



**Isle of Man  
Government**

*Reiltys Ellan Vannin*



# Care Home Assessment & Rapid Response Team (CHARRT)

IFIC Webinar 24.6.20

Department of Health and Social Care  
*Rheynn Slaynt as Kiarail y Theay*

# Background

- Isle of Man is a Crown Dependency
- Independent jurisdiction with UK providing defence and diplomatic services
- Isle of Man Department of Health & Social Care – same ethos as UK NHS – free at point of need
- Combined health & social care function

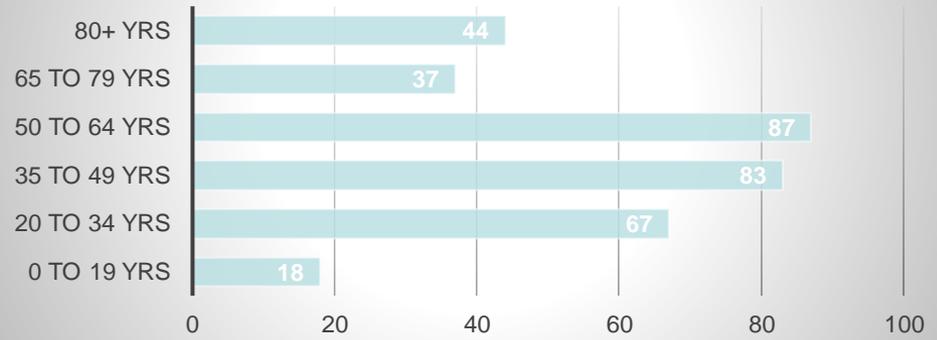


# Covid-19 Data

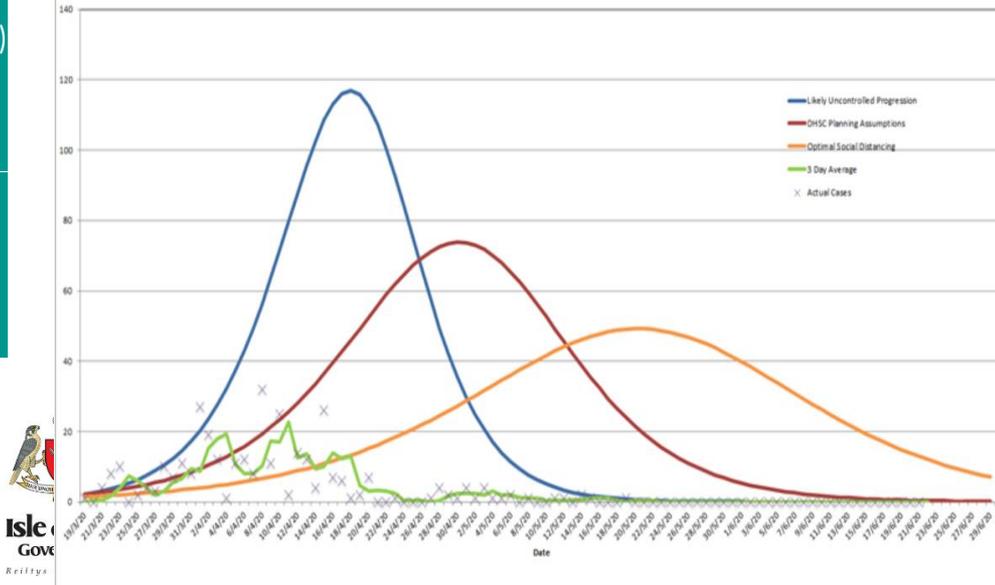
Confirmed cases	Hospital admissions
336	0
Total tests	Concluded tests
6022	5994
Awaiting results	Awaiting tests
28	0
Number of deaths	Total active cases (community and hospital)
24	0
Number of deaths in hospital	Number of deaths in the community
6	18

22/06/20

## Isle of Man Covid-19 Cases by Age



Daily Confirmed Cases



# Covid-19 and the Isle of Man

- Government 3 phase approach:
  - Stay at Home,
  - Stay Safe,
  - Stay Responsible
- 'Test, Test, Test' on island lab facility developed
- Contact Tracing from first case with 14 day isolation
- Closed Borders with quarantine
- Regular and clear Government updates and information  
<https://covid19.gov.im/>

# Isle of Man Care Home Sector

- The percentage of the population aged over 65 has risen in early 2020 to 21.62%\*
- 25 Care Homes (five operated by DHSC providing residential and dementia care for older people)
- 16 Sheltered Housing Complexes
- 30 Community homes for people with Learning Disabilities, Physical Disabilities and Mental Health Needs.
- Regulated by Regulations & Inspections Unit – part of the DHSC
- Assess against Regulations of Care Act 2013 – not clinically driven
- No equivalent of CQC/Care Inspectorate /HIQA

\*<https://iompopulationatlas.paulcraigne.im/>

# Covid-19: Early Thinking

- Early acknowledgment that Covid-19 in a Care Home would be difficult to manage
- Development of Covid-19 Community Hospital (50 beds)
- SOP developed to accept Covid-19 + residents from Care Homes and admit directly to Covid-19 Community Hospital (plus step downs from acute hospital)
- Based in former rehab ward on acute hospital site
- Creation of Covid-19 Home Assessment and Treatment Team (CHATT) to support people to be cared for at home including palliative

# Care Home Covid-19 Guidance

- Closed to non-essential visitors from mid March
- PPE from early on with centralised procurement and distribution by DHSC: Fluid repellent masks at all times, aprons and gloves per episode of care  
<https://www.gov.im/media/1369213/010-covid-19-guidance-for-home-care-provision.pdf>
- Priority testing for residents and service users (Rapid testing once in place)
- Priority testing for all HCW and Care Home Staff
- Two negative tests for all hospital discharges back into homes
- Suspension of all respite and emergency care
- Cohorting of staff into teams, sharing of bank staff between homes ceased

# Drivers for CHARRT Team

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### Coronavirus: Care home loses licence after positive tests

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Coronavirus pandemic



The Manx government has stepped in to run the Abbotswood Nursing Home

An Isle of Man care home has had its licence suspended after 37 residents tested positive for coronavirus.

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### Coronavirus: Two more deaths at Isle of Man care home

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Coronavirus pandemic



Forty-seven residents at the home have tested positive for Covid-19

Two more people have died with coronavirus at a care home on the Isle of Man where serious safety concerns were raised.



# Drivers for CHARRT Team

- Nursing Home with capacity for 57 residents
- 50 tested positive for Covid – 20 passed away
- DHSC took over licence on 13<sup>th</sup> April 2020 as 'operator of last resort' due to immediate safeguarding concerns
- Continued to run facility until all residents transferred into DHSC operated inpatient wards on 13<sup>th</sup> May – 37 residents admitted within Covid Community Hospital and acute beds
- Recognised urgent need to establish multidisciplinary team to assess care homes proactively in readiness for Covid as well as provide rapid response support in case of outbreak

# The CHARRT Team

- **Multidisciplinary team** comprising Senior Nurses, Infection Control Practitioners, Consultants (Gerontologists), GPs, supported by Admin Officer
- **Assessment matrix** developed to review policies, contingency plans, wellbeing residents and staff, training, staffing, infection control, normal care, & resilience)
- Documentation including IPC audit requested from homes
- Separate visits by each professional group to avoid overwhelming home – visits avoided contact with residents where possible
- Qualitative RAG rating given for each item assessed and **overall RAG rating** given for home to show ongoing level of support needed
- **Weekly catch up** to share lessons and best practice
- 'Teams' software supported remote working and documentation sharing
- **Nuanced approach** for LD home assessments, Supported Living and Sheltered Housing

# CHARRT Process 1

- Assessment and Support:
  1. Visit and discussion with Senior Nurses – combination including Dementia, LD, MH, PH, & District Nursing
  2. Medical review of most complex residents or service users with consultant and GP based on specifically developed Covid-19 care plan document
  3. Onsite visit by Infection Control Nurse providing practical advice
  4. Follow up visit by integrated care team member for ongoing support on recommendations

# CHARRT Process 2

- Rapid Response Team:
  1. Notification of all residents and service users being swabbed by managers
  2. Immediate notification of team with positive result
  3. Senior Nurse, Infection Control Nurse, and Consultant visit within a few hours
  4. Referral to CHATT in the case of Residential and Community homes who have no RN's on staff
  5. Follow up visit day 2 and subsequently as needed
  6. Home review at end of outbreak to collectively agree standing down and reopening home

# Outcomes

- 55 Homes visited since 24<sup>th</sup> April
- 1 Community LD home had a case which was supported by infection control and contained really well. No subsequent infections noted.
- 1 dementia unit for challenging behaviours had a case, support by whole Rapid Response Team. Well contained. No subsequent infections. Resident moved to Covid ward due to difficulties in isolation.
- Managers and Service leads supported to develop risk assessments and plans around resilience as restrictions ease.
- Homes with old buildings and complex residents always scored Amber on RAG rating for support
- Advanced care planning training by Hospice following medical reviews, specific session for LD managers

# Lessons Learnt

1. Rapid response element of team essential to provide additional support within 24 hrs for home with complex behaviour residents.
2. Breaking CHARRT team into small focused activities: Initial contact, Senior Nurses, IPC, Medics, Monitoring – reduced stress and burden on managers
3. Medical reviews for residential and nursing homes work best with drafted covid-19 care plans, managers, senior care staff and GP with close relationship with home.
4. Clear IPC/PPE guidelines helped avoid the confusion at the commencement of the outbreak.
5. CHARRT team need to differentiate clearly between 'advice' and 'instruction' as some care homes mistook advice for instructions and made decisions based on what they think we "told them to do".
6. Including drug reviews in medical reviews, including PRN sedation for initial 24/48 hr care

# Best Practices

1. Cohorting Care home staff into teams during shift patterns reduced contact and interaction between staff, and supported contact tracing processes.
2. Testing of all hospital discharges back to homes and sheltered housing helps reduce need for further isolation.
3. Reducing the frequency of staff changes, and the number of daily activities had beneficial impact on service users with LD with noticeable reduction in challenging behaviours and anxiety behaviours.
4. Mixing day service staff into homes helped expand range of ideas and activities
5. Ice-cream van coming for staff and residents
6. Using visors rather than goggles for residents who rely more on facial expressions
7. Supporting residents and service users to access the garden as regularly as possible during lockdown
8. Risk assessments for staff with underlying health conditions

# Recommendations

1. Advanced care planning in some older person's homes and for people with physical and learning disabilities should always be in place and regularly updated. Older people homes focused on DNACPR rather than advanced care and end of life plans
2. Work closely with the care homes to ensure that working towards best IPC practice can be obtained in a safe manner taking into account the infrastructure, needs of residents/ service users and other required resources.
3. CHAT type team to support residential and LD community homes in event of covid-19 to provide medical mentoring for non-clinical staff and support advance care plans.
4. Include Nicotine patches or replacement therapy available for residents or service users who are smokers and may need to isolate.
5. Design lockdown restrictions by type of community or residential home: fitter young adults with LD and MH need support maintaining social distancing but do not require the same medical shielding as Residents with advanced frailty.

# Care Home Managers Feedback

clear advice  
supportive  
assurance  
thankyou

happy support knowledge excellent  
unambiguous confidence informative useful reassuring clarification



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