



Care Homes

During COVID-19

healthwatch
Barking and
Dagenham
Delivered by LifeLine Projects

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1. Introduction

Details of Report:

Overview	This report provides presents the experiences of 35 care home residents and relatives and 57 care home staff during the unprecedented COVID-19 pandemic of 2020. It is an independent evaluation of the experience of people using and working in care homes in the London Borough of Barking and during the height of the pandemic. Recommendations for improvements and developments form part of the report.
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1.1. Acknowledgements

We would like to thank the care home managers who took time out of their busy schedules to support residents, their relatives and staff to have the opportunity to participate and provide Healthwatch with their thoughts and experiences during this time.

1.2. Disclaimer

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was contributed at the time of undertaking this project.

2. About Healthwatch

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to people's positive experience of services and act as a critical friend to services in areas which could be improved. We share local people's views with those with the power to make change happen. We also share these views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make health and care better for people

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care

Everything that Healthwatch Barking & Dagenham does brings the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision making processes.

3. Background

Care homes were amongst the worst places to suffer during the COVID-19 pandemic.

Healthwatch Barking and Dagenham were asked by the London Borough of Barking & Dagenham's Adult Social Care Quality and Improvement team (LBBDA ASC) to carry out an independent consultation to look at the challenges and experiences that care/nursing home residents, their relatives and the staff faced during the Coronavirus pandemic. A qualitative approach was chosen, to enable an understanding of opinions and experiences of those impacted, in order to inform and adjust policies for preparation for the potential of a second wave.

To reduce the impact of future outbreaks in the local area, it is essential that there are robust arrangements in place across local health and care services, to provide the most effective and safe support for them, using lessons learned from the COVID-19 pandemic to mitigate against such circumstances in the future .

The voices and experiences of people using and working in local care homes, should be integral to informing Barking and Dagenham Council's strategy and plans, so that the people at the centre of them, are supported to meet challenges that might emerge in the months ahead.

This report captures the experiences and views of care home residents; their relatives and the staff that work in them, during the time of COVID-19.



Image by Avery Healthcare

4. Methodology

Working together with the London Borough of Barking and Dagenham's Adult Social Care Quality and Improvement team (LBBD ASC), Healthwatch was able to speak online with local care home managers and representatives about best methodologies to use when carrying out the independent consultation. This resulted in the use of surveys, to capture the challenges and experiences that care home residents, their relatives and staff faced during the Coronavirus pandemic.

Healthwatch developed two online questionnaires using Survey Monkey - one for Residents and Relatives which 35 people completed: and one for Care Home Staff with 57 responses.

Individuals who did not have access to or knowledge of technology, were provided with the option to complete paper versions of the survey. Arrangements were also made to enable people who wanted to engage online or preferred contact by telephone to do so.

In addition to asking Care Homes to make the surveys available to their residents (and their families) and staff, Healthwatch also used their own social media channels, mailing lists and an article in the Barking & Dagenham Post to notify residents and staff about the opportunity to contribute to the research.

Emphasis was placed on encouraging as many people as possible to participate and in a way that worked best for them. All the responses are anonymous.

5. Executive Summary

When considering the environment in which care home staff have worked during the COVID-19 pandemic, in general, they have done their best within the limitations of a number of influencing factors.

Where care homes placed an emphasis on early, clear, informative communication about their policies and procedures with the families of their residents, they cultivated an environment of trust, reassurance and confidence in the care being provided. Where this did not happen, families became anxious.

There was a huge willingness on the part of care homes to enable residents and their families to both speak to and see each other virtually. Care homes who found ways to enable residents and their families to use facetime or video calls were greatly appreciated by the families. However, it also placed an additional burden on staff in circumstances that were already pressured by the new procedures that had to be implemented concurrently.

Several care homes established means for relatives to be able to visit their family members once government guidelines allowed for this to happen. Those homes who thought creatively were the most effective in providing opportunities which were a positive experience for both the resident and their family.

A number of care home staff and relatives expressed concern at the way hospital discharges happened during the lockdown period. Several examples were cited where patients who had tested positive for COVID-19 were discharged back to a care home, but the staff at the care home had no prior knowledge of the positive test result.

It is also clear from the feedback received that the availability of PPE at the beginning of the pandemic was a serious issue. In addition, staff were not equipped with the knowledge of how to provide care for residents who had tested positive for a highly contagious and potentially serious disease, while at the same time ensuring their own health and safety and this resulted in fear and anxiety.

Feedback shows that, in general, residents and their families felt that care home staff provided excellent care for both the health and well-being of their residents during the COVID-19 crisis. However, it is also obvious from feedback received from care home staff, that dealing with the unknown factors of the virus, lack of PPE and training, positive cases, death and the strain of additional communication requirements caused them fear. As a result staff are now tired and anxious after dealing with a high-stress situation for several months. There is a risk that the current work force could suffer PTSD or 'burn-out' from being on high alert for so long.

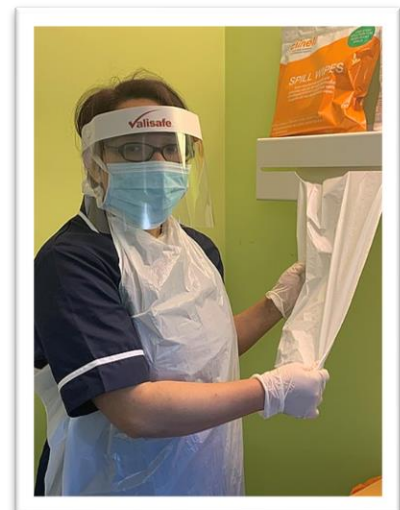


Image by Whispyhistory

6. Residents and Relatives' Responses

There were 35 individuals who responded to the survey. A representative selection of their feedback is cited below.

A link to all the feedback can be found here: <http://bit.ly/hwbd-residents>

“My understanding was that we were to stay home and only go out for exercise or essential food/medicine and that all non-essential shops were closed as were pubs, restaurants and leisure centres etc. Also, that we were unable to visit family/friends outside our own household which included care homes. Mum would not have had any understanding of what was going on.”

“Mum is aware of the COVID 19 [pandemic] and understands the need for staff to take precautions and for family to stop visiting inside the home. We received a copy of the action plan for George Brooker House at the beginning.”

“We understood that because of COVID 19 and lockdown, social distancing had to be strictly complied with, particularly in the case of care homes.”

“I thought I was going to catch the virus.”

“My mother could not grasp what was going on; she is very alert but does not watch TV or read newspapers. She felt abandoned when we could not visit.”

“I felt reasonably well informed; my husband works in a hospital and I was in good communication with my mum's care home. It was still limited understanding as everyone including the government was having to understand the virus and its implications as they went along. Sometimes messages from the government were confusing. I thought it was a bad idea to stop the daily briefings on TV as these gave a degree of commonality to what the population was hearing.”

6.1. How were the changes being made to your care home explained to you?

“We had communication very early on from the manager of the care home to say that we were in lockdown and that no visitors were allowed access to the home and that all relevant infection control procedures were in place. We also received a weekly update, which was useful and informative, especially as the guidance has changed continuously. Mum would not have had any idea about the changes, she would not be able to process any information given to her.”

“Staff reassured mum about the changes. The weekly newsletter from the home manager kept us informed about the virus, testing and staff changes throughout.”

“Told by the care home managers, we had to stay in and watch telly.”

“We had to be proactive to find out and often found out by luck. No coordinated communication programme.”

“My relative was discharged from Queens Hospital to Chestnut Court with no consultation or discussion.”

“My mum's care home introduced infection control earlier than advised by the government. At the time this was a cautious approach, but hindsight has shown them to be very responsible. The care home told me they were taking advice from national care organisations which led to this decision. The home communicated with me by phone and emails. It was regular and kept me informed of what was happening.”

6.2. How do you feel about visitors not being allowed?

“I was ok about it. It was not easy, I missed seeing mum, but this pandemic is something that none of us have had to deal with before. We all had to do things we didn't want to do to keep as many people as safe as possible. Also, I knew that mum was being well looked after and I didn't need to visit to make sure that was the case. Mum would not have realised that she wasn't receiving any visitors so she wouldn't be concerned about it.”

“I was upset my aunt couldn't leave her room, but I was allowed to drop her a goody bag off, I could not telephone her as she is deaf.”

“Mum understands the importance of visitors not being allowed inside the home. As a family we appreciate the need to be very cautious before any visitors back into the home.”

“I understand totally, the need for this. Obviously, it was hard not to see my mum face to face for this time, but the benefits have been priceless. I respect and value the staff for the clear stance they have taken on this. They have introduced distanced visits when it was appropriate, and these have been much appreciated by me and my family.”

“We all understood that it was for the safety of our dad and the other residents. It was terribly hard for us as dad has advanced Alzheimer's, but we wanted him to be safe.”

“It was part of keeping my relative and all residents and staff and myself safe.”

6.3. How do you feel about not being able to meet your friends/family or continue with your normal daily life?

“It has been very depressing I can now see my son and daughter and my garden even if it is at some distance.”

“Mum has been downhearted at times that normal daily life has been disrupted but understands why, she has been well supported by all staff and by regular phone calls from family.”

“Not being able to actually hold my Beryl is very hard having been married for 54 years. She is the love of my life, but her and the other residents and all the staff come first.”

“I feel bitter, lonely and sad.”

“It was hard considering my mother was used to seeing us three times a week and going out in the community. And for her not understanding what was happening.”

“The home FT once a week so we could chat with dad. My father has dementia, so I don't think the reality of what was happening really affected his well-being.”

“It's very difficult but a necessary safety measure. The staff at the home made it possible for us to see our father via video messaging and telephone calls.”

6.4. What activities are in place in your care home to entertain and support you?

“Mum is aware of care group activities - she mostly chooses to spend time in her own room with TV and reading. She has really enjoyed the extra musical entertainment arranged by the home to take place in the garden.”

“My laptop, TV to watch movies playing games.”

“They have a nice garden and every room has a television.”

“My relative is still recovering from a month in hospital so currently not able to join activities and entertainment. Does need stimulation.”

“Games, talking to my friends that live with me.”

“A member of staff in charge of entertainment visits each resident to talk with or read to them regularly. There are also games such as craft, singing and Bingo sessions.”

6.5. During this time how well do you feel you are cared for by the staff at your care home?

“Mum feels well cared for by staff at the home. We are all reassured by the testing procedures that have been put in place.”

“The staff keep us well informed of his health, mood activities and are very accommodating of our requests and queries.”

“I feel good and loved.”

“They are doing a good job taking care of us.”

“Mum was well cared for, but the isolation was depressing for her.”

“The staff have been marvellous to my mum and us as a family. They have been up- beat, clear in their communications and serious in their measures to keep residents and staff safe.”

“My dad has always been treated with care and respect in his care home... if anything the staff are closer to him since lockdown as they’ve spent more time with him.”

6.6. Please tell us how the home makes it possible to have regular contact with your loved one

“They arranged her phone calls and meetings through the windows; now there are garden visits. Due to my aunt being in isolation, I have been allowed in her room wearing face masks and gloves.”

“The home has offered phone and skype contact throughout. After a while, window visits were made possible. We are now able to visit in the garden.”

“At the moment I make an appointment, and they bring my mum downstairs and I take her out into the community.”

“Always welcoming when I’ve phoned. The Nurse phones back as promised. Have just had a well organised garden visit following social distancing. Sent a revised visiting protocol and form to complete. Pre-booked a 30-minute visiting session.”

“The home kept us updated by texts or on video calls and we were allowed a couple of times to go and wave to him through the glass doors.”

“They have tried to have garden visits, but it’s difficult to book one as I am a frontline worker and work during the week. The visits are limited to half an hour, so hard to get a booking.”

“Video calls and garden visits the video calls are difficult for me because my mum and dad have dementia but it’s lovely to see them.”

6.7. What effect does it have on your wellbeing not being able to access personal or medical care services during this time?

“It has been a struggle but due to her dementia she has been well looked after and any medical problem has been resolved.”

“Mum has remained fairly well. She is pleased that the Chiropodist has been able to return, she will appreciate when the hairdresser returns as this affects her self-esteem.”

“I have no problems; if unwell they call ambulance and they have helped me so much.”

“Mum has not had a follow up for a problem with her ears. Or the annual check for her pacemaker also the lack of hairdresser and chiropodist is depressing.”

“My mum has been able to access all of the services she's needed apart from her twice yearly Dentist visit which is just to help her with her dental hygiene. I don't live in Barking and Dagenham.”

“My relative's discharge summary indicated continued support from community physiotherapists; eight weeks on and this has not happened as they are not going into care homes. However, a tissue viability nurse has visited, and the leg ulcer is showing improvement.”

“The GP visits the home once a week - my father was taken to hospital during lockdown with a bleed from the back passage. Excellent treatment and both the home and hospital kept me informed.”

6.8. Please tell us anything else about your experience that is important to you.

“I feel that in hindsight, more information should have been available as to what was happening at Chestnut Court, but as this is all new to all of us, we must take this opportunity to learn from it.”

“For whatever reason, my mum didn’t become fearful about the virus. She understood what was happening in the country and round the world, but I think the staff did a great job in helping keep a cheerful atmosphere with minimal anxiety in what was a very challenging time for them professionally and personally. I can’t praise them more highly.”

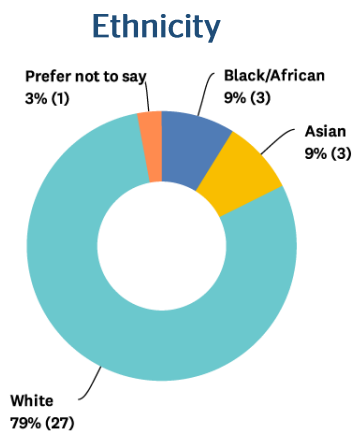
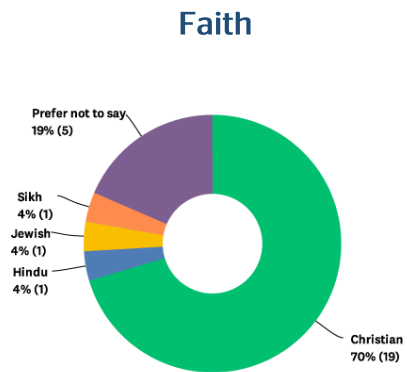
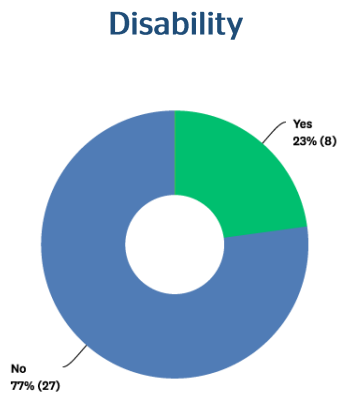
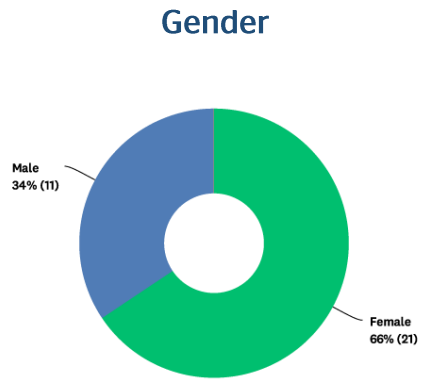
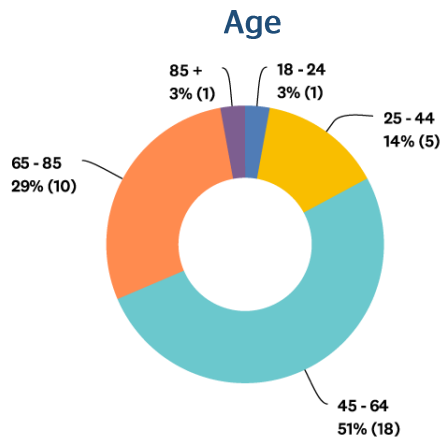
“The experience for my relative (aged 97) has been traumatic. Profound hearing difficulties meant she was not able to know what was happening to her in hospital (where she also tested positive for COVID 19); then to be discharged to a nursing home without any consultation, explanation or information/ leaflet about the destination, was appalling. Neither did the home know anything about her or her background. More consideration needs to be given to such swift transfers and recognition of deafness and how the wearing of face masks prohibits lip reading.”

“We as a family feel at ease knowing that my dad, who is 93 years old, is being cared for in a loving and kind way. He’s happy in his own way and we couldn’t ask for anything more.”

“We can now visit dad safely with us two metres away in the garden and him in the doorway of a room... which is so much better as he can actually see and hear us. He responds better to us that way. He didn’t know what was going on when we saw him on video calls or through glass, so it’s a vast improvement now!”

“I am cared for excellently and there is nothing they wouldn’t do or help me with, and it is never too much trouble.”

6.9. Demographics



7. Care Home Staff Responses

Altogether 57 local care home staff responded to the survey. A representative selection of their feedback is cited below.

A link to all the feedback can be found here: <http://bit.ly/hwbd-staff>

7.1. What has been your experience of managing/working in your care home during the Coronavirus pandemic and lockdown?

“At first it was quite worrying, but our care home put all the correct procedures in place from the beginning.”

“It has been very stressful trying to manage differing expectations. Staff, relatives, regulatory bodies, and residents. Different information coming from different sources and a lack of guidance from central government was not helpful. However, having the autonomy and experience to make decisions in what we thought was in everyone's best interests has been invaluable in managing the situation.”

“It was a memorable experience because we were left to face death during such a difficult time. On my unit we had people with Coronavirus and some of our staff were sick. Made it very difficult.”

“My experience has been very challenging and overwhelming with the number of cases on my unit.”

“I have found it to be very challenging and worrying at times, with a massive increase in our daily workload. I have had numerous reports to submit 7 days a week, more training to do re: COVID. The issue of staff shortages re: self-isolating staff, lots more communication with families re: telephone calls and the overseeing of visits via FaceTime and WhatsApp etc. IT issues, maintaining food levels for the residents due to limitations in shops and with suppliers. Going to local supermarkets before, during or after work to purchase essential, multiple items that have been limited. Arranging essential reports to be done via FaceTime etc. due to visiting restrictions to name just a few.”

“There were times I didn’t want to come to work but I did. One resident had the virus and I felt very anxious about entering the room, but you do get used to it. Communication being passed down to housekeepers could be quicker. We need to know straight away before we start our shift if a resident has the virus, or any other infectious diseases so that we can prepare properly with FULL PPE.”

“It has been scary and emotional with the residents; trying to keep them safe and ourselves. The management has been good with the PPE and testing.”

“At the beginning I felt very anxious due to lack of information and only some PPE.”

7.2. What changes were in place to make your care home a safe environment to work in?

“The home went into lockdown on 13/03/20 and continues to be locked down, no visitors have been allowed in the home, regular cleaning has been done, full PPE including face masks and shields, staff and residents have been COVID tested and will continue to do so. The staff are weekly tested and residents too. No work uniform to be worn back and forth to work.”

“The home was in lockdown for visitors - wearing face masks, full PPE, washing hands correctly and using hand sanitiser. The worst was a deep clean at every shift.”

“Not allowing staff to travel in uniform, constant wearing PPE. Extra training, PPE information and social distancing. PPE information boards, social distancing, PPE stations at all entrances and exits. Encouraged residents to wear masks a lot.”

“In early March we introduced precautions such as taking staff temperature at the start of a shift, testing residents temperature twice daily. Mid-March we restricted visitors to immediate family only. One full week prior to government advice, we locked our doors to non-essential visitors and introduced extra infection control measures such as additional PPE, no uniforms outside the building, no outdoor shoes inside, no long sleeves, masks and aprons etc. Anyone who showed signs of being unwell was isolated and if suspected to have the virus, the unit was isolated. Additional sanitizers around the building.”

“We have had a constant supply of PPE delivered in, some staff that normally use public transport have been coming in by Taxis which have been paid for, and a lockdown to all non-essential visits has taken place 1 week before the government put the country into lockdown.”

“Restrictions on home visits to ensure safety, PPE was provided. All staff were encouraged to wash their hands all the time to prevent the spread of the virus.”

7.3. How easy was it to be able to discuss any issues/concerns you had with your manager/director?

“I was in constant contact and have always felt my manager was approachable, despite working in difficult times”

“We had regular meetings with the management, and they have been supportive.”

“I felt comfortable to speak with the nurse on the unit.”

“It was easy to ask questions if you that you didn't understand, and the management gave assurance.”

“It was very easy; I have a good relationship with the manager and [they] were available to speak about any concerns.”

“Regular team meetings helped to understand all the changes. It was very easy to communicate with my management and everything was taken into consideration.”

7.4. Have you had access to all the equipment you needed, at the time you needed it - including PPE?

“At start of pandemic, not enough access to masks.”

“Since returning to work I have had access to PPE. My manager has had a Perspex screen put in for protection to support me to keep my mum safe.”

“No, when we had a COVID 19 patient no staff had any eye protection. This made me feel very uneasy, so I brought in my own visor next day.”

“Access to masks are given when we ask for one. I feel it should be given in reception before we enter the building. Other PPE was readily available.”

“When we had COVID in early March, care homes were not talked about, just the NHS so we found it very difficult to get hold of PPE. This should have been readily available to care homes right from the start.”

“It was there when needed, a bit slow at the start which was a concern.”

7.5. What training were you given to use the equipment/PPE?

“Infection control, COVID training, was already shown how to use PPE.”

“Advisers visits, Coronavirus training paper and online.”

“Touchstone E-LEARNING.”

“We have staff training and meetings to update everyone. Introducing government guidelines were given by management.”

“None. Only some sheets with information were given but in my opinion a bit too late.”

“Was given by the nurse also was a training session on skype.”

“Face to face and online training.”

7.6. Please tell us how you were supported on how to accept hospital discharge patients?

“In the beginning we were encouraged to take anyone to free up hospital beds. Thankfully, in hindsight we were full. Anyone discharged from hospital now has to be tested negative for COVID.”

“Very difficult, the hospital did not disclose a positive case and we found out from discharge notes.”

“We were not to be honest. It was left up to us to deal with hospitals who were behaving very badly in terms of information sharing and openness.”

“We were informed patients needed to be isolated for 7 days and that full PPE must be worn when giving personal care.”

“Was told to wear proper PPE when people were discharged to the home from the hospital; was a bit challenging to be honest and felt very scared at some points. I feel a lot more information should have been given to us.”

“It has sometimes been difficult to get through to hospitals due to them being so busy. Their lack of communication, not informing us that one of our residents had died whilst in hospital and also sending a COVID positive resident back to us, who we believed was negative. It was the ambulance staff who told us that this lady was positive once she reached our reception.”

“It made us feel very anxious and no appropriate PPE was available at the beginning.”

“As soon as the resident is received from the hospital, he/she has to isolate for 14 days, whether tested positive for COVID or not. We check the observations regularly and especially the temperature.”

7.7. If you needed to self-isolate, were you supported to keep yourself safe?

“I was told to just go home for seven days.”

“Yes, I had to isolate for 14 days.”

“Taken off from work, colleagues were checking up on me. Any changes in health was informed to management.”

“Manager phoned to say to self-isolate which I had to do for 2 weeks. I got regular calls.”

“I was supported very well. Communication was very good.”

“We were told to self-isolate with symptoms from the beginning. With being paid so little while self-isolating, I believe some carers still went to work ignoring the symptoms because they couldn't afford to miss days off work.”

“Didn't need to self-isolate; not had any leave or been sick during this pandemic.”

7.8. In your caring role, what effect did Covid-19 have on your wellbeing?

“Some days depressed and most days anxious.”

“It made my life anxious and stressful.”

“Very worried in case I passed it onto my parents.”

“Emotional, worried to go home to my family and to get on transport.”

“I became a care assistant during the pandemic - I wanted to use the opportunity to kick start my nursing career as I start university in September. I was nervous, but my passion overrode this.”

“My wellbeing wasn't my concern; it was my family back home.”

“In the care home, staff were exposed to the infection which has impacted negatively on my wellbeing, both mentally and physically.”

“I suffer with anxiety and I am even more anxious now. Not being able to see my elderly parents was very difficult for me. My sister took the role of looking after their wellbeing because she worked from home.”

7.9. How supported did you feel by the people you work with?

“I got a lot of support from my colleagues.”

“My manager was brilliant, she always asking if I was ok and if I needed anything.”

“My unit is one big family and we are there for each other during this hard time.”

“Very. They are always there to help me. They have made me feel like I've worked here for years.”

“Colleagues kept forgetting about social distancing. Their masks were under their chin when they spoke to me. Lunch times for me were difficult. Some people sat further away from tables, but others did not.”

“I have been very supported by senior staff, but some care staff have added lots more pressure to an already pressured job.”

7.10. How do you feel your cultural needs were considered during this time?

“All cultural needs have been considered during this time.”

“It didn't affect me.”

“My cultural needs were affected as all prayers areas were shut”

“Culture and diversity were maintained with respect.”

“Was never discussed.”

“Yes, they were, we all had our needs met differently when required.”

7.11. Please tell us of any other aspects of your experience of working in your care home during this time.

“It hasn't been a pleasant experience, but I have been fully supported by all the staff and have been lucky not to have experienced COVID 19 at the care home or at my home”

“Losing residents more than before was really hard and stressful for me.”

“Overload of information at times, several different requests for the same information and needing to provide it to them all rather than them sharing it. At times they were from the same team, taking me and staff away from actual caring requirements. It would be good for more care home communication in the local area and we have set up a WhatsApp group ourselves to support each other. However, there was an overwhelming amount of support from the public, council and managers and the gifts, messages and food donations were gratefully received.”

“It has made me feel proud of my job and made things work more professionally in the care home.”

“My care home was tragically exposed to the infection because of the use of agency staff coming from different environments which is not known to the home.”

“I feel that care homes and all keyworkers have been greatly overlooked by everyone during the entire lockdown. Even a survey that was sent out from the council for ALL staff, related to homeworking only. The survey relating to keyworkers appeared to be an afterthought. Far too much emphasis has been placed on homeworkers as opposed to key workers who have been "in the thick of it" on a daily basis.”

“I feel that this was something that came overnight and there wasn't much government guidance at first, but our management took action early and have really done everything possible to protect staff and residents.”

“The fact that residents were coming from hospital without being tested made me very uncomfortable and anxious and the lack of information at the beginning as well.”

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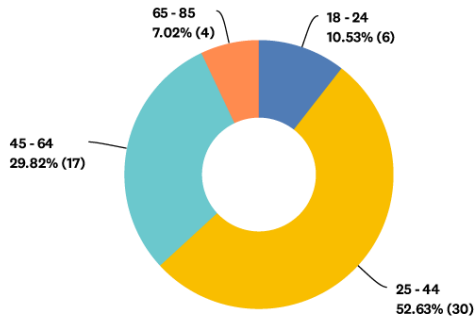
“We should have had PPE a lot sooner as we were the first home in the area to have COVID. We really needed help in the early days, although we did eventually get it, by then we were COVID clear.”

“Constant wearing of PPE, should have been mandatory from beginning.”

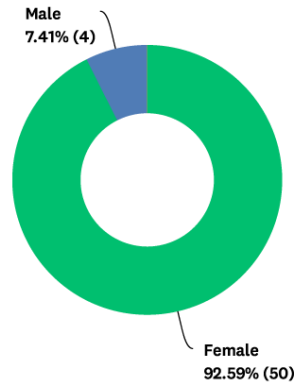
“The time during the COVID 19 pandemic becomes a factor of stress as we try to protect our residents our staff and families! But with good practice we pass the time very well!”

7.12. Demographics

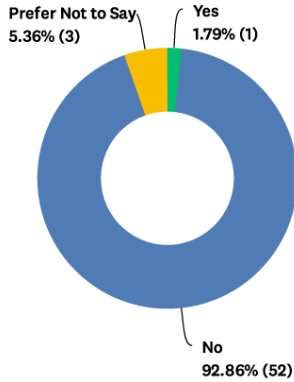
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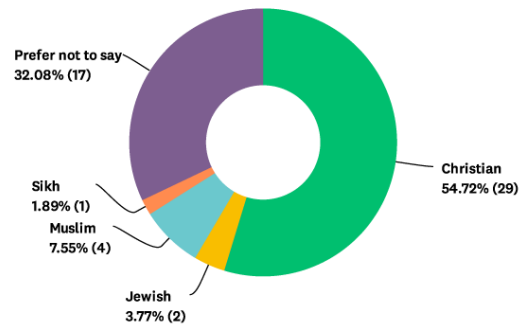
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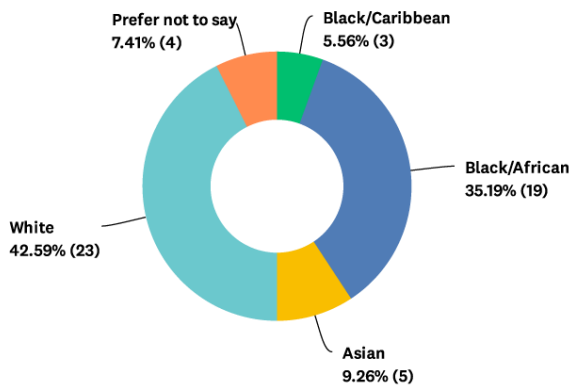
Disability



Faith



Ethnicity



8. Recommendations

Several themes emerged as a result of these surveys, that it is recommended should be taken into consideration when making preparations for a potential second wave of COVID-19:

8.1. Swift, consistent communication

It is evident that where care homes placed an emphasis on swift, clear, informative communication with the families of their residents, as well as the residents themselves, that families felt reassured and were confident that their relatives were being well cared for.

Where communication of the policies and procedures that the care home was taking to ensure the continued health and safety of the residents was communicated sporadically, or at a later date, relatives were more anxious about their family members.

It is recommended that:

- care homes to develop a clear policy for early communication of any health issue which is likely to have a wide impact on day-to-day health and care and daily care home practices to both the residents and relatives. Ensuring that:
 - the issue is described in plain English
 - the care home's containment policy is communicated
 - relatives are clear how their family members will be kept safe and their well-being maintained (for example, communicating how, in the absence of family visits, stimulating activities will be offered)
 - communication channels for relatives to speak with their family members are clear, including safe visiting options.

8.2. Enabling families to communicate

Care homes who found ways to enable residents and their families to have facetime or video calls were greatly appreciated by the families. This served as a means for reassurance for some residents, while other residents found it confusing.

It was evident from the responses from staff that while there was a huge willingness to make this happen for the benefit of their residents, it also placed an additional burden on them in circumstances that were already pressured by additional, unprecedented events.

It is recommended that:

- NHS volunteers be trained to support care home residents enabling them to have facetime/video calls with their family, while relieving the additional burden from staff.
- Each volunteer is assigned to a care home now, to enable them to become familiar with and trained in processes, how to follow procedures and build a relationship with residents, prior to being called upon in the height of a second wave.

8.3. Safe visits

Several care homes established means for relatives to be able to visit their family members once government guidelines allowed for this to happen. Those homes who thought creatively were the most effective in providing opportunities which were a positive experience for both the resident and their family.

It is recommended that every care home consider and include in their policy, how they will enable and implement visiting arrangements in the event of a second wave. Ideas include:

- **Window visits:** Allowing and enabling family members to visit residents at the window to their room.
- **Front door visits:** Bringing residents to the front door of the care home to enable a family member to greet and have a conversation at the appropriate social distance.
- **Garden visits:** Implementing a booking system for garden visits, with thought given to ensure every family has the opportunity to book at least one visit per time period (per day/per number of days/per week according to safe space available). Means to avoid one family being able to visit daily, because they were quicker to book the slots, while another struggles to be able to find a slot must be found
- **Outbuilding visits:** Care homes in other areas of the country have adapted suitable outbuildings or sheds for visits. In one example a care home in Derbyshire utilised a shed with an entrance for visitors at one end and one for residents at the other. Families were able to sit either side of a Perspex screen in the centre and chat to one another. Solutions such as this may be better for the winter months when garden visits are less viable options.

8.4. Hospital discharge

A number of care home staff and relatives expressed concern at the way hospital discharges happened during the lockdown period. Several examples were cited where patients who had tested positive for COVID-19 were discharged back to a care home, but the staff at the care home had no prior knowledge of the positive test result.

Care Homes During COVID-19

In one case, the paramedic who transported the resident to their care home was the one to inform care home staff at their reception. In another case a patient with profound hearing difficulties and with a positive COVID-19 test was discharged to a nursing home and the family had no information about the home and their practices. Because the patient had profound hearing difficulties, they were not able to understand what was happening, because they could not lip-read due to PPE covering the face.

While a number of these issues have been recognised, there are nevertheless questions to address:

- If a patient who is tested positive for COVID-19 is discharged to a care or nursing home, this **MUST** be clearly communicated to the residential home in advance. Procedures for this should be negotiated between BHRUT and the London Borough of Barking & Dagenham's Adult Social Care team
- A patient's family must always be told where their loved one is being discharged to, and procedures for this must be negotiated between BHRUT and the London Borough of Barking & Dagenham's Adult Social Care team
- If a care home receives a COVID-19 positive resident, and they are new to the home, there must be clear and immediate communication with the relatives, so the home's policies and procedures for caring for COVID positive residents are understood. This should include information on visiting and how and when they will call for clinical assistance.

8.5. PPE

It is clear from the feedback received that the availability of PPE at the beginning of the pandemic was a serious issue.

It is also clear that staff did not know how to safely provide care for residents who had tested positive for a highly contagious and potentially serious disease, while at the same time ensuring they did not catch the virus. They relied on their common sense.

It is recommended:

- Stocks of PPE are maintained at a level that ensures availability to all care homes in the event of a second wave, or future epidemic/pandemic. This could be either centrally monitored by the LBBD ASC or by each individual care home
- Training be provided to all care home staff on how to maintain personal health and safety when providing care, including personal care, to care home residents

8.6. Staff welfare

Feedback shows that, in general, residents and their families felt that care home staff were excellent in caring for both the health and well-being of their residents during the COVID-19 crisis. Comments included things like 'I think the staff did a great job in helping keep a cheerful atmosphere with minimal anxiety in what was a very challenging time for them professionally and personally' Staff should be praised for their demeanour and ongoing care during this time.

However, it is also obvious from feedback received from care home staff, that dealing with the unknown factors of the virus, lack of PPE and training, positive cases, death and the strain of additional communication requirements caused them fear. Staff are now tired and anxious after dealing with a high-stress situation for several months. There is a risk that the current work force could suffer PTSD or 'burn-out' from being on high alert for so long.

It is recommended that:

- A high profile and meaningful recognition of their services be given, so that staff are assured of their value. For example a letter from a high-ranking member of the Council's senior team, such as the leader or a member of his directorate to each member of staff in the borough's care homes, personally thanking them for their contribution during the period. Or a personal visit from an appropriate senior member of the council, thanking staff for their contribution and giving them the opportunity to ask questions and receive reassurance.
- Open communication channels for staff members to explore together the psychological distress caused by the COVID pandemic, and potential for a second wave. For example, a guided discussion by a mental-health specialist at a staff meeting to help draw out the residual distress and/or fear for the future that is being experienced across a specific team of care-workers. This

empathetic approach acknowledges that distress has been caused and enables staff to feel that they are supported by the system that they work for.

- Channels are available to ensure that staff can express the emotional difficulties that they are facing and ensure that they are given appropriate and adequate support. For example, ensuring that Care Home Managers maintain an open-door policy to their staff.
- Care home managers are provided with a resource that they can refer their staff to, should they need additional support to maintain good mental health. These could include:

Statutory services

Barking & Dagenham Talking Therapies

Providing a wide range of treatments and services helping those feeling distressed by difficult events in their lives as well as people concerning their mental health. Services are confidential.

Self-refer for online, <https://www.talkingtherapies.nelft.nhs.uk/barking-and-dagenham>

If you have any questions you can email on bdtalkingtherapies@nhs.net

If you don't have access to the internet, call 0300 300 1554 option 3 for self-referral or for any queries

National services

Every Mind Matters

Every Mind Matters helps people to take simple steps to look after their mental health, improve their mental wellbeing and support others.

Website: <https://www.nhs.uk/oneyou/every-mind-matters/>

Our Frontline

Our Frontline offers round-the-clock one-to-one support, along with a collection of resources, tips and ideas chosen to support your mental health as you do your work to protect us all and keep the country going.

To talk by text, text FRONTLINE to 85258 any time.

To talk by phone, call 0300 131 7000 from 7am to 11pm if you're in England, or call 116 123 any time if you're elsewhere in the UK.

Website: <https://www.mentalhealthatwork.org.uk/ourfrontline/>

Calm

The Campaign Against Living Miserably. Mental health and suicide prevention.

Call: 0800 58 58 58

Website: <https://www.thecalmzone.net/>

Samaritans

Samaritans has a specialist [Wellbeing Support phoneline](#), which is free to access and available from 7am to 11pm, 7 days a week. You can get support signposting and confidential listening from trained professionals in a number of areas, from coaching and bereavement care to mental health and welfare support on

Call: 0300 131 7000

Website: <https://www.samaritans.org/>

Big White Wall

Big White Wall is an online support forum

Website: www.bigwhitewall.com

Local Services

The Hub @ Castle Point

The Hub is a vibrant 'connecting place' where local people can get to know each other, take part in a wide range of activities and give something back to their community.

Call: 0208 227 1927

Email: info@communityresources.co.uk

Havering Mind

Havering Mind provides mental health services to the local community.

Call: 01708 457040

Email: reach.us@haveringmind.co.uk

Website: <https://www.haveringmind.org.uk>