

LISTENING TO CARE HOMES DURING THE COVID 19 PANDEMIC

Executive Summary

June 2020

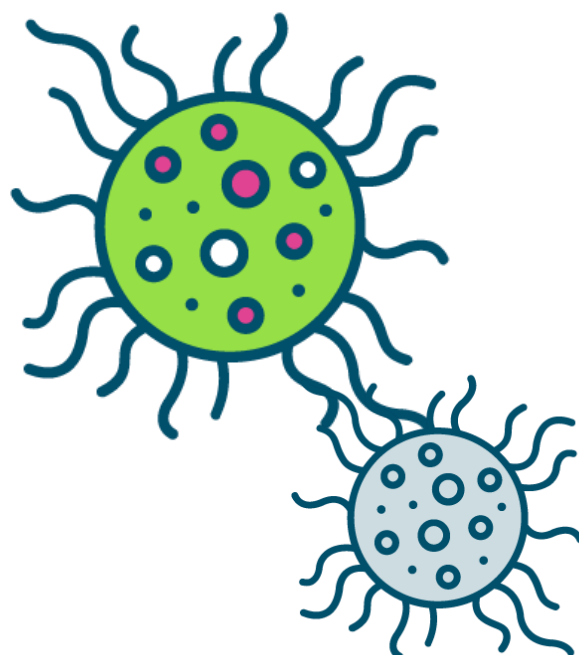


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1. May 2020

During May 2020, Healthwatch Oxfordshire carried out a rapid online survey of Oxfordshire's 123 care homes. Thirty-six (30%) managers responded across the county, 30% of the homes were in West Oxfordshire, 25% of the respondents in North Oxfordshire and a further 22% located in South East Oxfordshire.

By May much was reported in local and national media about the impact of Covid-19 on individual homes in the country, and we wanted to hear from Oxfordshire Care Homes about their experiences of this crisis. We reached out to hear from managers about the challenges and successes of supporting staff and residents and managing a home during the Covid-19 outbreak.

This report is for the Oxfordshire Integrated Care Partnership to assist in the learning and development of support for care homes should a second wave or a similar outbreak occur in the future.

1.1 We heard that:

Staff in care homes displayed huge commitment, love, and care to protect residents despite fears for their own health and safety.

Huge support to staff and resident morale came from the wider community, families, and businesses.

2. Managing a care home in a pandemic

- Homes that had clear infection and emergency contingency plans were better prepared for the crisis. Examples included preparing and freezing meals in case chef falls sick, stocking up on food & supplies, training, and keeping up to date on Covid-19 information.
- Some homes expressed concerns about the costs incurred through Covid-19 - both in human and financial terms - to the home and how they would survive as a business in the short term.

- Managing the crisis highlighted the strengths of staff management and teamwork - it also brought in new approaches to team management and implementation of working practices which will continue beyond Covid-19.
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3. Covid-19 support to care homes

- Homes received an overwhelming and rapidly changing mass of information from different sources until a more coordinated local information and support system was put in place.
- Some homes felt restrictions and delays in testing of staff and residents, and in obtaining test results, inevitably led to exposure of both residents and staff to Covid-19. Also, that lives could have been saved if testing and lockdown had been brought in earlier.
- When the local system coordinated responses and worked together it resulted in many of the challenges care homes faced being reduced. These included sourcing PPE, receiving information, reporting to the system, and the provision of local Covid-19 tests for staff.
- Whilst support from GPs was generally very good there was inconsistent access to other services including support for non-Covid-19 medical conditions, mental health, and food supplies.
- Most care homes, 23 out of 36 of those that responded (64%), reported adequate access to supplies of PPE. Those who struggled cited PPE being diverted to NHS, sourcing certain items, and costs. Some homes relied on donations and late arrival equipment provided by the local community. The support from Oxfordshire County Council was welcome and for some invaluable.
- In late May (nine weeks after lockdown), whilst many challenges had been ironed out, support was in place and homes felt more in control, there were still examples of poor response to requests to Public Health England for testing of residents.

4. Supporting staff and residents

- Homes experienced Covid-19 related staff absences and it was difficult to bring in additional capacity.
- Care homes shut their doors to visitors but continued to use creative ways to ensure communication between residents and loved ones, including the use of iPads, telephones, and written communication. Proactive communication between the home and relatives was instigated, often resulting in more frequent communication than prior to the shut-down.
- Social isolation in care homes varied in response to needs of residents. In some cases, e.g. with residents of dementia, restricting movement was difficult. Isolation and limiting freedom of movement was just not possible for some residents and the homes felt this had a detrimental effect on the individuals. In return, many staff responded by supporting residents to have access to the outdoors, limited but supported access to other parts of the home.

5. Learning lessons and listening to care home managers

Based on what we heard, Healthwatch Oxfordshire applauds the commitment and dedication these care homes showed to their residents, and their concern and support for staff.

It is important that lessons are learned by working together - health, adult social care, commissioners, care homes - to learn from this experience. To contribute to this process and building on what we have heard from care homes Healthwatch Oxfordshire suggests that the following actions would result in a better prepared and supported care home sector should a similar situation arise.

5.1 For immediate action:

1. The integrated care system to examine successes and challenges to joined up working to support care homes from the start of the Covid-19 outbreak and identify lessons and actions for future, including:

- support given to care home residents for non Covid-19 health issues, including pain relief and end of life care support/ palliative care and access to visitors.

5.2 For future proofing:

2. Review emergency planning measures both across the system, and within care home umbrella organisations. Emergency planning should include:
 - a. access and pathways to all medical and non-medical support services including mental health support, dentistry, policies on food and guaranteed food supplies, blood tests, podiatry.
3. Parity of supply of, sourcing and access to testing and PPE equipment across the NHS and social care to ensure staff and residents are protected.
4. All patients should be tested before being discharged into care home settings from hospital during a pandemic outbreak, and clear, open communication and information sharing between hospitals and care homes should be a priority.
5. Identify ways to support care homes struggling due to staff illness and low staffing levels to avoid homes reaching crisis point. This could include creating a single bank of staff, redeploying resources from NHS to social care.
6. Look at ways of coordinating the provision of epidemiological and policy information, reporting and support across agencies to ensure consistency and to prevent information overload for care home management.

6. A selection of comments taken from responses to the survey

“The Care Home sector are viewed as ‘bottom of the pile’ but we are in a very difficult position and if blanket testing had been introduced early on for all, then lives could have been saved”

“The challenges were lack of our own staff through shielding, self-isolating etc and having to use agency staff to make up numbers. The dedication of the few staff left to accomplish all the work has been amazing”

“Having a good contingency plan ahead of a pandemic has helped, ensuring you are ready prepared for the next step. I watch the other countries and knew where we would be going and had all the steps ready and began to stock up with PPE/ training”

“Managing the outbreak, the stress and anxieties of staff and battling fact from fiction (rumours on social media, fake press reports) along with the initial general lack of knowledge about the virus and lack of support in general but specifically ref PPE has been absolutely horrendous. On many days it felt that we were fighting on our own with fear for our own health and wellbeing. Although we are always very well staffed and have never resorted to agency - at one stage 50 % of our staff were off - either self-isolating (with fear and anxiety) or from being unwell. This added tremendous pressure on senior management. We feel that this terrible episode has highlighted our amazing resilience and shown our strengths and weakness in coping with a crisis”

“Lack of physical contact with loved ones in particular has had a major psychological impact on all residents (and relatives)”

7. Experience of one care home

Managing Covid-19:

We have always been a strong team and the team has got even closer and stronger and supporting each other, even the bonds between our external professionals / GP/ Nurses/ paramedic support has been good.

We allocate the same staff to each floor, we isolated residents to floors arranging dinning/ activity areas on each floor adhering to the social distancing, residents going out for walks/ sit in the sun at set time with carers to the garden area allocated to each floor.

Having a good contingency plan ahead of a pandemic has helped, ensuring you are ready prepared for the next step. I watched the other countries and knew where we would be going and had all the steps ready and began to stock up with PPE/ training. Ensuring all staff are confident in knowing how to undertake daily duties safely, and supporting them through the pandemic, monitoring & supporting physical and mental health of everyone, preparing and keeping everyone up to date with changes that will be coming up.

Was a tough time for all at the home we lost x [number of] residents - Covid-19 ? we will never know as they we couldn't get them tested, but any illness we would

barrier nurse just in case. The three residents that were tested and confirmed Covid-19 cases are doing very well are back to good health. I believe the x [number] that died did have Covid-19, the symptoms were very different, hence any illness with anyone we take the necessary steps. X [number of] of residents didn't want to go to hospital, one resident did go to hospital and didn't make it home.

Keeping residents active and in touch:

This has worked well, we kept up with all in-house activities, activity bags distributed weekly, exercise classes via zoom, families and friends booking in for zoom calls (we purchased iPads so residents can speak in private in their rooms with family and friends, weekly /daily) telephone calls exchange between residents on different floors, zoom calls for residents from GP, social distancing dining on each floor / dining in each part of garden designated to that floor, zoom art classes, entertainment singing by the staff, parties celebrated on each floor.

Ensuring the mental health of each individual and how we can assist them as they are all struggling in different ways, we also send out weekly questionnaires to all residents ensuring they are happy with all areas of the home and if they feel we need to do more or if they have any suggestions. Residents encouraged for daily walks around the home at a suitable time for all (social distancing). Armchair exercises taken in their room if they prefer. Zoom exercise class with our regular yoga/keep fit lady. Set walks in the garden abiding by social distancing. We have been supported very well by x health centre and our District Nurses have been outstanding.

Pharmacy:

We found it challenging while we were hit by Covid-19 getting a prescription after 6pm! I rode around trying to find a late-night pharmacy - could not find one open to collect antibiotics, I then was able to get the prescription at 8.30 am the next day.

Food:

All deliveries have arrived. We had purchased an extra-large freezer, our chefs prepared and cooked meals and froze them in case of sickness in the kitchen or deliveries that may not arrive. So, we are still very prepared for any complications should they arise.

PPE:

From the day Covid-19 was announced we began to place our orders. We have ensured we have stock arriving each week and keeping our levels to a good level. We haven't been able to use our normal suppliers as they don't have the stock in place (apparently their order was seized at customs and given to the NHS (spearhead). We have had to shop online with Amazon and eBay and a few other companies to ensure of weekly deliveries. Prices have soared!

We also added to our PPE an extra precaution by using long disposable gauntlets to cover all the arm for all staff for personal care/ housekeeping when barrier nursing Covid-19 or suspected cases.

Managing infection:

We keep all residents to their floors to contain an outbreak so isolation of that floor only, also keeping the same staff to the same floors to lessen the movement of the virus within the home. We have also implemented extra housekeeping hours to ensure all hard surfaces are clean three times a day and allocated toilets to their own rooms. Communal toilets for staff are cleaned and wiped down after every use. stair banisters/ lift are cleaned down after each when residents are on walks to the garden areas before the next residents from another floor goes out.

Covid-19 Testing:

Staff-going off to testing centre, a lot better now no need to track to Twickenham.

Residents - was able to test 3 residents in March with PHE, would not test any other residents once they had testing positive. We were just to presume other will have it ???