healthwatch Barnet

A report into the experiences of Barnet care homes during the first wave of the COVID-19 pandemic

November 2020

Contents

1. Introduction

The Covid-19 pandemic has had a significant impact on the delivery of health and social care services across the UK (The Health Foundation:2020; Public Health England:2020; Royal College of Physicians:2020).

Care homes and their residents, particularly London Care Homes, have been particularly severely affected.

The London Borough of Barnet has been acutely affected. The borough has a higher than average proportion of the population who are over 65 (Census Information Scheme; 2011) and one of the highest concentrations of care homes across all London boroughs (North Central London STP Data Pack;2018).

The impact of national lockdown policies has resulted in Barnet residents having fewer opportunities to provide feedback about their experiences of health and social care during the pandemic. This includes reduced opportunities to provide feedback to Healthwatch Barnet due to a temporary halt to Enter and View visits from April 2020.

2. Project aims and objectives

This project was a response to the impact of Covid-19 on care homes and their residents, and Healthwatch Barnet's reduce capability to collect feedback via Enter and View Visits.

The project aimed to gather intelligence about Barnet care homes' experiences of providing services to residents during the first wave of the COVID-19 pandemic. It had four key objectives:

1. For Healthwatch Barnet volunteers to conduct telephone interviews with care home staff across the borough to find out about their experiences of delivering care during the 'first wave' of the pandemic.
2. To identify key issues faced by care homes
3. To highlight and share good practice used by care home managers during this period.
4. To identify areas where care homes may require additional support during a 'second wave' of the pandemic.

3. What we did

The first stage of the project involved Healthwatch staff emailing the 83 CQC-registered care homes in the borough to explain the project, and to tell them that a volunteer would make contact to invite them to participate in a telephone interview about their experiences during the first wave of the pandemic. The care homes were also advised that their responses would remain confidential and anonymous.

The second stage of the project involved volunteers calling each of these care homes to invite them to take part in a semi-structured interview, and to arrange a convenient time for this to take place. Each volunteer was allocated a number of care homes to contact and was provided an introductory script and interview schedule to help them conduct the interviews. Volunteers were asked, where possible, to try to interview the care home's Manager or Deputy Manager, or another senior member of staff.

The interview schedule covered a range of topics including: staff sickness and use of bank/agency staff, access to personal protective equipment (PPE), access to Covid-19 testing for staff and residents, the impact of Covid-19 on residents' access to healthcare and how care homes were ensuring residents' wellbeing during lockdown. A copy of the interview schedule can be found in Appendix 1.

Volunteers were asked to note down respondents' answers during the interview itself or immediately after to ensure they were recorded accurately.

Volunteers then emailed completed interview transcripts to Healthwatch Barnet staff who led on analysis and reporting. Analysis involved identifying key themes within respondents' answers and collating examples of good practice.

For the purposes of this project, the first wave of the pandemic was defined as the period between 16th March 2020 and 31st July 2020, during which the most stringent policies on avoiding unnecessary social contact were in place. This project strategy was co-produced with Healthwatch Barnet staff and volunteers.

4. What we found out

In the period of 25th March 2020 - 30th June 2020, 12 Healthwatch Barnet volunteers contacted staff members from 83 CQC-registered care homes within the London Borough of Barnet. These included care homes of all types including: *Specialist Care Homes for People with Physical and Learning Disabilities, Specialist Care Homes for People with Mental Health Conditions, Residential Care Homes for Older Adults* and *Nursing Care Home/Dual Registered Residential Nursing Homes.*

Of the 83 care homes contacted, volunteers interviewed staff from 43 care homes, across a total of 50 interviews. Forty care homes either declined to take part or were uncontactable.

Of the 43 care homes who were interviewed, 12 were registered as *Residential Care Homes for Older People,* 13 were registered as *Nursing or Dual-registered Care Homes*, 12 were registered as *Specialist Care Homes for People with Physical or Learning Disabilities*, and 6 were registered as *Specialist Care Homes for people with Mental Health Conditions.*

The following sections outlines some of the themes identified in the care home transcripts.

Bed occupancy

All care home staff were asked about their current bed occupancy. Most care homes (39) were reported to be under-occupied, with only two care homes (both Specialist Care Homes) reporting that they were currently at full capacity.

Some of the care homes who reported under-occupancy shared concerns that Covid-19 may impact the numbers of new residents being admitted and were worried that this could affect the home's long-term financial viability. However, this predominately expressed by staff from *Nursing Care Homes* or *Residential Care Homes for Older People*.

Ensuring safe staffing levels

Care home managers reported that managing safe staffing levels had been a significant challenge during the first wave, due to Covid-19-related staff absences. However, no care homes reported that they were short-staffed on the day they were interviewed.

Managers shared a variety of different strategies to ensure the safe staffing-levels during the pandemic, these are shown below.

- Asking regular staff to volunteer for extra shifts and overtime. Managers stated that the benefits of this were that staff knew the home and its residents and would have already been tested for Covid-19.
- Recruiting more permanent staff to cover shortages. Several managers reported launching a recruitment drive to reduce their reliance on external agency staff.
- Using and retaining a pool of bank carers and nurses. Twenty-six care homes reported only using their own pool of bank staff to ensure safe staffing levels during the pandemic. The perceived benefits of this were that the staff were less likely to transmit Covid-19 between care homes than external agency staff, they would be regularly tested by the home, and that because many of these staff are long-standing, they would be familiar with the home and its residents. Managers explained that they maintained their bank by ensuring staff had regular shifts.
- Offering staff accommodation within the care home if they had to use public transport to travel to work.
- Using outside agency staff but taking additional measures to prevent the transmission of Covid-19 between care homes. For example, some managers asked agencies to only send certain staff or requested that staff were tested before they arrived for a shift.

Many care home managers told us they used a combination of these strategies. However, 10 managers stated that they preferred to use permanent or long-serving bank staff in the first instance, as they were more likely to know the home and it's residents and could be regularly tested in ways external agency staff could not.

Nearly all the managers that we interviewed (41 out of 43), told us that short staffing was only a problem during the first few weeks of the pandemic. The two managers who described on-going problems with recruiting permanent staff explained that these difficulties pre-existed the pandemic, but that they had been exacerbated by the pandemic.

Managing Covid-19 related staff absence and return to work

A third key theme which emerged from analysis of managers responses was the challenge of managing staff who contracted, or described symptoms of, Covid-19. Ensuring that staff who were symptomatic, or who had someone in their household who was symptomatic, were not working in the home, and potentially spreading the infection to residents was described as a priority for most managers.

Managers shared a variety of different approaches to preventing the spread of Covid-19 from staff to residents, and to manage staff members return to work after a Covid-19 related absence. These included:

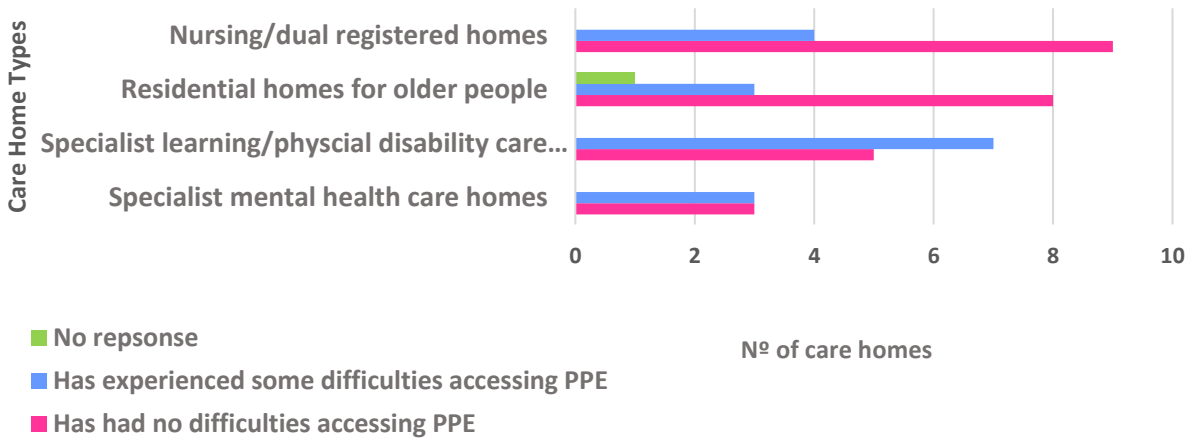
- Taking staff temperatures on arrival at work, so staff with fevers can be sent home.
- Ensuring the staff who are sent home from work with possible symptoms do not use public transport.
- Ensuring the managerial staff stay up to date with changing Government guidance.
- Requesting that staff who experience Covid-19 symptoms (or who have a household member with symptoms) inform the management as soon as possible.
- Asking members of staff who experience symptoms to self-isolate for 7-14 days
- Asking staff to try and obtain a test and to send their results to the home.
- Asking staff to call 111 or their GP to obtain a sick note or self-isolation note.
- Informing staff that they will not be able to return to work without a negative test result or a letter from their GP.
- Recording and tracking Covid-19-related absences via Head Office
- Conducting return to work interviews to establish that staff are well enough to start working again.

Accessing Personal Protective Equipment (PPE)

Although access to sufficient PPE was identified as a significant challenge for many care home managers, the majority of managers (58%) reported that they had had no difficulties in accessing supplies.

However, interestingly, analysis of care home managers' responses by care home type showed that care homes with staff working in non-uniformed settings (such as *Specialist Learning Disability* and *Mental Health Care Homes*) were more likely to experience challenges accessing PPE than uniformed care homes such as *Care Homes for Older People* and *Nursing Care Homes.* This is shown in **Figure 1** below.

Figure 1 shows Care Home Managers responses to questions about access to PPE by care home type



This suggests that non-uniformed care homes, might benefit from additional support from the London Borough of Barnet in obtaining PPE during a second wave of Covid-19.

Managers from all types of care home shared the strategies they used to help ensure access to PPE. These included:

- Registering with the NHS Portal
- Conducting regular stocktaking and contingency planning to manage supply.
- Asking Head Office to authorise extra funds, or having reserve funds, to purchase PPE from different suppliers.
- In care home groups, the Head Office sometimes took over order PPE to enable bulk buying.
- Accessing support from Barnet Council or the Care Quality Commission (CQC) to obtain supplies.
- A combination of these different strategies.

However, although many care home managers highlighted how essential support from Barnet Council and CQC were in them obtain PPE stock, a key theme identified within managers' responses was that that delays in receiving this support cause staff, residents and their loved ones significant stress and cost, as the extracts below show.

'In the beginning there were problems in obtaining PPE. The usual suppliers had run out of stock and took a few weeks to supply…now the home is receiving some free PPE equipment from Barnet Care Quality Team' (Specialist Mental Health Care Home)

'There were problems in obtaining PPE at first…consequently the Home had to purchase elsewhere at greater expense…' (Specialist Mental Health Care Home)

*'Problems getting it [and] and now it is much more expense that previously…they have sent bills in for PPE, but have not yet been paid by Barnet' (*Residential Care Home for Older People)

'During March and most of April – it was a very hard time. I never want to see anything like it again. There was a very high demand although we never ran out except in mid-April, – no masks…in May the local authority Care Quality team began to get involved…late April and in an emergency, we were able to call them to supply what we had run short of, but in March this was impossible. Nothing worked.' (Nursing Care Home)

'PPE has become extremely expensive thousand masks cost over £2000 and in March/April nothing was coming through anywhere, so the organisation went into overspending.' (Nursing Care Home)

Furthermore, as these quotes, indicate concerns about the additional costs of PPE was raised by managers from all types of care homes, including homes which were part of care home groups. This suggests that additional help with the cost of PPE may need to be considered by the local or national government.

Preventing cross-infection via staff clothing

The prevention of Covid-19 cross-infection via staff clothing was identified as another key issue for care home managers.

Managers shared some of the strategies they used to safeguard against this. These included:

- Laundering staff uniforms within the care home
- Using infection control red bags which dissolve in the washing machine when washing uniforms
- Not allowing staff to leave the home in their uniforms and providing staff with spaces to shower and change before and after their shifts.
- Providing staff with aprons to wear at work if they do not normally wear uniforms.
- Providing staff with laundry bags to safely transport their clothes home.

Obtaining Covid-19 tests for staff and residents

Access to Covid-19 testing for staff and residents and getting test results quickly were identified as major issues for care home managers with (56%) reporting in these areas. Managers highlighted a number issues they encounter with testing during the first wave of the pandemic. These included:

- Managers being unable to access any testing in the initial weeks of the lockdown.

> *'Some staff were showing symptoms by the end of March, but none were able to be tested'* (Nursing Care Home)

> *'In the first month there was effectively no testing'* (Specialist Mental Health Care Home)

- Managers successfully ordering testing kits from Public Health England, but then experiencing long delays in the kits being delivered and picked up by couriers.

> *'Tests weren't available when needed at the beginning of the pandemic. When tests did finally arrive, we had to wait three weeks for the to be collected by courier* (Nursing Care Home)

- Manager waiting for long periods for staff and residents' test results and sometimes not receiving them at all.

> *'The tests were picked up…but we never had the results'* (Residential Home for Older People)

- Only being able to access drive-through testing for staff, this was despite many staff not being able to drive.

> *'The drive through tests are no use as most staff don't have cars'* (Specialist Mental Health Care Home)

> *'Most staff don't drive in London'* (Residential Home for Older People)

- Testing being delayed due to some batches of home testing kits being recalled

> *'The swabs we received have been recalled…now we have no testing'* (Specialist Learning Disability Care Home)

> *'We received at batch of tests and three weeks later these were recalled'* (Specialist Mental Health Care Home)

- Some managers from specialist care homes were unable to access tests as they were told incorrectly that their residents were not 'priority service users'.

> *'…the authorities are saying the care home does not count as a priority, this is despite some of the residents' having dementia'*
>
> (Specialist Mental Health Care Home)

- Staff being unwilling to be regularly tested.

> *'Some staff did not want to subject themselves to testing as it looked very uncomfortable.'*
>
> (Residential Care Home for Older People)

- Access to testing fluctuating based on changes to Government testing targets.

> *'It's been good when the Government has been trying to hit targets, but not at other times'* (Residential Care Home for Older People)

Access to healthcare for residents during lockdown

The ways in which care home residents' accessed healthcare, including GP and district nurse appointments, were highlighted by managers as an area which had undergone significant change since the beginning of lockdown. Most managers reported that routine healthcare was now primarily delivered via videocalls, emails and telephone calls, with face-to-face appointments only carried out when medically necessary.

> *'Generally, GPs do not take face-to-face appointments, using telephone or video from lockdown. One resident needed a blood test and visited GP'* (Specialist Mental Health Care Home)

> *'All communication is done through emails (such as photos for skin condition. Medication requests) and telephone.'* (Nursing Care Home)

Many care home managers told us that they had received new technology from the NCL CCG and Barnet Council to help enable digital healthcare for residents. These included secure i-pads for virtual 'ward rounds' which enabled doctors and nurses to see and speak to residents and blood pressure and oximeters so care home staff can report observations to medical staff.

> *'We received out iPad mini from Barnet and our therefore able to hold video consultations. We are also able to carry out observations (received oximeter and blood pressure machine'* (Specialist Learning Disability Care Homes)

Most care home managers reported that the use of virtual medical appointments and ward rounds had not changed residents' access to healthcare or the quality of healthcare appointments. Three managers even reported improvements in access to healthcare for residents. However, one manager from a *Nursing Care Home* told us that they felt that using an iPad was not a good substitution for weekly visits by the GP.

However, 2 managers from *Residential Care Homes for Older People* reported that although initially all medical appointments were digital, their GP had started to regularly visit again wearing full PPE and with a temperature check before entering the home.

The use of Deprivation of Liberty Safeguards (DOLS)

In addition to asking managers about residents' health care needs, care home managers were asked about their use of Deprivation of Liberty Safeguards (DOLS)[1] and the impact that COVID-19 had had on this.

[1] DOLS are part of the Mental Capacity Act 2005 which aim to ensure that people in care homes and hospitals are cared for in ways that do not inappropriately restrict their freedom.

Twenty-eight managers reported that they had current or pending DOLS assessments for at least one resident.

However, care homes experiences of accessing DOLS assessments during the pandemic were varied. Only 6 care home managers reported that the pandemic had had no effect on DOLS assessments, this was compared to 22 care home managers who reported significant changes.

The two most common changes managers reported were that DOLs assessments were being conducted virtually by video-link and that they were experiencing increased delays in the completion of DOLs assessments, and in being informed of assessment outcomes.

However, notably, none of the 22 care homes which reported experiencing delays to DOLS assessments suggested that these delays were caused by the COVID-19 pandemic. Instead, managers pointed to pre-Covid delays, some of more than six-months, which had substantially worsened since the beginning of the COVID-19 pandemic.

'[DOLs] took a while before the pandemic, but it can now take over 6 months to carry out the assessment. All they do is note the request and simply say let us know if anything changes. I was told the DOLs team is very small and need to restructure.

(Nursing Care Home)

'Waiting time can vary from 3 to 5 months if they're not prioritised.' (Specialist Learning Disability Care Home)

'A standard DOLS is supposed to arrive within 28 days but they never do, which makes a mockery of the 7- and 28-day limit.' (Nursing Care Home)

It is particularly concerning that so many managers reported significant delays in obtaining DOLs assessments from Barnet Council given that providing timely DOLs assessments are essential to ensuring the best interests of residents.

Supporting Residents' Wellbeing

Concerns about how best to support the wellbeing of residents during lockdown emerged as a key theme across interviews with managers. However, the challenges managers reported varied significantly by home type. These are shown in **Boxes 1-3** below.

Box 1: Challenges to Supporting Residents' Wellbeing in Learning Disability Care Homes

- Having to implement a ban on indoor visiting leading to the isolation of residents.
- Communication challenges with residents when wearing PPE.
- Having to regularly remind residents to socially distance and stay 2 metres apart.
- Staff having to collect residents from activities to reduce the numbers of people coming into the home.
- Residents being unable to take part activities they enjoyed due to the closure of community and leisure facilities.

Box 2: Challenges to Supporting Residents' Wellbeing in Mental Health Care Homes

- Having to implement temporary bans on visitors entering the premises resulting in residents losing access to social support from loved ones.
- Residents not fully understanding the Covid-19 situation and leaving the homes for non-essential reasons.
- Residents' experiencing a deterioration in mental health may deteriorate due increased anxiety and limited access to the community.
- The cancelation of community activities, such as college courses and day centres, may disrupting residents' routines and recovery.

Box 3: Challenges to Supporting Older Residents in Residential and Nursing Homes

- Residents becoming distressed by being unable to have family and friends visit in person
- Staff needing to be more vigilant of residents' mental wellbeing.
- Hairdressing and podiatry services not being able visit due to visiting ban,
- Only being able to offer a reduced programme of activities within the home due to visiting restrictions and staff sickness.
- Residents being unable to leave the home to attend day centre activities.
- Socially distanced visits have to take place through screens and visors which can be upsetting for residents.
- Shared phones/iPads need extra cleaning to allow residents to use them safely.

However, care home staff also shared some of the strategies they used to overcome these challenges. These are shown in **boxes 4-7.**

Box 4: Providing alternatives to in-person visits from loved ones

- Facilitating window visiting for bedbound residents.
- Hosting socially distanced garden and patio visits.
- Providing families of end of life residents with full PPE so they can visit their loved ones in person.
- Encouraging residents to maintain contact with loved ones through video calls, phone calls, emails, and social media.
- Setting up car visits in a pre-arranged location

Box 5: Using new kinds of technology

- Using video call apps (such as Skype, Zoom and Facebook) for e-visiting.
- Providing residents with tablets and laptops for e-visits.
- Offering 'tech lessons' to enable residents to have e-visits independently and privately
- Providing carer-assisted video calls for residents who are unable to manage the call themselves.
- Providing residents with games apps that they can play in video calls with friends and family.
- Providing residents with mobile phones so they can make private calls in their bedrooms.
- Hosting virtual activities via Zoom or Skype, including pet therapy visits and music concerts.
- Providing residents who are hard of hearing with headsets so they can easily hear their loved ones and so they do not need to touch shared i-Pads.
- Setting up a computer room so residents can access the internet.
- Organising virtual tours for residents (e.g. tours of the London Zoo and the London Aquarium).
- Organising fitness and social activities over Zoom.
- Helping residents access day-centre clubs or activities via Zoom.
- Setting up a virtual portal so residents can access e-visits safely.

Box 6: Supporting residents' wellbeing

- Providing staff-led person-centre room visits (e.g. to encourage relaxation to music or to take part in art activities).
- Increasing the number of indoor and outdoor activities to keep residents stimulated.
- Keeping residents active by taking them on short walks to the park or in the woods.
- Setting up a sensory corner in the home for residents to relax in.
- Providing indoor exercise classes to replace team sports.
- Buying a Netflix or Amazon Prime subscription for residents to use.
- Providing extra emotional support for residents (e.g. access to a counsellor)
- Providing residents and their families with a dedicated person who can help them stay in touch.

Box 7: Supporting residents to be Covid-19 safe

- Speaking to residents individually to explain the lockdown rules and to answer any questions or concerns they had.
- Providing residents with extra reassurance and keeping them updated about changes in lockdown rules.
- Providing residents with facemasks and gloves if they choose to go into the community, or for use around the home.
- Providing hand sanitiser in residents' rooms and around the home.
- Staff offering to go to the shops for residents to reduce the risk of infection in the community.
- Reminding residents about social distancing and hand washing.

5. Conclusions

Overall, most care home managers reported that they had managed well during the first wave of the pandemic, although many noted that it had been an exceptionally stressful and challenging time for staff, residents and their loved ones. Many managers reflected that this was to some extent exacerbated by the support from Barnet Council and the Care Quality Commission around PPE coming four or five weeks too late.

Managers also reported frustrations with accessing testing for staff and residents, with some managers stating that they were unable to access testing until as late as April or May. This was again reported as contributing to overall levels of stress amongst staff, residents, and their loved ones.

Many care home managers reported concerns about the financial impact of the pandemic on their care home and on the care sector more widely. The extra costs of PPE, a reduction in new admissions to the care home, and the cost of Covid-19-related staff absences were identified as keys factors in this.

Many care homes managers have had to put into place new policies and procedure to ensure that staff do not bring Covid-19 into the home.

Most care homes reported that routine healthcare for residents was predominately being provided digitally, with face-to-face consultations only being carried out if clinically necessary. Many managers welcomed this change as video consultations allowed multiple professionals to be present at once and increased multidisciplinary team working.

However, this was not unanimous. Some staff felt that digital consultations were not as effective as in-person consultations. Healthwatch Barnet is also concerned that the inability for some residents (particularly residents in mental health care homes) to attend face-to-face medical appointments outside of the care home may mean that they are not always afforded privacy when discussing medical issues.

Many care home managers raised concerns about the length of time it was taking Barnet Council to carry out Deprivation of Liberty Assessments and to provide assessment reports. Healthwatch Barnet is very concerned that in some cases delays in obtaining assessments have been in excess of 6 months, and that these problems were well established before the pandemic and have only been further exacerbated by it.

Healthwatch Barnet found that most care homes had put significant time and effort into supporting residents' wellbeing during lockdown and have been using a variety of creative ways to ensure residents are stimulated and can maintain contact with their loved ones.

However, Healthwatch Barnet continues to be concerned that for many residents, particularly residents with dementia, digital visiting does not provide a substitute for in-person visits, and that a lack of in-person contact may well contribute to distress and a decline in wellbeing.

6. Recommendations

Following this report Healthwatch Barnet has set out five recommendations for action:

1. We would encourage Barnet Council, the CQC and the NHS to continue to provide support and guidance for care homes to help them respond to Covid-19 and changing Government guidance.
2. We would encourage Barnet Council and the Government to consider providing additional financial support for care homes who are experiencing increased costs and reduced income relating to the pandemic.
3. We would encourage the NCL CCG and GPs to ensure that care home residents can choose to have a face-to-face healthcare appointment to preserve their privacy or allow them to communicate with medical professionals more easily.
4. We would encourage Barnet Council to act quickly to reduce the length of times some care home residents are having to wait for Deprivation of Liberty Assessments and reports.
5. We would like to encourage care homes to continue to find creative ways to ensuring residents' wellbeing during the pandemic, including working to find new Covid-19-safe ways for family and friends to visit residents in person.

7. Next Steps

Our findings will be shared with care homes in Barnet, the North Central London Clinical Commissioning Group and Barnet Council. We welcome their responses to this report and are committed to publishing these.

Healthwatch Barnet hopes to use this report as a basis for further engagement with residents in care homes and their loved ones.

8. Appendix

1. Copy of volunteer interview schedule

General opening questions	
1) Home's capacity?	
2) Number of current residents?	
3) What needs do your residents have? (e.g. dementia and PEG fed)	
4) Do any of your residents currently have DoLS[2]? *Prompt: Has the current situation led to any issues with asking for DoLS?*	
Staff	
5) How many staff do you usually have?	
6) How many staff do you have on duty today?	
7) How often do you use your own bank/ general bank/agency staff if required?	
8) Have you had issues with PPE?	
9) Are staff able to wash their uniforms at the care home?	
10) What happens if a member of staff or somebody in their household believes they may have COVID-19?	
11) Are any of your staff living in the care home?	

COVID-19 Response	
12) Have you had any confirmed cases of COVID-19?	
13) Who confirmed these cases?	

14) Do you think there were other suspected cases? If so, how many?	
15) Are staff and residents being tested?	
16) Where are they tested?	
17) Have there been difficulties with testing?	
18) What do you do if a resident needs to be kept isolated?	
19) What arrangements do you have for GP/District Nurse visits?	
20) How have they changed since COVID -19?	
21) How is your care home being supported? *Prompt: by Head Office/ Council Care Quality Team/ CCG/ CQC/other?*	
22) How are you/staff being supported at this time of lockdown? *Prompt: Support if they become ill, or how they are being kept occupied? And how do residents keep in touch with their loved ones?*	
23) Have any of your residents been admitted to hospital during this period?	
24) Have any residents been refused admission to hospital by either London Ambulance Service/care home/ family/GP/Hospital?	
25) Have you experienced any problems with hospital discharges and readmission here?	
26) Are residents tested for COVID-19 before they are discharged from hospital? Do you know when the test was done? Is there evidence to support this?	

27) Do you have a lead for infection control in the home? Who (job title) has this role?	

Health and Wellbeing	
28) How are you supporting residents to keep in touch with their family and friends?	
29) What changes, if any, have been made to the process following the death of a resident?	
30) Have residents in your home received appropriate palliative care? *Prompt: lack of appropriate medication/ breathing appliances etc/no permission for relatives to attend.*	
31) How is the cause of death decided and by whom?	
32) Has this changed since Covid-19? If yes, how?	

Income	
33) What has been the financial impact of COVID–19 on this home?	
34) Have you been informed of any extra government money available to your home?	
35) How do you see this home managing in the next 6-12 months/future?	

Is there anything else you would like to add or are there any issues that we can raise on your behalf?

We would like to thank all the care home staff and Healthwatch volunteers and staff who took part in the project.