



COVID-19

How are we coping?

Part III
Social Care

Background and Rationale for the Research

The COVID-19 pandemic has had a significant impact on residents, family and staff within Care Homes along with those accessing care in their own homes.

As Healthwatch continues to deliver its core function of gathering the current public views and experiences of Lincolnshire residents, it shares in this document the feedback from a short campaign where we asked for experiences of social care during the pandemic. Healthwatch Lincolnshire wanted to understand and capture the experiences of the public, looking at how supported they felt by their social care services.

The short campaign ran from 27th April to 22nd June 2020 and sought to understand the experiences within social care during the COVID-19 pandemic.

We will be sharing our overall findings with the systems that underpin the Lincolnshire and UK health and care infrastructure, this information will be crucial for future learning. Together we can help them listen, understand and develop future crisis planning with you in mind.

We believe the results of this social care survey work is particularly important in helping to inform our social care services, not only in Lincolnshire but across the region, as to what is working well and what can be improved. This we hope will give our health and care services a real time sense check from the patient perspective of what impact health and care service delivery has on the patient and their family, carers, and loved ones.

We aim to share this work and these findings as widely as possible and as part of our collaborative approach with providers and NHS Lincolnshire Clinical Commissioning Group.



Summary

The following areas were identified as key findings:

- Many of the comments we received praised the level of care received from both domiciliary and care home staff.
- Overall, 23% (16 people) said they believed the quality and safety of care had affected them positively, equally another 23% (16 people) felt it had affected them negatively.
- Many acknowledged how quickly the care homes reacted to the pandemic which in turn provided them with a more reassuring environment and kept them safe.
- 3 out of 4 people we spoke with said they felt every effort was made to encourage communication between them and their loved ones during this time.
- Service users as well as family and friends told us they were craving for face to face visits to improve their overall wellbeing. It is clear this does have emotional effects on both the family and the care home resident, especially for those suffering with dementia or other sensory or learning difficulties.
- Digital technology has been embraced to keep people connected using software such as Zoom, Skype etc. However, it is acknowledged that these digital solutions are not always suitable as some find it difficult to interact with, or do not have the equipment or resources to maximise this option.
- We heard from people that were feeling more isolated and lonelier due to the lockdown and social distancing restrictions than they would do normally.
- Some care staff and family carers felt personal protective equipment (PPE) was difficult to obtain, especially masks and gloves, this effected domiciliary care more than care homes.

Methodology & Demographics

Our social care survey was open to the public and shared widely across our networks and distribution channels, including using Facebook advertising from 27th April to 22nd June 2020, resulting in 73 responses. Feedback was made up of both numerical and rich free text commentary which gave us an insight into peoples' personal experiences, challenges and beliefs around social care services.

The survey was open to a self-selected group and as such we saw usual demographic of higher levels (79%) of female respondents to males, and the general responses were seen in the 55+ age bracket (62%). However, we could assume that this demographic is more reflective of the families with loved ones in a care setting.

In terms of locality split, we notice a similar pattern as we saw in the main COVID-19 work, with lower representation from Boston, West Lindsey and South Holland.

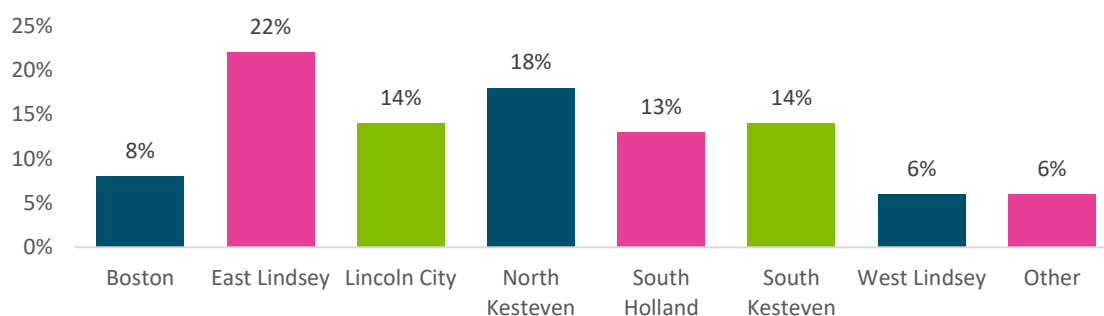


Chart 1: Showing the distribution of respondents by Lincolnshire districts



Findings

The following information presents the findings from the respondents and focuses on the general consensus of the feedback, but where it adds value, it identifies anomalies and some of the free text commentary which adds depth and richness to the data sets.

The focus of the survey was on the 2 following questions:

1. Have the experiences of social care been affected by the COVID-19 pandemic?
2. How could things be better?

We received 73 responses to this survey, and we were able to distinguish firstly those who were either service users, relative/friend of a service user, or members of staff. Secondly, we differentiated between care home experiences and domiciliary care. (Domiciliary = care received in the persons own home).

	Number of people	%
I live in a nursing / care home	1	1%
A relative or friend is in a care home	19	26%
I receive care in my own home	5	7%
A relative/friend receiving care in own home	9	13%
I work in a nursing or care home	21	29%
I work in domiciliary care	5	7%

Table 1: Showing the distribution of respondents across both care home and domiciliary care and those who are direct service users, relative/friend or member of staff



1. Do you feel that you or your loved one's quality and safety of care is being affected?

Overall, 23% (16 people) said they believed the quality and safety of care had been affected positively, equally another 23% (16 people) felt they it been affected negatively. 30% (21 people) said they felt it was mixed and 25% (18 people) saw no change.

If we break this down and look at those who are sharing their experiences of care home and domiciliary care, we can see some differences.

	Care Home	Domiciliary Care
Negatively effected	35%	7%
Positively effected	25%	295
Mixed	15%	43%
No change	20%	14%

Table 2: *Do you feel that you or your loved one's quality and safety of care is being affected? Showing the differences between care home and domiciliary care responses.*

Care Home comments

Positive

Many of the comments we received praised the level of care they or their loved ones received from the care home staff. They also acknowledged how quickly the care homes reacted to the pandemic which in turn kept them safe. Communication was also complimented keeping everyone up to date about their loved ones and giving them the opportunity to video call and connect and reassure they were being looked after as they should.

"Always a really great level of care" "Excellent care from care staff"

"Due to the home being put into a complete lockdown at the very beginning, this is ensuring that all residents, including my Nan, are kept as safe as possible. We have been able to speak to Nan a couple times over the phone so we can hear she is well and have been assured by staff she is doing well."

"They closed the home for visitors earlier. Have been really good at informing relatives about things that have been going on and the welfare of our relative."

"Staff are well trained and supported, patients are checked for covid-19 before returning into home even when negative are isolated for further week. We are kept update about our loved ones. We have opportunity to video call our loved ones. Staff are polite kind professional, they always put their patients first. I feel like part of their family and feel that my mum is loved and safe there. They deserve a medal."

Negative

The majority of the negative comments we received were not directly related to the care they received but more about the fact that they have not been able to visit or see their loved one face to face. It is clear that this factor does have emotional effects on both the family and the care home resident, especially for those living with dementia.

“Not actually the care but the enforced isolation had negative effect.”

“We don’t know we have not seen her since March, so she has no access to the outside world, and we have not been able to see her.”

“Only just allowed to visit my Mother who has dementia. She does not understand. It has really had a huge emotional impact on our family. We know she is well cared for, but it is very difficult not seeing her.”

“The staff at Wood Grange are doing all they can for their clients, but the side effects of keeping them safe from Covid-19 are very damaging to those in care, especially those with dementia. The lack of exercise and outside stimulation, to say nothing of the loneliness, is responsible for the rapid deterioration my mother-in-law is experiencing and has for the last few months. We are very worried about her, and desperately want to see her, especially her daughter who has just been diagnosed for the fourth time with cancer.”

“Really difficult for dementia patients and my Father is in constant pain. He is distressed about not being able to see me, but his care is excellent”

In contrast, where we have highlighted above extremely positive communication and interaction with loved ones, this has not been the case for everyone.

“The care home had a blanket policy of no visit. My son is 19 years old and he cannot communicate other than face to face. No video etc therefore ten weeks of not knowing or understanding where I, his mum, had gone. No way to explain to him. Person centred care out of the window. His feet (toenails) are now a subject of clinical neglect and this has gone to safeguarding so I cannot comment much. He is supposed to be shielded yet no PPE above normal PC is or was being used by staff. Huge breach of his human rights.”

“Keep running out of food, have failed to provide healthy pureed food as Mum has no teeth. GPs / nurses visits were already inadequate and are now even worse. Some Care staff are stressed and are saying inappropriate things, “you are not the only one here”, “so what you will never walk again anyways”. Mum says she is hungry all the time. She went without a TV for over a month when in lock-down, I am surprised she did not lose her mind, especially bad when she is in there because she suffers from mental health problems but not dementia. I feel we are warehousing our elderly and just hoping they die quick. We are not helping them with social things in life.”

Domiciliary care comments

Positive

It was reassuring to hear those accessing domiciliary care were still receiving the same level of care during the COVID-19 pandemic.

“Mum receives the same level of care and attention as before. Excellent.”

Negative

Unfortunately, due to the pandemic some services were unavailable, and we were disappointed to find that for home care it was difficult to obtain PPE. Many also felt that there was a lack of advice and support from social services.

“She is receiving wonderful care from Sage Care the only problem we have is that AGE UK no longer offer a laundry service and this person can’t operate a television let alone a washing machine.”

“Finding it extremely hard as a home carer to get PPE. Especially gloves.”

“To slow a response. Lack of PPE Lack of advice difficulties getting issues resolved as everything else in social work/NHS has stopped, so for those with ongoing help problems no services or check-ups.”

“No support from Social Services. Had to instigate key worker ID, very little help with PPE. Even though they had a dedicated line for support the person manning it did not have the answers re if PAs were off self-isolating if we could pay wages etc.”

Often with those individuals receiving home care, the carers and medical staff might be the only people the service user interacted with on a day to day basis. Changes to these services during COVID-19 and restrictions on family members visiting capabilities during lockdown has increased the feeling of isolation and loneliness.

“Increased loneliness”

“She lives on her own, suffers from bipolar. At the beginning of lockdown, her support worker visited daily, spent time with her. The support worker didn’t wear a mask while visiting. Then the visiting dropped to twice a week. My friend was very lonely, & her cat died...I feel she is very lonely and told me her support worker comes weekly now.”

Care Workers

Positive

It was useful for us to hear from care workers as well as residents and service users, this gave us insight from a different perspective. However, many of the comments raised echoed what has been said by service users.

It is evident that since the beginning of the pandemic care homes, and social care services have made huge changes to continue to give people the same great care they are used to.

“Great care staff. All necessary equipment supplied. Good communication.”

“The home has been supporting the service users, to maintain relationships with loved ones whilst supporting them to remain safe and upbeat in this current climate. I feel that the care has gone unaffected in supporting them, we have always supported the Service Users to remain safe”

“Staff are wearing PPE, taking of resident temperatures regularly Social distancing No visitors.”

“All care staff wear PPE at all time family are requested not to come into the building. Hand washing is done after ever (sic) call and coming into the building or hand sanitiser used. Uniform are not worn outside of the building.”

“Since the start of the lockdown, we have implemented stringent measures to ensure that none of the residents and staff will be affected by the Coronavirus. With all the anxiety and uncertainty, all staff members have put their best effort to ensure that the home operation is smooth making sure that the residents, having no family or friends visiting are still able to enjoy their daily activities during the pandemic. Staff spent more time to do their hair and nails, maintain health needs, and relieve loneliness during this lockdown. So far, we have zero case of COVID-19 in the home. Staff morale has been very high considering the anxiety of braving the virus through continuous exposure to the unknown. People have praised keyworkers, and this have uplifted our staff self-esteem that they performed better without fear of being criticised or complained about by relatives of our residents.”

“First the positives; Since lock down we have noticed a decline in general infections... common cold, sore throats, chest infections etc. This is due to the reduced number of visitors who would normally visit with even a slight cold or unknown infection. The residents appear in good health. Negatives: residents unable to have face to face visits from relatives or friends...”

Negative

As mentioned previously there has been difficulty for some to access PPE and many are missing family and loved ones which is having an overall effect on wellbeing. It has also affected some of the normal activities that residents would normally partake in, removing the opportunity to get out into the community and interact with others.

“Lack of PPE and staff support”

“The lock down has affected the moral of residents and the staff team. The struggle to get PPE is affecting everyone but the quality of care continues despite this.”

“Residents are receiving the clinical care as expected but missing families and loved ones which is an integral part of our psychological and emotional well-being especially for people living with dementia who may not understand the reason for not having family attachment which is key to past memories, sense of belonging, love and affection.”

“No change for residents but we are short staffed.”

“Many of our residents would normally go out into the community for activities every day & they have been unable to leave the premises for the past 3 months due to Covid-19.”

It was concerning to hear that residents are not always being kept isolated when showing symptoms and that testing is not being done for new residents.

“No consistency. New residents accepted with no COVID-19 test of 14 day isolating.”

“Residents are not kept isolated whilst showing symptoms, it's just assumed they have colds.”



How well are you keeping connected?

We were keen to understand how well service users were keeping in touch with their family and loved ones.

3 out of 4 people we spoke with said they felt every effort was made to encourage communication between them and their loved ones during this time.

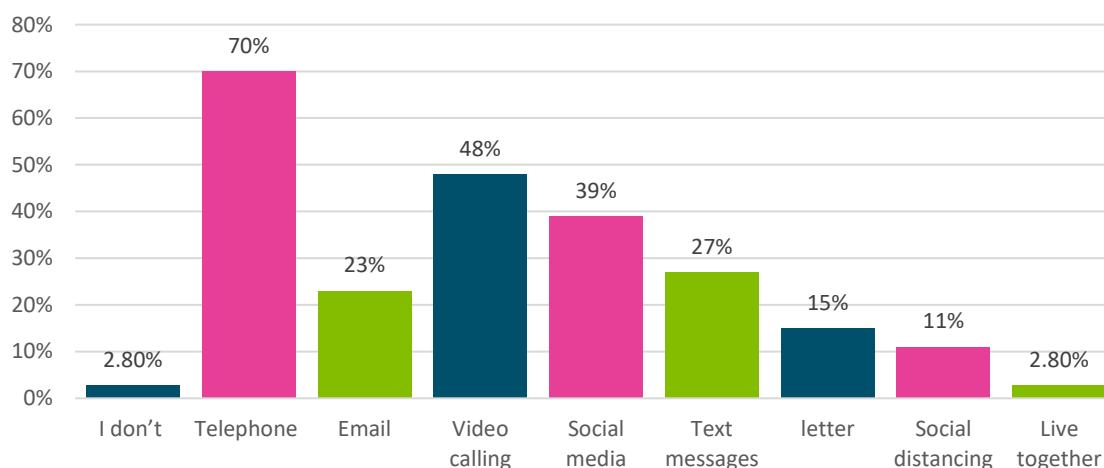


Chart 2: *How do you keep in touch with your loved ones during Coronavirus (COVID-19) pandemic outbreak?*

As shown above the most popular way of communicating with loved ones was by using the telephone, it was also encouraging to see nearly half (48%) were using video calling to interact and communicate.

3. How could thing be better?

We also gave respondents to the survey the opportunity to tell us how things could be better during the COVID-19 pandemic.

Comments from Care Home service users/friends and relatives

- **To be able to see their loved ones and visit them** - Many expressed their concerns about being unable to visit and see loved one's face to face and for those with dementia this was a particularly challenging time.
- **More staff** - One individual felt that there was a need for more staff as current staff were very busy.
- **A vaccine** - An individual felt that a vaccine would help.
- **Better internet connection** - With the increased use of digital connections with loved ones through Zoom and other software better connectivity and infrastructure is needed.

Comments from Domiciliary Care service users/friends and relatives

- **Support workers to visit more often** - Despite earlier service user comments highlighting that care received was at the same level during the pandemic, when asked how things could be better some found the number

of visits had reduced. During COVID-19 many had found the number of visits had reduced.

- **Lockdown to be stricter** - *“more rules on people be able to stay with their loved ones”*
- **Better communications** - *“No confusing messages from different sources, including gov. Too much information (overload)”*
- **Access to PPE** - A need for improved access to PPE *“Even when you ask for PPE, they say we don’t have any.”*
- **More outside contact** - *“Outside contact would be good”*
- **Access to outside space** - One individual was unable to get outside in his garden as he needed assistance to do so. *“Allowed to be taken out in her wheelchair even just into the garden to help mental wellbeing.”*

Comments from Care Workers

- **For residents to be able to see loved ones** - *“If they were able to see their loved one more”*
- **A want to get back to normal** -
- **Available testing** - *“Access to quicker testing” “Knowing they could not pass on virus”*
- **Clearer idea of what people should and should not be doing** - *“Some kind of end sight would be good or a clearer idea from the government exactly what people should or shouldn't be doing. How many care workers feel that they are doing their best to keep people safe, but the public just seem to flaunt a lot.”*
- **Access to PPE** - Some had struggled to obtain PPE equipment. *“Worry lack of PPE, testing, support and overall mental health. No pay if we are off with covid symptoms yet no testing.”*
- **Financial security** - *“Reassurance, PPE and financial security if we have covid-19 symptoms.”*

Additional Comments from Domiciliary and Care Home Staff

“The negatives are many e.g. staff in care home are bombarded with too many paper work, other professionals are passing their jobs to care home e.g. social worker expects you to fill their forms, nurses providing care that should be done by district nurses e.g. dressings, injections. Care home cannot do a pre-assessment of potential residents in the hospital and sometimes the person you admitted has more need that you are told on the paper etc.”

“What is positive during the pandemic is that people have recognised the important role Social Care play in the people’s lives in the community. It used to be the forgotten sector and the pandemic has placed social care as equal partner to the Health Sector. The negative thing out of this pandemic is the effect to people’s mental health. We have also noticed loneliness and withdrawal to some service users during this pandemic.”

“I was surprised at how quickly I got results of a COVID test after being in contact with a client with possible symptoms. I am dismayed at the lack of availability of antibody tests for Carers and that individuals or companies who can pay are

getting them. I don't think there has been enough recognition of domiciliary care workers and the risks they are running visiting people in their own homes."

Finally

This report provides a snapshot of the thoughts and views of those individuals in the delivery of care during the COVID-19 period, along with family and friends who are receiving care in a care home setting as well as those accessing care at home.

Everyone gave thanks to the social care staff for all their dedication and hard work during this difficult time. Many praised the care given to their loved ones and the efforts each home had taken to keep residents safe. However, many were disappointed they were unable to have any face to face contact with their loved ones, in particularly those with dementia who did not understand the restrictions. Although many care homes have made it easy to keep in touch with residents via telephone, Skype and zoom, this method is not always the most appropriate.

Many comments related to the mental health and emotional effect of not seeing their loved ones and a fear this may deteriorate their health. We could take from this the pivotal role of recreational support and activities put in place within a care setting to counteract the social withdrawal from normal life as it was.

It was concerning to hear of inequalities particularly related to acquiring PPE, especially gloves and facemasks it also seems to be more of an issue for domiciliary care than care homes.

Isolation and loneliness were also major concerns for those receiving domiciliary care. Often care workers can be the only interaction service users see, and with some visits reduced the feeling of isolation and loneliness was only amplified.

We did note the difficulty the respondents reported in being able to access information and communication from social services.

During lockdown digital communication has been relied upon but we must not forget those who do not have access to the internet, so they receive the same level of communication.

We also heard of some services stopping during this time including podiatry and AGE UK laundry service.

This information is provided to the health and care system, and others as an informative sharing of public insight, in the hope it will be acknowledged as a public barometer for learning and improving the systems for all in the future.

Additional Information:

Background to previous COVID-19 barometer campaign

Under the Health and Social Care Act 2012, the Healthwatch network is required to involve and engage with the public as to their experiences of health and care services. In Lincolnshire HWLincs holds the contract to deliver the Healthwatch

service on behalf of Lincolnshire County Council. Until mid-March 2020 we did this through a mix of predominantly face to face but also a smaller number of digital engagement activities.

At the very start of the COVID-19 pandemic outbreak we quickly re-evaluated our process of engaging with the public to ensure we continued to meet our statutory requirements and LCC contractual performance. This change focused on our need to deliver digital engagement and resulted in an initial planned 13-week survey campaign.

Over the first 10 weeks of survey work, we received over 3,000 responses and reached over 250,000 people via social media and website activities.

Our overall summary of the barometer survey responses told us the key priority areas were:

- A concern above all else for those who were vulnerable and weak.
- A concern for people's own wellbeing and that of their families and loved ones.
- Frustration at mixed and negative messages being given through fake news, media, and local and government sources.
- Frustration and concern about the impact on new or existing health and care issues outside of COVID-19.
- Frustration and concern for the lack of support systems within primary care, secondary care, and mental health.
- Mixed tolerance levels for how the community is reacting to lock down restrictions and how they are being enforced

We have also linked into the Lincolnshire Resilience Forum and along with them are sharing our summary reports with CQC, Healthwatch England as well as key local system contacts.



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