



Covid-19 and Care Home Conversations Summary Report: What matters to you?

As the UK faces a winter in the shadow of Covid-19, care homes are once again being warned of the risk of rising number of cases within their sector. This comes in the context of massive challenges caused by Covid-19 since the beginning of 2020 – devastating clusters of deaths, an influx of external agencies taking an interest and managing rapidly changing guidance and expectations.

During May and June 2020, a team from the NIHR Applied Research Collaboration South West Peninsula (PenARC), NHSEI South West Integrated Personal Commissioning team, the South West Academic Health Science Network and including a care home manager held three ‘conversations’ between staff, managers, owners and others from a range of homes in the South West. Each conversation focused on ‘what matters to people supporting or living and working in care homes’, through hearing their experiences and thoughts first-hand.

An overview analysis of the conversations identified a number of themes which are introduced here, with a more comprehensive analysis to be published in due course. It is clear to us, in our interpretation of these voices, that residential and care homes:

- need to be engaged in a two way conversation – listening to the expertise from within is key to improving safety and wellbeing
- multiple relationships – residents and workers, managers and staff, homes and external agencies; homes and commissioners/NHSE – all need tending to
- innovation in response to local circumstance and flexibly deployed resources are the key to generating positive outcomes.

It is more important than ever for people with the role of supporting care homes to listen, and act. This summary and the extended document are designed to give voice to those living and working in homes and provide insights for those charged with providing support.

Theme 1: Feeling safe matters

At the most basic level, the sense of threat induced by the risk of Covid coming into a home creates great insecurity among staff and residents. In many homes, this was initially compounded by a lack of PPE and availability of testing:

As one manager stated: *'We've got staff who are absolutely petrified to come into work [...] who are in tears when they talk to us and too scared to tell manager they don't want to go in. They're dealing with these other anxieties, and if we could lift just one, and say look you've got plenty of PPE, we're doing everything we possibly can to make you safe, and if you need 5 masks a day you need 5 masks, that's okay, that would just lift a little bit of their insecurity.'*

Alongside PPE, having access to testing and medical advice when required were among issues identified that would enable staff feel safe and confident in their roles.

Feeling safe is also an issue for residents, particularly those who previously had a large degree of independence. Their lives *'have been completely disrupted as they knew lives much further beyond the front door of a care home'* and staff are concerned that re-enabling people to have confidence to go out to shop or have deliveries will take a long time.

Concerns over safety has also driven the individual homes' approaches to having family members visit. Some homes have installed screens, or allowed visitors into the garden. Others made the difficult decision not continue to allow any visitors. This was particularly where residents had dementia or learning disabilities and therefore limited understanding of social distancing.

Theme 2: Feeling equipped matters

People within homes can feel safer through feeling equipped. This isn't just about having enough PPE or testing, it's also a request for clear and consistent guidance which gives a framework within which owners and managers can make decisions relevant to their own context.

The difference across the South West was noticeable. One CCG provided a frequent bulletin of information for care homes managers who knew this was the 'go to' email to read for the latest guidance. However homes in other areas felt overwhelmed with conflicting and vague information, and felt that better support locally in interpreting guidance would be appreciated.

Some staff are being equipped to take on clinical tasks, which alongside the next theme of better connections between homes and health staff mean that staff can create a *'sense of safety and coherence'* for residents.

Theme 3: Feeling connected matters

The need for connection has emerged as a key theme for care homes throughout the pandemic. During lockdown, care homes were forced to close their doors to all but essential staff and health care professionals. This meant that the connections between residents and staff grew stronger, as staff became even more involved than usual in supporting the residents. Of course, these connections made it much harder when a resident died:

'They love their residents like they're their own family. This isn't a healthcare setting [...] 'It just pulls on your heart strings far far more, dealing with a death in a hospital, I can tell you, it is not nice, but it's part of your job [...] when you're in a residential setting, when you lose a resident it's like losing a member of your family and it is completely different.'

For families who were unable to visit, creative ways of keeping in touch emerged, led particularly through digital:

One care home manager observed: *'how resilient old people are within our settings and they are embracing technology which will become more and more mainstream for them in keeping contact with loved ones and doing day to day activities.'*

This however proved more of a challenge for homes where there was a high number of people with dementia or these for people with learning disabilities. These homes have also found it difficult to open to visitors as their residents would not understand the need for social distancing.

Digital approaches have also improved connections between care homes and health and care professionals, for example using digital technology to facilitate MDT meetings, and having an nhs.net email addresses to communicate with hospitals. At times face to face contact was requested, with an inconsistent response:

'I did put my foot down at the third phone conversation of them saying no. "Well actually I think you need to meet the person rather prescribing this drug and keep changing someone's medication. Come out, meet them, have a chat with her" not just change prescription.'

Conversely some homes found that improved communication reduced the need for people from outside to come into the home:

"Feeding comms between home and social care rather than having a visitor in to do an assessment [means] now it is in control of people who know the resident and they are sharing the information that they know."

Another positive connection that has arisen is connections between care homes themselves. Many areas have set up WhatsApp groups, who support each other and share information such as risk assessments, as one care home manager reflects:

'We are in talks now with quite a few care homes in the area where we are contacting each other and bouncing ideas off each other, anything we find out we are passing on, its really good.'

Theme 4: Feeling valued matters

Care homes feeling safe, equipped and connected all contribute to a sense of feeling valued within the sector, but this does not always happen:

'[we want the] recognition, we are same, we are good, we are not bad, change the way people see care homes, it's important as we have the stigma and Covid going into care homes made it worse but we are good and staff are amazing, so amazing, not low skilled work.'

The raised profile of social care was seen as a potentially positive step, although managers and owners had yet to be convinced that it would continue.

Some staff felt valued by families and residents for the extra support and care they gave, as one care home manager related:

'I had a card when I came in on Monday – I was really surprised – a load of the residents had signed it and they said "thank you for at least allowing us to come down and get a drink, and be able to sit outside – distanced – thank you for trying to keep everyone distanced." It kind of shocked me because I have had a few people who have been really anti doing anything. Every time I come through I have to check everyone and make sure they alright, and decent distance, but it shows that it hadn't gone unnoticed by a lot of customers, just the few who really didn't want to stick to the rules/guidance.'

Theme 5: Feeling heard matters

As with other themes, feeling heard has to take place at all levels. Being listened to often takes second place to being talked to.

There as a particular call for care homes to come together to form a greater voice within the public sphere so their perspectives can be heard. The following comment was made in the context of why homes did not allow visitors, but speaks for the issues care homes face in general:

'Public and media [are] told one thing and us told another...we are just trying to implement what we have been told but [it's a] losing battle. We need a voice for care homes ... We have a clear message, no visits. We have no voice for us, residents listen to media rather than us, [there is] no voice for us, no voice for care homes, and that's the issue.'

Theme 6: Feeling 'able' matters

The tension between being 'done to' and 'done with' was very clear in each conversation:

'I felt we were missing at the party when some massive decisions were made. We were being done unto... we have suffered really badly...'

Despite the challenges there were multiple instances described of how those working in residential and care homes had taken local leadership relevant to their context:

- Created their own procedures for ensuring a balance of safety and wellbeing: visitor rules, physical environment
- Developing digital capability and rapidly learning to be digitally literate
- Managing people from external organisations – asking for help when needed and ensuring any proposed interventions don't unnecessarily disrupt the life and care of homes.

Conclusion: 'What matters'

The six themes outlined above give an overview of 'what matters' to people living and working care homes. The passion and desire to make the situation the best it could possibly be for staff and residents shone through the interviews. 'Feeling able' to innovate and work within the system is a key theme. But care homes are one part of a much bigger ecosystem of relationships. In the context of Covid-19, 'what matters' is feeling supported through these relationships, as does feeling respected as equal partners. Through listening to what they say and providing appropriate support as highlighted above, we as a system will be able to achieve our shared aim of keeping people safe and well and providing quality of care.

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Contacts for comments:

We have created a facebook page to encourage comments and conversation - 'like' us and contribute at <https://www.facebook.com/Care-Home-Conversations-118196990039987/>

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