

Staying Connected One Year On in the COVID-19 Pandemic Care Home Webinar

9th November 2021 via Zoom

Bringing relatives and carers together with health and care professionals to hear and understand each other's perspectives and explore ways forward.

Why this event? Why now?

This event marks one year from our first Healthwatch in Sussex care home webinar in November 2020. It is the ninth webinar event to be held across Sussex since then.

This webinar focused on relatives and provider perspectives of visiting restrictions and included particular focus on “essential caregiver” status.

The event was attended by forty people which included relatives, statutory & independent health and care professionals and voluntary community sector organisations. Our opening poll showed the top issues for attendees were to do with visiting arrangements and essential carer status.

Links to previous events and relevant organisations can be found at the end of this report.

Event Agenda

- Carer Perspectives with contributions from individual carers, Carers UK, and Relatives & Residents Association
- Health & Care Professionals - updates and perspectives
- Q&A session

Speakers & panellists

Carer Perspectives

Lesley Meech's experience illustrates “what good looks like” regarding access to her mother who has dementia and needs total nursing and personal care. Les was invited by the care home manager to have Essential Caregiver status, and as a result, can visit her mother freely. Les can therefore help her mother with eating and drinking as well as orientation and emotional comfort.

Dame Philippa Russell DBE, who is both a carer and deputy chair of Carers UK highlighted the “big picture” issues around social care in the UK. i.e.

- Significant changes in social care legislation are imminent. At the same time our social care system needs to support “shared care” approaches by facilitating good quality relationships between workforce and unpaid carers.

We need to examine what good care looks like in this changing landscape, so that a person in residential care can still have a life they enjoy.

- We need to explore what a good social care workforce looks like, and how to achieve it. Other countries appear to value both paid and unpaid carers more highly than in UK, so we need to look at raising the value of social care workers in our society.

Relatives and Residents Association - Trevor Greenidge

- Described a “tsunami” of calls from relatives, who despite being very grateful to staff for providing care, still experience great distress about barriers to visiting.
- A sense that some care homes have become “closed cultures” which can cause staff /relative relationships to become negative and counterproductive.
- Trevor emphasised the importance of sharing good practice such as Les’s story, as an example to other care home providers.
- Please see the end of this report for links to useful information for relatives, e.g. Visiting and The Law

Carer and Healthwatch East Sussex representative - Kate Richmond

- Closed doors (i.e. visiting restrictions) have clearly challenged both communication and provision of practical care. The care home workforce is experiencing loss of staff capacity but also dealing with additional pressures around the face-to-face communication elements of a care plan and trying to enable all technical aspects of visiting remotely. The workforce has also lost “an extra pair of hands” from carers who previously provided hands on care and support to their family member or friend.
- Relatives have little or no control over the resident’s care but retain huge sense of moral responsibility for that person.
- Relatives, staff and providers have to communicate with each other not only against a backdrop of uncertainty and stress which has affected every citizen, but also amid unprecedented levels of changing information. All parties need to try and “bring our best selves” to each conversation, while understanding that the other person’s current situation might make it difficult for them to do so.

Provider perspective

Registered Care Association (RCA) Mike Derrick, Chair of RCA and a home care provider

- Acknowledged frustrations on both sides and highlighted workforce capacity issues despite their members achieving very high vaccination rates for their staff. “Winter pressures started in August this year”
- The Registered Care Association (RCA) is a membership organisation for independent care homes (i.e. not large companies operating multiple care homes). The RCA have clear expectations of their members to communicate well with relatives and to facilitate visiting.
- Expressed enthusiasm for essential care giver roles “the more of you that can step in, the more helpful it is”

Questions & comments - answered by representatives from statutory organisations (CQC, Local Authority Public Health, Sussex CCGs)

Q: “If there is something we’re concerned about, what can we do? What are our options?” “What do you see happening in the coming months?”

A: CQC - Kim Rogers:

- CQC recognises the pressures on health and care sector which is highlighted in the annual “State of Care” report ([CQC State of Care Report 2020/21](#))
- At same time, visits are vital for health & wellbeing of people in care homes and it’s unjustifiably detrimental to residents to deprive them of contact with their loved ones or care from their loved ones. CQC is aware of issues around visiting and is taking it forward by a) inviting concerned relatives to contact CQC; b) introducing a new regulatory framework which includes quality statements regarding visiting, and which will be checked at every inspection going forward.
- CQC has recommended to Dept Health & Social Care a change to regulation 9 to include visiting in the same way as it does person centred care. This will take 2-3 years to put into legislation, and therefore not a “quick fix”. The proposed change is based on recommendations from the Joint Committee on Human Rights published in May 2021.
- Sussex local authorities and CCG are more supportive than others in England to the care home sector in facing challenges regarding consistency of provision. Sussex has a high proportion of ageing population, very mixed areas of urban, rural and deprived communities. Social care employers also face strong local competition from hospitality/tourist and retail industries.

Q: How does Sussex compare with other areas regarding vaccination of workforce & the impact of people leaving?

A: Sussex CCG - Isobel Warren, Joint Commissioner for Health & Social Care:

- Acknowledgement and thanks to care home staff, managers, and providers for their response to a huge number of regulations which, for a while, changed weekly. While regulations have relaxed for other sectors, they have remained largely static for the care home sector.
- Sussex CCG, in partnership with Public Health and care home managers, have achieved over 95+ % vaccination rates in the social care workforce since the programme began in Jan 2021. Staff who have declined vaccination will be leaving which will place additional pressure on social care capacity.
- The booster campaign has vaccinated 65% of residents as of 1st November. Dept of Health target was to achieve 90% by 1st Nov, but not yet achieved in Sussex. Reasons for this include some homes being late with first vaccinations due Covid cases in situ.

Q: If some care homes can enable easy/plentiful visiting, why can't others?

A: Public Health East Sussex - Ross Boseley & Public Health Brighton/Hove - Vicky Hickson & Anne Smith

- Care homes are encouraged to work with the situation they have, in partnership with relatives and residents.
- The visiting guidance is needed as a framework but needs to be applied with regard to individual settings. There are several reasons why a one-size-fits-all policy cannot apply to care home visiting. For example, buildings are very diverse in size, type and facilities and each care home has individual circumstances regarding staffing capacity and local conditions.
- Care homes should however be facilitating visits while at the same time being responsive to individual and fluctuating pressures.
- Collaboration and communication is essential between statutory authorities and care homes who also have a moral responsibility to communicate well with relatives.
- The impact of the winter season is as yet unknown with many variables regarding the spread of infection, such as the extent of waning of immunity, and human behaviours.

Q: How do we define “reasonable” visiting procedures? What can relatives do when care homes don't collaborate?

A: Public Health Brighton Hove - Anne Smith & Vicky Hickson

- These could be care homes which haven't engaged with the multi-partner “huddles” and provider forums led by Sussex authorities and are promoted every time they have contact with care homes
- As stated in answer to previous question, visiting access is very context dependent, with staffing levels having a big impact on a home's capacity to facilitate visiting.

Additional comment from CQC: Regarding reasonable visiting procedure, we would expect that an individual personalised approach is taken to visiting based on each person's needs, wishes, preferences. There should not be a blanket approach to visiting. Relatives are invited to contact CQC with any concerns regarding visiting access.

Q: Is there anything that Public Health [or other organisations] can do to help someone achieve essential caregiver status? Can relatives contact Public Health with questions about visiting access?

A: Public Health Brighton - Anne Smith:

- Care homes facilitating essential care giver status is expected as part of the guidance, and Public Health expressed surprise in response to a participant saying they were declined. Public Health interpret the guidance to mean that care homes do not have an option to refuse granting essential care giver status.

- Public Health Brighton Hove has responded to contact from relatives and helped to facilitate collaborative conversations between care homes & relatives, including reminding care homes about their role and responsibility to facilitate essential care giver status.

Comment from Trevor Greenidge, Relatives & Residents Association:

- Person centred care should be the basis for decisions around visiting. End of Life care applies to someone who is not expected to live beyond one year, although it is often interpreted as applying to someone's final weeks, days or hours.
- The length of visit and type of interaction is individual to each care home and the needs of each care home resident. It is essential for staff and relatives to have a bespoke conversation each time.

Q: Do you foresee a stage where visitors will have to declare their vaccination status?

A: Public Health East Sussex - Ross Boseley:

- To prevent Covid 19 entering care homes, visitors are required to lateral flow test on arrival and put on PPE (personal protective equipment). Care homes have no capacity to police the vaccination status of visitors, so it would be surprising to see this measure introduced.

Q: What is the role of Healthwatch in hearing feedback from people about their experience?

A: Healthwatch West Sussex - Katrina Broadhill & East Sussex:

- Feedback is passed to relevant organisations for their attention and action. Healthwatch remit straddles both health and social care and helps to make connections between the two. Where it's working well, visiting policies have been co-produced by homes and relatives i.e. examples of **good communication**. Please also see the Essential Caregivers Mythbuster document, originally created by Healthwatch Leeds for all to share.

Comment from West Sussex Carer Support: the input of carers is essential. Carer support organisations work with all carers (not just essential care givers), including the relatives of people in care homes. See end of report for all contact details.

Conclusions

The vital need for collaborative relationships between care home providers and relatives is a cross-cutting theme of this event. These collaborative relationships contribute towards a good model of shared care in the best interests of people living in care homes.

All care homes should enable relatives to be assigned essential caregiver status, as is stated in the statutory guidance regarding visiting. This of course benefits

individual residents, but also the care home workforce during these times of significant staff shortages. Essential Caregivers are recognised and welcomed by the Registered Care Association.

The Chair's closing remarks were to honour those relationships with loved ones in care homes that we haven't been able to maintain because of the situation. Some have died, either from Covid or another reason, while others may have changed beyond recognition since their last meaningful contact.

Questions to take forward

- Explore possibility of engaging in dialogue with insurance companies regarding interpretation of visiting guidance?
- Explore differences in application of guidance by independents (RCA members) and large group homes?
- How to work towards re-instating volunteer roles in care settings?

Attendees representing Health and Care organisations/authorities

- Mike Derrick - Care home manager & Chair of Registered Care Association
- Ross Boseley - Public Health East Sussex
- Isobel Warren - Sussex CCG Joint Commissioner for Health & Social Care
- Kim Rogers - Care Quality Commission
- Trevor Greenidge - Relatives and Residents Association
- Dame Philippa Russell - Deputy Chair, Carers UK
- Sonia Mangan (Chair) and Dan Hales - Carers Support West Sussex
- Vicky Hickson & Anne Smith - Public Health Brighton Hove
- Katrina Broadhill - Healthwatch West Sussex
- Michelle Kay - Healthwatch Brighton Hove
- Kate Richmond - Healthwatch East Sussex

Next Steps

Collectively, Healthwatch across Sussex have successfully amplified the voices of family carers, and relatives desperately wanting to stay connected with their friends and loved ones in residential settings during this very challenging year.

The nine webinars have brought together health and social care colleagues, regulators, carers support organisations, locally and nationally and providers to listen to the experiences of families and establish more collaborative relationships.

These relationships will be the building block going forwards, each Healthwatch will have their own priorities and learning to take forward to ensure their voices are considered in what ever lies ahead with the likelihood of a third wave and any future pandemic.

Essential Care Giver (key visitor) Myth-buster

“It’s too risky to allow people to come in.”

Feeling anxious is natural. However, given that essential care givers will only be visiting one person and have limited access to the home, the risks will be minimised. They will also have to follow the same robust Infection Prevention and Control (IPC) procedures and testing regimes as staff which further reduces the risk.

“It will take up too much staff time.”

Planning and risk assessing will take extra time, but families should be seen as a resource worth investing in. Family and friends can be a huge asset during an outbreak when staff may need to isolate. By supporting their own relative, they can free up limited staff time to deal with other residents. This could be part of your business continuity plan for outbreaks.

“Only residents who meet strict criteria can have an essential care giver”

No. The guidance states that ALL residents can nominate an essential care giver to help maintain their health and wellbeing. It is not dependent on who they are, how often they can visit, or whether they have certain health conditions.

“It’s only for personal care.”

No. The term ‘essential care giver’ can be misleading, but current guidance is clear that an essential care giver can be simply someone who provides companionship, and all the enormous benefits to wellbeing that this brings.

“Essential care giver visits need to stop if there’s a Covid outbreak.”

Not correct. Although all regular indoor visits have to stop during an outbreak, visiting from essential care givers can continue (unless the essential care giver or resident they are visiting tests positive for Covid, in which case visits must stop).

Shared with permission from Healthwatch Leeds who factchecked and created this myth buster.

Links and more information

Government Guidance

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

CQC

- [CQC State of Care Report 2020/21](#)
- CQC invites anyone having issues/concerns/difficulties regarding visiting to contact CQC on 03000 616161 so they can follow this up
- <https://www.cqc.org.uk/contact-us/report-concern/report-concern-if-you-are-member-public>

The Relatives and Residents Association <https://www.relres.org/> has both a helpline (020 7359 8136) and a range of useful and supportive information eg:

- Visiting and The Law <https://www.relres.org/visiting-guide-providers/>
- <https://www.relres.org/essential-caregivers/>
- [End Isolation in Care](#)

Carer Support Organisations

- [Carers Support West Sussex](#) <https://www.carerssupport.org.uk/>
CEO Sonia Mangan and Chair of this event sonia.mangan@carerssupport.org.uk;
Carer Support Officer Dan Hales daniel.hales@carerssupport.org.uk
- [Brighton Carers Centre](#) <https://www.thecarerscentre.org/>
- [Care for the Carers \(East Sussex\)](#) <https://www.cftc.org.uk/>
- [Carers UK](#) <https://www.carersuk.org/>

Public Health teams

- Brighton Hove publichealth@brighton-hove.gov.uk 01273 296580
- East Sussex - PublicHealthEnquiries@eastsussex.gov.uk 0345 608 0190
- West Sussex - Contact Public health via West Sussex County Council General Enquiry <https://www.westsussex.gov.uk/contact-us/?sc=27932>

Your Local Healthwatch

- Healthwatch West Sussex
<https://www.healthwatchwestsussex.co.uk/>
helpdesk@healthwatchwestsussex.co.uk
- Healthwatch Brighton & Hove
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