



Working in a care home during the coronavirus (COVID-19) outbreak

December 2020



What was the project about?

The coronavirus (COVID-19) outbreak changed the way care was provided to those who live in care homes, during the first national lockdown. As well as [hearing from those who live in, or visit, local care homes](#), we wanted to collect the experiences from those who work in Buckinghamshire care homes.

What did we do?

Lockdown measures, government guidance and the decisions made by the care homes themselves, changed frequently, particularly during Spring 2020. We therefore decided to ask for feedback about the period March 16th to May 31st when care homes made the greatest changes.

Government guidance meant care homes closed to visitors early on during the outbreak. As a result, we developed an online survey to capture people views. We offered to phone anyone unable to access the survey online.

We worked with three residents from three different Fremantle Trust care homes to co-design the survey questions. We launched the survey on 23rd June and closed it on 17th August. We asked people about:

- COVID-19 testing
- Hygiene, Personal Protective Equipment (PPE) and Training
- Raising Concerns and Mental Health Support
- Staffing Levels
- Movement around the home
- Meaningful Activities and Visitors.

We publicised our surveys via social media and our newsletter during June and July. We were interviewed on Wycombe Sound and Marlow FM. Mix96 FM published a piece on their website. The Fremantle Trust and other local organisations also publicised the survey.

We have summarised the responses by survey question in this report. The total number of responses to each question varied. This is because not everyone answered all the questions. We have also summarised comments by theme. These summaries indicate how often a theme was mentioned rather than an exact count. Some feedback was about more than one theme so the number of results can exceed the number of responses. More information about our approach and our statistical analysis is in Appendix 1.

What did we find?

Who did we hear from?

We received 168 responses to the survey. Of these, 16 responses did not relate to either the relevant time period or to a Buckinghamshire care home. This report reflects the views of the remaining 152 people.

A summary of who we heard from is set out below. A full breakdown of the demographics is in Appendix 2. Of those answering the question:

- 77% (79/103) of respondents were in the 36-65 age range - the median age was 47 years, and the median age group was 46-55.
- 63/103 of staff identified as White British, 20 White Other, and 13 as coming from a Black, Asian, and Minority Ethnic (BAME) group
- 80% (82/102) identified as female and 18% (18/102) as male

COVID-19 Diagnosis and Testing

We asked whether anyone was diagnosed with, or suspected of having, COVID-19. We found this depended on whether the staff member was talking about themselves, other staff, or residents. The full results can be seen in Appendix 2.

Testing for Staff

We asked whether staff were diagnosed with, or suspected of having, COVID-19 before May 31st.

- + 14% (22/152) of respondents said they were diagnosed or suspected they had COVID-19.
- + 49% (63/129) said that other staff members were suspected of or diagnosed with COVID-19.

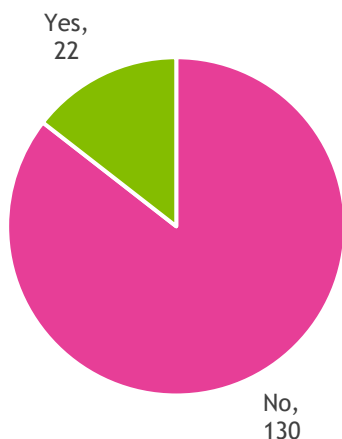


Figure 1 - Were you diagnosed or suspected of having COVID-19

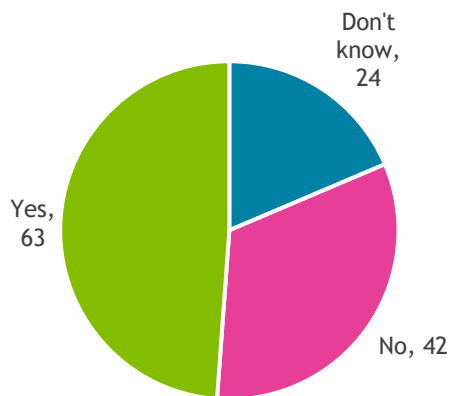


Figure 2 - Were other staff diagnosed or suspected of having COVID-19

We asked those who told us they were diagnosed with, or thought they had COVID-19, about how quickly they were able to get a COVID-19 test.

- + 80% (13/15) of respondents said they could not get a test for themselves.
- + 33% (18/54) said colleagues could not get a test or could not get a test for over 2 weeks.
- + However, 44% (24/54) said colleagues had obtained a test within a week.

Where staff were unable to get tests, they had to self-isolate at home. Often, this had an impact on the immediate or longer-term staffing of the care home.

“Staff couldn’t work whether they were positive or negative as they couldn’t get tested.”

“The illness was very mild, but the post-viral fatigue was hard to deal with. This continued for more than 6 weeks.”

Staff told us they obtained their tests via a national app and through local tests centres. Care homes were also able to access national testing via Buckinghamshire Council. Their website served as an access point to the programme run by the Department of Health and Social Care.

We asked about how quickly staff received the test results.

- + Only 20% (3/15) of the respondents said they could get a test; they all told us that they received the results of these within a week.
- + 59% (32/54) said colleagues received their results within 3 days.

14 members of staff left additional comments. Some were frustrated by the delay in accessing a test or results.

“... we had staff who had no cars to drive to the test centre over 30 mins away so could not get tested.”

“We were unable to obtain a test for all residents and staff until 16th May.”

“Testing for staff & residents should have been in place at the start of lockdown.”

Testing for Residents

We asked staff the same questions about residents being tested for COVID-19.

- + 52% (74/143) said residents had been suspected of having, or had been diagnosed with, COVID-19.

Of these respondents, 63 people told us more about the testing.

- + 69% (41/59) said they didn’t know how the test for the residents were arranged.
- + The most popular way 19% (11/59) was referral by the care home to national testing via Buckinghamshire Council.
- + Of those who knew how quickly residents had been tested, 55% (24/44) said residents took tests within a week of having symptoms. However, 36% (16/44) were unable to get a test or were unable to get one within a fortnight.

“At the beginning of the outbreak ... diagnosis was only by phone so no real testing was done for the residents or the staff; on the other hand once the testing programme was in place, the tests were available within 3 days...”

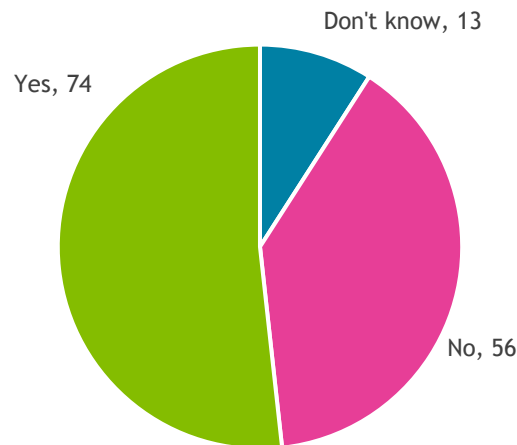


Figure 3 - Were any residents suspected of having, or had been diagnosed with, COVID-19

23 people left comments about access to testing for residents. Some commented on residents moving to and from hospital without being tested. Others on how tests, if available, were at some points limited in number.

“We could only get three tests for a whole home of residents. We had to choose which three residents could have a test and which ones couldn't.”

“All residents with learning disabilities were left out of the testing program. All residents had to isolate in individual rooms due to no testing available, so staff were never sure if they had COVID-19.”

5 people commented on the impact of limited or no testing had on residents. These included the effect on mental wellbeing and on the potential of spreading the virus to others in the home.

“Other residents had already contracted COVID 19 by the time we were able to get suspected residents tested, as there had to be two or more cases before a test could be done.”

“In isolation with one carer for 6 days; but what was sad was the GP had the result, which was negative, three days before we knew, and this isolation stress could have been prevented.”

We asked about how quickly residents received the test results.

+ Over 50% (33/60) came back within 3 days.

13 members of staff left comments. Most commented on how residents had to go into isolation until results were received. However, others mentioned lost tests and the absence of continuous testing.

“... over 100 tests have been lost and we have never had results.”

“The residents within the care service have only been tested once since the outbreak.” (comment left in August)

24 people left additional comments about their experiences of testing. These, analysed by theme, can be seen in [Figure 4](#).

50% of the comments were about the delay and/or frequency of testing. Some also made the comment that they felt that testing in care homes was an afterthought.

“First tests were available at the beginning of June for everyone. At the beginning of the lockdown any resident with flu type of symptoms was treated as COVID, but we were unable to get tests for them. Finally, when the tests arrived, staff who were responsible for taking swabs never had any training. So many of the swabs were taken in unprofessional way.”

“It just didn’t happen. Learning disability care homes were the last to be considered for testing and this is a national scandal.”

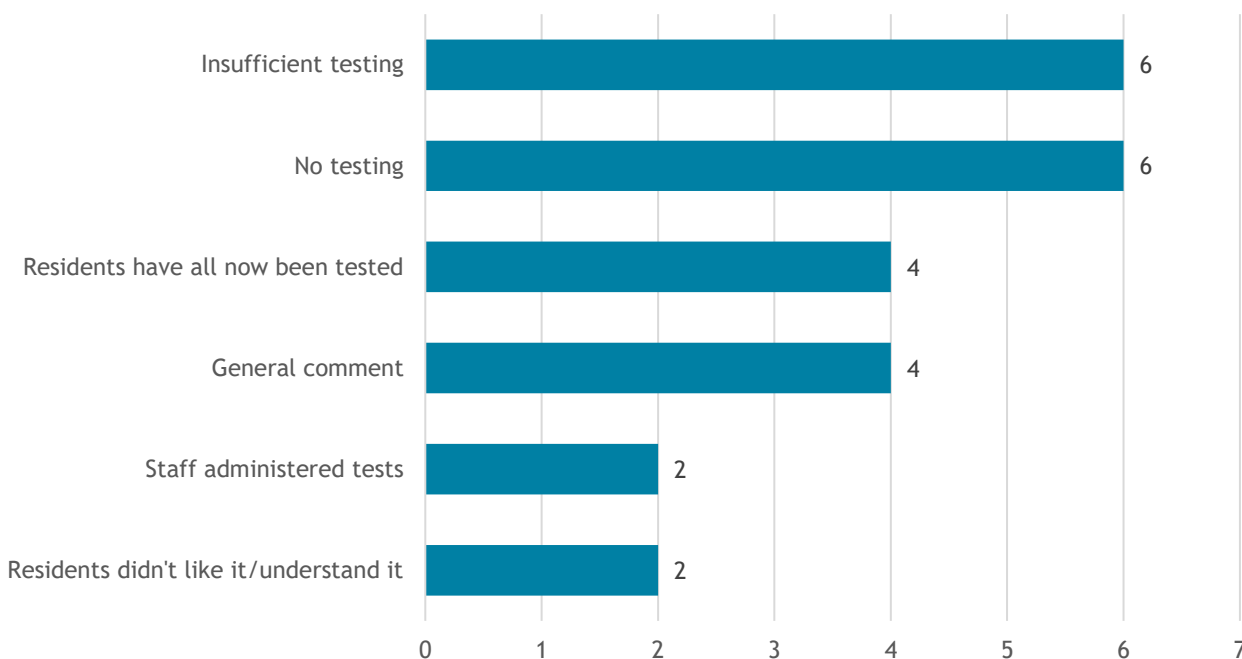


Figure 4 - Please tell us any more about testing for your residents

Some staff also commented that their care homes had remained free from the virus or that, when testing had taken place, no positive results had been recorded.

“We have been clear from the start with staff and residents Thank God.”

Hygiene and Personal Protective Equipment (PPE)

We asked whether staff had sufficient soap and / or hand sanitiser. 120 people responded.

- + 88% of respondents told us they had enough.
- + Of those who said they had insufficient supplies, staff left comments which included saying they brought bars of soap from home or used washing up liquid.

We also asked whether staff had sufficient Personal Protective Equipment (PPE) during the outbreak. 119 people responded.

- + 82% of staff also told us that they had enough.

Figure 5 shows what those did when they had insufficient supplies. Most staff improvised with what they had or made/bought their own.

“Using dustbin bags as aprons and gloves”

“No masks. Care home had material masks made up... Some staff bought their own masks. My employer also made up some visors...”

Others left positive comments about the support they received from the community.

“Relied on donations from local companies. PPE was diverted to NHS.”

Negative comments related to lack of supply and how staff felt they had to continue to provide care despite this.

“we were told we had one mask for the whole day”

“We risked our lives and made do with the PPE we had and carried on with our job as our residents need us.”

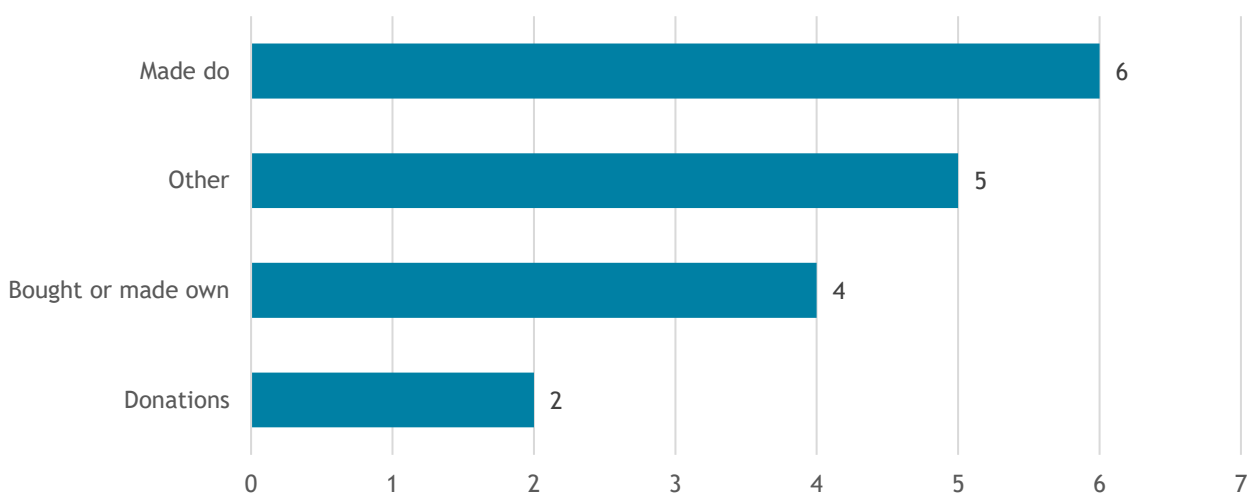


Figure 5 - What did you do when you did not have enough PPE to give the care that was needed?

Training

We asked if staff felt they had received enough training about COVID-19 and changes to procedures. 118 people responded.

+ 80% of respondents told us they had.

We asked about the areas in which staff thought they could have benefitted from more training. [Figure 6](#) shows the 15 comments left, by theme. These reflected some staff, certainly at the beginning of lockdown, finding themselves undertaking work they had previously not done before such as verification of death or enhanced infection control.

“Senior staff, who are not nurses, as it is a residential home, were suddenly asked to take temperatures, oxygen levels and pulse rates of residents without any knowledge of doing this beforehand. Any knowledge on how to isolate a resident with dementia who wanders and doesn’t recognise they have COVID would also have been helpful.”

More specific comments included not knowing enough about how PPE was to be worn and identified insufficient communication within the care team as an issue.

“[need to be] told by senior management of the residents needs and changes if required... More feedback on each resident by the nurses on the day...”

“How to wear and dispose PPE correctly. E.g. The sequence in which PPE should be removed. Up until COVID, PPE was predominately used for barrier nursing only.”

Others commented on changing government advice and being kept up to date by the care home.

“Policies were changing so often, they were differently interpreted from person to person! It was chaos!”

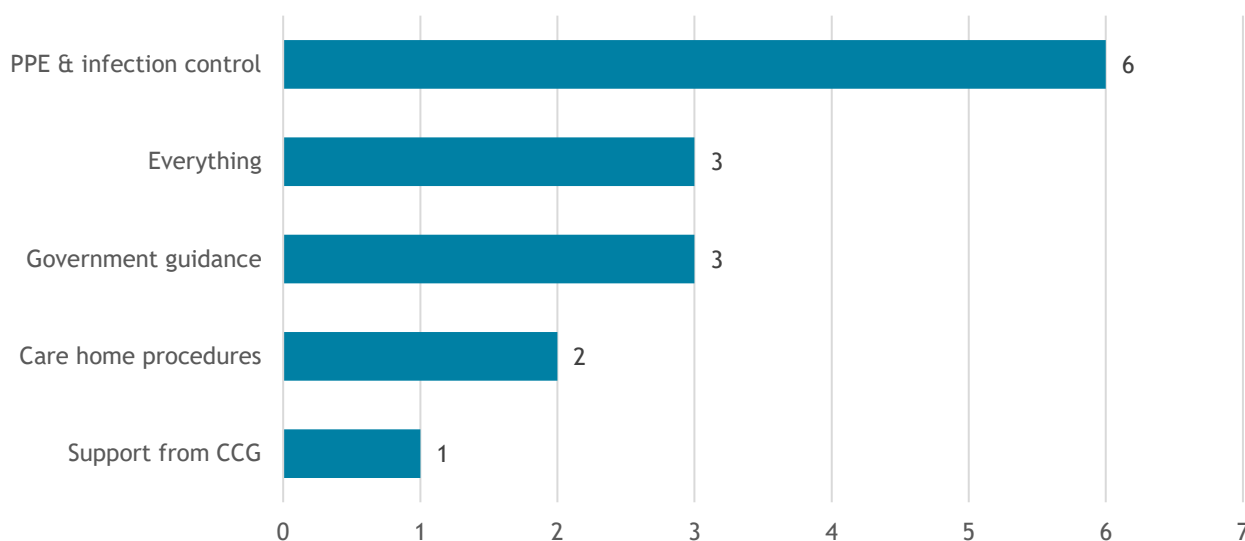


Figure 5 - In what areas did you feel you needed more training?

Concerns & Mental Health

Raising concerns

We asked whether staff felt able to raise any concerns they had, and what was the response of the care home was to these. [Figure 7](#) shows that most were positive about their employer’s response.

+ 77% (60/78) said they felt able to raise concerns.

“Very few concerns as the management of my care home was very supportive and ensured that staff had all necessary equipment to protect themselves and residents. The wellbeing of all was supported extremely well.”

“Regular team meetings to discuss any issue or concerns - raised with Home Manager who instantly acted upon them. New COVID folder with information updated regularly was available.”

However, some people felt unsupported because of the unprecedented situation, changing guidance and personal anxiety.

“Concerns were raised, and home tried its best, but the failure was at a national level.”

“Not comfortable on asking due to having anxiety issues myself so I didn't have the confidence myself”

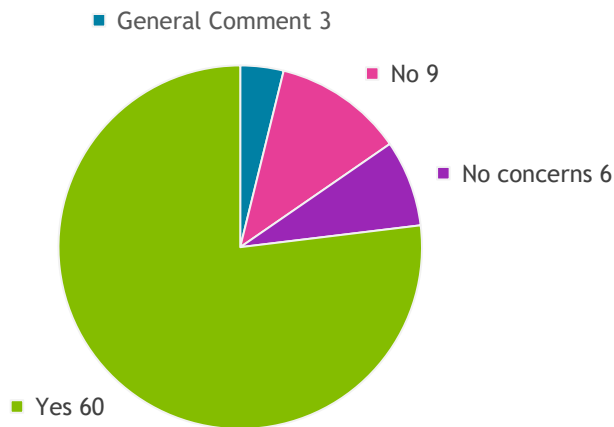


Figure 6 - Did you feel able to raise any concerns you had...?

Supporting Mental Health

We asked staff if they felt the care home supported them to maintain good mental health. We heard from 114 people. We found that 80% did feel supported.

When we looked at this data based on the age of the respondent, we found some evidence that younger staff (35 and under) felt less supported than their older colleagues.

When asked about how the care home offered support, 90 people gave at least one answer. The most popular answers were via regular team meetings and through small gifts.

- + 69% said they were supported through regular meetings
- + 60% said they received small gifts
- + 36% said they were signposted to mental health support elsewhere

	Total
Regular team meetings	62
Small gifts	54
One to one talks	49
Signposting to mental health support elsewhere	32
Other	22
Cards	20

Table 1 - How did the home support you to maintain good mental health during the outbreak?

We received 22 comments about other ways, all positive, in which staff had felt their mental health was supported by the care home. These included managers taking time to listen (11) and care homes providing access to support via online apps (4).

“Information available for therapy support if feeling anxious etc available through company Perkbox app which is completely confidential. Good relationship with home manager who was open and honest and if did not know answer, would go away, and come back with one. Very supportive. Home Manager provided encouragement and thanked us regularly - organised "afternoon -tea", cake etc regularly as an activity to have with residents and staff together... Home manager regularly sent nice messages on WhatsApp of appreciation and thanks. Kept morale up”

We asked what the impact of this support was on staff themselves and on the residents they looked after in the care home. 89 people responded.

- + 75% of respondents to this question said it made them feel part of a team.
- + 58% also said it made them feel they could do their job properly.

	Total
I felt part of a team	67
I felt I could do my job properly	52
I felt reassured	48
I felt more valued	47
I felt listened to	42
Other	8

Table 2 - What was the impact of this for you and on the residents you look after?

“Just meant at least one person understands the unbelievable amount of stress we were under and how hard we were working and appreciated us putting our lives on the line “

“I always felt that the owners and managers were there for me and that I could approach them on any issues I had and I was confident that they would give me all the support I needed.”

14 people told us more about why they felt they hadn’t received enough support from the care home, to maintain good mental health. Some people struggled because of fear, a lack of sleep or longer working hours.

“I was very frightened and took three days off for fear of not having any PPE.”

“I am a strong person, it did not impact me, but other staff struggled with stress over working more hours with staff shortage”

We asked what further support staff would have liked to maintain their mental health. 20 people told us they did not require anything else. However, the other 36 pieces of feedback were analysed by theme and can be seen in [Figure 8](#).

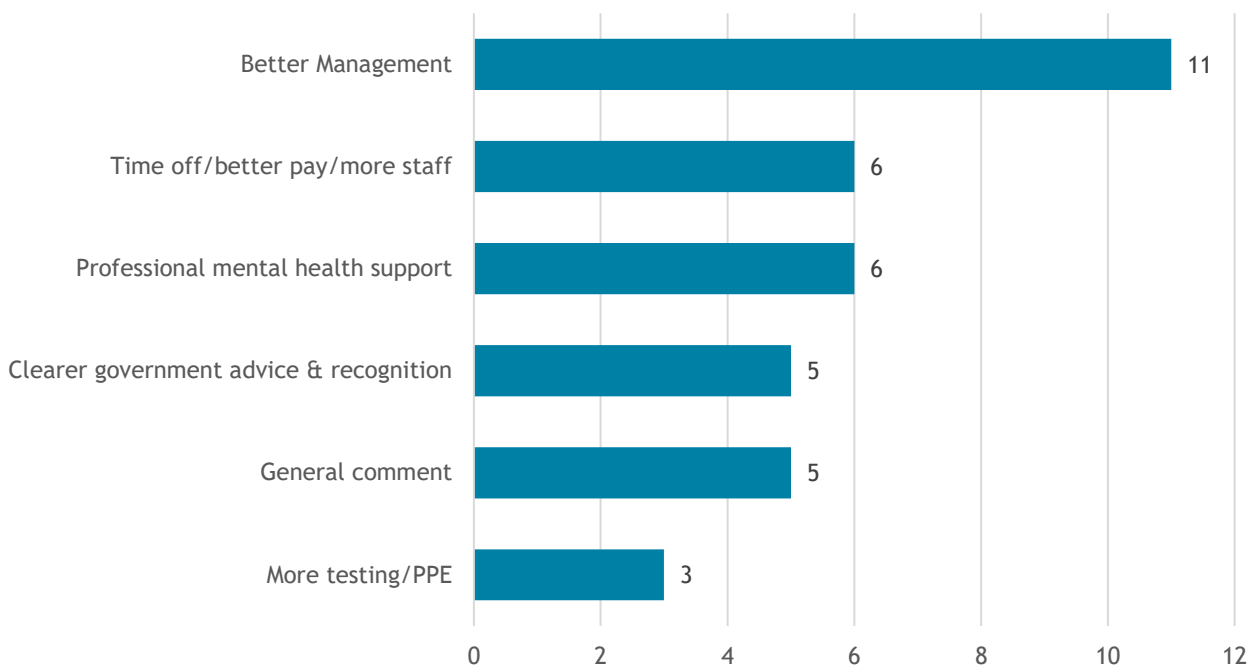


Figure 7 - What further support staff would have liked to manage any anxieties and maintain your mental health?

Most people told us they wanted more support, from their manager, and appreciation of their personal circumstances.

“Managers to understand more it's not just us working hard. A lot of staff have children who they need to home school on their days off”

“... to feel appreciated by the company ... because of working through COVID-19 for right from the start with no time off.”

Six staff members wanted access to professional mental health and/or bereavement counselling. This was for staff who continued to work through the pandemic and those that were off sick due to anxiety. One person suggested that with more support, some may have returned to work quicker. Others also wanted more practical help whether that be information provided to them in a way they easily understood, or more training.

“Easy to read information, there was a lot to take in and digest, sometimes very confusing.”

Three people told us there needed to be a greater acknowledgment of the importance of care work and those who are cared for.

“For the government not to treat social care workers as second-class citizens and for the country to realise our skills”

“For the government not to forget people with a learning disability.”

The other comments related to wanting better pay, more staff on duty, more time off and better access to COVID-19 testing.

Staffing Levels

We asked if there was sufficient staff in the care home they worked in, during this period.

- + 59% (66/112) of respondents said 'Yes'.
- + A further 32% said there were sufficient staff most of the time.

When asked about how the care home maintained sufficient staffing levels to maintain safe and dignified care, 101 people gave at least one answer.

- + 69% said enough of the home's usual staff were available
- + 41% also said staff worked longer hours than usual

	Total
Enough of the home's usual staff were available	70
Staff worked longer hours than usual	41
The home employed more agency /bank staff than usual	32
The home employed new permanent staff	32
Staff moved into the home	21
Other	15

Table 3 - Please tell us how the home managed to maintain sufficient staff to provide safe and dignified care?

"The staff chose to do extra hours rather than introduce a new member to the team. We all know each other very well and took extra precautions to not come into contact with anyone new. Regular member of agency continuously came in if needed rather than a new person. This helped with making sure residents were not confused and were supported."

Three people also told us that staff levels were maintained through staff moving into the home or by using volunteers.

We asked why some people thought there had been insufficient staff in the home during the outbreak. Eight people choose at least one answer. All eight of these respondents chose “because they, or a member of their family, needed to be protected”.

	Total
Staff were absent because they, or a member of their family, needed to be protected	8
Staff were absent because they had to self-isolate because they, or a family member, had suspected COVID-19	5
Staff left because of fears about them or their families having more exposure to COVID-19	4
Staff were absent because of another physical illness	3
Staff were absent because of stress/anxiety/poor mental health	3
Other	1

Table 4 - Please tell us why you believe there were insufficient staff to provide safe and dignified care?

One person commented that there were insufficient staff because the amount of work had increased.

“The amount of responsibilities have significantly increased as many residents required more attention as they had to stay in their rooms. Although there were recommended numbers of staff it wasn't enough as there was more to do than usual.”

We asked what impact, people thought insufficient staff had had on the care home residents. 7 people left a comment. They told us they believed that this resulted in a lack of personal care, loss of meaningful activity and impacted wellbeing.

“Only vital needs of residents were fulfilled.”

“They missed out on activities... But also, I think, little things like being able to sit and interact with the residents; we did not have time for.”

“Residents were confined to their room, so the lack of socialization had a huge impact on their mental health.”

Movement around the Home

We asked whether residents continue to move around the home as they had done before the outbreak.

+ 65% (71/110) of respondents said ‘No’.

We asked what restrictions were made to residents' movements around the home to help keep them safe. 68 people gave at least one response.

+ 79% told us people were restricted to their bedrooms if they had COVID-19 symptoms.

“... If COVID was present the whole unit was locked down and residents with symptoms stayed in their own room where possible.”

“residents that tested positive were moved to a separate wing on second floor to prevent spreading”

+ 66% respondents told us residents were confined to one unit/ house/part of the home.

“Those with dementia were confined to their rooms”

“All communal areas were shut down. Most of the residents stayed indoors; only a few came out for a walk around.”

However, for some keeping socially distanced was more challenging.

“Very difficult with residents with dementia”

“This was impossible as the residents could not be isolated due to severe learning disabilities and behaviours that challenge.”

Some staff also told us about how physical changes were made to the home to enable people to see each other whilst keeping their distance.

“Furniture in the home was rearranged. Socially distanced at mealtimes and for activities. Residents were encouraged to use the same chair in the lounge.”

What restrictions were put on residents' movements to help keep them safe?	Total
Residents had to stay in their room if they had COVID-19 symptoms	54
Residents were confined to one unit/ house/part of the home	45
Residents were encouraged to stay in their bedroom but not allowed to roam if they wanted to	26
Other	18
Some residents had to change bedrooms	16
Residents could leave their bedrooms but only with a member of staff present	7
Some residents were locked in their bedrooms	4

Table 5 - What restrictions were put on residents' movements to help keep them safe?

When asked about how these changes affected the residents, 67 people gave at least one answer and responses are shown in Table 6.

- + 51% said residents were understanding of the situation
- + However, 58% told us that some residents' behaviour became more challenging demonstrating their frustration
- + 49% also said that some residents were more distressed than usual

“[A]couple of residents were struggling with the lockdown - especially meal times - they have been invited to the restaurant, they were able to have supervised walks in the garden or around the home, but most residents were understanding considering difficult times.”

Two members of staff told us they believed that some residents health deteriorated as a result.

“For some residents, I feel [their]dementia may have progressed slightly, but many residents coped well with this.”

	Total
Some residents' behaviour became more challenging demonstrating their frustration	39
Many residents were understanding	34
Some residents were more distressed than usual	33
Some residents became withdrawn	29
Some residents' health deteriorated	24
Residents behaved in much their usual way	18
There were no problems	9
Other	7
Some residents were not able to stick to the guidelines and were locked in their bedrooms	3

Table 6 - Thinking of this, in what ways have these changes affected your residents?

Meaningful Activities

We asked if any of the home's usual activities stopped.

+ 78% (84/107) respondents said they did.

When asked which activities stopped, 83 people gave at least one answer. The most common answers were trips out, visiting entertainers and chiropodists.

	Total
Trips out	80
Visiting entertainers	74
Chiropodist appointments	69
Religious services	60
Group activities e.g. quizzes, singalongs, and word games	41
Exercise / Zumba / Oomph	39
Other	19
Going into the garden	14

Table 7 - Which activities did not take place?

A further 19 people left additional comments.

+ 8 told us medical, physio and hairdresser appointments stopped.

+ 7 comments were about how activities were changed rather than stopped all together.

We asked why these activities had to stop. 83 people gave at least one answer, shown in Table 8 below

+ 96% told us it was because of government guidance e.g. no non-essential visitors.

+ 39% said it was because activities could not be carried out safely.

+ 27% found staff were too busy checking on more people in their bedrooms.

“Because all of our activity people were either shielding or had multiple jobs and we could not take chances.”

	Total
Government guidance e.g. no non-essential visitors	80
Could not run any activities safely	32
Staff spent more time checking on more individuals in bedrooms	22
Other	10
Insufficient staff	7
Staff had more paperwork than usual to complete	6

Table 8 - Why did these activities have to stop?

When asked about how these changes have affected residents, 82 people gave at least one answer. Table 9 shows the results.

- + 57% said residents were understanding.
- + 44% told us that some residents' behaviour became more challenging demonstrating their frustration.
- + 43% said residents became withdrawn.

	Total
Many residents were understanding	47
Some residents' behaviour became more challenging demonstrating their frustration	36
Some residents became withdrawn	35
Some residents were more distressed than usual	33
Some residents' health deteriorated	24
There were no problems	15
Other	10

Table 9 - How have you found these changes have affected your residents?

Some of the comments we received illustrated these views. 4 people said that residents adapted to the situation. However, 6 people felt the lack of meaningful activities had a negative impact on residents' wellbeing. This included residents becoming depressed or missing "the company of others and the social buzz."

"Residents literally gave up eating and drinking and died due to that lack of motivation or will to live. Where's your will to live when you are 90+, can't see friends/family, relying on an iPad to see your family when your vision is limited, hearing is limited, not having the understanding to realise what the device is for. The people you do see and who are interacting with you are wearing masks, I could only imagine the terror and confusion in many of our residents."

We also asked if the care home had implemented any new activities or positive new ideas.

+ 60% (62/103) said they had.

58 people told us more about these new initiatives. We looked at these comments by type of activity. This gave us 84 results, which can be seen in [Figure 9](#).

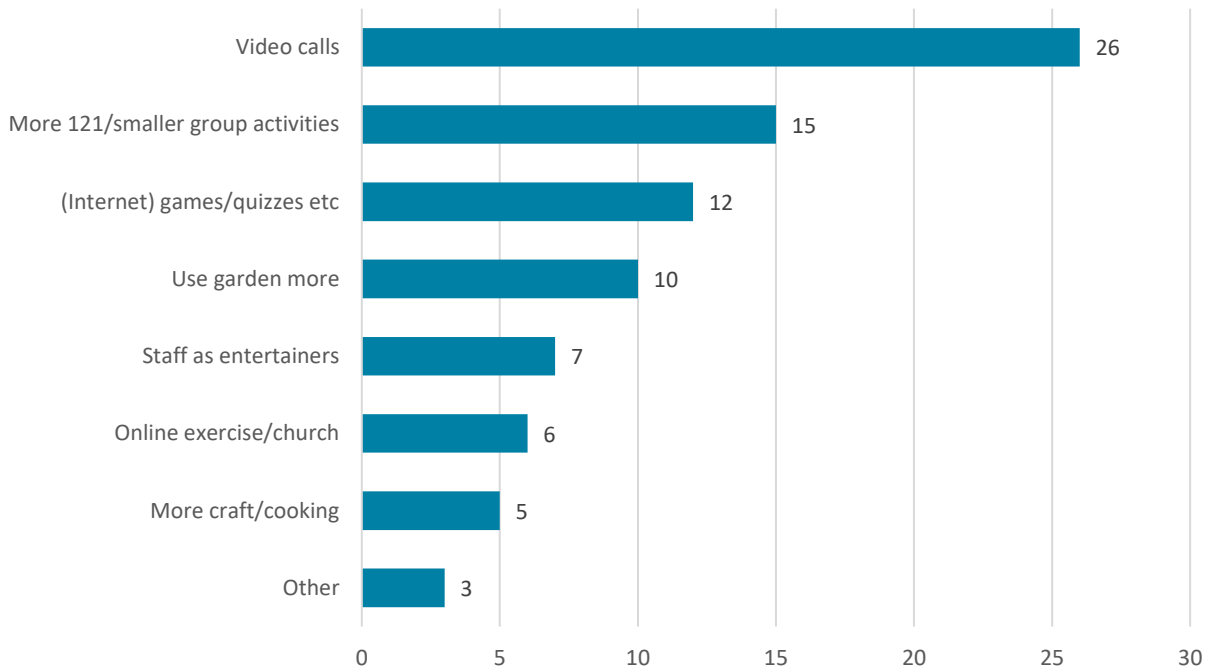


Figure 8 - Were there any new activities / positive new ideas implemented?

A third of the responses highlighted the introduction of video calls (Skype, WhatsApp, Zoom etc). Care homes used iPads and similar hand-held devices more than ever before with some care homes buying these devices for the first time. Staff told us that this technology was principally used to enable residents to keep in touch with their loved ones. However, some homes also used this to carry on with activities virtually. These included exercise classes, religious worship, quizzes with other care homes and Zoom bingo.

“...Some residents became pen pals with the community...”

As social distancing kept more people in their rooms or units more, staff told us that the number of one to one activities with some residents has increased.

“Increased number of 1:1 activities which gave staff the chance to learn more about the residents and vice versa. Staff either built up or enhanced their relationships with the residents.”

In many care homes, staff acquired new skills as hairdressers and entertainers. They told us they got involved in more cooking, craft, and spending time in the garden with residents.

“A member of staff bought in and played their guitar; staff members took on the entertainment role, singing, dancing, acting the fool. Residents enjoy this very much”

“Mealtimes were made more special and we spent more time out in the garden due to the lovely weather. In house activities were carried out.”

“...Cooking more often with staff, when usually they don't want to do (this).”

Keeping Residents Informed

We asked how staff explained to residents about the coronavirus outbreak and what was going on in the home as things changed. 104 people gave at least one answer.

- + 83% of respondents told us they kept residents informed verbally.
- + 32% said they used newsletters.
- + 29% said there were residents' meetings.

	Total
Gave updates verbally	86
Newsletters	33
Residents' meetings	30
Other	19
Don't know	6

Table 10 - How did you explain to residents about the coronavirus outbreak and what was going on in the home as things changed?

19 people also commented on how explaining the coronavirus outbreak in different ways, helped residents deal with the circumstances they found themselves in.

“Some residents were able to read about it in the paper and would then ask questions...”

“Complex LD and non-verbal residents - pictures and symbols were used. One resident had a picture of the COVID-19 bug put on his wall so he could tap it and say go away!”

“We talked about the virus as it was a good thing to share information and to be open and transparent. This helped with their understanding as to why their families were not able to visit the home.”

Some respondents also highlighted some of the challenges they faced.

“Hard to explain how to hold a cup of water to residents with late-stage dementia let alone a pandemic.”

“Most of our residents do not have the capacity to understand due to their profound, multiple learning disabilities.”

Visitors

We asked whether the home allowed residents to have any visitors. We heard from 106 staff. 79% (84/106) of staff told us residents were not allowed visitors from 16th March - 31st May.

“Visiting restrictions started early.”

Of those who said visitors could come to the home, only 76% (16/21) said visitors, in March, could visit a relative who was at the end of the life. From May, this increased to 86% (18/21).

“Visitors only in emergency like EOL [end of life]. Still, full PPE provided, escorted to special area or resident's room via the shortest route, usually side staircases. One person only.”

For other residents, not at end of life, staff said no visitors were permitted in March or April and only 64% (9/14) told us visitors were permitted in May.

Of the 22 people who said visitors were permitted, all gave at least one answer when asked about how residents were able to see any friends and family in person. For those residents not at end of life, they saw their visitors principally in the garden, at a window or in a doorway.

Again, all 22 staff gave at least one answer when asked how residents felt about these visits.

+ 55% (12/22) said residents felt OK.

“Our residents were very understanding and seeing them they felt comforted”

“I think it lifted their spirits. Reassurance that their loved ones outside the home were safe”

However, staff also told us residents felt sad (18%) or anxious (14%) after a visit.

“Some have found their loved ones leaving even more difficult than normal as they don't know when they'll next see them”

“Some with dementia didn't understand”

Keeping in touch in the absence of visits

When we asked about how residents kept in touch with their loved ones, 104 people gave at least one answer. These are shown in Table 11.

+ 93% (97/104) said by video call (e.g. Facetime).

+ Over 70% also used a mobile or care home phone.

	Total
Video call e.g. Facetime	97
Mobile phone	81
Care home phone	76
Letters	69
Receiving gifts e.g. flowers	69
Other	16

Table 11 - How did residents keep in touch with their loved ones?

There were an additional 16 comments. Most of these mentioned Familigram (photo message style telegrams) and/or relatives waving or talking, from the outside, through windows.

Again, a range of views were given when we asked how residents found these ways of keeping in touch. 103 people gave at least one answer.

	Total
They have enjoyed the experience	61
Frustrating	39
Upsetting	37
Almost as good as seeing people in person	21
Other	16
No change from normal	13

Table 12 - How have residents found these ways of keeping touch?

+ 59% felt residents had enjoyed the experience.

“There has been a mixed reaction. Some have enjoyed seeing their loved ones by using facetime or skype and some have found it upsetting that they are unable to give their families a hug or have that 1:1 contact. Residents have definitely enjoyed learning about new technology of the facetime and skype calls.”

“They have loved getting letters and pictures which they [previously] did not get as much, and gifts left outside.”

“Most of our residents have been very understanding throughout the pandemic however there are a small few that found it difficult not seeing their family on a daily basis.”

However, 38% of staff told us that residents found the new technology in particular frustrating.

“It has been distressing [for the resident] not understanding what the device is.”

“Some residents were confused by videocalls or Skype and FaceTime or WhatsApp video calls. They found it difficult to look at the screen and not be distracted by sounds and things around them.”

36% of staff told us that residents found these new ways of keeping in touch upsetting.

“Some residents liked the Skype calls at the beginning but have become more withdrawn as the weeks have gone on. Some now won't engage at all with them”

“Some resident's behaviours escalated after they had finished seeing parents on facetime - they were supported and redirected to help to cope with this.”

Is there anything else you'd like to tell us?

Other Issues

We asked whether there were any other difficult aspects of working in a care home that people would like to tell us. 62 comments were left, which we analysed by theme, giving 78 separate items of feedback shown in Figure 10.

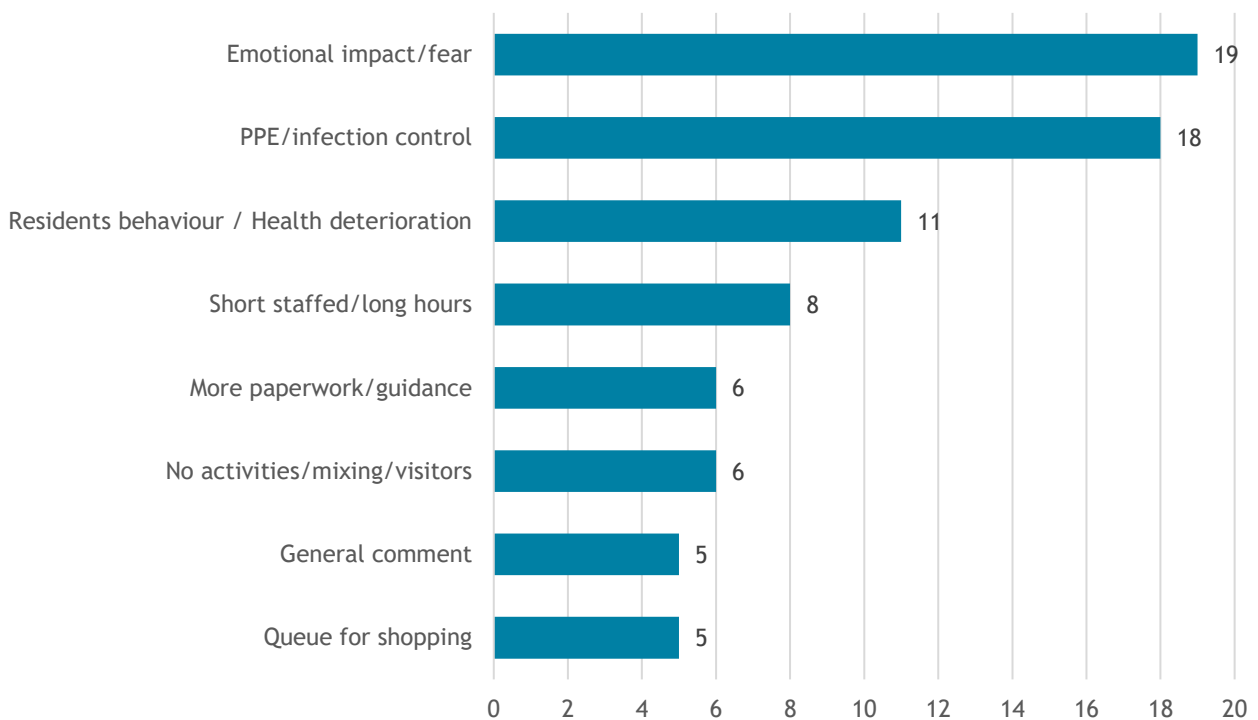


Figure 9 - Were there were any other difficult aspects of working in a care home?

24% of the feedback was about people's fears, and the emotional impact of working in an environment where residents were particularly vulnerable to the virus.

“Physically exhausting, upsetting when residents passed away, tension amongst work colleagues”

“It was very difficult for the staff team to see some residents become so very poorly and not recover and they were left with a feeling of helplessness as quite a few residents died in a very short space of time.”

Staff were worried about catching the virus and spreading it to residents, other staff, or their families.

“I was daunting balancing your own fears and duty of care.”

“work life balance for me, continuous pressure and worry”

“Just the worry for the people we support as they are all highly vulnerable. One case could have been devastating for the entire house.”

Another 23% of the feedback reiterated the issues around obtaining and wearing PPE.

“No real help finding PPE”

Staff have found wearing PPE hot and often tiring as they have to repeat themselves or raise their voices to make themselves understood.

“It was difficult communicating with residents sometimes due to wearing face masks”

“wearing masks takes away the personal expression between people, and is hard to explain to residents with dementia”

11 members of staff told us they found longer shifts and/or coping without sufficient colleagues, difficult.

“Helping different departments while trying to do my own job, being spread thin.”

“At one point the depleted regular staff team were caring for 6 residents who needed palliative care and as it’s a residential home and not a nursing home this level of care was too much for the team to manage.”

Whilst 2 comments were about families being rude to staff, 16 others highlighted staff concern for the deterioration in resident’s health and the impact of no visitors, including NHS staff.

“No GP would visit the home in over 3 months. Talking to a nurse remotely worked but only if the IT worked.”

“Concerns about weight loss and falls”

Other comments were about trying to keep on top of ever-changing Department of Health advice and not being able to buy food/supplies in bulk for the care home.

“Food shopping was terrible as it is completed on-line every week. All of a sudden, we had no slots, we were not prioritised, we were still restricted to 3 items which just does not work. So, staff were going 3 at a time to one shop so they could get enough milk to last a few days. The NHS was the main focus, and supermarkets did not allow care homes to shop with any priority.”

Positive Outcomes

We asked whether there were any other positive things that happened in the care home. 61 comments were left, which we analysed by theme, giving 64 separate items of feedback shown in [Figure 11](#).

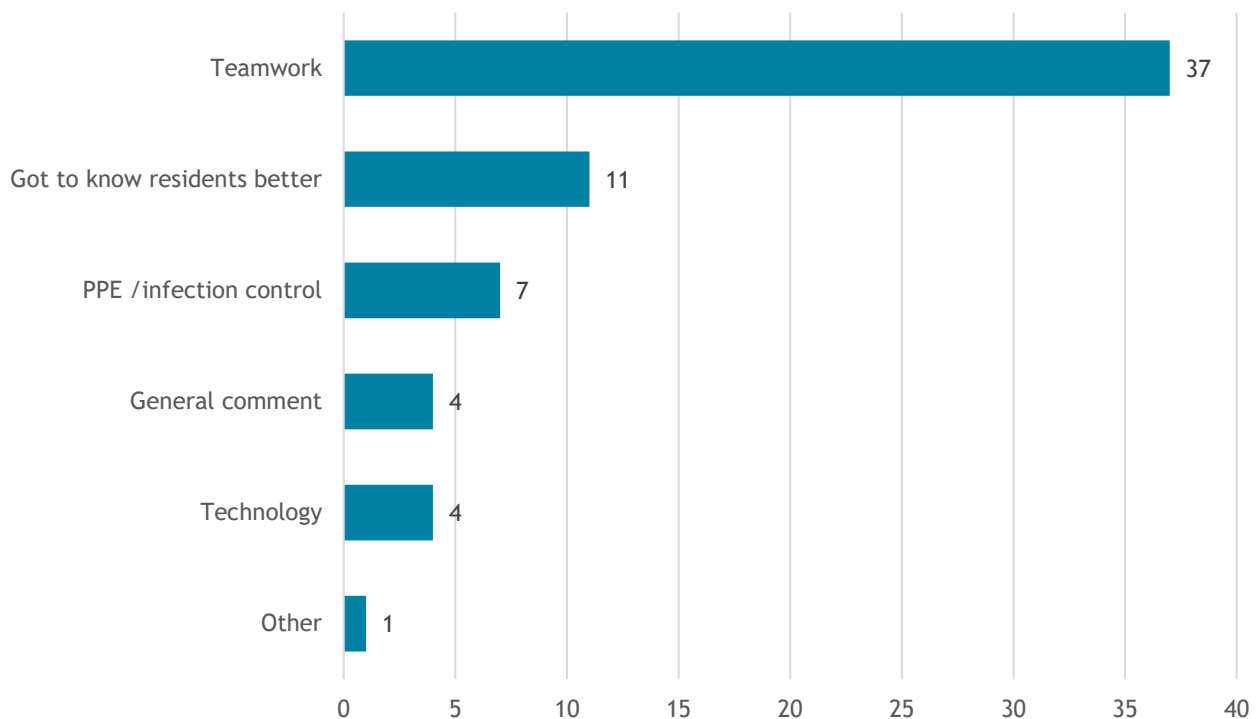


Figure 10 - Were there any other positive things that happened in the care home?

57% of these commented on how staff had supported each other, boosting morale.

“The staff worked as a team. They were willing to go the extra mile and do what they could to make life in a care home as enjoyable as they could under the circumstances.”

“Good to see all staff pull together to make residents feel safe”

“The team have become closer as we have all had to help each other more than usual.”

11 people also said that lockdown has enabled staff to get to know residents, and in some cases their families, better.

“Have spoken to more residents one to one and learnt more about them”

“The staff have become more active in keeping the residents busy and involved.”

There were 7 comments about health which included being grateful for remaining COVID-19 free and the benefits of online appointments.

“Hospital appointments online which save the distress of transportation for residents.”

Other comments about positive new things happening in care homes included staff feeling appreciated by residents, learning more about technology and big birthdays.

“We’ve been to virtual places using the iPad”

“People have learnt about social media and enjoyed it”

“Despite the outbreak we have been able to celebrate 3 residents reaching the age of 100”

Conclusions

COVID-19 Diagnosis and Testing

The data suggest a very varied experience of testing. This could reflect changing access to testing over the period in question. Many staff were frustrated with the time it took to get COVID-19 tests and then to get the results.

- + Only 14% of respondents, but 49% of colleagues and residents, said they were diagnosed or suspected they had COVID-19.
- + 80% of respondents said they could not get a COVID-19 test for themselves. However, they said 44% (24/54) of their colleagues and 55% (24/44) of their residents had obtained a test within a week.
- + 50% of residents and 59% of staff colleagues received their test results within 3 days.

Keeping Safe and Feeling Supported

- + Over 80% of staff told us they had sufficient soap and / or hand sanitiser and PPE.
- + 80% of staff told us they felt they had sufficient training about COVID-19 and changes to procedures.
- + 77% said they felt able to raise any concerns they had.
- + 80% said they felt the care home supported them to maintain good mental health.
- + 59% of respondents said there were sufficient staff. A further 32% said there were sufficient staff most of the time.

Activities and Keeping Residents Informed

- + 65% of respondents said residents were restricted in where they could go in the home.
- + 51% said residents were understanding about this. However, 58% told us that some residents' behaviour became more challenging demonstrating their frustration.
- + 78% respondents said the care home's usual activities had to stop.
- + 57% said residents were understanding about this. However, 44% told us that some residents' behaviour became more challenging demonstrating their frustration.
- + 60% did say that the care home had implemented new activities or positive new ideas.
- + 83% of respondents told us they kept residents informed verbally about the coronavirus outbreak and what was going on in the home as things changed.

Visitors and Keeping in Touch

- + 79% (84/106) of staff told us residents were not allowed visitors from 16th March - 31st May.
- + Of those who said visitors could come to the home, only 76% (16/21) said visitors, in March, could visit a relative who was at the end of the life. In May, this increased to 86%. For other residents, not at end of life, they said no visitors were permitted in March or April. In May, this increased to 64% (9/14).
- + Instead of visits, most people used video calls and phone to keep in contact with their loved one. 59% of staff said residents had enjoyed the experience.
- + However, 38% of staff told us that residents found the new ways of keeping in touch frustrating, particularly around technology. 36% found them upsetting.

Recommendations

Our report gives a snapshot of peoples' experiences and views up until 17th August 2020. We recognise that the way services are delivered in care homes may have changed since people responded to our survey. We would urge providers and commissioners to review all the feedback. The thematic analysis and quotes give helpful insights into a wide range of peoples' experiences.

Our recommendations focus on ways that current provision could be improved based on the more negative aspects reported to us.

For Buckinghamshire Integrated Care Partnership (ICP)

- work with Buckinghamshire social care providers to ensure care home staff are aware of the professional mental health support available to them. Consider targeted communications to social care staff on the mental health support available to them including self-referral to Healthy Minds and the Buckinghamshire and Oxford Mental Health helpline.

For Buckinghamshire Council

We recommend that Buckinghamshire Council continues to:

- work with care homes to ensure that staff have access to COVID-19 testing and appropriate PPE.
- support care homes to develop well trained and skilled staff.
- build on the more collaborative working relationships with care home providers following the coronavirus outbreak.

For Care Homes

To support their staff further, we recommend care homes:

- ensure that staff are aware of how to access professional mental health support. Consider training at least one member of staff on Mental Health First Aid
- develop a work culture that promotes good physical and mental health recognising one solution does not suit everyone. For example:
 - ensure staff have the time and space to process their experiences over the last few months and provide support where necessary.
 - monitor staff wellbeing regularly and act early to support staff where needed.
- ensure processes and procedures, such as infection control, are written in plain English to make them easily accessible to all staff.
- ensure all staff interact meaningfully with residents to enable the latter to live with purpose in a care home.
- ensure staff have appropriate training regarding the technology they use. This may be updating care plans, helping a resident with a video call, or using telecare, telehealth, or telemedicine.
- develop staff understanding of how each individual resident may benefit - or not - from technology, which technology this might be and how residents will need to be supported to make the most of these opportunities.

- continue to support residents to keep in touch with their families and friends, particularly if using technology is not manageable or preferable.
- make the most of experiences from the pandemic. For example:
 - build on staff/resident relationships created through the increased number of one to ones during the pandemic.
 - discuss with staff how teamwork motivated them, during a time of uncertainty, and how this can be developed further going forward.
 - build on staff creativity displayed during the outbreak and continue with successful new activities.
 - continue to work with the community and develop further the links that were created during this period.

What are we doing to ensure these are achieved?

We have sent our findings to the commissioners of adult social care services, to care home managers in Buckinghamshire and to the Buckinghamshire ICP. We have also sent our findings to Healthwatch England and the Care Quality Commission.

Acknowledgements

We would like to thank all those who took part in this survey. We would also like to thank the staff from The Fremantle Trust care homes who helped co-design the survey.

Disclaimer

This report sets out the responses received. It does not necessarily reflect the experiences of all service users.

Appendix 1

More information about our approach

Demographics

This was an online survey and promoted on social media and via our electronic newsletter. We recognise that this will have affected the range of people that we heard from.

Throughout this analysis we will refer to people that didn't identify as "White British" as coming from a Black, Asian, or Minority Ethnic (BAME) group. Please note that this will mean that some groups that identify as 'White' will still be considered BAME (for example White -Other).

Number of responses and accuracy

The number of responses to each question varied. Some people chose not to answer every question. Others did not complete the entire survey.

Percentage results were calculated from the total number of people who answered each question. Due to rounding, some given percentages may not add up to 100%.

Analysis of comments

Many of the questions included 'Other' answers with the option of providing additional information. We also invited further feedback for some questions.

To summarise the feedback, we identified the key features of each response and grouped them by theme. We normally use this technique to categorise the feedback we collect from the public as part of our regular Local Healthwatch duties. It is a subjective process. The summaries should be regarded therefore as an indication how often a theme was mentioned rather than an exact count. Some feedback offered views on more than one theme.

Also, people may have made similar comments in response to different questions. The numbers for each theme, reported under different questions, should not be added together.

For questions where comments were offered, we applied the categories used across the Healthwatch network supplemented with some specific topics.

Statistical analysis

The findings from this survey are based on a **sample** of those who received information, who work in Buckinghamshire care home. This means all findings are subject to sampling tolerances.

To get an overall idea of where variations between groups may occur in the results, we used pivot tables and charts. For example, we looked to see if there were different responses by demographic group. Where we suspected there may be a statistically significant difference, we applied a chi-squared test based on the following assumptions:

- each observation is independent of all the others (i.e. one observation per subject)
- all expected counts should be 5 or greater (or Yates' Correction would be applied)

We tested at the 90%, 95% and 99% confidence levels. Only those at the 95% or above level have been reported as significant. This means the difference is likely to be real rather than be due to chance. Where no real difference is indicated there may still be a variation in the responses being compared but the difference is more likely to be due to chance.

Appendix 2

Who we heard from

	Responses
18-25	6
26-35	15
36-45	27
46-55	29
56-65	23
66+	1
I'd prefer not to say	2
Total	103

	Responses
Another ethnic background	2
Asian / Asian British: Any other Asian / Asian British background	1
Asian / Asian British: Bangladeshi	2
Asian / Asian British: Indian	2
Asian / Asian British: Pakistani	2
Black / Black British: African	3
Black / Black British: Caribbean	1
I'd prefer not to say	7
White: Any other White background	17
White: British / English / Northern Irish / Scottish / Welsh	63
White: Irish	3
Total	103

	Responses
Female	82
Male	18

I'd prefer not to say	2
Total	102

COVID-19 Diagnosis and Testing

Before May 31st 2020, were you diagnosed with, or suspected you had, Covid-19?

	Responses
Yes	22
No	130
Total	152

Before May 31st 2020, was any other member of staff diagnosed with, or suspected of having, Covid19?

	Responses
Yes	63
No	42
Don't know	24
Total	129

How quickly were you able to get a Covid-19 test?

	Responses
Within 3 days	1
More than 2 weeks	1
Couldn't get one	13
Total	15

How quickly were other staff able to get the test?

	Responses
Within 3 days	12
Within 1 week	12
Within 2 weeks	1

More than 2 weeks	7
Couldn't get one	11
Don't know	11
Total	54

How did you obtain the test?

	Responses
Local test centre	2
National app	1
Other (please tell us more)	2
Referred by care home to testing via the Council	2
Total	7

How did they obtain the test?

	Responses
Don't know	18
Local Test Centre	19
National App	6
Other (please tell us more)	1
Referred by care home to testing via the Council	6
Total	50

How quickly did you receive the results of the test?

	Responses
Not applicable as I couldn't get a test	12
Within 3 days	1
Within a week	2
Total	15

How quickly did other staff receive the results of the test?

	Responses
Not applicable as they couldn't get a test	8
Within 3 days	32
Within a week	4
Within 2 weeks	1
More than 2 weeks	1
Don't know	8
Total	54

Before May 31st 2020, was any resident diagnosed with, or suspected of having, Covid-19?

	Responses
Yes	74
No	56
Don't know	13
Total	143

How was the test for a resident obtained?

	Responses
Local Test Centre	1
National App	6
Referred by care home to testing via the Council	11
Don't know	41
Total	59

How quickly were residents able to get a Covid-19 test?

	Responses
Couldn't get one	7
Within 3 days	17
Within 1 week	7

Within 2 weeks	4
More than 2 weeks	9
Don't know	19
Total	63

How quickly did the home receive the results of the resident's test?

	Responses
Not applicable as we couldn't get a test for the resident	6
Within 3 days	33
Within a week	7
Within 2 weeks	1
More than 2 weeks	2
Don't know	11
Total	60

Did you have enough hand sanitiser /soap during the outbreak?

	Responses
Yes	105
No	12
Don't know	3
Total	120

Did you have enough Personal Protective Equipment (PPE) during the outbreak?

	Responses
Yes	98
No	18
Don't know	3
Total	119

Did you receive enough training about Covid-19 and changes to procedures?

	Responses
Yes	95
No	20
Don't know	3
Total	118

Did the care home support you to maintain good mental health during this time?

	Responses
Yes	91
No	18
Don't know	5
Total	114

Were there sufficient staff in the home to provide safe and dignified care?

	Responses
Yes	66
Most of the time	36
No	8
Don't know	2
Total	112

Could residents continue to move around the home as they had done before the outbreak?

	Responses
Yes	38
No	71
Don't know	1
Total	110

Did any of the home's usual activities stop?

	Responses
Yes	84
No	19
I'd prefer not to say	4
Total	107

Were there any new activities / positive new ideas implemented?

	Responses
Yes - please tell us more about these	62
No	18
Don't know	23
Total	103

Did the home allow residents to have any visitors?

	Responses
Yes	22
No	84
Total	106

When were visitors allowed to come to the home?

Visits allowed for...	March	April	May	June	Gave at least one answer
For any resident	0	0	9	12	14
For those at end of life	16	17	18	18	21

Visits allowed for...	March	April	May	June
For any resident	0%	0%	64%	86%
For those at end of life	76%	81%	86%	86%

How have residents been able to see any friends and family in person?

How have residents been able to see any friends and family in person?	Total
In the garden / outside	17
At their bedside at the end of their life	17
Through the window / at a doorway	16
Wearing PPE	15
In a restricted area inside	3
Other	3

How do you think these visits made residents feel?

How do you think these visits made residents feel?	Total
OK	12
Thoughtful	3
More talkative	7
Anxious or agitated	3
Sad	4
Other	8

If you require this report in an alternative format, please contact us.

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