Coventry and Warwickshire Care homes COVID-19 Outbreak Control Plan - Executive Summary

1: Introduction

- The COVID-19 Outbreak Control Plan (OCP) for care (nursing and residential) homes has been put in place in Coventry and Warwickshire, aiming to:
    - Reduce/maintain the number of new COVID-19 cases in care homes to zero
    - Reduce the impact of COVID-19 on care home residents and staff
- This OCP is structured in the format of the overarching Coventry, Solihull and Warwickshire (CSW) COVID-19 Outbreak Control Plan.

1.1. Governance

- The Coventry, Solihull and Warwickshire Beacon Authorities have Test And trace leads for the different settings, one of which is Care home settings (both nursing and residential)
- We have a Preventing COVID in Care Homes group, that developed this outbreak control plan. This group feeds into the Care Incident Management Team, which then feeds into NHS Silver as part of the overall NHS and Care COVID-19 response.

1.2: Operational Response Arrangements

- A single point of contact for each LA in an outbreak is in place
- A LA-PHE SOP has been produced for all COVID-19 outbreaks across West Midlands and is currently in the process of being finalised. See Appendix 1 of the main report.
- Initial outbreak management will be undertaken by PHE. This will include a risk assessment, arrangement symptomatic testing, isolation of residents, contact tracing within the home and the provision of advice and guidance. Further management will be undertaken in collaboration with the CCG Care Home quality leads and Infection Prevention and Control Team, alongside the LA, including the organisation of rapid whole home testing and provision of ongoing infection control advice. Simple outbreaks can be taken over by the LA from an outbreak management perspective, but can be referred back to PHE should they become complex.
- Testing of residents can be undertaken via our local testing provider Arley Medical Services or care homes can request kits from the national portal. The interpretation of testing results is recognised as an area of concern for care homes and thus flow charts have been developed to assist with this. These are kept under review:
  Flowchart guidance for care home staff and residents following COVID-19 testing
- Contact tracing of residents forms part of the outbreak management process led by PHE and contact tracing of staff is undertaken by CTAS (Contact tracing and advisory service) in relation to household/close contacts and by PHE for contacts in the care settings (latter may be handed over to local areas on agreement).

1.2. Action plan going forward

- An Action card for outbreaks have been developed, with key actions that need to be taken by homes, CCG and LA, and this will be reviewed in the light of changing national guidance

2. Priority 1: Community engagement to build trust and participation

- We recognise the importance of engagement with both service users and providers in order that guidance can be implemented and outbreaks managed effectively.
- Weekly check-in calls with Care Homes are under development, and if there is an outbreak these will occur daily.
- The Accommodation Quality Support Group is currently examining the patient, family and care home experience of isolation beds.
- Interviews with care home managers are being arranged to explore their experience of the communication and management of COVID-19 cases and outbreaks. These will provide themes for a wider survey to all care homes. Through this survey and discussion with care home managers we will plan and agree how to best gain insight into service user experience

2.1 Action plan going forward:

- Conduct interviews with care home managers
- Develop survey for all care homes, to be piloted, refined then rolled out
- Evaluate and update plan as a result

3. Priority 2: Preventing infection

- All homes are currently supported by the Care Home and WCC/CCC Quality Assurance teams on a daily basis. Our CCG Infection Prevention and Control (IPC) staff, are available for advice and support to all care providers across the system 7 days a week, working closely with the Public Health WCC and CCC based staff, as well as PHE staff in and out of hours.
- All information is populated onto a single database that all partners have access to making data collection for reporting seamless and timely. Weekly mutual aid calls with care homes ensures that issues can be escalated and addressed in a timely manner.

3.2. IPC training programme system and training uptake to date

- IPC training has been offered to all care homes. As of 10th June 2020, 88% of homes in Coventry and Warwickshire have completed training. A total of 1117 people have been trained.
- 60% of homes that have had IPC training received this face to face, the remaining 40% were trained virtually.

3.3: Action plan going forward:

- Expand IPC capacity
- IPC training for home care/domiciliary care sector
- Regular IPC refreshers once training completed
- Readiness for flu season communication due to potential symptom overlap with COVID-19, and support for flu vaccine campaign

4.Priority 3: High risk settings and communities

4.1. Care settings in Coventry and Warwickshire; a description

- There are 251 care homes in Coventry and Warwickshire. In Coventry 80% of care homes are residential homes, while in Warwickshire 68% are residential homes.
- The total Care Home bed capacity across Coventry and Warwickshire is 7575, with 45% (3,380) being Nursing Home beds and 55% (4,195) being Residential Home beds.

4.1.2. Step down isolation beds and discharge policies

- Step down isolation community beds have been established for June-August 2020 to shield care homes from COVID+ admissions from hospital, providing time to build COVID resilience assurance
- 40 system beds, available to admissions from across Coventry and Warwickshire, have been commissioned across 2 sites in South Warwickshire.
- A system wide COVID Resilience Assurance Checklist that all care homes will be supported to achieve is being developed. This supports care homes with self-assessment of their current measures in place to prevent and manage COVID-19 cases and outbreaks. Once a provider has achieved assurance status they will be able to take COVID+ admissions direct from hospital.

4.1.3. Action plan going forward

- Complete Resilience Assurance process over the next three months, after which it will becomes part of the business as usual approach.

4.2. Epidemiology of COVID-19 in Coventry and Warwickshire

4.2.1. COVID-19 outbreak occurrence in Care Homes in Coventry and Warwickshire over time

- To date there have been outbreaks in 37 (49.3%) of the 76 care homes in Coventry, and 75 (42.9%) of the 175 homes in Warwickshire. The numbers of new outbreaks peaked in Coventry (8 outbreaks) in week commencing 6th April, while the peak in Warwickshire (15 outbreaks) was in the week commencing 20th April.
- The most recent data, for week commencing 8th June, suggests that there were no new COVID-19 outbreaks in Coventry or Warwickshire in that week.

4.2.2. Trend in care home deaths by cause and cumulative COVID-19 deaths

- In Coventry there have been 380 Care Home deaths, of which 72 (18.9%) have been recorded as being COVID-19. Trend data suggests that Care Home deaths across Coventry peaked at around Weeks 15-17 (weeks ending 10 April-24 April).
- In Warwickshire there have been 930 Care Home deaths, of which 199 (21.4%) have been recorded as being COVID-19. Trend data suggests that Warwickshire Care Home deaths peaked slightly later than Coventry, at around Weeks 16-18 (weeks ending 17 April-1 May).

4.2.3. COVID-19 confirmed and suspected cases and deaths in care homes

- We have developed a COVID-19 Care Home Impact Dashboard which provides information on the numbers of suspected and confirmed cases of, and deaths from, COVID-19. These data are based on information provided by care homes themselves.
- According to the Dashboard homes in Coventry had the highest percentage of cases and deaths relative to occupied beds. There were 582 suspected or confirmed COVID-19 cases, which is the equivalent of 30% of occupied beds. There were 180 COVID-19 suspected or confirmed deaths, the equivalent of 9% of occupied beds.
- This was followed by Stratford, which had 232 suspected or confirmed COVID-19 cases (equivalent to 21% of occupied beds) and 91 COVID-19 suspected or confirmed deaths (equivalent to 8% of occupied beds).
- The remaining Districts and Boroughs had similar rates of COVID-19 cases when numbers are compared to occupied beds, ranging from 8% in Warwick to 12% in Rugby. Death rates

compared to occupied bed numbers were also similar across the Districts and Boroughs, ranging from 3% in Warwick to 7% in North Warwickshire.

4.2.4. Action plan going forward

- Understanding this variation further, in order to target homes which may be at higher risk of further outbreaks will be considered by the Preventing COVID-19 in residential care settings group

5.Priority 4: Reducing health inequalities

- We named our Priority 4 as Reducing health inequalities, as opposed to Vulnerable People, as per the overarching outbreak plan. This is to avoid confusion about the term vulnerable, which is widely used in the care setting as referring to those shielding or at higher risk of COVID-19 due to medical conditions and/or age.

5.1 Black, Asian and ethnic minority (BAME) groups

- Latest evidence suggests that in the UK people from a Black, Asian and ethnic minority background may be more likely to contract COVID-19, more likely to have a more severe episode of COVID-19, and more likely to die from COVID-19 than their white British counterparts.
- Key recommendations for building resilience amongst the BAME social care workforce can be found in the Fenton Report, Warwickshire's report on Covid-19 risk, and Race and Health, including a risk assessment, strategies to reduce inequalities, consultation with BAME members of the workforce and empowering people to be heard and involved in future planning.
- A BAME managers checklist has been produced, see Appendix 3.

5.2 Learning Disabilities

- The Learning Disability Mortality Review (LeDeR) is a national programme to improve health outcomes for this patient group through the review of every death of those with a Learning disability. These reviews are locally led and nationally co-ordinated.
- During the three month period, 1st March 2020 – 31st May 2020, a total of 24 adults with a learning disability, from all settings, died, this represents a **140% increase** from the same period in the previous year.
- In total, 11 deaths were caused by a confirmed or suspected COVID-19 diagnosis and eight of those individuals resided in a care home. It should be noted that no care home had more than one COVID-19 related death of an LD resident.
- Information regarding underlying health conditions could be obtained for 8 of the 11 people who passed away – all had additional health needs which may have increased the risk that COVID-19.
- Analysis suggests that the presence of COVID-19 is accountable for this notable increase in deaths amongst this vulnerable group as the non-COVID19 deaths account for very similar number of deaths as occurred during the same period in 2019.

5.3: Maintaining resilience, wellbeing and mental health in care home staff

- Care home staff working in homes that are affected by COVID-19 may experience high levels of stress that can affect emotional wellbeing. Anxiety around working and feeling safe within the care sector has been high.

- The majority of people will be able to process their experiences without formal mental health input and can be supported with measures to increase resilience and mental wellbeing. However, a minority of people may need extra help and it is important that managers are aware of the signs of this so that they can recognise this in themselves and others and know how they can access help.
- It is important that all staff are aware of what support is available to them, and that their mental wellbeing is a priority. There should be regular communication within teams including signposting to the options available, regular opportunities for structured reflection time which are appropriately managed and wellbeing initiatives to support staff.
- There is an increasing body of evidence that the most effective way to influence the health of a team is through supporting managers to become skilled in having psychologically well-informed discussions. One way of doing this is through COVID-19 Psychological First Aid online training. Managers must also be supported to prioritise their own mental health

5.4 Actions moving forward

- Encourage all care homes to use the BAME managers checklist
- Support homes to reduce inequalities amongst their BAME workforce
- Ensure that routine testing for care homes has captured all LD providers and is also extended for supported living providers
- Ensure all LD providers of both care home and supported living have received infection prevention and control training, to ensure preparedness for any future wave
- Ensure that care homes know what mental wellbeing and resilience resources are available to them through regular communication (please see overarching action plan)
- Encourage care home managers to undertake COVID-19 Psychological First Aid online training

6.Priority 5: Testing capacity

- Coventry and Warwickshire has two options for testing, the national portal where swab kits are delivered to the homes for them to swab both residents and staff or via Arley Medical Services who will attend the home and take swabs for all residents and staff.
- Local testing initially started on the 21st May 2020 and we are ramping this up with 2 teams to be able to process up to 300 swabs daily with UHCW. This service has been extended to support pathways of individuals moving between homes or moving from their own home to a care home setting.
- In Coventry there has been testing in 25 care homes. Within these 489 residents have been tested, 14 of which were positive. 489 staff were tested, of which 3 were positive. In Warwickshire there has been testing in 39 care homes. 844 residents were tested, of which 31 were positive. 931 staff were tested, of which 6 were positive.
- Overall the system is seeing a downward trend for individuals testing positive for COVID.

6.1: Action plan for going forward

- Complete swabbing for the remaining homes
- Planning for managing flu and COVID simultaneously is currently being discussed. Ideally during flu season the resident/staff member would be tested for flu and COVID simultaneously, but the details around this, including feasibility and whether this would be tested nationally or locally are still being worked out.

- The funding for Arley testing is set to run out in September – a plan as to whether funding can be continued is being discussed.

7.Priority 6: Contact tracing

For ease of reading contact tracing has been included within the operational response in Section 1.2

8.Priority 7: Data, dynamic surveillance and integration

- We have created a surveillance tool named the COVID-19 Care Home Impact Dashboard which consists of data from our local IPC log, the NECSU tracker data, the CQC directory and test results. This is updated daily.
- We are able to use this information to identify when there is a problem, and to monitor how we are doing in relation to the management we have instigated. This Dashboard enables us to support discussions with our stakeholders, DPH and other key decision makers, providing the information they require to support these decisions.
- The Dashboard is supplemented by information from provider surveys and qualitative information we gain as part of our work.

8.1 Action plan going forward

- The development of the Dashboard and how we use this information in the future is currently being examined.
- As outbreaks in care homes are reducing in number, cases are being identified through whole home screening, and these are generally single cases in either residents or staff. The Dashboard needs to allow these to be categorised as incidents/exposures rather than outbreaks.

9. Priority 8: Deployment of capabilities including enforcement

- A detailed table of contacts for every aspect of care home outbreak management has been produced.
- Mapping for the resource required to manage all outbreaks has been undertaken. This has identified the need for greater IPC capacity, Public Health capacity, and gaps around testing coordination, analytical capacity, project management, and evaluation skills.

9.1 Action plan going forward

Additional resource identified as being required:

- PPE – while we currently have stock, we need to keep up stock levels for the foreseeable future and there is a risk we will not be able to meet future demand.
- Local testing – the funding for Arley testing is currently only until September. While this is our preferred approach if funding were discontinued all testing would have to be through the national scheme.
- Mutual aid system – this will require expanding to ensure that care homes are always adequately staffed.

- Antibody testing: whilst NHS staff currently have access to this testing, the same is not true of social care staff. The CCG is currently considering options, but at present there is not enough phlebotomy capacity to undertake this wider antibody testing.
- Vaccine: The usual time to develop and produce a vaccine is very long. Should a vaccine become available then care home staff and residents would be in the vaccine priority group.
- Home care: It is recognised that this plan focuses on care home settings in the main, but the importance of care provided in people's homes is widely recognised as an area which requires some urgent ongoing focus from an infection control perspective, to include many of the key elements in this action plan. Work is underway to tackle some of these gaps.