. Systems will need to ensure that there is a swift process in place for people to check in to the hotel and that the hotel is fully accessible.

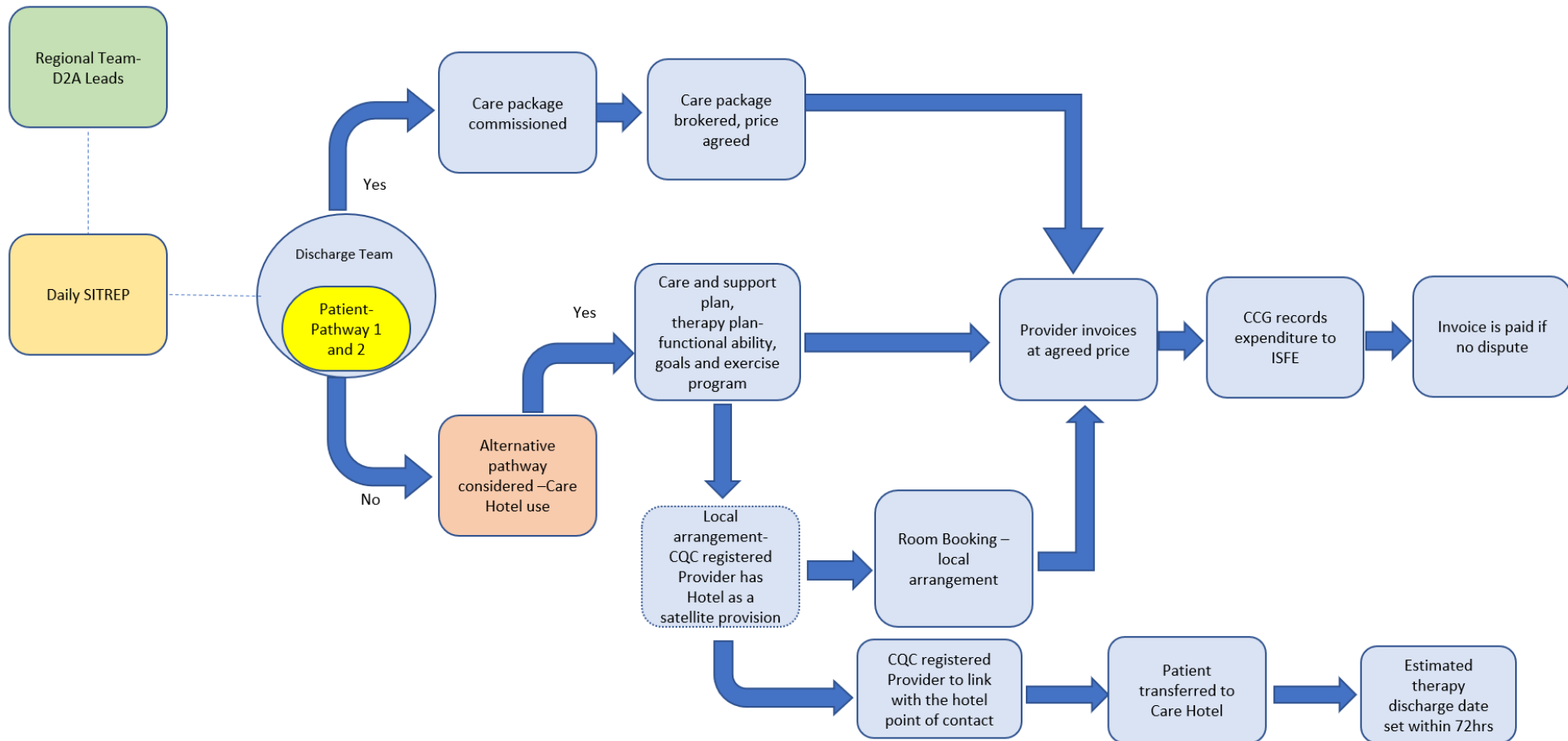
Hospital Discharge Pathway – Hotel accommodation



Transfer from the hotel to home or long term care setting

Transfer to a hotel should be a temporary measure whilst long term arrangements are safely put in place. Discharge coordination continues to be a key responsibility of the local case manager.

Hospital Discharge Pathway – Care Hotel

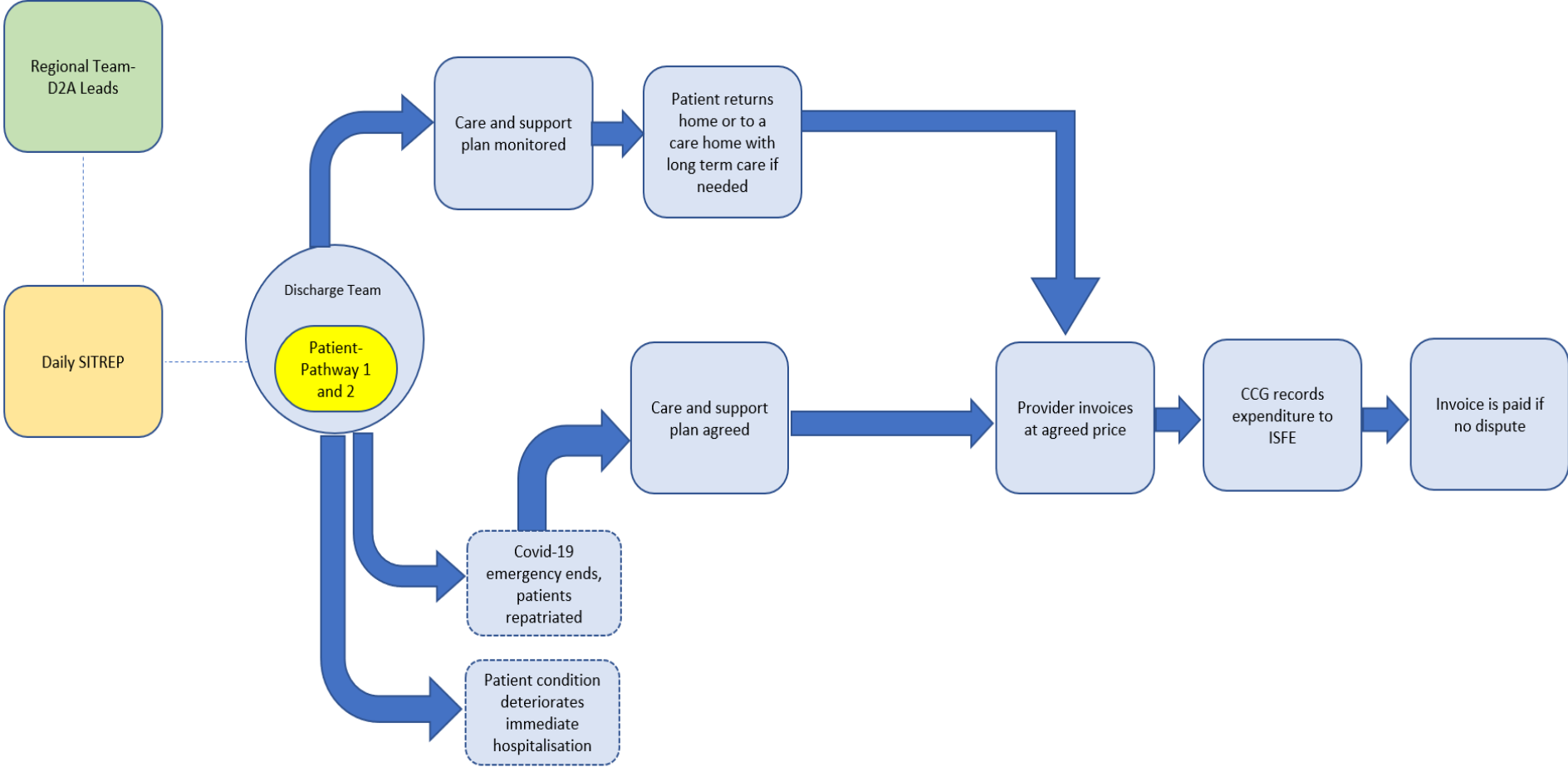


The Care Hotel is different to that of hotel use for temporary residence. A Care Hotel is when care and therapy is provided on site to resident patients in the hotel. This model requires a CQC registered provider for example an NHS Trust to extend their CQC registration and indemnity insurance to the hotel.

Transfer from the Care Hotel to home or long term care setting

Transfer to a Care Hotel should be a temporary measure to fulfil recovery, rehab or reablement. Have a person-centred approach, giving full support to moving people on to more permanent arrangements, where moving back to their home is the first option to be considered. It will be essential to embed a reablement ethos into the Care Hotel using the expertise of physiotherapist and occupational therapists.

Hotel check out pathway



What does it mean for people being transferred into a hotel?

- All people transferring to the hotel should have a **care and support plan** that details their needs, organised by the discharge team;
- Careful consideration should be taken of an individual's **mental health and safeguarding** needs as well as their capacity to consent;
- Local areas should ensure **consent to transfer** into the hotel accommodation is provided and recorded, in line with other discharge methods;
- Any person transferring to a hotel from a hospital will do so **under the normal discharge planning processes** in place in all areas of England;
- Local systems will need to **ensure specific teams or individuals are identified to oversee the arrangements** in the hotel and ensure the safe transfer of the person back to their home (with the right support) as soon as possible;
- Individuals are **still entitled to normal health care support from primary care and community / mental health services during their time staying in the hotel including access to out of hours care services**, as they would be if living in their own home. Local providers of this care will need to be alerted by the discharge teams with details of the hotels that people are being transferred into.

Accountability and responsibility

Accountability for safe discharge into the hotel accommodation sits with the discharge authority, in line with the [Hospital discharge service: policy and operating model](#)

Clinical accountability for the care delivered within the hotel setting will lie with the organisations providing that care, as is the case in a person's own home. The care provider is responsible for the quality of care, documentation

and reporting (verbal, written or computerised/electronic) in line with GDPR regulations.

The **hotel will be accountable for provision of all usual hotel services**, including the cleaning regimes in line with government guidance for the hospitality sector.

Local systems should **agree a lead organisation** to be responsible for:

- The **organising and booking of hotel** accommodation;
- **Coordination of the required care and support for individuals** to ensure use of hotel accommodation is a short term, interim solution and enables a timely transfer from the hotel to their usual place of residence or long-term accommodation.
- **Existing safeguarding processes and escalation routes will apply** to people transferred into hotel accommodation, in line with local arrangements. Consideration will need to be given to both the safety of the environment as well as the safety of individuals and suitability for them to transfer into the hotel and be supported there.

For more information and support setting up the use of hotel accommodation please contact: england.chcsip-pmo@nhs.net