



Care Home Assessment & Rapid Response Team (CHARTT)

Introductory Information

Introduction

Manx Care operates seven residential care homes with a total complement of 380 beds. The private sector operates 18 residential and nursing homes with 500+ beds occupied at any one time. The care home sector look after around 10% of Isle of Man residents who are over 70.

Covid-19 poses a particular threat to care homes due to the often large numbers of vulnerable residents cared for within the same building, cared for by a small team of registered nurses and care workers, although it should be noted that only one Residential care home has nurses on site. Often the design of care homes makes it difficult for staff to maintain the same level of infection control precautions as in hospitals, mainly due to the lack of hand wash basins in every room, smaller bedrooms compared to hospital side rooms and occasional shared bedrooms and bathrooms, therefore extra vigilance is required to avoid potential transmission of Covid-19 between residents, most of whom will fall into the very vulnerable category.

In the case of a surge in cases within the community coming into hospital, the care home sector on the island forms an essential part of our healthcare structure, as the hospital will be reliant on care homes to accept discharges from hospital (be it those who have recovered from Covid-19 or have been admitted for another reason and have provided two negative swabs prior to discharge), in order that capacity is created for new admissions coming through our ED. As such, the DHSC has a significant part to play in supporting the private care home sector on island in order to ensure continued provision of capacity, as well as providing specialist support to residential homes operated by the Government.

Assessment & Action Planning Process

Manx Care is proposing the provision of proactive support to both government and privately owned care homes through an initial joint assessment process. The purpose of the visits will be firstly to assess the resilience of the care home in the context of a COVID-19 infection or outbreak and subsequently in the presence of a confirmed or suspected outbreak, to provide urgent support and decision making. As the assessments are specific to COVID they do not fall within the usual framework of registration and inspection.

Initial Resilience Assessment

The initial assessment will be undertaken by a GP, hospital consultant, senior nurse and infection control practitioner, in conjunction with the care home matron/ registered manager, followed by development of an action plan and associated support to resolve any gaps in readiness identified within the assessment.

Prior to the professionals visiting the homes, Care Home Managers or the person with delegated responsibility will be asked to provide information including an infection control audit, any COVID Related policies procedures and action plans should the home have an outbreak of COVID.

Care Home Managers and staff will also be encouraged to complete a COVID specific care plan for each of their Residents which will identify their individual needs should they contract the virus. Once the residents needs have been assessed, an action plan will be agreed by the GP, the care home Manager or person with delegated authority, and when appropriate the resident. If the Resident is unable to participate in the assessment then as far as possible they should be represented by their next of kin (via technology)

Once the actions have been agreed, it is the responsibility of the GP to relay these to the Resident and their next of kin as appropriate.

The assessment will focus on Covid readiness such as:

- Staffing – sickness rates/resident dependency. Is there a rotation system in place to prevent transmission of virus from the community into the home via staff movement?
- Training – has infection control/PPE training etc been rolled out? Are there training records in place?
- Stores and supplies – are there adequate supplies of PPE and other clinical consumables?
- Environment – does the environment support good care and infection control practices?
- Clinical engagement – does the local GP practice have sufficient capacity and resources to support the care home with onsite or telemedicine visits as required during the current situation?
- Policies & Procedures – are there Covid-19 specific policies, procedures and other documentation in place to support provision of safe care
- Direct clinical review of a sample of residents

Where there are gaps in assurance within any of the above areas, then a detailed action plan will be drawn up to outline how compliance can be achieved, by when, and what support Manx Care will commit to provide.

Advice from Registrations & Inspections has been sought and inspections can continue without their oversight only when the care home manager has consented to this visit. This consent will have been to be obtained prior to a date being set for the visit.

Resilience Assessment Process

The assessments will be undertaken on a regional basis, with specific clinical leads for the north/south/east/west region. Where required, workload will be balanced out between regional teams.

Individual care home assessments will be undertaken by the professional groups (medical/GP, Infection Control and Nursing) separately in order to reduce the burden of a large group requiring access to the Care Home Manager and decrease footfall within the home.



Any immediate risks (be it general care or Covid-19 readiness related) highlighted during the visit will be flagged up to the Matron/Registered Manager at the end of each visit, and immediate action requested with identified deadline for completion – any immediate risks should also be highlighted to the Head of Registrations & Inspections.

The results of the assessment and action plan should be provided to the Matron/Registered Manager of the Care Home within 48 hours of completion so that action plans can be commenced. A timeline of repeat assessments (if required) should be provided with the assessment results and action plan.

Initial Outbreak Assessment

In the presence of a confirmed or suspected COVID-19 outbreak Manx Care will facilitate an urgent visit to the home to undertake a further review of resilience, referencing the previous visit and documentation. Additional assessment at this stage will focus on reducing the risk of further nosocomial infection, ensuring staffing levels remain acceptable, confirming adequate PPE supplies and adherence to PPE guidance.

The response will depend on whether this is a confirmed outbreak (one or more positive cases) or whether it is suspected (2 or more suspected cases in 24 hours awaiting swab results).

In the case of a suspected outbreak, a small team consisting of 2 professionals and an invitation to the GP responsible for the care home will attend the same day until 7pm or the next morning, 7 days per week. This team will make a rapid assessment of the ‘state of play’ in the care home and the outcome will either be a further assessment by the full team or ‘standing down’ the assessment pending swab results.

In the case of confirmed COVID-19 positive swabs from one or more resident in the previous 24 hours the same initial assessment will be undertaken with a focus on preventing further transmission. This will include decision making about the location of care for the person with COVID-19 and a review of the ability of the home to adhere to strict isolation. There will be a subsequent visit the following day by a wider team using the experience of previous intervention in the care sector to guide the intervention. This team will have the capacity to make decisions around the location of care, and the need for, and access to, further PPE and staff.

Outbreak Assessment Response Plan

This matrix seeks to outline the response should an outbreak of two or more positive Covid diagnoses or highly suspicious of Covid cases be reported, either through Contact Tracing or through admission via CATU.

Day	Team Composition	Tasks
0-1	Infection Control Practitioner and one out of:	<ul style="list-style-type: none"> Clinical assessment of suspicious/positive patients (if still in home) Assessment of current staffing levels and resilience for next 5 days

	<ul style="list-style-type: none"> • Hospital Consultant • Senior Nurse • GP 	<ul style="list-style-type: none"> • Assessment of infection control practices in use • Assessment of PPE stocks • Decision around further swabbing of residents/ staff required • Inform Health Protection Team • In consultation with duty Health Protection Team member, formulate list of immediate actions required
1-2	<ul style="list-style-type: none"> • Hospital Consultant • Infection Control Practitioner • Senior Nurse • GP 	<ul style="list-style-type: none"> • Further review of positive/suspicious cases – decision making around transfer into Ward 20 • Review of IPC training records – refresher training given if required • Notes review of care plans and temperature charts of all residents • Review progress against immediate actions • If not yet completed already, complete proactive care home assessment matrix • If a proactive care home assessment has already taken place, review progress against action plan • Discussion around isolation of affected residents or alternative provision of care, in conjunction with Health Protection Team and Manx Care Senior Management
2-3	<ul style="list-style-type: none"> • Hospital Consultant • Infection Control Practitioner • Senior Nurse • GP 	<ul style="list-style-type: none"> • Review progress against immediate actions • Decide whether further visits are needed

Conclusions & Recommendations

Manx Care is committed to supporting care homes across the Isle of Man to keep our most vulnerable sector of society safe from the Covid-19 virus. An initial assessment will help to identify any gaps in assurance in terms of Covid-19 readiness and subsequent action planning will help to address these gaps quickly.

Community Bronze are requested to approve this proposal in order that the assessment matrix can be formulated and timetable for care home visits be drawn up.

Oliver Radford
1st April 2021