healthwatch Coventry

Covid-19 - experiences and learning in Coventry Care homes

September 2020

Introduction

For this piece of work we made contact with the 35 residential care homes in Coventry to ask managers to take part in a short phone interview about the impact of the Covid-19 situation, support and things that were learnt. This report is the result of these interviews.

Healthwatch Coventry has the role of representing the interests of patients and the public in NHS services by gathering views and feedback and taking this to those who run and plan services.

In response to the Covid-19 pandemic we changed our approaches to ensure we complied with Government guidance whilst still seeking opportunities to find out what was happening in local services from a patient/service user point of view.

What we found

Level of response

25 of the 35 residential care homes in Coventry spoke to us a response rate of 71%. Contact was made between 6 July 2020 and 7 August 2020.

Delivering care

	Yes	No
Have you changed the way you deliver services during the pandemic?	23	2
Have the restrictions due to Covid-19 impacted on residents?	24	1
Has there been an impact on staff?	24	1

We asked if and how the delivery of care had changed as a result of the pandemic. Managers spoke about the introduction and use of personal protective equipment (PPE) social distancing, increased cleaning, and additional training for staff in infection control and putting in place other infection control measures.

One care home described creating 'bubbles' of residents.

- We took advice from Public Health England and we split our residents into six bubbles initially, now we have three. They each have their own area for meals and residents keep in their bubble.

Others described changes to staffing such as no longer using agency staff, or using the same staff members from agencies, or existing staff working extra hours and in some cases taking on different roles. One home said that a lot of staff left reducing staffing by half and that the remaining staff had to cover, including taking on other roles.

One home said it has chosen to not fill resident vacancies.

- Basically working well means isolating at this time. We have not needed or used agency staff, which we felt was important to minimize risk and has therefore kept COVID out of the home.
- It was very difficult to deliver care in the beginning as staff were on sick leave, how do you deliver care without staff? We have had no incidents of COVID.
- There have been 4 confirmed cases of COVID in the home and unfortunately 1 passed away. COVID positive residents are isolated in their room for 14 days. We had a couple of admissions into the home from the community as their private carers would not visit them.

Impact for staff

Managers described the emotional journey and impact and over the period of the outbreak. For most there were challenges of having less staff due to staff who were 'shielding' or off sick or self isolating for periods of time.

Several flagged mental wellbeing and measures that had been put in place to help support staff.

- It's been an emotional journey, a sad period
- Quite emotional. There are concerns for the mental health and wellbeing of staff. The provider has support mechanisms in place - counselling service and a helpline, as well as a wellbeing centre
- At first it was a nightmare. Everyone was frightened - you can't blame anyone for feeling this. With the correct use of PPE and time, this feeling has settled down now, the impact has lessened, so has anxiety
- We have supported each other. We are using a welfare form to check on staff wellbeing, asking how they feel
- It's been like opening up an emotional box, like losing someone and going through the grieving process (like being in shock and not sharing it). 6 months down the line, something will trigger their thoughts and open up the box. It's like at the moment, we are scared to release the box.
- Staff were very upset in the beginning, working more hours and helping out. They were very worried themselves - we are human beings too. We just worked day to day.
- We have put on pampering days and tea and chat to support residents and staff. Our company provide counselling/psychological support.
- Staff are tired, which impacts on their life out of work

- We have asked them [staff] to sign a disclaimer to say that apart from essential shopping, they come to work and then go home.

Impact on and support for residents

One of the most significant changes for care homes residents was not having face to face visits from loved ones or from entertainers, hairdressers and others going into the home.

Managers highlighted the impact of this and nine said this had a negative impact on the mood and mental wellbeing of residents.

The appetites of some residents had also been lowered, for some this was because loved ones helped to encourage residents to eat.

- Not seeing loved one's has taken its toll, it has impacted on their motivation and dietary intake. Relatives were an extra support to staff supporting. residents with their dietary intake. Nothing tastes nicer than a mother sitting eating a cake that their daughter has brought in.
- They feel lonely and their mood is low.
- Dementia residents do not fully understand what is happening and they can get more distressed.
- They had no visitors so it was boring for them. It has had a huge impact on their mental health, they are anxious and worried about their relatives and if their relatives have got the bug.
- Has increased their mental health needs which has put more pressure on staff.

Two said that the use of PPE by staff made communication with residents more difficult as they could not see staff faces.

One home described practical measures put in place:

- We have had a new sink, industrial washing machines and driers installed and we have reconfigured the laundry and domestic areas to reduce contamination. We have introduced the use of disposable cutlery.

Visiting

Most managers had put in place alternatives to normal visits by loved ones and the care homes were evolving these when we spoke to them as the guidance had been changed. Alternatives ranged from phone calls, video calls, window visits to other types of visits in the garden or other area. Alternatives were more difficult and sometimes less effective for residents living with dementia.

Examples from managers are:

- We allow garden and window visits, garden visits take more time, staff and planning. We have to make sure that the area and grounds are secure.
- One resident is allowed one visitor per week. We do not allow the hairdresser to visit. The chiropodist has just started visiting again
- We supported residents through video calls, however, Public Health England stopped this as we had an outbreak of COVID. We have allowed window visits and garden visits strictly adhering to social distancing and temperatures.
- When we went into lockdown, we stopped visitors. We have outside visits now but they are still not enough.
- We started with no visitors at the beginning of the outbreak and moved onto window visits, doorway visits and now visitors can meet residents outside at a social distance (2.5 meters). Residents who are unable to understand social distancing are not able to have visitors outside,
- Recently visits to the front door at a social distance wearing face masks have been allowed.
- Residents had window visits in the early stages and have now moved onto arranged patio visits with social distancing and wearing masks. Visitor's temperatures are checked prior to entering.

Six managers spoke about activities for residents to try and fill the gap left by visitors and outside entertainers etc;

- Residents were flat and low so we increased our activities.
- Visiting providers of activities has stopped, but we have increased in house activities.
- We made sure that we increased the levels of activities for residents.
- We have continued with activities so residents are kept busy and we have bought a tablet for them to play games on too.
- Staff carry out activities to keep residents' spirits up.
- We have increased one to one activity with residents, for example, if they want tea and a chat we will sit with them.

Communication with relatives was also adapted, for example:

- Prior to COVID, we never had a Facebook page, but felt it important to set one up (with written consent from all involved) straight away as residents see family ALL the time. We have 1 point of contact for each resident with whom we discuss health issues of residents and we keep in contact by phone and email. Families can ring us anytime.
- Relatives have been kept up to date and informed which makes them confident.
- We have set up a relative/resident gateway through which emails/letters and photos can be exchanged to ensure residents keep in contact with their relatives and friends.

One manager reflected on the challenges when residents died:

- Residents who have been end of life care could not have their loved ones visit them to say their goodbyes which impacted the resident and their loved ones. We could not call priests in at the end. It seems like everything we promised to do, we didn't/couldn't do. Phone calls (to loved ones) doesn't cut it. We have had relatives collect their loved ones belongings from the car park

Health needs

Three managers raised other aspects of residents health needs

- I went to the GP to discuss management of residents, vitamins D and C are said to help, so this was prescribed for residents
- At the beginning of the outbreak, residents were kept away from the hospital and the hospital services, this is more relaxed now, if they need to go, its encouraged so they get any treatment they may need.

Support from other organisations to care homes

We asked if and how care homes had been supported by other organisations: both NHS organisations/services and the local council. The responses showed that a lot of local support had been provided and that care home managers welcomed this and found the input of other agencies helpful. There was specific praise for individuals from the Council and Clinical Commissioning Group (CCG) who had provided link roles and support.

Organisation	Yes	No
Have you been supported by the council?	25	0
Have you been supported by the hospital?	16	9
Have you been supported by Coventry and Rugby CCG? e.g. additional staff training and support?	24	1
Have you been supported by Coventry and Warwickshire Partnership Trust (CWPT) services e.g. district nursing?	25	0

The training provided by the CCG around infection control and use of PPE was welcomed and found to be very helpful.

- Their support has been good, especially the infection control team and the lead nurse.
- The CCG have been very supportive. They have provided PPE and Infection control training. They are only a phone call away and they keep in regular contact with regular updates.
- We have received emails to say they are there if we need them and to up-date us on COVID as well as the usual services they provide.

Two managers commented that there had been regular calls from the CCG but that they found these somewhat repetitive. One of these felt they had been supported more by the City Council.

21 care home managers made positive comments about the support they had received from Coventry City Council. A further 2 described the contact and help they had received. Examples of comments are:

- They have been 100% supportive, the commissioning officer has worked with our provider and been a great help regarding funding, PPE, resources and staff training.
- They reacted very quickly. We were not left for days upon end trying to figure things out and know what to do, how to go about it. I feel that they had a robust plan in place. They reached out to us, there is always someone to go to by email and phone.
- Can't fault them at all, they are amazing. They were there right at the beginning offering support.
- I emailed them as we were running low on PPE - the equipment was here the next day.
- We have been well supported by CCC and Warwickshire too. They give us daily updates and literature from the Government right from the start, hard to keep up with it at times. XX has been fantastic - a listening ear, counsellor, legislation translator. X has been great she asks if we have understood what has been communicated to us and makes us aware of funding that is available (without the need for us to ask).

Two gave more mixed feedback

- Public Health Coventry were difficult to contact, it was difficult to get through to them. There was no one person in charge, or that person changed often so there was no continuity.
- We don't use Public Health Coventry, we go to Public Health England and have the same named contact, who understands.
- The CCC have been supportive, but the CCG have been more supportive.

Almost all managers commented the district nurses employed by Coventry and Warwickshire Partnership Trust had maintained face to face care to support residents. Many described how this had been made safe through extra infection prevention measures. Tissue viability nurses, physiotherapists and mental health teams had also maintained face to face services.

- Tile Hill District Nurses Hub have been fantastic, they have come out when needed and they have given us reassurance.
- District nurses and physios have continued as normal - wearing PPE. Learning disability team have made weekly calls, what's app calls and emails.

One manager said district nurses no longer visited and another that they mainly did remote consultations. It was unclear why these two care homes had different experiences from the rest.

GP services

We did not include a specific question about GP services but received a lot of feedback under other questions and this feedback was the most mixed of any about external organisations.

Much of the input from GPs had been carried out remotely and there were differing views about the effectiveness of this and some comments that other health professionals were continuing face to face care but GPs were not.

Positive feedback:

- Forest Medical Centre has been outstanding, we received regular weekly visits and they have continued (in PPE, in a safe area in the home).
- The GP has been brilliant.
- Our practice nurse has been a consistent support for our residents. The GP has carried out virtual visits and visited the home a couple of times recently
- The GP has carried out a weekly virtual ward round and is accessible even on their day off.

Issues highlighted

- The GP has come in for one face to face since lockdown, they do a virtual ward round and video calls and we can ring them anytime. Residents miss the face to face.
- The GP has not crossed the threshold of the home since the pandemic started. If we have expressed concerns about a resident to the GP they have used the services of a First Responder who has come out and who have been excellent and ensured that residents have received the medical input that they have needed. The First Responder has been better than the GP, they come out the same day and usually within 2 hours. We have used the night GP service and this is usually carried out the same via a First Responder
- We had a resident who was struggling to breath and passed away (they were COVID positive). The out of hours GP refused to come out. It was an awful experience, the paramedics came out. The out of hours GP wanted to certify the death via video link.
- We have had less GP visits which are usually every Tuesday. We do video calling and send photos for example of a rash (with consent). This can be challenging as Wi-Fi is not available throughout the home.
- GP consultations are via video calls which is difficult, we are not listened to and is not responsive. It is not patient centred.

Hospital discharge and assessment of resident's care needs

	Yes	No
Have any or your residents experienced the rapid discharge process recently introduced at the hospital?	3	21
Are you involved in supporting people through discharge to assess* or reablement pathway? *	11	14
Have any of your residents had recent assessments or reassessments of their care needs (social care or continuing Healthcare)?	21	4

**Where people who no longer need to receive clinical care as an hospital inpatient, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting e.g. residential care home or 'Housing with Care.'*

Hospital discharge

We asked about support from the hospital, hospital discharge and the assessment of residents ongoing care needs. This is in the context of significant changes to the hospital discharge process which were brought in nationally in response to the Covid-19 outbreak. NHS England put in place a rapid hospital discharge process aimed at making room in hospitals to deal with Covid-19 patients. Now the aim is to assess the ongoing care needs of residents once they have left hospital.

The changes also saw a shift to 7 day working between 8am to 8pm meaning discharge could take place on any day of the week.

The approach to establishing if patients are Covid-19 positive before discharge has also changed since the start of the outbreak in responses to changes to national guidance. Locally specific beds were commissioned in 3 care homes to take patients who were Covid-19 positive.

Communication

There had been mixed experiences of communication from and with the hospital related to the discharge of patients to care homes:

- Communication with the hospital has not been great. A resident was discharged with a positive COVID test and the management team at the home felt pressurised into taking the resident back without a lot of information. The hospital said that the resident was medically fit and able to return… not enough information regarding managing the resident was passed on from the hospital. When asked about the status of the residents COVID test, the nurse had to check to see if they were positive or negative, they did not have the information ready to convey which was worrying.

- I know the hospital are under pressure and have limited funding and resources, but we are always chasing the information we need relating to the resident on discharge.
- At the beginning of the outbreak, we felt "pushed" to take people in. They came in without any real assessment and lack of information. Residents came to us from hospital without COVID testing completed at the beginning. We stand firm now and make sure we have the information we need. We were given a named clinical lead in May.
- They did not inform us that a resident discharged to us was COVID positive
- We have received residents back from hospital and they have not sent a discharge summary. One resident was required to discontinue a certain medication, we did not receive the discharge summary and if we had not chased this up, the resident could have been endangered.
- Can't fault UHCW, they communicated well. We send our residents in using the Red Bag Scheme, which contains night clothes, toiletries, their meds and care needs and a Respect form if they have one. Although they had the information, we still got phone calls asking for the information which we sent with the Red Bag. UHCW gave us good discharge information and resident's COVID status was included.
- They communicate with us by phone and they advise us of the status of residents COVID results so that we are aware and place them into isolation.
- A resident went into hospital and was discharged back into the home COVID positive. We were prepared to take them back in. We were unable to go into the hospital to carry out an assessment on the resident as we normally would. It became apparent that the resident was not actually medically fit for discharge and they ended up being re-admitted.

Rapid discharge

There were the following reflections related to the speed of discharge:

- A resident had to go into hospital. The speed of discharge was very quick, but we had all the information etc that we needed prior to their discharge, ready to receive the resident back and place them into isolation.
- The hospital has not issued discharge letters accurately, this impacts on someone's care… Now, if there is no discharge letter we do not accept a resident from them. This has impact on everyone, the service, resident, their family, staff and the care we provide. Incorrect discharge results in residents going back into hospital (which has happened) and is distressing to them and their loved ones. It sets our service up to fail. Families really need to visit and look at the service we deliver and the environment to see if it's what they and their loved one wants.
- Residents accepted within 24 hours, providing they are COVID free. Seems to have worked well for the residents, families and carers. The CCG input has been good, they ensure everything is in place for us to safely take residents in.

- Our residents have dementia and if they have to go to the emergency department, the ED wants to send them straight back, they have not been responsive to the residents care/health needs, they just want them out of the hospital
- One resident was discharged in the early hours of the morning - not dignified

Assessment of individual's care needs

How assessment of care needs were carried out by the local council social care department was changed to a more virtual approach meaning wherever possible assessment, support planning, enablement, review and safeguarding activity was undertaken remotely. Assessments for eligibility NHS Continuing Health Care funding were also paused until the 1 August.

Ten managers indicted that the remote processes used for assessments worked 'ok', four indicated it was working well and three highlighted concerns:

1. One manager raised time pressures arising from virtual assessments, concluding that they take longer. They commented that Deprivation of Liberty Safeguard (DoLs) assessments are not planned at a time most convenient for the care home. Another manager said "if we can book the DoLs assessments in the afternoon, we can ensure we are able to release someone".

2. Face to face is better for everyone.

3. Assessments have been carried out over the phone, residents have found this more difficult than face to face.

Other comments about this new process:

- This is carried out by phone and Zoom and has worked well. Some people have difficulty with technology and are unsure of how it works, but this has improved. We now have a dedicated phone for use to make conference/video calls in the home. The providers were very supportive in providing the phone.
- These are done via desktop and have been fine, in fact we get more information this way.
- Assessments continue monthly. It was difficult at first as residents were more a less confined to their rooms. Assessments have been carried out via telephone.
- Assessments have gone ahead on FaceTime. One social worker came in recently to assess a 6 week bed resident and this was carried out in a designated area which was then deep cleaned.

What worked well

The following were flagged as areas that had worked well or been positive:

- Commitment of staff
- Support from parent company
- Additional training for staff
- Staff and team working
- Communication across organisations
- Quick and open communication
- Support from CCG and infection prevention control team
- Mental health support
- Knowing the Covid-19 status of new residents
- Technology

Comments include:

- Working together as a team, not just within the home but with everyone - people from the council, the infection control lead etc.
- I really appreciate the team of staff I have.
- The clinical lead at Coventry City Council has been excellent and telephoned us regularly.
- Communication and support has been fantastic. Professionals have been motivating each other and positive giving each other suggestions of best practice and ways of doing things.
- The CCG and UHCW have had a real level of understanding.
- ...several managers have kept in contact as a group and provided additional support to each other. It's been a vital link as we each understand the job role and what it entails and any difficulties, this has been a vital link
- If I had not had experience of using technology such as video calling and Zoom. I would not have managed.
- IT has worked well, we have used things we haven't used before.

What could be better

Area where things could have worked better were:

- Difficulties managing the amount of information received
- Concerns about access to testing for residents and staff in care homes – changes to how this is organised, faulty kits and then lack of tests available (8 care home managers)
- Ensuring Covid-19 test status is known before people are discharged from hospital to care home
- Hospital discharge process and identifying individual's needs
- Guidance around PPE not clear

Information/Communication

For some it was difficult digesting the amount of information which was being provided; finding the right person to speak to for guidance and navigating changes to using technology.

- We used technology before COVID but there is still room to improve. We need to improve this with the supply of more Ipads and Laptops and training.
- We have had lots of information from the local authority, commissioning, Public Health, our providers etc who have all given advice and guidance, but it has left us still unsure which guidance to follow. We have not received some information that other care homes have received. There is no one, straightforward approach which has made it difficult and time consuming.
- I tried to contact Public Health England for guidance and I was transferred from one place to another to another. I needed guidance (evidence and government guidelines) on whether a resident could go out for a few hours, while needing to consider the safety of the other residents and staff and whether this was possible.

Testing

Testing for Covid-19 for residents and staff received the most comments and concerns and was still not working as care homes would like:

- We carried out testing in the home until more recently, now there is no testing in the home - staff have to go to the Ricoh. Some staff cannot access this testing facility (have to pay for taxi to get there and back). We felt more positive when we did testing in the home, there was a positive buzz/feeling of confidence that we were clear and safe.
- We have not had any test kits for over a week so we cannot check the status of residents or staff which is a worry and doesn't give us confidence. Staff have not been tested for 2 weeks and residents haven't been tested for 6 weeks
- We have 2 staff dedicated to carrying out COVID testing (it's not for everyone), we have not had training to do this. It is very time consuming testing staff and residents, it takes a whole day, logging, listing, naming the tests etc. We have had to bring staff in when they are off shift to have it done. We have to take staff carrying testing out of their normal duties so we are staff down.
- The procedure for the first round of tests (for staff and residents) for COVID worked well, however, since then I have applied for another set of tests to check staff and residents and have not received a reply. The process is not robust enough.

- We would like to be supplied with Fluid Resistant Masks to use when dealing with residents who have respiratory problems as recommended by Government guidelines.
- X put us in touch with Arley medical service who have supported us with this [testing]. We registered on the portal for testing kits 3 weeks ago, I keep checking and it says "in process". We've been advised it is starting again in August, now it is September which is disappointing. It would be nice to know COVID status and to know we are safe.
- Meetings with Public Health England seem to be more of a blame game rather than learning from the situation and improving things. After testing was carried out, we were told a number of residents were COVID positive. 20 minutes later we were told that there was an error by the lab. This took 12 hours to sort out. The incident was escalated - we do not know the outcome - we need to know lessons have been learnt from mistakes and procedures rectified.

Hospital discharge

A manager raised a query as to whether assessments prior to discharge from hospital are done at the right time. There is a feeling they are done on admission as opposed to prior to discharge, by which time the patients care needs have altered:

- It's the difference between using a frame to walk when they go into hospital and needing a hoist when they come out. Deep tissue history needs to be up to date and accurate. This causes unnecessary safeguarding issues and double checking with the resident and with the paperwork.

PPE

- There has been ambiguity around the use of PPE, making staff question what they are asked to do in relation to this (some are still afraid).

Other comments

We asked if the managers would like to share any further thoughts. Some reflected that they had been lucky and had no Covid-19 cases, others had cases but had come through this but had some fear for the future.

- There has been a lot of sadness and empathy around the whole situation in relation to residents, staff and residents' families

Some reflected on the challenges they had faced and how they felt the care home sector had not been considered enough in national policy, with more attention on the NHS:

- It appears care homes have been left, there has been a lack of support at the beginning of the outbreak.
- There has been a lot of reacting going on, we have had to do our best. Care homes have not had it easy, especially with press reporting. The attention has been on NHS as frontline, but we are front line too. Recognition would be nice.
- The Government should not announce change and that certain things are happening to everyone, before they notify people on the ground and in care homes.
- How care homes have been reported on by the media has affected and impacted negatively on our occupancy and general enquiries.
- When government officials speak and media reports, it seems to be all about the NHS which is grossly unfair to care workers who are just as important. Senior management have been extremely supportive as has the Director, who has been hands on and extremely visible throughout this crisis.
- Care home carers are not fully recognised for what they do

There was also recognition of local support:

- The community generally has been a great help, a school made the plastic facemask ear loop holders that go at the back of the head so they are more comfortable to wear. Someone else has made face masks
- We seem to have more conversations with Coventry City Council, the CCG, CQC etc which is positive. Financially the provider has taken a knock, they applied for and received a grant in relation to infection control. We do have a vacancy, but we doubled up in some rooms which we are not prepared to do at the moment to minimize risk.
- I would like to say thank you to you [Healthwatch Coventry] for listening to us, we don't feel on our own, we feel as if people are listening.

Conclusions

This has clearly been a very difficult period of time for care homes. They have been impacted by changes to the national approaches being implemented regarding hospital discharge, testing and PPE/infection control. They have had staffing challenges and to put in place new ways of working.

Managers and staff have been affected greatly and it is clear from comments made that some feel bruised, not recognised as important and there is some anger directed to the national level about how care homes have been supported and portrayed.

We have gathered helpful information about what managers felt did not work and what worked well, which can be used locally for a positive dialogue avoiding conversations around blame.

Locally support has been put in place for care homes to help them to deal with the complexities of caring for vulnerable people in a pandemic. This has been welcomed and appreciated by care home managers who described a positive impact on communication and closer working across organisations.

Undoubtedly there has been a significant impact on the people who live in care homes. We have gathered lots of examples of how care homes have been creative to try to bridge the gap left by no face to face visiting, but many describe impacts on residents' mood and wellbeing. In the current phase of the outbreak there needs to be some reflection on where the balancing point should be between infection prevention and the quality of life/mental wellbeing of residents, and also residents loved ones.

How GPs support care homes locally is another area which needs some consideration given the varying feedback we have gathered.

Access to testing remains a significant concern to care home managers, both testing of staff and residents.

The nationally directed changes to hospital discharge have impacted on care homes and issues highlighted with communication of individual patient/resident needs are important. Some things have gone wrong with the discharge of individuals and further work to gather experiences of hospital discharge would be timely.

Thanks

To all care home managers who gave us their time to take part and to all local care homes staff for the work they have done during this very difficult time.

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Published 4 September 2020

Appendix

Residential care homes who took part:

- Phil Mead House
- Youell Court
- Clarendon House
- Cordelia Court
- Victoria Park
- Amber House
- Grove House
- Victoria Mews
- Victoria Manor
- Elm Farm
- Herald Lodge
- Victoria Gardens
- St. Martins
- Arden Park
- Ashleigh House
- Selbourne Court
- Applegarth Residential Care Home

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