



**Care Homes during the COVID-19 Pandemic:
Experiences of Care Home Staff and Residents' Families.**

**SUMMARY REPORT
March 2021**

Contents

Care Homes Report - Summary.....	1
Introduction	2
Methodology.....	2
Findings - interviews with care home managers and staff	3
What has worked well?.....	3
Support from external agencies	4
Guidance.....	4
PPE.....	5
Tests	5
Activities.....	5
Residents	6
Family visits & communication with residents' families.....	7
Staff morale	7
Additional support and moving forward.....	8
Findings - focus groups with relatives.....	8
Conclusion	9
Learning Points.....	10

Introduction

In Summer 2020, Healthwatch Liverpool staff met with staff from Liverpool City Council (LCC) to discuss how we could learn more about the impact of COVID-19 on local care homes.

Due to the closure of care homes to visitors during the pandemic, we were unable to visit care homes. We were therefore keen to explore new ways to find out how care homes were operating during the pandemic, and how they were looking after residents' physical and mental health as well as their general wellbeing. LCC were also keen to gather some more in-depth feedback from care homes across the city about their experiences of COVID-19, to help evaluate what had happened during the pandemic and to assist with future pandemic preparations.

We agreed to conduct a series of interviews with staff members from different care homes across Liverpool. LCC provided us with information about six care homes across the city. LCC chose these care homes because they represented a range of different experiences. In addition to interviewing staff, we also decided we would also conduct some outreach with people with relatives or other loved ones living in care homes, to ensure we could include their experiences in our final report.

This summary report shares our key findings from this piece of work. A longer and more detailed report is also available, and can be found on our website.

Methodology

We decided to conduct semi-structured interviews and focus groups with care home staff members, and residents' families. We developed a list of questions to ask care home staff and managers, in consultation with LCC. Questions covered PPE, testing for staff and residents, the impact on residents, communication with residents' families, staff morale, guidance, and support from external agencies. A full list of questions we asked is available in our full report.

Interviews and focus groups were conducted over Zoom, a video-conferencing app. Many care homes were busy, and it was therefore difficult to arrange suitable times to speak to people. We were not able to speak to all homes whose details we were provided. Interviews and focus groups were conducted between October and December.

We agreed to keep the information of care homes and staff we spoke to anonymous. The homes whose information we obtained from LCC are as follows:

- **Care Home A.** A small residential home. Staff moved in to the home in the Spring to stop the outbreak from spreading, although they experienced a later outbreak. We spoke to the home manager and some staff from this home.
- **Care Home B.** A mid-size home. This home did not experience an outbreak. We spoke to the home manager and some staff from this home.

- **Care Home C.** A mid-size home, which experienced a significant outbreak in the Spring. We spoke to the manager of this home.
- **Care Home D.** A large specialist home. This home experienced a later outbreak of COVID-19. We spoke to the manager and staff from this home
- **Care Home E.** A small home. This home experienced an early outbreak. We were unable to speak to staff or management from this home.
- **Care Home F.** A large home, with multiple buildings. We were unable to speak to staff and management from this home.

Findings - interviews with care home managers and staff

What has worked well?

“People have worked together so well, people have adapted, how everyone has adapted is amazing.” Manager, Care Home A.

- Some staff and managers told us about specific measures they had taken to help reduce the risk of a COVID outbreak in their care home.
- Some interviewees told us that team working in their care home had worked well, and that colleagues had adapted well to working in a pandemic.
- Others said close co-operation and communication with external agencies and professionals (such as Liverpool City Council, or healthcare professionals) had worked well during the pandemic.
- Close relationships with and support from residents’ families was also mentioned by some staff members.

What has been difficult?

“[The most difficult thing] was when COVID came into the building. It’s somewhere I’ve worked for 10 years and it took quite a few of the residents away and I think that was really, really hard. I think everyone was just in a little bit of a shock for a while.” Staff member, Care Home D

- For homes which had experienced COVID-19 outbreaks, this was an obvious difficulty. Specific difficulties staff and managers spoke about in relation to a COVID-19 outbreak included:
 - The pressure of caring for a number of residents who were very unwell with COVID-19;
 - Pressure from staff sickness and absence;
 - The impact of COVID-19 related deaths, with all homes we spoke to which had experienced an outbreak suddenly losing multiple residents in quick succession;
 - Some staff members told us that they were required to verify deaths during a COVID-19 outbreak, even when had not been previously trained or expected to verify deaths and were not comfortable performing this task.

- Some homes reported facing financial pressure, including both a loss of income due to the deaths of residents, and increased costs for PPE, cleaning supplies, and staffing.
- Staff described a lack of certainty or clarity around how to keep residents safe as something that was hard to deal with, particularly in the early weeks and months of the pandemic.
- At the time of the interviews, one home we spoke to had yet to experience an outbreak. The main difficulty they reported facing was around activities and keeping residents occupied, and having to keep family visits restricted.

Support from external agencies

“I do feel like the Council have supported us We’re getting PPE every week, free. We’ve had grants as well. I mean, I think because someone’s not physically coming in and standing next to you ... you miss that contact with people.”
Manager, Care Home A.

We asked managers about their experiences of receiving support from external agencies, such as Liverpool City Council, Public Health, the Infection Control team at the Royal Liverpool Hospital, the CQC, and any other relevant external professionals such as GPs and district nurses.

- Some managers told us about specific interactions with external individuals or agencies that they found useful or helpful. This included informal peer support from other care home managers.
- A number of managers also told us that, in the initial weeks and months of the pandemic, that contact from external agencies had been overwhelming in a way that was unhelpful and time consuming.
- Some managers felt they had not been well supported by external agencies, particularly when they were experiencing a COVID-19 outbreak.
 - Managers told us about facing pressure to complete bureaucratic tasks, such as routine paperwork or assisting social workers with care plan assessments, at a time that they felt was inappropriate.
 - Managers who experienced an outbreak early in the pandemic had a harder time accessing sufficient support, but said that support had improved since the early weeks and months of the pandemic.

Guidance

“Things change all the time and in the early days we must have been getting about three, four different briefings every day ... that was very difficult and time consuming, when you’re reading that, but you actually wanna be out there supporting your staff.” - Manager, Care Home D.

- Perceptions of guidance in the early weeks and months of the pandemic was more negative.

- Frequent changes in guidance were described as overwhelming and confusing, and guidance was often seen as being contradictory.
- For managers, keeping up to date with these changes in guidance was time consuming and an additional source of stress. Care home managers reported that they have found it beneficial when guidance and information meetings have been consolidated.
- Some managers told us that sometimes had to adapt guidance to ensure efforts to reduce risk were compatible with the needs of residents, particularly those who have dementia.

PPE

“Our supplier obviously was rationing [PPE] because everyone, all the care homes were panic buying ... but the Council topped it up.” Manager, Care Home C.

- The majority of homes we spoke to did not experience significant issues with obtaining PPE.
- All homes we spoke to told us they had a stockpile of PPE at the start of the pandemic.
- All homes told us that when they were running low on PPE or were not, they were able to obtain sufficient PPE from the Council at a fairly short notice.
- Larger homes seemed to have more difficulty initially obtaining sufficient PPE, due to the greater quantity of PPE they would require to protect staff and residents.
- Even where serious PPE shortages did not occur, staff still reported feeling concerned about possible future shortages.

Tests

“At first we didn’t have the testing, the regular testing, so this makes such a massive difference getting testing every week.” Staff member, Care Home D.

- Managers told us it had initially been difficult to organise tests for staff with COVID-19 symptoms, but the introduction of regular testing for staff had been beneficial.
- Managers told us that initial concerns or issues with the testing system for staff, such as slow results and excessive admin to log tests and results had been resolved.
- Some staff members reported that the introduction of more frequent testing of care home staff had helped to boost their morale.
- Some staff members said that they were also reassured by testing for new or returning residents moving to a care home after a hospital stay. However, some interviewees told us that this process did not always work smoothly in practice.

Activities

“We’ve increased the activities ... we’re just thinking out the box, doing silly things, doing dress-up days, doing meal days, we’ve purchased an interactive

tablet which we have movies on and games on ... that's the hardest thing, trying to keep them busy." Manager, Care Home B.

- All homes told us they had to change the activities they provided to residents, as both trips out and activities led by guests had to be cancelled.
- Many homes told us they activities they currently were able to provide for residents included themed parties or events; film nights; playing music; and quizzes, tombolas, or games such as bingo.
- Staff and managers told us that because visits were restricted, they felt pressured to hold more activities for residents to ensure they were stimulated and occupied throughout the day. Staff often had to use their own initiative to ensure that residents were entertained and occupied.
- Some staff found organising more frequent activities for residents stressful, as they did not receive additional money or equipment to help with this.

Residents

"I can't wait for the residents' families to be able to come in. I have seen it impact on residents where I didn't think it would ... but you can see it impacting on them." Manager, Care Home B.

- Many interviewees told us that restrictions on family visits had negatively impacted on residents' mental health, particularly for residents who had previously had frequent contact and visits from their family members. Some residents, particularly those with dementia, were not always able to understand why family visits had stopped.
- Staff told us that residents' mental health was also negatively affected by the deaths of other residents in their care home.
- Staff told us about how restrictions on all visits reduced residents' access to things like professional hairdressing, and other experiences and activities which had a positive impact on their quality of life.
- Some staff told us that the need to wear more PPE, including face masks, had a negative impact on some residents with disabilities, particularly residents with hearing impairment who were unable to lip-read as a result of staff wearing masks.
- Care homes which had experienced COVID-19 outbreaks spoke about the particular difficulties of managing an outbreak.
 - Residents with dementia were sometimes not able to understand requirements to self-isolate.
 - Staff reported that residents with dementia were not always able to communicate if they were experiencing certain COVID-19 symptoms, such as loss of smell or taste.
- Homes that were welcoming new residents told us they had measures in place to reduce the risk to other residents, such as asking new residents to self-isolate when they first moved into the care home.

Family visits & communication with residents' families

“It has been very hard for the families ... I think sometimes [families] feel like we’re going over the top, what are you doing this for, and we have to explain that we’ve got to follow the guidelines we’ve been given.” - Staff member, Care Home D.

- All the care homes we spoke to had put restrictions on in-person family visits during the pandemic and had adopted new ways of enabling visits, including virtual visits (via FaceTime, Zoom, Skype or other video-calling software) and, where possible and when the weather allowed, socially distanced outdoor visits.
- Most homes we spoke to were making arrangements to have indoor visiting pods fitted.
- Homes which experienced an early COVID-19 outbreak told us they had been slower to start virtual contact with families, although they recognised that this was not ideal.
- Some homes told us that poor internet connectivity or poor phone signal across their building(s) made virtual visiting difficult.
- Staff told us that virtual visits, particularly video calls, were not always accessible for residents with dementia.
- Staff members frequently used their own phones to help facilitate virtual visits, or gave out their own personal phone numbers to family members.
- Managers of some homes told us they had applied to receive additional technology, such as tablets, to help facilitate virtual visits, but had not received any equipment at the time of interview.
- Staff and managers spoke about how they also missed residents' family members presence in the home.
- Some staff told us they felt that differences between COVID-19 restrictions for the general public and tighter restrictions still in places in care homes could exacerbate family members' frustrations around visiting restrictions.
- Both staff and managers told us that there were challenging aspects to in-person visits, with outdoor visits often needing to be supervised to ensure that social distancing was adhered to and that family members wore the required PPE.

Staff morale

“I had days where I thought, phew, will this end? ... You have those times where you think I’m going go into the toilet and cry now, but then a bell goes and you think, I haven’t got time ... and you just move on.” Staff member, Care Home A.

- Interviewees told us that their jobs were more stressful under the pandemic, and that staff had less opportunity to rest or take breaks.
- Some, but not all, care homes reported that some of their staff had been signed off work due to stress, depression, or anxiety.
- Deaths of residents, including deaths not related to COVID-19, had a significant impact on staff morale.

- Some staff told us that working during a COVID-19 outbreak was stressful and upsetting, but said they often had to push these feelings to one side to continue doing their jobs and providing care to residents.
- Similarly, some staff told us they felt a general need to leave their personal life ‘at the door’, so as to maintain a cheerful environment for residents.
- Some staff and managers told us that morale among staff had decreased when national COVID-19 rates began to increase leading up to the second national lockdown. Some people we spoke to linked this to wider blame of care home workers for spreading COVID-19 within care homes, or lack of recognition for the work that care workers do in comparison to NHS workers.
- Staff told us that managers of their homes tried to boost morale and support staff with small gifts and gestures, such as ordering in meals, or buying cakes and treats.
- Staff told us that managers also kept them informed of places they could receive mental health support if they were struggling.
- Some managers told us they had been offered support for staff by external agencies, but that, at the time of interview, there had been no follow-through on this.
- A number of staff told us they felt very supported by both their managers and by their colleagues. These staff members generally described their experiences of the COVID-19 pandemic, including COVID-19 outbreaks in their care home less negatively.

Additional support and moving forward

- A number of staff and managers we spoke to told us there was no additional help and support they thought they needed.
- Some interviewees told us that, moving forward, they would like guidance to be more consistent and to change less frequently.
- Some staff said they hoped the introduction of a COVID-19 vaccine would enable visits to resume.
- Others told us that they would like to see more support offered and followed through when outbreaks occurred, along with less blame for care home staff when outbreaks happened.

Findings - focus groups with relatives

In October 2020, we ran an online focus group for members of the public with a relative or other loved one who had been living in a care home during the pandemic.

- Participants told us their ability to communicate with their loved ones had been very restricted during the pandemic. Everyone we spoke to said that their loved ones’ care home had stopped in-person visits from occurring early on in the pandemic. Not everyone we spoke to had been offered the opportunity to have a phone or video call with their loved one.

- Experiences with window or garden visits were mixed. Visiting arrangements were not always suitable for participants or their loved ones, and disparities between how different care homes operated during the pandemic was reported as a cause of confusion by participants.
- Everyone we spoke to told us that lack of visits with their loved one had a negative impact, both on themselves and on their loved ones. They told us that they felt the health, mental health, and overall wellbeing of their loved ones had deteriorated over the course of the pandemic. People were particularly concerned about loved ones with dementia.
- Participants told us about the informal care they provided to their relatives during visits prior to the pandemic, and how they worried for their loved ones' wellbeing now they were unable to provide this care.
- People told us that communication from care homes was generally poor. Most people we spoke to said that they had to phone up their loved one's care home to find out basic information about how their loved one was doing.
- A number of people told us that they were reluctant to get in touch with their loved one's care home, as they did not want to 'clog up' busy phone lines or distract staff from their work caring for residents.
- People generally felt that problems with communication went beyond individual staff members in homes, and that poor communication practices had also existed before the pandemic.

We also asked participants what changes they wanted to see, and how they felt their situations could be improved.

- People told us that they wanted communication from care homes to be improved, including more personal updates about how their loved one was doing.
- People who were currently unable to speak to their loved one via video calling said they would appreciate options for video calling being put in place.
- People also told us that they wanted to have in-person indoor visits with relatives, with regular testing of visiting family members and use of PPE by visitors.
- People said they would like for the informal care they provided to loved ones in care homes to be recognised, and to have 'essential visitor' status to allow them to continue to provide this care.

Conclusion

It is clear that the impact of the pandemic on local care homes has been significant and wide-ranging. This report summarises findings from a small group of care home staff and residents' family members, and looks at experiences occurring during the first and second waves of the pandemic. While it may not be representative of the experience of every care home staff member, resident, or family member, it nonetheless provides an

important snapshot of experiences across care homes in Liverpool between March and December 2020.

Learning Points

Even where personal perceptions of the pandemic differed among interviewees, we have also still been able to draw out experiences that were common among interviewees and general areas where practice could be improved. Some areas for improvement may be nationally, as well as locally, relevant.

- Funding and finances.
 - It is urgent that a solution to the ongoing crisis of funding for adult social care, including care homes, is enacted, which can provide sustainable funding for social care on a long-term basis.
 - Care homes should receive practical support, including funding for staffing and equipment to help them maintain activities for resident. An emphasis on ensuring high-quality activities provision should also continue post-pandemic.
 - Telephone and internet connectivity for care homes must be prioritised, so that residents are able to communicate with families over phone and video calls. As well as digital and telephone infrastructure, a focus on connectivity should also cover the equipment necessary to facilitate ‘virtual visits’, such as tablets and mobile or landline telephones.
- Guidance
 - Local and national bodies should work together more closely to ensure that guidance for emergency situations is coherent, joined-up, and easy to understand.
 - Future emergency preparedness planning must emphasise the need for joint working between key local agencies during emergencies, including LCC, local Public Health, Liverpool CCG (LCCG) and other local healthcare partners, and any other key agencies.
 - LCC should clarify the processes for supporting care homes experiencing staffing difficulties and shortages as a result of COVID-19 (and, where applicable, other infectious illnesses) to ensure staffing can be kept at safe levels.
 - Relevant local and national authorities should support care homes to safely maintain services and activities that support the quality of life of residents (such as hairdressing services, activities, or support from external faith leaders) where home are not experiencing current outbreaks, or subject to national lockdown regulations.
 - Relevant local and national authorities should ensure that guidance around the discharge of hospital patients into care homes is clear and effectively reduce the risk of transmission of COVID-19 into care homes.
- Verification of deaths.
 - National guidelines on death verification issued by the Department for Health and Social Care in May 2020 state that care home staff should not be

pressured to verify deaths during the pandemic.¹ LCC and LCCG should work with care home GPs and local healthcare professionals to ensure that professionally trained staff are able to come out and certify deaths, even when they are linked to COVID-19, where care home staff do not wish to do this.

- Psychological support for staff.
 - Psychological and emotional support should be made available to care home staff locally, and should be resourced appropriately so that staff who wish to access support can do so in a timely manner.
- Timeliness of support provision
 - Where support is offered to care homes, clear time frames should be given as to when this can be delivered. Care should be taken to ensure that communication with care homes around offers of support should be clear regarding what support is being offered, and when it will be delivered.
- Family visits. Current guidance from the Department of Health and Social Care on care home visiting, issued in January 2021, states “*visitor numbers should be limited to a single constant visitor wherever possible, with an absolute maximum of 2 constant visitors per resident*”.²
 - Given the importance of visiting to both residents and their families, relevant local and national authorities must plan to increase the limit on care home visitors as soon as possible, whilst working to mitigate the risk of COVID-19 transmission to care home residents.
 - Communication around care home visits, around changes to visiting guidance and policy, must be communicated clearly and in simple terms for care home staff, families, and residents to understand.
 - It is also clear that strong discrepancies between guidance for care home and guidance/COVID-19 regulations for the general public have increased tensions and frustrations regarding restrictions on family visits. Where possible, regulations for the public should be more consistent with regulations for care homes, and where there are discrepancies these need to be explained clearly and in simple terms for staff and family members to understand. This will be particularly important when national lockdown restrictions are eased.

¹ <https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency/coronavirus-covid-19-verifying-death-in-times-of-emergency#annex-1>

² <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>