

healthwatch

Kingston upon Hull

COVID-19 Report

Impact on Domiciliary Care in Hull

Date: July 2020



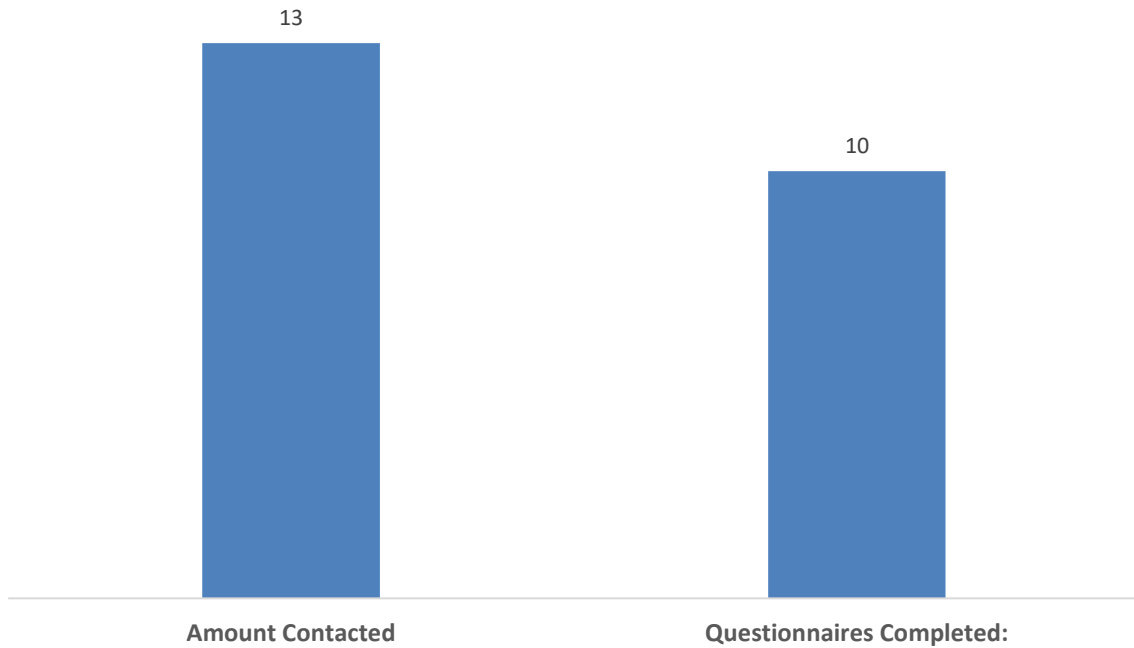
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Introduction

Since mid-July, Healthwatch has been contacting Domiciliary Care services in Hull to obtain their views and experiences so we can build an understanding of the impact coronavirus has had on their services.

Healthwatch developed a questionnaire and contacted a total of 13 Domiciliary Care services to ask for their views and experiences, with 10 responses received.

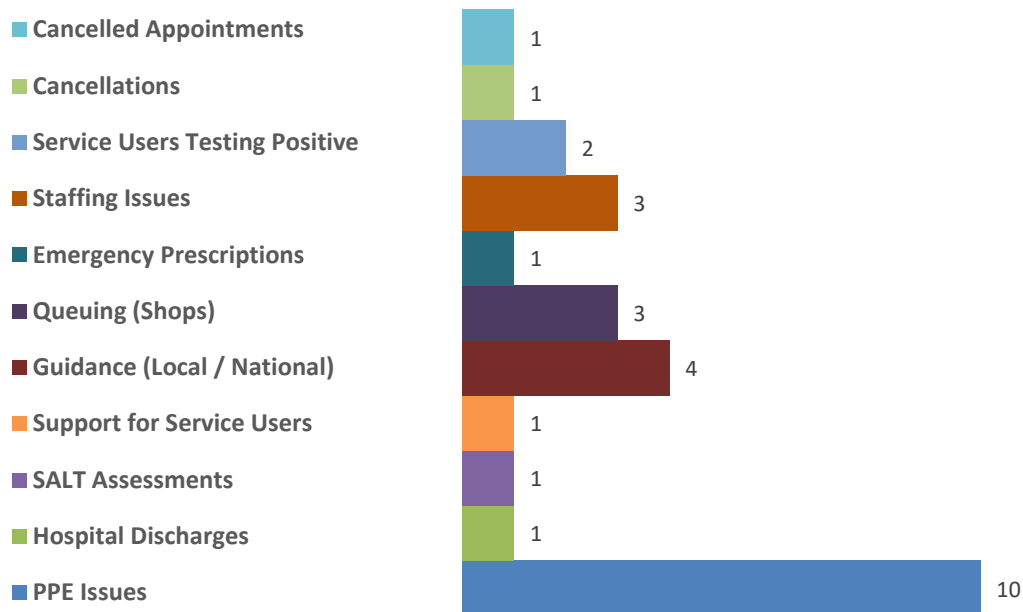


Out of the 10 responses, the biggest issues raised by services were:

- PPE
- Guidance
- Queuing and Staffing Issues

Issues encountered by Domiciliary Care services during the Covid-19 pandemic

Statistical Information and Graphs



Summary

Every Domiciliary Care service Healthwatch Hull engaged with had some kind of issue with PPE, whether that be availability or cost. Two services we spoke to identified that service users had tested positive; one service had two service users pass away with COVID-19 on their death certificate and another had a service user who did not receive the result until after they were discharged and returned home. Services also found that some guidance were initially not clear enough and the sudden changes, both on a national level (PM Conferences) and local level was not helpful and prior notice would have been beneficial.

What We Have Been Told

“The only issue we’ve found is that PPE has been quite scarce and the price for PPE has increased significantly.”

“We’re currently struggling sourcing some PPE, there’s been uncertainty with aprons for example and PPE suppliers are not taking on new clients so this has been difficult.”

We've found that emergency prescriptions have been a problem, largely due to the opening / closing times of pharmacies during the pandemic. For example, they've closed for an hour or more mid-day and this has caused issues when our carers have gone to collect an emergency prescription.

We had a service user discharged from hospital who tested positive, they were tested before discharge but the results were not given until after they were back home."

"At the beginning masks were hard to come by and we found guidance not be very in-depth. We made sure to supply to our staff with masks despite guidance saying domiciliary care services didn't need to wear them.

We worked hard to be able to provide masks and are finding now small gloves are difficult to come by."

"I feel like we've been lucky as we've not had many issues. We had two people pass away with COVID-19 on their death certificate. We found that the changes caused more issues than the pandemic itself; we employ 150 staff and only had one staff member diagnosed with the virus. We've had between 8 and 10 service users shielding and found that service users are declining appointments for Primary / Secondary Care services out of understandable concern of catching the virus.

We've used the local resource fund for PPE, this has mainly been for masks as they weren't standard equipment we used previously so had to spend time sourcing them but we've not ran out.

We had some issues with pharmacies and we've had to push hard to avoid queuing for medication and in some instances still had to queue despite how important it is for our service users."

"We've found that PPE fluctuates as there is a national shortage and found that the guidance at the very start vague, we had isolation notes from staff who either they or family had slight symptoms which increased pressure. Now there is more detailed guidance and testing available this has been resolved."

"We didn't really have any issues as we continually reviewed and updated our measures to ensure there was minimal risk. We did find when we were on

conference calls that smaller, independent services were the ones struggling with things like PPE.

Our carers did have issues with queuing at the start and made one-hour calls almost three hours for example.

Although it's not related to our Home Care services, our Care Homes did get hit with COVID-19 due to hospital discharges."

"We're relatively small so thankfully not had too many issues, there was issues with accessing PPE as everyone was scrambling to get it but as we already had a supply it wasn't a problem. "

"There were serious PPE issues at the beginning which lasted about a month. We still have issues getting cleaning products from the usual supplier and have had to source new suppliers.

We had service users cancel services due to having family at home to support them during lockdown and now an influx of them needing support due to family members returning to work; sometimes we had to stand down staff due to lack of demand.

We had staff who displayed mild symptoms isolating for 7 days but in the end did not have the virus which affected staffing levels. There were no testing and the guidance wasn't very clear.

The guidance for Domiciliary Care remained the same up until five weeks ago; we changed our masks with each service user along with all other PPE and then was suddenly without warning advised that if we do not touch our masks then we do not need to change them all day; wearing masks all day is not particularly comfortable.

We had to arrange for our staff to be able to skip the queues at shops; it would have been better if this had been arranged for us. We had difficulty with Home Bargains when we went for a service user as they would not let us skip the queue since were not NHS.

The processes seem too long and we weren't kept aware of when suspected waves would occur. We had issues with recruitment, we interviewed 20 applicants and took on the majority; 10 came to the induction and now we have only 8 of these as casual workers. If we delayed recruitment from earlier this year until April or May

we would have been in a worst situation with staffing levels as with the induction process it would have been too long before they were fully trained.”

“In the beginning we had issues with masks, this has since been resolved but we had just three masks left when we got our first delivery. We had issues with two service users having SALT assessments, there were no home visits and one service user had swallowing refutation but there was no home dietitian available.

We found the guidance on discharges was short, this has now been resolved but it would have been helpful to have it available closer to the start from the pandemic.

When there was changes to the usage of masks we were not advised by the Government or anyone. I watched the Prime Ministers press conference where it was advised they would need to be used and had staff contacting us immediately after with questions and concerns; none of which I had answers to as I had learned about it at the same time as them; prior notice would have been helpful.”

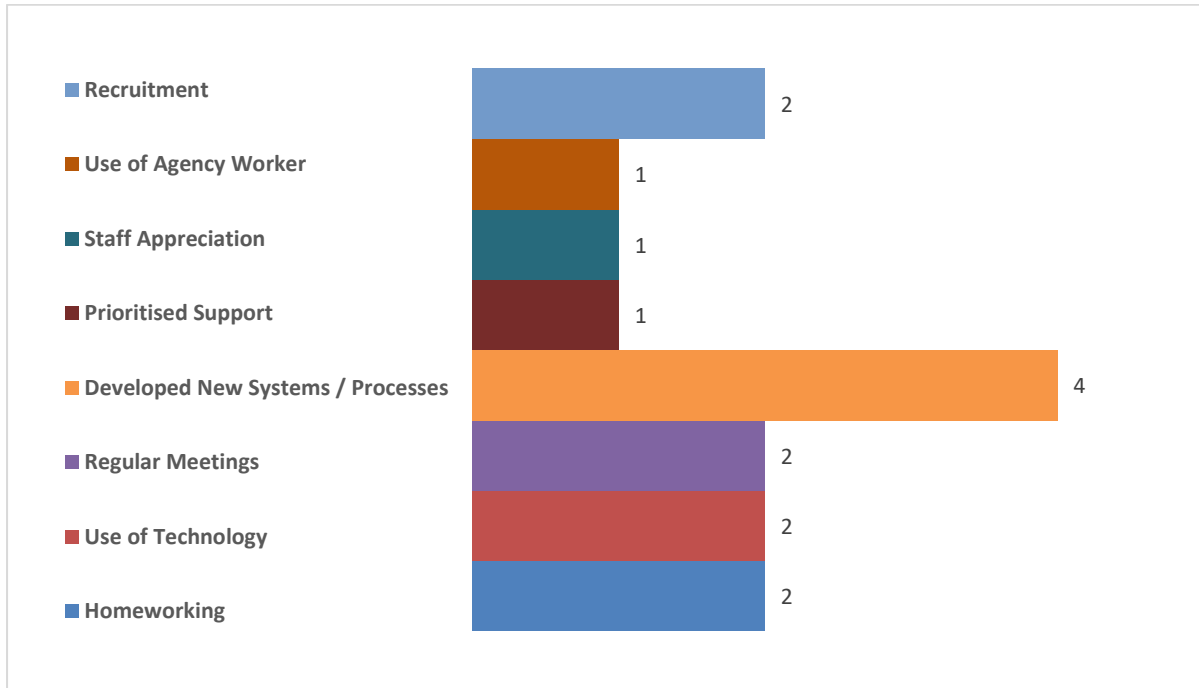
“The only issue we’ve found is that PPE has been quite scarce and the price for PPE has increased by a significant amount.”

“We’ve found that PPE has been hit and miss, sometimes we’ve been able to access medium and large gloves but not small and vice versa. Our supplier increased prices for PPE by up to 5 times which caused us to have to find other options. We were given a list by Hull City Council of suppliers but at the start each of these were not accepting new customers; and the ones that eventually did wanted bulk orders worth £6000 before they would accept us.

We had issues at first with staffing as a lot of staff went off displaying mild symptoms, thankfully most of these have since returned to work. If we were short on staff our office team would support and provide care to our service users. “

The measures that were put in place to combat or avoid issues occurring

Statistical Information and Graphs



Summary

A number of Domiciliary Care services had to develop new processes or ways of working to ensure that their service ran as smoothly as possible. Most of these new processes revolved around sourcing, monitoring and ordering PPE supplies however one service developed an app for their staff which was updated whenever guidance changed and provided a means for their staff to feed into the organisation if they had any issues.

Some Domiciliary Care services reviewed how they operate to reduce risk of transmission; in agreeance with service users, one service reduced the number of visits they received while another service had the same carers attend each visit. Other services incorporated the use of technology and enabled homeworking where possible to avoid carers having to come into the office and also as a means to recruit and maintain regular contact with staff.

What We Have Been Told

“We’ve had more Teams meetings and had to ensure that we follow guidance if having a face-to-face meeting.”

“Our office staff are working from home and we’ve been providing PPE drop offs around the city for staff to collect so they don’t need to travel far to get supplies or come into the office. ”

“We’ve had to spend a lot more time than normal sourcing PPE and bartering with other services to have access to theirs. we manage and review our PPE stock every 10 days and now use a variety of suppliers.”

“We followed the guidance as it came out, developed new procedures to enable homeworking where possible and make sure that staff who are in the office are socially distanced.”

“Our Director of Operations was a registered nurse and our CEO was a mental health nurse so I feel we’ve been ahead of the curve due to their input as we were led by those with clinical backgrounds

Our Senior Management Team met on 17th March and discussed what had happened and what could happen. Each day we had conferences by Teams and cascaded information to our management teams.

We developed a management system for service users but had some service users cancel services. We developed a risk rate system which was each day, this was comprised of level of staff, amount of service users / their needs and PPE stock. We also have a lesson learned process to ensure that if there are any concerns or issues we address and learn from them.

We reduced calls where family were able to support in order to decrease the number of carers service users would come into contact with; some service users who had four visits per day for example were reduced to two visits. We prioritised the more vulnerable in line with the risk rate system.

We were led well and was continuously updated, we developed a “Happy App” for care workers to use and feedback on as well as have up-to-date guidance at their fingertips. Our Director called concerned staff directly to reassure them and answer any questions or concerns which went down well with staff.

We keep a full log for each service user to help us identify any trends.

We’re very proud of our staff and made sure their contributions were acknowledged.

We shared a lot of positive information on social media and wrote to all service users. We're having a memorial developed later this year to commemorate all of those we lost during the pandemic."

"We've used agency workers for the first time and it was beneficial for us as we've established good relationships with the agencies we've vetted and feel comfortable and confident with.

We've had to look at the office and make sure it's socially distanced where possible, myself and my colleague have been alternating days rather than being in the office together to reduce contact."

"We only use PPE through official sources to ensure we wear exactly what the guidelines tell us to. We have a thorough cleaning plan, we have cleaners who clean in mornings and afternoons, we clean our desk before and after starting work and clean touch areas such as door handles, windows, handrails each hour.

We use the building differently, we don't have everyone in at the same time, we phone staff on a weekly basis to check their well-being as we encourage homeworking where possible. "

"We've had to recruit through Zoom, we were concerned about this at first as we didn't feel like we'd be able to gauge the candidates as you would a normal face-to-face interview but we've had some fantastic candidates and it is something we're going to keep going forward.

We reviewed how we operate, our carer and group workers and broke any unnecessary contact to reduce transmission. We identified potential risks with some staff such as having asthma and being pregnant and made sure they weren't put at risk.

The service users have liked the consistency of having the same carers visit them, we're keeping this model going forward.

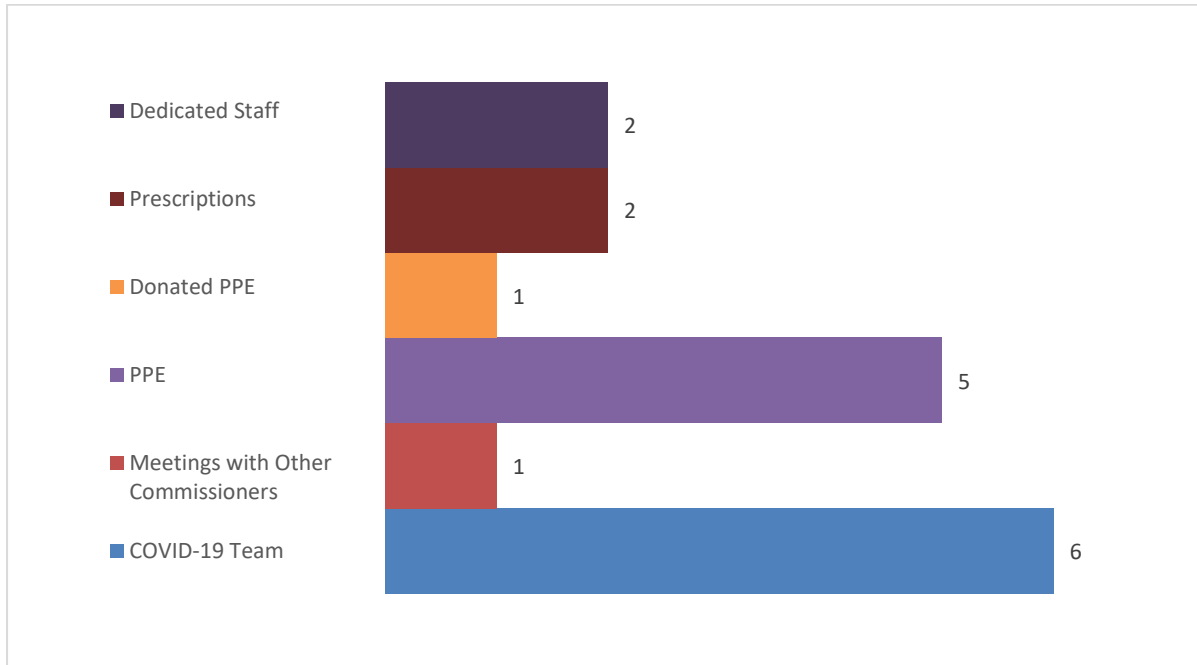
We're having monthly staff meetings through Zoom and providing weekly updates to staff. We've also implemented a process of providing gestures to staff as a thank you which we're also keeping as it's helped keep moral high and demonstrate that we do value our staff. "

“We ordered PPE through the internet to cover shortfalls as we could not afford the prices our supplier was asking for.

We still recruited during this period but reduced the number due to having to deliver socially distanced training.”

The support Domiciliary Care services received during the Covid-19 Pandemic

Statistical Information and Graphs



Summary

The biggest source of support identified for Domiciliary Care services during the pandemic was the COVID-19 Team who assisted in sourcing and paying for PPE, arranged for emergency PPE deliveries and guidance when it was needed. Services also praised their staff as mentioned in the previous section who have worked hard throughout to meet the needs of service users.

What We Have Been Told

“We had regular conference calls with Hull City Council and when we were low on aprons and gloves Emma was able to get some sent out to us. We received regular contact from the Hull City Council but again, it seemed like East Riding was more involved with our service and our well-being.

Due to the Council having difficulty in getting PPE to us quickly, they arranged to cover some of the price increase of PPE in order to help us order it and get it to us quicker.”

“We were sent a link by the council to an eBay account where we could order free emergency PPE. I can’t really complain about it as it helped but it wasn’t enough to

cover all of our needs. It was helpful receiving 1 and 2 litre bottles of hand gel however we then had to buy hundreds of little bottles which came at a further cost.”

“We were offered a lot of support from Hull and East Riding Local Authorities and from local services. East Riding gave us COVID passes which allowed us to skip queues and park in restricted places to ensure there were no issues with parking close to our service users with everyone being at home.

We received weekly calls from Hull City Council, these have now moved to a call every two weeks as we’re not having any issues. COVID-19 Team provided us with a delivery of PPE, were very quick and responsive when we contacted them.

We had face shields donated from local businesses, we were given knitted ear coverings and donated hand gel.

Chemists have allowed us to go around the back where we’ve been given prescriptions for service users rather than having to queue. “

“The Hull City Council have been outstanding, the COVID-19 Team have maintained contact throughout the pandemic. I felt comfortable contacting them and it was useful for the COVID-19 Team to have people we were already familiar with from the brokerage team as we didn’t have to take time to establish new relationships or have people who were unfamiliar with our service trying to assist us.

Now the pandemic has declined, we’ve agreed to receive one call every two weeks now which is what I feel works well. It’s nice to talk to someone and for them to trust what we are saying rather than being overbearing.

We’ve also had meetings with other commissioners in Health and Social Care, CQC and Nursing Teams which has helped us keep updated with changes to processes.

In some ways, things have been better due to the pandemic, we’ve found services to be more forthcoming and are willing to ask for or offer support. We’re hoping that this continues once the pandemic is over as Health and Social Care has seemed fractured over the years with services being more closed off from one-another.”

“The Hull City Council has been the only council who has paid for plan time and as we’re paid by the minute this has made a massive difference to how we were able

to operate during the pandemic and ensure that staffing levels were consistent. Sometimes service users didn't want our staff to be with them for the full duration due to their concern of transmission; we used the allotted time to plan ahead for how we can best support the service user and make sure that they had everything they needed and minimise any issues they could face."

"The Local Authority offered to pick up and deliver prescriptions for our service users if we had difficulties. They also supported us with the cost of PPE, weekly conference calls and updates and a COVID helpline if we had any queries."

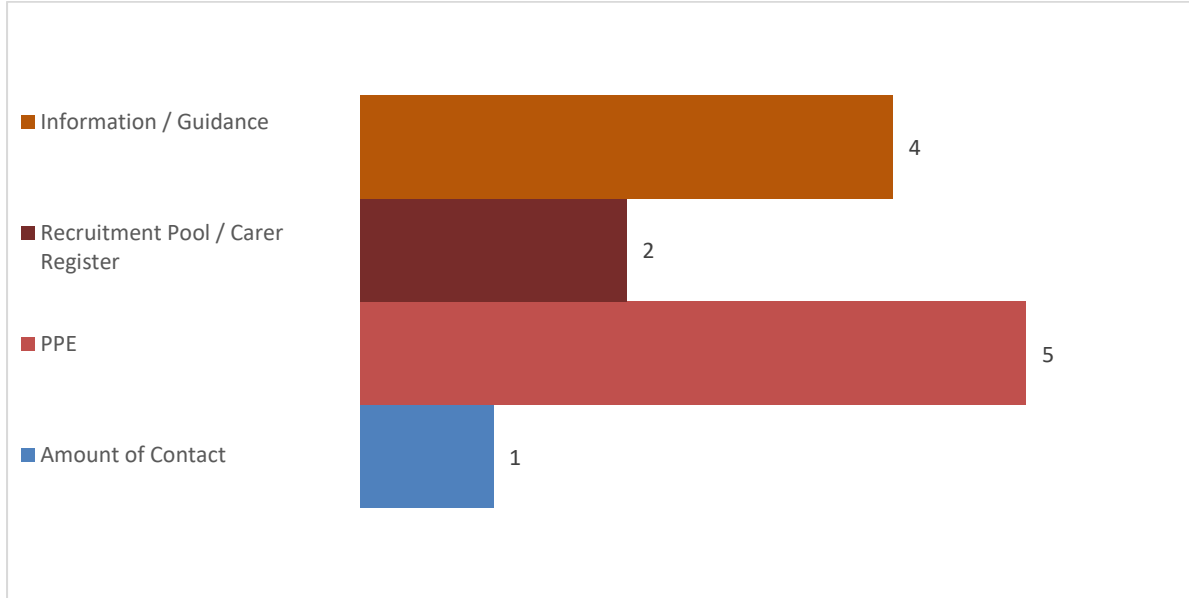
"We've had regular conference calls with the COVID-19 team which has been helpful and been contacted by them to check in and see how we're doing; how our PPE supply is etc."

"The Hull City Council has been very helpful with accessing PPE and the staff have put in extra hours to assist our service users.

We've received calls every week from people high up in the Hull City Council which has helped. When we had a suspected COVID case due to a service user leaving hospital, they were tested but they were not given the results until they were back at home, we were able to speak to Emma at Hull City Council who arranged for an infection control nurse to contact us quickly."

The support that was missing during the Covid-19 Pandemic

Statistical Information and Graphs



Summary

The main support that Domiciliary Care services are concerned about or felt has been missing during the pandemic is in relation to PPE and guidance. Some services have mentioned concerns about sourcing and affording PPE and that it would be beneficial to have a controlled and consistent PPE supply so each service has access to it when they need it. There have been some issues relating to guidance, such as too much of it at the same time, guidance not being provided as quickly as it could have, that it hasn't been as detailed or as clear as it should be.

What We Have Been Told

“Sourcing PPE as mentioned previously. We’ve had PPE such as masks issued to us from the Government which have then been recalled leaving us either short or with no masks at all. We’ve had other PPE recalled as well which has made things difficult.”

“When we were low on masks Hull City Council sent us a box of 50 which wouldn’t last long. It would have been helpful to have more as East Riding ended up sending us 4000 masks at the start of the pandemic and got same / next day delivery of PPE when we needed it whereas with Hull City Council it could have been several days.”

We also found guidance from East Riding Council to come first and they were more proactive in providing support than Hull.”

“At the beginning Hull City Council was not proactive as the East Riding Council with providing support and there were only small amounts of PPE provided at the beginning however I would say they are now on par.”

“I think the only thing I can really say is it would be helpful having more direct paperwork from the Government that was clearer than a list of what we can and cannot do.”

“We did find that the East Riding Local Authority was getting information to us first and Hull City Council were sometimes out by a day or two which is the only criticism I have really.”

“I feel at the beginning there was maybe too much contact, I cannot blame Hull City Council for that as they were in the same boat as everyone else but a single collated response every now and then would have been better rather than receiving several updates throughout a short period of time.

There’s been a lot of emphasis on positive behaviour and some services do ensure they only get what they need but others may order more due to understandable concern. Having something in place which controls the level of PPE for across services such as a PPE order system which ensures that there is enough for all would be beneficial.”

“There should be a type of Recruitment Pool from the council where people can be accessed by Domiciliary Services across the board; who have already received the standard training such as Health and Safety, PPE usage, Safeguarding etc. as that will be the same for all services and then we can just pull from that pool when we need staff and teach them the particular ways of working for our service before sending them out to service users. It would make it easier when there’s issues with staffing levels as it would save on the time it takes to train from initial recruitment since they will know all the basics and have all the checks already in place.”

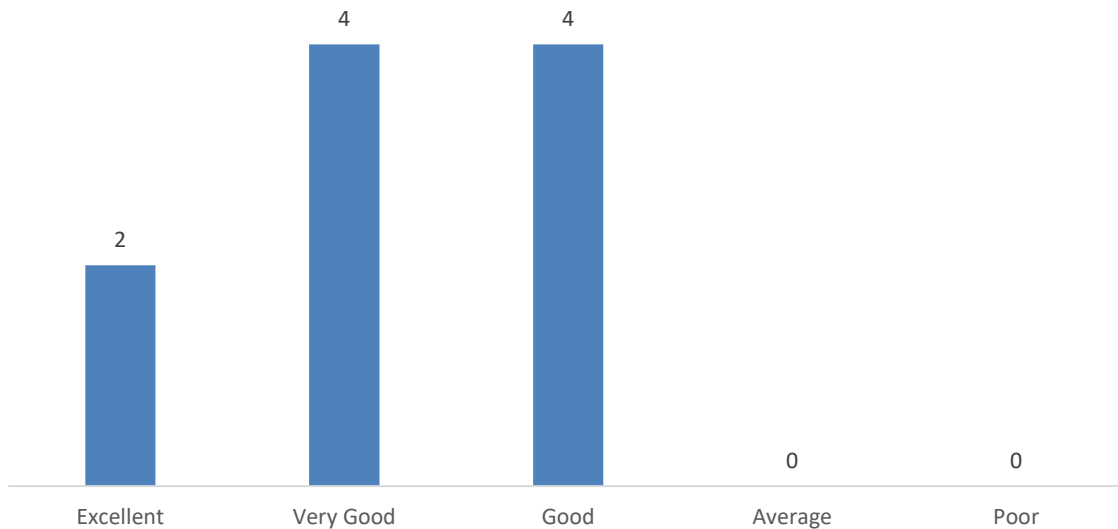
“We’re obviously concerned about a second wave and any help with PPE sourcing and reducing costs for PPE would be helpful.”

“Hull City Council was slower with information and guidance than East Riding. When we received PPE supply from Hull City Council we sometimes waited two to three weeks which could have been better.”

“I feel having some kind of Carer / Support register would be beneficial so if we need additional staff there’s a list of who’s vetted and has all the relevant training they need to be up and running which services across the sector can dip in and out of. It would save a lot of time and effort for all of us rather than having to look into agencies and which best suit our needs.”

The rating of the support received from the Local Authority

Statistical Information and Graphs



The ratings have been given by Domiciliary Care services are due to the support offered by the COVID-19 Team and support offered by the Local Authority surrounding PPE which was an issue faced in one manner or another by each service Healthwatch Hull engaged with.

There were several comparisons from services that fell under multiple local authorities which had some level of impact to the score they gave.

Information was something that was mentioned by some services which found that the East Riding Council delivered information faster than Hull and there were a difference in the amount of PPE that was provided between the two local authorities, however we were informed by one service this was only at the beginning and now both local authorities are on a par.

It was also mentioned that there was a difference in the speed of PPE delivery between local authorities. One service informed us that the East Riding Council delivered PPE within 2 days and in some instances, they waited longer for a supply from Hull.

The Hull City Council however was greatly praised by a national home care service as they were the only local authority throughout the country to offer paid plan time which meant the service didn't have to look at reducing staff and could utilise staff by having them spend time planning ahead and focusing on how best to support the needs of their service users.

Overall Summary

Every Domiciliary Care service that Healthwatch Hull engaged with experienced some form of PPE issue, mostly towards the start of the pandemic however some of these issues are still ongoing; such as finding masks, aprons and small gloves.

There was a number of praises for the COVID-19 Team and the support they offered, and it was appreciated by one service that the team consisted of individuals who were familiar with the services within the sector.

There were a number of comments for Emma and the support she offered, assisting services with deliveries of PPE and ensuring infection control contacted one service within a very short-time frame after it became apparent one of their service users had tested positive for COVID-19 after being discharged from hospital without the test results.

There were praise for the local authority as they had offered to deliver prescriptions to service users and assisted some services by contributing towards the increased cost of PPE; which Healthwatch has been told it has been a struggle for some services to absorb.

There were some comparisons between Hull City Council and other local authorities from services who work within multiple local authorities, advising that for the most part the differences were at the beginning and have improved over time.

A number of services have informed Healthwatch that they intend to keep the changes made during the pandemic; such as the use of technology, introduction of new processes to monitor supplies and having staff dedicated to service users so they are provided with more continuous support and do not have the staff member supporting them changing regularly.

It was mentioned by two services that it would be beneficial for the local authority to have some kind of system where there are vetted agency workers or care staff which have been DBS checked, provided the core training for the role and which services can then use as cover if they experience a downturn in staff availability due to absences, as they can quickly train them the specifics they would need to know for their service and get them up and running.

Some services informed us that the guidance could have been better; however, they directed their comments more towards a national level rather than local as sometimes they found out about changes at the same time as the rest of the country.

Overall from our survey, Healthwatch Hull found that the ratings for the local authority was Good or higher; with the rating Good or Very Good being said four times each and Excellent being said twice. Every Domiciliary Care service Healthwatch Hull contacted said that the local authority was helpful and supportive from the start.

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