



## **Care Homes and Covid: The reality**

A report by Healthwatch Kent

July 2020



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## What are currently Care Homes most pressing concerns?

- Not really concerned about anything
- Concern of infection and getting a Covid positive case within the home
- Testing for Covid 19 and PPE
- Returning to normal and pressure from families.
- Wellbeing of residents
- Financial concerns
- Discharge from hospital into care homes
- Impact on the wellbeing of staff.

## Did Care Homes get the support, information and equipment that they required to respond to the pandemic?

- Accessing PPE
- Access and co-ordination of information
- Methods of communication
- Sources of support
- Testing
- Food
- The 'Tracker'

## With hindsight, what would care home like to have seen done differently during this pandemic?

- Do nothing different
- Have clearer guidance and coordination of information
- Earlier and more systematic testing of staff and residents

- Government planning and earlier lockdown
- Better hospital testing on discharge of patients
- Treat the care home sector the same as the NHS
- More local support from health and social care (5% of responses)
- Better food planning (4% of responses)
- Centralised control of PPE supplies and costs (3% of responses)

## How were care home staffing levels affected by the pandemic?

- Staff worked extra shifts / longer hours
- 'Super' staff
- Staffing challenges

## What support do care homes feel that staff need at the moment?

- Emotional Support
- Peer support
- Annual leave
- Staff need to feel valued
- Training, testing and PPE
- Remuneration and funding

## What innovations have care homes made to support staff and or residents during this time?

- Video calling platforms
- Face to face contact
- Newsletters and Social media
- Adapting activities and creating opportunities for clients / residents

- Increasing the wellbeing and training offer for staff
- Changing the daily routine, regime and physical use of space within a care home
- Isolating residents within a care home setting
- Remuneration of staff

## How have care homes found access to primary care / GP support during this time and what innovations have they found useful?

- Video calls and appointments with GPs
- Links and support from other Health professionals
- Other benefits of online working
- The negative impacts of Video appointments
- Prescriptions, medication and community pharmacies

## What are Care Homes hearing from residents and families?

- Saying 'Thank You'
- Feedback about increased communication
- Feedback about missing visiting family
- Supporting families



# Background

**The Covid pandemic has had a significant impact upon residents, family and staff within Care Homes. In Kent we have more care home beds than any other county across the UK.**

To support local authorities, the Government announced in May an extra £600million to support providers. The money has created an Infection Control Fund, to support adult social care providers to reduce the rate of transmission of the virus in care homes. In order to access these funds care homes had to register and complete a 'tracker'.

In May, Kent County Council submitted a support plan for care homes, domiciliary care and Personal Assistants to the Secretary of State, outlining its response to Covid 19. In order to help inform the implementation of this plan, Healthwatch Kent's committed to engage with care homes across Kent to build a fuller picture about the reality for Kent's Care Homes. We wanted to know how the care homes, residents and family have coped during the pandemic; the issues they are currently concerned about; how the sector is coping and what lessons have been learnt.

We undertook phone interviews of care homes across all client group; older persons (OP), people with a learning disability (LD), people with a physical disability (PD) and people with mental health issues (MH). At the same time we used social media to reach residents, their family and friends and encouraged them to give feedback about their experiences.





# How to use this report



We wouldn't normally publish a report this long. However, in this instance we felt strongly that we have heard such a wealth of feedback that we didn't want to lose any of the information. There are elements of this report which are highly emotive and we did not want to run the risk of sensationalising the findings. We also know that different elements of this report will be useful for different people.

So for all these reasons, we have deliberately not done an executive summary and we would encourage you to dip into the sections that are relevant to you.

We hope you find it useful. We'd love to hear your feedback.



# What were we trying to achieve?



- As an independent agency, we wanted to offer care homes, their residents and families an opportunity to have their voice and recent experiences heard by decision makers and commissioners within Kent.
- To influence and inform decision makers and commissioners about how best to support nursing and care homes to stay safe and get the care and support they need in respect of Covid 19.
- To influence and inform care home planning for the future with Covid still present in the community and prepare in case of the eventuality of a second spike.
- To help inform how Kent County Council and the Clinical Commissioning Group will use and prioritise the funds within the Infection Control Fund to support the Care Homes in Kent.



# How did we go about it?

## Phase one – reaching care homes

Healthwatch Kent worked closely with Kent County Council (KCC) to get a list of 557 care homes registered on the 'tracker' system and to identify the client group serviced by each care home. Being mindful of the very real pressures on Care Homes at this time, we agreed in discussion with Kent County Council to remove Care Homes that were currently receiving multiple agency inputs as a result of outbreaks of Covid 19 infections within the setting.

This list had a total of 557 homes. Of this list 286 were for older people, 227 were for people with learning disability, 25 were for people living with mental health problems and 19 were for people with physical disability. We deliberately used the client category that KCC use, in order to enable us to explore any similarities or differences in experiences between groups of care homes.

A random selection process was used to create a short list of care homes which formed the final target group. **We phoned 333 (60%) of the 557 care homes registered on the KCC tracker. From these calls, 204 homes completed an interview with us which is 37% of the total care homes in Kent.**

To help prepare care homes for the phone calls, KCC promoted the project through a weekly mailing to care homes. We also worked with KICA, who promoted the project via their networks direct with care homes.

A series of phone interviews, using a semi structured format, were undertaken by Healthwatch staff and trained volunteers, over a 2 week period, from 15th June 26th June 2020.

Notes from these interviews were entered straight into a database for analysis, within a pragmatic framework using a form of thematic content analysis. This approach assumes little or no predetermined theory, structure or framework and uses the actual data, to inform the structure of analysis. The process involves analysing transcripts, identifying themes within the data and gathering together examples of those themes from the text.



# What did we find?

**A total of 333 care homes were contacted, with 204 completing the full phone survey. This sample was then analysed by the care group as identified by KCC, allowing us to look for common issues across, learning disability (LD), mental health (MH), older people (OP) and physical disability (PD), as well as understand any issues that impacted on particular care groups.**

**The sample of 204 phone interviews included:**

- 82 learning disability care homes, 36% of the 227 care homes on the tracker.
- 10 mental health care homes, 40% of the 25 care homes on the tracker.
- 99 older people care homes, 35% of the 286 care homes on the tracker.
- 13 physical disability care homes, 68% of the 19 care homes on the tracker.

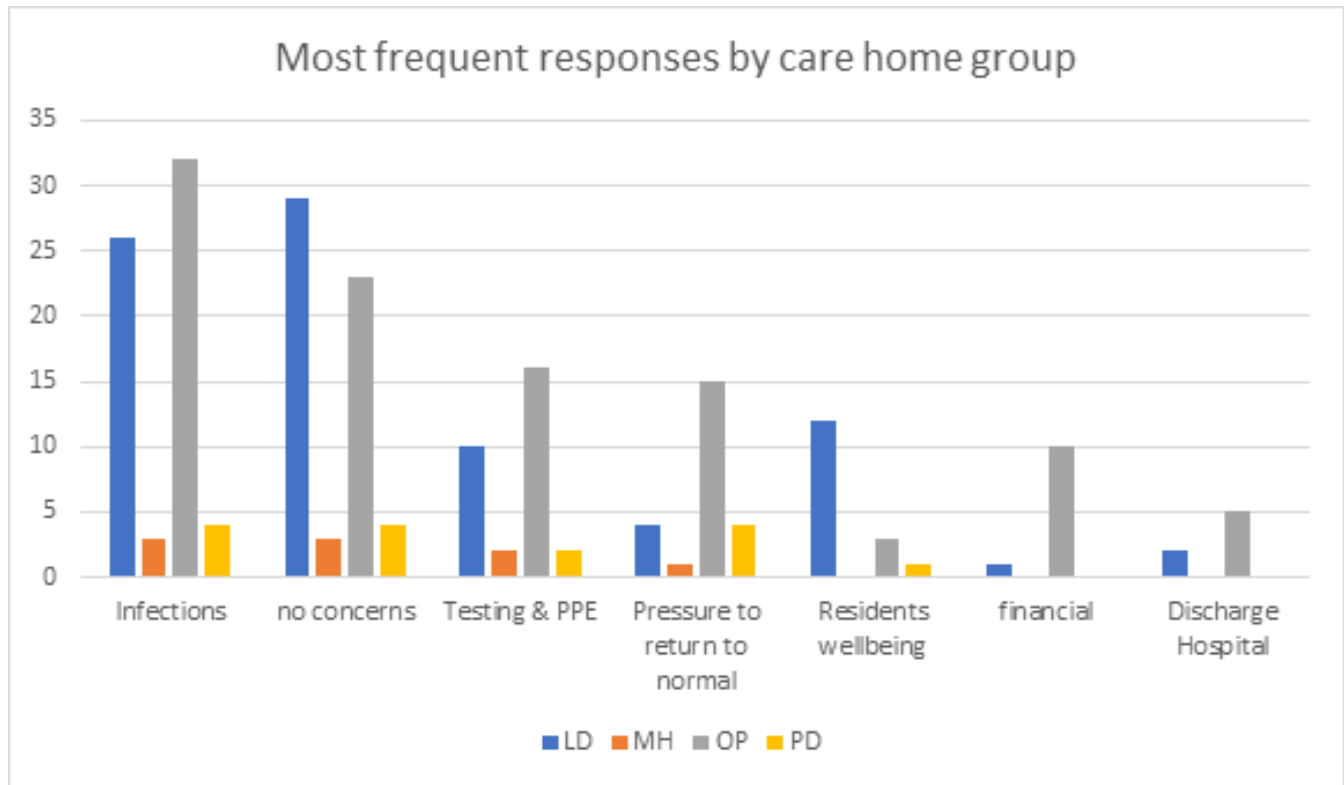
**(30%) of the phone calls did not result in an interview. The main reasons for this were:**

- 27 care homes did not answer the phone
- 24 care homes requested a call back but not within the project timeframe
- 23 care homes didn't call us back
- 10 care homes didn't have anyone available or authorised to talk to us when we called
- 8 care homes were too busy to talk to us on the day of our phone call
- 7 care homes phone number appeared to be incorrect

We also heard from 4 family members and 5 care home staff who shared their experiences via an online survey.



# What are Care Homes most pressing concerns right now?



## Not really concerned about anything

**36% of Learning Disability, 30% of Mental Health, 23% of Older Peoples and 30% of Physical Disability care homes said 'we don't really have any concerns at the moment... no PPE issues, no medication issues, got lots of food... we are now 3 months in and have overcome the initial pressures and barriers'.**

- We've got everything in place. As a home we are quite confident that we have everything we need if we were to have an outbreak'
- 'Don't really have any concerns - we were on it from the beginning - good planning - regular meetings and internal communications'.
- 'None at present. No staff or patients have had infection.

Families have accepted all the new measures in place. Training is in place, we have testing equipment, all we need'.

**Not having any concerns was clearly linked for some care homes, across all the client groups, with not having had any Covid positive cases within the home.**

- 'We're doing really well; we have had no cases and are fully PPE'd'.
- 'Haven't got any concerns as we have no cases'.
- 'It seems mad to say, but we are quite happy at the moment. Staff have all been tested and but may need to encourage them to get them to do it frequently. No service users have shown symptoms so far and we have access to our support.'

**A handful of care homes made reference to how they felt about belonging to a group of homes, or having an umbrella organisation to support them. They told us it has been an important part of how they had coped during the pandemic.**

- We have been fully supported by [parent organisation]. They contacted us to find out what equipment we needed and supplied it from day one. They ring weekly to get our order but if we do run out of anything we telephone them and they send it to us straight away.
- ...being part of a larger organisation has helped considerably
- ...We had full support throughout lockdown from our company and local government.





# What are Care Homes most pressing concerns right now? continued

## Concern of infection and getting a Covid positive case within the home

The greatest concern of care homes across care groups is the fear of getting a Covid positive case within the home. (31% of Learning Disability, 30% of Mental Health, 32% of Older Peoples and 30% of Physical Disability).

- 'Same as the general public, we worry about getting it, especially in a setting where if one person gets it so does everyone else.'
- 'My most pressing concern is keeping it out of the home. This is all consuming.'
- 'Most pressing concern is that Covid-19 might get into our care home. We are continuing to remind staff that now that lockdown restrictions are easing to not become complacent, to remain vigilant and continue to reinforce all the measures eg wearing of PPE, social distancing etc when outside of the care home as there is only one way the virus can come in and that is through a member of staff.'
- 'Due to lockdown, staff were under lockdown conditions, so they were going from home to work, and were maintaining social distancing, therefore the risk of infection wasn't so great. However, now lockdown is eased people are able to interact more so there might be a greater risk of infection. So, we need to rely on personal responsibility to caring current rules and regulations.'

There was a large cluster of comments that raised concerns and fear over a possible 'second wave' and if the easing of lockdown in the wider community will have a negative impact on the care home.

- 'It's a second wave. That's my big one. I locked down a week before the Gov as I was so worried and touch wood we haven't had anything here. I am ok for everything else, just worried about a second wave.'
- 'Most pressing concern is whether the Government has lowered the lock-down restrictions too soon and a second wave will be worse than the first.'
- 'Because of the vulnerable people we support we have been so protective that relaxing the lock down rules is making us a bit anxious because we have been Covid free but now worried because other people outside of the home are being more relaxed like it is all over that it puts the home more at risk through staff coming into contact with people who are not taking care.'
- 'We are thinking of opening up visiting for residents. They are going to maintain social distancing and only allow one family in at a time, on a booked time slot. But obviously we are hoping that increased contact with the outside won't bring any problems.'
- 'Supporting people to go back into the community while Covid is still going on. It is scary.'

We heard from a relative who said 'my relative contracted Covid19 from a staff member who returned back from a holiday in Spain, with severe symptoms..... who was told that she had already used up all her holiday, so she must do her shift, after 2 hrs of violently coughing around the residents, she was sent home! But the virus had already been spread!'

## Testing for Covid 19 and PPE

The second ranked area of concern, mentioned by care homes in each care group, was testing of staff and residents. (11% of Learning Disability, 10% of Mental Health, 11% of Older Peoples and 30% of Physical Disability).

### Accessing testing kits:

- 'We received testing kits in the home in the last 2 weeks. We felt this was too late'
- 'At the moment we are trying to do the Covid swab testing, but just found out that the tests we have are being recalled. The kingfisher ones are being recalled. Only got them yesterday, and we have got to dispose of them all. This is the first ones we have had'
- 'It has taken me 7 attempts to get on the Covid testing programme and get the packs. I was told I was not on the list of care homes. We are a small care home of 6 residents who are all high risk and we were not on a list. That is a big concern. We did eventually get the packs and we are all clear.'
- 'Getting hold of testing kits. It has been like that since lockdown began!'



# What are Care Homes most pressing concerns right now? continued

- 'From the time of requesting it took 12 weeks to get home test kits. No one seemed to know where to get them, we even called NHS England. In the end the local MP helped. We thought that we would keep the test kits and test people as they showed symptoms, but we had to test staff and residents and return the tests via courier in 3 days. We felt this was a waste of kits as no-one in the home was symptomatic'.

## Testing staff

- 'Being a worker in a care home is almost as if you are a second class citizen, for example we don't get the anti-body testing. If we suspect one of the staff is infected, the staff member has to isolate for 7 days and I can't get staff, so my staffing goes down. The testing site has been withdrawn for Care Home staff. Now they have to be treated as the general public and make appointments at Ebbsfleet. Time factor turn around for this is up to 7 days. NHS staff results are back the next day'
- 'We are going to get all staff retested because of the lockdown relaxation to reassure ourselves and families that we are still safe'
- 'Have to do staff testing weekly, takes time away from actually caring for the residents'
- 'Although we all managed to get tested last week the tests are only live at that moment. I think there should be more regular testing, perhaps weekly. Just once is not enough'.

- 'We would like guidance on 2nd round testing. All our staff and residents have been tested (negative), however we feel that the testing should be more regular as staff mix with their own families so could theoretically bring in the virus unknowingly to the home.'

## Testing residents

- 'Our clients can go out as and when they want, so managing infections in future might be a problem. We have testing kits but we can only test when clients return. Clients have been very helpful with all of this'
- 'The fact that there was no testing for LD clients in care homes, has just been rectified this week. We haven't used the testing service yet but it was making us anxious knowing it was not there'
- 'There were no guidelines given as to how we gain consent to give these tests given that we have 11 LD clients'.
- 'We are testing today and tomorrow so the main concern is if we get a positive back, we have 8 residents and if there is a need for isolation it would be challenging'
- 'home testing mainly - Where some residents don't have capacity I am struggling morally to evidence/ justify the use of the invasive test i.e. nose and mouth swabs. Because of the distress it causes because they don't understand why they are having this done to them'.

## The need for antibody tests

- 'We have had tests done at the home and everyone has come back negative. We are waiting on the antibody tests now'.
- 'Because home testing is available and now mandatory the worry is that people who have had it and not shown symptoms will then be left worrying that they could catch it, without realizing that they have already had it.'

## PPE

We heard a number of concerns raised about the ongoing challenges in accessing PPE, with access to gloves being the most frequently raised issue.

- 'PPE is all good, the only thing is that gloves seem to be an issue at the moment.'
- 'Still struggling to get PPE. Owner has had to source from many more suppliers than their usual 2. Taken longer to get stock in and cost more. Using much more than usual'
- 'We have had to make our own sanitising spray using pure alcohol and aloe vera. Antibacterial sprays are impossible to source.'
- 'Struggling to get larger sizes in gloves probably because industry is needing them now'



# What are Care Homes most pressing concerns right now? continued

## Returning to normal and pressure from families

The third ranked pressing concern for care homes across care groups was around 'returning to normal' and pressure from family members. (5% of Learning Disability, 10% of Mental Health, 15% of Older Peoples and 30% of Physical Disability)

- 'The government are easing restrictions, so relatives are expecting us to let them in'
- 'Because the Government opened up you can't ease up in a care home because risk of infection; rules have to be different to the outside'
- 'We have some relatives who want to come and visit but I have to say no because other Service Users are very vulnerable. We have such vulnerable service users it just doesn't feel safe to relax. I just want to keep them in a bubble because it would be terrible if we had Covid'
- 'The increasing discrepancy that will happen on the 4th July when there are people out and about and we are still wearing full PPE. There is no spontaneity in life for us and our residents'

- 'We relaxed our rules regarding families and we let them go to the garden to meet members of they families to kept to 2 meters social distancing. Unfortunately on Fathers day, we found out that 2 of the families decided to break the rules of social distancing and take photographs with family. Because of the current situation we have gone back to what it was before, they can now see families from the bottom of the ramp.'
- 'I am really worried about opening up the home again for more visitors etc. Knowing how people are reacting on the outside to government guidelines by flooding beaches and parks, with no social distancing, it's disgraceful behaviour and will lead us back into a second wave. We know people care about their relatives here but if they are out there socialising at these places or with people who have been there it is a problem for us.'
- 'At the moment we have PPE downstairs and designated areas with social distance markers outside for visitors. We take residents down to sit at a large table more than 2m apart from their visitor who is in full PPE.'
- 'increased number of visitors and pressure to write and have all the protocols in place, to deal with social distancing'

## Planning the new normal

- 'Things are calmer now and we're trying to work out what the new normal is after everyone has been shielding.'
- 'We have managed to cope up to now but coming out of lockdown is more tiresome and worrying than going in, because of the sense and awareness of possible risk. We have been shielded and safe with a firewall around the building and now we are breaking that down. It will be difficult when the residents see their parents, they will expect to be going home rather than just seeing their parents for an hour or so'
- 'We have done lots of activities outside, so not had any anxieties about not going outside, but when we go back to normal activities it will be more of a concern.'

## Resumption of external support services

- 'Chiropody and hairdressers. The residents normally have chiropody done every six weeks and haven't had a hair cut in over three months'
- 'Desperately need chiropodist, how can we get them back in safe??. We've been doing a bit ourselves but it's not the full service.'



# What are Care Homes most pressing concerns right now? continued

## Wellbeing of residents

**Fourth ranked concern was the mental and physical wellbeing of residents particularly within learning disability and older peoples care homes. (15% of Learning Disability, 3% of Older Peoples and 8% of Physical Disability).**

- 'Our greatest concern is our guys (residents) happiness. Because of the change of routine and not seeing or going home to their families, they are starting to struggle a bit with that but we are doing our best to help them through this.'
- 'Our residents have learning disabilities and cannot understand why they cannot go out as normal... holidays have been cancelled for residents... there is a great build up of frustration in residents'
- 'The lack of ability for people to see their family has had a huge impact on the adults with learning difficulties. Maintaining positive interactions is hard work.'
- 'We are concerned about the mental health of some of the clients with anxiety and LD. They are not able to go out with support workers into the community for activities and meals/coffees and this is affecting their mental health'
- 'Residents coping quite well with all this situation. Care home has a huge garden and picnic areas where residents going for walk and activities.'
- 'The staff wearing PPE is causing distress to some clients'
- 'Residents find it hard to understand why they can't go out. Keeping the residents entertained is now very hard because they

are getting fed up of board games and crafts and seeing the same 4 walls... causing more issues around challenging behaviour... becoming agitated when unable to go out and about.'

- 'The lack of visitors has had an impact on how they are, some residents have really gone downhill'
- 'Residents are missing their family and not being as active as they used to, you can definitely see a slight decline in physical ability'
- 'One of the real positives is that there has been a reduction in the anxiety levels, the behaviours displayed and self-harming shown by our residents, since lock-down began.'

## Financial concerns

**The fifth ranked concern, particular for older people care homes was around the financial impact of Covid, (1% learning disability, 10% older people care homes). Increased PPE and associated costs and unbudgeted expenditure have resulted in financial pressures across care homes in all care groups.**

- 'The most pressing concern right now is financial. There has been a lot of spending that has not been budgeted for. In particular buying PPE equipment, which became more expensive, and paying additional staff hours to cover staff that have been furloughed because of underlying health conditions. Some in-house staff have been working 60 hours a week. We have been trying to cover hours with our own staff so that we don't have to bring outside agency staff

in which reduces the risk. Also it is consistent with the patients as the staff are familiar and they are more comfortable with familiar staff. The staff have been amazing and have been very supportive with this approach. Also we have bought additional uniforms for staff to ensure that uniforms can be washed all the time. The finances are a worry because this has been like a tsunami out of the blue.'

- 'We have not been able to do some of the things we planned because more money had to be spent on PPE protection for staff'
- 'The PPE costs have gone up in some cases by ten times! It very much depends on the supplier'
- 'The astronomical cost of PPE for staff. Compared with pre pandemic prices, the price had risen 140% and its affected budget planning.'
- 'Equipment - we got one KCC drop of PPE, the rest should have come with horses and masks as it is highway robbery! The cost of masks had gone up from 30p to £1, it's the same with gloves and aprons, things have gone up 4 times the price!'

**Learning disability and Older people's care homes also talked about the impact of occupancy rates and concerns about filling vacancies.**

- 'Our care home has a 'discharge to assess' contract from the hospital and provides step down care. Our main short term concern is that we haven't received anyone from the hospital in the last 2 weeks so low number of occupants in the home.'



# What are Care Homes most pressing concerns right now? continued

- 'The impact of Covid deaths and lockdown on beds. 15 empty beds not able to fill and financial repercussions.'
- 'We have 29% vacancy at present following non Covid related deaths. Usually we have a waiting list for this nursing home but no enquiries. "No one wants to come in". We worry about financial instability and has implications for staffing levels.'
- 'We've not rushed to replace people but financially we will need to at some point.'
- 'Our owner is very good and is keeping us going but we can't keep running so short of residents.'

## Discharge from hospital into care homes

The sixth ranked concern around processes and experiences of recent discharges from hospital being Covid positive, was raised by learning disability (3%) and older people (5%) care homes. We heard of experiences from care homes in which people had been discharged from hospital with negative Covid tests that were later found to be positive. This gives a picture of a sense of anxiety and distrust around the hospital testing process.

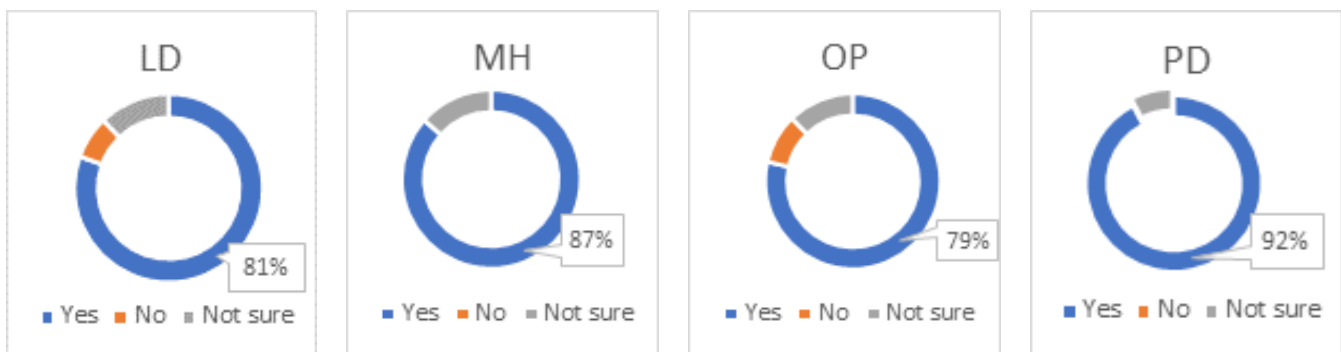
- 'X hospital wanted to discharge a patient to us, they had a test for Covid which was negative, then waited 5 days before they discharged them. I asked for a new test which came back positive.'
- 'We have concerns about communication from some nursing staff who are not able to provide clear, precise information on the Hospitals discharging patients without doing full assessments. So we may be taking in people already infected. Its not happened yet, but hospitals test 3 days before discharge but we refuse until they've been tested again, usually within 24 hrs.'
- 'We had issues with incorrect swab dates for people coming from hospital into the rehab unit. We have had people who have been swabbed and supposedly negative, we have swabbed after a day or so they have shown symptoms, we have tested them and they have tested positive. It turns out that the dates on the swabs were a week out. We now speak directly with the ward nurses and take their names and explain that if there are any issues with the swab dates in future then the incidents will be reported as a safeguarding issue. We have made the CCG aware.'
- 'We had a resident admitted to hospital with possible sepsis onto Covid 19 ward at X hospital, without being tested prior to being placed in the 'dirty' ward. Had negative test 48 hrs before discharge, due to being in a 'dirty' ward. They needed to be Barrier Nursed for 7 days on return to home'
- 'We had a resident discharged from hospital a few days previously having tested negative. They died a few days later with underlying conditions and Covid 19 was named on the death certificate.'

**Impact on the wellbeing of staff**  
**We heard a handful of comments raising concerns about the impact of Covid on care home staff. Some reflected the stress staff had felt while others highlighted how the experience had united staff teams.**

- 'It has now become a better way of working and brought the team together. We have always had a great team but this has made us closer somehow'
- 'We have had issues with some carers not being classed as key workers, and children not being able to attend school. Our carers are single parents (apparently both parents need to be classed as key workers, for their children to attend school, which seems unfair).'
- 'Staff have coped amazingly well, but they are very tired given increased hours to cover shifts. All annual leave was cancelled during March, April and May, so this could be difficult letting them take leave (which they are entitled to) to ensure we are fully staffed going forward'.



# Did Care Homes get the support, information and equipment that they required to respond to the pandemic?



The pandemic created a fast changing set of challenges for care homes, as summarised in this quote from one of the phone interviews:

“At the beginning we had new issues occurring weekly. Firstly the families were kicking off because they couldn't see relatives, even though the whole country were in lockdown! Next was food supplies, normally food deliveries come from [supermarket] but they stopped doing our home delivery. We had no access to food and couldn't get food supplies. We had to get the staff/ carers to go to the local shop to buy milk and bread in bulk for our 50 residents. Then rest of the public were starting to buy eggs, flour etc and shops were running out. So then the shops were rationing how much bread you could buy and we needed to buy it for 50 people! It was a stressful time, trying to buy food for the people we look after. The next week we had a shortage of PPE. Then we had residents and staff becoming ill with the virus in April and we were desperate for PPE”.

**From our survey 80% of care homes reported that they felt they did get the help, support and information they needed. However, there was clear sense that in the first 2 or 3 weeks, supply chains and dissemination of information had not worked smoothly but that this improved vastly in later weeks. But for a number of care homes (7%) we heard that they didn't get what they needed.**

- ‘We felt ‘left in the dark’ for several weeks with the sector having to second guess what was best to do for this very vulnerable group mostly older people with mental health problems and people with dementia. We felt they should have been considered right from the beginning.’
- ‘It took ages to access PPE at the beginning of the crisis. Supplies were accessed via Kent County Supplies, the first batch of eye goggles were defective & had to be discarded, it took several days to get replacements.’

- ‘KCC keep saying that we are expected to have contingency plans in place to deal with emergencies e.g fire, flood, ‘the end of the world’!! Yet while KCC rang us frequently it seemed that they didn't have a contingency plan to deal with the unexpected and it took ages to get PPE supplies’.

### Accessing PPE

**Many care homes reported little or no trouble in accessing PPE, with 24% citing that this was as a result of either preparing levels of PPE in advance of lockdown, or as result of belonging to a parent organisation that supported in the management of the PPE supply chain.**

**Many care homes talked positively about their experience of the KCC Portal and how this alleviated stresses on sourcing PPE.**

- ‘PPE was difficult to obtain at the beginning but we contacted the KCC portal and they provided PPE etc until we could get stocks ourselves’



# Did Care Homes get the support, information and equipment that they required to respond to the pandemic? continued

- 'We had equipment but it was not without a battle. The KCS supply chain was incredibly helpful, the Kent Resilience forum set that up. It's just the hiking of prices and shonky equipment that has been the problem. We've returned 10,000 masks back from different suppliers. I am on the Kent Integrated Trade Alliance - they hosted a webinar about what to spot in dodgy equipment which was really helpful'
- 'Found it difficult assessing PPE until we started using the KCC Portal, this service has been brilliant, I order when we start to get low on items and it is delivered within 4 days'
- 'At the beginning it was really panicky, I thought how is it possible that we all had to work it out individually, each care home how to do this. Now we are on lots of groups, and all systems kicked into place, I know where to go for help. In terms of the PPE portal, for now I got only 50 facemasks, it's a bit of joke! I just hope the good systems are maintained going forward.'

## Access and co-ordination of information

**Access to, and levels of, information elicited the most comments in response to this question. We heard that there was a general sense of being 'overwhelmed' with information in the early weeks of lockdown.**

- 'We were inundated with

support on a daily basis, calls and information. I dealt with this to help the managers'.

- 'We have been inundated from the NHS, with information, tons of information, very good. There is a lot of it, you can get a bit swamped with it.'
- 'At the beginning we were bombarded with information and didn't have time to read it and it kept being contradictory then kept changing. The CQC was pathetic, we didn't get anything sensible from them. KCC started writing a weekly bulletin but that said some unhelpful stuff - for example they put in an article about someone very senior in KCC saying how they hadn't left their house for weeks etc, this was really insensitive given staff on the ground have had to go to work and put themselves in danger. The National Care Association and Kent Care homes KICA - theirs was pretty good but tended to be three times a day!'
- 'Information - there was too much! I was trying to save it and put it in a folder in my cabinet, but there ended up being too much. There was loads of information but much of it was too late. As of Monday we were told that staff in nursing homes should start wearing face masks!'

**Care homes reported that this settled as the weeks went on;**

- 'In terms of information it was

there, I appreciate that some people felt like they were drowning in it and it felt constantly like well "here's another piece of info". But if we didn't have enough people would have complained too. I think it's about finding your own happy balance.'

- 'Constant changing information was initially difficult but now feels normal'

## Methods of communication

**We heard about a range of chat groups, websites, forums, workplace huddles and group phone calls, that evolved quickly in the early weeks and that this really helped managers and staff find a way through all the information. A KCC initiated WhatsApp group was frequently mentioned.**

- 'The KCC WhatsApp group has become the support on policies and procedures'
- 'The WhatsApp group for all care home managers in Kent. This was brilliant. WE WERE ABLE TO SUPPORT EACH OTHER. KCC have been brilliant and very helpful, we were able to get all the information we needed'
- 'KCC commissioning groups have been supportive. As a manger I have felt connected'
- 'I joined KICA late in the day, that has opened up access to webinars etc'
- 'I have felt isolated in the Manager role but having the network makes me feel more like a team and better informed.'



# Did Care Homes get the support, information and equipment that they required to respond to the pandemic? continued

## Sources of support

There was a wide range of thanks and acknowledgments to sources of support:

- 'KCC, CCG and health services, have always given us what we wanted and needed. Never felt we were left alone'
- 'colleges and schools making masks and gloves'
- 'staff have made pillow bags for staff uniforms'
- 'A lot of training available made available e.g. Public Health England webinars, Heart of Kent Hospice, CCG around Infection Control'
- 'Christchurch college made 10 Visors for us.'
- 'The clinical lead from the new CCG introduced herself, offered her support.'
- 'The Community Nursing Term & Complex Care Team were very supportive throughout.'
- 'The community was very helpful and donated so much, like a tea bags, toilet rolls etc.'
- 'Kent Resilience Forum for PPE was great for finding PPE and their helpdesk was brilliant for getting replacements for PPE that was faulty'
- 'We contacted the Kent Resilience Forum who were brilliant. The person who came down was from the Fire Brigade under contract from KCC; he gave us socially distanced, but in effect, face 2 face training in our garden. Because of the needs of our residents we know the importance of infection control,

however, for the staff to see how to doff and don PPE, what to do with it afterwards and to ask questions and have answers straight away was so helpful and it helped make sense as to why we had to take these extra precautions on top of our normal high level infection control measures.'

- 'Once we found the NHS Helpline two weeks in things improved from then. We can't fault them, they make regular contact'
- 'The Doctors surgeries have been calling every week to see what we need'
- 'Community health centre have been calling every week to update our information and willing to help if we need it'
- 'A local sewing group donated scrubs which staff change into before each shift and are laundered on site'
- 'The best has come out in people; a local tech school donated goggles to us'
- 'We did PPE training last Wednesday, a nurse came from the community to give training to all the staff, it was good to get a refresher.'
- 'In the beginning we didn't need anything, then we had a mini outbreak of Covid with 2 staff and a few of the residents. Then we got lots of support, we had the frailty team support us, tests were sent to us within 24 hours, then a meeting with a GP, and swabs - we didn't know any of this was all going to be available until it happened.'

- 'SE infection prevention and control leads group was very informative. 220 home managers and domiciliary managers part of this group. There is a call every Wednesday to get an update and Q & A session. Current documents are sent round prior to the meeting. This is a very useful and informative group'.

**Finally, some care homes talked about difficulties and challenges they had around testing, access to food and the KCC Tracker.**

## Testing

- 'At the very beginning we couldn't get hold of testing kits to test staff or residents (for a couple of weeks), until the NHS portal. A couple of residents died and we didn't know if it was Covid related. Therefore, we weren't sure how to respond so acted as if it was. Families were very anxious about this because they didn't know if a loved died of Covid or not. Once we did start testing it was noticeable that families were much less stressed about things.'
- 'The testing for Covid 19 and getting negative results has been very helpful and reassuring. New admissions have had a negative test before admission from X Hospital. This might have helped them be Covid free.'
- 'Information from the government and locally was very poor at the beginning. Led to believe that residents would have symptoms





# Did Care Homes get the support, information and equipment that they required to respond to the pandemic? continued

if they had the virus which was not the case as two residents subsequently tested positive but had no symptoms. This could have been the same for staff & visitors to the home. The government & PHE should have known this from the experience of health services elsewhere e.g. France & Spain who were ahead of the UK at the time.

- 'Testing process should be simplified and a process in place for swabs taken (staff & residents) in local care facilities and collected quickly for analysis so that the spread of infection can be controlled. This should be sorted soon in case of a second spike later in the year.'

## Food

- 'No one supported us with the food'
- 'Food was a concern at one point, we ended up having to send staff to Sainsburys!'
- 'We were restricted by our regular supermarket, who knows we are a care home with 27 residents, to the same restrictions as everyone else ie 2 or 3 of each item. How was 3 loaves of bread going to feed 27 people a sandwich each. The same with milk. We were told their tills had been set to automatically reject anything above the limit set and they could do nothing about it. I was furious with them as we have been going to them every week for donkey's years. Well not anymore!

I am looking for a new way of purchasing our daily fresh produce.'

- 'We all went to the shop every day, the owner, me, my deputy, the maintenance man and all the staff, not all at the same time for the staff but we all had to take time out of caring and doing our jobs to ensure we had enough of what we needed for our residents.'

## The 'Tracker'

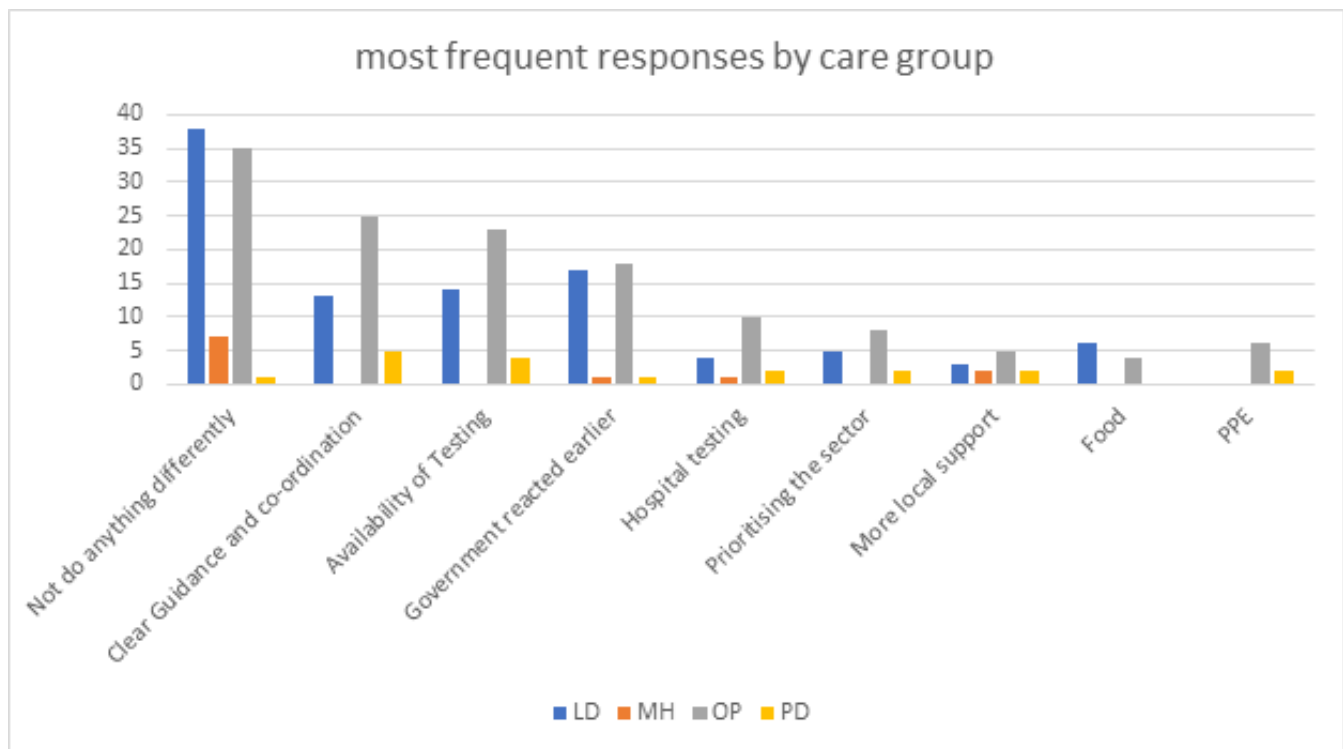
- 'NHS Tracker that homes needed to fill in to get Infection Control Funding- started it a few years ago but then it was paused. It was difficult to remember passwords and how to fill it in but once overcome that it's been fine. The only issue has been the regularity of people asking for it to be updated- almost daily, which has sometimes been a challenge when trying to run a service. It's been good to be able to access funding to support with the budget and has enabled some security to be able to plan for the future.'
- 'Under the barrage of information, we were overloaded with emails. I missed email from KCC about infection control and we missed the deadline, they should have had sent it by post too. In the end we managed to get an extension and it was ok.'
- 'Anyone who was registered to the tracker could request money to help with prevention. However this cannot be anything such as

cleaning products or PPE. So we had to think outside the box about what we could invest in that could help our people. We needed to use the money for something useful.'

- 'The Infection Control Fund welcomed but it should cover the cost of infection control measures that we incurred at the beginning of the pandemic and not from a date in May when the pandemic was nearly at its peak. We had already spent money to create extra space to store PPE safely and changing rooms for staff as well as extra washing facilities for scrubs.'



# With hindsight, what would care home like to have seen done differently during this pandemic?



A number of issues were raised when care homes were asked what they would like to have seen done differently. They are discussed below in order of frequency of mention.

### Do nothing different

46% of Learning Disability, 70% of Mental Health, 35% of Older Peoples and 8% of Physical Disability respondents suggested ‘To be honest I don’t think we could have done anything differently - we didn’t expect this, no-one did and we all did the best we could at the time.’

- Hindsight is a wonderful thing. The problem is that when something new hits, the government aren’t prepared to give guidance, so

everything has to be created on the fly. Nothing could be done better as this is a new thing’.

- ‘We believe that everything that can be done is already being done’
- I think all went pretty smoothly, we had a regular information updates, all PPE in place, so I really wouldn’t change anything’
- Nothing, our over arching organisation saw this coming some time ago, so we were well prepared’
- ‘To be honest not much different that could have been done. I think the government did well, the company did well and Health did well. On the whole everything what could have been done was done’.

- Nothing. I think decisions were taken at the time with the knowledge people had on a virus that few people understood and that the advice etc changed as more information was known about the condition’
- For once I do empathise with the prime minister. I don’t think anything at the time could have been done differently. They tried to give us as much info as possible which was overwhelming.’

### Have clearer guidance and coordination of information

Of the areas that could be improved, the most frequently mentioned was a need for more guidance and a



# With hindsight, what would care home like to have seen done differently during this pandemic? continued

## local centralising and co-ordination of how information was cascaded. (16% of Learning Disability, 25% of Older Peoples and 39% of Physical Disability)

- 'I would improve the people co-ordination, so that everyone knows who is doing what. What I'd like to see is all the professionals KCC and NHS minimise all the calls, I know they have to fulfil their tasks but it impacts the providers - there is just not time to respond to all of it. Lots of calls, which are tick boxes - it's been a big hindrance. I have to say that the CQC have been the best, they started ringing on a weekly basis which they then changed to a fortnightly basis. After that they said to us "I can see you have been filling it all in well so call when I need to." - that's the kind of approach we have needed.'
- 'Be more clear, with information about implications and guidelines from the beginning, but I guess it was difficult as no one expected the pandemic'
- 'The initial guidelines for PPE were confusing at first, they were told it was not needed then later they were told it was needed.'
- 'All the guidelines coming in a more cohesive way. Every week my staff were looking me like I was crazy as the advice kept changing! The Dept of Health was not talking to public health etc - it was obvious. It would have made sense for them to have thought ahead when Covid was already in other countries.'
- 'In terms of KCC, they were much

better than the Government. They gave clear information, it was clear and quick and our commissioner was great.'

- 'Information in the beginning was too general, because we are working with learning and disabilities that was very important. They come up with particular guidance later on, but not in the beginning, and it was a little too late.'
- 'We would have liked one central advice line that gave the same information once a day so all singing from the same hymn sheet. I think it should have been the CQC. As I look at my notice board there are 20 places I can try for support and some when you get through can't help you.'
- 'We were inundated with information by many different sources - Care managers, Commissioners and even several different departments from within KCC. I literally had 100's of emails a day at one point, all with slightly different headings but in general, attaching the same information. Of course you have to read the information they are sending you just in case there is something different. It was really frustrating actually because we were also learning how to operate in this vastly changed environment.'
- 'Information should be sent to Commissioners who should have the sole responsibility to cascade to whoever they are responsible for.'
- 'Control the information flow or at least have a central point so we are

not overloaded with information. We got the same information from KCC, NHS England, Skills for Caring to name just some off the top of my head but there were many others. It would be easier for managers if there was just one source of information.'

## Earlier and more systematic testing of staff and residents 17% of Learning Disability, 23% of Older Peoples and 31% of Physical Disability responses felt that had testing for staff and residents been introduced and maintained throughout the lockdown, that the impact would not have been so great

- 'We should've had testing kits to make sure that we could test residents and staff frequently. We can still only test residents if they have a symptom'
- 'We had residents pass away. When it started, I rang Public Health and KCC but all they were doing was testing symptomatic people. They should have tested everyone, we lost 5 residents with 'suspected' and we only had 2 confirmed with the virus. More testing at the start was needed.'
- 'Testing equipment would need to be in place for care homes and staff for the future, so they can be tested straight away without waiting.'
- 'Having the kits at the beginning of the pandemic would have helped us know what we were dealing with.'
- 'When they first set up the testing system one of my senior partners



# With hindsight, what would care home like to have seen done differently during this pandemic? continued

had a test and it took 15 days to come back. Which is the longer than just isolating if you just suspected you had symptoms’.

- I think at the beginning it would have been good to have had testing for staff and residents, it has all been a bit late! It has been really late that they started to send the kits to us. We’ve managed to do all of them. At the beginning the Government were not concentrating on care homes, they were looking elsewhere’
- “Testing was a problem for me. When I ordered test kits it took three weeks and six or seven emails. I felt like I was almost fighting. I contacted the Kent Clinical Co-ordinator for care homes and told them I’m struggling. She started emailing people and a week after that I got test kits. We ordered in excess of 200, enough for all the residents and staff, and received 85 or so, enough for the residents with some left to swab new residents. It would also be better if a district nurse could come to the home and swab all the residents and staff in a day. It took us a couple of hours to swab all the residents. It would be quicker for a nurse to do it and allow the residents and staff to remain isolated. Three weeks is too long for a kit”
- I felt the Government’s initial policy of containing the virus should have been backed up with a testing programme, especially in relation to nursing/care homes where patients should have been tested before admission’

## Government planning and earlier lockdown

**21% of Learning Disability, 10% of Mental Health, 18% of Older Peoples and 8% of Physical Disability care homes suggested that ‘perhaps the Government could have acted quicker at the beginning of all this’ in its planning and in starting lockdown. ‘They should have learnt from what was happening in other countries’.**

- ‘we would have liked central government to have locked down earlier and recognised our vulnerable client group’.
- I felt that the Government response came too late, we should have been in lock down sooner than we were, that would have helped and minimised the spread’
- ‘When we saw it in other countries we had time and it would have been better if we had reacted and prepared when we first saw what was happening in other countries and we knew it was already here’
- ‘Better preparation; when first knew it existed we could have started preparing, but weren’t made aware of the seriousness of it’
- ‘We would have liked better planning. However with everything that has happened during this pandemic it has been a good lesson and we have learned from it. I think it has changed the way that we live in general and people take extra precautions now to be clean and infection control. We have had two positive cases yet they have recovered and are still here with us’.
- I guess a bit more planning really

but it all happened so quickly. The clues were there but people didn’t pick on them fast enough.’

- If a second spike - quicker lockdown- not wait to be told. (Have just allowed visitors into the gardens this week). Though that has implications for residents and families. We wouldn’t want to be seen as the only home to be in lockdown.’
- ‘We knew this virus was coming, in early March we could see it was going to be a problem, but the support didn’t come until mid-April. We already had an outbreak by then’

## Better hospital testing on discharge of patients

**5% of Learning Disability, 10% of Mental Health, 10% of Older Peoples and 15% of Physical Disability care homes told us of experiences of people being discharged from hospital, into care homes, without testing, or without test results and how they felt that this was something that should be improved.**

- ‘We took in 60 admissions from hospital at a time when the hospital was having a big push to discharge non covid patients. The manager feels there was a lack of transparency in relation to how testing was being applied across the hospital. Feels that robust swabbing is an area they could improve should a second wave occur.’
- I actually refused to take untested patients from the NHS. They quickly became very hostile and



# With hindsight, what would care home like to have seen done differently during this pandemic? continued

verbally abusive towards me. I said, "who do you think you are talking to me like that? I am protecting the people in my care, which is my first priority, and my main responsibility. I will not accept anyone from you unless they are tested and are clear." They said I had to take them but I still refused. I won't tell you the actual words they said but it was shocking coming from NHS hospital staff. Anyway I still refused. They wanted to bypass our entrance procedure but I was having none of that. I knew that if that if their patients came in here with Covid that could wipe out all of our residents. They can abuse me verbally as much as they want, they ain't coming in here!

- 'Care Homes should have been given as much priority as hospitals. We did have one resident that died and when we investigated and contacted the hospital where she had been discharged from the test result was actually positive but hadn't been given to us. Luckily we didn't have an outbreak and this was a one off.'
- 'At the beginning the elderly population were just totally overlooked and not bothered about by the Government. A lot of people have died as a result of this attitude. It is obvious that once it gets into a care home that it is serious and yet you had hospitals sending out patients without tests regardless of us begging and requesting them. I think we needed more vigorous testing and actual care about old

people, they seem to be big rush on pushing DNRs!

- 'One situation we had, involved a resident who had been in hospital with a stroke, the doctor wanted to send her back to us but wouldn't tell us if she had Covid 19 or not even though I kept asking. I refused to take her. In the end we called her daughter in France who had to ask four times to eventually be told that yes her mother had tested positive and was in isolation. I refused to take her back into the home, but my worry is that if I had been a more junior member of the team that they would have caved and said yes. I contacted Public Health England to tell them'.
- 'The support from our CQC inspector was very good. But Public Health England were another matter. We sent a resident to hospital and she was kept in with an infection. The hospital contacted us 2 hours after she returned to the home to confirm it had been a Covid infection. We reported it to Public Health England who were no support at all. They sent an inspector who declared we were "Covid" so I asked for testing of all our residents and staff. They refused saying we didn't fit the criteria. After daily phone calls asking to be tested I was labelled a nuisance caller. It was the CQC inspector who managed to get our testing done'.
- 'If someone goes to hospital, sometimes they are not getting tested in hospital. Because of this

I lost member of family from it (covid)'.  
'

- 'Big mistake by government was to move patients with Covid 19 or untested to nursing homes. Wrong to put other residents, families & staff at risk. Homes were pressured to take patients as some are given funding from the local authority to hold beds. Lessons should be learned from the experiences of care/nursing homes for future outbreaks.'
- 'We had a resident go into hospital for one condition and they wanted him to return to the home but we refused because he hadn't been tested, when he was tested he was positive. So hospitals can't just expect the care homes to re-admit residents without them being tested with a negative result, we don't have all the necessary expertise etc like the medical staff in a hospital - when a patient becomes ill we can't just move them to ICU'

We heard from two family members who raised concerns about their loved ones being discharged from hospital during the pandemic "My Mum was in the hospital, we spoke to someone in the Integrated Discharge Team to ask whether a virus test would be carried out before Mum was discharged. The information she conveyed, was that the test would be carried out only if Mum manifested symptoms. No doctor or nurse informed us that a test had been carried out. She was discharged to a care home. The family



# With hindsight, what would care home like to have seen done differently during this pandemic? continued

visited, we went into her room in a paper mask, plastic gloves & apron. The assumption we made was that these were precautions for her protection, the staff and residents. We had been with her for over an hour cuddling her, holding her hand. We were taken to another room so that we could see her notes. That's when we found out that Mum had contracted Covid-19. Our Mum died 10.50 pm that day. At no time was anyone in our family informed that Mum had contracted the virus. Not the hospital or the care home. The Infection Department at the hospital rang to inform us that our Mum had tested positive for Covid-19, 5 days after her death"

"The care home refused to take her back until she was 7 full days clear of symptoms. They were inconsistent in their "rules/reasons" for excepting her back. On arrival home, she was informed that she would have to be isolated in her room for the next 4 weeks!"

## **Treat the care home sector the same as the NHS**

**A cluster of responses talked about how they felt the care home sector had not been treated the same as the NHS. (6% of Learning Disability, 8% of Older Peoples and 15% of Physical Disability)**

- I think making information relevant and a priority for care homes should have been prioritised. Staff felt second class and felt not as valued as NHS staff.

- 'Government action could have been different. Information and support for social care could have come a lot earlier. The emphasis was on the NHS. Support for social and private care came too late. All provision should have been considered at same time.'
- 'More focus on learning disability, focus seemed to be all about the elderly'
- 'Small homes should be on par with the NHS, we are front line just as much as the NHS'
- 'Initially the government were concentrating on the NHS and not so much on Care Homes and other places where people are living together'
- 'Government needed to recognise part played by care homes -we have most vulnerable and complex cases. The Sector was left to flounder or manage as best they could, the government failed us dreadfully'
- 'I felt the attitude towards care homes was poor before lockdown, I feel this carried on into lockdown due to media reporting saying care homes are unsafe, in terms of numbers of people dying in care homes, it reflected badly on us, but it is not the case. We have worked well and very hard'.

**More local support from health and social care (5% of responses)**  
**Mental health and physical disability care homes in particular raised issues around how they would like to see improved connections with**

**social workers and other mental health professionals. We heard a few comments in this section about difficulties in communication with GPs which are examined in more depth later in this report. (4% of Learning Disability, 20% Mental Health, 5% of Older Peoples and 15% of Physical Disability)**

- 'We would have liked the various bodies that look after residents to be proactive and phone up to see how they are'
- 'More support from social workers. Support has been limited, some telephone support. We advised clients what the guidelines were around lockdown, clients seemed happy with this, we said we could get supply's etc for them, which clients agreed to, but social workers said we were contravening their human rights. We pointed out that they can go out, which they did, which caused upset with other clients but it settled down quite quickly.'
- 'Would have liked to be given relevant information regarding residents earlier, so for example we didn't know if a resident should in fact be shielding. Eventually got that information from the GP 8 weeks later'
- 'We haven't had any Covid cases in our home so I am really worried what I must and should do if it was to happen and what are the best things to do and when. It would be really helpful if homes that have had Covid experience share their knowledge and experience with



# With hindsight, what would care home like to have seen done differently during this pandemic? continued

homes that haven't so we are more informed what it would be like and maybe not worry as much'.

- 'More support from local authority earlier would have been good - eg telephone calls to check up how we are doing'
- 'The frailty team from CCG put unrealistic expectations put on the home - instead of supporting they were more like the hit squad. Rather than speaking with us they 'reported us' to CCG. We are just trying to do our best'
- 'It has been challenging to navigate the range of external services & multi disciplinary teams that the home & residents have contact with'
- 'I would like to have meaningful responses from care managers and social workers. we support adults with a history of alcohol abuse. The clients would like to speak face to face with their care managers but this is not happening'

Finally, there were a few comments around the need for improvements to food and PPE

## **Better food planning (4% of responses)**

- 'We couldn't always get the food from outside that we wanted and that might happen again'
- 'We will review and see how dry goods, cleaning products etc could be stored.'
- 'Food shopping was difficult as couldn't get online as slots were all taken. Care home staff could not get priority shopping in queues and couldn't get the right food for the autistic clients who then had some behavioural issues around eating food they were not used to.'
- 'Supermarkets should have been made to give delivery slots to care homes. We only got ours 3 weeks ago. Reserved slots should have been in place.'
- 'Local food stores to have set up accounts to enable food and provision to be delivered to the home. This home is still having to send staff out shopping as though a normal household.'

## **Centralised control of PPE supplies and costs (3% of responses)**

- 'I think PPE should be governed, it should be policed. There are millions of people dying and there are people on the take.'
- 'To have maintained PPE supplies at normal cost would have helped'
- 'Easy & quick access to PPE with adequate stock supplies in the Home. When reordering we felt they had to justify our use of PPE'
- 'Be more prepared for this, we're all scrambling around to try get all PPE together, when we could be more prepared for it, we could have started to build up stock earlier on.'
- 'PPE providers charging hugely inflated prices are exploiting providers of care. KCC have been supportive but they could negotiate on behalf of care facilities in their reducing the cost to individual providers.'
- 'KCC should understand wipes and sprays should be part of PPE stock.'



# How were care home staffing levels affected by the pandemic?

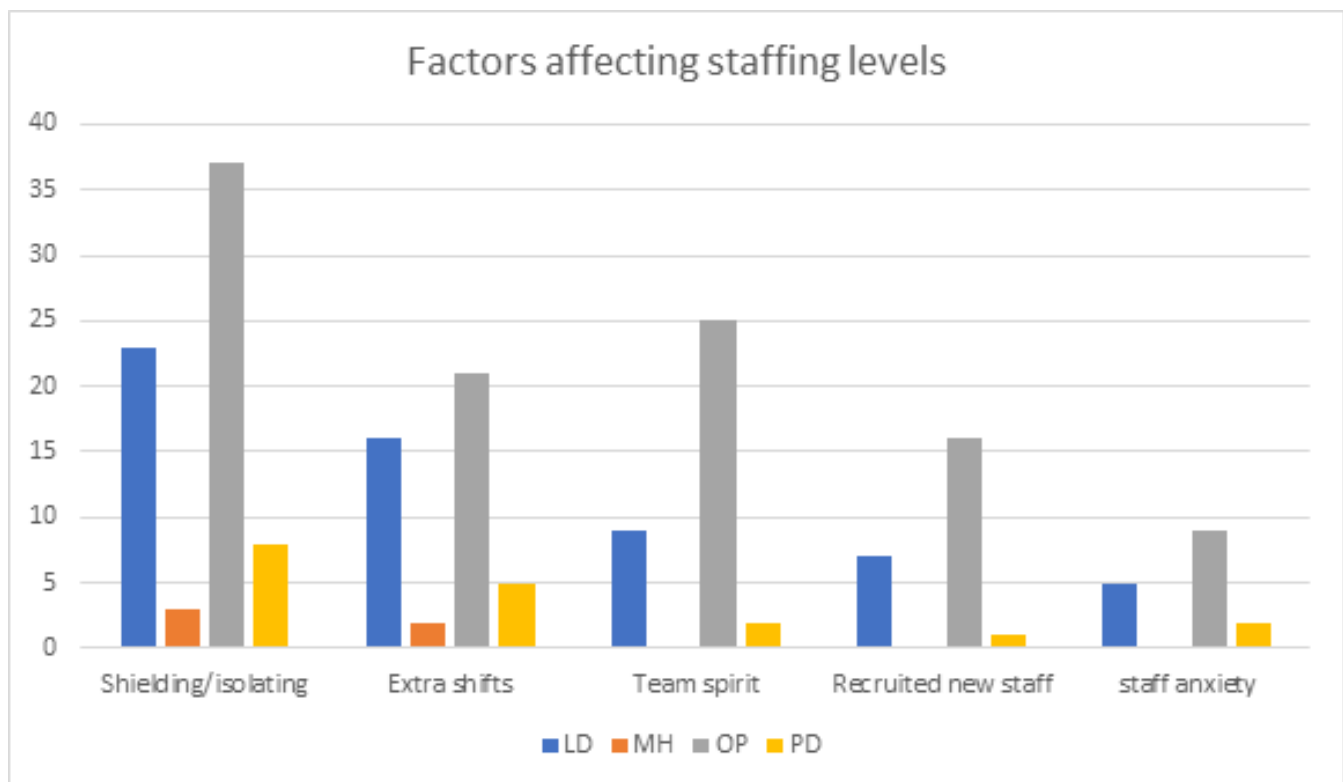
The majority of care homes we talked to said that they had maintained appropriate staffing levels during the pandemic. (74% of Learning Disability, 90% of Mental Health, 79% of Older Peoples and 92% of Physical Disability).

Many care homes had experienced staff unable to work either because

of self isolation or shielding, but that many care homes found they had been able to accommodate this.

- 'We've had people isolated at different points so it has not caused a critical level of staffing cover.'
- 'Had 13 staff off at beginning of lockdown, some self isolating others

unwell. Used 1 agency with staff who only worked in 2 of the care group homes. Staff did work some extra hours or shifts but as patient numbers dropped staffing ratio has been well maintained and all staff are encouraged to take booked annual leave and in some cases extra annual leave now.'







# How were care home staffing levels affected by the pandemic? continued

## Staff worked extra shifts / longer hours

Many care homes said that staff worked extra shifts, cancelled leave and were more flexible about the roles they took and that this was the biggest factor that contributed to maintaining the required levels of staffing (20% of Learning Disability, 20% of Mental Health, 21% of Older Peoples and 39% of Physical Disability). 4% of respondents also talked about how 'exhausted' staff were.

- "The staff agreed in the house to work double shifts to keep the least number of staff coming in. It has worked really well, got to the point now everyone is worn out, most have not had holiday and are exhausted."
- "People haven't taken holidays as there is nowhere to go. So we have managed quite well. We are not going to day centres so few need fewer staff anyway. That said I am doing three jobs, I am getting the PPE, doing maintenance and my own job too."
- "Staffing has been fine, previously we were using quite a lot of agency, but have covered everything between staff and managers to keep strangers from coming into the home."
- "We had to use our own wits to survive. Everyone was awesome, everyone has some tiredness now"
- "We have 2 staff staying at home at the moment, but we are all working harder than usual because we are split into half teams; one half team

working for one week and then change over; so we only have half the number of staff working at any one time'.

- In house staff have covered everybody's work (social workers, mental health, pharmacists) because professionals were not visiting."
- "All our staff were so good, they all rallied round and helped in so many different ways, by extending shifts, covering other peoples shifts who couldn't be in and doing jobs here they never would normally have to do."
- "A cleaner stepped up and became a carer"

## 'Super' staff

The second major factor that respondents felt contributed to maintaining staffing levels was the 'super staff' and that 'people have pulled together as team'. (11% of Learning Disability, 25% of Older Peoples and 15% of Physical Disability). We have heard stories of staff moving into care homes, especially within older people settings, to minimise movements outside the home, putting their working life above their home lives and 'living separate from their families/partners.'

- "We have an amazing staff team so we have been fine'.
- "Everyone was awesome, everyone has some tiredness now. In any normal period we have some sickness of staff but the illness was nearly non existent - we really

pulled together.'

- "I think a key thing has been keeping the morale up in the services - we've all gained a better sense of humour!"
- "I have fantastic staff who are all working together and doing what they have to get through this."
- "Staff have been excellent. We have all pulled together and been self-supporting. We have been able to keep fully staffed throughout."
- "Manager has dropped and picked up staff to avoid them using public transport"
- "We took extra care with the rota to ensure staff have adequate time off and don't work too many days at a time, factoring in extra breaks for food and rest and providing cakes!"
- "We've been lucky. We've had some empty rooms so some members of staff have moved in and been brilliant. We're just keeping morale up'.
- "We have managed by talking to each other and motivating each other."
- "We are so lucky to have the committed staff that we do'.
- "All are staff were so good they all rallied round and helped in so many different ways, by extending shifts, covering other peoples shifts who couldn't be in and doing jobs here they never would normally have to do'.



# How were care home staffing levels affected by the pandemic? continued

## Staffing challenges

For those care homes that did experience challenges in staffing levels, there was a clear sense that it was more challenging in the first few weeks of lockdown, this seemed to be because of staff absence due to shielding / isolating or staff anxiety about Covid 19 (6% of Learning Disability, 9% of Older Peoples and 15% of Physical Disability).

- 'At the beginning it was hard, people were not off with Covid but off work with anxiety. What we wanted was the tests, that way rather than have people being off with anxiety thinking they could have Covid they could have been tested and if clear come into work.'
- 'Initially people were very scared and anxious and self-isolated, but with the time passing all staff are back and overall we managed very well.'
- 'Massive challenges in the beginning 12 staff off - nightmare'
- 'Had 13 staff off at beginning of lockdown, some self isolating, others unwell.'
- 'Initially had a lot of staff self isolating as they were scared and listening to all the horrific stories on the news and on social media and went off easily when they had symptoms.'
- 'Initially a couple of staff members with family at home wanted to take the 3 months off paid, but the home wasn't part of that scheme. The manager talked to them, 1 came in after talking to the family and the other left.'
- 'Staffing levels were badly affected as more than half a dozen had the virus. 2 nurses are shielding and 3 care staff shielding. Other staff took on extra hours to cover. Over Easter Weekend the director and CEO came in and helped.'
- 'We've had someone off every week, either through sickness or self isolating. We would normally have one extra member of staff floating so that we can cover holiday and sickness and we've not had that. This has been ok but if we had had Covid here things would have been very tight with staffing.'
- 'Quite badly really, we were slightly short staff already. Thankfully we had a good relationship with [agency]. We had two agency on most day/night and were able to retain them. Without the agency god knows what we would have done. The residents have got to know them too which has been lovely.'
- 'Within first week over 25 staff went off and stayed that way for 3-4 weeks. People didn't know if their symptoms were Covid or not - feeling that staff were extra cautious so a proportion of staff were off who were actually healthy but without testing in place they couldn't be sure.'



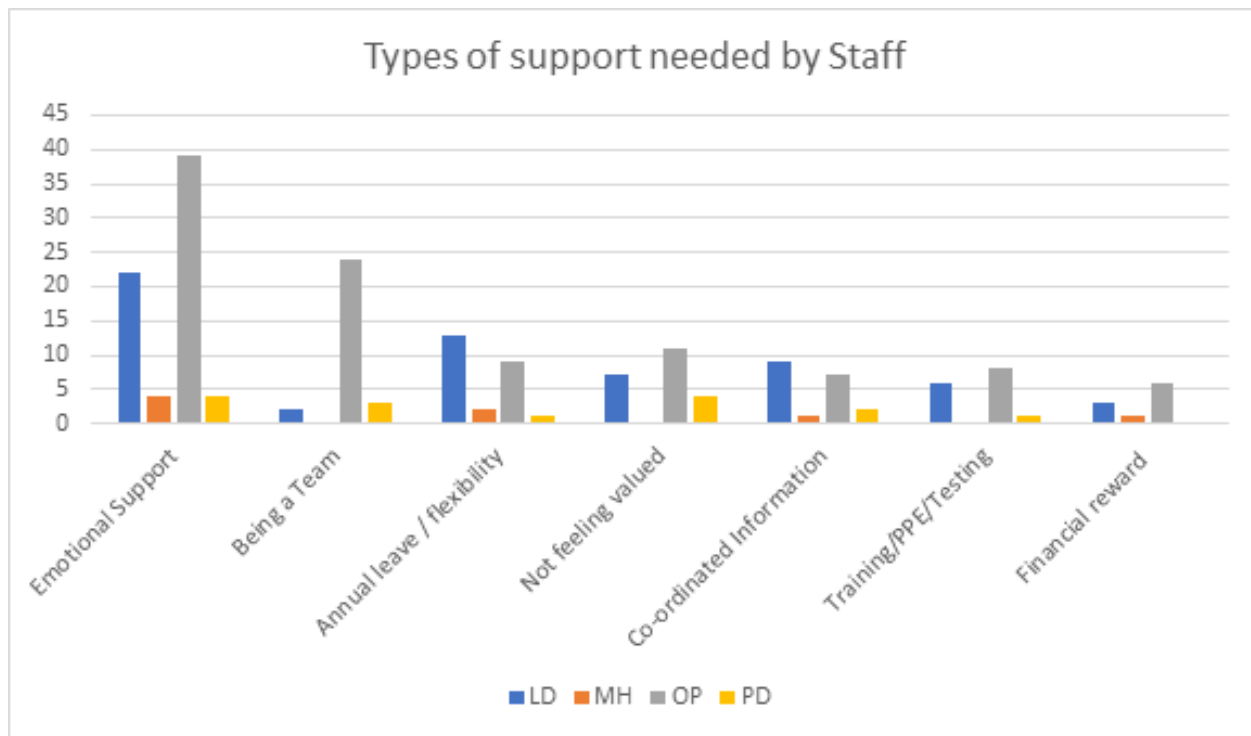
# What support do care homes feel that staff need at the moment?

A percentage of respondents suggested that 'staff have been coping well'. (38% of Learning Disability, 30% of Mental Health, 44% of Older Peoples and 46% of Physical Disability).

- I think we all feel quite supported now. KCC have been really good, NHS have been really good. Within our care group we get regular updates.
- All staff are coping ok, do not need

any extra support. We do ask if we need anything or want to talk'

- But the majority of respondents identified that there are some areas of support that would benefit the staff teams.



## Emotional Support

A significant cluster of responses identified that what staff needed at the moment was emotional support. (26% of Learning Disability, 40% of Mental Health, 39% of Older Peoples and 31% of Physical Disability).

The majority of those that talked about the emotional support needs of staff were able to confirm that staff were getting extra supervision, access to company funded counselling / welfare schemes, or information from KCC / CCG about

counselling, staff welfare support and bereavement counselling, the Samaritans staff support phone number or had onsite private counsellors available for staff. From our conversations it felt that the emotional needs of staff were currently being actively discussed and care homes were meeting these as appropriate.

- I have found it quite stressful, but as a manager I have kept this hidden from my staff
- They have lots of ongoing support

from individual support to the company support.

- It's just about encouraging them, letting them know they are safe. Our residents have learning disabilities and the only way to get it is through the contact with the staff so we have talked to them about protecting their lives outside to protect lives inside the home. It is just talking to them when they need to.
- 'We are lucky, as a charity we have time to speak with our staff and talk through any issues ie if they are



# What support do care homes feel that staff need at the moment? continued

having a bad day, why, how can we help, what can we do differently. Not all care homes can do this. We are constantly looking at how we can improve staff welfare'

- 'Emotionally it has been such a drain.'
- 'We are getting extra support; staff know who they can phone if they need help. My staff have all the details on the notice boards and around the home'
- 'Wellbeing support. Keeping morale up as it isn't easy. The staff have had to restrict themselves from going out. They have given up their "freedom" to keep the residents safe.'
- 'There is a potential divide between the staff that were off isolating and the staff who continued working. We have regular catch ups as we are concerned about the impact long term on the extra Covid deaths.'

## Peer support

**A number of responses talked about the value they had found in supporting each other within the staff team. (2% of Learning Disability, 24% of Older Peoples and 23% of Physical Disability).**

- 'At the moment my staff have been emotional and worked really hard so we are all supporting each other'
- 'People have pulled together and supported each other, real peer support working.'

- 'The relatives and community have provided equipment and stepped in to offer support'.
- 'At the moment it's not too bad, all looking out for each other. We all check how we are mental health wise. It's been a real team effort'
- 'Keeping morale up, keeping it positive. We've all been working together and supporting one another. We're all a team and looking after each other'.
- 'We have come together to talk about residents 'lost'. We have up pictures of them, written up fond memories of them, their personality etc. .... when we open we'll do a memorial service for residents, staff and families. Some residents we lost had been with us for 5 or 6 years.
- 'Four residents went to hospital, stayed for two weeks and then passed on, other residents that had contracted Covid did not want to go to hospital and stayed in the home. They survived. We had a big party. They stayed, we did everything we could and they survived' It was good to celebrate'

## Annual leave

**There was a fairly equal amount of responses from all care groups that suggested that what staff now needed was to be able to take some annual leave and have greater flexibility in working arrangements. (15% of Learning Disability, 20% of Mental Health, 9% of Older Peoples and 8% of Physical Disability).**

- 'I think quite a few of them need a break, the stress levels from the fear has been exhausting and people are worn out. Some people have taken annual leave but not gone anywhere, just stayed at home. I think we are all waiting for this to be over'
- 'I think they are shattered. Initially we suspended annual leave, we've now reinstated it as things seem a bit more stable, some people don't want to take it as there is nothing to do but we've encouraged people to take it as they need it. This has then left us short staffed and we have at times had a skeleton staff.'
- 'Staff being able to take A/L is starting to make a difference to morale and people being able to have a rest. Staff taking A/L together because they haven't had chance to take it could be problematic down the road.'
- 'Staff need some well earned annual leave to be honest, staff have worked very hard during this difficult time'
- 'Some staff have had real problems since the schools closed getting childcare - that was really stressful for some of our staff'
- 'Our staff have had to work hard and have seen some their friends at home furloughed, they didn't have that opportunity.'



# What support do care homes feel that staff need at the moment? continued

## Staff need to feel valued

A cluster of responses talked about staff working in care homes, who didn't 'feel valued'.

Sometimes this related to not feeling as valued by the wider public, or government as NHS colleagues and sometimes it was closer to home in term of their efforts being acknowledged by 'management'. (9% of Learning Disability, 11% of Older Peoples and 30% of Physical Disability).

- 'We don't feel acknowledged by society, we seem to have been forgotten, the media focused on mainstream NHS services.'
- 'Care homes feel like 2nd class citizens compared to NHS. Paramedics 'look' down on us'
- 'I am sad to say that I think staff need to feel valued and made aware of what a good job they are doing from their own senior management. They have heard it from the residents and family but not internally from those up above!'
- 'Someone to say thank-you. They get it locally and from the company but something tangible from the Government would be nice.'
- 'Shout outs to praise staff. Ask staff to nominate someone who go above and beyond to compliment them publicly.'
- 'Staff wellbeing will be looked at more going forward and as a company we want to give our people the thanks they deserve.'
- 'Our CEO is very good with praise and appreciation. We feel really looked after and supported which goes a long way.'

## Training, testing and PPE

A few responses (7% of total responses) highlighted the need for staff to have access to training, PPE and testing.

- 'Training and education. I feel that this is so important and effective; having someone in front of you showing you how to do something and explaining the reasons why you need to do things in a particular way is so much more effective than reading from a leaflet. It helps the staff feel more confident in their work, relieves stress and anxiety so they are more calm and makes them feel valued that they are being invested in. I wish more care homes would take up this training for their staff and especially as it is free!'
- 'I have received alot of training from the NHS and passed that on to the staff in training, supervision and communications. We are becoming more familiar with the way we are working because of Covid and it doesn't feel as strange and this helps to reduce the anxiety levels.'
- 'I guess it is just around the testing, encouraging them to get tested more frequently'
- 'Getting hold of the antibody test would be really helpful, as potentially there might be some of us who have had it and it would be good to know that'

## Remuneration and funding

5% of total responses suggested that staff were in need of financial recognition for their work and efforts.

- 'What would they like? - A pay rise, regardless of Covid 19!'
- 'One thing I would say is that we only get £500 from KCC a week for residents for funding. Social care funding is a joke, people in prisons get more funding than some of the people we work with.'



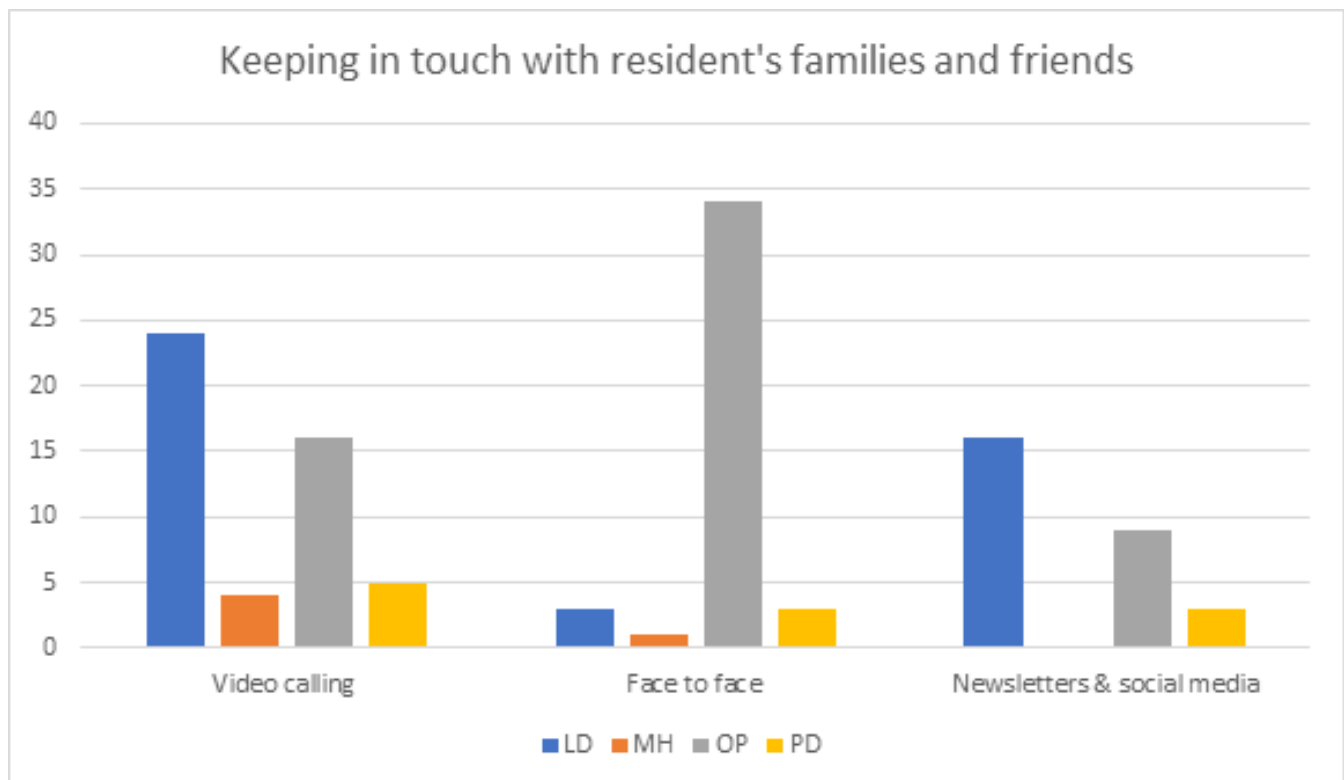
# What innovations have care homes made to support staff and residents during this time?

The overriding issue we heard about in terms of change and innovation was around maintaining contact with resident's family and friends. (52% of Learning Disability, 50% of Mental Health, 59% of Older Peoples and 85% of Physical Disability).

Within this there were three key clusters of methods used, each at varying levels across the client groups.

- Using video calling platforms to keep in touch with family - 29% of Learning Disability, 10% of Mental Health, 16% of Older Peoples and 39% of Physical Disability.

- Maintaining some face to face contact where possible - 3% of Learning Disability, 10% of Mental Health, 34% of Older Peoples and 23% of Physical Disability.
- Newsletters and social media platforms - 20% of Learning Disability, 9% of Older Peoples and 23% of Physical Disability.





# What innovations have care homes made to support staff and residents during this time? continued

## Video calling platforms

The majority of care homes from all care groups reported a big increase in the use of video calling platforms to support clients and residents in contacting family and friends.

Take up of video calling has varied across the care groups, reflecting the client groups. Learning Disability care homes have reported that the use of video calling has been something they have seen residents benefit from. For some people with learning disabilities, especially autism they have enjoyed this. However feedback from older peoples care homes highlighted that video calls have not worked for everyone. 'We have done a lot of a video calling with families and friends. Most clients are living with Dementia so virtual conversations don't go down that well with some - but for those that can understand what is happening it has been good. Some clients are not aware if people called or not.'

- 'Biggest change was using tech more. Zoom, Skype, WhatsApp, TikTok is happening across the homes (we have 3). We are also reviewing how our residents felt about using this technology. It will be used going forward'
- 'Another thing is that we have a great IT guy and before things got really bad we went out and got ten laptops to help people be better connected. One of the lovely things is that there have been lots of birthdays and one stands out where we had up to 40 people on

zoom call singing happy birthday. Actually a weird thing but positive that we have found is that for some people with autism or medical phobias - having consultations over video conferencing is much less stressful, if someone hates going to GP they sometimes have to clear the surgery and make sure they are not running late - this way was so much less stressful. Having that has been a really big positive. It shouldn't replace face to face going forward but be part of a suite of offers. It's been really refreshing.'

- 'The residents have all been helped massively by the introduction of WhatsApp video and chat. These calls from family have calmed residents down. The use of mobile phone technology has helped them all.'
- 'I think most of what we have done is increase the chats we have with people. We have used our own personal mobiles too so that families can do video conferencing with loved ones.'
- 'Using technology by teaching residents how to use zoom. They can speak with family or they can do classes online.'
- 'The company has given each home 2 tablets which have been used to help residents keep in contact with family members. The home managed to organise a 7 way skype call for a resident with attendees from the UK, Australia and USA. We can cater for calls at short notice, family and friend just need to email or phone in that they'd like a call.'

- 'Face-timing has been giving people comfort, seeing their family has worked and is better than just a phone call.'
- 'A resident's granddaughter donated a large screen laptop for family calls. Some enjoyed this and it raised their spirits. Others didn't understand why the person was not here and got confused.'
- 'Before lockdown we bought some extra iPads and an iPhone. This was very useful for people who are bedbound. In some ways residents have had more contact with relatives than before as wider range of family members such as grandchildren who don't visit would call up.'
- 'As residents are not able to meet with their loved ones, they are making use of Zoom and Face-time as well as the telephone; some residents do struggle to concentrate on the person on screen or on the telephone.'
- 'Our residents have dementia and we have one resident who gets upset after speaking with their loved one; this is a direct effect of Covid-19 as they would normally see the person.'
- 'Facetime, zoom, skype - you name it, we've been doing it'
- 'We have introduced iPads for video visits for our residents and families, most have really loved seeing their families this way - obviously not as good as a real visit but better than just the phone.'
- 'Video calling was new to residents and most now enjoy it. They have more contact now with relatives



# What innovations have care homes made to support staff and residents during this time? continued

than what was their usual weekly phone call, but it does take staff time to set up.'

## Face to face contact

**A large number of older people care homes and a few from other client groups told us about innovative ways that they had tried to maintain some face to face contact with family and friends during the pandemic, with examples of how families had been enabled to celebrate special birthdays.**

Care homes from all care groups talked about plans to enable visits in garden areas as lockdown was starting to ease, but all care homes expressed reservations and concerns about ongoing infection control. We heard examples from care homes for older people and physical disability about the challenges lockdown had brought for families of residents in their final days, and how they had tried to find ways to support family and enable them to be with someone at their end of their life.

- 'We have been able to keep residents in touch with their friends and loved ones by taking them out into the garden - a fence divides the resident and friends of family, so they can still have contact, that has been important to the residents'
- 'We have been doing window visits for the residents.'
- 'We have got booked times for families to come to front door or window to see their relative'
- 'Family can speak through the

fence and stand outside the windows to talk to relatives... weather permitting'

- 'We have had veranda visits.'
- 'Drive through now for families. They have an allotted time and then carers take client out in 1 to 1. They can see each other and talk but 2 metre distance complied with'
- 'Doing visits where families can look over the fence, or we can put a resident in the conservatory so that they can see each other but stay far apart.'
- 'We have had some what we call door visits where residents have had visitors come to a door to say hello
- 'A lady (resident) who had her 90th birthday, her family came and spoke to her through a window so they could talk and see each other.'
- 'We had a 100th birthday in lockdown and were able to have some family members in the garden with social distancing rules applied on this special occasion.'
- 'One resident had their 100th birthday during the crisis so their family came but only to the window. They were really grateful to be allowed to be part of the day but although disappointed they couldn't hug their relative they understood why.'
- 'We have now opened our garden for families to come and visit on a scheduled basis. They are not allowed in the house but in the garden they can see their family at a social distance. We have ordered a gazebo so that even if it rains they can still sit outside and see each

other. We have separate toilets for those who are not residents'.

- 'We have introduced benches at the front of our home which we are now using for social distanced visits with families.'
  - 'We are now Covid free so we now have garden visits every half an hour depending on the good weather. By the end of this week 16 residents will have seen their family. We are trying to weather proof the garden, so are looking to get a gazebo and awnings to keep them away from the showers but not wind. Looking to buy garden heaters now too, but needs mains leads and with that comes trip hazards etc'.
  - 'We are looking at implementing an appointment system so that relatives can come and see their loved one at a social distance - we are lucky that we have a reception area that can accommodate this. It would mean so much for the relative and the resident especially on occasions such as birthdays.'
  - 'Launching social distancing from the 6th July we're putting out visiting arrangements for families to see residents but they won't be able to hug and kiss. We will have something in the garden and take people out individually, family being given set amounts of time'.
- 'When one of the residents died, her brother who is also in the home could not go to the funeral, and the deceased's husband could not visit. At the time of the funeral we had a little ceremony that the brother and staff attended and planted a rose





# What innovations have care homes made to support staff and residents during this time? continued

that the home had bought and said a poem. The husband has since been able to visit the garden to see his brother-in-law and the rose bush.'

- 'We allowed relatives to visit safely (PPE/temperature checks) in their family member's last days of life'

## Newsletters and Social media

**The third cluster of comments showed that learning disability and older people care homes had used newsletters and closed groups on social media to help family keep in touch with what their loved ones were doing in the care home setting and helping to disseminate current news and information to family. Learning disability services told us about how residents had been involved in letter and postcard writing as an activity to support greater communication with friends and family, as well the wider community. Older people services more frequently mentioned use of social media closed groups to aid communication with family and friends as well as cascading information.**

- 'We send a newsletter to families as our internet is poor so we couldn't skype. So people are sending letters, we send letters and cards too.'
- 'Once a month I have been sending out a newsletter and give an update on what is happening and sending pictures and stories of what the residents have been doing and how they are coping.'

- 'We started a pen pal club, which had residents writing to friends and family as well as member of staff's children. It's nice for them to receive something.'

- 'One of the staff discovered the Postcards of Kindness Project, online. The residents love it. Postcards are sent to individuals and may be adapted for their particular circumstance such as using braille. This allowed interaction with wider community across the UK and has been really popular.'

- 'Residents have been making cards to send home to their families with a picture/photo of what they have been doing on a fortnightly basis. We have a closed WhatsApp group where we can share messages and photos.'

- 'We became pen pals with two local schools with the key worker children, they ask lots of weird questions of our older people, like your favourite memories, we all love it. I also decided to reach out to other older people care homes to be pen pals, I asked one in Scotland and N.Ireland they said no, but then one in Cardiff said yes, it's been brilliant. They've made us biscuits and cakes. It's just such a real occasion to open a package from them and see what they have sent us, we all love it!'

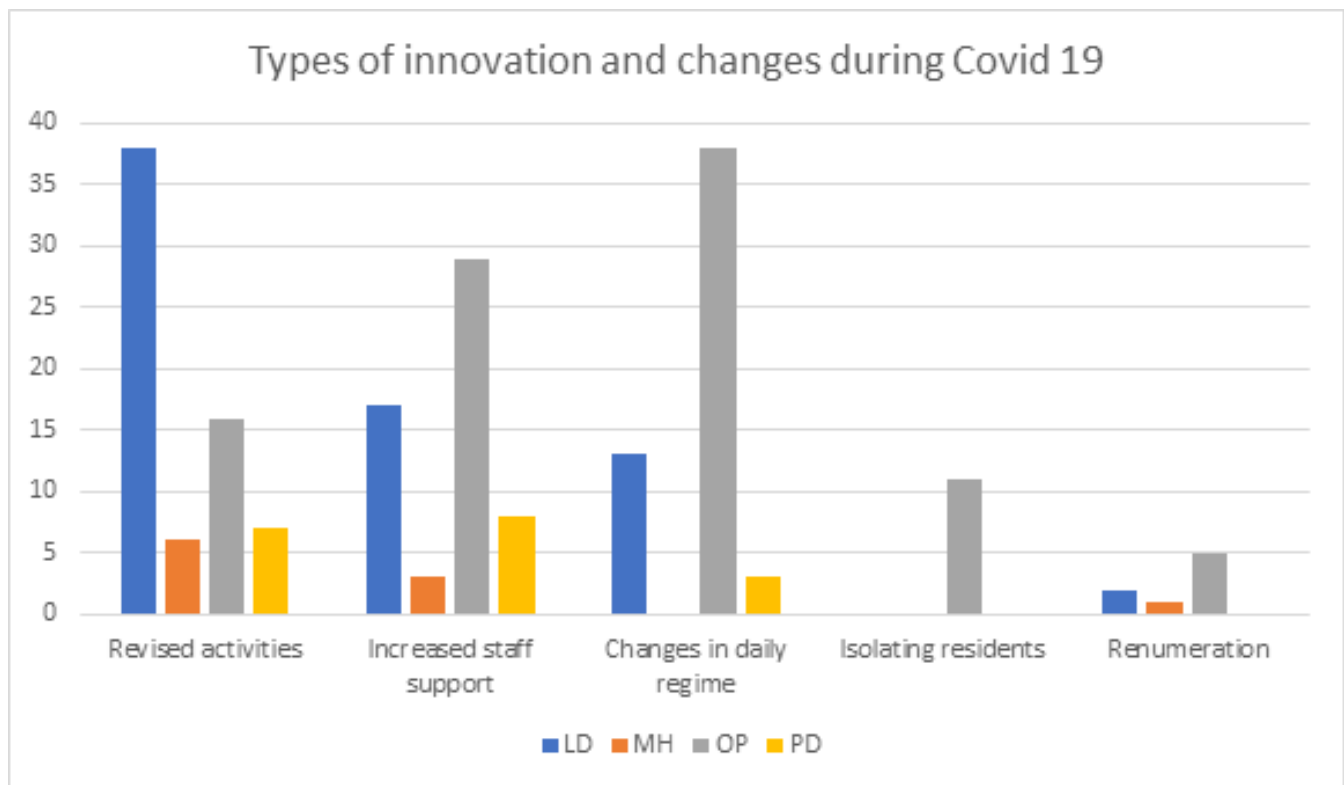
- 'We stepped up our social media accounts adding more photos etc'
- 'We have set up a closed Facebook account where we share videos,

video messages, activities we were doing and being able to share key information with families like all residents and staff Covid tests coming back negative'

- 'More transparent communication. We're keeping residents connected to their family, keeping family up to date from a management perspective. We're keeping morale up.'
- 'Used the online system that families can log into. Put up pictures, photos, messages, newsletter to try and reassure families about their relative.'



# What innovations have care homes made to support staff and residents during this time? continued



Other areas of change and innovation that respondents told us about were, in order of frequency of mention:

- Adjusting activities and creating opportunities for clients / residents
- Increasing the wellbeing and training offer for staff
- Changing the daily routine, regime and physical use of space within a care home
- Isolating residents within a care home setting
- Renumeration of staff

### Adapting activities and creating opportunities for clients / residents

46% of learning disability care homes and 39% of physical disability care homes told us about new activities they had introduced as a result of having residents in lockdown. Less mental health and older people care homes told us about revised activities (16%) which reflects the differing needs of the care groups served.

### Adapting

- 'Adaptations to situation for example, finding new indoor activities and utilising spaces better. Our planner was full of outdoor activities which were recreated indoors. Everyone adapted. Changes to the routine were harder for some.'
- 'We normally have an arts worker who comes in but she has been dropping off arts and crafts kits for us to do. We also had a music man in the garden socially distanced.'



# What innovations have care homes made to support staff and residents during this time? continued

- In house activities have increased as residents can no longer go out to their day activities. They always enjoy singing and dancing. They enjoyed making a big banner that hangs outside the home thanking NHS and care workers.
- Family of a resident booked a mobile disco van that parked and played in the car park so staff and residents could have a dance session.'
- Its things like the staff keeping them busy as all day services have stopped. They are doing as many activities in the house they can do. Residents have been really good, the behaviours have been amazing.'
- 'We had to think of things to do indoors so we did Joe Wicks workouts and bought in Just Dance on the Wii.'
- 'We have stepped up activities at the home, which has taken place of visits - staff enjoyed this too there has been singing and dancing. Lots of baking! We laugh at each other and ourselves'
- 'We have given the guys new routines, and involved them more in what is going around the house. Many of them have acquired brain injuries. We have been encouraging them to shield and not shake hands, they have all got a new vocab now around social distancing.'
- 'We have been doing virtual tours with residents of things like the local wildlife parks'

## **'Normalising' activities**

**We heard from learning disability, physical disability and mental health care homes about creating activities that tried to 'normalise' the lockdown period for people.**

- 'We created a shop on the grounds to help everyone.'
- 'An ice cream man comes regularly and we have a local toiletries shop and tuck shop for people who miss going shopping.'
- 'One lunchtime we had "McRoselands" so we got paper bags and had a burger and chips like McDonalds'.
- 'We've been ordering new DVD's as we can't have trips out to the cinema'.
- 'We started a tuck shop so the residents can "buy" their things from a tuck as opposed to a proper shop. It still gives residents their sense of independence.'
- 'We have been taking our residents, one at a time, out for rides in our minibus. We all wear gloves and masks. they really enjoy the change of scene and we are not in contact with anyone.'
- 'We have done things like buying fish and chip boxes and having pretend take away nights'.
- 'We have tried to mimic as many of the external activities as possible like having a pub night and sports day. I've been surprised at how well some of our guys have coped'

## **Outdoor activity**

**7 learning disability care homes told us about increasing the levels of activity they provided in their gardens / grounds or of going out for a walk.**

- 'We got new plants for the garden and planted them with the residents as we are spending more time in the garden'
- 'We had a BBQ- we have a big garden so we have plenty of room to distance.'
- 'We bought a pet rabbit which is keeping spirits up'
- 'We have been lucky with the weather and have worked outside with the clients, growing their own vegetables, keeping the grounds tidy, and many other outdoor activities. As a consequence clients are eating better and sleeping better now, and even losing weight. This could continue now they have found something they are enjoying doing. The gardening certainly will.'
- 'As we are on a farm we go for a walk around the farm - this has been so important.'
- 'In our head office we have a couple of acres and we went and purchased a large 17 foot trampoline'



# What innovations have care homes made to support staff and residents during this time? continued

## **Increasing the wellbeing and training offer for staff** 21% of Learning Disability, 29% Mental Health, 29% of Older Peoples and 61% of Physical Disability care homes told us about conscious increases in training and staff wellbeing practices.

- I know some organisations took the decision to stop training staff but we continued training and kept it to smaller numbers (social distancing). The anxiety of the staff impacts on the residents - training and support helped to keep the staff. Also in the first two weeks I went round to all the homes to give support, people were really frightened and wanted answers and reassurance.'
- 'We will do more staff meetings, getting together, praising staff'
- 'We've focused on key working groups. Sit at the end of each shift and have a proper handover. We also do one to one and counselling support. Our staff are always professional but it's about doing those welfare checks.'
- 'We have lunch outside when we can staff and clients together'
- 'The counselling was there before but pushed more to the front in recent times. Being brutally honest, most staff would not want to be here at the moment, they don't want to get sick...they just have fears of getting sick themselves.'
- 'For staff we've been having pizza delivered for free weekly, and giving them hand cream, chocolates and little gifts. When everything is over

the owner of the pizza company is taking everyone out for dinner to celebrate.'

- 'We started an end of shift meeting to reflect on day, what went well, could have done differently. Staff brought up lots of good ideas'
- 'We have changed how we organise our hand-overs. We were doing them among the staff in the individual units. We started doing them all together with everyone taking part in just the one hand-over first thing in the morning. We are going to continue doing it like this. The staff prefer knowing about all the patients and how each of us is working, rather than being in their smaller units. They are aware of who is in isolation, who is shielding and say they feel a part of the whole organisation rather than just their little bit of it. Chocolate and pizza have worked well too!'
- 'Staff receive daily update from manger -will continue this weekly from now on as staff found it useful to know what the direction of travel was.'
- 'We set up "Bucket sessions for staff" this was open sessions for staff to off load their concerns.'
- 'We have big posters telling staff they are doing a great job. Letting staff know that they can contact me on my mobile. Supporting staff when they were breaking down and giving people time and not over reacting and telling people off or letting people go. Oh and send them chocolates.'
- 'One thing I would like to raise is that

I am desperately trying to work with health, to see if whether we can have access to seasonal flu for all the staff and the people we support where appropriate. We could administer it ourselves as we have our own nurse, we just need the vaccine and paperwork.'

## **Changing the daily routine, regime and physical use of space within a care home**

**As well as enhanced cleaning and infection control procedures we have heard about other changes to the daily routine that have been introduced to help manage the impact of Covid 19 on these vulnerable groups. (16% of Learning Disability, 38% of Older Peoples and 23% of Physical Disability).**

- 'We have introduced Treat Tuesday -So everyone, staff and residents, gets a treat of some sort on a Tuesday it has really helped to lift morale.'
- 'We have changed the way that we serve food and how staff work to do this which has made things much more efficient.'
- 'We have changed some of our meal time arrangements so the residents can be in groups of 4. Our lounge is more socially distantly set up.'
- 'We have increased observations for the residents. Following on from the training we had, we check temperatures and have meters to record the oxygen levels of our residents regularly, something suggested by our GP. The trainer explained that a drop in O2 levels



# What innovations have care homes made to support staff and residents during this time? continued

could be a pre-indicator of a raised temperature and therefore a possibility of infection'

- 'We quickly divided into bubbles early on way before the Government told us to, they only told us this week to do this!'
- 'When we started all of the measures - we decided to isolate the two levels that we work on, this was hard for the residents and staff on their units too. So really had to make the most of the staff on each unit as we kept them separate, one unit from the other. We split the team, so like we had our own little bubbles working on each unit. We are still keeping that.'
- 'Residents can't see our facial expressions due to masks, we have been touching hands and using more body language.'
- 'We have been following the guidelines from Public Health England regarding the wearing of PPE and masks, some of our residents are far on in dementia. The home doesn't practice restraining so can't lock residents in their rooms. They won't remember if the staff tell them to stay 2m apart, so the home has removed and rearranged furniture, for example, 2 tables between chairs instead of 1. No one has noticed but it has meant that the residents are automatically distancing.'
- 'We have created an isolation corridor as we had 4 residents test positive. These changes meant having to swap rooms around from their normal uses.'

- 'Staff are changing uniform before they come in the building. We now have a changing shack'
- 'We sourced a horsebox with living accommodation, which staff use to change and rest outside of the main building.'
- 'We created a staff room by the front door so when they come in they can go and get changed straight away.'
- 'We are trying to create a Covid-19 friendly space. An architect is coming to look at opening up our narrow corridors to create open space facilities with specific zoned area which will offer a safe space for our dementia patients, they tend to wander. We are hoping to create 3 rooms just for Covid-19 or to isolate anyone suffering any sort of contagious virus or disease. We will have them designed in such a way that if they are not used for isolation that they can be also used for people needing end of life care.'

## Isolating residents within a care home setting

**Older people care homes were the only care group to tell us that at some point they had to isolate residents within their own rooms 'which was hard to do'.**

- 'The home was in total lockdown for three weeks when all residents were in their own rooms. Now using communal areas with social distancing'
- 'At the beginning we did isolate all the clients in their rooms but they got really upset and confused. Then we decided that as no-one

was positive that we put it back to normal. There was one person we were concerned about, we isolated them, did the test and it came back negative. We have done one cycle of testing, but if anyone has symptoms we can get tested again'

- 'When residents were isolated to a particular floor we set up a communal area so that activities could be run on each floor by a designated member of staff. When clients went into their own rooms they became low in mood. We looked at different food types that would entice people to eat as they were in a different area and we found they quickly became disengaged to eat.'
- 'We have not taken any new residents. We have closed a section of the care home in case we need it for self isolation, it is quite a big area so that they could be comfortable'
- 'When residents were isolated in their rooms for a few days, we increased the level of activity they received. We made sure they weren't neglected.'

## Remuneration of staff

**Finally we heard from one or two care homes in each care group that increased remuneration had been used as a reward/ incentive for staff.**

- 'Pay was changed for staff, we used the extra money from KCC to incentivise staff.'
- 'Bonus each month has been paid. We're all in it together.'
- 'Well the staff bonuses have helped!'



# How have care homes found access to primary care / GP support during this time and what innovations have they found useful?

The majority of care homes we talked to felt that overall access to GPs and primary care had, after the first week or so, worked well. (74% of Learning Disability, 90% of Mental Health, 76% of Older Peoples and 100% of Physical Disability).

11% of these respondents reported that they felt the GP service during lockdown, was actually better than before lockdown.

- 'To be fair the GP surgeries were quite unhelpful to start with, some closed down right at the start. It was bad for everyone, no one knew who to call. Initially the comms with the GPs was very difficult'
- 'GPs were the same as all of us at the beginning, they really didn't know where to start and needed time to adopt to changes but after few weeks they were fine and supportive, appointments over the phone, calls from nursing staff asking how we are doing which were very useful too'
- 'GPs have been absolutely brilliant - video calls, support with blood tests - face to face over video calls has made us stronger in our relationships with them and we were close before.'
- 'They are much better in the pandemic than before! We have one GP here, we couldn't call them we had to fax them before if we needed anything. Now we can call them or email them. Prescriptions have been really good, touch wood it will continue like this, I don't want to say anything more in case

it changes going forward, but it is much much better now.'

- 'It's better. It's more efficient as we're not waiting for nurse to come out and then for the GP to decide. We're emailing straight away and being sent straight to the chemist.'
- 'We feel more valued... people have shown appreciation for our skills level, and so people seem to take us more seriously. Whereas before this wasn't the case. People seem to accept what we say now regarding care.'
- 'It's got better than it was previously during the pandemic- we have direct contact, the GPs trust us and our analysis of the resident's issues and provide medication far more quickly. We no longer have to wait for tests to be reviewed.'

## Video calls and appointments with GPs

**We heard about a wholesale move to video calling, on a range of different platforms, between GPs, health professionals and the care home staff and residents, that within weeks had established itself as the normal way of working. We heard that many care homes would like to maintain some of the positives about this new way of working, the ease of access, the weekly online reviews of residents and the quick access to prescriptions.**

- 'With the GP - someone got quite a bad rash so we emailed the GP with photos and they prescribed by email and it all worked really well. It was great, we've done that with a

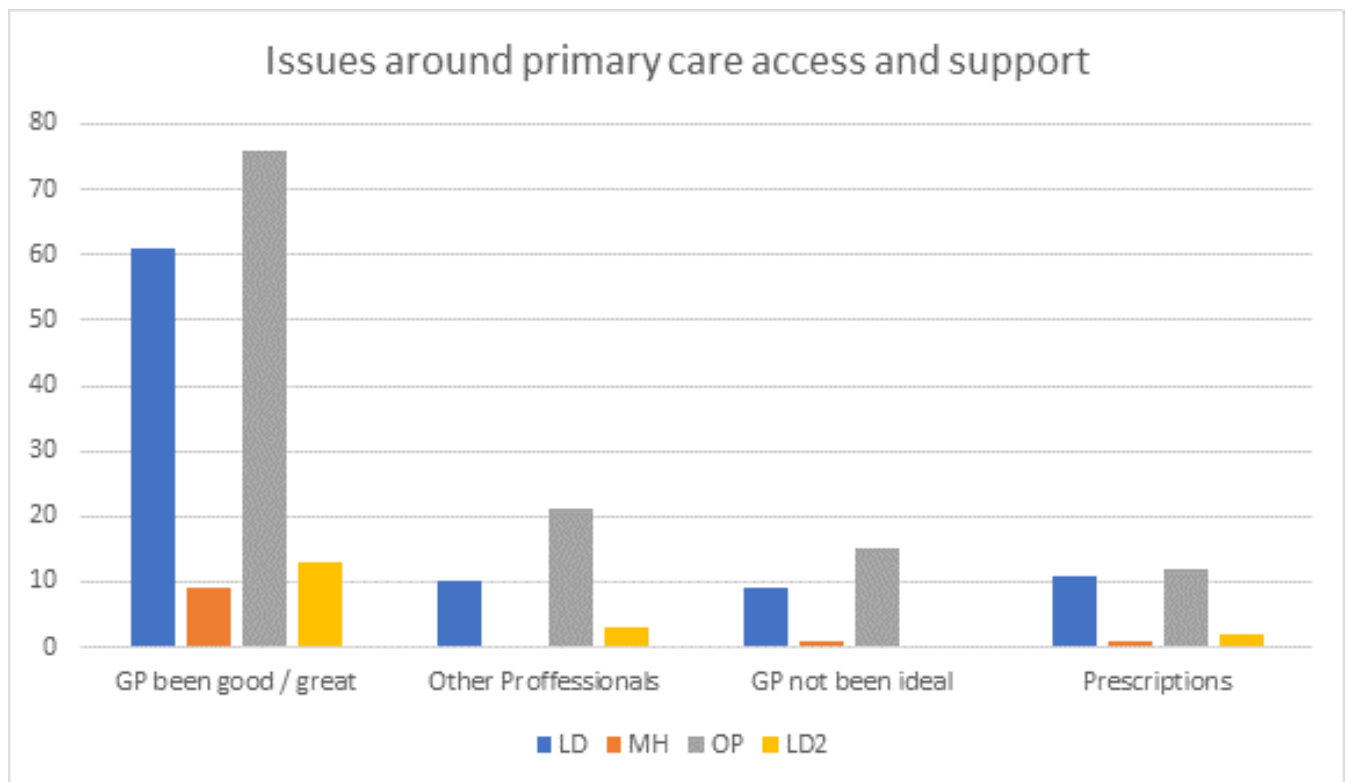
couple of things, taken photos and done by email. With the photos the doctor can see how bad it is and save half an hour or more of their time.'

- 'All is fine, non essential things are postponed. Our local GP has been great, done telephone consultations. We have had community learning disability calls once a week to make sure that we are getting correct support.'
- One learning disability service said 'GPs were very good, they work better now than before, repeat prescriptions are smooth, phone consultations are good, video consultations. Remote access actually worked out really well for one of our residents because he finds it really difficult when external medical staff have to see him and touch him. He found health check much less stressful because I was doing it with the GP being remote by video link.'
- 'The local surgery has provided excellent support. We send a weekly email on which we can raise any priorities we have. Our priorities, or anything urgent, were reacted to swiftly. The surgery managed medication reviews, which were fantastic. I cannot fault our local GP. They acted above my expectations, I expected there to be issues, the GP surgery worked really hard and gone out of their way when needed.'
- 'No problem in accessing GP or the wider multidisciplinary team via phone, email, video call and face to face.'



# How have care homes found access to primary care / GP support during this time and what innovations have they found useful? continued

- ‘The GP has been using FaceTime to speak with residents then staff. Most residents have own GP. Been accessible. Other primary care staff been available online or on phone. Has been draining on staff time when several staff want to have access and online /phone assessments need to be done.’
- ‘GP did weekly round via tablet, FaceTime or zoom meetings when required. She has visually seen all patients. Higher use of emails. It has not been too bad.’
- ‘It was ok. The GPs are very busy. All appointments are done by video link, because they don’t come in the home. Every resident has treatment escalation plan and we received support from NHS, they are really good. We discussed the plans with every resident and family - we discussed what they would like to happen in different situations and it has been very good.’
- ‘I’ve been emailing the GP a lot more as a few things going on, their response has been really helpful. In a few cases they have sent anticipatory medicine’





# How have care homes found access to primary care / GP support during this time and what innovations have they found useful? continued

## Links and support from other Health professionals

We heard about other healthcare staff who had been accessible and supportive during the pandemic, with community / district nursing being the most frequently praised. 11% of older people care homes specifically mentioned the 'great support they had continued to receive from community nurses.

- 'District nurses have been brilliant they have come straight out when we needed help.'
- 'District nurses they have been amazing too. Email, phone, you name it they are on it and supporting us all the way'.
- 'Outside professionals - community matron particularly - have been great.'
- 'The district nurse and someone else came to change a catheter. When they come, they come in full PPE equipment'.
- 'We lost one resident (not due to Covid and it was expected) but District Nurse called in with pain relief drugs, so it has been fine'.
- 'We have had feedback from district nurses, receiving step by step guidance on what to do with treatments, wound, dressings. We've been kept confident by the system they had in place'.
- 'We have had to access District nurses as and when, but all our staff are trained to deal with insulin and changing dressings so it is only when it has been outside our capabilities that they have come in.'
- 'Community support nurses

have not been able to visit. Some equipment has been delayed because of this which has impacted on some peoples' health'

- 'The dietician phoned in regularly... we have been telephoning for advice as and when required.'
- 'Social care manager has phoned in to do over phone assessment.'
- 'The Reiki therapist started back yesterday.'
- 'Today we had our first mental health team phone conference for a mental health assessment'.
- 'The chiropodist has also still been visiting but instead of seeing residents in their own room they have been seen in isolation so that the room can be cleaned between appointments.'
- 'Had in house chiropodist who has stopped so staff have done some basic footcare.'
- 'Keen for dental services to resume'.
- 'Rapid response team and hospital have been fantastic'.
- 'The Primary healthcare has involved phone calls with speech and language giving us guidance on things like soft diets.'
- 'When residents became unwell we had to call the Ambulance teams. The Crisis Team from the hospital who came really helped us to give good care. This also prevented admission to hospital.'

**Other benefits of online working**  
**Other positives associated with greater online working that we heard about included quicker DOLS assessments, hospital appointments**

**and good use of the 'health passport'.**

- 'Deprivation of Liberty's for example happen much more quickly, because, Care Managers don't spend so much time out of the office'
- 'One service user is very vulnerable and has been under the hospital and the hospital has rung up regularly to check up on their patient'.
- 'We did need to take 1 client to hospital but they came back early in the morning - clear of Covid, it was a great use of the Health Action Passport and Hospital passport as well.'
- 'The CCG have been involved re testing residents, the residents have to be assessed for mental capacity in reference to choice concerning Covid 19 treatment, where appropriate families have to be involved, use of video calling has been great for this'.
- 'Brilliant - because we've been doing things on zoom...referrals picked up more quickly, DoLs applications move much more quickly, as accessing and getting diagnosis from GPs'.
- 'We've had consultant calls and a couple of hospital appointments over the phone, it worked well.'
- 'Most appointments cancelled, but we did have one resident who was due to attend a COPD clinic which got cancelled on the day. It was an Annual review and they did on that phone. It was booked towards the beginning of the pandemic.'





# How have care homes found access to primary care / GP support during this time and what innovations have they found useful? continued

## The negative impacts of Video appointments

We also heard about the implications of GPs and others not being able to come out and see patients face to face. (11% of Learning Disability, 10% of Mental Health, 15% of Older People).

Care homes raised concerns about GPs not doing visits and the difficulties this presented in undertaking blood tests / urine tests. Some reported having called the ambulance service in the absence of GPs. We also heard that care home staff had been asked to complete death certificates.

- 'Its not been ideal for our client group, many have very complex needs'
- 'To be honest the GP has not been great, they closed all the surgeries. It is all done by phone now, most of the things have been done by WhatsApp and video calls. The WhatsApp video call has been better as you feel like you are not on your own. One thing I would say is that we had a death in the home, which was non Covid related, the surgery didn't come out to certify the death, I had to do it.'
- I had a stand off with a GP in the early days. We had a death early on, it was an expected death but the GP said can you verify the death! I refused to do it, I have never been trained to do it and did not want to get it wrong, all I had was an A4 sheet of paper telling me what to do. In the end the paramedics came out, they did the death verification

and supported the staff. Being as polite as possible - the GP was very disappointing, at the end of the day I am not medically trained! As carers, people are quick to class us as unskilled workers and all of a sudden they say its ok for us to verify a death!

- 'GP surgery useless, not because our residents had major health issues, but some residents have UTI and GP surgery refusing to take samples, which does not make them meet residents or staff, they just have to dip a pot and they refusing to do that.'
- 'It was kind of hard initially to get hold of GPs because they were shut/in isolation so we resorted to 111 - which is priority based, so end up having to ring 999. It is better now. access to GP ok again'
- 'Our surgery has been difficult to access, I understand given the circumstances. It's been difficult to get face to face contact and there have been times that would have been more useful than digital but I'm aware of safeguarding.'
- 'Contact with GPs has been even harder during the pandemic, GP support has been a particular issue, worse than usual, even to get a virtual call has been an issue'
- 'All of the annual reviews have been done by phone, so weight and mood checks, but they have had to verbally trust what we have said so it is a bit of a tick box exercise.'
- 'GPs have refused to come out, one client was end-of-life, nurse said she needed more medication

but GP refused to come out. We finally got medication late in the evening which didn't help because pharmacists were closed. GP refused to come out. We found this unacceptable, most other care professionals would come out e.g. district nurses, podiatrists etc'.

- I have to say it has been quite disappointing. When we have needed a GP to visit, they have been reluctant to do so, with only two visits in the last two months. We have been liaising with the other bodies that can prescribe which has been good for things like UTIs and the pharmacy has worked well too - often getting prescriptions through within 24 hours. It's just the GP surgeries we would have expected more from.'
- 'Very difficult to access, even in an emergency they refused to see patients, they asked me to call ambulance or 111 which they knew was hours to wait, not helpful at all'
- 'The GP surgery is 2 minutes away from the home. All residents are registered with one of 2 doctors there. The GP stopped coming to the home and Facetime was introduced for the rounds. It has been difficult for some residents that have problems with 2D perception'
- 'Actual access to GP support has been quicker than normal as working on no visits policy. But the follow up has been difficult. The GP chatting has been fine, but the referrals and prescriptions has taken a long time and testing has been an absolute nightmare.'



# How have care homes found access to primary care / GP support during this time and what innovations have they found useful? continued

- Increase in sending residents to hospital A&E because GP would not visit and only advice we were given by them was to phone an ambulance. This was an unnecessary visit to A&E putting pressure on them when it was unnecessary if the GP had done something local.'

We heard two stories from different older people care homes about more serious situations in which GPs had not undertaken face to face visits despite requests from care homes. In one of these situations, after a fall and a visit from the ambulance service, an elderly lady developed complications but the care home couldn't get a GP to come out and examine her. She was admitted to hospital and sadly died. In the other situation a locum attended but refused to examine a patient after he suspected Covid 19. He prescribed end of life medication, but it was a chest infection and happily the resident made a recovery.

## Prescriptions, medication and community pharmacies

Finally, we heard a fairly equal split of positive and negative feedback about issues around prescriptions, collection / delivery of medication, community pharmacies and availability of medication. (14% of Learning Disability, 10% of Mental Health, 12% of Older Peoples and 11% of Physical Disability).

- I still struggle with the Doctors surgery to get the prescriptions right. When I feed back they are just

really negative, saying everyone else has the same problem. The chemist blames the GP and the GP blames the Chemist.'

- Pharmacies are a bit argumentative. However still able to get medication needed'
- 'The situation with prescriptions has not been great, we have sent some that have not been signed by the doctors and had the wrong prescriptions sent. X in Maidstone town centre had put the wrong medications in the box! I know everyone is busy but still!'
- Communication and arranging prescriptions (we have had to fax our GPs and the prescription is often late or misplaced) has been tricky.
- 'There was a problem with prescriptions at the beginning and they were a bit muddled, however the Manager drops off the repeat prescriptions and emails them though each month, which has helped alleviate the problems. It also took a while to get a new resident put on to the same prescription cycle as everyone else but this has now been sorted out.'
- 'There have been some issues gaining prescription medicine and the hold up has been with the pharmacy'.
- 'We are having late deliveries and missing items. We then have to source the medications from other places'
- 'We are part of a village community and we have planned ahead with meds being ordered etc. and the

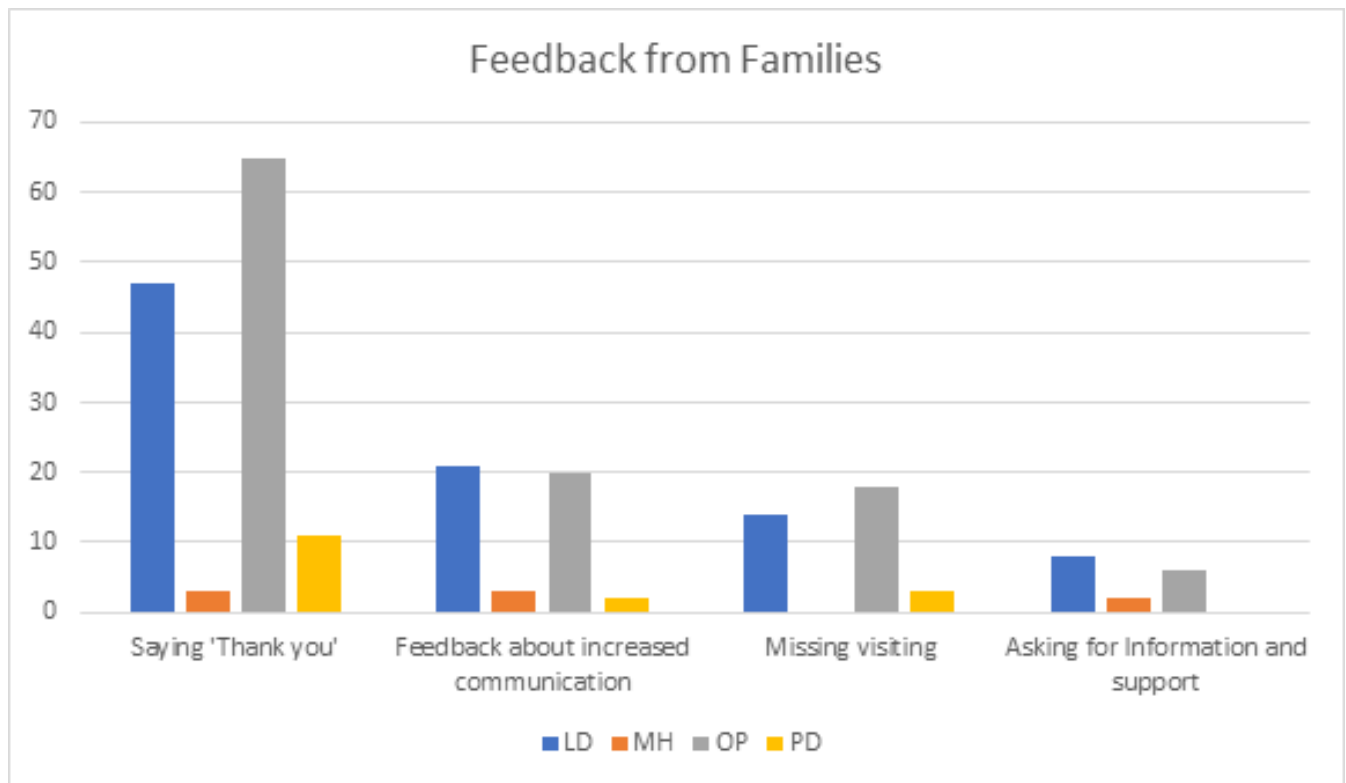
voluntary medication drivers have been great too. If we had the ability to remove the need to order meds every month and order quarterly then we'd be able to focus on supporting our residents better. A localised long-term prescription system would be great'.

- 'All the monthly medications are working fine. A member of staff drops the prescriptions at X in Sevington and they then deliver the medicines'.
- 'One resident had medication delivered from London where their clinic is held, so there was a lot of negotiation going on but it all worked well'.
- 'Medication access was good, deliveries were on time'
- 'Prescriptions have been really good, touch wood it will continue like this, I don't want to say anything more in case it changes going forward, but it is much much better now.'
- 'No problem with pharmacy deliveries, just the manufacturing of drugs. Not all drugs have been available to source, so we sometimes get a different brand.'
- 'We experienced a shortage of end of life medications and anti-emetics. As we have quite seriously ill people in the home, most of them are in their final weeks & days so it was a real worry not to have the medications we needed to keep them comfortable.'



# What are Care Homes hearing from residents and families?

57% of Learning Disability, 30% of Mental Health, 65% of Older Peoples and 85% of Physical Disability told us that of the feedback they had received from residents and families, the vast majority was positive.



## Saying 'Thank You'

Care homes from all care groups told us 'We have been really supported by the families of our residents. They have responded positively at all times and embraced the measures we have in place'. Care homes told us about receiving thanks you cards and gifts from families and they were also able to give us examples of how residents had showed their thanks for how the care home managed the pandemic.

- 'Families were generally concerned as a whole because of the pandemic but overall we have had lots of praise and support.'

- 'We've had lots of cards, letters, emails, flowers, and biscuits, including from the local community, saying we are doing an amazing job.'
- 'Praise has been directed to frontline staff especially the level of dedication throughout the pandemic especially considering they're working for minimum wage and ploughing through.'
- 'All the residents and trustees have said how well the staff have coped and supporting the children. It's been excellent.'
- 'We've had congratulations and "well dones" for how things have

been handled and keeping everyone happy. We haven't heard any concerns.'

- 'We had people on an End of Life Pathway during the height of the pandemic and received some positive comments from family members thanking them for the care and support we provided.'
- 'One of the most emotional things that happened is that we had a resident we support with mental health joining in the clap on the Thursday- they said that they wanted to join in and film it. They sent the film to his key carers to say thank-you, even with very low



# What are Care Homes hearing from residents and families? continued

- cognitive ability he was able to appreciate what had been given.'
- 'One family, early on, wanted to take their family member home. The lady refused saying "I know what they are doing to keep me safe - you can't match what they are doing. I am staying here!" and she stayed. That lady often talks about that day and keeps telling us she made the right decision to stay with us and would do the same again if asked.'
- 'The families are really happy. When we had an outbreak, they were really impressed that we managed to keep it isolated and not spread it, also that staff stayed at the home. We've had gifts of chocolates, sweets, thank you cards, cakes.'
- 'We are getting two to three thank-you cards a week. We have been sent cards, gifts and face masks (not ones you can wear at work but at home). When the relatives call they also ask how we are doing and check that we are well before asking about loved ones. We have a three day quarantine rule for birthday gifts coming into the home, so when a resident has a birthday the family sends things in three days in advance!'
- 'We have been inundated with gifts of food, Dominos Pizza have sent in food, Asda have just called asking if we would like any ice-creams, relatives have sent in chocolates. One of our families set up a just giving page to raise £100 for a staff night out for when it is all over, currently the total is £3500. We really can't believe the support, it has been overwhelming.'
- Quotes in cards from family:
  - 'I am so grateful for the way you

have organised things during the lockdown - you're amazing and marvellous'

- 'Thank you for giving time to my family, helping us meet my child through teams'
- 'Thank you for looking after my son and keeping him well'

## Feedback about increased communication

**14 learning disability and 8 older peoples care homes told us about the positive feedback they have had from families in direct reference to the increased communications with their loved ones, through video calls, newsletters, social media and letters / postcards. (26% of Learning Disability, 30% of Mental Health, 20% of Older Peoples and 15% of Physical Disability)**

- 'The families like to see the monthly newsletter with photos of things like picnics in the garden... communicating constantly has made families happy.'
- 'The families are all happy that we have increased communications with them. Some family members have asked to go back to old fashioned ways of communicating and now we send post cards and letters. We also print pictures for them.'
- '2/3 of our parents have been overwhelmed (in a good way) by all of the digital messaging - sharing videos of the residents making jelly - this has absolutely helped both residents and families cope.'
- 'Families have praised the newsletters and maintaining contact'
- 'Families are very happy, know they are safe even though they

can't be with their kids, they can still communicate via video link'

- 'Families in general are really happy to see their loved ones on Facebook seeing their happy faces, seeing them getting involved - proud of the cakes they have made and the activities they have done.'
- 'We have received lovely feedback. We send out a weekly newsletter with positive light-hearted items such as how we celebrated VE day, along with serious things like how many masks and full PPE we have. Within hours of sending it we receive nice messages from families, saying you and your team are brilliant, which staff can then read.'

## Feedback about missing visiting family

**The biggest negative impact has been the cessation of face to face visits. Care homes report that this has been felt by both residents and families, with sometimes family members requiring emotional support from care home staff. (17% of Learning Disability, 18% of Older Peoples and 23% of Physical Disability)**

- 'Residents biggest concern was not knowing what is happening. They were unable to see families, very anxious about the situation and having difficulties to understand what exactly happened'
- 'Only concern was one family member who wanted to see the resident but couldn't understand why they weren't allowed to come in. However after explaining everything the issue was resolved and they agreed that they could come to the garden to see resident'
- 'Residents struggling with



# What are Care Homes hearing from residents and families? continued

lockdown, couldn't get out like they usually do, and this was frustrating them'

- 'We are a mental health home, the only concerns we heard were from our young residents who like to go out quite often and just want to see their family. We've done video calls and telephone. Keeping them together as much as possible given the circumstances'
- 'Concerns? The constant one from families is when are you getting let us visit? One person even said that we were violating their human rights! No! I'm trying to keep them alive. At the other end of the scale we have some saying it is too soon and want us to stay closed to visits as long as possible.'
- 'Giving my mobile number to those who can do the video chat - sometimes they cry and that makes me cry. Some come to the windows - but it is more tempting for them and then sometimes upsetting.'
- 'Relatives were appreciative of being able to be with their loved one in full PPE at end of life. The care home said 'we felt that end of life was managed appropriately though not as we usually would have done it'
- 'Our residents are generally independent and can normally go out a lot and they don't understand why they can't go out now, but families have been very understanding and supportive.'

**We heard from three people with loved ones in care homes, who talked about the impact of not being able to visit their children:**

- Before Covid-19, my son, came

home every weekend. Since 16th March I have only been able to see him via messenger video calls. He does not understand social distancing so I have not been able to see him in the park during his daily walks, and I cannot visit the home to talk to him through a window since I know that if I were to go to the house he would become very distressed that I was not taking him home with me. Although I live alone, I cannot arrange to create a 'bubble' with him since he shares the house with another young man who would then be upset that he couldn't see his mother. My son has epilepsy usually triggered by a raised temperature or stress, I don't know how long it will be until it is safe for him to come home again. The separation combined with my job as a registrar of deaths has often made it very difficult for me to remain positive - I allow myself about 15 minutes each evening to have a mini meltdown, after which I can get on with what needs to be done. However the staff looking after my son have been absolutely amazing, so at least I know that he is well cared for and happy.'

- 'My son's mental health has definitely deteriorated. Also his physical health though whether this is directly involved with the situation I don't know. It is my opinion that it has been neglected in the past causing the setback now. We have both so much missed my regular fortnightly visits.'
- 'I wasn't able to see my brother but I could have talked to him or FaceTime him but he has Vascular Dementia and wouldn't have

known who he was talking to so decided to leave him as I knew he was in good hands and I got updates of how he was doing. Since I've seen him now he doesn't know he didn't see me.'

## Supporting families

**Finally a small cluster of comments from care homes across the care groups illustrated the role that care home staff had played in helping families get information about the changing situations, reassuring them and offering emotional support. (10% of Learning Disability, 20% of Mental Health, 6% of Older Peoples).**

- 'Many of the relatives visited daily and they seem to have suffered more than the residents. Because our residents have dementia, sadly they do not always remember when their loved one last visited, however, the benefit for them is that they don't realise that they haven't seen their loved one for such a long period, but this is not so for the relative, who is missing seeing their loved one.'
- 'Families are very heart broken because they cannot see each other. They do understand that we cannot do more. The clients understand once we explain, they get a bit anxious but when we show them on the TV or in the newspapers what is happening it helps them understand what is happening and why they cannot see loved ones. The clients and families are very low'.
- 'Families have been very praising and appreciative of staff contact. Several families have needed a lot of support from leadership. We have



# What are Care Homes hearing from residents and families? continued

tried to provide them with correct information by checking things out and getting back to them so there are no false promises and we're clear and concise. The parents have been on board, supportive and understand the magnitude of things.'

- 'Social distancing needed to be explained to some families and extra assurances given'
- 'Some of the families are struggling, we have a man who has been married 50 years to his wife who is a resident and he used to come in to feed his wife every day. It's quite nice for us in the sense that we don't have the visitors to manage but instead we get a whole load of phone calls and there only two phones in the building!'
- 'The families fully understand why they can't visit and have been great. Even though the restrictions are easing, because of the complex needs of our residents we are asking the parents to continue to stay away and they are respecting this decision.'
- 'Initially there were difficulties with family's that were unable to understand the lock down preventing visiting. Ringing 4 or 5 times a day for an update on their relatives was difficult for staff but it reassured the family'



## We would like to acknowledge all the dedication and hard work undertaken by staff to protect residents and maintain safe homes for the many people living in within care homes settings across Kent during this pandemic.

### We would like to give our thanks to all those care homes that took the time to talk to us and contributed to this report:

- Gardenia House
- 6a Sheerstone
- Betsy Clara Nursing Home
- Willow Tree Lodge
- The Paddock
- Shottendane Nursing Home
- Chippendale Lodge Residential Care Home
- Farm House
- Orchard House - Canterbury
- Kimberley Residential Home
- Tudor Lodge
- Camelot Lodge
- Ivy Cottage
- Church Lane
- Smock Acre
- The Haven Care Home
- Kingsley
- 5 George V Avenue
- Whiston House
- Valley House in the Vineyard Limited
- Broomfield Lodge
- Seabourne House
- Madeira Lodge Care Home
- St Winifred's Dementia Residential Care Home
- Orchard House - Ashford
- Beechcare incorporating the Peter Gidney neurological centre
- Tarrys Residential Home
- Southlands
- Treetops Residential Home
- The Vale Residential Care Home
- Fiveways
- Overcliffe house
- Tristford
- 55 Sandwich Road
- Alexander House - Dover
- The Red House Nursing Home
- Summerlands
- Grimston House Care Home
- The Goodwins
- Lyndhurst House
- Hothfield Manor Acquired Brain Injury Centre
- Grosvenor Court
- Little Glen
- The Glen
- Elliott House
- Stonebridge House
- Greenbanks
- Finn Farm Lodge
- Felbrigg House
- Lukestone Dementia Nursing Home
- Brampton Lodge
- Loose Court
- Riverlea House
- Hamilton's Residential Home
- Sandgate Manor
- Rosecroft
- Boldshaves Oast
- Beechfields
- Alison Crescent
- Dumpton Lodge
- Glover House
- Lindau Residential Home
- Hawkhurst House
- Strode Park Foundation - Redwalls
- Bradwell House
- Highfield Private Rest Home
- Whitfield
- Saxon Lodge Residential Home Limited
- Burnham
- Ashurst Park Care Home
- Bethany Lodge
- The Grange
- Villa Maria
- St Brelades
- The Hollies Rest Home
- Fairlawn RH
- Woodchurch House
- Saltwood Care centre
- gavin astor House Nursing Home
- Carlile Lodge
- Marine Parade
- Upton House
- Canterbury Adult Support Unit
- Laburnum House
- Adisham House
- Whitebirch Lodge
- Greenbanks
- St Martins
- Rosedene Residential Care Limited
- Westview
- Footprints
- Yoakley House Care Home
- Beechcare
- Favorita House Residential home
- Gresham House
- Rectory House
- Seaview
- Sovereign House
- The Hall
- Tralee Rest Home
- Lavender Fields
- Homelands
- Hevercourt
- Cumbria House Care Home
- Palm Care
- Crossways Community - 71 London Road
- Wells Lodge Nursing Home
- Chaucer House



**We would like to acknowledge all the dedication and hard work undertaken by staff to protect residents and maintain safe homes for the many people living in within care homes settings across Kent during this pandemic. Continued**

- Court lodge
- Lavenders
- The Hadlows
- Brook Lodge
- Avenues South East - 87 Westbrook Avenue
- Fountains Lodge Care Home
- cleveland house
- Roselands
- 26 Seabrook Road
- Milestone House
- Millfield House
- HF Trust - Lympne Place (High Trees and The Beeches)
- Bridge Haven
- St Heliers Hotel
- Tynwald Residential Home
- Bon Secours
- Harbour Care Home
- Emerson Grange
- Rosemary Cottage
- The Grove Residential Home
- Mont Calm Residential Home (Maidstone)
- St Claire's Care Home
- Birch House
- elizabeth House
- Byfield Court
- Brightcare
- Abbey Lodge Residential Home
- Little Court Care home
- Halden Heights Care Community
- St Margaret's Nursing Home
- Abbeyrose House
- L'Arche Kent Cana
- L'Arche Kent The Rainbow
- L'Arche Kent Faith House
- Kingston House
- Ashley House
- Rectory House
- Maple House
- Balgowan Nursing Home
- Deer Park Care Centre
- Cranmore
- Woodgate
- Welcome House - The Cedars
- Gravesham Place Integrated Care Centre
- Beach House
- The Old Downs Dementia Residential Care Home
- RNID Action on Hearing Loss Roper House
- Dale Mount
- St Peter's Care Home
- Shore Lodge Care Home
- The West Gate
- Hartley House Care Home
- Caretech Community Services (No 2) Limited
- SENSE - 163 Newington Road
- Phoenix House
- Strode Park House
- Port Regis
- Roxburgh house
- Wimbledon House Residential Care Home
- Eastry house
- Maylands
- Falconer's Court
- Kent House Residential Home
- Seven Springs - Care Home Physical Disabilities
- Sheringham House
- Kent House Residential Home
- Wombwell Hall Care Home
- St Michael's Nursing Home
- The Hollies Residential Home
- Newlands
- Highfield Private Rest Home
- Bridge House
- Copperfields Residential Home
- Kesson House Care Home
- Cosy Lodge
- Charton Manor
- Blythson Limited - 5 Ashley Avenue
- Birchwood House Rest home
- Maurice House
- Claremont Care Home
- The Old Rectory Retirement Home
- Rosewood Residential Care Home
- Weald Heights
- Cedardale Residential Home
- The Grange Care Home
- High Pines Residential Home Limited
- Ashford Lodge
- Hythe Nursing Home
- King Edward House
- Stepping Stones
- Ashingham House
- Crossways Community
- Barton Court
- Tonbridge House care Home
- Haydon-Mayer
- The Coach House
- Larchwood Grove





# Healthwatch Kent

## Healthwatch Kent is the independent voice for local people in Kent.

We gather and represent people's views about any health and social care service in Kent.

Our role is to understand what matters most to people and to use that information to influence providers and commissioners to change the way services are designed and developed.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email [info@healthwatchkent.co.uk](mailto:info@healthwatchkent.co.uk)



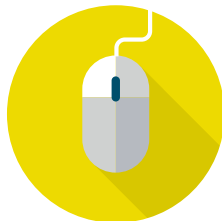
### By Telephone:

Healthwatch Kent  
Freephone 0808 801 01 02



### By Email:

[Info@healthwatchkent.co.uk](mailto:Info@healthwatchkent.co.uk)



### Online:

[www.healthwatchkent.co.uk](http://www.healthwatchkent.co.uk)

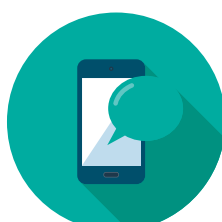


**By Post:** Write to us or fill in and send a Speak out form. **Freepost RTLG-UBZB-JUZA**  
Healthwatch Kent, Seabrooke House,  
Church Rd, Ashford TN23 1RD



### Face to Face:

Call 0808 801 01 02 to arrange a visit



### By Text:

Text us on **07525 861 639**.  
By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.



**Healthwatch Kent**

Seabrooke House, Church St. Ashford, TN23 1RD

**Tel** 0808 801 0102

**Twitter** @HealthwatchKent

**Facebook** hwkent

info@healthwatchkent.co.uk

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