healthwatch Lancashire

As I see it

Talking to Care Home Managers

February 2021

In February 2020 Healthwatch Lancashire (HWL) undertook a qualitative and consultative project with the aim of finding out directly from Care Home managers' perspective the issues that the local social care economy was experiencing.

The ongoing project entitled 'As I See it' capitalises on the positive relationships that HWL has established with the local social care economy including statutory services, and the information gathered during the project has informed the framework of this report.

By March 2020 the local social care landscape had been severely impacted by Covid19, and this became the focus of all our discussions with Care Home managers. HWL continued to consult with Care Home managers as the 'second wave' approached but took a decision to develop a first report in direct response to the publication of the Amnesty international report of October 2020 (As If Expendable). *

The HWL team felt it was important and contemporaneous to compare and contrast the findings of the Amnesty international UK wide report with the experiences of Care Home managers at a local level. It was an opportunity to demonstrate alignment between the experiences in Lancashire and what was being reported nationally. As such this first report covers the period from March 2020 until 4th November 2020 when the second national 'lockdown' was imposed.

In particular, the Amnesty International Report highlights the following points

- Mass discharges from hospital into care homes of patients infected or possibly infected with COVID-19 and advice that "negative tests are not required prior to transfers / admissions into the care home".
- Advice to care homes that "no personal protective equipment (PPE) is required if the worker and the resident are not symptomatic," and a failure to ensure adequate provisions of PPE to care homes.
- A failure to assess care homes' capability to cope with and isolate infected or possibly infected patients discharged from hospitals, and failure to put in place adequate emergency mechanisms to help care homes respond to additional needs and diminished resources.
- A failure to ensure regular testing of Care Home workers and residents.
- Imposition of blanket Do Not Attempt Resuscitation (DNAR) orders on residents of many care homes around the country and restrictions on residents' access to hospital.
- Suspension of regular oversight procedures for care homes by the statutory regulating body, the Care Quality Commission (CQC), and the Local Government and Social Care Ombudsman.

*__As If Expendable: the UK Government's failure to protect older people in care homes during the covid-19 pandemic__
(Amnesty International 4/10/2020)

Introduction

The project started in February 2020 with desk top research and the development of a broad framework for the conversations. This report was then informed by a series of telephone calls, which mainly took place between August 2020 and November 2020, with twenty-two Care Home managers in the Lancashire area. One visit was conducted on a face to face basis.

Healthwatch Lancashire also used extracts gathered from a previous online survey, **The experiences of Care Home staff during the Covid19 pandemic** (HWL June 2020) in respect of manager responses only:

Telephone contact was made on an ad hoc basis and the interaction was entirely led by the Care Home managers to ensure the agenda was directed by them. Respondents received our calls positively and were cooperative and transparent. Respondents told us, "staff don't want to complete surveys they want to talk to someone, "to vent."

Many respondents did not want their Care Home or themselves to be identified. Therefore, all the recorded responses have been anonymised.

However, one respondent told us, "I am glad that you (HWL) are recording the experiences of Care Home managers, we want people to know how difficult it is".

The HWL report differs from the Amnesty International report in that it also considers the impact on the mental health of care workers locally. Similarly, the report explores the positive effects of local community support throughout the epidemic.

However, there appears to be a remarkable consistency between the accounts of care staff nationally and the care managers in Lancashire.

In other aspects this report mirrors that of the Amnesty International report in terms of the main issues identified by Care Home managers in the Lancashire area.

Acknowledgements

Healthwatch Lancashire would like to thank the Care Home managers of Lancashire who gave their valuable time to be part of this project.

Thank you also to the HWL volunteers and medical students on placement from The University of Central Lancashire who contributed to gathering responses for the report.

Michele Chapman, author
Healthwatch Lancashire,

Methodology

Each conversation covered all or some of these themes

Key themes

Theme:
Discharge of patients from hospitals into care homes

“On 17 March 2020 NHS England announced the decision to urgently discharge patients, including those who were infected or who may have been infected with COVID-19, from hospitals into Care Homes and the community. This was among the most crucial decisions that adversely affected Care Homes across the country.”

Amnesty International,
As If Expendable, October 2020 – p18

The respondent Care Home managers in Lancashire gave us contradictory views as to their experiences; with some stating that they, "were not put under any pressure" to accept untested patients from hospital, whereas others reported being met with "aggression" and "threats" from hospital staff.

Indeed, some managers appeared to highlight a significant breakdown in the communication between health and social care citing their relationship with NHS hospital staff as "difficult" or "terrible."

Furthermore, the problem was not localised but apparent across the Lancashire area

"Our biggest problem by far has been around hospital discharge. We have historically had the problems of notes missing and medication issues but certainly at the beginning of Covid19 the hospital ward staff were very aggressive and threatened a Safeguarding because we would not admit a new resident without a COVID19 test result."

Similarly, "I have had a difficult relationship with the hospital and I don't trust them. They tried to discharge a patient who they said was negative but waiting confirmation of his test. I said I wouldn't take him until his test was confirmed and the ward sister was aggressive and shouted at me. It turned out he did have Covid19 and he was sent elsewhere. I raised this as a Safeguarding issue."

"Our relationship with the local hospitals is terrible. I have just had one of our residents discharged from a hospital where she went for treatment for an infection. She seems to be end of life as she is unresponsive. She has bruises, a sore bottom and what appears to be thrush in her mouth. The residents discharge notes have not been delivered and that has been an ongoing problem prior to Covid19."

Many managers reported refusing to take Covid19 positive or untested patients. One manager in September 2020 reported "We are still experiencing pressure from the NHS to accept residents we are unable to support." Yet another observed "It's like they just want to get people out of hospital; you could say they have "dumped" them because they are old."

Where Care Home managers were supported by the Care Home provider the pressure to accept patients from hospital appeared not as great. However, several respondents mentioned that financial considerations were ever present "because empty beds are all pounds, shillings and pence."

Conversely some Care Homes avoided being pressurised by claiming to be full. "I have also said we were full when we did have a little capacity to avoid being asked again. I have had a lot of support from the provider with this. They are here all the time and understand."

Theme:
Discharge of patients from hospitals into care homes

A number of respondents identified problems around the assessment process from hospital to Care Home. Managers told us that they had become devolved from the assessment process and were unable to go into hospitals to assess new residents personally, relying on the input of hospital staff, social workers, and family.

"As I cannot go into the hospital to conduct needs assessments for new residents I have had to rely on the opinion of others. On two occasions we have had to move residents on because we have been unable to meet their needs."

Another manager reported a resident being moved after a period of 7 weeks in a home as the assessed needs did not reflect the high level of support the resident needed.

Indeed, on reflection this "moving on" of residents around the system and may have been unnecessarily stressful to all parties' particularly vulnerable residents. There may also be increased risks in terms of the transmission of Covid19 between homes.

Managers also pointed out that historically there had been communication issues between Health and Social Care with hospital discharge being a particular "pinch point". Specifically mentioned were problems with medication and the unavailability of discharge notes.

Additional comments:

"We were not put under any pressure from hospitals to accept residents as we are, and were, full throughout Covid19"

"Our relationship with NHS staff has been very difficult and it still is particularly around D2A" (discharge to assess).

"We normally go out to assess the needs of residents and whether we can support their needs. We can't do this ourselves so we have to rely on Social Workers and relatives, and it seems they may have been less than truthful.

"I have no problems at all with the hospital in respect of discharge. I have not felt pressurised by the hospital and we have had no Covid19 related deaths here."

Our provider was very supportive in respect of not taking risks and keeping our current residents safe. We also have quite a few respite beds and of course these weren't filled during lockdown."

"I would refuse any Covid19 discharge from hospital."

Theme:
Discharge of patients from hospitals into care homes

Additional comments:

"We have been very lucky we have had no staff or residents affected by Covid19. I have had full occupancy since last March and even if I hadn't I would not take anyone who was not tested or Covid19 positive, even if we had empty beds. My residents are more important than the money".

"I got asked to take a Covid19 patient and I refused. I know some managers have been pressurised to accept positive cases."

"I was asked to take patients from hospital without tests and I refused. The resident's safety is more important to me than the money lost on empty beds. However, I know that larger Care Homes may have had some pressure put on them from the companies that own them. I did not feel I was pressurised to take residents by the hospital or the local authority."

"I have had two residents come in straight from hospital; each one had been tested negative and I followed the 14-day isolation process too.

I have not been able to assess the new residents myself and have had to rely on social workers. However, I have read the assessments very carefully to make sure that our home is able to support that person."

"We did have one resident who we moved on after seven weeks. He was upset that he couldn't go home and this affected the other residents. (Needs too high having been incorrectly addressed at discharge)"

"Some of the problems we had around Covid19 were already apparent before the pandemic. The pandemic just made them worse." (In relation to discharge)

"Some of the initiatives introduced to make things easier made them worse. We spent hours filling in the paperwork for the red bag scheme, but the hospitals didn't return the bags to us and so the scheme failed to take off.

"We are not a nursing home and the patient needs a nebuliser. They have sent the nebuliser fluid but not a delivery system. Normally when a resident comes home after a hospital stay I or a member of my senior staff go out to reassess their needs. Covid19 has made this increasingly difficult."

"On the whole we have done OK. I locked down before Covid19 and I have refused to take admissions of Covid19 to the home. I have been asked and never felt pressurised ....I know that many of my colleagues in larger homes with corporate ownership have felt obliged to fill beds at any cost..."

Theme:
Discharge of patients from hospitals into care homes

Theme:
Access to hospitals and other medical services

“Amnesty International has received multiple reports of Care Home residents’ rights to NHS services, including access to general medical services (GMS) and hospital admission, being denied during the pandemic, violating their right to health and potentially their right to life, as well as their right to non-discrimination. Care Home managers have pointed out that such reluctance or refusal to admit older Care Home residents to hospital could not be explained by need, as hospital bed capacity was never reached.”

Amnesty International, As If Expendable, October 2020 – p21

In contrast to the Amnesty International report many respondents in the Lancashire area highlighted the incidence of deaths amongst Care Home residents whom they felt had been hospitalised unnecessarily and with the appropriate support could have been cared for in the Care Home environment.

Paradoxically, residents at the end of life and on palliative care may have been diverted from the hospital system and remained in residential settings where some staff did not feel competent to deal with the death.

"We have had paramedics refusing to take residents to hospital because of Covid19. A resident died (who didn't have Covid19) and we couldn't do anything for him because we are not a nursing home. The resident was on palliative care and the GP wouldn't come out either. Luckily, the district nurse came out."

Managers also called for more support citing, "flexibility around treatments should have been more person centred; we know our residents."

"The NHS would have been better supported by delivering some treatments within the home using our clinical nurse or the district nursing team. For example, one of our patients had pneumonia and was sent to hospital exposing him to Covid19. He had an intravenous antibiotic which we could have delivered within the home with the right support. It would have saved a hospital bed, been cost effective and not as upsetting for the patient and his family. Luckily, he did not get Covid19 and we have had no cases of Covid19 here."

"It's a shame because if we had been supported to treat those residents in the home, we may have been able to prevent their deaths. I lost two residents in hospital; one who had a Parkinson's episode and another who had a mild heart attack. [Resident] wasn't that unwell, and he actually walked to the ambulance, but then he caught Covid19 in hospital and died."

"One of our residents died in hospital, he died of Covid19 that he contracted in the hospital because we have had no cases here. The resident had a bad fall and there was no option but to send him to hospital."

The managers who took part in our research were equally candid about the role of the local GP service.

Indeed, comments about the GP role were somewhat unreserved; managers indicating that GP visits to Care Homes had been problematic prior to the pandemic.

"We had problems with GPs coming out before Covid19; it's worse now and they won't come out if they can help it."

Theme:
Access to hospitals and other medical services

Some respondents' told us that their relationship with GP services was characterised by a lack of trust and a feeling of abandonment.

"We feel let down by the GP services, "Doctors don't speak to us anymore", and "Doctors aren't leaving their offices, they're frightened." Yet another respondent described it like "being thrown under a bus."

One respondent reported that she felt that the GP service had become less visible, and that more barriers had been put in place to access support. This is of particular note in the case of Telemedicine which is designed to streamline services rather than become a barrier to simple treatment routes. "Some GP surgeries refer us straight to Telemedicine for the smallest of things (Steroid cream). It's very time consuming and involves a call centre who triages the call, refers to a professional who then rings me back".

Some respondents voiced further concerns about the use of Facetime as an aid to diagnosis and whether digital imaging was appropriate. "Everything is Facetime now and I am not confident that this is safe".

Other respondents reported difficulties with telephone contact. "On many occasions we have tried to contact a GP about a poorly resident and we have been made to wait for quite a considerable time. Sometimes we are number nine in the queue if not more, and then we get through to a receptionist who says, "We will pass the message on to the GP. One or two days later we realise the message has not been passed on and we are back in the queue."

At the beginning of the pandemic the British Medical Association (BMA) issued guidance to GPs entitled **Guidance for Remote Verification of Expected Death (VoED) Out of Hospital**.

This was met with reluctance from many Care Home staff who did not feel they had the skills or training to meet these expectations particularly in residential Care Homes which have no nursing function.

"We did have one unrelated death which the GP would not come out to certify. I know GPs have asked care staff to verify death, but even as a deputy manager I do not feel I have the training to do this. As it happens the manager was on duty that day and she is a nurse, so we were able to deal with it. I cannot imagine what multiple deaths must have looked like to young carers without knowledge and experience".

"We have not been asked to certify death and right from the beginning we decided as a team that we were not prepared to do this."

However, where staff had been assisted in training by district nurses there was less fear. "My local GP and district nurses were really good. The district nurses came out and helped train nursing staff in other homes on how to determine critical decisions (death)."

Similarly, where GPs had used discretion and been proactive, positive relationships with the care sector had been maintained

"Our GPs and district nurses have been very good and very proactive they have used mobile footage and video calls. The GP has come out in in full PPE to see a resident."

Theme:
Access to hospitals and other medical services

Some GPs used regular calls and medication checks as a virtual ward round and this regular contact appeared to lead to fewer medication issues and a more supportive environment.

One manager told us that her home is serviced by 3 local GP surgeries. One of these was deemed exceptional in that the female GP conducted an initial assessment and then Facetimed each of her patients on a fortnightly basis. Neither of the other two surgeries had contacted the home. The manager also told us that in the event of death, one GP surgery presumed that care staff would certify death.

There were further examples of GPs displaying person-centred practice.

"I just Facetime some GPs and the matter is resolved more quickly."

"The GP was very good too and made sure all our medications were available I only have to call, and they respond straight away,"

"Our GP has been very good although he has not been to visit, he has rung every Monday morning to welfare check the residents and check there were no medication issues"

One manager told us that the key issue for her was the appointment of a clinical lead at the GP surgery "Allocate a clinical lead a lot sooner at each GP practice. We needed a point of contact at the GP surgeries. This would have enabled us to contact the medical professions a lot quicker."

One group of medical professionals that were universally praised by the managers responding to our research was the Community Nursing Team: encompassing district nurses, specialist nurse practitioners (SNP) and community matrons.

"The community nurses have also been great as they ring us every week and they make sure that blood pressure is okay, and we take the temperature of residents almost every day and if we need anything, we call them."

"If it hadn't been for the district nurse, the resident wouldn't have had any qualified medical help as the paramedics and GP refused."

"Even prior to the pandemic it was difficult to get GPs to attend. However, we did see a lot of SNPs (specialist nurse practitioner) and they were really good; they knew all the residents and offered continuity of service."

"Throughout the pandemic the district nursing team has been amazing and have carried on attending the home."

"The community matron is good and comes out."

"Drugs that are used for end of life pain relief are arranged by the district nurses and they have been great. District nurses are the only ones who are coming out to us and offering help."

Theme:
Access to hospitals and other medical services

Additional comments

"We have had lots of support from local services."

"Since lockdown, the residents seem to be more active and less are coming down with bugs as there no visitors."

"Our 17 residents are at different GP surgeries. The response from GP surgeries has been varied; some are happy to speak and help out at any time whilst others have been difficult to contact."

"We still haven't seen a local GP or SNP other than by video call. On one occasion I requested the attendance of a GP and it was someone from a private service who responded rather than our local GP."

"We are still very worried about sending our residents to hospital in case they get Covid19. One of our residents had a fall and she spent 24 hours in A and E. Her family were very upset; they couldn't be with her and although they tried to contact A and E nobody answered the phone in the whole 24 hours she was there. We tried too. The only contact we had from A and E was when they were ready to discharge her."

"I had no trouble sourcing medicines either. The local pharmacy took over responsibility for dealing with the GP and because it was the local pharmacy we spoke to the same person all the time. That worked really well."

"I am the owner/manager. We have a small home and I locked down a week before the government said to. We have had no Covid19, nor have we had any deaths apart from the residents who were admitted to hospital and caught Covid19 there."

"The GPS were very good too. They made sure all our medications were available. I only have to call, and they respond straight away."

"We are not a nursing facility, so I haven't had a lot of contact from the district nurse."

"It has been increasingly difficult to get GPs to attend the home. We are mostly serviced by nurse practitioners, and most of these are very good and supportive. However, we did have concerns about the skill level of one of them and met the GP to resolve the issue."

Theme:
Access to hospitals and other medical services

Additional comments

"I feel that the GPs "threw us under a bus" during Covid19, we had to have telephone consultations for patients using the care staff's mobile phones to enable videos of patients. I didn't think this was appropriate."

"We have been unable to access health services like GP visits, district nurses, not wanting to visit."

"Drugs that are used for end of life pain relief are arranged by the district nurses and they have been great. District nurses are the only ones who are coming out to us and offering help. Doctors aren't leaving their offices, they're frightened. Before lockdown, a GP would come out to see the residents and decide who goes on the 'End of Life' pathway. When we need urgent help, we call Care Home Support Needs; they then triage our issue and allocate a healthcare professional to contract us. It is always district nurses; doctors don't speak to us anymore. Doctors do a video call once month when they vaguely see how the residents are doing but it is not good. For example, last month when it was time for the video call, the staff members were busy with some residents and the doctor just said that he will reschedule for the next month. I have been back at this Care Home for 3 months, but I haven't seen a GP here once. It would be better if GPs visited at least one month."

Theme:
Access to hospitals and other medical services

Theme: 'Do Not Attempt Resuscitation' (DNAR) Forms

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Concerns about blanket imposition of DNAR were reported across the country, pointing to flaws with how decisions were taken, and policies communicated to those who are supposed to implement them—CCGs, GPs, and Care Homes. Care Home managers reported to Amnesty International and to media cases of local GP surgeries or Clinical Commissioning Groups (CCGs) requesting them to insert DNAR forms into the files of residents as a blanket approach.

Asked about any blanket approaches to DNARs, one Care Home owner in the north of England told Amnesty International, “We had a letter to that effect from the practice. I refused to sign it and handle it like that.” Another reported that they were asked to insert DNAR forms into a number of residents’ files. A family from Lancashire told Amnesty International that their relatives had been asked to sign a DNAR form without having understood what it meant.”

Amnesty International, As If Expendable, October 2020 – p21

HWL received mixed responses from Care Home managers in respect of the use of DNAR. However, there were concerns that the imposition of DNAR had been rushed, undignified and done with the minimum of consultation.

One manager reported, "We and the families have experienced tremendous pressure from GPs around DNAR, although there was consultation with residents (with capacity) staff and families, it was done very quickly and some families were upset at the lack of dignity. All of our residents with dementia were placed on DNAR".

Other managers reported on the routine imposition of DNAR prior to hospital admission, "GPs issued DNAR, or it was issued on residents' hospital admission along with their family's consent."

Similarly, it seemed that DNAR had been imposed in relation to groups of people with a common characteristic rather than on an individual approach. This is without reference to the joint statement from the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) on 15 April 2020 stating, "Person centred individualised care is at the heart of clinical practice. The pandemic does not permit any health or care professional to deviate from that approach by making decisions on a group basis."

Other mangers suggested that DNAR had been put in place on a blanket basis but that it was in consideration to a common medical condition and/or age.

In one instance the manager told us that the residents, "were above 60 and were all put on DNAR due to their medical condition". However, the manager also told us that only one of the residents had family, therefore outside consultation had been minimal.

Yet another reported DNAR as, "done by email and we still haven't got the paperwork as evidence, the GP says we don't need it."

Similarly, "DNAR was imposed on all the patients because the Care Home had only dementia patients above the age of 80 and below 90."

"There have been residents who passed away during lockdown but due to other causes not COVID19. They are put on the 'End of life' pathway via a video call from the GP who assesses/identifies who needs to be put on the pathway. The 'End of life' pathway is for residents who are approaching the time of life when they're going to be deceased. I was shocked by the way it is done because it feels very insensitive and inappropriate".

In contrast several respondents told us that;

"None of the GP surgeries has imposed DNAR on our residents. Only one resident was put on a DNAR and we did that due to his medical condition."

"There was no pressure from our GP to discuss putting DNAR in place."

"The end of life procedure was only implemented for a natural cause. The decision was made in agreement with the relatives and doctor's options."

Theme:
'Do Not Attempt Resuscitation' (DNAR) Forms

Additional comments

"One of our residents (with capacity) refused a DNAR. She is quite young, and I feel sad that she was put in that position. Some of the DNAR decisions were made on a "best interest basis."

"We had a similar experience with ACP (advanced care planning). It just didn't feel right"

"The DNAR was put on patients if required because all the residents were dementia patients above 65 years old. GPs issued DNAR, or it was issued on residents' hospital admission along with their family's consent."

"The GP surgery was phoning up to put DNAR in place for residents, sometimes not consulting residents or families. I found this very upsetting, it felt like the GP had got a "get out jail free card" so they don't have to treat the resident. To sum it up, I felt that the residents and staff were abandoned by the government and the health professions."

Theme:
'Do Not Attempt Resuscitation' (DNAR) Forms

Theme: Access to testing

“We absolutely have responsibility to protect Care Homes now. And we protect them by testing people and making sure we are not bringing infection into these really vulnerable communities.”

Christina Pagel, Director of the Clinical Operational Research Unit at University College, London, quoted in The Independent on 2 August 2020.

Cited in Amnesty International, As If Expendable, October 2020 – p27

The responses from Care Home managers in Lancashire evidenced that there were significant problems with the availability of Covid19 testing systems at the beginning of the pandemic, and this mirrors the findings of the Amnesty International report. Similarly, respondents in Lancashire indicated that initially kits were of a poor quality, which led to confusion and managers being unable to meet the government guidelines in respect of Covid19 testing.

None of the respondents reported a satisfactory experience with the Covid19 testing system.

HWL also recorded persistent courier and collection problems and issues around the physical delivery of testing to Care Home residents to the current date (November 2020).

"On 3 July 2020, the Department of Health and Social Care announced: "Staff and residents in Care Homes for over 65s and those with dementia will receive regular coronavirus tests from next week as part of a new social care testing strategy .... Staff will be tested for coronavirus weekly, while residents will receive a test every 28 days to prevent the spread of coronavirus in social care."(Amnesty International, As If Expendable, October 2020, p29)

Unfortunately, the DHSC was unable to deliver this strategy. Managers told us, "We basically had no testing kits between March and August this year."

Similarly, when kits were delivered many had to be returned.

"It was awful at the beginning we couldn't get test kits and the Randox kits we did get had to be returned as inaccurate."

"On the 06/07/2020 I was told to test staff and residents on a regular basis. However, on the 07/07/2020 I was asked to return all my testing kits as they weren't compliant. This left me breaching guidelines. I eventually got the kits last week (04/08/2020)."

"At the beginning of Covid19 we were sent tests which we then had to return without use as they were substandard."

Problems continued with the delivery, collection, and results of the tests.

"We also have problems with the Covid19 tests not being picked up when they should be. This happened twice last week." (Recorded Sept 2020)"

"Now we have the kits, but the courier service is really poor. They are collected late or not at all. This means that when we are doing this week's testing, we may not have received the results from the week before. (Recorded Sept 2020)"

"Covid19 tests are not being collected by couriers so testing has to be done again with residents and staff (Recorded August 2020)."

Theme:
Access to testing

The Amnesty International report did not record any information in respect of the physical administering of tests to residents. However, several of the Lancashire respondents reported problems with administering the Covid19 test to residents particularly those with dementia. "The testing for Covid19 has become an issue for residents."

"It is the method of testing it is very invasive and the residents recoil when we have to take samples from the back of their throat and mouth. They anticipate the testing, and they get very distressed. I am from Portugal and the testing there is much easier it is done with a pinprick like with diabetes."

"The testing method is invasive and uncomfortable; our residents with dementia get very stressed. A nurse came out and showed us how to do the testing it takes me about 4.5 hours to test our 17 residents."

"We are trained and competent to carry out COVID19 testing and someone comes to collect the samples. Residents are tested every month and staff get tested once a week. I think that the number of tests we do is enough because the testing procedure is traumatising for the residents. So, I don't think we should do it more than once a month".

One manager also reported that the online test registration system was time consuming

"I have to register the test results on a computer programme which is not very user friendly. It takes me longer to record the test results than it does to undertake them."

Additional comments

"Although we are a residential home not a nursing home, we often have to undertake medical procedures. However, the testing for Covid19 has become an issue for residents."

"All my staff have tested negative for Covid19, but we have yet to receive antibody tests. NHS staff have already had the antibody test, we are always at the back of the queue." (Sept 2020)

"Why has weekly testing for staff only just come into place?"

"Testing should have been done so much earlier. We needed more mandatory training to prepare."

Theme:
Access to testing

Theme: PPE and PPE guidance

"Challenges regarding PPE supply have been widely reported in England during COVID-19 in both the health and care sector, including within Care Homes, putting the health and lives of Care Home residents and staff at risk. Care Homes are, in normal circumstances, responsible for sourcing their own PPE, but they generally only use small quantities and therefore do not have large established supply chains. Consequently, and due to national supply challenges, during COVID-19 Care Homes have needed government support to meet demand. Yet despite repeated and urgent calls by the sector since March, in a survey of 2,800 carers in April by ITV News, 54% said they did not have enough PPE to do their job safely, while as late as May, 90% of care leaders reported that they required 'greater and more efficient access to PPE' to support the pandemic response."

Amnesty International, As If Expendable, October 2020 – p30

Whilst the Amnesty International report indicated that PPE had been requisitioned by the NHS in preference to social care none of the managers we spoke to raised this as an issue.

However, one provider/manager did disclose his worries about the impact of the extra costs incurred because of the pandemic. The manager mentioned that the cost of supporting of the Care Home residents had gone up, the money spent on PPE had been added to their original budget, and the provider liability insurance had doubled without previous notice.

Care Home managers who responded to us provided mixed responses to the supply issues with PPE. The majority of respondents indicated problems with supply, but 2 managers told us, "We were never short of PPE." and, "I already had hand gels masks and aprons. I always keep them in."

However, where supply problems occurred, they seemed to persist, "There is still no dedicated national helpline for Care Homes. " (in respect of PPE or testing)

"PPE is still an issue I have no long sleeve gowns which are recommended for Covid19 treatment." (August 2020)

The chain of events surrounding PPE echoed that of Covid19 testing, "We didn't have enough PPE at the beginning."

"I still haven't got all the recommended PPE. The guidelines have been difficult to follow there are so many. The kits they sent me were recalled before I had chance to use them." (August 2020)

However, respondents highlighted the success of the local authority distributing PPE, "I had no issues getting food supplies, but I did have issues early on with PPE, particularly masks. Between the provider and LCC this was soon sorted out."

One manager demonstrated the remarkable initiative of both herself and the general public, "It took us 12 weeks to get face visors, in the end my brother (who is in manufacturing) made visors for us, and I shared them with other local Care Homes, they weren't fit tested but it's all we had."

In September 2020, the DHSC announced the distribution of 250,000 transparent face masks to help those who had communication difficulties.

Unfortunately, none of the respondents were aware of the availability of these masks, and none had been offered them, despite managers telling us they would have preferred to use them with some residents.

"Wearing face masks while working is making it very difficult to communicate with the residents who have loss of hearing and used to read our lips."

"I like the idea of the see-through face masks for delivering care to those hard of hearing or with dementia, but we haven't been offered any."

Although this type of mask is available to purchase privately the cost is relatively high, and HWL would like to see transparent face masks freely available to all health and social care settings.

Theme:
PPE and PPE guidance

Additional comments

"We did everything we were told to do, and we were proactive before the government told us to lockdown. PPE was hard to get hold of."

"Staff systems had to be reviewed. Some PPE was delivered from local authority for free, previously, we had to order a batch which we had to pay for, and we had to purchase our own PPE up until last week when they gave us our first free batch."

Theme:
PPE and PPE guidance

Theme: Guidance

“

Since the beginning of the pandemic, concerns have been raised about the timeliness, adequacy, clarity, and coordination of government guidance on COVID-19 in Care Homes. Care Home managers and owners have told Amnesty International that as the coronavirus was spreading in Italy and other countries, they took it upon themselves to prepare as early as February, in the absence of guidance from the government.

The measures they adopted included closing Care Homes to outside visitors and making arrangements for sufficient supplies of the PPE they believed would be necessary, based upon their knowledge of handling other infections in their Care Homes in the past.

Once government guidance started to be published, Care Home staff, managers and owners reported that it came from multiple sources and was often contradictory.”

Amnesty International, As If Expendable, October 2020 – p31

Responses from Care Home managers in Lancashire were similar to those reported in the Amnesty International report.

All of the managers who spoke to HWL reported a poor experience in respect of official guidance, that guidance was initially too slow, from too many sources, too complex and changed too often.

The impact of this lack of leadership and direction was significant. One manager was tearful as she told us that the lack of clarity had made her feel, "frantic." Other descriptions of guidance were, "stressful", "confusing" and, "erratic".

Yet another manager told us that such was the volume of paperwork, "it took management away from the frontline where they were needed by residents."

Similarly, "We didn't get much support from anyone at the beginning. The amount of conflicting information that we got at the height of the crisis was overwhelming some of it kept changing, and some of it was contradictory."

The majority of Care Home managers who responded confirmed that they had, "locked down" prior to when the government had advised, citing their previous experience of other outbreaks of illness.

This is opposed to the Prime Minister's assertion at the beginning of July 2020 that Care Homes, "had not followed guidelines".

The apparent scapegoating only seemed to make some Care Home staff more hostile and mistrustful of official guidance. One manager told us, "I am very angry about what has been said today by Boris Johnson."

Experiences after an initial period of confusion appeared to improve particularly when the local authority began to institute a hub of support and regular calls. "LCC were very good, the daily calls meant I had enough PPE and I still have."

However, managers pointed out that that there were some initial problems with the local authority response "On the whole LCC have been supportive, they ring every day asking the same questions. However, on one occasion LCC staff failed to note that they had spoken to me that day. They sent 2 police officers to the home on a welfare check and I was furious. I am in contact with other Care Home managers and one of them has also had a visit from the police."

One respondent told us that at the beginning of the pandemic there was an obligation on her to complete multiple tracking which was time consuming, "it would help if there was one tracker to encompass all information across LCC older people's contracts, Safeguarding, NHS etc."

In what appears to be a recurring theme Care Home manager's reported feeling let down by statutory services generally. "We could have been provided with more support from external agencies and healthcare professionals."

Some respondents felt that the CQC should have a more prominent role believing they failed to protect Care Homes and advocate on the Care Homes behalf. "The CQC should have stepped in straight away; they should have been telling the government what our needs are."

Theme: Guidance

Similarly, "the CQC have not been supportive, they have called me once during the lockdown period and this was about the Emergency Support Framework. I also manage another Care Home (Learning Difficulty) and they have only spoken to me once there."

However, one respondent told us. "My CQC inspector was very supportive and spoke to me on Zoom".

Additional comments

"It took a week or so for channels of communication to be set up and then there were too many and there still are. I was overwhelmed with information at the beginning."

"I am the owner/manage. We have a small home and I locked down a week before the government said to. We have had no Covid19 nor have we had any deaths apart from the residents who were admitted to hospital and caught Covid19 there."

"I am sick of getting unnecessary communication".

"The lack of guidance and conflicting guidance made me frantic. I felt that I had to sort pieces of guidance out which were best for the home."

"It would be helpful is there is just a little bit more clarity around the rules. It would be great and beneficial to be more informed about we're supposed to be doing, the government is not telling us what we should be doing, they keep contradicting what they are saying."

"Track and trace is an emerging issue. One of my staff's husband had been in a pub where another customer tested positive for Covid19. It's not clear how we now apply this information to the home as a whole".

"Prior to Covid19 I did not find the CQC inspections helpful, on the last occasion the 23 bed Learning difficulty home I manage was visited by 6 members of the CQC team. The residents found it very stressful and one of them became verbally abusive. The staff feel intimidated by the inspections and the levels of positive interaction they normally have with the residents are reduced. The CQC then reported that interaction could have been better! There were two inspectors who just sat there observing and writing things down It's very uncomfortable for both the residents and staff."

"There have been a lot of mixed messages from the government."

"We received the same information from Health as the Local Authority. It has been conflicting at times especially at the beginning".

"Better leadership and management of information at the start of the pandemic, it was very erratic and confusing".

Theme:
Guidance

Theme: Visits

“The Care Quality Commission suspended its inspection visits to Care Homes at the outset of the pandemic. Other monitoring bodies such as Ombudsmen also suspended their visits, and Care Homes stopped allowing normal visits from residents’ relatives and friends. The end result was a glaring absence of outside scrutiny.”

Amnesty International, As If Expendable, October 2020 – p34

The Amnesty International report focuses heavily on the lack of scrutiny from agencies.

Whilst this would include our own Healthwatch Lancashire Enter and View team. Responses from Care Home managers in Lancashire led us to believe that they would have appreciated more presence from the CQC and statutory services.

"The CQC itself reported in June that, "during the pandemic there has been an increase in calls to CQC's national contact centre from staff raising concerns about care." "During that time the biggest increase in calls came from staff in adult social care. Between 2nd March and 31st May, the CQC received 2,612 calls from adult social care staff raising concerns." (Amnesty International, As if Expendable, October 2020, p36)

However, information taken from the HWL survey The Experiences of Relatives of Care Home Residents during the Covid19 Pandemic The Experiences of Relatives of Care Home Residents (June/July 2020) would suggest that the majority of respondents In Lancashire were confident that their relatives were being treated well and praised Care Home staff. Of the fifty-two relatives who responded to the online survey seven reported difficulties of which three were communication problems, two were around regular activities, and two were referred appropriately to statutory agencies.

Similarly, when HWL asked managers their main concerns with the suspension of visits several managers highlighted the difficulties in gaining cooperation from a small number of relatives. This is not a point raised in the Amnesty International report.

Respondents told us, "Some relatives have made it difficult for us wanting more access than I am prepared to give, but it is up to me to protect all the residents."

One manager reported friends and family trying to force their way into the home and staff finding it" upsetting" and "scary" to have to stop them.

Yet another manager resorted to referring a resident to Safeguarding for their own protection.

It is clear that the issue of Care Home residents having restricted access to their families has been a major concern affecting their wellbeing and safety (this is explored further in the next section).

Pressure from third sector agencies, local authorities in Lancashire and national providers resulted in the following local announcement on 28/10/2020.

"The Local Democracy Reporting Service (LDRS) can reveal that Lancashire County Council is set to distribute £2.2m to Care Home operators to fund physical modifications to their properties in order to facilitate safe visiting during the ongoing Covid19 crisis.

The cash could also be used to cover other costs associated with allowing visits – including increased staffing levels and extra cleaning."

Read the full media story

Theme:
Visits

Additional comments

"We locked down before the government asked us to and I made the decision not to allow visitors and we continued with that decision. I am aware that this may impact on the mental wellbeing of the residents, but as it happens few of our residents have family. Of those that do I explained the situation and they have happily cooperated with us."

"We have done our best to keep the residents in touch with the outside world we have used Skype, What's App and Zoom. We are pretty confident that we have done everything we can."

"Closing the doors to lock down became very much daunting as what we thought would only be a few weeks, turning into months".

"Families on the whole have been very supportive however a minority have been very difficult wanting to take residents out to public places. On one occasion I had to refuse and refer to Safeguarding for advice."

"Dealing with friends and family concerns has been difficult".

"The residents could visit their family in the garden before Covid19. But now a separate room out of the building was set up for the residents to see their family. At the peak time of Covid19, a photograph of their family was framed and hung on the wall in front of their bed or was kept under their pillow so that the patients saw the family picture and reminded themselves of who their family was. This was initiated so that the dementia residents do not forget their family members during the lockdown."

Theme:
Visits

Theme: The impact of prolonged isolation

"

Many feel that the lack of stimulation and social contact has caused significant deterioration in residents' physical and mental health and wellbeing. Relatives and Care Home managers have told Amnesty International that many residents have suffered loss of movement, reduced cognitive functions, reduced appetite, and loss of motivation to engage in conversation and other activities which they used to enjoy before lockdown."

Amnesty International, As If Expendable, October 2020 – p39

The findings from the HWL research replicated those of Amnesty International in respect of the impact on residents of prolonged isolation.

All of our respondents reported significant impact on the health and wellbeing of residents describing them as, "scared", "stressed"," "upset" and "agitated."

Managers reported residents as being particularly upset by watching the news; this was exacerbated in the case of those with dementia who were continually re-experiencing the situation. "A lot of the residents don't understand the news and we try to explain but they forget because of dementia and all."

Respondents reported further issues with residents with cognitive difficulties not understanding the concept of isolation; one resident complained we are "treated like prisoners".

Others were difficult to self-isolate."When residents have dementia, they do not understand that they have to stay in their rooms and wander about and they get very agitated by people in masks."

Likewise, residents could not understand social distancing and how this impacted on their friendships. "The residents are distanced as much as we can facilitate, and we sit them in every other chair (so there is one chair in between them). Because they have dementia, we have had some challenging behaviour as they do not understand why they can't sit together. For example, one resident would want to sit next to another resident because they're friends and get along, and in these situations, I just let them sit together because it is very difficult to explain otherwise."

Care Home mangers also explained that the needs of new residents were difficult to accommodate "We have to isolate new residents for fourteen days and bearing in mind we are residential and not dementia or nursing we have found this very difficult with the level of dementia some new residents have."

(This resonates with managers' previous comments about their devolvement from the assessment process.)

However, by far the largest impact was felt by residents unable to see friends and relatives. "I have a lady here who has been married for seventy years and her husband came to see her four times a week. The staff and I could see how badly his absence affected her and I did a risk assessment to facilitate his visit. The couple met in an empty lounge following social distancing and with PPE and hand gel. I felt it really made a difference to her."

Likewise, "Families are not allowed to come in and the residents can only see them through the window. The residents do miss their families because they can give a hug or talk to them directly; they just miss communicating without having a window in the middle. We try to reassure them, and we are their family too! Families can also ring and speak to the residents directly."

However, it was clear from the conversations with managers that both they and staff had made exceptional and inventive efforts to mitigate the results of isolation on residents.

"The team tried to keep spirits up, we had entertainers (from outside the window) and we did hair and nails. The weather was nice we had sing songs in the garden."

Theme:
Impact of prolonged isolation

"Recently, we allowed family to visit again and they came into the garden. Every time family come to visit, the garden is painted with bright colours and it inspired the residents to decorate. At the beginning of lockdown when visiting was not allowed, we ordered coins online and we put the resident's relative's names on the coins. They would then put the coin in their pockets and remember their relatives; this made some family members cry. Our main priority is always the residents. At the beginning of lockdown, we also sent cards to family members and Facetimed them. In the afternoon, we would read the mail and send back thank you cards. Staff wore t-shirts with rainbows to show that we are all in this together".

Managers also reported using technology such as Skype, WhatsApp and Zoom to maintain contact. One manager told us that family photographs had been left under residents' pillows, and there was particular concern for residents with dementia. "Patients saw the family picture and reminded themselves of who their family was. This was initiated so that the dementia residents do not forget their family members during the lockdown."

Additional comments

"Residents are significantly impacted by the isolation process both physically and mentally, being confined to their bed and their room impacts on physical health in particular through not being able to get up and about".

"Residents with dementia miss their families; they are scared of the masks it makes identifying carers so difficult."

"Having no visitors has caused stress and upset for the residents."

"It is better now that relatives can come and see residents" (from behind the garden fence).

"We are making the residents not watch the news as they get really upset when they watch it. We do talk to them about what is going on and we are washing their hands all the time. Before the pandemic we would wash their hands before meals but now we do it more often. They are happy with us washing their hands more often as we make it fun for them."

"Before the beginning of lockdown, I brought my own mother to this Care Home as it is really great, and I wanted her to spend time with the residents rather than being alone at home. The council has given us full support. They have been very supportive."

Theme:
Impact of prolonged isolation

Additional comments:

"Our residents have been massively affected by not seeing their loved ones they get upset and stressed and they told us that they are being "treated like prisoners."

"It's very difficult to confine residents with dementia to one room."

"We cope by persevering! In terms of washing their hands, they wash their hands a lot before the pandemic. We ensure that they are cleaned before/after they eat, go to the toilet and so on. We ensured social distancing and making sure that the two-metre rule is always in place and it will continue to be that way."

"We locked down before the government asked us to and I made the decision not to allow visitors and we continue with that decision. I am aware that this may impact on the mental wellbeing of the residents, but as it happens few of our residents have family. Of those that do I explained the situation and they have happily cooperated with us".

"We have done our best to keep the residents in touch with the outside world we have used Skype, What's App and Zoom. We are pretty confident that we have done everything we can"

"There is a wide range of issues such as isolation, not being able to have visitors. Seeing our covered faces is frightening especially for those who have mental health issues. Also, it's hard for staff coping with work routine and other challenges they face".

"We try to keep the service users from worrying why they can't see their family."

"The residents could visit their family in the garden before Covid19. But now a separate room out of the building was set up for the residents to see their family. At the peak time of Covid19, a photograph of their family was framed and hung on the wall in front of their bed or was kept under their pillow...."

"The main concern was all the residents have learning difficulties, so they worried as the residents have no awareness of what was happening and the severity of the pandemic."

Theme:
Impact of prolonged isolation

Theme: The impact on staff wellbeing

"Evidence from the COVID-19 pandemic to date has revealed a substantial mental health burden on health and social care staff. Evidence from previous pandemics suggests this could lead to a long-term increase in mental ill health in the workforce. There are real risks that mental health impacts could fall particularly heavily on staff from black and minority ethnic groups, and on those in lower paid groups, and further research is needed to understand this. It should also be noted that there has been relatively little research on the mental health impacts on social care staff compared with health care staff. This should be prioritised as soon as possible."

Emerging evidence of Covid19s unequal mental health impacts on Health and Social care staff, The Health Foundation, July 2020

Read article

Whilst the Amnesty International reports generally on the effects on the wellbeing of care staff, the research from HWL found that this issue solicited the most contentious and most heartfelt responses from managers.

At the time of writing this report (November 2020) it appears that there has been a gradual realisation of how acutely this has been felt by staff in the care sector and the local authority in Lancashire has responded to this by proposing funding for a project delivered by MY HOME LIFE to support Care Home managers.

Managers appeared transparent in their responses to HWL and some became distressed and tearful. One manager told us "I did have a bit of a breakdown at one point, but I am a manager, and I am here to support staff and residents. I know what it is like. I used to be a carer and I have worked my way up."

Likewise, mangers told us that staff had, "walked out" were, "frightened" and, "panicked"

One manager reported "We have quite a few staff that have been overwhelmed by the whole Covid19 issue. Several are absent with PTSD type symptoms some not wanting to leave the house or having panic attacks".

Managers appeared to identify mental health issues quite early on in the first wave. "I was concerned about mental health and the well-being of staff. A lot of staff were frightened."

"The stress I experience is strange, it seems to come in waves, we have a quiet few weeks, and it all kicks off again."

There appeared to be little support or response from health agencies. Managers told us, "We have not been offered any support from mental health services. However, I am very worried and anxious about what is to come next, most of the staff are." Similarly, "the Mental Health team have been in touch and promised "a pack" to help staff, but this hasn't materialised."

Conversely, some managers felt that the adverse effects on staff wellbeing were mitigated by informal peer support.

All the managers we spoke to emphasised the value of informal peer support mechanisms with some providers recognizing the difficulties faced. "If any of my staff were to have problems in or out of work, I would offer my support and they know that".

Likewise, "We have a great staff team here and we have supported each other. Many of my friends are Care Home mangers, we have muddled through together."

"Staff feel they need to go in work, help each other out despite the risk of infection. There is general comradery between employees supporting each other in face to face roles."

"Our providers have appreciated the toll on mental health that the pandemic may have caused, and they have engaged private medical support for anyone with problems such as PTSD."

However, one respondent confided, "I would say the support from the Provider has been inconsistent."

Unfortunately a recurring theme of, "abandonment", "neglect" and, "isolation" ran through the responses of managers. One manager telling us "I have never felt so alone."

Theme:
Impact on staff wellbeing

Similarly, another said, "I felt there was no one we could turn to. I found out there was a lot of advisory support but lack of on the floor action."

Care Home managers appeared to have gone "above and beyond" in terms of supporting staff. In one instance a manager offered a home to one member of staff whose family asked her to move out if she did not give up her job. (The family in question were very frightened of getting the virus)

Managers also reported offering counselling, care packages and treats.

Respondents told us that care staff often felt the additional pressure of bereavement. Carers may become close to residents whose life they share and often these relationships are long term and reciprocal. Naturally, some staff appeared very distressed and angry by the perceived abandonment of residents. "We lost loved residents (non Covid19) and we worked long hours when we were already demoralised. We cried with the relatives on the phone. We couldn't go to the funerals but a couple of times the hearse took a detour to our car park and the staff went out and clapped. It was the right send off."

"Why did the NHS neglect residents that were ill during the pandemic?"

Similarly, "at times we have felt abandoned, particularly by the NHS and the government; nobody seemed to know what to do."

"Some of the things that have happened during the pandemic have been scandalous, and if I had done them, I would have been highly criticised. I hope the pandemic isn't an excuse for some of those practices becoming normalised."

Some care staff appeared resentful that the importance of their work was not adequately reflected in their status, terms, and conditions. "The government is only just seeing that they let Care Homes down when we have struggled just the same as the NHS and been under the same pressure."

"We have never been recognised. It is all about the NHS, even though we worked front line."

"The world is giving discounts to all NHS staff, what about us? We are caring for people who have fought for this country. The care we give is personal from our hearts not just a name or number".

There were other issues which reflected the disparity between Health and Social care staff. "The private sector do not have the same adjustments, pay, pensions as NHS staff and feel there is no credit being paid for the hard work and low pay from the private sector, the NHS have far superior working conditions, related benefits etc."

Theme:
Impact on staff wellbeing

Some managers spoke about the unstable nature of employment in the care sector namely zero hours contracts and agency work. "Carers often choose to work zero hours because they can pick and choose hours that are sociable and avoid night shifts and weekend working."

This had the impact of employee rights to sick pay being restricted or a reliance on Statutory Sick Pay (SSP). One manager worried that test and trace calls may be ignored if there was a risk that the person may be asked to self-isolate and lose pay or rely on SSP.

Managers who were also providers spoke in broad terms of the underfunding and vulnerability of the social care sector. One told us that he felt unable to offer attractive enough terms and conditions to keep his staff and those additional costs such as PPE and empty beds had significantly impacted on the sector.

However, yet another respondent reported her top two concerns as

- The welfare of the staff and residents
- Lack of access to GP services.

Additional comments

"I am concerned about what is going to happen in Winter."

"We have had no Covid19 deaths in the home and no staff off sick. One member of staff self-isolated when her husband had to, but she is back now."

"My staff were so panicked at the beginning. Some of those with young children walked out. The cook, and I, the deputy manager and the rest staffed the floor. They came back when they understood things better."

"It has been very hard to adapt to new ways of care, but we have accepted that this is how care is now, and it probably won't change for a while. We were already prepared when the pandemic started as the owner went shopping and bulk bought so we never ran out of stuff."

"We are a small and specialised home all the staff get on very well and support each other."

"We haven't felt the need for wellbeing support".

"Initially staff feared work at the start of the first wave."

Theme:
Impact on staff wellbeing

Additional comments:

"My staff and I have been made aware of online support for mental health issues, we are a small home and support each other so it seems to be ok."

"I am a new manager I only came to post in December 2019, and I got my registration just as Covid19 started. It has been very difficult I have felt overwhelmed with paperwork and official information; it is almost as bad now as it was at the beginning (recorded October 2020)."

"We are a small home and I live on the premises, so I am always here. The staff were very good, and we had no major problems. Relatives have been cooperative too. They have left things in the porch and been to the windows to see their loved ones."

"I do not think either my staff or I have been unduly stressed by the situation."

"My biggest issue both before and after CoviD19 is underfunding for the sector."

"We are a small family owned Care Home. I have been here for 20 years and some of the staff are long standing. We have a good mix of ages on the staff team and we support each other. I have made sure that all the staff team have managed to get time off during the pandemic."

"I am not aware of any of the staff experiencing mental health issues as a result of their work as we have had no deaths and no Covid19 either".

"I am not particularly worried about another lockdown I think we will cope well doing what we are already doing."

"My CQC inspector was really supportive, she rang me every week and was available any time."

"By May the staff were very tired, and I was able to let some of them have a few days off. The staff have been amazing."

"I am not worried about a second wave my staff and I run this home well and we do everything we have to do to keep everyone safe."

"My staff and I get on very well and we were very lucky we did not get Covid19 here. We worked together as always, and we did what we had to do. I don't believe that any of us have experienced mental health issues as a result of the pandemic".

Theme:
Impact on staff wellbeing

Additional comments:

"We have a good team we all support each other."

"It's been a very much "we're in this together" approach, and not just words and actions. I have been getting out of the office, rolling up the sleeves and joining in."

"We have given TLC packages, peer nominations for staff excellence, hampers of goodies, free staff meals. On Friday I bought cans of drinks and chocolate biscuits. The clinical manager has done group chats to boost morale and to offer reassurance re our managing of the situation. We have an open-door policy so that staff knew that they could come and talk through their concerns, staff could see we were doing everything possible to keep them safe."

"We have been offering counselling, and bereavement support. I have continually told the staff I am here for them always; they are not alone. I have encouraged staff to open up and talk about their feelings. It was important to support staff's families too. I noticed even the strongest of the team were tearful at times."

"I worked alongside the team and only urgent office admin was attended to. I held weekly Covid19 One-to-One sessions.

"I realised that staff needed more breaks due to the wearing of PPE. We had to change the staff regime, so they do not get over heated and/or exert themselves because of the workload. Our Care Home also has a mental health program we can approach when needed."

Theme:
Impact on staff wellbeing

Theme: Community support

Community support was not a large feature of the Amnesty International report but the majority of managers we spoke to wanted to record their gratitude to their local communities for the support that they had been given.

This was particularly noticeable in Care Homes situated in small communities.

Indeed, none of the managers who responded to our research reported difficulties getting food supplies at any time. One particular supermarket chain was cited by several managers as "very good" and even "putting food aside" for them.

One respondent told us that, "the Coronavirus has brought out the best in our local community."

"People were leaving provisions on the doorstep all the time. Morrison's were particularly good; they were quick off the mark and delivered food and treats for the residents and staff (boxes of chocolates). "It made us feel appreciated." "I couldn't thank them enough."

"A wholesaler called Birchalls' was also particularly good."

"Morrison's also delivered extra food parcels and goodies every week. We would clean the lounge and take the goodies there and show the residents what they had delivered, and they thought it was lovely."

Managers reported deliveries of treats food and local entertainer appearing outside the windows.

"Luckily, we have done quite well, the staff have been brilliant, and we have had wonderful support from the local community. We have had gifts and curry and pizzas from local takeaways the local Boys Scouts made us soup and bread. We also had people coming to entertain us (through the windows.)"

"We have limited contact from the local community but when we have it's been very positive. I had no food supply issues. I sourced a milkman, so I got fresh milk eggs and bread daily. I got the rest on delivery from Iceland and Morrison's and they were very good."

"Kirkham is a small place, and the GP is just across the road. Our largest store is Morrison's. They also know who we are and during lockdown I only had to ring them directly and they put food to one side for us."

"We have been supported by the local bakery, and the local opticians brought us some face visors. People have dropped off hand sanitisers and we had a lot of chocolate Easter eggs donated too."

"I had no issues getting food or supplies (save for toilet rolls) and the wider community has been very good. I have had deliveries of emergency supplies and Homebase sent us lots of bedding plants for the garden."

Theme:
Community support

In October 2020 Amnesty International published the report As if Expendable supporting previous allegations that there had been significant Human Rights breaches to the rights of Care Home residents in the UK.

"The UK government, national agencies, and local-level bodies have taken decisions and adopted policies during the COVID-19 pandemic that have directly violated the human rights of older residents of Care Homes in England—notably their right to life, their right to health, and their right to non-discrimination. These decisions and policies have also impacted the rights of Care Home residents to private and family life and may have violated their right not to be subjected to inhuman or degrading treatment." (UN Secretary General May 2020 – referenced in Amnesty International report, As If Expendable, October 2020, p5)

Prompted by the publication of the Amnesty International Report, HWL decided to publish this first report which has been uniquely informed through the eyes of local Care Home managers.

There are strong local parallels with the national perspective.

Responses from Care Home managers suggest:

- A disconnect between NHS Health services and Social Care services.
- A fragile position of social care in the health and social care economy.
- Many social care staff have clearly been shaken by their recent experience with Coronavirus. Some told us they had felt, "abandoned", "overwhelmed", "frightened" and "panicked". There were reports of staff, "walking out" and managers lacking clear direction from the government, whilst at the same time statutory agencies were accused of, "being frightened."
- The pandemic exposed the frailty of the social care system.

Conclusion

HWL offers the following recommendations and observations for the consideration of LCC and its partners. Many of the issues highlighted are generic, complex, and varied, and HWL acknowledges that any response will need to be from a range of partners.

Similarly, the retrospective manner in which this information is published means that many of the recommendations and observations may have already been acted upon by relevant agencies. HWL acknowledges that LCC has already implemented recent guidance which was published during the course of this project.

In particular:

- The Covid19 testing system and PPE provision have improved greatly.
- There are now clear guidelines in respect of Care Home visiting (updated February 2021)
- LCC has supported the welfare of Care Home staff via the "My Home Life "resource.
- There has also been a successful roll out of the Covid19 vaccine in residential care homes.

Our recommendations/observations for each key theme:

Discharge of patients from hospitals into care homes

– Develop an integrated discharge system which involves Care Home managers and hospital staff and includes virtual in-hospital assessments being carried out by Care Home managers to avoid residents moving unnecessarily around the system.

– Ensure complete transparency around the Covid19 status of patients' prior discharge.

Access to hospitals and other medical services

– GP practices to appoint a clinical lead to each Care Home to avoid unnecessary admission to hospital and manage end of life for non-nursing environments.

– The NHS to support Care Homes with more in-house treatment regimens to avoid admission to hospital

– GPs encouraged to proactively support Care Homes with virtual "rounds"

Recommendations & observations

'Do Not Attempt Resuscitation' (DNAR) forms

– Recommendation pending the substantive CQC publication reviewing DNAR commissioned by the DHSC 12 October 2020

Access to testing

– The Implementation of a" fit for purpose" testing system.

– Access to testing improved so that Care Home settings are on a par with NHS settings.

– The testing delivery system made less invasive for more vulnerable residents /alternative delivery?

Ppe and ppe guidance

– Care Homes to be given the same priority access to PPE as the NHS (and offered different versions as hospital staff i.e. transparent masks).

Guidance

– Clear, consistent and timely guidance with one agency acting as the lead (as in the LCC hub)

Visits and isolation

– Government to act on recommendations of groups such as the Lancashire Resilience Forum and national groups such as MHA and Age UK in acknowledging the importance of visitors to Care Homes and consider close family members as key workers.

– Agencies such as the CQC, GP etc. to gradually reinstate limited visits

– Investment and training in digital forms of communication for Care Home residents and staff. Encouragement to use social media to maintain links with family.

The impact on staff wellbeing

– Institute a Lancashire wide strategy for a dedicated mental health support service for care staff impacted by the pandemic.

Further Reference

As If Expendable - the UK government's failure to protect older people in care homes during the covid-19 pandemic (Amnesty International 4/10/2020)
View report

More Than Just A Visitor - A guide to essential family carers. David Moore MHA
View guide

Emerging Evidence Of Covid19s Unequal Mental Health Impacts On Health And Social Care Staff - The Health Foundation, July 2020
View report

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