healthwatch North Yorkshire

COVID-19 and Care Homes: Lessons from an unprecedented time

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Contents

…we've learnt a phenomenal amount of information through the most adverse of circumstances, and we will not let that go. Some really strong positive lessons learnt amongst some really tragic circumstances, and, it almost gives you hope on reflection. They are the good things that have come out of a really traumatic period.

Summary

This report is focused upon championing the innovative changes care homes have made due to the unprecedented challenges of the global pandemic. It explicitly looks toward the positive impact achieved by the introduction of specific measures and initiatives and how they can provide some grounds for longer term optimism in the future.

Care homes were among the hardest hit by the COVID-19 pandemic due to the residents being among the most vulnerable to the virus. The problem was exacerbated by the fact that government guidelines were slow to materialise, and then constantly changed.

> It was actually probably the worst experience I've had in my entire nursing career, and I've had a few. It was very devastating. We think we had one of the new variants because it just went through, regardless of what we did. It just went through the home like a dose of salts.

Despite this traumatic period which resulted in some of the 'worst experiences' in the sector, many positive changes have been implemented:

- Homes have increased their time spent with residents, getting to know them on a more personal level.
- They provided visiting pods and repurposed buildings.
- They developed communication platforms for connecting residents and family.

Since all care homes are different and what works in one home may not be suitable in another we have avoided identifying 'best practice' or 'models' which should be emulated. Instead, we have identified three themes which can be used by care practices when they are considering potential ways they can utilise the lessons learnt.

- **Time** –changes in how time is used, including more time spent with residents, more time on infection control and more time developing personalised day-to-day care.
- **Space** –changes in the use of space, including developing new spaces, transforming old ones, and changing the use of space both internal and external to the home.
- **Communication** – changes in how care homes communicate with and between different groups. This includes between management and staff, staff and residents, management/staff with family and loved ones, and residents with their family and loved ones.

The hope is that by presenting this feedback and sharing these observations we can make a meaningful and positive impact for both the care home professionals and the residents for whom they provide the care.

Speaking with Care Homes

Recruitment

Recruitment was a significant challenge for this project. This project's aim was originally to interview members of staff, residents, and residents' family and/or loved ones. We planned to work with care homes directly who would help us recruit participants. We attended North Yorkshire County Council's Care Provider, and Care Connect forums, additionally we were provided with contact details of several care homes by the County Council.

We worked with seven care homes across North Yorkshire, which supported our initiative by placing our promotional posters in their settings for the project. Despite much effort, including virtually visiting one care home, we generated very limited interest.[1]

As a result, we decided to adopt an alternative strategy and interview care home managers to gather some data even if it would offer an alternative range of perspectives. We opened up an invite, to speak with us, to all care homes which we had received interest from during our previous recruitment activities. We targeted more than 20 care homes and unfortunately, only 5 managers from 4 care groups agreed to speak with us. It is worth noting that the pandemic response was still very much underway during this period, and care home managers were likely to be preoccupied with this.

The care homes referred to in these interviews are located in the Craven, Harrogate, and Scarborough districts, providing care for elderly persons including those living with dementia, and working-age adults with autism and severe learning disabilities. They included a mixture of homes that had, had a COVID-19 outbreak, had residents which caught COVID-19, and of ones that managed to keep it out of the home.

Interviews

For this stage of the project, we undertook interviews with care home managers. We used semi-structured interviews. We asked participants to identify three changes their homes found most impactful, and then asked about each change in turn to elicit greater detail about those changes.

Each change was discussed until exhausted. The participants were asked about what they thought was positive about each change, and what they thought was less positive. Participants were also encouraged to provide details about anything they felt would have been useful or that they wish they had been able to do but for whatever reason had not been able to undertake.

1 There are a range of potential reasons for this: fatigue of staff and family; lack of appeal of the project; difficulty in participating for some (for example, digital exclusion or disability); lack of awareness of Healthwatch among the sector; etc.

To help participants to consider their answers more fully, we provided the interview questions in advance. Interviews were conducted over Microsoft Teams and were recorded, and an automatic transcript was run at the same time. The automatic transcription was checked and corrected against the recording.

Interviews were conducted by volunteers, who received training from Healthwatch North Yorkshire. Volunteers were also provided with a literature review of the challenges and impact of COVID-19 on care homes, and the responses within the sector. This in included in the Appendix.

After the first initial interviews, the primary question of the project – that which invited the participant to list the three changes they felt were most impactful – was edited. The original wording did not emphasise the orientation of the project enough. Participants took the question to be focused on the biggest impact COVID-19 had on the homes, rather than the most impactful changes the homes made in response to COVID-19.

Analysis

Corrected interview transcripts were anonymised and shared among a team of research volunteers. Volunteers coded the transcripts using a set of initial themes identified by the project lead: time; space; and communication. Further to the initial themes, volunteers were also instructed to code the transcripts with emergent themes that they themselves identified, and emergent themes were shared among the team of research volunteers.

Examples of these themes include fear, staff wellbeing, and personalised care. Volunteer coding was collated using MAXQDA analysis software, and worked through by the project lead. These themes have been presented individually and aspects of these themes can be seen within the quotes that are presented throughout.

Quotes may be slightly edited for clarity and to reduce length, whilst not altering the meaning of the statements. To reduce the possibility of inferred disclosure, we present quotes only as from participants without details of where the home is located or the type of residents they support – although the latter is often inferable from the quotes themselves.

This work was supported by a Working Group which involved representation from North Yorkshire County Council and the care home sector within North Yorkshire. We did seek membership from care receivers and/or their family and loved ones, however we had no uptake. The Working Group meet regularly to provide guidance to Healthwatch North Yorkshire, to ensure this project had relevancy to the care home sector. The Working Group had an advisory role, and Healthwatch North Yorkshire retained the right to determine key decisions.

Theme one: Time

The first of the reflective themes we want to highlight is that of time. The COVID-19 pandemic has significantly changed how care home residents spend their time, and it has changed the amount of time that residents spend with staff.

> …the access to our day service and all the other enrichment, community access and activities, came to an abrupt halt. It became apparent that we had to create meaningful ways for people to spend their time...

Innovations

The impact of COVID-19 has meant that staff have been required to spend more time with residents. This time spent together has helped to develop greater understanding of the individual preferences of residents.

> We learnt so much during the pandemic that had we have known before, may have made somebody's journey and distress levels very different. I have one gentleman who likes Moretti beer and he likes to wear a Panama hat. We didn't know that! He likes to watch cricket with his Panama hat and his beer.
>
> It is all these lovely little gems that we started to get to know. And it isn't necessarily conversations we would have had in-depth, had we have had somebody in the house. Which sounds ironic, but they wouldn't have spent the time talking to us in-depth. But because we were over screens and we might have been trying to find where mum or dad was, they would talk away to us at the same time.

We were told that staff were spending more time with residents, and as a result were learning more about the individual interests of the residents, and were able to develop more personalised care.

> We've built up a lot of resources and ideas and staff confidence. It doesn't always have to be planned, but you know finding interests for our clients that we didn't know were there.
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> For example we have a young man who has severe autism, and has been enjoying listening to podcasts, but only with the support of a staff member. And that's a very easy one-to-one activity to put in place on an ad-hoc basis.
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> Similarly, a couple of our clients have been really enjoying jigsaws and

then developing them into a piece of art, having it attached to a piece of ply and varnished and seeing it all the way through to being a piece of art on the wall.

And for some of our residents who like to be together doing their group activities, we've been doing board games. We've been doing picture bingos, we've got themed bingos for soap operas, the royal family, we can make them relevant to what ever might be happening in the wider world.

We were also told that the threat of COVID-19 encouraged managers to spend longer considering aspects such as cleaning products and procedures. A positive outcome from the increase IPC, at least among the managers we spoke to, was the significant decrease in the cases of flu and of diarrhoea and vomiting within the homes.

For the residents' wellbeing we initiated 7/7 checks. So I would be on the door at 7:00 AM in the morning, and 7:00 PM in the evening. We would make sure that everybody coming into the building, all staff members, had washed their hands, all the IPC was in place. We introduced uniforms to keep COVID-19 out and that had a massive impact. Taking temperatures on arrival.

Challenges

The demand for more time had its benefits for providing greater knowledge of and consideration for residents and their care. However, increasing time with residents was not the only demand placed upon staff and managers' time. Requirements to account to local and national governments took away from routine or necessary activities, and at times the demands could feel excessive with the requirements to document many vitally important aspects.

More bureaucracy has been introduced, considering how we're working, we're kind of working in isolation, and it hasn't been terribly helpful. I think it was done from a good place, but it actually had a big impact on our working day, you know, sort of filling in various... capacity trackers, daily surveys, having daily phone calls. It all added to the stress. I know why it was done and people wanted to have the information, but it was also quite onerous on the people working on the floor.

The rapid changes in the guidance also added to the pressures on the staff and their limited time.

I felt like we [management] were dictating weekly what they [the staff] could and couldn't do because we had to, we were constantly updating risk assessments.

Significantly, this increase in use of time falls heavily upon care home staff. Whilst it can produce some very positive outcomes for understanding the residents and increasing their wellbeing, there is a risk it can come at the expense of the wellbeing of the staff.

> I think at the beginning of the pandemic it was a very stoic attitude. We will crack on. We will beat this, we're in it together. But actually as it goes on and on and on, and they think 'when is this ever going to end?' […] they've done an amazing job. I think throughout social care you'll find that staff are feeling burnt out now, really burnt out.

Shared Learning

Thinking about time reflectively can be used to consider how staff and residents can benefit from having time together, how personalisation occurs through unstructured or opportune moments. But also considering the heavily competing demands on the time available for staff and managers. This reconsideration of time, spending more time on people than perhaps would have been done before the pandemic also has benefits in being extended to staff.

Using time as a reflective framing device can help to consider positive changes that occur by spending more time with residents, spending more time on activities which are vital for the safety of residents, and the greater reflection of what is used and how.

Theme two: Space

The second reflective theme is that of space. Speaking with our care home managers we found examples of innovative ways of thinking about and using space to overcome the challenges brought about due to COVID-19.

> … the laughter and fun coming out of the front garden at the home was amazing. So those spaces, and developing those spaces has been a great positive for us. And we wouldn't have developed them to that extent without the trigger of what's happened in the last year.

Innovations

We were told about the use of visiting pods, how buildings were utilised to maintain safety of residents, garden space being explored as activity space, and residents involved in events to reshape their space around them.

One of the most widely known ways that care homes responded to the restrictions on visiting was the use of visiting pods so residents could see their loved ones outside of the home. We heard how these spaces could be places for involving the wider community and providing greater stimulation for residents.

In our visiting pod, it's been decorated by the local children. Lots of different pictures and paintings, really vibrant, meaningful, art work from school children. And it's always a focus on colour and anything to do with children, for people with dementia you are likely to get a response.

So that has been decorated with all this art work from the children in the local area and then in addition to that, it's got this touch screen in the middle where the visitor goes in one side and the resident in the other, and the audio is really good, you can hear quite well, but the touch screen allows you to feel the person with the protection in-between. So we have a lot of families that were using that touch.

Nothing can ever replace a cuddle, nothing, or a handhold. But it just was another measure to help and it was booked from night-to-day, through a booking system. People still had to wear the PPE, it was mandatory and still is. But it was just another way of exploring how we can have a bit of normality in such adverse circumstances.

[Interviewer]: Is there any, one instance which really stands in your mind that makes that you think 'Yeah, that was a worthwhile thing bringing in'?

People crying. The emotion, overwhelming emotion. Residents that you maybe wouldn't have been able to measure if they knew when their loved one was there or not, we walked into the pod and they started crying because they could see them. And that's when you, you know, the impact... Yeah.

Later in this interview we were told that the pod was not required for the original purpose much anymore. However, the home planned to keep the pod and renovate the space into something that the residents could utilise and receive enjoyment from. They were undecided on what specifically it would become, but they were considering turning it into a shop of some kind.

In addition to adding spaces to the homes, we heard of reconfiguring the space of the buildings themselves for the safety of the residents. For example, one home we spoke to was able to separate buildings to implement better control measures.

We also introduced a controlled admission suite. Luckily we weren't caught with discharges from hospitals. As a belt and braces approach, we closed one of the houses and we amalgamated the two nursing groups.

That became a controlled admission suite, which meant anybody coming into the care home would have a test before they were discharged from their current provider, whether or not that was the NHS or a care home, or indeed in the community. They would then come into the controlled closed admission suite. Tested again on admission. Stay there for two weeks and be tested again before they move through to the care home.

And it's something that saved us twice, it saved us twice doing that. So that was something that was for the benefit of the residents. Because when it was in, it was in, and it spread, it spread like wildfire.

So we have residential houses. Some care homes called wards or units. We call them houses. And they've all got their own entrance and exits. So we were able to use staff so that they didn't crossover and we didn't spread the virus and that really helped for resident wellbeing.

Later in the same interview, we were told how the home relocated the space where they would have their entertainers perform. Rather than inside with residents near one another, performers now performed outside in the courtyard overlooked by residents' balconies.

We've had external entertainers. They would come into a central courtyard and then the residents would watch from balconies, everybody would dance.

We also heard about how COVID-19 was an impetus for utilising garden space in a way that had previously been under-used.

…it became very clear that these outdoor spaces we're going to be really valuable to our residents. They were safe spaces to get out for fresh air, for a change of scenery, for visiting.

So I'll talk about the home with a big garden first. That big garden is a little bit under-used, has always been a little bit under-used, a little bit hard to maintain. […] Sometimes coaxing residents out into the garden, particularly when they've had busy days, pre-COVID, it had been a challenge. So one of the activities, was to develop an area of the garden as a sensory area so that staff and clients could go out and use it.

Staff could use it to have a mask break, have a cup of coffee, somewhere nice to sit, somewhere where they can just take a moment during the day and that's been really important.

[…]

Once a week a member of staff turns [the other garden] into a cafe. So we've got a chalkboard outside. She rearranges furniture. We've got a coffee dispensing machine and little things like you know, different cups and a different food which are really important to our clients. So they can have that going to a cafe/coffee shop experience safely. And again the activities lead there are lots of lovely outdoor activities, so for a small space it has been used so much.

[Interviewer]: That sounds incredible.

Yeah, a fortnight ago they did a day at the seaside. Again, the activities lead, this home organised it. She got a cut-out of the old style cartoon man and lady where you stand behind it, put your face through and have a photo.

She had a huck-a-duck activity and they had ice creams. They had fish and chips.

One of our day service staff walked past the front of the house to go to the supermarket and actually messaged me and said the laughter and fun coming out of the front garden at the home was amazing.

So those spaces, and developing those spaces has been a great positive for us. And we wouldn't have developed them to that extent without the trigger of what's happened in the last year.

Using space differently also resulted in opportunities to involve residents in the shaping of space. For example, we heard from more than one manager how residents participated in designing and building communal spaces.

…the residents took part in some of the activities to actually make these things. On one unit they created a pub from cardboard and bits and pieces. So they had a bar with everything and they were painting away and it took them a couple of weeks and when it was all done they had a little sort of get together with a bit of bubbly and a bit of ale, and just sat and enjoyed it.

We were also told about how the lockdown restrictions, stopping residents from going out to day services, into the community, or seeing relatives, had (in some cases) benefits for the anxiety of residents. At one care home, the staff found that having a family Zoom call, with a parent playing music, alleviated the anxiety the resident would have when waiting to leave the home (standing by the door, waiting to leave up to 2 hours before the time to go).

Challenges:

This of course is not to say restricting residents to staying inside their homes has been positive for all. These impacts are on an individual basis. Similarly, the working in isolation has been particularly difficult for staff:

…it was very difficult for the staff and it had a very negative effect on their wellbeing because they were locked in houses. Whereas before they'd go out, they'd go to the smoking area and they'd chew the fat with someone from a different house or they'd be in the staff room or they just pop into another house and say 'how are you doing [name]? I've not seen you for ages.' And it had a massive negative effect on them…

As restrictions lift and residents are more easily able to go out into community settings, it may also be the case that some have become comfortable with the new arrangements and will require support returning to their previously familiar spaces.

And as we've come out of lockdown we're having to try and encourage people now, they got used to being in the house. It's almost like you're recluctant to go then, aren't you?

Shared Learning

Thinking about space reflectively can be used to consider how current new spaces can be made, the ways in which old spaces can be repurposed, the possibilities the outdoor space can have for activities with residents, and how residents can become more involved with developing the spaces in which they live.

This reconsideration of space, thinking about the where and shape, in utilising it in ways potentially different to those explored before the pandemic, or taken on in greater focus, has been shown to have benefits through the innovations highlighted above.

Using space as a reflective framing device can help to consider the positive changes that can occur by creating new spaces, utilising the space inside and outside in new ways, and the involvement of residents themselves.

Theme three: Communication

The third reflective theme is that of communication. With changes to the use of time and space, sometimes for the better, sometimes for the worse, communication changed among the various people involved in care homes (staff, managers, local and national governments, residents, family and loved ones).

Technology was a main use of altering how communication occurred between people, providing access and information at a time where face-to-face connection was reduced, or not available.

Communication is the last theme we are drawing out from these interviews as reflective framing devices, however it was the most frequently identified theme identified within the transcripts.

> …we developed quite innovative ways of trying to keep families in touch with loved ones, friends and family. It was quite unusual up until this point for our residents to have their own IT. So we had people for the first time ever coming in with iPhones, FaceTime, Zoom, you name it, all these apps. And we had laptops being delivered from families and we called it the Silver Surfers Club.

Innovations

We were told how homes turned to social media and regular messaging to maintain communication with residents' loved ones. Pictures were highlighted as something that residents' loved ones appreciated.

> So we did post a lot of pictures on Facebook at the time, in that first six months at least. A lot of the relatives commented and said how wonderful it was to see that. We also set up a weekly text message, out to all the relatives as well, just to keep them updated about what was going on. I still maintain that, it keeps people up to date with things and then we send that out either as a text message or an email and just a short message saying, 'this week we are planning to do this.' This is what we were doing last year. Obviously the outbreak kind of changed all that, but now it's, you know, 'please make an appointment to come in.' but last year it was like one of the units is doing this particular party this weekend and the [local] choir will be singing, and it will be on Facebook if you want to listen to them, or whatever.

One of the homes we spoke with told us about how they repurposed an app they had used previously to communicate amongst staff, to provide a secure platform for loved ones to stay connected to the home and the residents.

> One of the big things that we introduced: We have an internal portal which is very very similar to Facebook. During the pandemic we implemented very quickly a family [version]
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> So we changed it from a colleagues' portal to a family portal and we really, really pushed the initiative that staff would take photographs, with permissions of the family members of course, doing whatever they're doing, and then the families literally could have this on their phone and they could see what mom and dad and Granny were doing every day. And that was really important for families because right at the beginning, even before we had the pods and window visiting, they didn't have access, we were trying to FaceTime but this was just a real strong connector and that's something that has proved really successful and we will continue with.

In a previous report we highlighted how the use of video conferencing platforms, such as Zoom, can help service users stay connected with one another and with their support workers.[2] We also heard of Zoom being used for staff to connect with residents and to organise activities.

> …We had zoom exercise classes from our staff that were actually on furlough. They still wanted to participate at some level with the home and supporting the residents, and they were communicating via satellite link, almost. It was absolutely phenominal.

In the same interview we also heard about how families would send in YouTube videos and ask staff to play them to their relative. Examples of videos include cricket matches, old football games, or watching their favourite music concert.

2 Healthwatch North Yorkshire. 2020. COVID-19 in North Yorkshire: July-November 2020. p.18

But one of the most poignant examples of how changes to communication developed some positive changes, comes from an example we were told of how technology helped to connect loved ones to residents during their end of life care.

> I was part of a staffing team that dealt with a very severe outbreak within the home. And using technology, although I've told you about the real positives and the innovative stuff, unfortunately, but also had uses for some really sad situations. Heartbreaking.
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> And it became almost quite a sad thing as well. We were picking up iPads and tablets to ensure people stayed in contact with loved ones who may have been very, very seriously ill, with COVID-19.
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> So it had really good positive benefits and it still is in that circumstance when someone is dying or are very seriously ill. We had families that Zoomed 24 hours a day, taking turns, overnight shifts, so they could still be next to mom or dad or auntie and uncle.
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> They were very poorly, but they speak to them, they played music to them. And as staff members we would come in, and say 'we're just going to see your dad now.' And we'd turn the screen gently round and they got to know us, through some really awful circumstances. But it kept everybody together as much as we could. Do you know what I mean about bitter-sweet?
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> We would walk past bedrooms where the links were all happening. The families were at the other side of the screen, but there was some lovely things. There was poetry being read, music being played, some really heartfelt words being said, yeah.

Technology enabled group visiting in a way that was previously not possible, or at least very difficult to achieve, prior to COVID-19. It has also increased the ability for families from around the world to 'visit' their loved ones in homes.

> Some people can't focus on a screen very well, so it was important that we gave advice to the relative, 'maybe they're not responding to the screen very well, but actually they're responding to your voice' and therefore sound was very clearly important to that resident. Some people were not responding to sound but visuals, so that relative was then advised 'Let's try something more visual with that resident.'
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> Some relatives had the whole family and we had eight or nine relatives on the screen. I think it was house party that one particular family used and they were doing a quiz. And the elderly relative that we were looking after wasn't participating but could hear all these lovely sounds of their loved ones all communicating and interacting because of house party and they were doing quizzes, it was just sat on the background, but it was so comforting to hear. So yeah lovely. We have people from Australia, Italy, America.

The COVID-19 pandemic also created the impetus for creating practices for improved prioritisation when dealing with internal communication within a home.

> I would have email after email from the board because they were trolling the Public Health England website, anything that came out from the government. And they were sending, I would say and I'm not exaggerating, 40 emails a day saying do this differently, change that, do this, do this. To the point after about three weeks I said 'just stop! What do you want me to do? Do you want me to look after the residents, lead the staff, or you want me to sit and wait for next email? Because I can't take all this information in.'

Another example of improving the flow of information from government guidance to members of staff was the use of folders placed around the home for ease of access during the day.

> I got some, you know, like you have in cafes where you put menus in the clear stamps. I bought a load of those and what I just kept doing is place them around the house and as things changed I just kept up-dating them. If they sent me a poster from Council, hand washing, or up-to-date guidance on going out. I just kept changing them around the house for people just to remind them because if you leave the same ones they get used to it. You get blinded to it, don't you?.
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> So I just kept it. I thought, well, that's a good way of passing on information.

We also heard how communication improved between care homes, GP practices, and the local authority. Systems were put in place to improve the flow of communication between them, with care homes being able to access support quicker than they would have prior to the pandemic.

Challenges

Enabling these touching and innovative ways of keeping residents connected with their loved ones was not a simple task, and involved the up-skilling of staff with some early struggles.

> I dread to think if somebody was filming the first few Skype calls or first few Zoom calls or... I've never used them before and I would not consider myself to be tech savvy and we had a lot of people showing us the ceiling or the [unclear]. You know that famous 'turn you screen round, your camera's off'? It was something out of a comedy sketch I would imagine.

Furthermore, it is not always the case that staff are fully on-board with the innovative or radical changes that are asked of them.

> …naturally we've got some staff who really like to get stuck in and then we've got two or three staff that maybe preferred to get on with the practical tasks in the House.

> And it's been having conversations with them to say, 'OK, so just because these two staff are having a disco in the lounge with six residents, and you're in the kitchen cleaning up after tea doesn't mean that they're getting an easier job.' And 'if you want to do that, that's fine.'
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> So we have had to have those conversations where we're reminding staff that it is just as valid for their colleagues to spend that time with residents as it is to be doing the laundry or cleaning the kitchen or doing the paperwork.

Indeed, for one of our managers, the extra stress placed on staff was one of the biggest challenges as a result of COVID-19.

> … we saw people falling out more, people not getting on and things, bickering almost really. Half of time it was nothing that important. But they were under the pressure at work. But then they couldn't escape it by going home and thinking "oh, I'll plan a holiday. I'll plan a day out."
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> So I think we did see a toll on some staff really due to that, really.

A further challenge to communication as a result of COVID-19 was the need to use masks. Whilst we heard that for some residents, staff wearing masks was not a big deal, we did hear how it had an impact for residents who were hard of hearing or for those living with dementia.

> …one big impact was actually staff wearing masks. If you think about the impact of somebody who's a bit hard of hearing, or somebody who's living with dementia or anything like that, and they can't see your lips moving, that makes a massive impact in that way. Yes, it's necessary, but it also had a massive impact on the lives of the residents.
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> …quite a few of our residents who were living with dementia actually got quite paranoid about what we were trying to say or do because they couldn't see the full expression. And I think that was very difficult for them. It settled down eventually, as people got used to it, but the initial impact was quite massive.

We also heard how sometimes the required changes were more a problem for the loved ones of residents than for residents themselves.

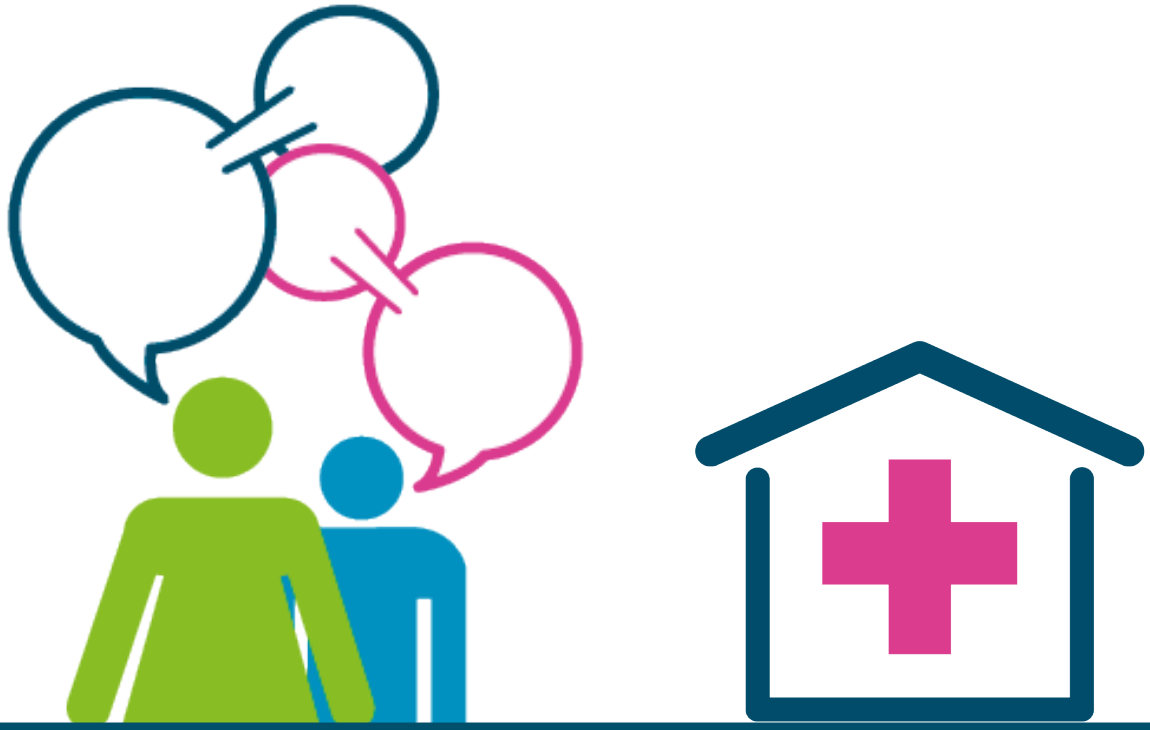
> she was getting a lot more out of chatting on the phone in her room, in private, than outside where she couldn't sit too close. She can't see, she couldn't hear properly and she was being supervised. And it really felt at one point that some of these families were putting their own needs above the clients and there was a lot of diplomatic, sensitive conversations that had to take place.

Shared Learning

Examples of the changes care homes made in this regard include using social media to keep loved ones informed of what residents were doing, using dedicated communication platforms, using video call platforms to provide activities for residents, and an emergent need to create systems of prioritisation for information.

As with the other two themes, the benefits in communication that were heard about were not without their challenges. It required up-skilling of staff and early struggles, not all staff were as keen to take part in the new asks placed upon them, and the strain of the COVID-19 pandemic caused tensions among staff.

Using communication as a reflective framing device can help to consider the positive changes that can occur by thinking of how you can keep residents and their loved ones together using different platforms, keeping residents and staff in touch, and how information within a team can be managed effectively.



If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch North Yorkshire is here for you.
Website: https://www.healthwatchnorthyorkshire.co.uk
Telephone: 01904 552 687
Email: admin@hwny.co.uk

Conclusion

The managers we spoke with for this project have demonstrated innovative solutions to unprecedented challenges of a global pandemic. We have seen how they have come to implement novel approaches, which we have drawn out for understanding shared lessons which can be used across the care sector to continue to drive improvements in care for people in North Yorkshire.

The pandemic has presented an exceptionally difficult and stressful situation for those providing care. In response, care providers, and those connected to the sector (local and national governments, residents, family and loved ones) have come closer together and worked incredibly hard to find solutions. Many of these solutions should be championed, which this report aims to contribute to. Beyond this, they provide shared learning across the sector and provide insight for potential ways of considering care as we enter COVID-19 recovery and beyond.

As outlined across our shared learnings, we have not attempted to postulate defined recommendations for new practices in care. Rather, we have drawn upon the lessons from those we have spoken with to develop a small number of themes which can be used reflectively for providers to apply to their own circumstances, as all homes are different from one another to greater or lesser extent.

Responding to COVID-19 has created impetuses for changing the sectors' relationship with time, space, and communication. These have brought many positives, especially around developing personalised care, providing greater opportunities for residents to be involved within their homes, and connecting with others in ways that may have happened only rarely if at all before. Throughout our interviews with care home managers, we were frequently told that without COVID-19, they would not have made the changes they have, and that they would be keeping changes going forward.

Healthwatch North Yorkshire would like to thank all the care home managers who gave up their time and participated in this project – their stories of perseverance and dedication have been an inspiration. This project has been supported by the Working Group who has provided guidance and support throughout this project. Special gratitude goes to the team of our amazing volunteers who have contributed much time and effort to this project.

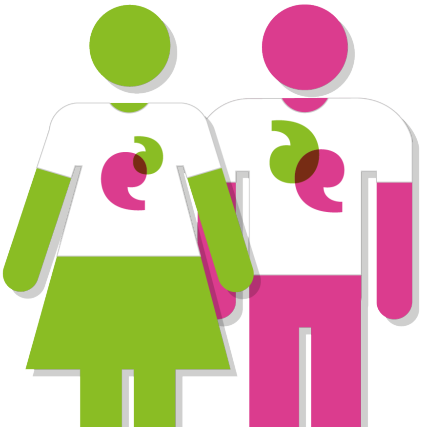
Our Volunteers

Projects like this are reliant on the work of our volunteers. We at Healthwatch North Yorkshire are exceptionally grateful for the amazing work our volunteers do. Our volunteer raise awareness of the work we do in the community to make sure that local services are meeting people's needs. They gather people's views and experiences which we use in our reports, and conduct research for projects like this one. They are central to achieving our core purpose of putting patients' and the public's voice at the heart of health and social care.

Jill

'I've been a volunteer with Healthwatch North Yorkshire for a couple of years having had a varied career in health and social care.

A piece of work I have been involved in is the recent care home project which I have found especially rewarding. Having seen reports in the media about the difficulties experienced by staff and residents in care homes during the pandemic, it was a daunting prospect to be interviewing staff about their experiences - particularly seeking examples of positive practice. I couldn't imagine that there would be much positive things to say and presumed that the period would be shrouded in gloom. Despite everything they had been through, a number of managers made time to reflect on the changes that staff teams had introduced that had made daily life not just bearable but at times enjoyable and fun. Through all the challenges, additional workload and absolute horrors that were faced at times, I hope the hard work, creativity and innovation recounted through this project isn't lost and can give some pointers for future practice in the sector.'



Appendix - Background Review

COVID-19 and care homes - existing literature

Existing literature and previous surveys already provide an outlook on the impact of COVID-19 on care homes and this review is focussed on providing a concise view of this problem in our region and share the initial learnings. This review highlights the challenges and examples of good practice, and provide an understanding of the context within which the care homes we spoke with were operating under during the COVID-19 pandemic.

Overview

Care homes are an insightful case through which to view the response to COVID-19 because of the major role they play in providing for some of the most vulnerable people in society.[1] About 350,000 older people in England live in care homes, generally for the final months or few years of their lives.[2] Within North Yorkshire, there are 235 care homes and extra care facilities.[3]

The early stages of the pandemic were difficult for care homes due to lack of care home-specific guidance.[4] It has been argued that the government's response to the danger of COVID-19 in care homes was 'slow, late and inadequate', especially compared to its response within the NHS.[5] A central message during the COVID-19 pandemic has been about the need to protect the NHS, and government policy focused upon this area. These settings consequently paid the price as care homes were arguably the hardest hit by the virus.[6]

The pandemic has presented a significant number of challenges for the care home sector and this public health crisis has had, and continues to have an impact on those with care and support needs, carers and staff. These include impact on the welfare of residents, moral and health of staff, and the finances of care homes[7] as described below.

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1 Daly M. 2020. COVID-19 and Care Homes in England: What Happened and Why? Social Policy & Administration. 54 (7) pp. 985–998. DOI: 10.1111/spol.12645998 p.986

2 Laing-Buisson 2018, Age UK, 2019, cited in Ettelt, S., Williams, L., Damant, J., Perkins, M. and Wittenberg, R. (2020) What Kind of Home is your Care Home? A Typology of Personalised Care Provided in Residential and Nursing Homes. Ageing and Society. pp. 1–21. DOI: 10.1017/S0144686X20001142 p.1

3 North Yorkshire County Council, NHS, & Independent Care Group. c2020. North Yorkshire Care Market COVID-19 Resilience Plan. p.3

4 Spilsbury, K., et al. 2021. SEeking AnsweRs for Care Homes during the COVID-19 pandemic (COVID SEARCH). Age and Ageing. 50 (2) pp. 335–340. DOI: 10.1093/ageing/afaa201 p. 339

5 Daly M. 2020. COVID-19 and Care Homes in England: What Happened and Why? Social Policy & Administration. 54 (7) pp. 985–998. DOI: 10.1111/spol.12645998 p. 996

6 IPPR. 2020. Care after Coronavirus: An Emerging Consensus. [Accessed 08/01/2021]

7 Gordon, A. et al. (2020) Commentary: COVID in Care Homes — Challenges and Dilemmas in Healthcare Delivery. Age and Ageing. 49 (5) pp. 701–705. DOI: 10.1093/ageing/afaa113 pp. 702-703

Challenges in care provision

Some of the challenges identified in the delivery of care include:

- Keeping residents in isolation to reduce the risk of spread of COVID-19 led to the loss of autonomy for residents. This also poses a risk to safety as 'safe staffing is predicated on residents spending significant time in common areas', residents are also at increased risks of falls and injury. It can be difficult to stop residents moving about if they have behavioural symptoms related to dementia, and there is risk that use of restraints and sedation may be increasingly used.[8]

- Individual choice and decision-making are important aspects of care provision in care homes, both will have been challenged due to the need to enforce strict procedures as part of infection prevention and control.[9] "Infection control is intrinsically difficult in care home settings because a priority is to maintain social and cognitive function through interaction."[10]

- People with learning disabilities and autistic people are likely to be worried about their health; their routines will perhaps have been significantly interrupted; and they may have difficulty understanding rules about social distancing and infection control, which may be causing heightened anxiety.[11]

- Inactivity through social distancing, distress at not receiving visitors, and anxiety around the illness can decrease the quality of life for those who are more care dependant and people living with dementia.[12]

- Staff shortages and increase in demand in care have prompted a greater reliance on antipsychotics, hypnotics, and other sedatives to ensure social distancing and compliance.[13]

Another significant negative impact has been the restricting of residents receiving visits from family and loved ones. Some of the barriers to helping people being supported to keep in touch with families are a lack of digital skills amongst those they support; a lack of digital skills amongst family and loved ones; the cost of purchasing new or additional technology; a lack of digital skills amongst their staff; and poor internet connectivity.[14]

8 ibid: pp. 702-703

9 Ettelt, S., et al. 2020. What Kind of Home is your Care Home? A Typology of Personalised Care Provided in Residential and Nursing Homes. Ageing and Society. pp. 1–21. DOI: 10.1017/S0144686X20001142 p.4

10 Burton, J., et al. 2020. Evolution and effects of COVID-19 outbreaks in care homes: a Population Analysis in 189 Care Homes in One Geographical Region of the UK. The Lancet Healthy Longevity. 1 (1) pp. e21-e31. DOI: 10.1016/S2666-7568(20)30012-X p.e30

11 DHSC. 2021. Coronavirus (COVID-19): Guidance for Care Staff Supporting Adults with Learning Disabilities and Autistic Adults. [Accessed: 25/01/21]

12 Velayudhan, L., Aarsland, D., & Ballard, C. 2020. Mental Health of People Living with Dementia in Care Homes During COVID-19 Pandemic. International Psychogeriatrics. 32 (10) pp. 1253–1254. DOI: 10.1017/S1041610220001088

13 ibid

14 HFT. 2021. Sector Pulse Check: The Impact of the Challenges to the Social Care Sector in 2020. P.23

Impact on the workforce

Care home staff have also been hit significantly hard hit by the pandemic. Covid-19 has resulted in around 28,100 excess deaths in 2020.[15] Large numbers of the people they care for, with whom they have emotional connections to, have passed away. Many care home staff have felt unsupported, and large numbers have considered leaving the profession as a result of the pandemic. Without the necessary support, the sector could lose motivated and expert staff.[16]

Research by The Queen's Nursing Institute found that 56% of nursing staff that responded to their survey felt worse or much worse in terms of their physical and mental wellbeing.[17] A substantial 80% of respondents reported very negative experiences during the pandemic such as not feeling valued, poor terms and conditions or poor changes to terms and conditions of employment, feeling unsupported/blamed for deaths, colleagues in other areas refusing help, feeling pressured to take residents from hospitals with unknown COVID-19 status, and lack of clear guidance.[18] Support is needed for care staff to help process the difficulties experienced during the pandemic.[19]

Impact on organisations

The pandemic has also created significant extra financial costs for care homes.[20] During 2020, over half of care homes are in deficit or saw their surpluses reduce, with staff wages and lack of funding being stated as the main causes.[21] COVID-19 is estimated to have increased cost by 14% over the financial year.[22] Analysis by Local Government Association suggests that the increased costs to maintain safe staffing levels due to illness and self-isolation, PPE, and enhanced cleaning will be in the billions of pounds.[23] PPE provision for care homes was insufficient in the early part of the pandemic[24] and the costs remain high.[25]

Within North Yorkshire, one critical issue for care homes was the time taken for testing,[26] which takes several days for a result, by which time a person with

15 Foster, D., & Harker, R. 2020. Coronavirus: Adult Social Care Key Issues and Sources. (HC 9091, 2020-2021). London: The Stationery Office. P12
16 Gordon, A. et al. (2020) Commentary: COVID in Care Homes — Challenges and Dilemmas in Healthcare Delivery. Age and Ageing. 49 (5) pp. 701–705. DOI: 10.1093/ageing/afaa113 pp. 704
17 The Queen's Nursing Institute. 2020. The Experience of Care Home Staff During Covid-19. p.5
18 ibid. p.20
19 Ayalon, L., et al. (2020). Long-term care settings in the times of COVID-19: Challenges and future directions. International Psychogeriatrics. 32 (10) pp. 1239-1243. DOI: 10.1017/S1041610220001416 p.1242
20 LGA. 2020. Social Care Providers Face more than £6bn in Extra COVID-19 Costs. [Accessed 12/03/2021]
21 HFT. 2021. Sector Pulse Check: The Impact of the Challenges to the Social Care Sector in 2020. pp.6-11
22 ibid. p.15
23 LGA. 2020. Social Care Providers Face more than £6bn in Extra COVID-19 Costs. [Accessed 12/03/2021]
24 Daly M. 2020. COVID-19 and Care Homes in England: What Happened and Why? Social Policy & Administration. 54 (7) pp. 985–998. DOI: 10.1111/spol.12645998 p.990
25 NYCC. 2021. Care Provider Webinar – Scarborough/Ryedale. 19th January 2021.
26 North Yorkshire County Council. c2020. Our Outbreak Plan. [Accessed 13/01/2021]

COVID-19 may have been spreading the virus within a home.

In the sustainability survey of the sector conducted by the county council, other major issues for the sector included some providers being at risk of failure in the next 12-18 months; rural and super rural packages considered unprofitable whilst demand expected to increase; significant financial risks (including PPE at 3 times the cost compared to pre-COVID, fewer private funders, low council rates with increasing cost of service); and, 40% of homes faced staff shortages.[27]

Lessons

However, the pandemic has also demonstrated the responsiveness of the sector, through innovation, including raising awareness of the importance of end-of-life care choice and recognising the critical role and resilience of care home nurses. As a survey by The Queen's Nursing Institute has found: COVID-19 has in some instances been a positive focus for changes, for example around discussing end of life care with residents and their wishes. The survey also highlighted the skill, dedication, professionalism, and teamwork that Care Home Nurses have demonstrated during this incredibly difficult time.[28]

Daly has highlighted how the COVID-19 pandemic has raised serious questions about how we care for people and how the sector is valued:

> "Ultimately, the country has to answer the question of what is an acceptable way of caring for its older people and view the pandemic outcome as associated not just with short-term failures of policy and political leadership but a much deeper undervaluing of the came home sector, the activity of caring and those who require care."[29]

This all within a sector where the needs of those being cared for have significantly increased over the past 20 years.[30]

Responses

Due to the challenges posed by the pandemic, care homes have responded in ways that have substantially changed how they operate. Care homes have had to:

- Follow rapidly-changing guidance,
- Tried to protect themselves from COVID-19 entering homes, and
- Tried to ensure that residents are able to keep in touch with family and loved ones.[31]

27 NYCC. 2020. Analysis of Responses Sustainability Survey September 2020: Care Home Resilience and Sustainability. Unpublished presentation.
28 The Queen's Nursing Institute. 2020. The Experience of Care Home Staff During Covid-19.
29 Daly M. 2020. COVID-19 and Care Homes in England: What Happened and Why? Social Policy & Administration. 54 (7) pp. 985–998. DOI: 10.1111/spol.12645998 p. 996
30 Barker, R., et al. 2020. Changes in Health and Functioning of Care Home Residents over Two Decades: What can We Learn from Population-Based Studies? Age and Ageing. 50 (3) pp. 921–927. DOI: 10.1093/ageing/afaa227
31 Daly M. 2020. COVID-19 and Care Homes in England: What Happened and Why? Social Policy & Administration. 54 (7) pp. 985–998. DOI: 10.1111/spol.12645998 p.990

National iniatives

Rapid implementation of new guidance and adapting new guidance to practice along the way

Despite the government being slow to provide guidance on care homes, there has been substantial volumes of guidance produced, with it developing rapidly as the pandemic evolved. Here we cover a few points within the guidance, but a full overview can be found at The Health Foundation's COVID-19 policy tracker.[32]

One area has been about keeping COVID-19 out of the home. Guidance allowed for people with COVID-19 being discharged from hospitals to care homes, with the requirement that they are discharged to a designated setting that meets a set of agreed control standards and complete a 14-day isolation period.[33] As of 12th March 2021, the guidance is for anyone discharged into a care setting to be considered as COVID-19 positive for 10 days.[34]

This raises concerns around deprivation of liberty for residents, as some people who live in care homes will not be able to consent to have a test without support and some may be required to self-isolate.[35] With the possibility of requiring urgent authorisations, the Department for Health and Social Care introduced a shortened Deprivation of Liberty Safeguarding form which could be authorised a maximum 7 day period, renewable for 7 days.[36]

Similarly, planning for the potential deterioration of health has taken on a heighten importance during the pandemic. With care home staff being encouraged to talk with residents about their Advance Care Home plans, making sure each plan is individualised to respect their personal needs and wishes. It has been stressed that there is no scope or rationale for a blanket approach in this specific matter.[37]

Improved safety through testing and self-isolation

Testing has been an important part of the COVID-19 strategy in care homes. Guidance states that residents with suspected COVID-19 should be tested immediately, and isolated from other residents whilst awaiting their test result.[38] This can be difficult for care homes due to their size, but in some instances it may be possible to create discrete, self-contained units within care homes comprising

32 The Health Foundation. n.d. COVID-19 Policy Tracker 2020: A Timeline of National Policy and Health System Responses to COVID-19 in England in 2020. [Accessed 10/02/21]
33 PHE. 2021. Discharge into Care Homes: Designated Settings. [Accessed: 24/01/21] §2.2
34 DHSC. 2021. Coronavirus (COVID-19): Provision of Home Care. [Accessed: 12/03/2021]
35 NYCC. c2021. Deprivation of Liberty. [Accessed 25/03/21]
36 DHSC. 2021. The Mental Capacity Act (2005) (MCA) and deprivation of liberty safeguards (DoLS) during the coronavirus (COVID-19) pandemic. [Accessed: 25/03/21].
37 British Geriatrics Society. 2020. COVID-19: Managing the COVID-19 Pandemic in Care Homes for Older People. Updated November 2020. §7
38 British Geriatrics Society. 2020. COVID-19: Managing the COVID-19 Pandemic in Care Homes for Older People. Updated November 2020. §5

smaller numbers of staff and residents.[39]

The resident's GP or designated primary care team contact (care home nurse/ advanced care practitioner), should be notified as soon as possible in the event of displaying symptoms.[40] If a carer has symptoms, guidance indicates they should go home and self-isolate, whilst if a person receiving care has symptoms, their usual carer should take precautions and wear PPE.[41] Regular testing of staff and residents is now standard in the sector. The British Geriatrics Society recommends that staff who decline regular testing must not be involved in direct care of residents.[42]

Alternatives to social interactions and introduction of safe visits

This background review has missed the changes implemented in care homes that are addressed to other than social contact between residents and others outside their home, such as alternative activities for staying mentally active. It is unclear if this is a result of being missed by the review, if it lacks much presence in the literature, or if it indicates an under-appreciation in the sector.[43]

Maintaining connection with family and loved ones has been a main area of concern among care homes, with enhanced protocols to facilitate more open visiting for families whilst ensuring safeguards remain in place.[44] The Social Care Institute for Excellence (SCIE) found there was a range of approaches to support visitors in care settings being implemented. This included using gazebos or marquees, patio areas with glass fencing, garden visits with social distancing, and 'window visits' (with the visitor being outside). With being outdoors, these are quite weather dependent. They also noted care settings using visitors' pods; splitting a room with Perspex screen and using a hands-free intercom system.[45]

SCIE highlighted some common considerations for supporting visits, including limited number of visits, set times for visits, visits for a limited amount of time, having staff nearby to 'keep an eye', prohibiting toilet visits. There was a use of a mixture of face-to-face and virtual/online visits dependent on needs.[46] Learning Disability

39 Burton, J., et al. 2020. Evolution and Effects of COVID-19 Outbreaks in Care Homes: A Population Analysis in 189 Care Homes in One Geographical Region of the UK. The Lancet Healthy Longevity. 1 (1) pp. e21-e31. Doi: 10.1016/S2666-7568(20)30012-X p.e30

40 British Geriatrics Society. 2020. COVID-19: Managing the COVID-19 Pandemic in Care Homes for Older People. Updated November 2020. §5

41 DHSC. 2021. Coronavirus (COVID-19): Guidance for Care Staff Supporting Adults with Learning Disabilities and Autistic Adults. [Accessed: 25/01/21]

42 British Geriatrics Society. 2020. COVID-19: Managing the COVID-19 Pandemic in Care Homes for Older People. Updated November 2020. §2

43 Daly M. 2020. COVID-19 and Care Homes in England: What Happened and Why? Social Policy & Administration. 54 (7) pp. 985–998. DOI: 10.1111/spol.12645998 p.990

44 British Geriatrics Society. 2020. COVID-19: Managing the COVID-19 Pandemic in Care Homes for Older People. Updated November 2020. §4

45 Social Care Institute for Excellence. 2020. Opening up Care Homes and Supported Housing. [Accessed 20/01/21]

46 ibid [Accessed 20/01/21]

England produced a range of resources for staying in touch and socialising online, including an easy read guide to using WhatsApp.[47]
The sector has also been encouraged to think about alternatives for other aspects of life in care, for example, using YouTube videos for exercise in place of outdoor activities.[48]

Increased recruitment

In response to the pressure on staffing, in April 2020, the government announced the ambition to attract 20,000 people into the social care sector in a 3-month period, targeting people to return to the sector, people made redundant, and people available for short-term working. An online platform was developed to deliver online training and increase job opportunities.[49]

47 DHSC. 2021. Coronavirus (COVID-19): Guidance for Care Staff Supporting Adults with Learning Disabilities and Autistic Adults. [Accessed: 25/01/21]
48 ibid [Accessed: 25/01/21]
49 Daly M. 2020. COVID-19 and Care Homes in England: What Happened and Why? Social Policy & Administration. 54 (7) pp. 985–998. Doi: 10.1111/spol.12645998 p.990

Contributions

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Working group:

Julie Toman, Quality and Governance Officer, Health and Adult Services, North Yorkshire County Council.

Helen Sams, Harrogate Locality Service Development Officer, Health & Adult Services, North Yorkshire County Council.

Bernadette Mossman, Healthcare Director, Vida Healthcare Limited.

Ashley Overton-Bullard, former Research and Intelligence Officer, Healthwatch North Yorkshire.

Ashley Green, Chief Executive Officer, Healthwatch North Yorkshire.

Volunteers involved in this work:

Sue Rees, Agnes Crutchard, Michael Kearney, Alice Bowerman, Rosy Leivers, Pat Southgate, Judith Bromfield, Carol Potter, Anuja Chatterjee, Jill Pouncey, Diane Martin, Linda Wolstenholme and Beverley Callaghan.

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