



Experiences of the coronavirus pandemic (COVID-19) for staff in care homes.

Summary

Background: The Covid19 pandemic and lockdown began in March 2020 and required health and care services to rapidly adapt how they supported people and residents living in care homes who were particularly vulnerable to Covid19. In July 2020 Healthwatch Wandsworth worked with SWL CCG (Wandsworth) to develop an independent survey for care home staff to understand how well staff in care homes felt supported to care for their residents and to look after themselves during the pandemic. The results will be shared to ensure a common understanding of issues and local achievements and future support for care home staff and residents.

What we did: Healthwatch and SWL CCG (Wandsworth) emailed the survey directly to care home managers to encourage them to complete the survey anonymously. The survey could be completed online, and we offered the opportunity to phone Healthwatch Wandsworth to complete the questions over the phone.

What we were told:



Between 1st July until 27th July, **129** people responded to our survey. It is difficult to summarise the individual views of so many people, particularly given the variety of themes provided in feedback and the variation experiences between individual staff members and between care homes.

Although a good proportion of staff felt that over time they had safety measures they seemed happy with, this was not the case for all. The perceived need for mental health support for staff and residents varied as did the support available to them. Technology was recognised as an important way of coping with social distancing measures and new ways of working, but it brought additional challenges in the workload and was not consistently available across all care homes.

Findings and recommendations:



Please read our recommendations in full at the end of this report. We recommend consideration of how care home staff and residents can be supported consistently with:

- Workplace safety, effective support systems, teamwork and communication.
- Technology: making use of benefits and addressing challenges.
- Social isolation: the impact of social distancing and use of PPE.
- Mental health support for staff and residents.
- The impact on certain residents with dementia and learning disabilities.
- Information provision and communications.

Background

COVID-19, also commonly referred to as coronavirus, has had a dramatic effect on the way people conduct their lives. Since its emergence in December 2019, COVID-19 has led many people to adapt to new ways of interacting with other people. From 23rd March 2020 a state of 'lockdown' began in the UK to contain the spread of COVID-19. In early May, the UK government set out plans to ease the lockdown as it was reported that the peak of infections had passed.

Many services were paused in March as NHS England declared a level 4 incident. The pandemic has been a unique situation that led services to rapidly change the way they provide care. As the situation evolves the health and care system continue to plan services in response to the virus and in the context of wider measures to contain the virus.

Residents living in care homes are particularly vulnerable to COVID-19. In July 2020 Healthwatch Wandsworth in partnership with SWL CCG (Wandsworth) agreed to conduct an independent survey to understand how well staff in care homes felt supported to care for their residents and to look after themselves during the pandemic

The highlights of this report will be shared with care homes in Wandsworth and local health and care service decision makers to ensure a common understanding of gaps, issues and local achievements, to help shape future commissioning initiatives and to prepare for future outbreaks.

We will also share findings with national umbrella organisation Healthwatch England.

What we did

Healthwatch Wandsworth had developed general survey for Wandsworth residents to understand their experiences of health and social care during the coronavirus pandemic. At a meeting with SWL CCG (Wandsworth) about care homes, it was agreed that it would be important to understand how well staff in care homes felt supported to care for their residents and to look after themselves during the coronavirus pandemic. The organisations worked together to adapt the survey for this purpose and SWL CCG (Wandsworth) emailed the survey directly to care home managers to encourage them to complete the survey anonymously via Healthwatch Wandsworth's survey system (care home managers were prompted several times by the CCG to circulate the survey to their staff). Care home staff also had the opportunity to phone Healthwatch Wandsworth to complete the questions over the phone.

The survey was anonymous, to allow staff to share their experiences freely and ensure individual care homes would not be identified.

What we found

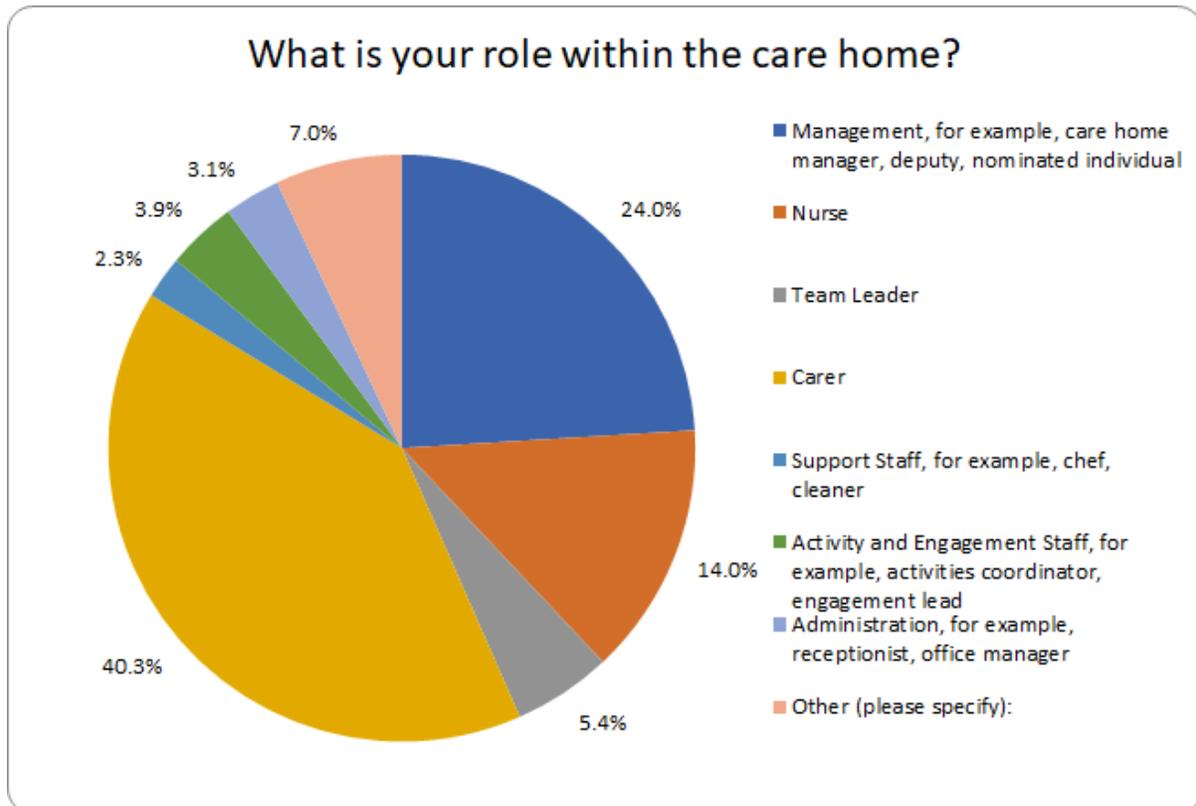
About the people we heard from

The survey was open from 1st July until 27th July. **129** people responded to our survey. This is approximately 8% of the total care home workforce in Wandsworth.

We received 28 uncomplete responses which have not been included in the following analysis. Not all respondents answered each question if they did not feel it was relevant to them.

Role within the care home:

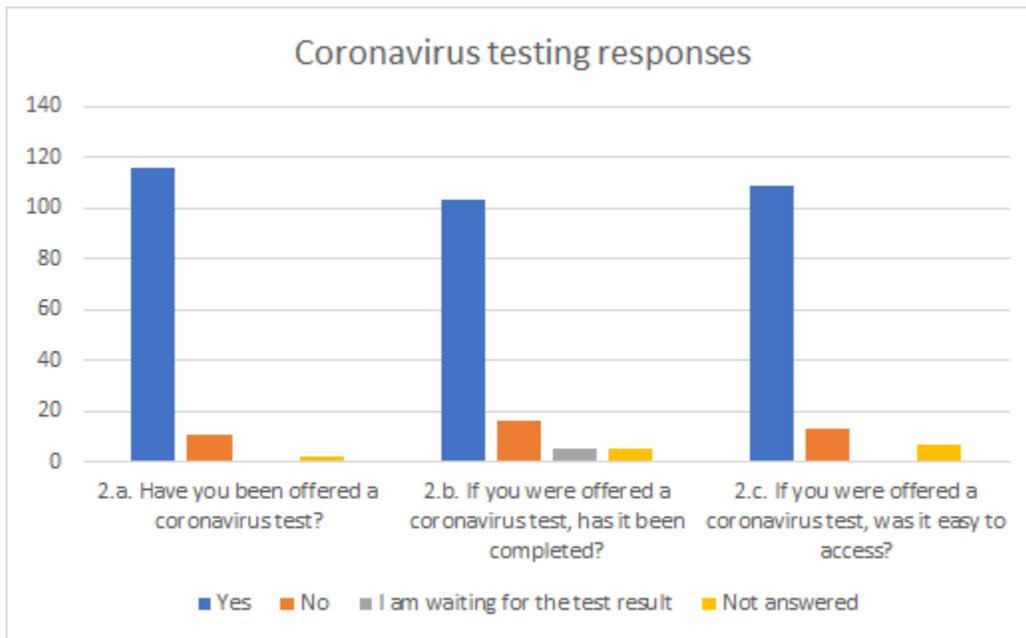
Of 129 respondents who answered this question, 52 said they were carers (40.3%), 31 were Management staff (24%) and 18 were Nurses (14%).



Roles noted as 'other' included Occupational Therapists (2), Allied Health Professional (1), Physiotherapist (1), Maintenance (1) and Support Workers (2).

Coronavirus testing

We then asked staff about their experience of Coronavirus testing. 127 of the 129 respondents answered when asked if they had received coronavirus testing. The overwhelming majority of those who answered this question said that yes, they were offered a coronavirus test (116 respondents, 91.3% of those who answered), with only 11 respondents (8.7%) saying they were not offered testing.



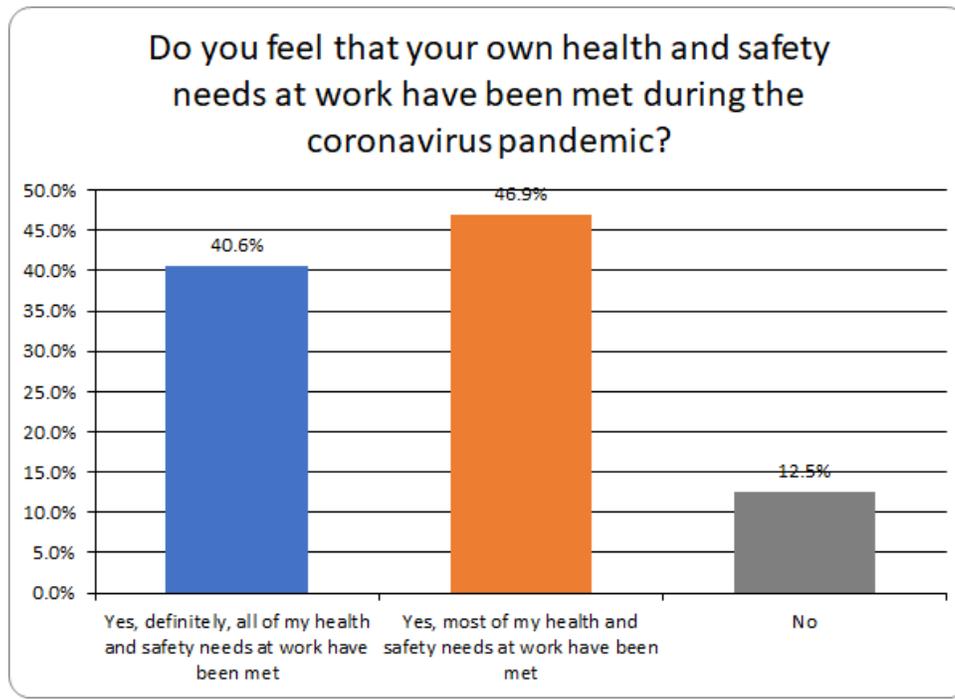
When asked if the test had been completed, 124 people answered. Most respondents (103 respondents, 83% of respondents to this question) said they had been offered and had had a completed coronavirus test. At the time of completing the survey 16 people (12.9% of those answering this question) had not had a completed coronavirus test while 5 people (4%) were awaiting their result. Note, that 11 people had said that they hadn't been offered a test in our first question, but only 5 skipped this second question about completion of the test, which may mean that they selected 'no' to this question, interpreting the answer choice to be that they had not been offered testing and it have not been completed.

When we asked people if it was easy to access a test if they had been offered one, the majority said it was easy to access a test (109 people, 89.3% of those who answered the question). The remaining respondents did not find their coronavirus test easy to access (13 people, or 10.7% of those who answered this question). Note, that 11 people had said that they hadn't been offered a test in our first question, but only 7 skipped this second question about completion of the test, which may mean that they selected 'no' to this question, possibly interpreting the answer choice that they had not been offered testing and it had not been easy to access.

The Work Environment

Health and safety needs: We asked respondents if they felt their own health and safety needs at work had been met during the coronavirus pandemic.

Of the 128 people who answered this question, 52 respondents (40.6% of those who answered this question) said all their health and safety needs had been met. However, 76 respondents (69.4%) 76%, indicated that some needs had not been met or their needs had not been met, 60 respondents (46.9% of those who answered the question) stated most of their health and safety needs had been met and 16 people (12.5%) did not believe their health and safety needs at work had been met during the coronavirus pandemic).

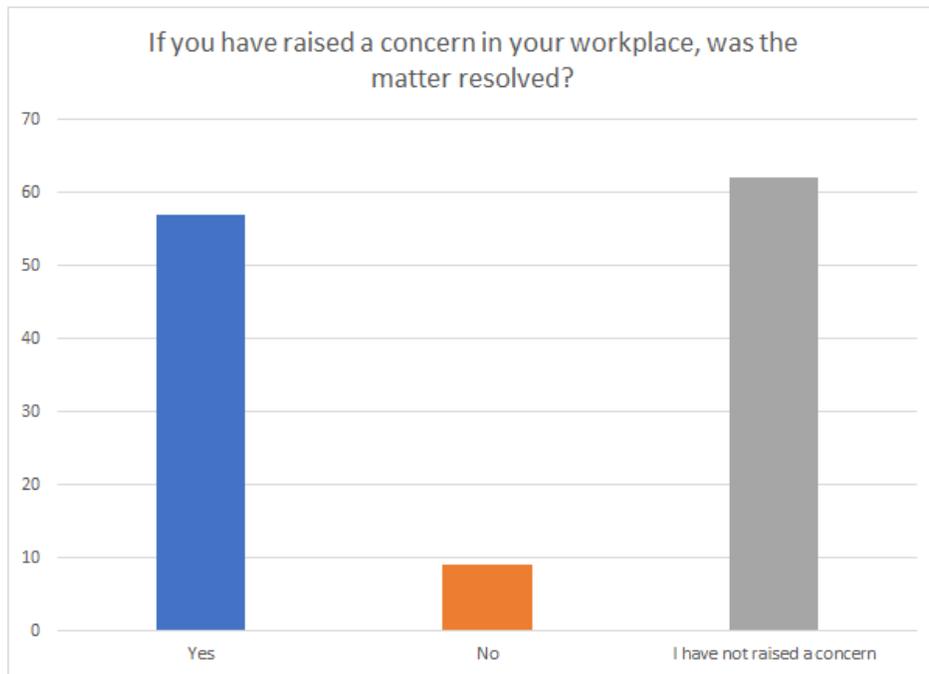


When asked if they had had any concerns about care in their workplace, 129 people responded. Of these 71 respondents (55%) had concerns about care in their workplace. The remaining 58 individuals (45%) did not express concern about care in their workplace.

128 people then responded about whether there is a person in their workplace they could speak with to raise concerns. Of these, 115 (89.8% of those who responded to this question) said they did have someone at their workplace with whom they could raise concerns. 4 respondents (3.1%) felt they did not have such a person to speak to, while 9 (7.1%) were not sure if they had someone to talk to about their concerns at the workplace.

We then asked if they knew how to report a concern about an unsafe practice outside of their workplace. 110 (85.3% of those responding to this question) believed that if they were concerned about unsafe practice, they would know how to report it outside of their workplace. 13 respondents (10.1%) were unsure if they knew how to report unsafe practice outside their workplace and a further 6 respondents (4.7%) did not know how to report unsafe practice outside their workplace.

Finally, we asked if participants had raised concerns, was the matter resolved. 128 people answered this question. Of those 62 respondents (48.4%) had not raised a concern in their workplace. 57 respondents (44.5%) raised a concern in the workplace and had the matter resolved while a further 9 respondents (7%) raised a concern without the issue being resolved.



When asked to share experiences the most common themes were:

Concerns about Personal Protective Equipment (PPE): was most common theme amongst the 31 respondents who provided a comment on their experiences concerned PPE. Most of these comments about PPE exposed worries about provision, particularly at the beginning of the outbreak.

Many respondents went on to say these PPE worries dissipated as the pandemic developed: “when we started to have enough PPE, we being quite confident to face the situation”, “fortunately we now receive PPE from the NHS portal”. Respondents noted this delayed provision “should have been looked into earlier” and “was too little too late”.

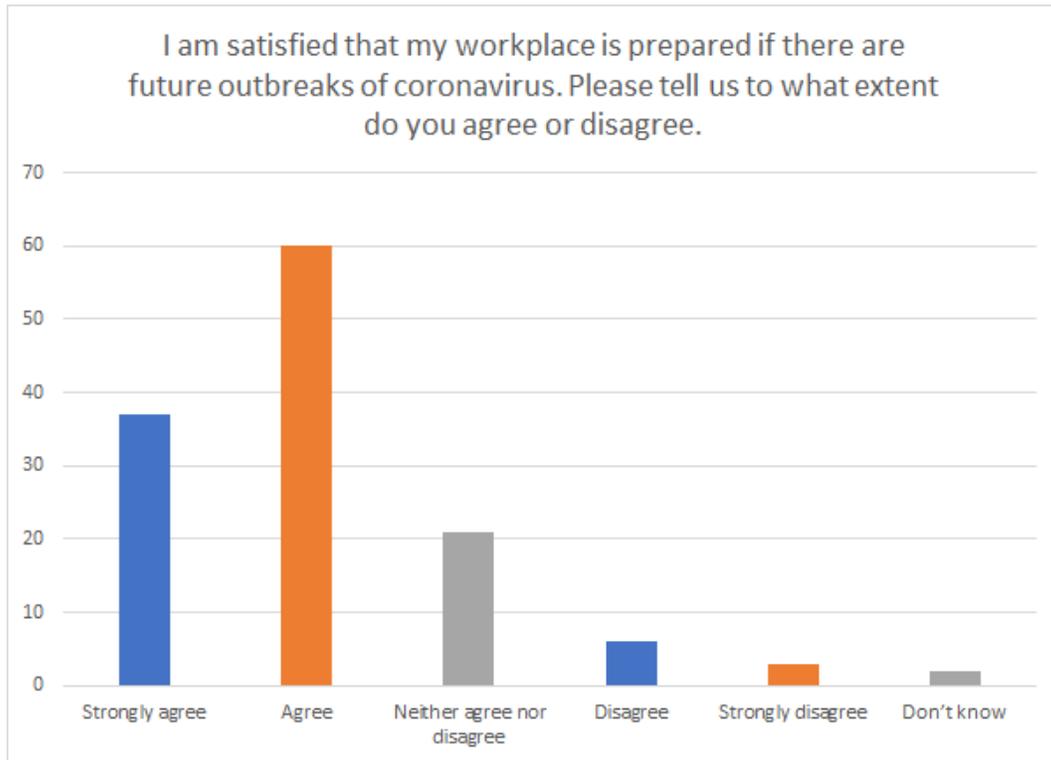
Effectiveness of support systems and teamwork in the workplace: For some it worked well. One respondent stated that “because of the teamwork of the staff everything ran smoothly”, while another said “it was the continued assurance and encouragement of the director that boosted my confidence”.

However, this theme applied to some negative comments about other issues. Some mentioned information and communication problems: “there were no proper guidelines in place but because of the teamwork of the staff everything ran smoothly”. Some found poor communication to originate from a “lack of or delays in communication between management and staff” while a manager also said they “could have done with a more coordinated response” from their organisation.

Mental health: The mental health effects of working through such an unprecedented time were mentioned. One individual highlighted the lack of adequate mental health support: “staff were concerned and needed mental health support...they were not taken much seriously”. Some highlighted how individual health worries were a source of anxiety “I was really concerned about my own health if I contracted COVID 19”, while others worried about their families’ exposure to the disease “worrying in case I get the virus then all my family would be at risk of catching it”. Further experiences of mental health support are discussed later in this report.

Future preparedness

129 responded to a question about whether they felt that their workplace is prepared if there are future outbreaks of coronavirus. Of the people who answered this question, 97 respondents (75.2% of those answering this question) said that they would be satisfied with their workplace's preparations for future outbreaks of coronavirus. On the other hand, 21 respondents (16.3%) neither agreed nor disagreed idea while a further 9 respondents (7%) explicitly disagreed.



Healthcare during the Coronavirus Pandemic

Resident's experience

Healthcare services changed during the pandemic. We asked the care home staff responding to our survey to comment on the changes to healthcare they had noticed. Below is a summary of themes from the 101 respondents who provided a comment:

Effects of Safety Measures - use of PPE and social distancing (mentioned by 78 respondents):

- **Masks** were mentioned by 14 respondents and were said to have had an impact on hearing impaired residents as they lose the ability to lip read, resulting in less effective communication. The masks also make it difficult to show positive facial expressions, which was felt to be important at a time when residents had limited visits.

“It was difficult to smile at residents or show facial emotions due to the must which would have been very hard for the residents, not being able to see family and friends”

“Wearing masks obviously has a huge impact on day to day engagement, especially for residents hard of hearing who rely on lip reading to get by.

- **Changes to residents’ routine due to social distancing and reduced social contact has impacted health and wellbeing** (55 respondents): Some respondents reported the impact of the lack of structured activities, as well as residents spending more time in their rooms. Everyday social activities such as walking, and eating were limited as residents were required to avoid contact with others.

“The withdrawal of freedom to access off floor environments and the lack of structured activities had an immense impact on the residents’ wellbeing.”

“Not much activities. No relatives visited during lockdown. Residents are very moody and not in their selves as they can’t see relatives. Video call is vital.”

“Some resident's cognition has declined due to lack of engagement, not to mention loneliness as they were actively discouraged from getting too close to other residents. Yet others felt ignored by their families and did not really believe visits were not allowed, but that their families were using that as an excuse not to come. Still others felt 'jailed' in the home. Yet some others were very grateful to be there, and said in the circumstances it was the best place for them!”

- **Impact of lack of opportunities for engagement with service providers** such as therapists, hairdressers, podiatrists, and dentists. This theme was mentioned in 19 responses.

“The level of input from some external professionals i.e., dentists, opticians, podiatrists, hairdresser, our service users looks forward to seeing some of these other professionals ad for some, they see it as pampering session and opportunity to talk to someone other than the staffing team.”

“Those who go to the salon to have their hair done, no longer go there. Instead their hair is washed by the Carers.”

- **For patients with dementia, there were positives and negatives in the reduction of social contact.** One respondent remarked that some residents with dementia felt more settled due to the lack of visitation, while others said this contributed to a decline in understanding of changes.

“Residents couldn't see their families and were very anxious. Also appeared confused because the most of them live with Dementia and they keep forgetting of what is happening”

“It is mixed, some residents with dementia are more settled because of no visitation from relatives. Some of the residents were anxious at the early stages but gradually become more accepting of it and were very appreciative of the staff supporting them.”

- **Lack of contact was described as leading residents to feelings of being imprisoned.** Family visits seemed rarely allowed which has contributed to feelings of loneliness, anxiety and general low moods.

- Respondents remarked that the use of video call technology was very important and did help residents to feel less isolated.

“Our residents had to be asked to stay in their rooms to avoid contact with others as much as possible. They have been eating in their rooms (tables were bought for those who didn't have them before) and the biggest change, in my opinion, for our residents is that they are not able to socialise with each other and go out and see friends and families. To help with this we are providing PORTAL, Skype, and other types of video calls so they can see their families and friends.”

“Regular testing was implemented, as well as the home shutting down for relatives and all visitors and a zoom as well as skype form of communication introduced to enable family see and talk to their love ones. All staff members were supplied with mask to protect themselves as well as residents.”

There were mixed responses about adaptations of healthcare services. Below is a summary of themes from 23 respondents.

- **Some respondents** acknowledged that delivery of services needed to be changed due to the pandemic and **felt that the standard of healthcare was kept up despite the challenging circumstances.**

“I must commend our GP surgery, pharmacist for excellent support and service. The adapting to online services, regular phone conversations and use of NHS email has been great. It is difficult if a medical practitioner cannot see their patient physically, but the best is being done in the circumstances we”

“We provided the same standard of health care. The changes were that we are using PPE and masks and needed to keep social distances and keeping residents in their bedrooms and couldn't have visitors or to go out.”

“Most of the resident hospital appointment were cancelled including walking in clinic appointment. However, the home benefited from the GP that visit regularly and timely responds to the concerns of our nurses with regards to the resident needs.”

- **Other respondent's comments highlighted that care was not up to its usual standard.** Respondents remarked that shortages in staff was leading to delays in care, there were reduced therapy services, and no GP home visits.

“Before the pandemic we had a GP who did home visits for the residents every week. When the pandemic started the GP is only offering telephone consultations.”

“Care was not provided as usual, because of the shortage of carer coming to work, therefore there was a delay in the way resident was given personal care.”

“There was a reduced therapy service. Physical touch was minimised due to infection control and residents were often isolated in their rooms due to infection control. This has resulted in social isolation and at times disorientation.”

“There were changes in the residents' activities and engagement and the way they are being cared for due to changes in staff allocation which meant the staffing was decreased because one to two staff has to be allocated to look after the residents placed on isolation.”

“Physical conditions which require medical assessment are being missed, as the care staff by and large have no or little medical knowledge and even UTIS are being missed.

End of life care which was instituted only during the pandemic at a very late stage after a 3-month wasting away scenario was not as good for that resident as it had been for previous ones. No doctor saw the resident during that time, and pictures taken by mobile phone and telephone discussions to the manager by the GP were a poor way of finding out what was the underlying problem in my opinion.

No blood tests or scans to check for cancer or other condition that would cause wasting, despite being fed adequately, were done and to keep away from hospital seems to have become the all-important thing as not as good for that resident as for previous ones. NO doctor physically saw the resident, as they discussed it only with the manager who also has adequate financial/admin expertise but no medical background over the phone.

Pictures sent by mobile phone is a poor way of assessing someone's condition I think.”

When asked what they thought were residents' experiences of that change, the following themes emerged.

- Some comments reported that residents were able to cope well with these changes if they received proper support (9 respondents).

“The customers have been fine with the change in healthcare support as the staff collect any new medications or follow new guidelines etc to support the customer. We are the buffer - so there is no change in that respect.”

“People supported have coped quite well with the change and have trusted staff to advocate for them.”

“They are ok with the new changes and understand the necessary safety precautions.”

“The people we support adapted and coped with all the changes very well and do not appear to have suffered physically, mentally or emotionally by the changes. They continue to surprise us all by their capacity to adapt to difficult and challenging changes.”

- There were a lot of comments that residents had quite a difficult time understanding the changes, from changes in visits to the wearing of masks at all times (24 respondents). For some this was quite demotivating or created anxiety.

“It made them anxious and most of the residents on my households didn't understand the health and safety measures.”

“All cannot understand about the virus and are missing other people and activity. Most cannot be persuaded to even go for a walk as this activity was previously linked with

social interaction in a group and maybe a meal treat at the end which was fun. Now there is no fun, just endless hours of television”

“The residents were less motivated to engage in activities and missed the social interaction with their friends.”

“Due to lockdown the residents were unable to have visitors and this was quite difficult for the residents to accept. They were unable to socialise like before or visit other residents on other floors due to infection control.”

These changes were especially difficult for residents who rely on having a set routine such as those with autism and learning disabilities. The lack in visits and missed social interactions had some residents feeling less motivated as well.

“Few residents, especially with autism struggled at the beginning as it was a big and sudden change in their routine. We keep supporting and giving them a lot of extra time and try to find ways to keep all of our residents occupied (colouring, board games, watching DVDs they like, etc.)”

“People we support have learning disability and autism and thrive on the routine of attending college and external activities. They have been supported to understand why these activities were no longer taking place and have coped exceptionally well with only a few hiccups along the way.”

- Although residents were not happy with the changes, 10 respondents commented that they understood the necessity of them and were more accepting of them over time.

“Residents have to wait for quite a while before they are cared for, however, some residents feel it is better for them to wait while making sure everyone is cared for safely.”

“Residents were not really happy of the changes, but they understood things as they were informed through letters and they have information from their families and they are aware of what is happening through television.”

“It takes time for some residents to understand the extra personal protective equipment and social distancing but after some time they get used to the changes with explanation.”

- Residents having feelings of fear and confusion due to the change were mentioned by 12 respondents, this was particularly highlighted as relevant for residents with dementia, and others.

“Residents have felt isolated from family and friends as well as staff. This is particularly noticeable with residents who have dementia. They have felt scared and disorientated which has resulted at times in behavioural changes as they have been unable to comprehend the reason why they are unable to have any physical contact with family and friends.”

“More difficult communication especially with residents with dementia”

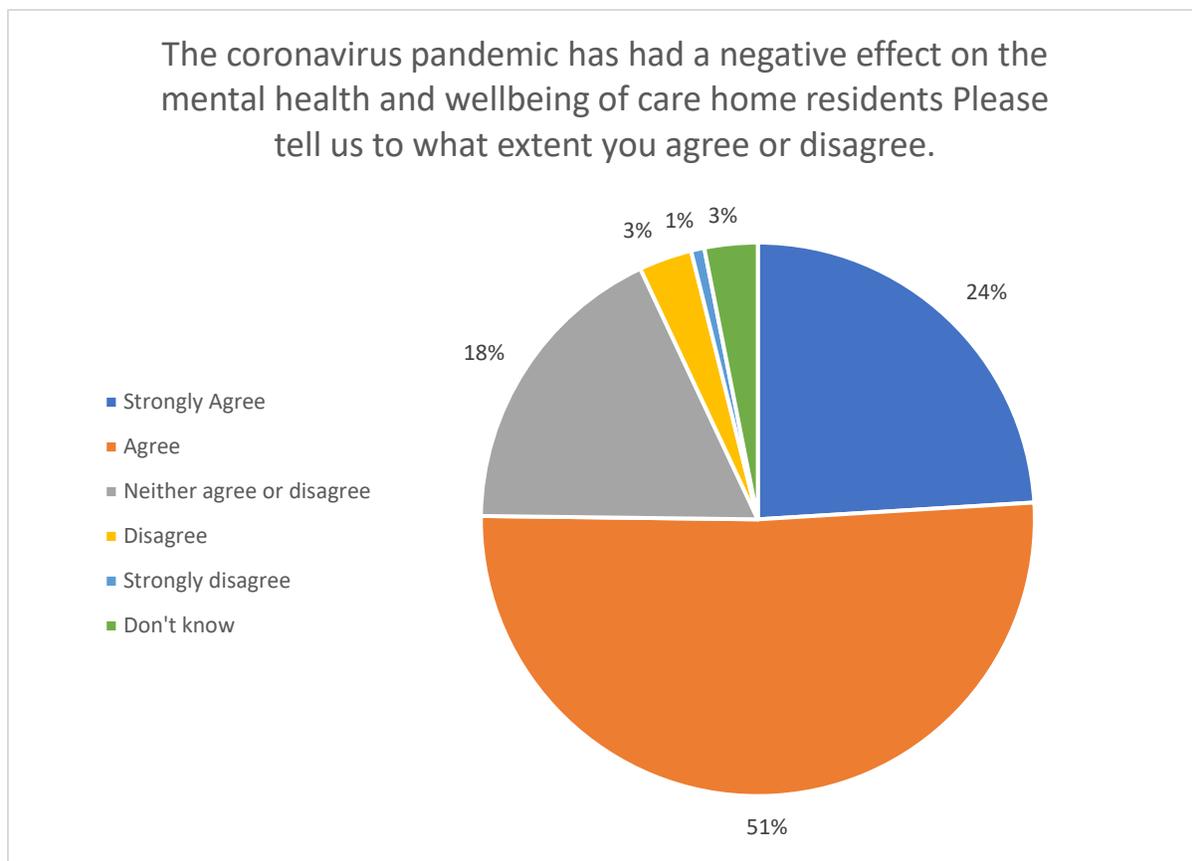
“Some resident are scared and are aggressive when greeted wearing a mask as the cannot see the carer face.”

“There was mixed feelings from service users at the care home, some thought it was their fault that the pandemic was here, some couldn’t understand why we were on lockdown, we tried to explain to some and others watched the news and some didn’t say anything, but you could see the confusion on their faces.”

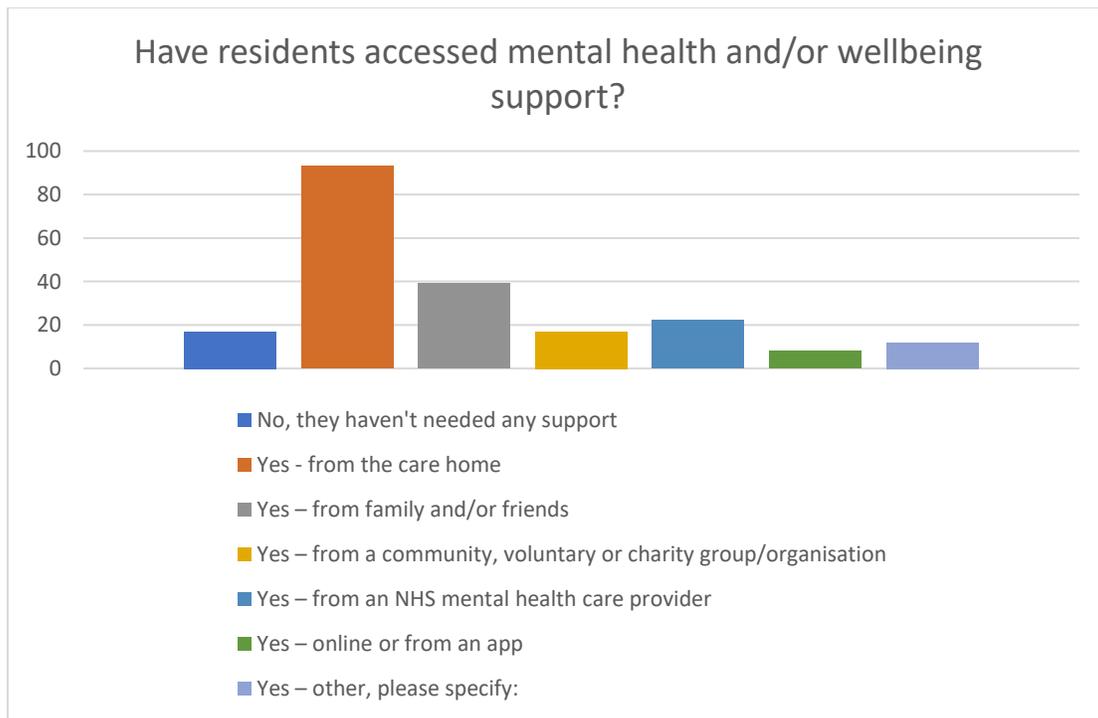
Mental Health and Wellbeing

Residents

Participants were asked to say if they agreed that the pandemic had had a negative effect on the mental health and wellbeing of care home residents. Of the 129 respondents to this question, 97 respondents (75.2% of those responding to this question) agreed that the pandemic has had a negative effect on the mental health and wellbeing of care home residents. Only a handful, 5 respondents (3.9%), disagreed with this view.



When asked if residents accessed mental health and/or wellbeing support, 107 respondents answered the question and told us where they had received support as described in the chart below.



Respondents commented that residents have accessed mental health and/or wellbeing support mainly through care home resources or from family and/or friends. Out of 107 respondents who answered this question, 16 respondents (15%) mentioned that in their experience, residents have not needed any support during this time. 3 respondents mentioned that people have phone and video call technology to stay connected with family and friends, which has helped with wellbeing.

“People have been supported to stay connected with family and friends, day centres and activities via zoom, this has helped with their wellbeing. They have not accessed formal mental health or wellbeing groups.”

“Many residents enjoyed the support of telephone befriending.”

When asked if the mental health and wellbeing services were supporting residents effectively, 124 responded. A little over half of these (68 respondents, 54.8% of those responding to this question) agreed that available mental health and wellbeing services are supporting residents effectively. However, almost a half of respondents were less positive in their responses. Almost a third (36 respondents, 29% of those who answered this question) chose a neutral option, while 12 respondents did not know if these services were providing effective support. Only 8 respondents disagreed (6.4%).

Comments on this topic included the following themes:

- **Lack of support or reduced support from outside of the care home (9 comments):** One of the main themes was that many respondents felt mental health and wellbeing support from outside of the care home, and professional support was not available during coronavirus.

“Due to lockdown, residents can’t get access to professionals”

“Until now I did not see anyone from outside that came in to give any kind of mental health support to the residents or staff”

“We have a special team for mental health support, but because they are an outside organisation, they couldn't come in. The staff has tried to provide support the best they can, and there have been online training opportunities to help with that.”

6 respondents mentioned remote support was available to their residents using various methods including telephone, WhatsApp, Skype, Facetime and Zoom. Some respondents felt that this reduced the support available:

“Information and help is available although support is often over the telephone or on-line and the face to face style of support is not available at present”

“They were not visiting the home, and unable to assess residents needs as accurately as possible.”

“I believe in certain acute situations the psychiatric team should have made a home visit. This would have been more effective and helpful to the individual than a telephone consultation. It is obviously possible as we had district nurse visiting daily.”

Two further respondents mentioned support available via the Care Home Behavior and Community Support team (BACSS).

“THE BACSS Team has been providing support for any resident that are referred and had training with staff to inform that help is available for any staff who needs it.”

“BACSS provides face to face assessments and support for residents”.

It is notable that 3 respondents highlighted barriers for residents with particular support needs to help them express mental health needs and receive support.

“There is a lot of support available to staff online, but not much support for adults with learning disabilities, who require easy read and easy to understand format.”

“It's likely boredom due to lack of activity has an effect for people who find it difficult to express how they feel.”

“Some of our clients are non-verbal and with limited capacity to explain what is going on”.

- Contact with families was important to mental health and wellbeing (3 respondents). They seemed to feel it was important for them to facilitate online contact to provide some comfort for mental health wellbeing:

“Staff is trying their best to make the residents comfortable and not feeling alone and comfortable, some of our residents see their family and talk to them through video call.”

- The impact of adjusting to the pandemic situation on mental health was highlighted by 3 respondents.

“We do not have a lot of Mental Health issues, but the residents are dealing with all kinds of new situations and anxieties that we have been as a team supporting them with on a daily basis. I believe so far on the evidence we have as a team been successful. We are learning as we go.”

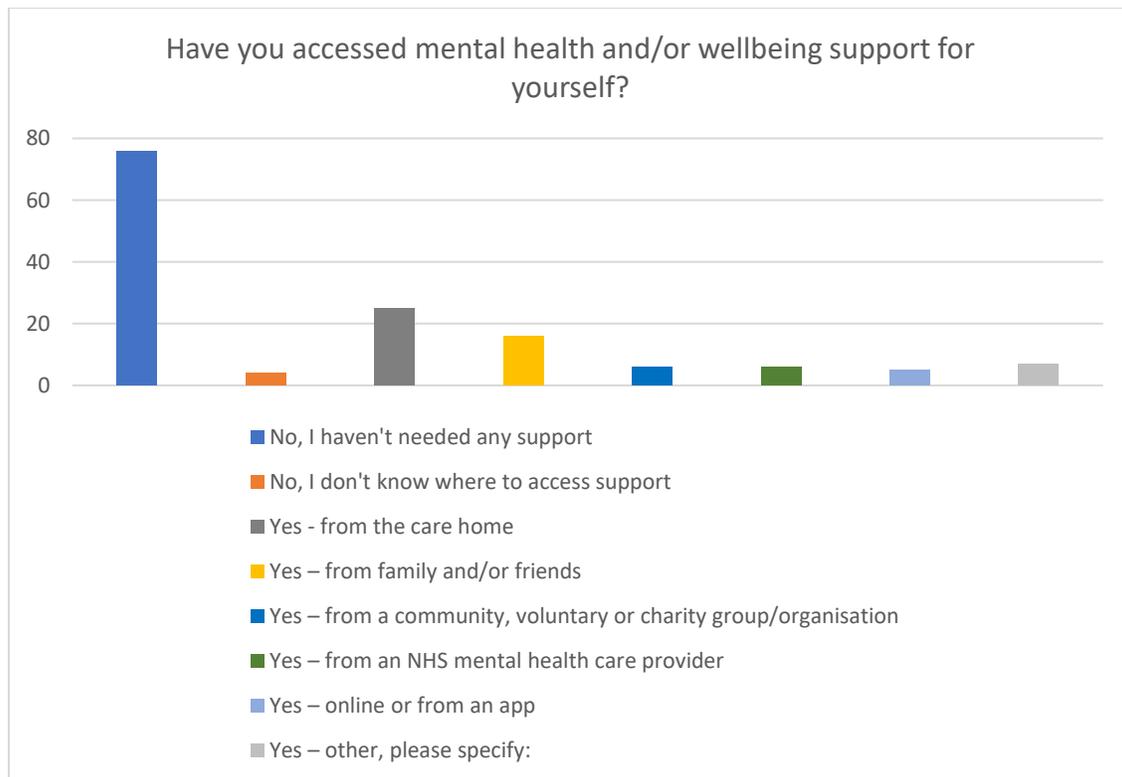
- That staff tried to support people with their mental health was highlighted by 4 respondents.

Mental Health and Wellbeing - Staff

When we asked if the staff responding to the survey had accessed mental health and/or wellbeing support for themselves, 127 respondents answered this question.

77 respondents (60.6% of those answering this question) said that they hadn't needed any mental health or wellbeing support.

Just under a fifth (25 respondents, 20%) said that they had had this kind of support from the care home and 17 respondents (13.4%) said they had got support from family and/or friends. Of those who selected 'other', two respondents mentioned online training, support from line manager, 'Employee Assist Program', 'our church' and one mentioned 'therapist assistance'. The below chart shows all of the responses.



When we asked respondents if they felt that mental health and wellbeing services had supported their needs effectively, almost half of responded commented positively saying that they 'Agreed' (33.6%, 40 respondents who answered this question) or 'Strongly Agreed' (10.9% or 13 respondents).

A smaller proportion said that they 'Disagreed' (3.4%, 4 respondents) or 'Strongly disagreed' (4.2%, 5 respondents).

Just over a third of respondents (31.1% or 37 respondents) said that they 'neither agreed nor disagreed'. The remaining respondents said that they 'don't know' (16.8%). This may indicate the lack of mental health wellbeing awareness amongst the staff surveyed. It is interesting to compare these responses with responses about stress, anxiety and fear highlighted in earlier and later questions.

Of those who left comments many said or suggested that they did not need support (10 respondents):

“I know where to go if needed.”

“Haven't needed to access, so don't know, although organisation did offer it to staff.”

“There is an offer of counselling but At present I don't need one.”

“If I need support in my work place, I am confident that it is available”

Other comments included:

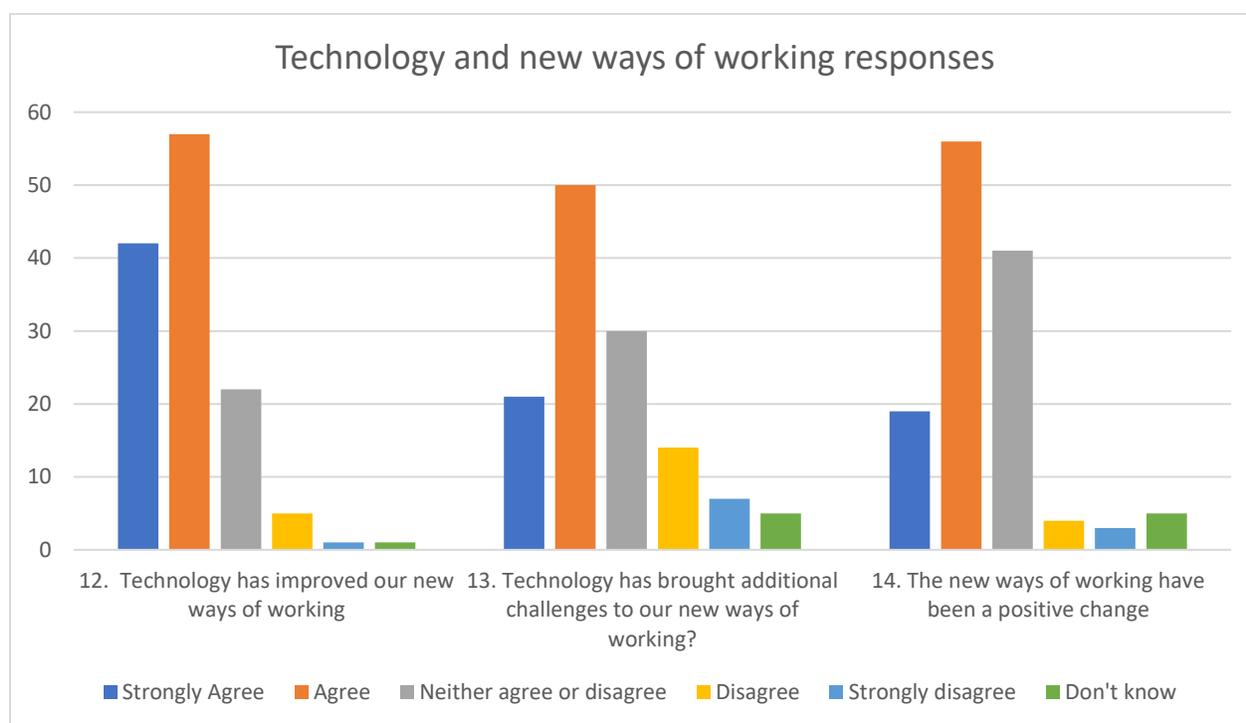
“I don't think there is such services at my workplace.”

“I received encouragement and support from family and friends including my church family who supported me with prayers.”

“Being unable to visit a G.P surgery and receive face to face support has been difficult for me; however, I am pleased with the alternative methods available.”

Technology

During the pandemic, new ways of working with technology were introduced. The graph below indicates to what extent respondents agreed with a number of statements about the role of technology in their work during the pandemic.



We then asked people to comment further.

Improvements: A total of 128 responded to the question about whether technology had improved the new ways of working in care homes during the pandemic.

Most respondents agreed that technology had improved new ways of working (99 respondents, 77.3% of those who responded, 42 respondents (32.8%) strongly agreed and a further 57 respondents (44.3%) agreed). Nearly a fifth, 16.8% (22 respondents) neither agreed nor disagreed and 4.6% disagreed that technology has improved new ways of working, a further 0.8 % strongly disagreed.

32 respondents left comments about whether technology had improved ways of working. Themes included:

- **Making connections during social distancing** (17 responses): Due to social distancing restrictions technology has enabled residents to keep in contact with family, “**due to relative not able to visit residents the use of technology was some help to prevent resident from feeling isolated and confuse why they cannot see their love ones.**” Another reiterated that technology has been a temporary solution to keep people connected “**but hardly replaces real visits**”.

There were positive sentiments from respondents on how residents have been able to “**access social and educational learning online**” and access group activities via Skype and Zoom, which inevitably has enabling residents to keep connected and offer some normally “**We use Zoom for family and friends meeting also PWS have their music therapy sessions on Zoom. Family also meet their loved ones.**”

Unfortunately, other residents appear to have missed out, due to care homes not having the most up to date technology “**Our client had trouble accessing her 305 artwork shop classes on line, our computers are very old with no camera for her to join in the online lessons.**” “**The system runs very slowly of files go missing, this can be frustrating at times.**” Whilst another respondent found a solution to a lack of technology; “**We have a tablet on loan for the customers to watch Zoom sessions from the day centers.**” Respondents also commented that “**staff teams were using their own devices to enable contact with families and friend.**”

- 4 respondents commented about technology working well in the working environment “**Microsoft teams has been effective, and I think has proven that for certain things one does not always need to be face to face. Assistive technology.**”
- In contrast a further 4 respondents did not feel technology has improved new ways of working “**At work we use handset to record our daily activities, nothing new was introduced before or after the lockdown.**”
- **Access to services:** 3 respondents shared that technology enabled people to access services such as GP.
- **Certain groups may be at a disadvantage:** A further two respondents felt that certain groups may be at a disadvantage “**Working with adults with learning difficulties will always be best hands on, in my experience**” and to those who do not have access “**If an individual is connected to the internet, they are able to access a vast array of support. Without internet access leaves individuals unsupported.**”

Challenges: We wanted to understand if using technology throughout the pandemic has brought additional challenges to respondents' new ways of working. 127 people responded to this question.

Over half of respondents, 71 or 55.9% of those answering this question, agreed that technology had brought additional challenges. 21 respondents (16.8%) strongly agreed and a further 50 respondents

(38.8%) agreed. 30 respondents (23.3%) neither agreed or disagreed, whilst 12.4% disagreed and 5.4% strongly disagreed.

26 respondents left comments about whether technology had brought challenges. Themes included:

- **Practical and challenges of adapting and learning to use technology.** 7 respondents said that there was additional time required for staff to learn how to use new technology. One responded commented that there may have been an expectation that staff have the necessary IT skills to use technology **“Individuals must be technologically experienced and be able to use computers, devices and also how to access the internet. This can be daunting and some people may still require 3rd party support.”**

A further 3 respondents commented that they are having to learn how to use the new technology whilst on the job **“adjusting to new apps, and adapting to learning how to use them.”** Another respondent commented on the additional time it takes to do tasks **“I believe that there is more time required to do tasks as a result of technology. This does take time away from completing other tasks I believe just as important.”** A further respondent commented on was the additional challenges for those members of staff who English is not there first language **“Not all care staff are comfortable with it, and it relies on the staff member having good English to get full benefit.”**

- **Positives experiences of using technology:** Some respondents thought it provided an opportunity for staff members to work from home and avoid using public transport during the pandemic **“Some people welcomed the concept of working from home rather than commuting to work on the bus and other public transport.”** In contrast not all organisations had the infrastructure to use technology **“I just feel that the organisation is a bit narrow minded - or old fashioned, because they required people who really didn't need to be present, to come to work every day instead of working remotely.”** One respondent thought technology has brought people together and enabled people to keep in contact with family **“Communicating by Zoom, Video link, Video chatting with family.”**

A further two respondents commented that it has been helpful to record and access information.

- **Technology available did not meet needs:** Four respondents went on say that the technology they currently have in the workplace does not meet their needs **“In our case the Computers and iPad/ iPhone are not adequately programmed or Mobile linked to give easy access to log information on Word, Microsoft.”** Another responded commented on the frustrations experienced and the impact on their ability to complete work **“system often breaks down, unable to complete workload.”**
- **5 respondents commented on the additional challenge of having to support residents with technology** **“trying to teach residents how to use skype independently has been very challenging!! and the demands of families also”. “Skyping and getting everyone connected takes quite a lot of time. Sometimes you can't leave the tablet with a resident so you have to stay with them the whole time.”**

Another theme was the increased demand from other professionals **“During lock down, every other professional wanted to have their assessment done over the phone for care homes which was difficult for care homes.”**

As a closing comment one respondent had not experienced an increase in the use of technology **“I don't know which technology we are talking about, but as far as I'm concerned on my floor there is not been introduced new technology to challenge the way we work.”**

Positive changes of new ways of working:

A total of 128 people responded to our question about whether they felt that the new ways of working were positive. **More than half agreed that the new ways of working during the pandemic has had a positive change on their working** (56, 43.8%) of respondents answering this question said they 'agree' and 19 respondents (14.8%) said they 'strongly agree'. A further 41 respondents (31.3%) neither agreed or disagreed. 4 respondents (3.1%) disagreed and 3 respondents (2.3%) strongly disagreed. The remaining 5 respondents (3.9%) said they don't know.

26 respondents left comments about new ways of working and themes included:

- **Positive role of technology:** 5 respondents commented about opportunities for virtual meetings and working from home and staying in contact with teams.
- **Facilitated residents' communication with family and friends:** 4 respondents commented on how technology has facilitated residents to communicate with family and friends at a much-needed time. However, one person added that human contact would be better **“meeting family in person, going out in the community is important to them.”**
- **Changes were too fast:** 2 respondents commented on how the changes that have taking place have happened perhaps too fast **“At times changes are conflicting and confusing.”**
- Another respondent suggested that for change to work effectively communication is key **“Good communication is key and all departments within the same service should stay connected, sharing information and ensuring links between service users, carers and services or departments within services are strong.”**
- **Improved interactions with residents:** 2 respondents commented on how technology has changed how they interact with residents and how they may appear calmer **“people we support appear calmer without the pressures of attending activities (or maybe staff are calmer and not rushing).”** One respondent commented that **“We have had a lot of time to do one-to-one engagement, which has been rewarding.”**

A further two respondents have commented that there has not been much change to working accept from increased hygiene measures and social distancing, **“People have been more aware of their hygiene needs and the need to isolating in order to avoid spreading the infection.”**

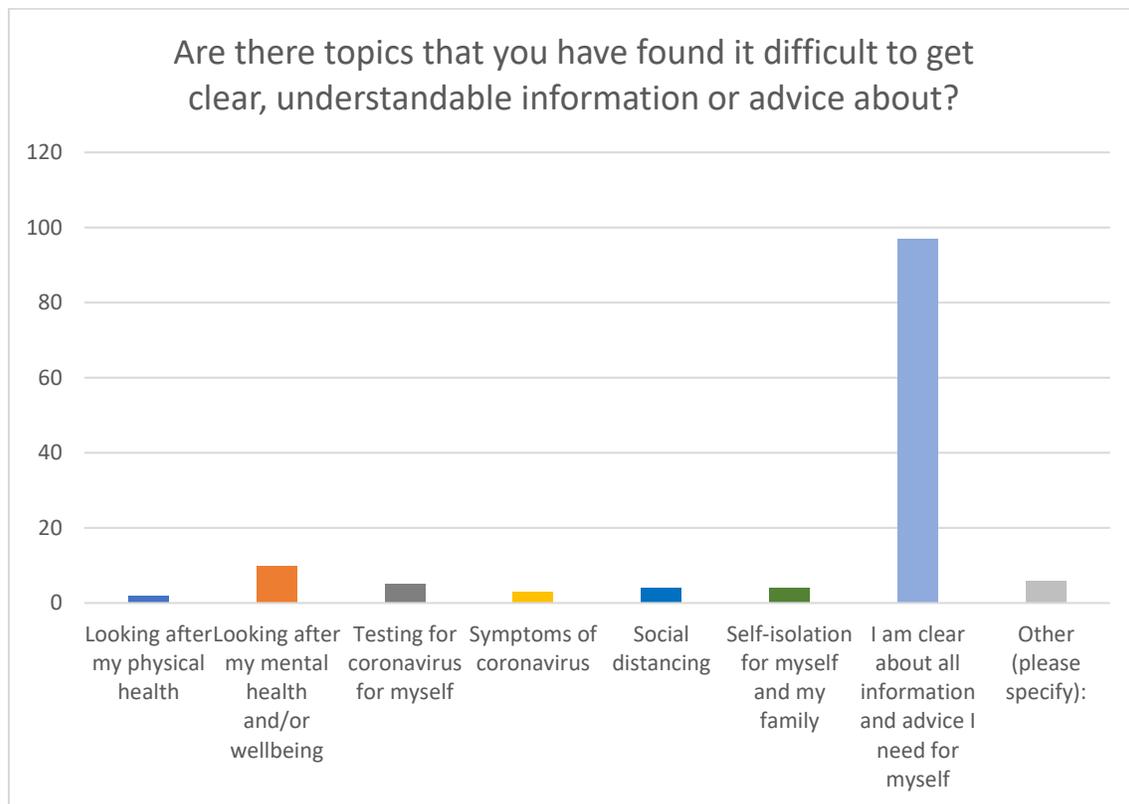
Information and advice

When we asked if there was anything people found it difficult to get clear, understandable information or advice about.

Information staff needed for themselves: Of the 117 people who responded to this question, the majority (97 respondents, 82.9% of those responding to the question) said ‘I am clear about all information and advice I need for myself’.

However, some said that they found getting information about looking after mental health/mental health wellbeing difficult. The chart below shows all results.

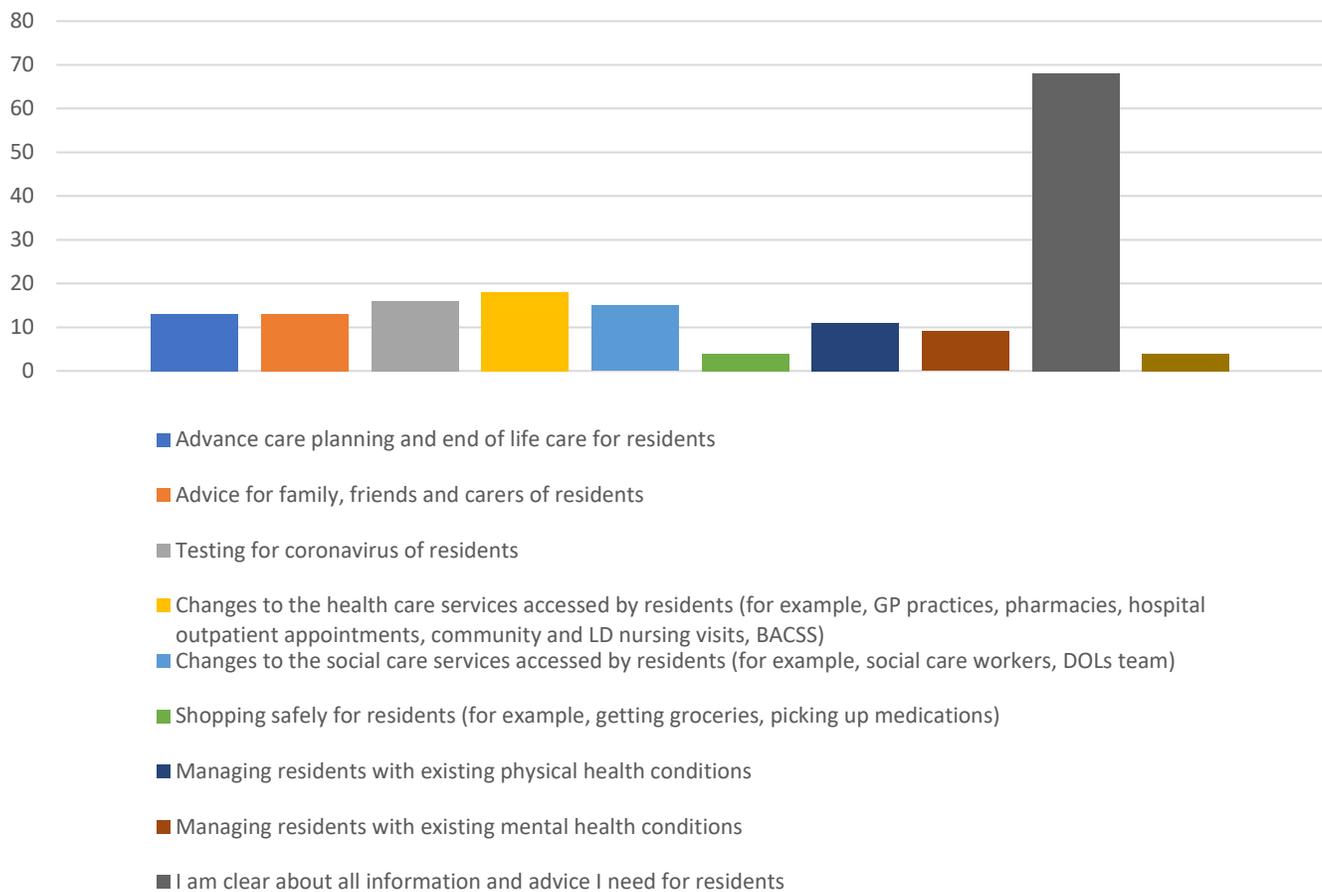
Of the 4 respondents who selected ‘other’, comments included “**anti-body test sounds a bit vague**”, “**Travelling to and from work**” and another talked about contradictions and lack of clarity in government and Public Health England Advice.



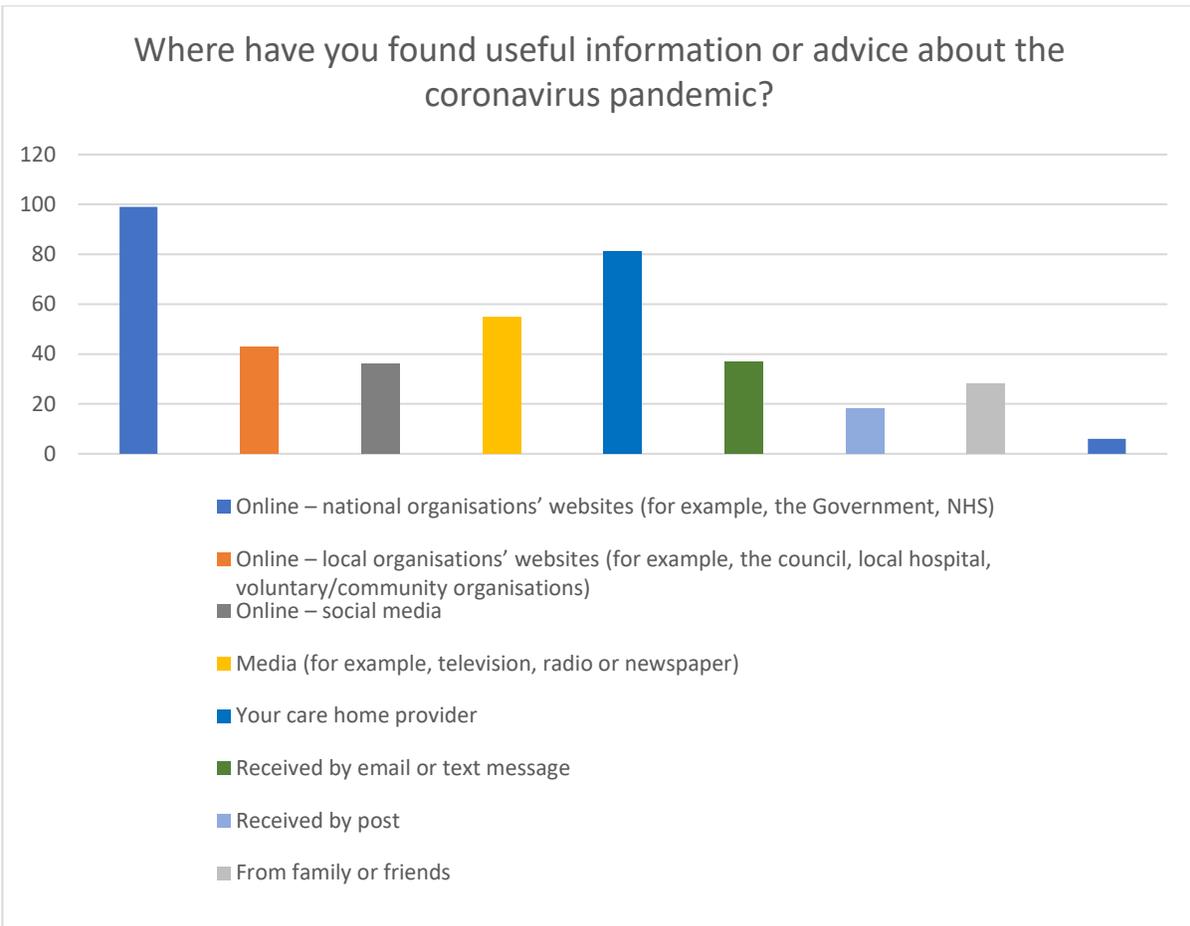
Information for residents: We then asked respondents about information for residents. Of the 107 people who answered this question, just under half (68 respondents, 63.6%) said ‘I am clear about all information and advice I need for residents.’

The chart below demonstrates **topics most often selected as those difficult to find information about**. There were no specific responses of those who selected ‘other’ as they commented that it was not applicable, and one person said they had ‘information overload’.

Are there topics that you have found it difficult to get clear, understandable information or advice about for residents?



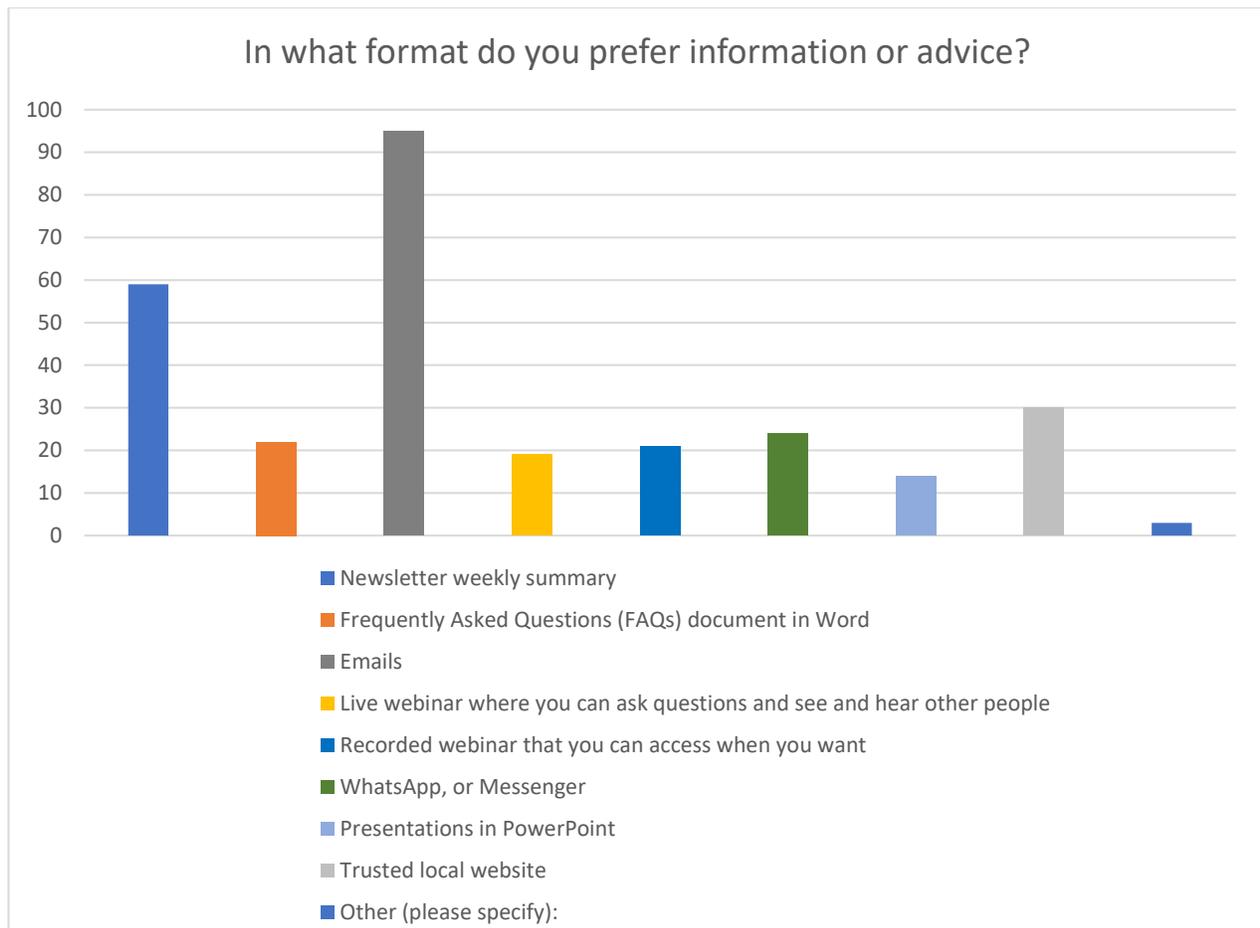
To understand how information and advice had been most effectively communicated during the pandemic we asked people about the **sources of information they found most useful** and 117 people responded to this question, selecting more than one option. Most people (99 respondents, 86.4% of those responding to this question) reported that they had found information on the websites of national organisations. The care home provider was mentioned by 81 respondents (69.2%). The chart below shows the results for all options chosen and the variety of information sources people found useful.



Of those who selected 'other', information and advice sources included **“professional body, Unison”**, operations meetings at work, World Health Organisation, **“world news and scientific fact”**.

Preferred format of information: We asked people what their preferred format of information and advice would be, asking them to select more than one if applicable. The chart below demonstrates responses from 122 people who completed this question. People who specified 'other' mentioned **“information from qualified clinicians”** and **“daily meeting with staff and World Health Organisation & NHS England/Scotland/Wales”**.

Most people felt that emails were their preferred way to receive information and advice. A weekly summary and trusted local website were also popular.



We then asked about how residents had to change the way they communicate with families, friends or carers. 87 people answered this question and the following themes were highlighted:

- Use of online technology** (45 responses): including Facetime, a Facebook portal, Skype, WhatsApp, Zoom, staff emailing updates. Comments highlighted that this required support from staff, and it was initially difficult, but many got used to it and began to look forward to the video calls.

“Residents were still able to engage with their loved ones around the world via these apps and it made them still connected.”

“It has been very distressing to family member and confused what is going on but when they speak to family on Skype or Facetime they are over the moon.”
- Some highlighted that it was not as useful for everyone:

“It is not everyone to it works for. An example is a resident with dementia might struggle to focus or recognise their relative when using this media. This may have impact in their emotional wellbeing by not seeing their families regularly like they used to.”

“Residents have had to communicate via technology, the impact has been for those residents who are hard of, vision impairment and dementia.”
- Use of **phone calls** was mentioned in 13 comments.

“Meeting with families and friends had been difficult, only through phone.”

- Another person mentioned that they had done postcard projects and befriending phone calls, which they really appreciate.
- That residents **did not understand or were confused** about changes was mentioned in 9 comments.

“Some customers have Face-timed their family, which seems to be both a good experience and upsetting one. Due to them not fully understanding as to why they are not visiting.”

“There is an expression of sadness on the faces of the service users when they cant understand why there is no touching of their loved ones allowed and uncertainty of having to wear a mask.”

“Some have learning disabilities so not easy to understand why all these are happening which leads to confusion.”

- **Social isolation, missing physical contact and presence of friends and family:** was described in 26 comments. Respondents said that they observed residents experiencing, loneliness and feeling down, and increased anxiety. Some residents had to isolate in their rooms.

“Not able to see and have physical contact with families caused residents to withdraw and become worried, depressed, losing weight and general deterioration in well-being.”

“Residents have had to use online means to see family, skype, etc., and this has proved at times challenging (at least to start with) for some of the older (80+) residents. However, there's no getting away from the fact that many miss physical contact.”

“This was particularly difficult when residents are at the end of their lives and they`re unable to have their nearest and dearest with them to offer support and comfort. Residents are lonely and may feel jealous of others who get regular phone calls they feel a bit abandoned.”

- Some comments highlighted that in some cases visits from family and friends had been able to happen and one person said “**some were able to see families threw their bedroom windows which helped a lot**” and another said “**they are able to meet their family and friends in the garden**”.
- Masks as problematic for communication was mentioned by 4 people.

“**Wearing masks: because some of the residents can understand what the communicator is saying through lip reading so the mask has now become a barrier in communication.**”

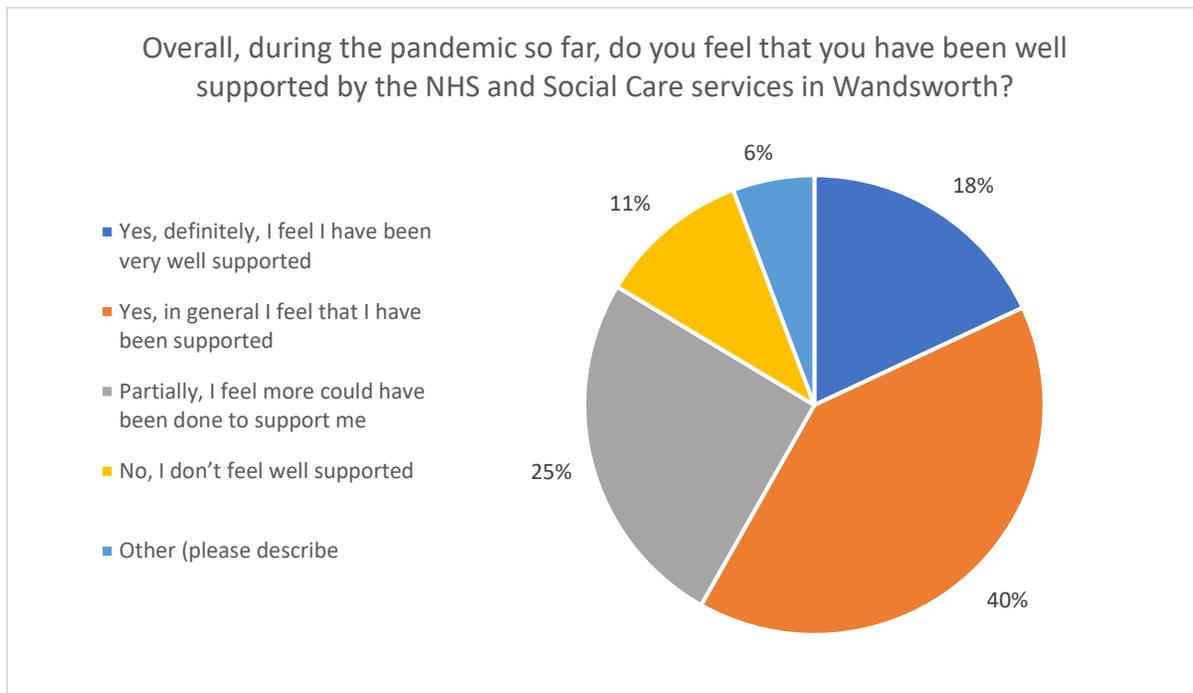
“**Difficult for residents to see carer's facial expression or to hear them, as they wear a mask.**”

“**Difficult communication with the mask on, especially with the residents with dementia.**”
 “**We have had a client who is deaf and has had issues with staff wearing masks, we have worn shields instead to help.**”

Overall

Finally, we asked respondents if, so far during the pandemic, they felt they had been well supported by the NHS and Social Care services in Wandsworth?

Of the 122 people responded to this question, **more than half felt that they were supported**. 22 respondents (18% of those who answered this question said they ‘definitely’ felt that they were supported well by the NHS and Social Care services in Wandsworth and 49 respondents 40.2% thought ‘in general’ they were supported). However, in contrast **over a third of people felt they could have had more support**. 31 respondents (25.4%) felt they were partially supported, but felt more support could have been given, and 13 (10.9%) did not feel that they were supported. A further 7 people did not respond. The results are demonstrated in the graph below.



Comments were left by 5 respondents. One person felt that they were supported by their employer but that they felt **“NHS and Social Care services abandoned care homes. Care homes were sacrificed for the NHS rather than being part of the solution.”** A further 4 respondents commented that they did not need any support, or it did not apply to them.

Anything else

Respondents were given the opportunity to add any other comments with us about the support they have received, the support services in their care home, their experiences in the pandemic, or anything else that they would have liked to have been done differently, 50 respondents left comments and themes included:

- **PPE (8 respondents):** This appeared to be a concern at the height of the pandemic. 3 respondents thought **“The information from NHS/Government in regards to PPE”** was disappointing or unclear. One respondent commented that **“PPE should have been available from the start of the Pandemic.”** Whilst another commented on PPE advice and the discharge process of patients into care homes **“Face masks should have been worn form**

day 1 for all staff, not just care staff, took the organisation weeks to make it compulsory across the board. Untested elderly patients discharged from hospital back into care homes was criminal.”

“I had to fight to be able to wear PPE working with residents without showing Covid-19 symptoms however unable to social distance.”

“I feel that we were abandoned to demonstrate that the NHS could survive the pandemic at the cost of the most vulnerable in society. Health and social care should be working together rather than in opposition. Social care is needed to support the NHS - the NHS cannot survive without it and therefore more resources need to be given to this area.”

A further respondent commented they now have sufficient PPE and information “At the moment all PPE are available and information.”

- **Covid-19 testing:** 6 respondents commented on the lack of testing “Lack of testing, then and now! We in the care sector should have been one of the priorities for testing, and we (staff and residents) should be tested weekly on an ongoing basis” and a late response and conflicting information from Government “many lives were lost in the process leaving career worried about their own families lives and health causing pressure on staff that worked through the peak times of the pandemic.” A further respondent commented on lack of testing on residents being admitted to care homes “At the start of the pandemic I was very concerned when I heard the care home had to admit new residents with Covid - but no testing was offered to residents or staff for 2 months.” One responded commented that although it took has taken time to receive testing it is now in place “though we had to wait for the test for a long time but I was happy with the help I received.”
- **Variation in support offered to staff between different care homes (9 respondents):** 6 respondents commented that they had felt appreciated and supported “Weekly thank you boosting gifts from board of trustee, my manager acknowledging my worries and fear. Confidential phone support and Weekly swab for staff and monthly swab for residents to monitor spread of the virus for early intervention.” “My care home has given very good support by providing transportation, and other protective equipment.”

Whist two respondents commented on external support from GP and external wellbeing provider “Weekly phone calls have been supportive. The person calling always has time and understands that there is a need to talk things through and understands the challenges, having that familiar person has built up a knowledge of our service and also myself, and staff who take the call.”

A further 5 respondents had not felt supported and communication from their care home was lacking.

“Our Managers could have been more visual during and at the start of Lockdown. Talking and sharing concerns would have eased the anxiety of staff and improved and promoted team moral and top up/down spirit - shown a duty of care to All PWS and Staff. Moving forward. Improvements have begun hopefully the sky's the limit in keeping everyone talking and informed throughout the service.”

“I was disappointed to experience miss-communication and lack of information along with poor judgement at times from managers who were not actively in the building (working from home). Although each occasion, issues were dealt with and strategy implemented to ensure the problem does not recur; I felt that I was left vulnerable and unsupported when situations arose.”

“I think more should have been done to support staff who were at risk (not only those over 70 or identified as vulnerable) and that we should have acted faster with implement masks and PPE - not waiting for the government to tell us to wear masks.”

“I felt that my workplace were primarily interesting in covering their due diligence rather than supporting me.”

- **A difference between incentives or support provided to NHS staff and care home staff:** “Care staff don't have NHS badge and was not able to buy food or access discounts because not NHS proved. No discount for travel by taxi different for NHS.”

4 respondents commented on receiving support from other organisations

“We enjoyed tremendous support from our local support group League of Friends, faith groups in the locality, local businesses, pupils from local schools, relatives of our previous residents, residents relatives, who offered toiletries, snacks, furniture's, PPEs, tablets to support e-communication, letters form pupils, local Radio station who covered our story.”

“We got support from different companies, British armies and our own organisations.”

“Wandsworth CCG have supported us when we have requested for their help.”

- **Support between teams and teamwork:** A further 4 respondents commented on internal teams and management working more closely and support from colleagues “I feel like this situation has brought all of the staff together.”
- **Fear of being at work (4 respondents):** One respondent commented on travelling to work as being stressful and feeling unsafe “There could be more patrolling around busses and trains, because travelling by public transport has been quite stressful.” An additional respondent commented on feeling fearful for own health and families during the pandemic “During the lockdown we were scared, no one wanted to come to work, for those like myself who stayed to help residents day in day out we had no support with extra PPE needed (masks, uniforms) anything to protect me and my family for the first three weeks before we get one mask a day which was changed to four masks a day recently, we feel let down by the council and there was no consideration about our families.” A further respondent comments on feeling scared on the outcome on employment and safety measures “Some carers were put on Furlow for their own safety and protection. There was a feeling of fear and restlessness felt during the pandemic but was overcome with assurance and new measures.”

There were also a few comments that didn't fall under a theme including, praise for the 'selflessness' of carers who 'stepped up to the challenge' and praise for key workers, lack of access to activities and services and one person who was new to the role was not aware of what the workplace was like before the pandemic but felt sage at work and in the community.

Findings, recommendations and next steps

1. Workplace safety and support

Although many felt all of their health and safety needs were met, about 60% felt these needs were not all met. The importance of availability of PPE, testing and support from management were commented on throughout the survey.

We also heard positive news that the majority felt that they were prepared for the future and that they could raise concerns.

Recommendation: the provision of PPE, testing and more has evolved and improved over time, but continued planning, monitoring and review of safety support to staff across the system will be essential, as is ensuring staff ability to raise concerns.

2. Effectiveness of support systems, teamwork and communication

We heard positive examples of where teams had worked well together, and communication had been effective. However, there were also comments that suggested this was not the case for everyone. Moreover, a number of people felt that support to care home staff was not as good as that for NHS staff.

Recommendations: review how care staff can be supported through cross system partnership and support. Review whether incentives and benefits experienced by NHS staff can be extended to care staff.

3. Technology: making use of benefits and addressing challenges

Technology had brought some benefits, particularly to work around social distancing measures. However, it added additional challenges for staff and residents who needed to learn how to use it. Some did not have too many problems; others did not have access to the technology or struggled to use it. There were several comments about how staff time was needed to support use of technology.

Moreover, the limitations of technology compared to face to face interaction with friends and relatives and health and care support were raised by respondents.

Recommendation: Consider technology support to ensure care home staff and residents have access to technology. Training and support will also be needed.

Recommendation: Consider if and how face to face or other methods of interaction to improve access to services can be introduced safely and how good practice can be shared, as appropriate to manage the risk of Covid-19 as this risk changes and evolves.

4. Social isolation: the impact of social distancing and use of PPE

There were a variety of approaches to keep residents in touch with each other, friends and families, carers and other services. Many described that contact had reduced, had changed and that residents missed the usual methods of communications. Use of masks was reducing the effectiveness of communication and contact.

Most agreed that technology proved useful, where available, but many felt it was less effective than 'in person' visits from friends and family and professional support. Some shared examples of trying to accommodate socially distanced face to face visits.

Recommendation: consider supporting sharing of good practice or collaboration in ways of tackling social isolation. As above, technology resource should also be considered.

5. Mental health support for staff and residents

Although many respondents reported they had not needed mental health support or they had managed to get support within the care home environment or from friends, there were a lot of comments about stress, fear and anxiety that suggested a need for mental health support for staff. Staff also reported trying to support residents' mental health and wellbeing, who were often described as depressed and down.

Social distancing may have limited support available from services outside of the care home for many.

Recommendation: Provide and raise awareness of support available from outside the care home environment if formal support is needed, as well support for staff and residents with mental health wellbeing skills and resilience.

5. The impact on certain residents with dementia and learning disabilities.

Some respondents highlighted that the above themes had more of an impact on residents with learning disabilities, who experienced greater barriers to communication and engaging with technology, as well as reduced social contact.

Recommendation: consider targeted support resources for those with dementia and learning disability, or 'Covid-safe' methods of providing support if technical solutions and general social distancing measures limit support for their needs.

6. Information provision and communications

Many respondents reported being able to find information needed. However, some suggested that it would be useful to have more information about access to services and some mentioned an overload of information. Responses suggested staff would prefer short/succinct communication to them via email or WhatsApp.

Recommendation: Consider how communication can be streamlined and/or coordinated across the system to ensure information is provided rapidly, concisely and is easy to access.