

Care Homes and Covid

Experiences of Doncaster Care Homes during the
Covid 19 Pandemic

Report compiled
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- Staff at all the care homes who gave up their time to respond to our request for information, thank you we couldn't have done it without you!

Summary

During the Covid-19 Pandemic Healthwatch Doncaster has been unable to fulfil its statutory role to Enter and View publicly funded health and social care services. As an alternative and in an effort to find out how homes have been adapting to life in a Pandemic we contacted care homes and invited them to provide us with feedback. We created a Google form that provided a series of suggested topics that we thought homes may like to feedback on. The form had ample opportunity for homes to comment on issues that were important to them, this was an opportunity for them to tell their story.

Volunteers contacted 23 local homes which resulted in 2 telephone interviews and 21 requests for the link to the capture form to be sent to them. In total 7 homes responded by completing the form.

The report highlights the challenges faced by the homes and also the positive impact that adapting to the changes has had. Staff and residents have undoubtedly been affected by the events of the past 17 months. This report seeks to provide an insight into the nature and extent of that impact from the people directly affected.

Introduction

This project was undertaken as a means to re-engage with care homes, as we start to emerge from the restrictions imposed in response to a Global Pandemic. It was our intention to gather intelligence on how residential care homes have coped with the unprecedented circumstances presented over the past 17 months. We were interested to find out what had gone well and what, if anything, had created challenges to providing care in a residential setting. Early attempts to do this via a blanket email to homes had failed to produce any results, however a more targeted approach was undertaken to encourage participation.

We chose to undertake this project as an alternative to being able to undertake our statutory duty to Enter and View publicly funded health and social care services. Prior to the Pandemic our team of Enter and View Representatives had been undertaking these visits to local care homes in order to gain a picture of the standard of care provided from a residents' perspective.

We took the decision not to use a survey to capture these experiences, as we wanted the homes to tell us what was important to them. As an alternative we provided a series of prompts that homes could use or disregard and we provided an opportunity for them to add anything that they wished to be included.

To our knowledge no other study has been undertaken locally by an independent body.

Method

The Enter and View Planning Group, comprising 5 volunteers and one staff member met in June 2021 and began discussing the project plan. An earlier attempt to engage with homes locally via email had proved unsuccessful, with no responses being received. The engagement activity with the homes took place during July and August 2021 and was undertaken by 2 volunteers and the Volunteer Co-ordinator. The volunteers made contact with the homes and the staff member co-ordinated activity, collated responses and produced a draft report. The report was finalised with input from the volunteers who had undertaken the project.

The method employed was flexible and offered scope for homes to engage in a way that was suitable for their needs, both in terms of method and time commitment.

The initial plan was to contact homes and offer them the opportunity to take part in the project, giving them a range of options to engage:

- Via telephone or ZOOM interview with a volunteer (this option was available to residents and staff)
- Via an online form which included suggested prompts and ample opportunity for free text
- We also made it known that we were open to suggestions from the home as to alternatives to these methods

The initial plan was to offer the full suite of options to Managers when we spoke to them, however it became apparent at our weekly project meetings that homes were reluctant to engage above and beyond the possibility of completing the online form in their own time. So the decision was taken to make this the main focus of our contact with homes, with the option to expand if a Manager showed particular interest in engaging.

At the suggestion of one of the volunteers a Google spreadsheet was set up, with those involved in the project having access to it and this was used to centralise activity.

It was decided that in the first instance we would send out a sample number of letters to homes informing them of what we were doing and notifying them that a volunteer would be contacting them to discuss this. A format for the letter was agreed by the group and these were followed up by the phone calls. The group decided that the letters seemed to be having little impact on the homes preparedness for their call so it was decided to adopt a cold calling approach.

In order to ensure a unified approach the opening of the call was discussed and agreed upon. A list was then drawn up with contact details, one of the volunteers actively involved in the project suggested employing a Google spreadsheet for the purpose of updating other team members of calls made, in order to avoid duplication. The use of the form also enabled volunteers to communicate to the staff member actions that needed to be carried out, for example emails with the form link to be sent out. Likewise the staff member could notify volunteers of responses received.

Weekly catch-up meetings were held in order to discuss any issues or share approaches that had worked well. The Co-ordinator also shared responses received with the volunteers and produced a draft report based on these. The report was then discussed and the volunteers involved had an opportunity to contribute to the final version.

Findings

The group decided that using a survey to gather experiences from the homes would be a too prescriptive approach and may prevent homes from expanding on them. So a series of prompts were discussed and agreed in order to get the conversation started, these appear in bold below:

Tell us how you managed to maintain as much normality as possible for your residents. For instance how you maintained or changed activities

Some of the methods employed by the homes to maintain normality around activities were:

- Replicating going out for meals by serving KFC or Mc Donald's, whilst observing infection control measures
- In order to satisfy the residents' love of listening to music staff 'corridor danced' while residents were isolated in their rooms
- Changing the Activity Co-ordinators hours to accommodate more indoor activity
- Creating themed areas outdoors in order to provide residents with some variety
- Online streaming of events

In order to maintain contact with relatives and loved ones homes used a variety of different methods:

Method	Number
Video calls/Face time	4
Telephone calls	3
Window visits	4
End of Life visits (infection control/risk assessed)	1
Pod visits	2
Gazebo in car park	1
Drive through visits	1

One home also used a closed Facebook group so that relatives could see their loved ones taking part in activities.

We were also told that anyone visiting the home needed to undergo a lateral flow test that gave a negative result before being allowed to enter.

What the homes told us about access to other services

The majority of homes that responded said that GPs were reluctant to visit during the Pandemic. However some GPs worked with the homes to deliver virtual surgeries. District nursing services were largely unaffected, with nurses visiting regularly. Multi-disciplinary Team meetings (MDT) were introduced and we were told by one home that these had been very useful and improved communication between services.

Here is what one of the homes told us

“As per Government advice all non-urgent/emergency visits were ceased. Our residents went without access to Opticians, Chiropodists and dentists for over 12 Months. At the height of the pandemic District Nurses’ visits were also compromised. At that time we were dual registered so by liaising with the District Nursing Team we took over their daily planned care on the residential unit. This reduced the risk of cross infection and also took the pressure off the depleted District Nursing Team. GPs did not visit for several months, consultations were done remotely via zoom/video calls.

Several members of staff found it hard to assist with the verification of death via remote link. Whilst the GPs were pleasant and reassuring, listening to an absent heartbeat and looking at pupil reaction was difficult when it was a resident who we had cared for (and loved) for a long time.”

We asked how has the health and wellbeing of residents and staff been addressed to ensure that the home can operate effectively

“The staff have an amazing support network formed by themselves. It was not uncommon for colleagues to phone each other when they needed a shoulder to cry on. We often have a few minutes time out sitting and chatting, reflecting on the last few months. We have laughs and share tears. As a home manager my door is always open and staff have my home number if they have any worries. I hold informal debrief chats with staff who need a little 1-1 time. It is the stoic work ethic and dogged determination of the staff that have ensured residents wellbeing.

All have gone above and beyond working way over their contracted hours and undertaking any role needed for effective operation. Housekeepers assisted by becoming carers. Nurses became kitchen assistants. Our Managing Director and Ops Director assisted with maintenance tasks. Staff maintained high spirits in front of residents. Laughter was regularly heard. Activities continued to ensure residents were mentally stimulated. Contact with families was encouraged via Facebook, Zoom, WhatsApp calls and even the good old telephone.”

“As a management team we aim to be as supportive and flexible as possible in difficult times. Our nurses and our care staff have become resilient, upskilled and brave and we operated well and with positive outcomes for residents and their families”

“At the start of the Pandemic we were doing video calls with GP’s. District nurses have been a great help and support as they have continued to visit our residents. We are now back to GP visits in the home when needed, weekly GP calls and monthly MDT meetings.”

“Our company has amazing mental health counselling support as well as 24 hour GP access, this has been great for staff and residents. The company has put the team and people first!”

We asked homes if they felt that they had received the support they needed from commissioning bodies

Overwhelmingly homes said that they had received support, with one home saying that it was new for everyone so it was a joint learning experience for commissioners and providers alike.

“Support has certainly been given. We had contact details sent should we need further assistance. Bulletins and emails with updates and advice have been sent from Clinical Commissioning Group and Local Authority Contracts Team. Have spoken a couple of times with our local contracts officer. Support was offered throughout.”

We asked if homes were happy with the way their residents were discharged from hospital

This received a mixed response with most homes agreeing that initially before testing things were “scary” and having to isolate on return caused particular issues for residents with Dementia. However the majority said that things did improve over time. One home did say that they were not happy as residents were often discharged without a negative Covid test.

We asked if staff and residents were supported in receiving their vaccinations in a timely manner



100% of respondents told us that staff and residents were supported in receiving their vaccinations in a timely manner.

Residents were vaccinated in the home along with some staff. Other staff attended local vaccination centres to receive theirs.

New Practices developed as a result of the Pandemic

Homes told us about the new practices they had adopted in response to changing circumstances:

- *“We opened a 6 bed designated spaces Covid unit to support the NHS and private sector. This operated from July 2020 to June 2021.”*
- *“Multi-disciplinary Team meetings were introduced.”*
- *“Everything has changed from Covid, our whole home has adapted to ensure risks can be minimised, we have a whole new way of working and our team have done incredible.”*
- *“Those residents who culturally stayed in bed now spend time out in the communal areas. Care staff have embraced how meaningful activities impact on residents’ wellbeing and to be honest how much fun they can have too! Seeing staff and residents relaxed, laughing and spending time doing things together has been a huge shift over the last few months.”*

Multi-disciplinary Team meetings were a theme throughout, with homes saying that they welcomed the opportunity for more joined up working and improved communication that these provided.

Anything the homes would have done differently

On the whole homes felt that they had handled things well and adapted their practices to the benefit of everyone.

One home did say that they were bound by and working to Government Policy. However they felt that the essential carer role should have been in place from the onset, as preventing direct family contact was heart-breaking to observe.

Lessons Learned as a result of the experience

- One home told us they would do it all again as it has enabled them to *“amass vast expertise, strength and resilience”*
- *“Despite correct IPC practice Covid can spread. Staff needed reminding that deaths in the home were not their fault.”*
- The importance of a good activity team and infection control

The second point is a further reminder of the impact on staff’s emotional wellbeing.

Anything else that the homes wanted to add

The homes gave some very positive responses to this saying it was a learning experience for everyone as this was a new situation but they found this positive.

There was praise for the Infection Control Team at Doncaster Royal Infirmary, particularly Jo and Mim who responded immediately when someone in the home contracted Covid and were *“an excellent form of support”*.

Homes liked MDT meetings and thought that they had improved communication.

One home told us that they found that residents had really taken to the use of iPads and laptops as a means of staying in touch with relatives.

Another home felt that the whole experience had *“empowered staff as they were trained to do things like blood pressure, wound care and end of life as these weren’t readily available.”*

“We have a brilliant team and we have got through this so far by working together. I am so proud of my staff who risked their health and that of their family to keep the home running safely for our residents.”

“We did lose residents. The majority of families insisted that the cortege stopped outside the home for a few moments for staff to pay their respects. So many relatives mouthing thank you as they drove away. Three days in a row staff stood at our main entrance stifling tears. Even after 35 years as a nurse that was very hard to see. I am one proud home manager!”

Personal Protective Equipment (PPE) -

One home told us that initially PPE had been a problem, as their regular supplier was being inundated with requests, luckily they were fairly well stocked up. With high demand and low availability prices did increase which placed a higher financial burden on the home.

Another home told us that wearing PPE was difficult as it created an immediate barrier between resident and carer. However, they soon overcame this by using humour and residents quickly adapted to seeing staff wearing masks and visors.

Conclusions

The findings from the report offer some insight into the challenges faced by care homes during the Pandemic and illustrate how the staff delivering care rose to meet those challenges. In many cases the homes adopted new ways of working that they found beneficial, for example the introduction of Multi-disciplinary Team meetings, which seemed to give more structure to relationships between professions and homes seemed pleased with the level of communication.

New methods of keeping residents in touch with loved ones were used more widely than previously and although no substitute for face to face contact were useful in the circumstances. Some residents have really taken to communicating with loved ones via video call and hopefully this will be retained going forward as an option for residents whose loved ones are unable to visit regularly.

Although some aspects of the staff experience were negative for example the worry about the health of residents, colleagues and family and having to deal in some cases with the loss of residents in their care there were reports of some very positive outcomes. For example staff bonding and supporting one another emotionally and practically and becoming more resilient.

Staff became adaptable undertaking tasks that they would not normally undertake and in some cases this required upskilling for which training was provided, thereby empowering and developing staff.

One challenge that wasn't so easy to overcome was the lack of access to services such as Opticians, Chiropodists, Dentists and limited access to face to face GP consultations (virtual consultations did take place). All services which are particularly important to an ageing population. However this was in line with Government guidance and individual's risk assessment so was out of the hands of the homes.

To conclude then although this report is based on a small sample of the care homes in Doncaster we have seen some common themes emerging not least adaptability, support, resilience and more cohesive ways of working. All of which I imagine would be replicated through a larger sample.

Next steps

Our next steps will be:

- To look at ways that we can engage with remaining care homes until we feel it safe and practical to resume our Enter and View visits.
- Share our findings in order to facilitate learning and share good practice.