



LISTENING TO CARE HOMES DURING THE COVID 19 PANDEMIC

Main Report

June 2020

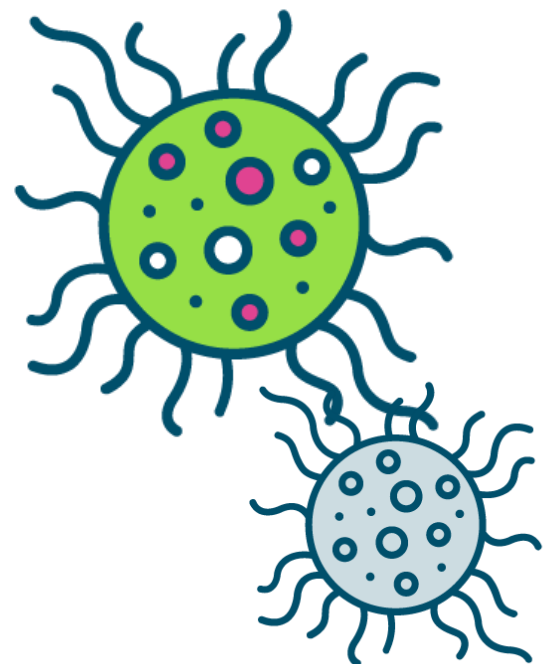


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With thanks to all care home managers who took the time to complete the survey and share their comments.

Executive summary

During May 2020, Healthwatch Oxfordshire carried out a rapid online survey of Oxfordshire's 123 care homes. Thirty-six (30%) managers responded across the county, 30% of the homes were in West Oxfordshire, 25% of the respondents in North Oxfordshire and a further 22% located in South East Oxfordshire.

By May much was reported in local and national media about the impact of Covid-19 on individual homes in the country, and we wanted to hear from Oxfordshire Care Homes about their experiences of this crisis. We reached out to hear from managers about the challenges and successes of supporting staff and residents and managing a home during the Covid-19 outbreak.

This report is for the Oxfordshire Integrated Care Partnership to assist in the learning and development of support for care homes should a second wave or a similar outbreak occur in the future.

What we heard

Staff in care homes displayed huge commitment, love, and care to protect residents despite fears for their own health and safety.

Huge support to staff and resident morale came from the wider community, families, and businesses.

Managing a care home in a pandemic

Homes that had clear infection and emergency contingency plans were better prepared for the crisis. Examples included preparing and freezing meals in case chef falls sick, stocking up on food & supplies, training, and keeping up to date on Covid-19 information.

Some homes expressed concerns about the costs incurred through Covid-19 - both in human and financial terms - to the home and how they would survive as a business in the short term.

Managing the crisis highlighted the strengths of staff management and teamwork - it also brought in new approaches to team management and implementation of working practices which will continue beyond Covid-19.

Covid-19 support to care homes

Homes received an overwhelming and rapidly changing mass of information from different sources until a more coordinated local information and support system was put in place.

Some homes felt restrictions and delays in testing of staff and residents, and in obtaining test results, inevitably led to exposure of both residents and staff to Covid-19. Also, that lives could have been saved if testing and lockdown had been brought in earlier.

When the local system coordinated responses and worked together it resulted in many of the challenges care homes faced being reduced. These included sourcing PPE, receiving information, reporting to the system, and the provision of local Covid-19 tests for staff.

Whilst support from GPs was generally very good there was inconsistent access to other services including support for non-Covid-19 medical conditions, mental health, and food supplies.

Most care homes, 23 out of 36 of those that responded (64%), reported adequate access to supplies of PPE. Those who struggled cited PPE being diverted to NHS, sourcing certain items, and costs. Some homes relied on donations and late arrival equipment provided by the local community. The support from Oxfordshire County Council was welcome and for some invaluable.

In late May (nine weeks after lockdown), whilst many challenges had been ironed out, support was in place and homes felt more in control, there were still examples of poor response to requests to Public Health England for testing of residents.

Supporting staff and residents

Homes experienced Covid-19 related staff absences and it was difficult to bring in additional capacity.

Care homes shut their doors to visitors but continued to use creative ways to ensure communication between residents and loved ones, including the use of iPads, telephones, and written communication. Proactive communication between the home and relatives was instigated, often resulting in more frequent communication than prior to the shut-down.

Social isolation in care homes varied in response to needs of residents. In some cases, e.g. with residents of dementia, restricting movement was difficult. Isolation and limiting freedom of movement was just not possible for some residents and the homes felt this had a detrimental effect on the individuals. In return, many staff responded by supporting residents to have access to the outdoors, limited but supported access to other parts of the home.

Learning lessons and listening to care home managers

Based on what we heard, Healthwatch Oxfordshire applauds the commitment and dedication these care homes showed to their residents, and their concern and support for staff.

It is important that lessons are learned by working together - health, adult social care, commissioners, care homes - to learn from this experience. To contribute to this process and building on what we have heard from care homes Healthwatch Oxfordshire suggests that the following actions would result in a better prepared and supported care home sector should a similar situation arise.

For immediate action:

1. The integrated care system to examine successes and challenges to joined up working to support care homes from the start of the Covid-19 outbreak and identify lessons and actions for future, including:
 - support given to care home residents for non Covid-19 health issues, including pain relief and end of life care support/ palliative care and access to visitors.

For future proofing:

2. Review emergency planning measures both across the system, and within care home umbrella organisations. Emergency planning should include:
 - access and pathways to all medical and non-medical support services including mental health support, dentistry, policies on food and guaranteed food supplies, blood tests, podiatry.
3. Parity of supply of, sourcing and access to testing and PPE equipment across the NHS and social care to ensure staff and residents are protected.
4. All patients should be tested before being discharged into care home settings from hospital during a pandemic outbreak, and clear, open communication and information sharing between hospitals and care homes should be a priority.
5. Identify ways to support care homes struggling due to staff illness and low staffing levels to avoid homes reaching crisis point. This could include creating a single bank of staff, redeploying resources from NHS to social care.

6. Look at ways of coordinating the provision of epidemiological and policy information, reporting and support across agencies to ensure consistency and to prevent information overload for care home management.

A selection of comments taken from responses to the survey

- *“The Care Home sector are viewed as ‘bottom of the pile’ but we are in a very difficult position and if blanket testing had been introduced early on for all, then lives could have been saved”*
- *“The challenges were lack of our own staff through shielding, self-isolating etc and having to use agency staff to make up numbers. The dedication of the few staff left to accomplish all the work has been amazing”*
- *“Having a good contingency plan ahead of a pandemic has helped, ensuring you are ready prepared for the next step. I watch the other countries and knew where we would be going and had all the steps ready and began to stock up with PPE/ training”*
- *“Managing the outbreak, the stress and anxieties of staff and battling fact from fiction (rumours on social media, fake press reports) along with the initial general lack of knowledge about the virus and lack of support in general but specifically ref PPE has been absolutely horrendous. On many days it felt that we were fighting on our own with fear for our own health and wellbeing. Although we are always very well staffed and have never resorted to agency - at one stage 50 % of our staff were off - either self-isolating (with fear and anxiety) or from being unwell. This added tremendous pressure on senior management. We feel that this terrible episode has highlighted our amazing resilience and shown our strengths and weakness in coping with a crisis”.*
- *“Lack of physical contact with loved ones in particular has had a major psychological impact on all residents (and relatives)”*

1 Background

1.1 Support to care homes during Covid-19

Yvonne Rees Chief Executive of Oxfordshire County Council outlined the support that had been put in place to Oxfordshire care homes during Covid-19 in a letter, to the Minister of Care on 29th May 2020¹.

123 care homes provide care to about 5,400 residents in the county, and Oxfordshire County Council purchases approximately one third of these beds- the remainder being privately funded.

Covid-19 support put in place has included:

- ‘Care Home Support Cell’ established on 17th April led by OCC, bringing in partners across the system including Oxfordshire Clinical Commissioning Group, NHS providers, Public Health, CQC and Oxfordshire Association of Care Providers to work together
- ‘Provider Cell’ established to coordinate contractual issues
- System working on ‘Discharge to Assess’
- Additional £1.8m funds released to care homes between April and May
- Continued support, training and mentoring from Care-home Support Service (CSS)
- Local testing facility established for staff via Oxford Health NHS Foundation Trust and for residents via national sources

The letter acknowledges that the ‘system response to care home pressures during this time has strengthened existing relationships and increased existing dialogue with care home providers throughout our system’.

Wider national guidance, information and support for care homes on Covid-19 has been provided via Public Health England, CQC and central government guidance².

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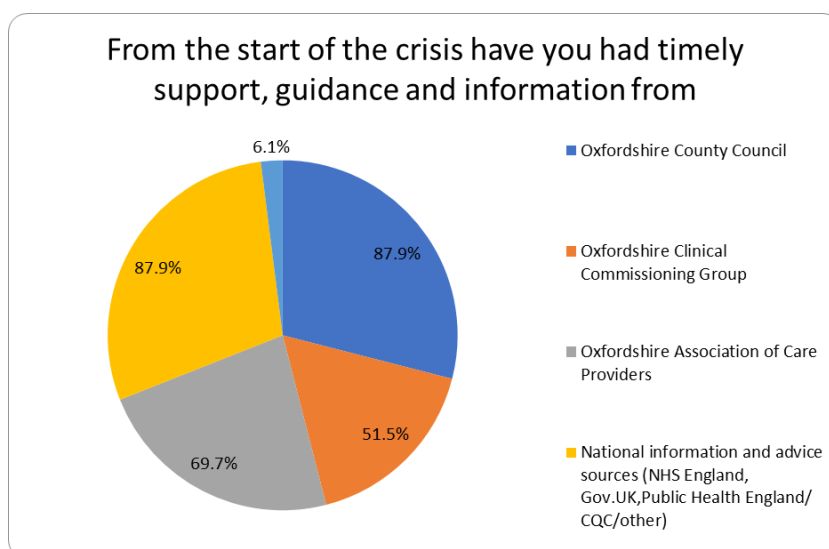
<https://www.oxfordshire.gov.uk/sites/default/files/file/coronavirus/SupportToCareHomesMay2020.pdf> and <https://www.oxfordshire.gov.uk/council/coronavirus-Covid-19/adult-social-care-providers>

² <https://www.gov.uk/government/publications/coronavirus-Covid-19-adult-social-care-action-plan>

2 What care homes told us

Section 1: Support to homes during Covid-19

2.1 Support, guidance and information to care homes



Care homes told us about the timeliness and use of support, information and guidance they had received from a variety of sources (Chart x above).

Homes had links to a variety of sources for information and support, both nationally (PHE, CQC etc) and locally through OCC and Oxfordshire Association of Care Providers-webinars and online training were seen as helpful, as was close proactive phone contact with OCC and CQC. Others noted that their umbrella organisations had been valuable as a source of support, and playing an important role of distilling information, the amount of which at times could be overwhelming. Media coverage about care homes was also seen as distressing for both staff and residents.

A number of homes commented that with information and guidance rapidly changing, there was often “*too much information all at once*”,

“At times we have been inundated with guidance, forms to complete and emails to respond to, although we understand it is important that everyone is kept up to date and we inform all necessary teams as to what is happening in the home.

“It would be more helpful and use up less of the managements time the information we need to give could just come from one source which then everyone could access this instead of the amount of emails we have to answer. This would

allow us to spend more time to support our staff and clients on the floor and not just sit at a computer”.

Some mentioned the need for more practical support to help manage the crisis

“At one stage we had 19 sick staff and 14 self-isolating and despite trying multiple agencies there were occasions when we were short. We were told that the NHS had staff on standby who were underutilised - it was very disappointing that this could not be sent in to help”.

2.2 Support from GPs

Care homes had been able to continue access GP support during Covid-19 making adaptations in the ways of communication- including use of i-pad, video and phone links. Most care homes had regular communication with their GP- such as weekly catch ups or ‘virtual visits’

Few physical GP visits were made to homes during this time- 9 of 36 homes had had GP home visits. NHS 111 service was used by 15 homes for additional information and support.

“Plenty of GP support over the phone, but for a long period, no visits. They have recently restarted. Lot of contact (mostly for staff with symptoms) with 111 including provision of out of hours visit from on call GP when we had an (emergency)”

Of 21 additional comments, 13 respondents were happy with GP support received, with some praising GPs for their care and concern for residents

“our GP has been particularly helpful and proactive throughout this period, she contacts us regularly and wants to keep a close eye on how some residents are doing”

“Our regular GP has been amazing, in supporting the home through telephone calls and virtual conversations” However,

Of homes that gave additional comments, some (3) had had poor experience of GP care. Comments highlighted a gap in support to residents with medical conditions and illness that were not related to Covid-19, including support and pain relief during end of life care.

“this is where I feel we have been let down, there have been very few visits to the home by GPs or health professionals. Residents have been unwell with other ailments not just Covid-19- in a couple of cases that has made their end of life very poor and should not have been so. We are a nursing home with skilled professionals who have been undermined and dismissed”

“...Despite several calls to the medical practice no one was prepared to visit”

2.3 Access to additional support

Care homes told us about experience of access to additional support, including hospital appointments, pharmacy, dental care, mental health and spiritual care.

Homes told us that they had adapted to the situation, some by cancelling non urgent appointments, or routine care such as podiatry, or through delaying support (e.g. Implementation of new digital MAR- Monthly Activity Returns). Some noted they could offer these 'in-house', and one had bought in additional equipment (e.g. Coaguchek) to enable this and avoid having to go in for routine hospital tests. Others used virtual means of communication for this support, with one accessing dental advice via i-pad.

Perception of impact of disruption on routine and additional services and support varied, as did views on how willing external support would be to come into a care home. One home noted "*minimal impact*" but another commented that "*Everything has been a challenge!*" and another "*no-one has wanted to come into a care home setting*"- indicating a sense of isolation.

This was highlighted in a comment from a home who had tried to access mental health support "*It has been hard to find mental health support due to services not being able to visit homes. We do allow urgent medical visits, and I believe mental health support fits this bracket*" However, one home had had successful phone support from mental health services. This perhaps points to need for clarity about who is allowed to access care homes and what support could be seen as critical- as well as the need for homes to clearly understand what alternative ways of finding support were available. The Care Home Support Service (CHSS) received praise for its support from one home as 'brilliant'.

Whilst non-urgent **hospital and outpatient appointments** were cancelled, hospitals were accessed by 11 respondent homes, for urgent or important issues, such as fitting a pace-maker, or attending Accident and Emergency. One home expressed concerns about infection risk,

"Somewhat surprised to be asked to bring a patient for an appointment into the JR when we were aware they had infections, but they were insistent"

All 34 respondents to the question commented that they had been able to access **pharmacy supplies and service**. However, some commented that this had been a challenge, two noting they had had to queue for medication for residents at local pharmacies,

"Pharmacy supplies have not been consistent and residents have gone days without essential medications as a consequence, GP is supporting with this"

"we found it challenging while we were hit by Covid-19 getting a prescription after 6pm ! I rode around oxford trying to find a late night pharmacy. could not

find one open to collect antibiotics, I then was able to get the prescription at 8.30 am the next day”

11 Homes noted various ways in which residents were able to access **spiritual care**, including churches offering online services, screening of church service on cinema, and phone support.

“Other support (mental health, spiritual and palliative care) has only been on the phone.”

Initial disruption to **Food supplies** to the homes were experienced by a quarter of the respondents (9 of 36), with 3 additionally noting ongoing disruption at the time of response. This impact required reconfigurations of supply sources, with homes noting that they had expanded or changed suppliers, and turned to sourcing fresh produce from local food suppliers. Others invested in additional infrastructure or contingency plans, such as purchasing larger freezers, and cooking meals to freeze in stock in case the chef became unwell.

There was some indication that the initial supply and demand issues experienced by supermarkets also impacted on the care homes.

“We struggled to get food supplied by Tesco, our normal supplier but made alternative arrangements with Brakes and now use a combination of both”

“Initially we noticed disruption in fresh fruit and veg supplies. This has now been resolved as the organisation has changed supplier”

“Our usual suppliers are Sainsbury and Bookers. Sainsbury's have been VERY unhelpful in that they insist on only supplying us with a maximum of 3 items. On visiting the local store the manager suggested that we take our 28 residents to the shop, or the home manager could visit on the time specified for the elderly. However, we could still only buy 3 of each item! (3 loaf's and 3 fishes are not enough when Jesus isn't one of your residents or staff!)”

2.4 Access to personal protective equipment (PPE)

Access to PPE during Covid-19 has been an ongoing issue nationally. Of 36 homes in Oxfordshire, 23 felt they had adequate access to supplies of PPE for their staff. Planning prior to the outbreak and lockdown was key.

“Our company have provided a more than adequate supply of gloves, aprons, face masks and visors. We do not have gowns, this is currently not an issue as we don't have any cases in the home, or amongst our staff”

Of 13 that said they had not, the picture was mixed, with certain items of PPE being difficult to access. Comments indicated that PPE here, was supplied late on, certain items (masks, aprons, hand sanitizer for example) were not always available, or that care homes found it hard to source PPE -with perception that

supplies were prioritised for the NHS and not social care. Huge increase in costs was noted by some.

“Management said we didn’t need it until a week ago” (14 May)

“Extremely challenging to start with, normal suppliers refused to sell to us (only NHS) or had v limited supplies - we had to resort to highly inflated prices to secure appropriate PPE”

“We ran out of hand sanitiser at the start of the pandemic - it was redirected to the NHS!”

“We had a suspected Covid-19 outbreak quite early on and we really struggled to source items around Easter. WE never ran out but it seemed that all the IIR masks in the country had been bought by the NHS”

“However, our normal supplier which we have used since the home opened faced difficulty in supply due to demand. We had got to three days of face masks and made a request to the ESF where we had to queue at x which was on a first come first served basis to collect 875 face masks to allow the care staff to be protected whilst working”

One noted that they had followed advice and support on supplies from Oxfordshire County Council (OCC).

2.5 Discharge from hospital

We asked care homes if they had received patients discharged from hospital during Covid-19 lockdown. Again, this has been an ongoing focus of national debate.

Of 36 care home responses to this question 44% (16) said they had received patients discharged from hospitals.

Care homes used a variety of strategies when this was the case; homes described bringing in 14-17 day quarantine periods for a patient on discharge, setting aside isolation areas within the home and implementing strict barrier nursing.

Most but not all patients discharged had been tested, but quarantine strategies hoped to remove possibility of cross infection (if a danger). Some homes commented that managing this was ‘not a problem’ or had given them an opportunity to tighten procedure.

“We have an isolation area on the ground floor where they must stay and be barrier nursed for 17 days before moving elsewhere. This was set up before lockdown. They were tested negative before admission. They have remained free from infection, so the impact has actually benefitted us as it reinforced the PPE requirements before we were aware we had it in the building”

“We have requested that potential move ins are tested before we accept, and we only accept once they have tested negative. Once a resident has arrived in the home, we self-isolate them for 14 days”

However, some homes expressed concerns for safety of their residents, and were obviously not happy to receive people from hospital discharge, with unclear communication and uncertain they could trust information given.

“I have no intention of putting this home at risk, we have been COVID-19 free and I don't trust hospital discharge”

“Oxford County Council trying to force care homes to take in positive residents who could be positive - this could be a death sentence to the home! I was put under pressure but stood my ground! It was all about saving money”

2.6 Accessing Covid-19 tests

We asked homes to tell us about Covid-19 testing for both staff and residents. Of 35 homes who responded, 26 (74%) had had tests for staff and 33 (94%) for residents. One home had not had any testing to date (end May 2020).

However, in 24 comments received, most described delays and challenges in accessing and obtaining test kits and results, late implementation, case by case and not blanket testing. Administration and communication from the various testing bodies also appeared inconsistent. Six homes were still waiting for kits to arrive, and some had been waiting more than two weeks, still not in receipt of tests by 29th May.

“Accessing testing for residents has been difficult. At one stage I spend 2.5hrs on the phone going between PHE and 111 to arrange testing for 3 residents. Another resident became symptomatic yesterday. My request for testing has been IGNORED. Fortunately, I am due to receive kits for mass testing today”

A number of homes commented that blanket testing in homes early on, could in their view have helped contain the spread of infection,

“reduced the spread by blanket testing of all residents - which has been very beneficial as some residents who were positive were asymptomatic, we were then able to go into complete isolation as much as possible. PHE refused testing for the home when the first residents and staff were confirmed positive. This has resulted in 18 staff positive and 15 residents to date - could this have been reduced if blanket testing had been introduced from day one?”

Staff tests for some were straightforward using on-line booking, although some found it harder,

“staff testing has not been as easy, logged on to the CQC portal but they were giving appointments in London for staff to be tested. Results have been very slow for some staff who have attended test sights locally, more than 7 days”

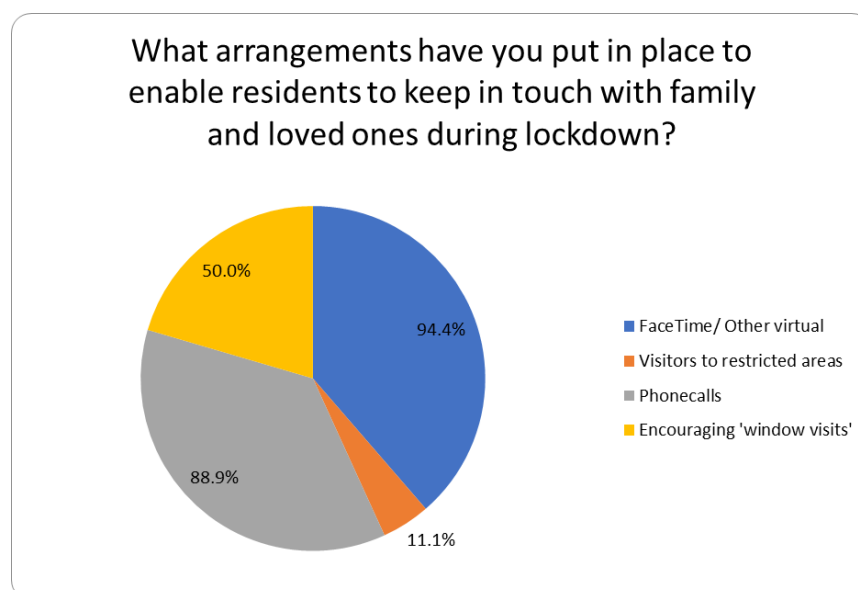
“As we had Covid-19 confirmed at Easter with 3 patients testing positive, we had early access to Staff testing at the Churchill. As it was restricted to a 48 - 96 hour window after symptoms we could not get all staff tested, but about half of those who went off sick have been (12 positive and 2 negative). Earlier availability and a longer window of opportunity would have helped. After we had 3 positive tests on residents, we were unable to get more until recently when 20 swabs were sent out. 6 more were positives. We have now requested more tests as we have been told that we can get all out residents and staff tested - however, we are still waiting”

“I think the government were very slow in supporting the care sector and we felt we were isolated. Better testing is needed for the care sector and the keyworkers, it has come but it was done too late”

3 Managing Covid-19 within the home

Managing lockdown, infection control and Covid-19 outbreaks in the home brought unprecedented challenges for staff, residents and families alike. We asked care homes to tell us about how they had adapted to this. Homes had used creative means and worked hard to make life for residents as comfortable and acceptable as possible.

3.1 Ensuring residents could stay connected to friends and family



(36 responses)

Use of technology for communication with friends and family had come to the fore- with homes supporting residents to making use of i-pads, facetime, phones and other digital platforms such as ‘interactive me’.

“Telephone & virtual has been very positive in lifting the spirits up. In addition, we have encouraged friends and relatives to send cards, emails with photos which we pass on”

However, some residents and families, found communication via virtual means, and ‘window visits’ could be distressing or confusing.

“window visits have been challenging as residents do not understand why they can’t be with their family”

Homes used other means of enabling families and friends to stay in touch, with regular newsletters, photographs and updates. Families were obviously anxious at this time.

“On the whole, residents have coped extremely well....I think the relatives are probably finding it more difficult”

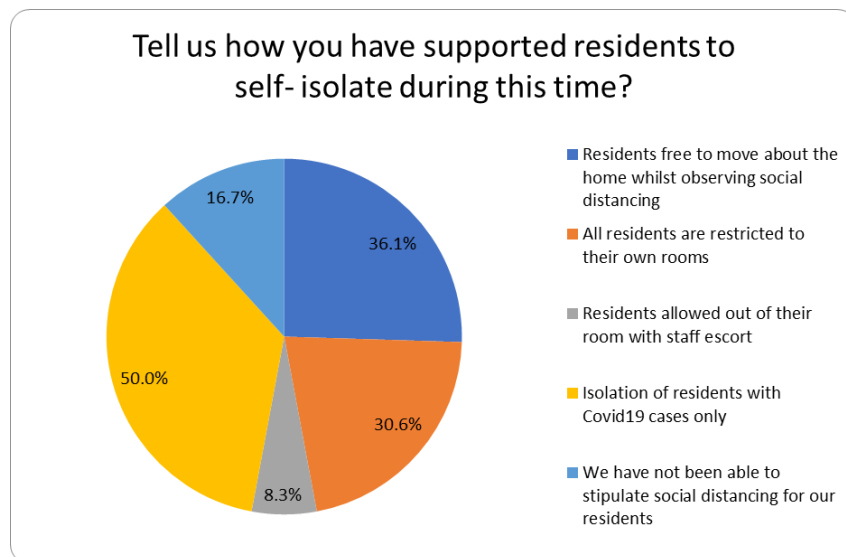
3.2 Supporting residents at the end of life

Inevitably end of life care for residents continued to be needed- from both natural causes and Covid-19. Whilst this was only noted twice, the different experiences do indicate that support for end of life during an outbreak such as Covid-19 perhaps needs some clearer guidance.

“We have facilitated two families to be together with during end of life care - two partners of residents lived in the home during the shutdown and were able to be together until the death. Both families have expressed how grateful they were to be able to do this. We have facilitated spiritual support for end of life residents”

One home told us about a distressing window visit for family members as their loved one passed away (non Covid-19 related).

3.3 Maintaining social isolation



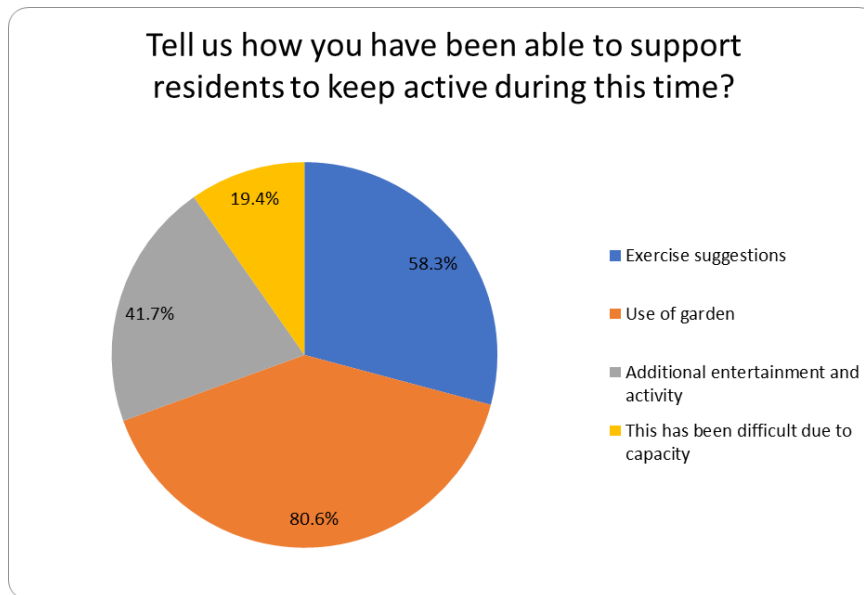
(36 responses)

Experiences of implementing social isolation measures varied. Homes had used varied methods to create safe spaces, isolate residents, make use of gardens and so on.

Of 12 additional comments, the challenges of social isolation for residents with dementia came to the fore.

“It is very difficult to isolate residents living with dementia who do not understand the need to stay in rooms”

3.4 Keeping Active



(36 responses)

Again, homes described how they had worked hard and with creativity to try and keep residents active- both mentally and physically- although this was obviously challenging, especially once residents were confined to their rooms, outside entertainment cancelled, and staff were working to capacity. Gardens came to the fore, as did quizzes, 1:1 and themed activities.

“Several residents have walked round the garden and others have been taken in wheelchairs so at least they have fresh air- it has been difficult to involve all residents in exercise”

“We have a beautiful garden which allows social distancing. We have introduced clock golf, gardening activities, we have a tortoise with attitude that residents care for and take outside, we have continued to use the hair salon albeit without a hairdresser, turned that into more of an experience, used the daily sparkle in small groups”

3.5 Impact of managing Covid-19 on staff and residents

Homes told us about some of the impacts of social isolation and managing Covid-19 on both residents and staff. Mental health of some residents was an ongoing concern, with some noting residents were withdrawn or low in spirits.

“Lack of physical contact with loved ones in particular has had a major psychological impact on all residents (and relatives)”

Likewise, staff had to manage stress of their role.

“Managing the outbreak, the stress and anxieties of staff and battling fact from fiction (rumours on social media, fake press reports) along with the initial general lack of knowledge about the virus and lack of support in general but specifically ref PPE has been absolutely horrendous. On many days it felt that we were

fighting on our own with fear for our own health and wellbeing. Although we are always very well staffed and have never resorted to agency - at one stage 50 % of our staff were off - either self-isolating (with fear and anxiety) or from being unwell. This added tremendous pressure on senior management. We feel that this terrible episode has highlighted our amazing resilience and shown our strengths and weakness in coping with a crisis”.

3.6 Practical management of Covid-19 in the home

The care homes told us about the routines and practices they had used to ensure management of Covid-19 risk or outbreaks in the home. Homes followed already established procedures, government guidance (28 respondents), and included strict barrier nursing (25 respondents), and establishment of dedicated areas within the home where possible (8 respondents).

In addition, homes told us about other practices in use, including staff training, PPE use, regular monitoring of resident and staff temperatures, blanket testing, and regular sanitizing and cleaning. In addition, some implemented physical division within the home, keeping floors restricted, and allocating staff to floors.

“Again, because we are skilled professional nurses we implemented barrier nursing immediately. We are all aware of correct use of PPE, it is included in our annual Infection Control training after all we manage other infections within our setting throughout the year”.

3.7 Lessons learned, good practice and positive events

Homes told us about what lessons they had learned through managing the crisis- including examples of good practice and positive stories.

- ✓ **Many told us about the huge contribution, care and commitment showed by their amazing staff teams**

“This has brought the team closer together and the compliments from relatives on good effective communication on a daily basis about their loved ones has made us realise that we are a good provider...”

“During this time we have seen a significant decrease in staff turnover and morale is high. We have noted more interdepartmental working, with teams supporting others”

- ✓ **Valued support and care from families, the wider community and local businesses.** We heard stories about how this was really important in helping both staff and residents feel less isolated, and in touch with and part of the ‘outside world’

“The local community have been very supportive, wanting to help, providing visors, bags for staff to carry uniforms home in, (that could go straight in the

washing machine) and scrubs. Staff have been well provided for, from a weekly meal provided by a local chef, cakes and biscuits from local bakers and pizza from Domino's".

We have had people come to the home offering help, in any way they can. The local church has provided us with information about online services that we can access for our residents

- ✓ **Being well prepared** and having clear **contingency plans** helped some homes. This included having adequate and early PPE, and decision to lock down early,

"Having a good contingency plan ahead of a pandemic has helped, ensuring you are ready prepared for the next step. I watch the other countries and knew where we would be going and had all the steps ready and began to stock up with PPE/ training"

"We were prepared and it paid dividends"

"We had a disaster & business continuity plan which we had updated with all our heads of departments in early March - this looked at "worst case scenarios" for each department and how / what was needed to mitigate possible issues. This plan was shared with all staff. This was extremely valuable and established a foundation which allowed for daily changes and adaptations"

4 A care home story

Experience of one care home

Managing Covid-19:

We have always been a strong team and the team has got even closer and stronger and supporting each other, even the bonds between our external professionals / GP/ Nurses/ paramedics support has been good.

We allocate the same staff to each floor, we isolated residents to floors arranging dining/ activity areas on each floor adhering to the social distancing, residents going out for walks/ sit in the sun at set time with carers to the garden area allocated to each floor.

Having a good contingency plan ahead of a pandemic has helped, ensuring you are ready prepared for the next step. I watched the other countries and knew where we would be going and had all the steps ready and began to stock up with PPE/ training. Ensuring all staff are confident in knowing how to undertake daily duties safely, and supporting them through the pandemic, monitoring & supporting

physical and mental health of everyone. preparing and keeping everyone up to date with changes that will be coming up.

Was a tough time for all at the home we lost x [number of] Residents - Covid-19 ? we will never know as they we couldn't get them tested, but any illness we would barrier nurse just in case. The three residents that were tested and confirmed Covid-19 cases are doing very well are back to good health. I believe the x [number] that died did have Covid-19, the symptoms were very different, hence any illness with anyone we take the necessary steps. X [number of] of residents didn't want to go to hospital, one resident did go to hospital and didn't make it home.

Keeping residents active and in touch:

This has worked well, we kept up with all in house activities , activity bags distributed weekly, exercise classes via zoom, families and friends booking in for zoom calls (we purchased i-pads so Residents can speak in private in their rooms with family and friends, weekly /daily) telephone calls exchange between residents on different floors, zoom calls for residents from GP, social distancing dining on each floor / dining in each part of garden designated to that floor, zoom art classes. entertainment singing by the staff, parties celebrated on each floor.

Ensuring the mental health of each individual and how we can assist them as they are all struggling in different ways, we also send out weekly questionnaires to all residents ensuring they are happy with all areas of the home and if they feel we need to do more or if they have any suggestions. Residents encouraged for daily walks around the home at a suitable time for all (social distancing). Armchair exercises taken in their room if they prefer. Zoom exercise class with our regular yoga/keep fit lady. Set walks in the garden abiding by social distancing. We have been supported very well by x health centre and our District Nurses have been outstanding.

Pharmacy:

We found it challenging while we were hit by Covid-19 getting a prescription after 6pm! I rode around trying to find a late-night pharmacy - could not find one open to collect antibiotics, I then was able to get the prescription at 8.30 am the next day.

Food:

All deliveries have arrived. We had purchased an extra-large freezer, our chefs prepared and cooked meals and froze them in case of sickness in the kitchen or deliveries that may not arrive. So we are still very prepared for any complications should they arise.

PPE:

From the day Covid-19 was announced we began to place our orders. We have ensured we have stock arriving each week and keeping our levels to a good level. We haven't been able to use our normal suppliers as they don't have the stock in place (apparently their order was seized at customs and given to the NHS (spearhead). We have had to shop online with Amazon and e-bay and a few other companies to ensure of weekly deliveries. Prices have soared!

We also added to our PPE an extra precaution by using long disposable gauntlets to cover all the arm for all staff for personal care/ housekeeping when barrier nursing Covid-19 or suspected cases.

Managing infection:

We keep all residents to their floors to contain an outbreak so isolation of that floor only, also keeping the same staff to the same floors to lessen the movement of the virus within the home. we have also implemented extra housekeeping hours to ensure all hard surfaces are clean 3 times a day. allocated toilets to their own rooms. Communal toilets for staff are cleaned and wiped down after every use. stair banisters/ lift are cleaned down after each when Residents are on walks to the garden areas before the next residents from another floor goes out.

Covid-19 Testing:

Staff-going off to testing center, a lot better now no need to track to Twickenham.

Residents - was able to test 3 Residents in March with PHE, would not test any other residents once they had testing positive. We were just to presume other will have it ???

5 Survey responses

5.1 Learning from care homes experiences - Q15 & Q16 on the survey

Q15. Please tell us of examples of good practice or positive events and learning- for you, your staff, residents and your wider community- that has come out of this challenging situation.

The current pandemic has brought staff closer with team work helping each other out with covering shifts to ensure service runs well. Lots of great appreciation from relatives for all the work that we are doing. A scrap book will be made up of

all the lovely comments and kept as a memory of what we have all gone through in the care sector

We locked down early, at least two weeks before most other Homes as we only have 9 residents, I felt it necessary and all family and friends have been very understanding and FaceTime their family regularly

It has been a very testing time, but the most beneficial for us was the introduction early of PPE use, it has not stopped the spread but it has protected staff.

Support from the local community has been incredible and bought us altogether in these difficult times

Communication and support for the staff has been a challenge as all the teams working separately with no group meeting, but we have overcome these challenges and morale remains positive and teams all focussed on keeping the residents happy and in touch with their families and friends

Care home support services have been very helpful as have the GP practice. The local community have been very supportive, wanting to help, providing visors, bags for staff to carry uniforms home in, (that could go straight in the washing machine) and scrubs. Staff have been well provided for, from a weekly meal provided by a local chef, cakes and biscuits from local bakers and pizza from Domino's.

We have had people come to the home offering help, in any way they can. The local church has provided us with information about online services that we can access for our residents

Weekly bulletins to staff, residents and families

HM / Clinical lead availability in place so there is someone 24/7 to answer any questions

Still held daily flash meeting

Heads of department meeting with HM weekly

Group emails to staff sending information, also reinforcing good practice around PPE

Support online, links sent to all staff who have been encouraged to join support groups

Infection control audits weekly

Good practice would be indicated by a lack of new symptomatic residents or staff over the past 2.5 weeks. It has been positive that the wider community have come to realise what an important, dedicated and challenging job that social care sector staff provide (we have had pizzas delivered by Dominos' and cakes from the Voco Oxford Times Hotel for our staff). Good practice in infection Control has been reinforced and will be a lesson for any future infections. Huge response from staff in hours, living in and changed roles.

We have always been a strong team at XXX and the team has got even closer and stronger and supporting each other, even the bonds between our external professionals GP/ Nurses/ paramedics support has been good.

WE have learnt that however stringent you are it still manages to get in.

Our relatives have appreciated regular updates by email

Positive events have been donations of PPE from residents' families, local schools etc to help the home. We have also had food donations for staff which has been well received and many good wishes and phone calls enquiring how we are coping.

"Use of technologies.

I myself am extremely vulnerable and shielding- use of technologies has helped me continue to lead my team- I hold x2 regular daily meetings where we look at risks, focus for the day and this enables me to direct support. I speak to residents via zoom.

Residents have embraced use of technologies and we have all learned from the experience.

I ensure that staff receive little treats, awards etc to keep morale up.

During this time we have seen a significant decrease in staff turnover and morale is high. We have noted more interdepartmental working, with teams supporting others.

I send an email update to relatives minimum fortnightly, and through this we have received lots of messages of thanks which have also been shared with the team."

Much more community support - well deserved acknowledgment of the role of the care sector

"use of technology, meaningful activities involving all staff and all residents, people thinking more outside of the box, to ease the withdrawal from families and other relatives we all smile much more these days

Community spirit is coming together we receiving letters, post cards from village residents for our residents, some people offered to do shopping for us,"

"Free donations of Easter Eggs for clients and staff Easter weekend.

Donations very kindly received of scrubs and visors which have been made.

We also received snack bags containing treats for the care staff.

Staff have all carried out closer monitoring of our clients and ensuring senior staff have been informed of any health concerns however small."

"We had a disaster & business continuity plan which we had updated with all our heads of departments in early March - this looked at ""worst case scenarios"" for

each department and how / what was needed to mitigate possible issues. This plan was shared with all staff. This was extremely valuable and established a foundation which allowed for daily changes and adaptations.

The pandemic has highlighted the importance of good communication within the home, amongst the teams, the residents and relatives. It helped build greater community spirit within the home and support from the relatives. "

Infection control was even more stringent than it usually is, washing hands at work and at home all of the time has become the absolute norm for us. Staff have clearly been doing what they should and following guidance.

This has brought the team closer together and the compliments from relatives on good effective communication on a daily basis about their loved ones has made us realise that we are a good provider.

Q16. Is there anything else you would like to tell us about your experience of managing during Covid19 and any lessons for the future for the system as a whole?

I think the government were very slow in supporting the care sector and we felt we were isolated. Better testing is needed for the care sector and the keyworkers, it has come but it was done too late

Reduce the emails which need constantly responding to.

The best form of defence is good infection control procedures and appropriate PPE as well as correct donning and doffing of PPE

The Care Home sector are viewed as 'bottom of the pile' but we are in a very difficult position and if blanket testing had been introduced early on for all then lives could have been saved. Stricter guidance on hospital discharge, ensuring tests are carried out on everyone before discharge. This would help staff in the care home who are having to deal with the outcome. Stop hospitals from discharging people knowing they are positive or not testing - we are dealing with a silent assassin and we have witnessed this first-hand. Ensure care homes are maintained with an adequate supply of PPE.

One of the hardest things for us has been the ongoing reports on TV about care home deaths, I know people want to know but for our residents having to listen to this, it can be very frightening and for relatives at home, this can be very difficult to hear.

"It's a challenge but if communication is strong throughout this makes it easier to deliver more challenging messages when needed.

Team working essential

Use light-hearted strategies to relieve pressure on staff

Utilise those hidden talents of some staff i.e. singing, dancing, barber!!"

We have a management team of 4 and for various reasons I was the only one who has worked through the crisis. It has certainly made us think about 'what ifs' and develop our Business Continuity plans.

Having a good contingency plan ahead of a pandemic has helped, ensuring you are ready prepared for the next step. I watched the other countries and knew where we would be going and had all the steps ready and began to stock up with PPE/ training. Ensuring all staff are confident in knowing how to undertake daily duties safely, and supporting them through the pandemic, monitoring and supporting physical and mental health of everyone. Preparing & keeping everyone up to date with changes that will be coming up. Was a tough time for all at x we lost 6 residents - covid? We will never know as they we couldn't get them tested, but any illness we would barrier nurse just in case. The three residents that were tested and confirmed covid19 cases are doing very well are back to good health. I believe the 6 that died did have covid, the symptoms were very different, hence any illness with anyone we take the necessary steps. 5 of residents didn't want to go to hospital, one resident did go to hospital and didn't make it home.

"We were prepared and it paid dividends

We will have PPE stocked in the future

WE have haemorrhaged money, have not replaced residents and have increased staffing so Covid pos- residents get a one to one and the other residents have great care and so money has been a massive worry and continues to be. Many small care homes such as ourselves could easily go under."

Stop pressuring care homes to take positive residents!

The elderly residents have been affected by the virus in many different ways than the public at large and their symptoms have presented differently. We feel that the virus has remained dormant longer in the elderly than in the wider population as we went into lockdown straight away and yet still had three cases of the virus and no staff member has been ill. Lockdown measures should probably have been introduced much sooner.

"All my staff have followed all our guidance in managing to prevent a COVID outbreak up to now.

The main lesson we have all learnt is the importance and continuation of cleaning frequently touched areas in the home.

Using PPE, when, why and how.

Managing the outbreak, the stress and anxieties of staff and battling fact from fiction (rumours on social media, fake press reports) along with the initial general lack of knowledge about the virus and lack of support in general but specifically ref PPE has been absolutely horrendous. On many days it felt that we were fighting on our own with fear for our own health and wellbeing. Although we are always

very well staffed and have never resorted to agency - at one stage 50 % of our staff were off - either self-isolating (with fear and anxiety) or from being unwell. This added tremendous pressure on senior management. We feel that this terrible episode has highlighted our amazing resilience and shown our strengths and weakness in coping with a crisis.

5.2 What arrangements have you put in place to enable residents to keep in touch with family and loved ones during lockdown? (Q4)

(FaceTime/ Other virtual; Visitors to restricted areas; Phone calls; Encouraging 'window visits') - Tell us more about your successes and challenges with this

Residents with limited hearing struggle, some don't recognise the people on the screen, the calls make some residents more distressed, some families are very demanding and constant with the phone calls

Face time works well as we have set it up for just 2 days a week and allocated 10 minute slots for an hour in the morning and an hour in the afternoons.

Face time / Whatsapp have been very successful.

Just trialling window visits this week and so far successful

On the whole, residents have coped extremely well. We are having extra staff in at times so that the residents are kept busy with activities and that helps. I think the relatives are probably finding it more difficult.

We are not encouraging window visits as after doing a couple they proved distressing. We are fortunate to have some downstairs rooms with doors that lead outside so we have been able to utilise those if there has been an emergency visit required.

As we have a Covid-19 outbreak we have isolated residents to their rooms. They all have their own phones, but not all are able to use them unassisted. As we have been trying to be economic with our use of PPE we sometimes arrange calls for when staff are in attendance. We have allowed, but not encouraged, some window visits. We now have on order Google devices to enable all residents to have virtual contact which should be here within the week. Otherwise we have been providing laptops for Skype calls. WE have wifi throughout the building.

Window visits our residents don't understand

Window visits have been challenging as residents do not understand why they can't be with their family.

We have been successful with Face time calls but the hardest challenge was when one resident was dying (non Covid related) and her family had to be outside the window of her room all day which was very upsetting.

We have found with some residents facetime / skype etc has caused confusion, usually for those with a dementia. We have used photos, letters and facebook posts to good effect. If we post a photo of a resident on facebook we usually get a comment from family member(s) which we then read out to the resident. We have also sent cards to relatives from residents and created video messages. relatives have done the same back.

Telephone & virtual has been very positive in lifting the spirits up. In addition we have encourage friends and relatives to send cards, emails with photos which we pass on. Lack of physical contact with loved ones in particular has had a major psychological impact on all residents (and relatives)

We have also had garden visits or fence visits for those residents who will automatically go up to someone. These have been very successful in the nice weather.

Just starting 01.06.2020 separate outdoor space visits.

5.3 Tell us how you have supported residents to self-isolate during this time?

It is very difficult to isolate residents living with dementia who do not understand the need to stay in rooms

Although there are residents who cannot cope with staying in their room and do walk the units

Some of our residents can meet the challenge of social distancing but the majority cannot.

We have used all three. We are lucky because we have plenty of space and because we do not cater for people with Dementia our residents in the main totally understand what's going on.

Once we had Covid-19 confirmed we have isolated all residents. We built up to this process starting in early March with social distancing, then no group activities, then restricted movements.

We allocate the same staff to each floor, we isolated residents to floors arranging dinning/ activity areas on each floor adhering to the social distancing, residents going out for walks/ sit in the sun at set time with carers to the garden area allocated to each floor.

dementia care home. we are trying to socially distance

People living with dementia do not understand social distancing

We are currently planning a 'safe visiting' area(s) for relatives to meet with the residents in line with Gov. guidance

We have separated dining areas and have done what we can but residents living with Dementia are not going to sit still and we found them dragging chairs around in the lounges so they could sit near others so we are just trying to do what we can.

5.4 Tell us more about your successes and challenges of implementing this (social distancing)

It has been near enough impossible to keep our residents with dementia in their rooms, causing them to be far more agitated and aggressive towards staff- it has also increased their levels of distress and made them more challenging residents to care for, other residents not living with dementia have noticed a huge drop in their mood and would like a chat or just some company every now and again but being as we are all already stretched by trying to monitor everyone and keep them all in their rooms we don't have an awful lot of time for a chat unless we are in their providing personal care in the mornings or evenings

Advanced dementia residents with independent mobility do not understand the need for isolation at times, or social distancing. This is often a challenge to keep all residents safe. However, we have managed this very well so far!

"The home carers for Residential Dementia Clients, the majority of our clients are not able to understand the risks of COVID19 therefore it is not possible to restrict them to their rooms, the homes communal areas are open plan allowing clients to move around freely.

The home does an action plan in place in the event we would need to isolate clients with Corona symptoms."

"We have facilitated two families to be together with during end of life care - two wives of residents lived in the home during the shutdown and were able to be together until the death. Both families have expressed how grateful they were to be able to do this.

We have facilitated spiritual support for end of life residents.

We have enabled face to face (via windows) for birthday celebrations "

"Staff are all masked up and wearing PPE, all residents remain on their units but not necessarily in their rooms

We have not had any residents with confirmed COVID but have had a few with mild symptoms whom we have barrier carers in isolation "

I believe self-isolating is more detrimental to our residents health, than not. We have residents who have dementia and mental health problems, isolating these

residents is not possible, all we can do is reduce the risk, by staff taking precautions

We have a hospitality service that delivers trays to residents in their rooms for breakfast, lunch and high tea. This frees up care staff to look after those in isolation.

Isolation has mainly been successful, but we have had some mental trauma effects with a couple of our residents and we have needed to give them extra support. We have also had some considerable grief from families requesting Physiotherapy at a time that our physiotherapists will not carry out contact work. Challenges included communication, particularly with families, but members of staff have been involved in phoning our residents for a chat as well.

This has worked well, we kept up with all in house activities , activity bags distributed weekly, exercise classes via zoom, families and friends booking in for zoom calls (we purchased iPads so Residents can speak in private in their rooms with family and friends, weekly /daily) telephone calls exchange between residents on different floors, zoom calls for residents from GP, social distancing dining on each floor / dining in each part of garden designated to that floor. zoom art classes. entertainment singing by the staff, parties celebrated on each floor. Ensuring the mental health of each individual and how we can assist them as they are all struggling in different ways, we also send out weekly questionnaires to all residents ensuring they are happy with all areas of the home and if they feel we need to do more or if they have any suggestions.

"Our residents like strict routines i.e. sitting in same seat etc so this has been extremely challenging.

We are trying to use every other seat and spread our residents over 4 communal areas."

We have lots of areas which can be closed off with fire doors to help restrict movement as none of our residents retain or understand what is going on.

"Compartmentalising units and closing doors.

Testing all residents has given an insight into the Silent Assassin as a number of residents tested positive with no symptoms."

When we had cases of Covid-19 in the home, residents were restricted to their rooms but now we are currently clear, residents have been able to come down and socially distance from each other and also go out in the grounds for walks also socially distancing.

"We have sectioned off areas of the home, and lifestyles teams support activities within these cohorted areas.

Access to garden is completed on a rota type basis.

We have greater utilised balconies and first floor outdoor areas.

We have moved furniture around to create a wider spread of seating areas.

We found it challenging when isolating residents with dementia, so we allocated staff to give additional support with this."

Unable to be 100% due to dementia and the well-being of some residents

"The majority of our clients have advanced Dementia, most like to walk all day.

Clients would not understand they should remain in their rooms if needed.

Trying to keep them at safe distance is not possible. The homes communal areas (3 lounges/dining room) are all open plan."

We are blessed with v large wheelchair accessible grounds and gardens and we can practice social distancing measures easily. We have also been able to accommodate social distancing in our dining room area - we have ordered protective screens to place on tables which will allow us to increase the number of residents attending meal service.

Our residents understood the new rules and agreed with it, staff also took the matter seriously, as a result we didn't have anybody with symptoms.

Residents living with Dementia cannot be kept in one place so this is difficult, dining is easy as splitting the dining areas around the house has been successful, it's also easy in the garden as there is plenty of room. But they are not in prison so we are just distancing where and when we can.

It has been very difficult for residents to understand the importance of social distancing, especially those with Dementia. Most have been quite successful cases and learning a new way of living.

Difficult at time for residents living with dementia.

5.5 Tell us more about your successes and challenges of keeping residents active

Lounge activities as normal such as Bingo but our normal monthly entertainers have been stopped until safe to resume

Daily 1:1 sessions for all residents who are isolated

lots of 1-1 activities, quiz and art packages delivered daily, music therapy and gardening

As we are not allowing entertainers into the home we are booking extra staff, they are then assisting our activities co-ordinator or spending 1:1 time with residents in their rooms

We have a beautiful garden which allows social distancing. We have introduced clock golf, gardening activities, we have a tortoise with attitude that residents care for and take outside, we have continued to use the hair salon albeit without a

hairdresser, turned that into more of an experience, used the daily sparkle in small groups

Our physios have been giving residents exercise over the phone.

Residents encouraged for daily walks around the home at a suitable time for all (social distancing). Armchair exercises taken in their room if they prefer. zoom exercise class with our regular yoga/keep fit lady. set walks in the garden abiding by social distancing

Very challenging. We are doing spa days, meetings, sing songs etc

We will use the garden for a few residents at a time ensuring we keep to the social distancing measures. We have continued with smaller group activities again ensuring safe distancing.

Several residents have walked round the garden and others have been taken in wheelchairs so at least they have fresh air. it has been difficult to involve all residents in exercise.

As we are unable to have external entertainers we have utilised the skills and talents of staff- e.g. hairdressing, singing, dancing, craft activities. This is supplementary to the input from our lifestyles team

Corridor activities did not work - more time spent explaining why in place rather than the activity

We have encouraged a number of exercise themed activities (small social distance groups) including treasure hunts around the grounds, a sports day, seated exercises. We also have v wide corridors to allow safe indoor walks as needed.

Periods of isolation have really hindered this. Much better now

5.6 How have you been able to access GP support?

Tell us more about how this support has been

Our GP has been particularly helpful and proactive throughout this period, she contacts us regularly and wants to keep a close eye on how some residents are doing

Our regular GP's have been amazing in supporting the home through telephone calls and virtual consultations.

We continue to have weekly virtual consultations with our GP, any other time when needed we do telephone calls.

Due to not requiring GP services we have avoided the need of home visits and been communicating with DN's via email and phone

GP very supportive and pleased with the way the home has managed the outbreak

"We have a weekly review (on the phone) with a GP and using a secure system the GP can speak to residents, as well as staff.

If we have any concerns about our residents we ring the GP practice during their working hours and we get a call from the duty DR, on the same day. GP response has not changed, other than it is a phone call rather than an actual visit. Although GP visits have all but stopped, they have sent in other services, when required."

It's been really good, our GPs at xxx have been supportive and helpful.

Plenty of GP support over the phone, but for a long period, no visits. They have recently restarted. Lot of contact (mostly for staff with symptoms) with 111 including provision of out of hours visit from on call GP when we had a resuscitation case.

We have been supported very well by xxx health center and xxx GP, our district Nurses (xxx) have been outstanding

Weekly phone call with GP, use of photos and FaceTime

This support has been extremely poor for residents who were medically ill and not linked to covid-19 The care home were informed to treat as covid and follow guidelines if they did not improve. One GP comment's during a video call "I don't know how you want me to be able to tell you what is wrong with X from this video call. Sadly, this particular individual went on to be have a major stroke and passed away. Despite several calls to the medical practice no one was prepared to visit. Another resident facing the end of her life and needing to be assessed for anticipatory medication to manage her pain and discomfort was also denied a visit simply by informing the daughter they had other patients that included children and they did not want to become infected with Covid.

We have made phone calls when needed and when absolutely necessary, the GP has visited.

The support from our visiting GP has been exemplary, she has also liaised with us regarding new innovations and guidance.

Very unsupported - reflective meeting with the practice arranged

"No concerns GP continues to carry out weekly reviews.

GP always calls back if needed."

The support has been excellent.

This is where I feel we have been let down, there have been very few visits to the home by GP's or health professionals. Residents have still been unwell with other ailments not just Covid 19, in a couple of cases this has made their end of life very poor and should not have been so. We are a nursing home with skilled professionals who have been undermined and dismissed.

5.7 Have you been able to access the following for your residents?

(Pharmacy, dentistry, spiritual care, mental health support, hospital appointments, other)

Other (please specify):

Many of the resident's appointments have been cancelled but were it has been deemed urgent then the appointment has gone ahead.

Urgent hospital appointments only i.e. pacemaker fitted, one sent to A and E due to seizures after consultation with GP

CHSS-brilliant

The local vicar has been calling, families have been calling, we have had facetime GP surgery.

5.8 Tell us more about this and any challenges you have faced (in accessing other support for residents Q8.7)

It has been hard to find mental health support due to services not being able to visit homes. We do allow urgent medical visits, and I believe mental health support fits this bracket.

Minimal impact of obtaining services

Pharmacy supplies have not been consistent and residents have gone days without essential medications as a consequence, GP is supporting with this

"We have actually cancelled appointments to podiatry, as we can provide that service within the home, for the current needs of our residents.

Dental and optical services have been stopped at this time, as has our regular church service "

Residents and families have in the main been very understanding and tolerant. We have had advice from dentist via I pad. No problems with any pharmacy orders

"Pharmacy has been okay although implementation of our new digital MAR has been delayed. Had to queue a few times down the street. Other support (mental health, spiritual and palliative care) has only been on the phone.

Somewhat surprised to be asked to bring a patient for an appointment into the JR when we were aware they had infections, but they were insistent."

We found it challenging while we were hit by covid getting a prescription after 6pm! i rode around oxford trying to find a late night pharmacy. could not find one open to collect antibiotics, I then was able to get the prescription at 8.30 am the next day

We have bought a coaguheck for residents on warfarin to reduce DN visits to take blood

Oxford County Council trying to force care homes to take in positive residents who could be positive - this could be a death sentence to the home! I was put under pressure but stood my ground! It was all about saving money

We have been able to access our usual pharmacy supplies and services but nothing else. All hospital appointments have been postponed by the hospital, likewise any dental services.

"We have not required a dentist visit, we have not had access to routine dental checks.

We have not been able to access 1 to 1 spiritual care, however no residents have requested this. The local church has been running virtual services and we have been showing these in our cinema."

"All external visits have been postponed unless the GP feels a client requires urgent attention.

Phone call consultations have been done with success from Mental Health."

Everything has been a challenge!

No one has wanted to come into the Care Home setting.

5.9 Have you experienced any disruptions to food supplies? (Q9)

(Yes- at first, Yes ongoing, No)

Answer Tell us more about this, and how you have managed

Food supplies have not been disrupted, but we have had to edit delivery days. This did not impact on our service though. Occasionally, items have been out of stock.

Yes- at first. We struggled to get food supplied by Tesco, our normal supplier but made alternative arrangements with Brakes and now use a combination of both

No impact

Yes ongoing. Largely use local suppliers so have been okay, but have had to use other suppliers and could not always get what we would normally have purchased.

No all deliveries have arrived. we had purchased an extra large freezer, our chefs prepared and cooked meals and froze them in case of sickness in the kitchen or deliveries that may not arrive. So we are still very prepared for any complications should they arise.

Yes- at first Initially with difficulty. All good now

Yes- at first This was mainly to dry goods however we did not run was just unable to order our normal weekly delivery.

Yes- at first Initially we noticed disruption in fresh fruit and veg supplies. This has now been resolved as the organisation has changed supplier.

No "Supplies continue to deliver our food supplies as normal.

There have been occasional out of stock items but nothing that effects our menus."

Yes- at first

Yes- at first At first we couldn't get lots of things we needed but our head office team and suppliers worked very hard to combat that, we bought in bulk and changed the menus to suit what we could get.

Yes- at first Was unmanageable to start but soon eased.

5.10 Have you been able to source all the correct PPE for all staff to carry out their work?

Q10. Tell us how you have been managing if you are short on PPE and any challenges you have faced in sourcing

At first we weren't permitted to use particular items of PPE

We ran out of hand sanitiser at the start of the pandemic - it was redirected to the NHS! We do now have plentiful supplies. Working for a large company I am fortunate to have a procurement team working on my behalf sourcing PPE.

Yes We have had to approach different suppliers due to the demand and pay over the top for PPE

Main suppliers are unable to provide masks / antibacterial wipes "We have not been short but have been creative in obtaining supplies from alternative suppliers. The way companies have increased prices is appalling and has serious impact on the budget."

Our company have provided a more than adequate supply of gloves, aprons, face masks and visors. We do not have gowns, this is currently not an issue as we don't have any cases in the home, or amongst our staff. No issues at this time

We have used advice given from OCC, have sourced what we need, also had a couple of mask orders arranged by OCC. We had visors but we had some donated which was helpful. We have masks, aprons, gloves, arm coverings and shoe coverings.

We had a suspected Covid outbreak quite early on and we really struggled to source items around Easter. WE never ran out but it seemed that all the IIR masks in the country had been bought by the NHS. We have had to seek high and low to

get gloves, aprons and masks at different times. IIR masks have only recently become available on the market as opposed to being issued through the various escalation routes involving the NHS supply chain. They have never supplied enough for our needs. We have had to use surgical masks where, if they were more available, we would have encouraged the use of IIR or FP2 masks for the safety of staff and residents if they had been more easily obtained.

Yes "From the day Covid19 was announced we began to place our orders. We have ensured we have stock arriving each week, and keeping our levels to a good level. We haven't been able to use our normal suppliers as they don't have the stock in place (apparently their order was seized at customs and given to the NHS (spearhead). We have had to shop online with amazon and eBay and a few other companies to ensure of weekly deliveries. Prices have soared! We also added to our PPE an extra precaution by using long disposable gauntlets to cover all the arm for all staff for personal care/ housekeeping when barrier nursing covid19 or suspected cases. "

Initially really difficult. We ran out of gowns and so people made them for us However our normal supplier which we have used since the home opened faced difficulty in supply due to demand. We had got to three days of face masks and made a request to the ESF where we had to queue at Moorland House in Witney which was on a first come first served basis to collect 875 face masks to allow the care staff to be protected whilst working. All of the main large suppliers are finding it difficult in sourcing PPE. We have run short however we have never ran out or not had any PPE to date. Our CEO has been our voice and is not frightened to challenge or make voice be heard opening up the struggle that care homes were facing in the early days of this Outbreak where care homes had been clearly forgotten.

It has been difficult and we have had to restrict it, now we are ok. -

Yes Suppliers not having basic supplies like masks, gloves, aprons and red laminate bags!

Yes

Masks, gloves, alcohol gel, antibacterial wipes, sanitiser spray. We have had to go on E-bay and Amazon and have sourced veterinary supplies. We have received donations of antibacterial gel from residents families, face shields have been made for us by a local school and scrubs are currently being made by other residents friends.

Yes "The organisation has set up adequate supply chains.

Internally our head housekeeper completes a weekly stocktake and alerts management if supplies are running low.

We then contact leads within the organisation who escalate requests if suppliers have delivery / availability issues.

Local voluntary organisations have kindly provided us with additional face shields (visors)"

Yes By restricting use only to resident care

Extremely challenging to start with, normal suppliers refused to sell to us (only NHS) or had v limited supplies - we had to resort to highly inflated prices to secure appropriate PPE

face masks we had to buy expensive face masks as the local authority didn't provide any

Yes We have been paying over and above the costs for PPE to ensure staff are safe. We have had to approach different suppliers that we don't usually use due to the high demand. At the peak of the virus, we did have to rely on help from the local Authority to help with PPE due to back log of orders and delivery times

5.11 Have you been receiving patients discharged from hospital during lockdown?

Answer If yes, please tell us about the impact this has had on your home

Yes And resident returning from hospital has been isolated for 14 days

Yes We will only accept residents who are Covid 19 free or have tested positive and are beyond the 14 day isolation period. it would be very difficult to isolate someone with behaviour that challenges, who would not understand the need to stay in a room, this would result further spread of the disease

Yes Two residents admitted from hospital and both tested negative prior to admission and then isolated as an extra precaution for 14 days

Yes We have requested that potential move ins are tested before we accept and we only accept once they have tested negative. Once a resident has arrived in the home, we self isolate them for 14 days

Yes We had 1. he was covid positive. He was asymptomatic, was isolated for 14 days, self caring, no problem

Yes We have an isolation area on the ground floor where they must stay and be barrier nursed for 17 days before moving elsewhere. This was set up before lockdown. They were tested negative before admission. They have remained free from infection, so the impact has actually benefitted us as it reinforced the PPE requirements before we were aware we had it in the building.

Yes We insist on having results of Covid19 test and admit 14 days post test!

Yes We took one patient early on in the lockdown process, we isolated this resident for 14 days without difficulty.

At this time pre discharge covid tests were not being carried out- the admission did cause anxiety within the staff team.

Yes Only once testing prior to discharge was in place - we then quarantined for 14 days

No I have no intention of putting this home at risk, we have been COVID free and I don't trust hospital discharge.

5.12 How have you managed to implement control of Covid19 cases in the home?

Q12.4. Tell us more about the successes and challenges you have faced managing this

"Staff have completed Covid19 training. Staff temperatures done when coming on shift, all staff carry out hand washing procedure on arrival. Full PPE is put on during hand over so staff are not moving around the home with out any. Random practices carried out at hand over on Donning and Doffing. All clients temperatures done morning and afternoon.

Action plan in place in event of Covid19."

All staff have been disciplined in how they manage themselves outside of work and thankfully we have had no cases so far.

Reduced the spread by blanket testing of all residents - which has been very beneficial as some residents who were positive were asymptomatic, we were then able to go into complete isolation as much as possible.

But not been utilised as no confirmed cases

We have not had any cases in the home. We are lucky enough to have a good level of all staff, most who are either local or travel by car, I think this has helped us to reduce the impact of the virus within the home

We have not as yet had any deaths. We have tested people who have shown symptoms, isolated at the first sign of symptoms before the test results came back. Changed the housekeeping duties to include 6 times a day sanitising of door handles and high risk areas. People who use the dining room are minimal and all sit at a table by themselves. We removed tablecloths, minimal ornaments etc etc so that all surfaces can be easily sanitised.

Family resistance to visiting restrictions (lots of time on phone calls and emails). Multiple changes on government guidelines lead to some confusion at times as well as a lot of time spent communicating these to staff, residents and families.

Yes we keep all residents to their floors to contain an outbreak so isolation of that floor only, also keeping the same staff to the same floors to lesson the movement of the virus within the home. we have also implemented extra housekeeping hours to ensure all hard surfaces are clean 3 times a day. allocated toilets to their own rooms. Communal toilets for staff are cleaned and wiped down after every use. stair banisters/ lift are cleaned down after each when Residents are on walks to the garden areas before the next residents from another floor goes out.

The success we had was when the Covid-19 cases no longer showed signs of the virus. The challenges were lack of our own staff through shielding, self-isolating etc and having to use agency staff to make up numbers. The dedication of the few staff left to accomplish all the work has been amazing.

"We have an unopened suite within the home where we cohort symptomatic residents.

This has proved very successful."

We have not had any cases as yet

We have established a dedicated floor (6 beds) going forward.

we had no cases

No COVID in the home thus far.

We have been carrying out cohort nursing to contain virus. This has helped significantly that we have only had dedicated staff working on specific corridors.

Again because we are skilled professional nurses we implemented barrier nursing immediately. We are all aware of correct use of PPE, it is included in our annual Infection Control training after all we manage other infections within our setting throughout the year.

5.13 Have you had access to testing for Covid19?

Tell us more about how accessing tests has been and where improvements could be made?

Accessing testing for residents has been difficult. At one stage I spend 2.5hrs on the phone going between PHE and 111 to arrange testing for 3 residents. Another resident became symptomatic yesterday. My request for testing has been IGNORED. Fortunately, I am due to receive kits for mass testing today.

We are still chasing for testing kits for some residents. Since it had changed from CQC pillar 2 testing to the new care home portal we have been struggling to obtain the testing kits. We ordered 11.05.2020 and are still awaiting kits. It's a good job we have no symptomatic residents

Delivery of tests are due today.

This has only been available in the last week and was very slow to be available. Very disappointed in how this has been rolled out and the delay.

Reduced the spread by blanket testing of all residents - which has been very beneficial as some residents who were positive were asymptomatic, we were then able to go into complete isolation as much as possible. PHE refused testing for the home when the first residents and staff were confirmed positive. This has resulted in 18 staff positive and 15 residents to date - could this have been reduced if blanket testing had been introduced from day one?

Staff testing has not been as easy, logged on to the CQC portal but they were giving appointments in London for staff to be tested. Results have been very slow for some staff who have attended test sights locally, more than 7 days

Now waiting for delivery of tests to the home, but these were ordered 5 days ago and still not confirmed date for delivery

We have PHE England attend test all residents this week, waiting for the results

Prior to this we had test kits delivered for 10 residents 2 weeks ago but to date no results received

We were sent tests to the home for 10 residents, as part of a trial for CQC. They did not arrive on the day we were told they would arrive and we had to contact the courier company, as that was the contact info on the E mail. A supply then arrived 2 days later. Staff booked their tests online, no issues.

We will begin testing all residents next week when PHE tell us they have enough kits and can arrange the courier pick up. So far we have only tested symptomatic residents, high temp and cough. Staff have been arranging their own tests via the websites

As we had Covid confirmed at Easter with 3 patients testing positive, we had early access to Staff testing at the Churchill. As it was restricted to a 48 - 96 hour window after symptoms we could not get all staff tested, but about half of those who went off sick have been (12 positive and 2 negative). Earlier availability and a longer window of opportunity would have helped. After we had 3 positive tests on residents, we were unable to get more until recently when 20 swabs were sent out. 6 more were positives. We have now requested more tests as we have been told that we can get all out residents and staff tested - however, we are still waiting.

Staff yes going off to testing center, a lot better now no need to track to Twickenham. Residents - was able to test 3 Residents in march with PHE , would not test any other residents once they had testing positive. we were just to presume other will have it ??? Took five weeks to get home testing kit for Residents arrived 12th /5/2020.

We had a batch of swabs delivered on the 9th May for all staff and residents and were informed this would be a weekly process moving forward. Having completed round one of swabs we have since been informed it was only a one of test. This should and needs to be a weekly test as it demonstrated we had asymptomatic residents and staff with no signs or symptoms of Covid and having a positive result. One resident had been swabbed the previous week had a negative result however 7 days later this was shown to be positive. Testing is the only way in which we will really truly get a hold of what is happening not only in our care homes but across the Country.

Testing should have been done when first case was use tidied

PHE refused us testing for residents!

We had to wait 7 days for someone to come and do the tests and then there was a delay in results. We obtained 10 self tests to be used on the residents which we used and collected late but have never had the results. We've had to go through a private source for weekly testing.

I am currently awaiting supply of 150 home test kits to test all non symptomatic staff and residents, this was ordered approx. 10 days ago.

We have had the team come out to test symptomatic residents in majority of cases.

Staff have visited test centres.

Full in-home testing arranged by organisation recently.

Initially when in outbreak PHE would not agree to testing despite our frequent requests - this would have been invaluable to protect our residents and give staff confidence.

However, still awaiting delivery

Testing went very smoothly, collections were done as arranged and most of the results came back within a day.

I do think where a test comes back `void` then an explanation should be detailed for example damaged test tube. As we repeated the 2 we had and then they came back negative but we don't know why the first one was void.

We have access if needed

We found accessing them easy through the portal. Many residents will not allow us to carry out the test on them though but all staff have been done and are clear at the moment.

We have had a real issue with obtaining testing kits. We had no issue when CQC pillar 2 testing took over responsibility of test for asymptomatic residents, but then it changed over to the Corona Virus calling centre which was an absolute waste of time. We were being past from pillar to post given emails that didn't

exist to chase up kits. They were unable to trace kits, unable to try and reorder due to CQC location number already used. Absolute waste of time!!!

I managed to have PHE staff in early on who tested 3 residents. I was then able to obtain 10 kits for residents via CQC but the 92 kits ordered for residents and staff on 12.05.2020 still have not arrived. I have received emails tell me there is a high request, but they will follow. Will They.

5.14 From the start of the crisis have you had timely support, guidance, and information

Tell us what was helpful about this support, where any gaps have been and what could have been better?

CQC "At times we have been inundated with guidance, forms to complete and emails to respond to, although we understand it is important that everyone is kept up to date and we inform all necessary teams as to what is happening in the home.

It would be more helpful and use up less of the management's time the information we need to give could just come from one source which then every one could access this instead of the amount of emails we have to answer. This would allow us to spend more time to support our staff and clients on the floor and not just sit at a computer."

PPE application and isolation procedures have been very useful

We have had online training for COVID 19, regular updates about PPE provisions and support and policies and guidance

Our company has kept us up to date, both from within the company policies but also up to date from PHE, CQC and government guidance. I think it helps to have this support, we need to make sure we are receiving up to date information, in this ever-changing situation.

Plus our internal organisational information process PHE have been very helpful. we have had appropriate support and guidance. It has been available when we have needed to ask for it.

At the beginning we had loads of information from government and PHE. The others took a while to catch up but then we received regular updates. Also received information from OCA (Oxfordshire Carehomes Association) and useful stuff from Care England. "It was all useful, but sometimes government and PHE guidance would change and not all staff seemed to have read their own guidance properly. Nuances might be missed causing staff uncertainty.

At one stage we had 19 sick staff and 14 self-isolating and despite trying multiple agencies there were occasions when we were short. We were told that the NHS had staff on standby who were underutilised - it was very disappointing that this could not be sent in to help."

CQC and public health

Oxfordshire County Council and CQC have both been very proactive and informative and the care home receives daily telephone calls to ensure it has enough staff, food, medicines and checking on the well being of the staff.

OUR company Total isolation of the home.

Gaps concerning the Sustainability fund which we filled information in for and then were told this is no longer available.

CQC, RCN "Webinar was helpful. I signed up to gov UK updates which has helped me stay ahead. Our organisation also sends a daily covid update- shares policy and guidance changes."

"Mainly own organisation with regular updates and policies and protocols

Care homes should have been prioritised at the beginning"

"Support has been delivered to us regularly. It can be very time consuming when we are sent forms and questionnaires frequently, this can take up time which I feel should be better spent ensuring our clients and staff stay well and supporting staff.

At present all recent tests are negative which is important to everyone to hopefully remain negative, which means management need to spend time on the floor monitoring staff to keep the home free from COVID19. At times there has certainly been an over-load of information which we are expected to work through."

We were one of the first homes in Oxfordshire to have an outbreak (in March) and we found the guidance rapidly changing which was v frustrating and we felt there was little support from the above.

We have received information but that's about it

Too much information all at once, every email was about COVID.

The weekly support call from Oxfordshire County Council contracts team has been very valuable

Appendix: Questionnaire.

Managing Covid19- Learning from care and residential homes in Oxfordshire

Healthwatch Oxfordshire would like to hear from care and residential homes in Oxfordshire about your experience of managing the Covid19 outbreak. We know that you are at the front line of this. We want you to tell us in confidence about the issues you are facing, what is working well and what **local support** is like for you- we want to hear about the lessons that can be learned from you. We will directly inform the local health and care system about what we hear from you with the aim to help quickly highlight where changes are needed and lessons to be learnt. Online link: <https://www.smartsurvey.co.uk/s/carehomescovid19/>
Healthwatch Oxfordshire is independent - we work to ensure that the voice of people who use health and care services is heard by the system as a whole, with the aim of bringing learning and change where needed.

1. Your consent. This survey is anonymous and confidential. However, Healthwatch Oxfordshire do make use of direct comments within reports, website and other materials in order to inform health and care services about what we hear. Any identifiable information will be removed.

- Yes, I am happy for my direct comments to be used in this way
- No, I do not want my direct comments to be used in this way

2. Name of Care Home (optional)

3. Which area of Oxfordshire are you in?

- Oxford City
- West Oxfordshire
- South East Oxfordshire
- North East Oxfordshire
- South West Oxfordshire

North Oxfordshire

4. What arrangements have you put in place to enable residents to keep in touch with family and loved ones during lockdown?

FaceTime/ Other virtual

Visitors to restricted areas

Phonecalls

Encouraging 'window visits'

Tell us more about your successes and challenges with this

5. Tell us how you have supported residents to self- isolate during this time?

Residents free to move about the home whilst observing social distancing

All residents are restricted to their own rooms

Residents allowed out of their room with staff escort

Isolation of residents with Covid19 cases only

We have not been able to stipulate social distancing for our residents

Other (please specify):

Tell us more about your successes and challenges of implementing this

6. Tell us how you have been able to support residents to keep active during this time?

Exercise suggestions

- Use of garden
- Additional entertainment and activity
- This has been difficult due to capacity
- Tell us more about your successes and challenges of keeping residents active

7. How have you been able to access GP support?

- Daily communication with GP
- Phonecalls when needed
- Ipad/ virtual consultations with patients
- Home visits
- NHS 111
- Tell us more about how this support has been

8. Have you been able to access the following for your residents

- Pharmacy supplies and service
- Dental service
- Spiritual care
- Mental health support
- Hospital appointments
- Other (please specify):

Tell us more about this and any challenges you have faced

9. Have you experienced any disruptions to food supplies?

- Yes- at first
- Yes ongoing
- No

Tell us more about this, and how you have managed

10. Have you been able to source all the correct PPE for all staff to carry out their work?

- Yes
- No
- If no, tell us what has been difficult to source

Tell us how you have been managing if you are short on PPE and any challenges you have faced in sourcing

11. Have you been receiving patients discharged from hospital during lockdown?

- Yes
- No

If yes, please tell us about the impact this has had on your home

12. How have you managed to implement control of Covid19 cases in the home?

- Implemented strict barrier nursing
- Followed government advice on managing Covid19 in the home
- Established a dedicated section of the home to Covid19 cases

Tell us more about the successes and challenges you have faced managing this

13. Have you had access to testing for Covid19?

- Yes for staff members
- Yes for residents
- Not for staff members
- Not for residents
- None to date

Tell us more about how accessing tests has been and where improvements could be made

14. From the start of the crisis have you had timely support, guidance and information from

- Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Oxfordshire Association of Care Providers
- National information and advice sources (NHS England, Gov.UK, Public Health England/ CQC/other)
- British Geriatrics Society
- Other (please specify):

Tell us what was helpful about this support, where any gaps have been and what could have been better

15. Please tell us of examples of good practice or positive events and learning- for you, your staff, residents and your wider community- that has come out of this challenging situation.

16. Is there anything else you would like to tell us about your experience of managing during Covid19 and any lessons for the future for the system as a whole?

Acknowledgements

Thank you to all managers of care homes that contributed to the survey- and to all their staff for selfless support of residents during this time. Thanks also to Oxfordshire County Council and Oxfordshire Association of Care Providers for publicising the survey.

"Behind every statistic is a human loss, the tragic passing of a much-loved mother, father, brother, sister, aunt, uncle or friend. We must never forget that."

Mike Padgham, Chairman of the Independent Care Group (ICG)

This report is available to read online at
<https://healthwatchoxfordshire.co.uk/our-reports/>

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