



Communicating with relatives of
care home residents during the
Covid 19 pandemic
April 2021



‘I can speak to my relative on the phone providing they give them the right handset with loudspeaker. This isn't very private if they are not in their room.’



Comment from respondent





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Who are Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the independent patient and public champion that holds health and social care services more accountable to their communities for the services they commission and provide.

We have 3 key roles:

Scrutiny of local health and care commissioners to ensure that they: listen to the public, provide excellent care, provide quality signposting and are totally transparent

Make a difference: We collect & provide insight from patients & communities, and use these to make recommendations to improve services for the public. We will then scrutinise how this insight helps to influence improvements.

To work in partnership across local, regional and national networks of Healthwatch and the CQC to ensure big issues/opportunities are acted upon & best practice is shared, whilst ensuring that our independence is maintained

Why is it important?


You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.


How do I get involved?


We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.


You can have your say by:

 0115 956 5313

 www.hwnn.co.uk

 @_HWNN

 [Facebook.com/HealthwatchNN](https://www.facebook.com/HealthwatchNN)

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Executive summary

Healthwatch Nottingham & Nottinghamshire (HWNN) became aware that some friends and relatives of care home residents were having increasing problems communicating with the residents they usually visit, during the COVID-19 pandemic, when visits were either stopped or became very limited in scope.

We worked in partnership with the Adult Social Care Management Team at Nottinghamshire County Council to assess the level of concern being expressed by friends and relatives and to identify any 'better practice' identified, with the intention of encouraging all care homes in the City and County to implement these ideas.

Using an agreed short (pre-trialled) questionnaire, HWNN interviewed 21 friends and relatives of care home residents. Nottinghamshire County Council helped identify care home managers, who then promoted the survey using a specific WhatsApp group; it was also promoted through HWNN's own contacts.

The interviews were carried out by telephone during one week in November 2020 (in the second England Lockdown of the COVID-19 pandemic).

During the pandemic, there have been some excellent and innovative examples of communication between relatives/friends and their loved ones residing in care homes. The survey has, however, highlighted a number of examples of poor communication.

It appears that there is no standard communication procedure in place across all care homes and it is left to the discretion of the care home manager or owning company as to how this is carried out. This results in unwelcome variance in how well or poorly care homes communicate with relatives and friends.

Some care homes have been proactive in contacting relatives/friends of loved ones and ensuring that this communication has been personalised. Others have not and in some cases, there has been no contact at all.

People were unhappy with the use of generic newsletters by the companies that owned the care homes, rather than communications which were specific to the home. These newsletters appeared to contain government rules and regulations that were being followed, rather than updates from the actual care home that their relatives/friends were resident at.

In some cases there has been a lack of response to queries, which has been compounded by difficulties in speaking to staff that can help the friend or relative. This has led to frustration and distress for family members who are trying to obtain answers about the care of a loved one.

There appears to have been a reluctance by some homes to embrace new means of communications and facilitate the use of these.

Not all types of communications work well. For example, some residents cannot cope with the technology used to make online calls (equipment, software etc.) In some cases, where visits have been allowed, communication via a window has proved to be distressing.

In addition, there needs to be an awareness that relatives/friends may have needs themselves that require accommodation, in order for them to participate in effective communication. For example, they may be deaf or have a visual impairment.

Facilitated visits, whilst welcomed, had the potential to cause more distress to both visitors and patients. In some cases, these visits were completely unsuitable for the resident. Therefore Care Homes need to better assess what will work for their residents, and work in co-operation with the friends and family of the resident.

Recommendations

- Care homes should consider a range of ways of communicating with friends and relatives, for example by telephone, WhatsApp group, private Facebook page, or weekly email update.
- Care homes should take responsibility for being proactive to ensure there is good regular communication to residents' relatives / friends during a period of lockdown or limited visiting, for example posting updates on their webpage, private Facebook page or WhatsApp group.
- Care homes must inform friends/relatives immediately and should increase the frequency of communication if the resident becomes very unwell.
- Care homes should ensure that staff are trained to use the electronic communication systems agreed with relatives.
- The Council and care homes should consider developing a Communications Charter to manage friends' and relatives' expectations and reassure residents that they have a right to communicate with their friends and family.



Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen.

Since the start of England's lockdown on 23rd March 2020, HWNN heard experiences, from friends and relatives of care home residents, about the lack of information they were receiving about their relative/friend, and this was echoed on the local and national news. In response to this, and working in partnership with Nottinghamshire County Council (NCC), HWNN agreed to find out:

- What information friends and relatives had regularly received
- How they had been communicated with
- Whether the information they had received was sufficient, and if not how this could have been improved

The aim of this project is to assess the level of concern being experienced by friends and relatives and to identify any 'better practice' found, with the intention of encouraging all care homes in Nottingham and Nottinghamshire to improve communication with friends and relatives.

Our approach

Survey questions were drafted in conjunction with NCC. These were then piloted by HWNN on relatives of care home residents before a final survey was agreed. Information inviting relatives and friends to participate in the survey was then distributed by NCC to their Care Home contact list, through a local care home WhatsApp Group and through our own staff and volunteer mailing lists. Appointments were then made with interviewees to carry out the survey by telephone.

Prior to commencing interviews, staff and volunteer interviewers were trained in questionnaire design and attended an orientation session to brief them on the purpose of the project and the content of the survey.

Q1. What information have you regularly received from the care home about your friend or relative during the COVID 19 pandemic?

Out of the 21 people interviewed, 95.2% (n=20) provided an answer to this question whilst 4.8% (n=1) did not. The main themes described to us were as follows:

The subject of telephone calls was highlighted by 71.2% (n=15) of respondents with some of the responses, 23.8% (n=5), indicating satisfaction with the level of telephone communication received. Comments supporting this included *“home has kept me in contact by telephone calls”, “The nurses are very good. They phone me about my husband and if there are any concerns, they keep me informed. They’re good at answering the phone”* and *“We have regular email updates. We have had some phone calls”*.

Other relatives/friends, 47.6% (n=10), proactively took the lead in arranging telephone calls as supported by the following comments - *“My brother and I took turns to make a weekly telephone call to the home, this was our decision as we did not want to pester and we realised how difficult the situation was for them. We were very pleased with the care our relative was receiving so this level of contact was satisfactory”, “I phone every week and they tell me my relative is fine. If I ask any questions, they answer them fully”* and *“My sibling makes weekly telephone calls to the care home to ask about our relative. Their calls are answered”*.

However, one person had not and had waited for the home to contact them as evidenced by the following quote: *“None, I have not called them. I feel ‘wrong’ inside not being able to visit my relative”*.

Another person described the challenges of setting up a telephone call with their relative as follows: *“I can speak to my relative on the phone providing they give them the right handset with loudspeaker. This isn’t very private if they are not in their room”*.

One person indicated that they would have liked to have a call with their relatives during mealtimes - *“My calls have been around the afternoon tea meal. This I hoped would not be causing too much intrusion as the staff would be there as well”*.

The number of respondents who indicated that they had received a newsletter/email during the pandemic was 57.1% (n=12). Several indicated that they had found it unhelpful as it had come from the companies running the homes and lacked information about the home that their loved ones resided in. The following quotes supported this viewpoint - *“The Company running the home sent a formal letter at the start of the lockdown”, “A regular newsletter about the home in general. Frequency increased during pandemic from monthly to weekly or fortnightly”, “I have not received anything directly from the care home during the pandemic. I do receive a generic letter from the parent company every 4-6 weeks. This relates more to confirming government guidance but is not specific to the home”, “I receive a weekly email from the provider giving general information about activities and so on at the Care Home; it tells us nothing specific”,* and *“No regular communication, early on in the pandemic they sent a questionnaire asking for feedback on how they were dealing with things. There have been two letters but they were quite general not really about the pandemic”*.

Over half of respondents, 52.4% (n=11), felt that the home had not been proactive with their communications and had been difficult to contact. Comments supporting this view included: *“Another relative did most of the communicating, by email; they had no replies so re-sent their emails and are still waiting for a response”, “Communications from the home were not always followed up”, “I have received no information from the Home. I have had to keep ringing to get information about my relative and about the home itself”, “No change in communication during the pandemic. The only time I am contacted is if my relative is unwell”, “We receive very little information from the care home and certainly not on a regular basis. No updates as to how my relatives are or what they are*

doing. They only contact us if anything happens with either of them” and “We have received very little about anything at all during the pandemic. Whatever we have received, we have had to push for. The answer to calls is always “We’re busy doing meals/we’re doing medications etc.”.

The number of people who felt that the home had been proactive in notifying them of changes in their loved one’s condition was 52.4% (n=11). In some cases, respondents indicated that the home had facilitated communication with 3rd parties that were also involved: *“If there are any changes with my relative I usually receive a phone call and an email” and “The home has kept me in contact by telephone calls. Recently my relative started to lose weight so the home told me that the Doctor had been called. The Doctor then called me to discuss treatment options that I agreed to. When my relative has a fall or is anything else wrong they will ring me and tell me. I feel the home is very good at looking after my relative”.*

The use of other means of communication, for example, WhatsApp/Skype/Zoom/ Facetime etc. was highlighted by 42.9% (n=9) of respondents. Comments provided included *“They have established a closed Facebook page to send pictures and updates. They have started a regular Zoom meeting for family”, “The home enabled WhatsApp exchange possible” and “The home have worked to keep open channels of communication. The staff have been responsive to any concerns. There have been skype meetings with staff present”.*

Some respondents commented on the challenges involved in communicating successfully by electronic means or telephone - *“I have had video-calls, but this doesn’t work very well with my relatives they want to move about after a few minutes”, “I speak to my relative on the phone, though they are often aggressive”, “I speak to Mum most days by contacting her on her mobile phone. Attempts have been made to have zoom meetings but unfortunately the staff haven’t been trained to use it and I think there is only one laptop”, “Skype was an option and we discussed it but all agreed it was not appropriate as Mum has vascular dementia and aphasia. We had a WhatsApp call in September which didn’t really work due to Mum’s condition but at least we saw her” and “The Care Home offers Face time and Skype options for relatives to communicate with residents but these are not feasible for our mother as her dementia is very far advanced”.*

One person commented at the lack of video calls made at a weekend - *“I do find that at the weekend, communication and my video calls are often not made due to staffing issues”.*

Less than a third of respondents 28.6% (n=6), indicated that some homes had managed to facilitate visits during the pandemic as supported by the following quotes: *“Made carefully controlled visits possible”, “I was able to see them through the window of the Care Home recently when the staff organised a birthday party for them” and “Between lockdown 1 and lockdown 2, the manager always let us know when we could visit our relative”.*

Two people stated that they had managed to speak with the manager of the home during the pandemic as follows - *“I phone every day although the staff can’t really tell me very much beyond that my relative is ok. If I am not happy with what they say I ask to speak to the Manager with whom I have a very good relationship. If there are any changes with my relative I usually receive a phone call and an email” and “I regularly receive information, almost always from the manager of the care home, about my relative’s wellbeing”.*

Two respondents indicated that they felt that the appearance of relatives and mental health had deteriorated during the pandemic indicated by the quotes provided here - *“The visitor thought that things had happened to their relative (e.g. a fall) and the home had not let them know”, “On visits the respondent could see that their relative was not cared for as they would have liked - sometimes looking unkempt, their nails not cut. Difficult to engage with the staff about these concerns because of distancing” and “My relative has longstanding clinical depression and their mental health does seem to have deteriorated”.*

How did you receive information?

Table 1 below describes how friends and relatives have received information from the care home.

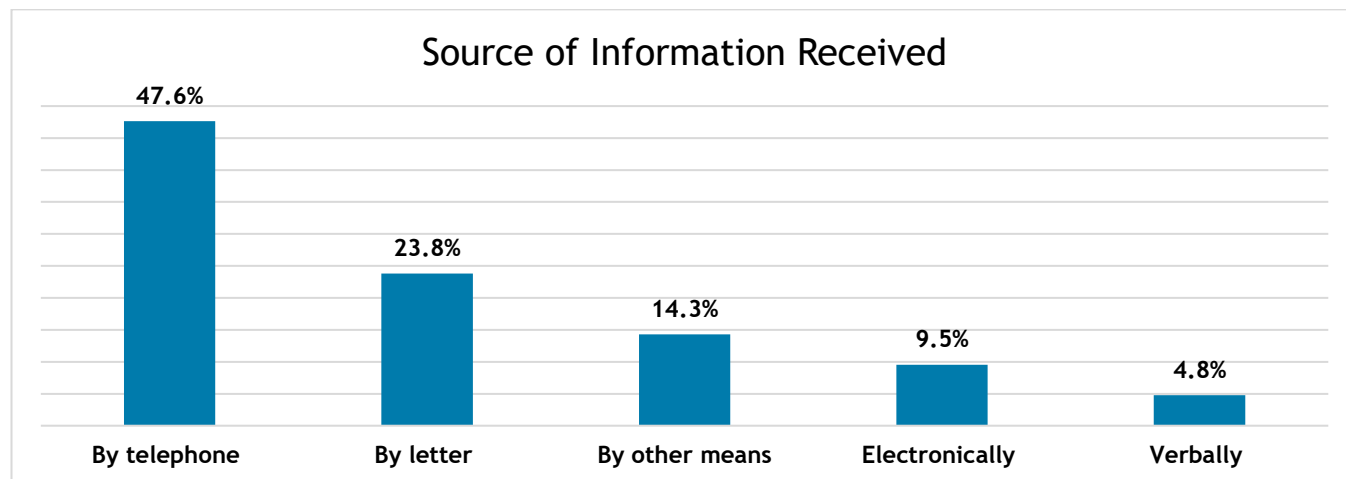


Table 1 (n=21)

47.6% (n=10) received information by telephone, 23.8% (n=5) by letter, three people (14.3%) by other means, two electronically and one verbally. Of these 13 (62%) people said the information had been sufficient and eight (38.1%) that it had been insufficient.

If insufficient, how do you think the communication could have been improved?

Respondents highlighted the following areas in which they felt information provision could be improved as follows:

People who answered this question felt that the provision of more regular updates was needed to address this issue as evidenced by the following quotes: *“They have a website which they could have made better use of with regular updates, reassurance and keeping relatives informed. For example, all residents were isolated in their rooms for three weeks and I only found out about this afterwards”*. *“A weekly regular e mail to keep us updated about their health and wellbeing. I have friends with relatives in other care homes who receive regular e mails, WhatsApp messages, photographs etc.”*, *“A first step for improvement would be for management to answer phone calls and emails, to respond to communications”* and *“More communication, messages to be acted upon and feedback given when concerns have been raised”*.

In addition, respondents felt that communication from the homes need to be more proactive. This view was supported as follows: *“The home doesn't keep me informed - I find things out when I run into carers in town”*, *“They should allocate a staff member to ensure that communication between relatives and residents is maintained and not cancel these calls because they are too busy”*, *“The carers suggest Zoom or WhatsApp but the management need to take the initiative”* and *“There have been a lot of management changes in the home recently that have not been communicated to me”*.

Some respondents indicated that the homes needed to provide more accurate and up to date information. Comments here included: *“When visits were allowed, we received wrong information. We were told that visits could be booked for one person; I booked a visit to my relative, then I received an urgent phone call to contact the Care Home ASAP. I phoned immediately and they told me that the visits were only garden visits; these aren't possible for Mum as she's on the second floor and is bed-bound. I was very distressed and angry about this”* and *“During the pandemic I left flowers with staff and they were quarantined for 72 hours and nothing could be placed in the fridge. This represented a 40-mile round trip for me. I then received an email saying I could no longer take any food or flowers”*.

Other respondents indicated that communications about relatives/friends should be tailored to be more personal for their loved ones. *“Individual relatives to be contacted on a one-to-one basis with accurate and detailed information based on the resident and not just a general statement that they are fine. This is particularly important when the resident is or has been unwell”* and *“There seems to be a distance between management and carers. They never give any detail about my wife's condition. They make us feel that it's not convenient when we call them; we seem to be regarded as a nuisance”*.

Further feedback shared with us

Eighteen people responded to this question of which eight spoke about wanting physical visits to see their friend or relative. In all cases where the Care Home had facilitated some sort of visit there were issues, *“The main issue for me is not being able to visit. My last visit was in early September when the Manager opened a fire door with me standing outside. This hasn't been allowed since and wasn't successful because Mum couldn't understand why I was so far away from her and couldn't hold her hand”*, *“after 3 months we had a window visit but it was difficult to arrange, the care home wasn't keen and that was the only occasion”*, *“during the summer we were promised some gazebos so that we could sit outside with our relatives. This never materialised so in bad weather the visits were cancelled”*, *“garden visits were going to be organised in August and we had one booked but unfortunately these visits were cancelled very last minute due to a COVID outbreak in a factory situated quite near to the care home”*.

Five people spoke positively about the work the care home had done to help communication. Comments included, *“when I visited during the pandemic to talk to my Mum through the window, they ensured she was wearing a visor and not a face covering. This is important to me as I am deaf and have to lip read which I cannot do with a face covering”*, *“I write cards to my Mum on a regular basis so the staff can read these to Mum - from the comments I get back I am sure that they are doing this”* and *“the manager has dealt very well with everything throughout the pandemic. It's all good. Since the start of lockdown 2 we've been doing Facetime for 5 to 10 minutes two or three times a week; we phone in the morning and arrange it for the same day”*.

Two people described how having more staff would help to facilitate communication for example, *“the carers are lovely but there's not enough of them”* and *“they should allocate a staff member to ensure that communication between relatives and residents is maintained and not cancel these calls because they are too busy”*.

For one person the lack of good internet connection was a barrier to communication, *“the internet access (in the home) needs to be improved, in large buildings there are blank spots with poor signals”*.

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In some cases, there has been a lack of response to enquiries by friends and family, which has been compounded by difficulties in speaking to staff that are able to help. This has led to frustration and distress to family members who are trying to obtain answers about the care of a loved one.

There appears to have been a reluctance by some homes to embrace new means of communications and facilitate the use of these. Not all types of communications work well. For example, some residents cannot cope with the technology used to make online calls (equipment, software etc.) In some cases, where visits have been allowed, communication via a window has proved to be distressing.

In addition, there needs to be an awareness that relatives/friends may have needs themselves that need accommodating in order for them to participate in effective communication. For example, they themselves may be deaf or have a visual impairment.

Facilitated visits, whilst welcomed, had the potential to cause more distress to both visitors and patients. In some cases, these visits were completely unsuitable for the resident. Therefore Care Homes need to better assess what will work for their residents, and work in co-operation with the friends and family of the resident.



Recommendations

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- Care homes should take responsibility for being proactive to ensure there is good regular communication to residents' relatives / friends during a period of lockdown or limited visiting, for example posting updates on their webpage, private Facebook page or WhatsApp group.
- Care homes must inform friends/relatives immediately and should increase the frequency of communication if the resident becomes very unwell.
- Care homes should ensure that staff are trained to use the electronic communication systems agreed with relatives.
- The Council and care homes should consider developing a Communications Charter to manage friends' and relatives' expectations and reassure residents that they have a right to communicate with their friends and family.

Appendix 1: Demographics of respondents

District	Number	Percent
Ashfield	3	14.3%
Gedling	7	33.3%
Mansfield	2	9.5%
Newark & Sherwood	4	19.0%
Nottingham City	2	9.5%
Rushcliffe	2	9.5%
Outside of Nottinghamshire	1	4.8%
Total	21	100%

Age Group	Number	Percent
35-44	2	9.5%
45-54	1	4.8%
55-64	5	23.8%
65-74	9	42.9%
75-85	4	19.0%
85+	0	0.0%
Total	21	100%

Gender	Number	Percent
Female	17	81.0%
Male	4	19.0%
Total	21	100%

Gender - Same as birth	Number	Percent
Yes	21	100.0%
Total	21	100%

Sexuality	Number	Percent
Heterosexual	17	81.0%
Prefer not to say	1	4.8%
Asexual	1	4.8%
Not answered	2	9.5%
Total	21	100%

Ethnicity	Number	Percent
White	19	90.5%
Not answered	2	9.5%
Total	21	100%

Religion	Number	Percent
No religion	10	47.6%
Christian (all denominations)	9	42.9%
Prefer not to say	1	4.8%
Atheist	1	4.8%
Total	21	100%

Nationality	Number	Percent
British	21	100.0%
Total	145	100%

Main Language	Number	Percent
English	21	100.0%
Total	21	100%

Are you a cared for by anyone?	Number	Percent
Yes	2	9.5%
Total	2	9.5%

Pregnant/children age < 5	Number	Percent
Yes	1	4.8%
Total	1	4.8%

Employment Status	Number	Percent
Retired	11	52.4%
Full time	8	38.1%
Part time	2	9.5%
Total	21	100%

Illness/impairment	Number	Percent
A long-term health condition	5	23.8%
Hearing impairment	2	9.5%
Mental health illness	1	4.8%
Prefer not to say	1	4.8%

Disability Count	Number	Percent
Number of respondents	7	33.3%



Acknowledgements

Healthwatch Nottingham and Nottinghamshire would like to thank the participants who made time to share their thoughts as part of this project.

To our volunteers, thank you also for giving up your time to support this project.

We would like to thank the partners who were involved in the facilitation of our discussions.

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