



# Staff experience of Croydon's Care Homes during COVID-19

June 2021

# Executive Summary

As a result of the COVID-19 pandemic, Croydon's Care Homes had to respond quickly to protect their residents, and the staff that look after them. To understand more about the challenges they went through and learn more, we undertook a series of surveys with residents, friends and family and staff between August and October 2020. This was undertaken online and via paper surveys sent to a Freepost address

This report presents the experiences of Croydon's Care Home staff, where we gained views of 160 people who shared with us 461 comments via an online or paper survey.

We asked the following:

- Which care home do you work for?
- How they felt they are coping during the pandemic, the support they are receiving from their employer, how safe they feel at work, and how any concerns were dealt with.
- We asked how they knew where to get support, been able to access COVID-19 tests to PPE, and how self-isolation process and preparations for future outbreaks were being managed, as well as access to mental health support, if needed.
- We wanted to know more about how isolated patients were cared for and how well the NHS and social care services had supported care homes during this time.
- For future planning, we also asked what improvements you would like to see the care home undertake to support them in their work.

These are our findings based on the responses from the survey:

- **Staff were able to cope and knew where to get help:** 91% (146) have been able to cope during the coronavirus pandemic and the same number knew where to get support. (See page 9).
- **Most felt safe at work and supported by their employer:** 87% (139) felt supported by their employer; 81% (130) felt safe at work and where they had concerns these were addressed 84% (134). (See page 9 and 18). Most had a positive approval of their management. (See page 16).
- **Most could access PPE, but one in five could not access a COVID test:** 89% (142) could access PPE when they needed it and 80% (128) could access a COVID test; 87% (139) felt the self-isolation process was effective. (see page 9). Some felt the PPE came late, but most felt quite safe. (See page 20).
- **Most felt that their workplace was prepared for future outbreaks, but mental health and wellbeing services were needed to support them:** 91% (145) felt that the workplace is prepared if there are future outbreaks; however only 73% (117) felt that available mental health and wellbeing services are supporting their needs effectively. (See page 9 and 20).
- **Information and support by NHS and social care generally good:** Many felt they had the right amount of information (see page 13) and most felt supported effectively by the NHS and social care services. One area of consideration was how staff are seen in comparison to those in NHS. There is a sense while NHS staff are being noticed, thanked and rewarded, care home staff are not being recognised as well, and cannot access similar benefits and pay but are doing as important a job. While most had a good relationship with NHS partners, some did have difficult conversations. (See page 25).
- **Moving forward:** Many staff felt there were no improvements needed. Of those who did want to see improvements, these were around PPE, financial rewards, staff support and transport and testing. (See page 32).



These are our recommendations:

- **Mental health support:** The impact of working under these circumstances has affected mental health and more support would be welcome.
- **Recognition and reward:** Some care home staff do not feel they are being recognised for the work they do, when they see it is similar to that of the NHS. Ways they could be recognised more and rewarded will be welcome.
- **Support if they get COVID-19:** Many are concerned about the impact of getting COVID including infecting family, travelling long distances to work on public transport, not being able to work and loss of income as a result. What can care homes do to support them in this situation?
- **Maintain and enhance the current information, PPE, testing and support processes for all providers:** In general, most of these services were well received. but there seems to be an inconsistency between providers – commissioners need to ensure there is a consistency of support and all providers have the support they need.
- **Share best practice:** Many providers have focused on supporting their staff very well. Good examples should be shared across all providers, so that there can be shared learning and consistency in services
- **Encourage staff feedback from all providers:** This survey gained the views of staff from 27% of care homes, but what has been the experience of staff in the remaining 63%? There is a need to understand the staff experience across the network and therefore ensuring all staff can continue to give their views.

*Please note that we also undertook at this time three other surveys with residents, learning disabilities residents, and family and friends. There is a report for each of these at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/) as well as an overall report which draws together the overall themes of the experiences of using, visiting and working in care homes in Croydon.*

# 1. Background

## 1.1 Context

### About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

### Context

As a result of the COVID-19 pandemic, care homes had to respond to protect their residents and well as information family and friends and supporting staff. Local authorities as commissioners of care home services were asked to coordinate and support care homes.<sup>1</sup> (Department of Health and Social Care, 2020).

This report presents the experiences of Croydon's Care Home staff, where we gained views of 160 people who shared with us 461 comments via an online or paper survey.

## 1.2 Rationale and Methodology

We provided a survey from 14 August to 22 October 2020 online. This survey was shared by the care homes themselves either virtually or by paper copies sent to a Freepost address, where they were entered into the online survey. We also offered

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<sup>1</sup> Department of Health and Social Care (2020) Coronavirus (COVID-19): adult social care guidance. <https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>

a service where shielders could call our hub number and provide their answers over a phone conversation, but no respondent took up this route.

### 1.3 Method

Respondents received a letter with a link to Healthwatch Croydon's online survey platform, SmartSurvey, with the following questions:

- Which care home do you work for? \*
- How much do you agree with the following statements: \*  
(Agree/ Neither agree nor disagree/ Disagree)
  - I have been able to cope during the coronavirus pandemic.
  - I have felt supported by my employer during the coronavirus pandemic.
  - I have felt safe at work during the COVID-19 pandemic.
  - If I have raised concerns, these have been addressed by my employer.
  - I know where to get support for myself during the coronavirus pandemic.
  - I have been able to access COVID-19 tests when I have needed to.
  - When I needed PPE, I was able to access it easily and on time.
  - I believe the self-isolation process put in place at the home was effective.
  - I am satisfied that my workplace is prepared if there are future outbreaks of coronavirus.
  - I feel that the available mental health and wellbeing services are supporting my needs effectively.
- Please give more detail on why you chose these ratings:
- How were isolated patients cared for? \*
- Since mid March, do you feel that you have been well supported by the NHS and Social Care services in Croydon? \* (Yes/No)
- Please say why:

- For future planning, what improvements would you like to see the care home undertake to support you in your work and provide a good service for the service users? \*
- What is your age? \*
- What is your gender?
- What is your ethnicity?

Where questions are asterisked, these are ones that required an answer, rather than be optional.

## Limits of the research

**Size of sample:** We received 160 responses which reflected 7.4% of care staff across Croydon. These staff came from 35 care homes out of a market of 127 which is 27.5%. There is an unevenness in the responses we received from different homes which is discussed in the analysis - three care homes accounted for a third of the responses, see page 8.

**Representation:** We relied on care homes to share this with their staff. Those facilities that were open to this will have been supportive, but there are limits in representing those who did not share this with their staff.

**Context:** Questions were written to gain views on the impact of the first lockdown which ended in July. There may be time lag in responses as some were completed in late October.

## 2. Insight results

These are our findings based on the survey responses we received.

### 2.1 What care home do you work in?




Highfield House	25
Lakeside	23
Gate Lodge	10
St Edwards - NAS	7
Wilhelmina House	7
James Terry Court	6
Westside Care Home	6
Clarendon Nursing Home	5
Foxley Lodge	5
Hall Grange	5
Hill House	5
The Manse Care Home	5
Esther Care Home	4
Heatherwood Nursing Home	4
Morven House	4
Norbury Avenue	4
Eadmund Care Home	3
Norcrest 2000 Home	3
The White House Care Home	3
Thornton Lodge	3
Unicorn House	3
Warminster Road	2
Achieve Together	2
Callum House Oregon Care LTD	2
Hunters Lodge	2
Ocean Retreat	2
Whitworth Lodge	2
82 Coombe Road Voyage Care	1
Acorn House	1
Beth Ezra Trust	1
HVCS	1
Kenley	1
Lloyd Park Nursing Home	1
Oval Residential Home	1
Whitgift	1






## 2.2 How much do you agree with the following statements?

- **Staff were able to cope and knew where to get support:** 91% (146) have been able to cope during the coronavirus pandemic and the same number knew where to get support.
- **Most felt safe at work and supported by their employer:** 87% (139) felt supported by their employer; 81% (130) felt safe at work and where they had concerns these were addressed 84% (134).
- **Most could access PPE, but one in five could not access a COVID test:** 89% (142) could access PPE when they needed it and 80% (128) could access a COVID test; 87% (139) felt the self-isolation process was effective.
- **Most felt that their workplace was prepared for future outbreaks, but mental health and wellbeing services were needed to support them:** 91% (145) felt that the workplace is prepared if there are future outbreaks; however only 73% (117) felt that available mental health and wellbeing services are supporting their needs effectively.




I have been able to cope during the coronavirus pandemic.

Answer Choices	Responses		
Agree		91.25%	146
Neither agree nor disagree		8.75%	14
Disagree		0.00%	0


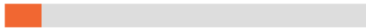

I have felt supported by my employer during the coronavirus pandemic.

Answer Choices	Responses		
Agree		86.88%	139
Neither agree nor disagree		6.25%	10
Disagree		6.88%	11




I have felt safe at work during the COVID-19 pandemic.

Answer Choices	Responses	
Agree		81.25% 130
Neither agree nor disagree		11.25% 18
Disagree		7.50% 12




If I have raised concerns, these have been addressed by my employer.

Answer Choices	Responses	
Agree		83.75% 134
Neither agree nor disagree		10.00% 16
Disagree		6.25% 10


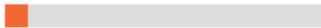

I know where to get support for myself during the coronavirus pandemic.

Answer Choices	Responses	
Agree		91.25% 146
Neither agree nor disagree		5.00% 8
Disagree		3.75% 6



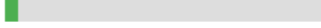
I have been able to access COVID-19 tests when I have needed to.

Answer Choices	Responses	
Agree		80.00% 128
Neither agree nor disagree		11.25% 18
Disagree		8.75% 14




When I needed PPE, I was able to access it easily and on time.

Answer Choices	Responses	
Agree	 88.75%	142
Neither agree nor disagree	 6.25%	10
Disagree	 5.00%	8



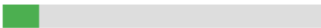
I believe the self-isolation process put in place at the home was effective.

Answer Choices	Responses	
Agree	 86.88%	139
Neither agree nor disagree	 9.38%	15
Disagree	 3.75%	6

I am satisfied that my workplace is prepared if there are future outbreaks of coronavirus.

Answer Choices	Responses	
Agree	 90.62%	145
Neither agree nor disagree	 8.12%	13
Disagree	 1.25%	2

I feel that the available mental health and wellbeing services are supporting my needs effectively.

Answer Choices	Responses	
Agree	 73.12%	117
Neither agree nor disagree	 16.88%	27
Disagree	 10.00%	16

## Coded responses to qualitative data - sample

Themes	Positive	Negative	Total
Experience at beginning	0	7	7
Testing	5	2	7
Information	11	1	12
Management	25	0	25
Support	38	2	40
PPE	18	1	19
Safety	12	2	14
			110

### Experience at beginning- selected comments:

- Not unsurprisingly, some found the experience of working under COVID-19 conditions a negative experience, but some felt lessons of this time were learned.

“I didn't know what was happening in March.”

“When pandemic started everyone was scared because we don't know the virus. I think we had practise ad a little bit easier near. (sic)”

“At the start of the pandemic, things were scare in PPE per protocol and proper face masks. It improve (sic) a lot after with training on proper disposal and hand hygiene.”

“The reason why I chose the rating is that a lot of lessons were learnt, we did our best, but not everything not available.”

## Experience of information - selected comments:

- For most of the time, Information to staff both from within homes and from outside has supported them very well. There were some communication concerns about which residents had COVID-19.

“I have been attending the weekly infection control training. I have also been attending the BC enquiry (sic) webinar as well which is very helpful on how to deal with all issues during the pandemic.”

“Staff not told about residents that have COVID-19. Hard to access PPE, especially on weekends.”

“Staffs were giving training on Covid19 and how to wear PPE. Again, Enough PPE's were provided and for use. supervision's were also put in place to ensure that staffs are competent in ensuring that residents are also protected. Temperatures were also check at the entrance of the home and staffs and visitors were also asked to wash their hands upon entering the home.”

“My employers have always kept us up to date with guidelines, training and any information relating to COVID. If I have any worries my manager is always on hand to help me and try and answer something I do not fully understand with the guidelines in place.”

“The care home has up to date details, and help are available when needed.”

“Because all detail have been put in place in my place of work.”

“We are kept informed and have PPE.”

“My place of work has been following the stipulated guidelines put in place since covid 19 pandemic. They have tried their very best to ensure the safety of staff and residents in the best ways possible.”

“I believe my employer followed all the directives from Public Health England for over all staff wellbeing during the peak of the coronavirus and now.”

“<<Named facility>> has been able to cater well given the gravity and ever rapidly changing pace of the pandemic. We have always had access to PPE, and the Home has remained very transparent throughout on updates around Covid-19 within the workplace. Letting us know daily rates within our local authority area. <<Named facility>> has also been very good at keeping staff trained and up to date on any infection control training and has implemented a lot of things to make us feel safer in the Home, such as sanitiser stations at both entrances, as well as in and around the home, and providing staff with tabards, and a good supply of face masks and gloves.”

“My working place has put every necessary provisions in place to protect residents, staffs and families as early as possible to protect the Covid 19. All necessary information regarding infections control was available and even given us all the information from the government to follow.”

“I have felt very supported during the pandemic and to date, we as staff are never under pressure because we felt safe in our work place. We have been informed of everything, meetings etc. Honestly is the best policy. We all know where we stand, if there has been any concerns, we can approach our managers to help.”

## Experience at testing - selected comments:

- Many felt they had been offered testing but some did not and therefore felt exposed. This may reflect an inconsistency across providers. Expectations of when they would be tested may also affect perception of support.

“Myself and other healthcare assistants was not offered testing by council or government when the lockdown happened. This lead to panic and frustration. We put ourselves at risk with very little support back then. We did not feel safe or looked after until our own company put things in place. PHE could have done better. Hospital were sending us positive patients and still the poor carers get the blame for our breaks.”

“I feel the care workers was pushed into the firing line at the beginning, no testing was done. We do the same job as people that work in hospitals and then Boris Johnson had the cheek to say what he said about care staff. We are HEROES.”

“I am really happy the way staff here at <<named facility>> has coped with the pandemic. Thankfully no staff or People we support had the virus. The only issue for me is the testing for staff.”

“I Felt the home dealt with the Pandemic very well, reassuring staff and providing PPE and testing when required.”

“Overall , I feel that my employer are supportive towards the staff , the residents and their family. COVID-19 tests are organised weekly for residents and staff. PPE'S are always available for staff use in the care home. I believe the self-isolation process put in place at the home was effective.”

“Have been tested regularly. Am a new member of staff so unaware if residents had to self isolate.”

“Regarding access to COVID-19 test this only become available to some care home.”

## Experience of management - selected comments:

- Staff approval of management was consistently positive.

“We have been managed very well during the pandemic also we closed two weeks before the lockdown none of our service user had Covid touch wood.”

“Mental health and well-being service available but did not use it. Had information sent online. Actions were taken at the write time by the directors and things put in place. Staff were given regular updates and training given. Risk assessments put in place.”

“Staffs were giving training on Covid19 and how to wear PPE. Again, Enough PPE's were provided and for use. supervision's were also put in place to ensure that staffs are competent in ensuring that residents are also protected. Temperatures were also check at the entrance of the home and staffs and visitors were also asked to wash their hands upon entering the home.”

“Because everything was implemented in my work place to ban the pandemic.”

“Regular communication via various forms. such as meetings, emails and posters. extra training.”

“These care homes are run by the <named provider> which is a well run organization who I feel do everything they can for their staff.”

“The company has a robust plan on Covid 19 and they very helpful. We have had daily meeting with other managers and the operation manager. There is a system in place where all the paper needed is available for us to do our job. There is also a Duty Covid 19 from the quality team allocated so that we can contact 24 hours for any support.”

“The Care Home that I work for has had everything in place for COVID 19.”



“ Therefore I felt very safe. Thank you for all the PPE that we received (sic). We had a very good supply.”

“We have had no cases here and I feel the measures that have been put in place are responsible. I feel safe coming to work here.”

“The home I work in is very nice and well organised in all areas. My manager is always (sic) checking to see is all staff are Ok, safe and happy.”

“The director and management have been amazing providing us with hand sanitizer for our personal use as well as for our immediate family members. We were also give both disposable and non disposable masks for our personal use and for family members. The <named facility> has been very supportive throughout lockdown and continues to be proactive in ensuring staffs’ physical and mental wellbeing are looked after.”

“<Named facility> Directors and Management took the right action at the beginning of the pandemic which protected the residents and the staff at the Home from getting the virus.”

“Emergency protocol was instigated in Feb /March. Risk registers was created, <named facility> has good leadership support throughout. National testing was not available in April despite report to LCRC of incident of Covid . The Operational Director was able to agree purchase private test kits to enable Residents and staff in isolation to return safely to work and Residents with symptoms to be managed well.”

“The Home manager for our sister <named facility> supplied fruits and vegetables to staff sourced from farmers market.”

“I am very satisfied and feel safe working as my care home infection prevention procedure in place.”

“The covid 19 protocol is well organized, staff are kept safe and clients are well cared for.”

## Experience of support - selected positive comments:

- For most staff, they felt supported by their employer.

“I have got all the support I needed from my employer and I have no concern.”

“I had a very supportive team.”

“Have felt truly supported through COVID-19 with company and outside professionals.”

“<Named facility> provide all the support and equipment (sic) that is needed to keep us safe . Full PPE is provided and trainings as well. ”

“With help and support from our house etc. management team, and the COVID-19 training give us a broader understanding of how to cope. ”

“Our company has been very supportive during this trying period.”

“Staff have been fully supported with any/all equipment/PPE needed whenever needed. they have also been supplied additional support with face coverings, vitamin D supplements and alcohol gel for personal use outside of the home. We have had no cases within the home.”

“I felt very supported by my employer. Felt that my working place was very safe.”

“I felt supported.”

“Staff are well supported in the home so with the residents.”

“I was given training on infection control at <<named facility>>. I have been support by been given all the PPE needed. I can talk to my employer ay anytime whenever I need support with childcare and other matter. My supervision and staff meeting is based on covid 19.”

“My colleague and home Manager have been supportive during this time.”

“My employers was very supportive to us employees and they are always here in pandemic time, most especially <named staff>>”

“The whole team are supported in the care of residents and their families”

“Because we're well supported by our employer.”

“I have an amazing manager and really good staff team. I have felt support by her and the staff team. I have felt supported by the council and nhs when we have needed support, advice or PPE. We are being tested weekly and service users every 28 days.”

“I have felt very supported during the pandemic and to date, we as staff are never under pressure because we felt safe in our work place. We have been informed of everything, meetings etc. Honestly is the best policy. We all know where we stand, if there has been any concerns, we can approach our managers to help.”

“100% supported by my employers we have together made sure we have had 0 covid cases we have all the PPE we could want from day one I am so proud how all of us at the <named facility> have coped so well.”

“When I was worried my manager helped me. We always had masks and aprons available to staff and gloves.”

“I felt secured and supported by our managers. We had the right PPE, enough to feel that neither staff and residents are safe.”

“During this time, I have been supported from my employer. We had access to full PPE at all the time. Wellbeing services were offered.”

“I have felt that we have had been well supported by our directors with very good supplies of PPE and general encouragement. They have also tried to give clear guidance re the ever increasing and sometimes changing regulations surrounding the management of the epidemic in Care Homes.”

“I felt safe and supported by my manager.”

## Experience of Support - negative

- Some felt they needed extra support.

“More mental and financial support should be given for workers during that time. Colleagues and myself felt not appreciated by the company for hard work during the time.”

“There has been no support what so ever. No-one has been tested. There should be more cleaning done. Face mask left by front door for whoever to touch.”

## Experience of Safety

- Some felt the PPE came late, but most felt safe.

“At the beginning of the pandemic we where not supported by MHA and we had no PPE.”

“We worked for a long time without PPE and masks and had no support to get this to our care home.”

“Always provided with adequate PPE felt quite protected and relatively safe.”

“The company i work for provide the ppe for us.”

“I have felt safe at work and travelling to and from work i have been able to access my medication through my pharmacy, PPE has been supplied.”

“I feel safe and protected.”

“I have given these ratings because in my opinion all procedures were put in place. Therefore I felt very safe.”

## 2.3 How were isolated patients cared for?

### Process - selected comments:

- Many explained the process they undertook to protect and support residents and isolating those and protecting residents, referencing guidelines from public health, barrier nursing, communication, management of shared spaces like toilets and dedicated staff and spaces.

“<<Named facility>> followed the latest guidelines from public health England to care for isolated patients. for example staff were given training from nearby hospital regarding how to put on and off PPE. One staff were allocated to look after isolated patients and asked choice for drinks, meal and contact their relatives via phones all the time when they wanted.”

“Barrier nursing and ensuring enough equipment in place to do so. Designated staff looking after them. Isolation care plan put in place and home protocol followed. Preferably a room with adjoining changing area for donning PPE. Communicated to all staff and residents next of kin. Full explanation given to resident. Covid test performed. Twice daily temperature checks for staff and the residents. All staff given training and assessed on correct hand washing and donning and doffing of PP. Only 20 minute visits from one next of kin wearing full PPE if resident in the last days of life.”

“They were cared for in a dedicated isolation area of the care home as required.” “Separated in their room. Staff in PPE was delivering meals and escorting to toilet - if necessary. Toilet were disinfected after usage.”

“Isolated people have been cared for either in their own room or between the respite room and the conservatory and provided a 1:1 staff member to ensure they remain away from other residents.”

“Staff was provided detailed guidance about infection control and staff safety in care homes. To help admit and care for residents safety and protect care home staff. Staff were given isolation procedures, ppe and infection control training and also training about cleaning and how to provide personal care safety was given.”

“The isolated patients have allocated care staff to look after them, the same staff will attend to their personal care and other activities of daily living. Barrier nursing is implemented. Staff are ensuring that they have complete PPE when they enter in the room. They will remove their PPE's inside the room and there is a designated yellow bin inside the resident's toilet, laundry is put in the red bag and wash separately. The staff observe good hand hygiene protocols.”

“Patients were isolated in single side rooms. Risk assessment completed. Physiotherapy teams were available to facilitate in room exercise. Patients were able to continue to seat in their wheelchair and not in their beds 24 hours a day. Essential care was given and staff supported patients well being . patient with high risk of choking ate in the dining area with staff able to supervise his safety.”

“We followed the protocol and guideline to control cross infection and our residents were care for with dignity regardless of the infection.”

“Regularly checks, sanitizing every time . All infection control procedure are been carried out. Food and fluid intake monitor . Medical staff involvement . Activities carried out as well.”

## Experience- selected comments

- Others focused on the experience of implementing the isolation processes including the challenges, how residents and staff felt. Making sure they were being cared for while maintaining a degree of normality and how facilities adapted their spaces to work such as use of gardens or applying IT and apps to help connect residents. It was hard explaining the restrictions to those who have dementia what is happening.

“We was treating that patients very calmly and giving them all care which one they need. We gave them lots of hot drinks and hot water , Nurses are giving them medication, we was giving them proper food and hot things we were giving them.. and we was just trying to get them back to normal.”

“Very well, they were cared for in their bedrooms, staff used appropriate PPE, food were taken to their bedrooms and one to activities where provided.”

“Isolated residents cared for according to the individual requirements. Where possible a carer working consecutive shifts allocated to the individual to promote social and physical wellbeing. Care and meals co-ordinated to allow for sufficient time to be spent with the individual resident. Carer would wear PPE ( gown/ apron/hat/mask/gloves/overshot covering. Where possible resident supported to have family contact.-example by telephone, face time, or social distance (rooms with an opening door to the garden area).”

“Very well, our home was and still is Covid free. We haven’t had any cases. Staff were excellent, we all followed guidelines, policies and procedures by government and by home itself. Patients were not made felt isolated as we spent time with them and give them their appropriate care and therapy on a daily basis and continue to do so. Family and friends were contacting them in skype/WhatsApp and they were happy too. We had to keep reminding some of our patients with mental problems of why we had to wear the masks and PPE. I’m very proud to say that I was part of this team in such a Pandemic 2020. And will make sure to continue to look after our patients and all staff well being , mentally and physically.”

“Isolated patients were provided enough fluid and food to keep them active and also staffs made sure that their medications were given at the right time. their temperatures were also taken every morning and recorded. Infection control procedures were carried out at all time by staffs and cleaners. Residents needs were met physically, socially and emotionally.”

“Specific staff were identified as isolated staff to work with isolated residents. Once these staff were on duty for familiar days. Appropriate PPE were made available and staff were advised to not visit the other floors in the building reducing the risks of exposure. The use of IPAD for isolated residents was welcomed and relatives could communicate and see their relatives thus allaying any anxiety on both parties.”

“A stop sign in front of their doors followed by a clear note instructing to follow prevention and control procedures.”

“Isolated patients were kept to their rooms, even though this was difficult as same residents wanted to come out.”

“There were isolated in their rooms and staff were warned, wearing signs were placed on their door.”

“Residents who were tested positive( only 1 resident) were assisted and isolated in their room and all infection control were in place. Staff supported the residents with food and drinks . Temperature were taken, They were able to speak their family via wats up and skype.”

Yes , need other entertainment elements to be put into place, the clients are lacking this (interactions).”

“Residents were cared for in their room. PPE was available. At times this was difficult especially when the resident was mobile and had dementia. The person kept forgetting and needed redirection very frequently.”



## 2.4 Since mid-March, do you feel that you have been well supported by the NHS and Social Care services in Croydon?

- While most supported, some felt they had not been, particularly early on. With information, most felt they got enough, but some not. There was also a mixed view on testing. One area which was much stronger was PPE.
- One area of consideration was how staff are seen in comparison to those in NHS. There is a sense while NHS staff are being noticed, thanked and rewarded, care home staff are not being recognised as well, and cannot access similar benefits and pay but are doing as important a job,
- While most had a good relationship with NHS partners, some did have difficult conversations.

### Coded responses to qualitative data

Themes	Positive	Mixed	Negative	Total
Support	13	1	5	19
Information	10	1	2	13
Testing	3	0	4	7
PPE	16	0	4	20
Staff consideration	0	0	7	7
NHS	3	0	2	5
				<b>71</b>

## Support - selected comments:

“I have been supported by them, we have had a wonderful CCG in Croydon. I have been supported when we have needed advice, or PPE.”

“We were getting regular update and training was offered on infection control. Regular call to ask on how we are coping in the service.”

“We have not had much dealings with NHS but have been supported by Croydon extremely well.”

“Through encouragement supported with PPE and not only for work but to take to our time as well, doing the COVID-19 training, give us a wider understanding.”

“I feel the support for the home has been led and directed by the leadership of the home directors, the manager, and the multi-disciplinary teams within the home.”

“No supply of PPE or any help with supported the home.”

“Support for homes was very very late! We were let down!”

“We did not get any support from the NHS.. Croydon Social Care Services has provided us PPE when we could not get any sent during the difficult time in March, April and May.”

“No support, we didn't get the opinion if we wanted to be tested, going to all day centres and residential, (mixing with all these people at this time is very bad).”

“Did not receive any support.”

## Information - selected comments:

“Given guidance informations, given advices and given care, risking their lives to save others. Continuing to going to work supporting patients and families. Trying to carry on their jobs with courage and efficacy.”

“They were always there for us if we needed anything or advice.”

“They were lots of information available to the public.”

“Advice was ready available by 111.”

“We were getting updates all the time on how to keep safe and control the spread of the virus.”

“We were given all information required when needed and where to get it from if needed. Support was always available.”

“Several updates and regular webinars.”

“Regular updates via webinars and emails. GP video links.”

“Yes & No - there has been lots of information - almost too much. We have been getting regular tests but most of this is down to our own efforts.”

“No proper information.”

“I feel there has been an information overload. It was also very frustrating that two forms had to be completed - nhs tracker and adass form. Both asking for the same information. I would have thought this could have been coordinated better.”

“We are attending the webinars that they provided and we could raise questions and concerns during this sessions. They will send emails if they were not able to answer on the webinar day. When we had a positive COVID-19 they called me and offer support.”

## Testing - selected comments:

“Lack of tests at the beginning of the epidemic.”

“We have been doing weekly test since beginning of August. It is very frustrating that test results take up to a week to come back. It does defeat the purpose.”

“Late PPE. Late testing.”

“Have had access to Covid-19 tests - weekly. Access to PPE.”

“Tests were not available for nursing home carers when we needed them.”

“Testing and kits were easily available to get a hold of. The calls to NHS and 999 was good and can be reliable.”

“Kits were available, message were coming, they were helpful to us for any assistance needs from them.”

PPE - selected comments:

“No supply of PPE or any help with supported the home.”

“On plenty of shifts I have gone into work and there have been no ppe's. No masks, no gloves, no aprons. No soap for residents.”

“Late PPE Late testing.”

“The Home had a delivery of masks straight away, but the Home have a stock of plastic aprons and disposable gloves.”

“Sufficient PPE in the home.”

“Yes we have been able to get our protective clothing and that has been a help.”

“Because we got all the PPE's we needed, although some came late. We are also getting regular covid checks.”

“PPE were always available in our Home.”

“After PPE came, we all as a team felt more safe. Care homes was then recognised as well as hospital.”

“We got all the ppe we needed.”

“We have to ask all the time if we need gloves and masks, and cleaning fluids. And rest of the PPE stuff.”

“We have enough PPE although some came late we also have regular covid test.”

“PPE always available”

“PPE were not ready.”

“We order/receive PPE from NHS portal and check up emails from Croydon social services.”

## Comments - Relationships with staff and the NHS including GPs:

“It has been very hard to see a GP and receive medical advice.”

“I had two appointments one doctor came to my home second one telephone consultation, neither (sic) to do with medical problems of COVID but precautions taken.”

“Our GP (named practice) were very supported throughout the difficult time. accessible even at weekends with virtual rounds set up as early as 31/3/20. some emergency PPE provided by Croydon.”

“Up to a point we have been supported by the NHS. Ordering prescriptions has on the whole been well facilitated. The fact that we have not had a GP visit the home since 24th March has been difficult to get used to. Phone consultations and video appts have not always been satisfactory due to poor signal in some parts of the nursing home.”

“Having said that we have found ways of trying to adapt to the situation and GPs have been very prompt about returning our calls when asked for advice and listening to our suggestions.”

“One resident who was admitted to hospital for heart failure, later tested positive for COVID-19. The hospital did not notify the home and when the manager rang to find out, the doctor was rude.”

“Very disappointed by dentist as our two residents need urgent care but dentist refuse to refer for urgent appointment. Eventually one residents’ teeth came out by itself and he was very unsettled and was very violent because of pain.”

## Staff consideration:

“Because care homes got blamed and left out.”

“We were not seen as a priority to the government “Just get on with the job!”

“Care homes was not a priority!! to the government sector.”

“According to the owner of my nursing home and my manager, I was told that the Croydon council supported us with PPE, but the only thing I wasn't happy with is the way they treated NHS staffs with gifts and bonus, even they get free percentage from shopping and we are not treated as a nurse or carer in NHS.”

“We carers always feel treated differently from NHS staff. It seems like everyone praises NHS staff but us.”

“Because I felt that social care was last in the line for everything. In the shops we were told we are not as important as nhs.”

## 2.5 For future planning, what improvements would you like to see the care home undertake to support you in your work and provide a good service for the service users?

- Most comments felt that there were no improvements needed.
- Of those who did want to see improvements, these were around PPE, financial rewards, staff support and transport and testing.
- There was also some focus on enhanced preparation, information and guidelines.

Improvements	Total
Communication	5
Financial reward	12
Funding issues	3
Information and guidelines	8
No improvements needed	38
PPE	16
Preparation	8
Staff support and transport	12
Testing	12
Training	6
Visiting rights	4



## Communication

“More communication between different sections of staff team.”

“Clear and effective directions given at the same time.”

“Local Authority and Public Health England to liaise more in order to request less submission of information.”

“Central Supports should be more present rather than asking duplication of information with redundant surveys, forms and reports for each department.”

“Communicate and check wellbeing of both staff and service.”

“To continue with weekly updates about any changes.”

“I work in supported living service. We have good system in place. We had and have enough staff and seems like people have a good understanding of infection control and keeping healthy and safe. We have issues with communication with PPE portal and we did not receive help or support. From the beginning it was difficult because we struggled with having surgical masks. It has improved with time - the mask became more available but not from sources that I was hoping for.”

## Financial reward and certainty

“To be treated the same and equal to the NHS staff. Patients are the same. No NHS or private.”

“Manager is coping and supporting staff well. Need some benefits for managers as sometimes they are being forgotten (sic).”

“I will really be happy for them to give us more money being risking our lives on COVID-19.”

“Carers to receive more money.”

“Support staff able to receive higher wages.”

“I would like to see my wages more but legalisation.”

“Having gone through this experience carers need to be motivated by being given a better standard pay just like those in the NHS (especially those in the private care homes).”

“Prefer a set pay for front line workers like us.”

“Pay us if we have to self isolate.”

“Care home carers must get the same recognition as nhs carers. A decent pay.”

## Funding and financial issues

“Give us more financial support, service di (sic) not go to day centre and we did not receive support for looking after them. Whereas social services still paying for their transport”.

“Funding for service user who is not attending day services.”

“Direct payments for risk we are faced with one to on support plans for isolated patients.”

## Information and guidance

“Follow proper guidelines!”

“Extra hygiene should be maintained.”

“They have a infection control room and PPE provide and weekly Swap test.”

“Keeping updating and more information about COVID--19.”

“Keeping information flowing as this is a rapidly changing situation.”

“Continue to keep us informed and the good practice thus far.”

“The information and support thus far has enabled me to feel supported and able to provide care to the service users.”

“Strict adherence and implementation of current COVID 19 protocol and guidelines.”

“Confidentiality.”

“Mental support for staff and residents guided by professionals. Plenty of people lost the job from day to day without any warning and who was left didn't get a pay rise.”

## PPE

“ Provide PPE as soon as possible.” “Keep providing more ppe.”

“Provide enough PPE on time.” “Having all the PPI we need.”

“Ample amounts of PPE ready before lockdown.”

“I just want them to continue to provide good PPE in place and not because of empty rooms and go and getting other residents in when is not safe to do so, which can affect the others already inside. Also, not to go for cheaper PPE that is affecting staffs breathing eg face mask that we are using at the moment. At the moment we using the white one, which is not good at all and I believe because of the prices.”

“More provision of PPE and a Covid fee.”

“Enough PPE.”

“Provide health and safety equipment.”

“Care Homes need to be given PPE in such a way that there is always plenty in store.”

“PPE should be placed in a location and in a way where staff can access it. Not in communal areas where others access and touch other masks where they are not intending to use it.”

“Maybe introduce visors instead of just masks.”

“I work in supported living service. We have good system in place. We had and have enough staff and seems like people have a good understanding of infection control and keeping healthy and safe. We have issues with communication with PPE portal and we did not receive help or support. From the beginning it was difficult because we struggled with having surgical masks. It has improved with time - the mask became more available but not from sources that I was hoping for.”

“There should be adequate PPE e.g masks. Having to keep on the same mask for hours despite the sweating. More masks must be provided as 2 per day isn't enough.”

“Regular covid tests and enough ppe for service users and staff.”

“Better products for hand care. We used to wash our hands more often and the cheap products dry our hands and damage the skin.”

## Preparation

“Care Homes need to be given PPE in such a way that there is always plenty in store.”

“For the future, we need to be well prepared.”

“Every Home should always be prepared any time in case there is an outbreak of any illnesses i.e. flu, vomiting and diarrhea (sic) etc.”

“Of course any symptoms immediately take turns. we do here frequently and isolation.”

“Should act early.”

“Our equipments (sic) must come on time and also staff training must be intensified.”

“COVID 19 recognised early, as to keep all our patients and staff safe. Plenty of PPE in case another wave comes.”

“Prepare PPE in advance, proper isolation procedures, supporting the same staff and keep their sickness confidentially.”

## Staff support - physical space and transport

“To have room with shower for the staff when there is another outbreak.”

“To have own shower room and Room for the staff in case there is another outbreak.”

“Staff toilet, staffroom. Cleaning products, equipment. More than cheese & ham sandwiches and biscuits for supper every day.”

“Provide transport for staff so they don't travel in public means.”

“It would be nice if the staff that are taking transport could be supported by volunteers who could pick them up and drop them at the end of each shift to keep all our patients and staff safe. Plenty of PPE in case another wave comes.”

## Testing

“I would like to see more testing done for care workers.”

“Anti-body test.”

“More antibody test.”

“Provide more testing services for carers.”

“The testing kits in the care homes. The collection of the test kit as well, which have been delayed sometimes and resulting the results in unclear.”

“PHE: Testing and timely result.”

“This is more of a general action but I would like to see all residents have their flu jab, faster test results coming through for Covid 19 so staff can get back to work sooner if they actually have a cold rather than covid-19.”

## Training

“More equipment and refresher training that will help to keep the guidelines properly implemented and save lives.”

“Some stimulations sessions.”

“More e-learning courses with certification and CPD hours.”

“Medically trained personal to come and visit and give more guidance, advice and support. The home is residential and relied on webinars and emails which did have continual changes and a sense of panic at the start.”

“I would like the care home to support me in more training in order to display more professionalism (sic) and good services to the service users”

“It would be nice to receive more training from the local authority to help guide the home. We were expecting a super trainer to come and train all the staff at Thornton Lodge, however we were overlooked and all staff did not receive the training, and instead only two staff could go undertake the training at Mayday Hospital so they could come back and train the other staff members.”

## Visiting

“Making sure visitors are able to see their family members.”

“To encourage a safe lifting of visiting restrictions asap.”





“Visiting Rule has to be reviewed. Residents are all complaining that they can't see their families.”

“I think they should improve in the visiting room.”






# 3. Demographics

## Age

			Response Percent	Response Total
1	18-24		4.38%	7
2	25-34		18.13%	29
3	35-54		54.38%	87
4	55+		23.13%	37

Over half of the respondents were in the 35-54 age brackets with nearly a quarter over 55, with very few respondents were under 24 years old. This compares with the Skills for Care dataset which said that workers under 24 years old were 3%, and those over 55 represented 28% and said the average age of Croydon’s care workforce was 47 years old, (Skills for Care, 2020, p.70).<sup>2</sup>
















## Gender

			Response Percent	Response Total
1	Male		18.24%	29
2	Female		79.25%	126
3	Other		0.00%	0
4	Prefer not to say		2.52%	4

Like wise we registered nearly 4 in 5 respondents as female, aligning closely with the Skill for Care Croydon dataset that said 78% is female (Skills for Care, 2020, ibid).

<sup>2</sup> Skills for Care - Croydon Workforce Intelligence <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Local-authority-area-summary-reports/London/Croydon-Summary.pdf>

## Ethnicity

			Response Percent	Response Total
1	British		24.05%	38
2	Irish		0.63%	1
3	Other		10.13%	16
4	Indian		5.06%	8
5	Pakistani		0.00%	0
6	Bangladeshi		0.63%	1
7	Any other Asian background		12.03%	19
8	White and Black Caribbean		1.90%	3
9	White and Black African		1.27%	2
10	White and Asian		0.00%	0
11	Any other mixed background		1.27%	2
12	Caribbean		10.76%	17
13	African		21.52%	34
14	Any other black background		0.63%	1
15	Chinese		0.63%	1
16	Any other Ethnic Group		2.53%	4
17	I do not wish to disclose my ethnic origin		6.96%	11

Our sample shows a diverse ethnic workforce with nearly all represented and significant numbers those who identify as British, African, Caribbean and non-Indian subcontinent Asians. The compares with the London care workforce statistics of 33% British to 66% BAME<sup>3</sup> (Skills for Care 2020 p70).

<sup>3</sup> Skills for Care London workforce data; <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/Regional-reports/London.pdf>

## 4. Responses to our research

### Croydon Council/ One Croydon Alliance

Please note that we also undertook at this time three other surveys with residents, learning disabilities residents and staff. There is a report for each of these at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/) as well as an overall report which draws together the overall themes of the experiences of using, visiting and working in care homes in Croydon.

This report will include the overall response and action plan from commissioners and stakeholders.

## 5. Quality assurance

**Does the research ask questions that:**

**Are pertinent?** Yes, they ask staff the experience of supporting services users in care homes since COVID-19 lockdown in March.

**Increase knowledge about health and social care service delivery?** This research helps both commissioners and providers of services both in the health and social care sectors about the staff experience which will help future planning.

**Is the research design appropriate for the question being asked?**

**a) Proportionate:** Yes, the aim was to gain the views of as many of Croydon's care home staff as possible.

**b) Appropriate sample size: Has any potential bias been addressed?** We aimed to speak to as many as possible - we spoke to 160 staff from 35 out of 127 care homes which was 28% of facilities. There was a bias in responses from some facilities with 58 responses coming from three homes.

**Have ethical considerations been assessed and addressed appropriately?**

Beyond the usual standards of anonymity, we had to rely on care home facilities themselves in communicating the survey to their staff. The staff themselves were encouraged to reply with anonymity.

**Has risk been assessed where relevant and does it include?**

**a) Risk to well-being:** None.

**b) Reputational risk:** That the data published is incorrect and not of a high-quality standard. We carefully analyse the data that come directed to respondents' answers on the Smart Survey platform.

**c) Legal risk:** Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

**Where relevant have all contractual and funding arrangements been adhered to?** This has come from Healthwatch Croydon's core funding. The local leadership board agreed to taking this project forward in line with our priority matrix and in response the situation as a result of COVID-19.

### Data Collection and Retention

**Is the collection, analysis and management of data clearly articulated within the research design?** Yes.

**Has good practice guidance been followed?** Yes.

**Has data retention and security been addressed appropriately?** Yes.

**Have the GDPR and FOIA been considered and requirements met?** Yes.

**Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act.** None required for this research.

**Has appropriate care and consideration been given to the dignity, rights, and safety of participants?** Yes. Anonymity was assured including a Freepost reply option/.

**Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity?** Introductions and conclusions of the survey explain its use.

### Collaborative Working

**Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement?** We worked with Croydon Council's care homes commissioners and the wider Care Homes Strategy Group to gain their views in shaping the project and testing the questions.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot get enough responses	Medium	Encourage the care homes to share with their staff
Question set does not work with group	Low	This was tested with Care Home Strategy Group before the launch.
Data is seen as being out of date	Low	Initial top lines to be shared within a month of survey closure. Full report to follow up when effective analysis is complete.

**Has Healthwatch independence been maintained?** Yes, this research is shared with partner organisations before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

### Quality Controls

**Has a quality assurance process been incorporated into the design?** There was a proper process of scoping with Croydon Council and board members

**Has quality assurance occurred prior to publication?** Data collection was checked and re-checked.

**Has peer review been undertaken?** No peer review was undertaken. It was not required for this research project.

### Conflicts of Interest

**Have any conflicts of interest been accounted for?** This project was decided upon by Healthwatch Croydon in discussions with Croydon Council care home commissioners and the Care Home Strategy Group. At all times, board and manager is satisfied that its independence and neutrality has been maintained through this project.

**Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements?** The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

**Is the research accessible to the public?** It appears on our website as of 24 June 2021.

**Are the research findings clearly articulated and accurate?** To the best of our knowledge, we believe they are.

## 6. References

Department of Health and Social Care (2020) *Coronavirus (COVID-19): adult social care guidance*.

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>

Skills for Care (2020) *The adult social care sector and workforce London 2020*

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