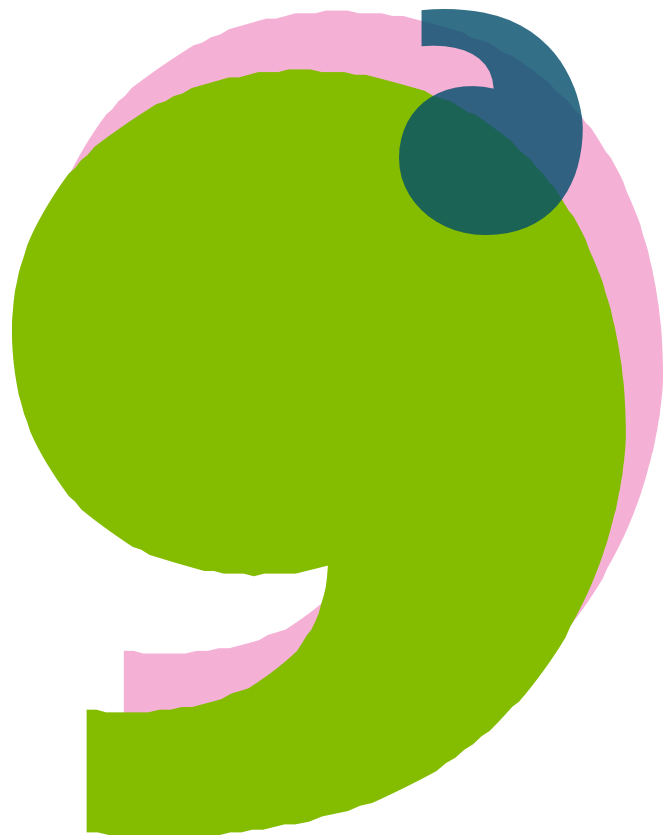




Building safety and resilience in Norfolk's care homes during COVID-19

October 2020



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1. About Healthwatch Norfolk

Healthwatch Norfolk (HWN) is the local consumer champion for health and social care in the county. Formed in April 2013 as a result of the Health and Social Care Act, we are an independent organisation with statutory powers. The people who make decisions about health and social care in Norfolk have to listen to patients and service users through us.

We have five main objectives:

1. Gather patient and services users' views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We are here to help the public positively influence the way that health and social care services are planned and delivered in Norfolk.

Our details:

Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common,
Wymondham, Norfolk NR18 0SW

Registered charity number: 1153506 | Registered company number: 8366440

To discuss anything in this report, you can email us at enquiries@healthwatchnorfolk.co.uk, or call 01953 856029.

2. About this report

2.1. Background and context

Norfolk's nursing, residential, and specialist care homes provide residence to thousands of individuals across the county, most of whom are deemed to be among the most clinically vulnerable to the potentially devastating consequences of COVID-19. For each person living in a care home in Norfolk, there is also a team of dedicated staff whose caring responsibilities have in recent months been changed dramatically. Moreover, friends and families of care home residents have been forced to contend with the emotional strain of having a loved-one in care during an unprecedented public health emergency.

This continual risk weighs heavily on families who have not been able to spend time with their loved ones, as well as staff who are responsible for the care and safety of residents, many of whom are experiencing high levels of fear, anxiety and confusion relating to COVID-19.

To further support local authorities in delivering best service to the care home sector, the UK government has requested that all local authorities implement or appraise their current care home support plans. Resultantly, NCC has committed to reviewing the care sector within its jurisdiction and to take immediate actions where deemed necessary, to further support providers in the delivery of care.

Norfolk County Council wanted to find a way to hear the experiences of people living in care homes, and were pleased to commission this piece of research from Healthwatch Norfolk. Access to relevant and timely staff and service user feedback is a critical element of this review process, which HWN is helping to facilitate through this report. By bringing the public voice to the forefront of service delivery, our aim is to provide NCC with an authentic and contemporaneous understanding of where its services are working well and where improvements can be made.

The findings from this report will be used by NCC to effectively supplement other work already completed and underway in the department. The overarching purpose of reaching out to care sector stakeholders including residents, staff and families, is that both positive and negative experiences can be used to inform important processes such as Equality Impact Assessments (EqlAs), forthcoming nursing and residential care commissioning strategies, and wider discussions about provision of care to help plan for the future. Findings will also be shared widely with individual care homes to encourage system-learning and provide homes with suggestions to improve the experience of their staff, residents and their relatives as they continue to deliver services while facing unique challenges presented by the COVID-19 pandemic.

This report is an analysis of the three surveys run by Healthwatch Norfolk, through which we heard from a total of 152 people about their experiences. Of these responses, 94 were residents, 29 were staff, and 35 were relatives or friends.

Given that the purpose of this report is to provide an overview of experiences at care homes across Norfolk, names of specific homes have not been included. However, if Norfolk County Council wish to follow up with specific providers for purposes of safeguarding or monitoring names will be provided.

2.2. About our approach

Healthwatch Norfolk was tasked with designing a methodology that would be easy for the target audiences of residents, care home staff, and friends and relatives of cared-for people to participate in. It was stipulated by NCC that this methodology should produce insight that could be directly applied to learning and future planning around care home support in Norfolk during COVID-19.

Prior to a final methodology being agreed, project leads for Norfolk County Council's (NCC) Adult Social Services team and commissioning managers worked collaboratively with HWN to discuss the objectives of the engagement programme. The core aim of the project was to produce feedback that is directly applicable to the following three themes:

- 1) **Impact** - Looking at what has been the immediate and ongoing effects of changes that have ensued since the outbreak of COVID-19, especially in relation to health and wellbeing.

- 2) **Messaging** - Understanding how well changes have been communicated to target audiences and how this could be improved. Also to explore where residents, friends/family, and staff got their information from and how well informed they felt.
- 3) **Resilience and recovery** - I.e. do residents and staff have everything they need to feel as safe as possible, what creative solutions have helped, and did relatives or loved ones feel supported?

It was agreed that a largely qualitative approach to data collection would be preferable, so that richer, more detailed accounts of respondent experience could be collected. At first it was also envisaged that a mixed approach of surveying and remote interviewing techniques would be employed, but as discussed further in section 2.4, the HWN team encountered some barriers to delivering this.

The final agreed approach constituted a series of three surveys, each designed in terms of wording and structure so to be accessible for the three distinct target audiences we were aiming to reach. The common threads of impact, messaging, and resilience and recovery were embedded throughout. All three surveys can be viewed in full in the appendices of this report.

2.3. Care homes involved

During this project we received information about 41 different care homes in Norfolk. 13 of these responses came directly from participating care homes, with friends and relatives of those in care referencing a further 28 homes. Figure 1 below displays the number of care homes across Norfolk we received feedback about from staff, residents, or family and friends.

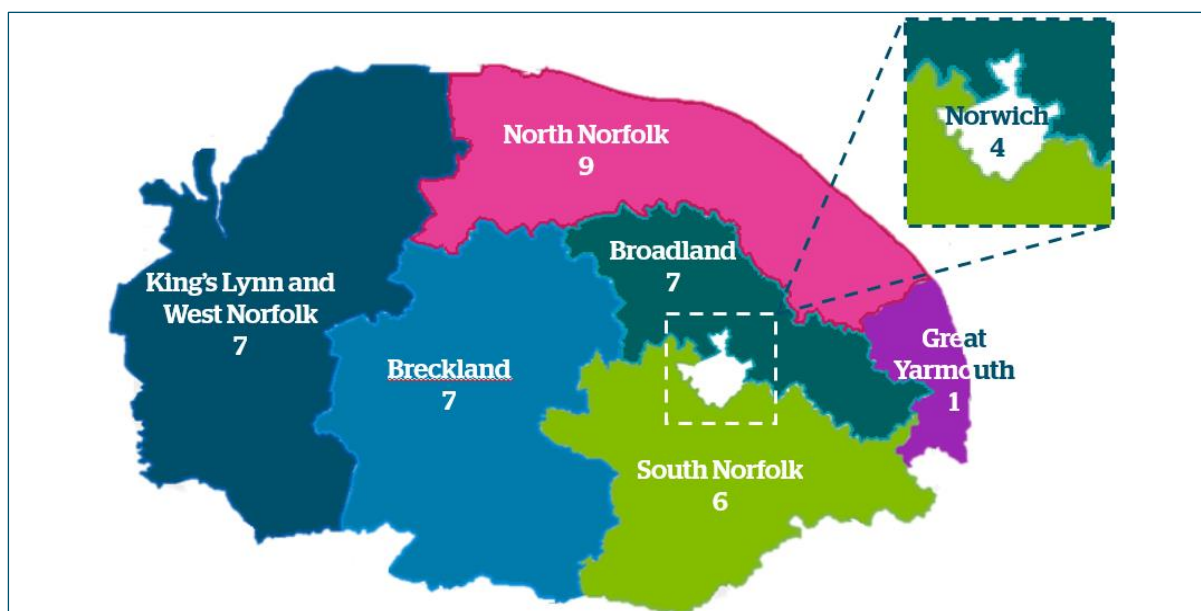


Figure 1. A map of Norfolk showing the number of care homes across Norfolk we received feedback about.

2.4. Limitations

- At first, the approach to engagement included conducting visits to care homes to speak with residents and staff. However, it became apparent early on that visits to care homes (even in line with Government social distancing measures) would present too great a risk to staff and residents in care settings. An alternative method of conducting remote interviews by phone or video was subsequently suggested, but due to disparities between digital access and resident capacity this was rejected in favour of sending paper easy-read surveys for residents to complete with support from staff.
- Our initial approach to recruiting care homes to participate in this project focussed predominantly on indirect digital communications channels. We hosted a web page and sign up form on the Healthwatch Norfolk website, which we publicised through communications materials placed in sector newsletters run by both NCC and Norfolk and Waveney Clinical Commissioning Group. However, after four weeks we had only received interest from six care homes, so a decision was made to contact homes directly by phone.
- Many care homes we approached were unable to participate due to additional pressures placed on them by COVID-19, including more time needed to undertake testing, decontamination responsibilities, and the management of an increased agency workforce.
- It was previously agreed that this project was not intended to capture a statistically significant proportion of care home staff, residents, or family members, but was instead commissioned to present a variety of detailed individual experiences. This said, NCC tasked HWN with collecting responses from at least two care homes per district authority area, to try and ensure an even distribution of views across the county. At least one care home from every district authority area in the county apart from Breckland took part in the project. Although packs were sent to three care homes in Breckland, we did not receive back any completed surveys from providers in this area before the deadline of 16th October.
- Engaging with friends and relatives also proved more difficult than anticipated. Although a request was made by Healthwatch for care homes to share the relative and friends survey through their channels, in many instances providers did not have capacity to disseminate such communication. Joint social media campaigns, including paid advertising, were used alongside press releases in publications such as Just Regional and the Holt Chronicle, but uptake was still remained low, hearing from a total of 35 friends or relatives of those living in a care home.

3. Experiences of residents during COVID-19

3.1. Impact

We received responses from 94 care home residents to the survey. Most of these respondents told us that they had noticed changes in the care home during the coronavirus pandemic (78 respondents, 84%¹).

The most common change noticed was that 72 residents (83%) reported staff wearing different clothes, Figure 2 below displays the changes noticed.

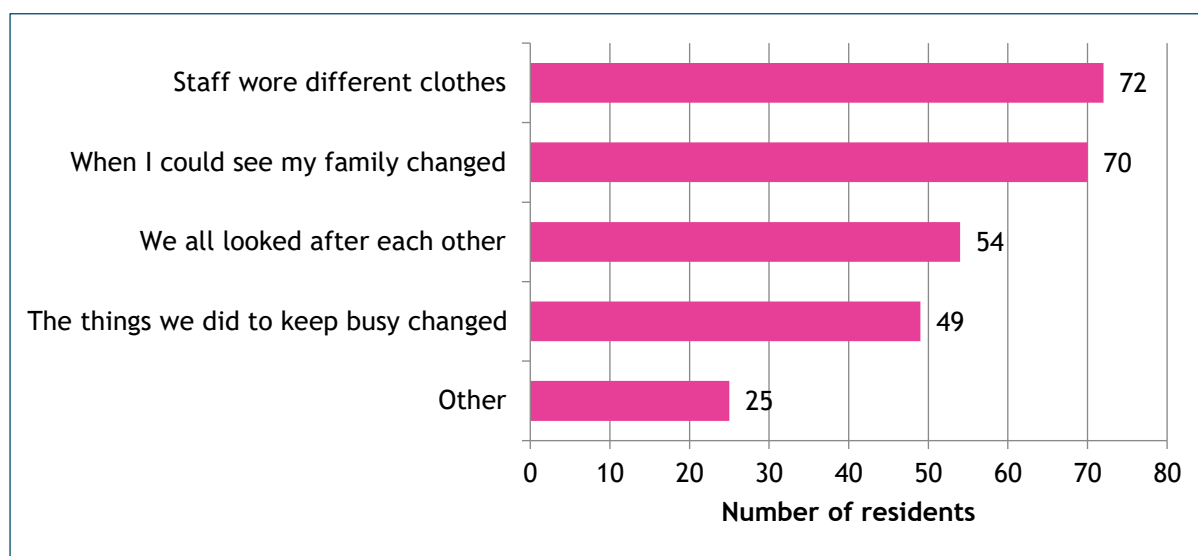


Figure 2. Responses from 87 residents to the question: "If you have noticed any changes in your care home - what has been different?"

'Other' answers included that they were "not allowed in kitchen", that they "miss seeing the dessert trolley in the dining room and the bowl of fresh fruit in the lounge", "the hairdresser was not in", and there was "no outside entertainment coming in". They also told us about the changes in what staff were wearing that "staff wore face masks, visors and PPE".

Finally, residents also highlighted that they "can only see family by appointment", and they "miss my daughter's visits in my room and her being able to come any time". One resident commented that this lack of visits resulted in "changes in other residents because they haven't seen families".

Only 37 residents (40%) told us that their daily routine had changed. Residents were asked how the changes made them feel, 24 residents (29%) told us that they liked the changes and 18 residents (21%) told us they did not like the changes.

Twenty-four residents (29%) answered 'other', they mentioned that they "did not feel any different", or that they "do not mind them, but would like routine to go

¹ Please note that percentages are reflective of the number of people who answered each question and consequently may be inconsistent across questions.

back”, and “I didn’t like them but I understand it has to be done for our wellbeing”.

On the other hand, one resident told us that they “feel restricted and far less freedom” while another highlighted that they felt “rather sad - miss my family. Do not like facetime” but that they were “glad we have other activities to do”, and finally a resident told us that “residents missed going out, social distancing rules confusing and upsetting”.

3.2. Messaging/communication

Nearly three quarters of residents (69 residents, 74%) told us that they were told about the changes at their care home. The most common source of this information was from staff at the care home with 73 residents (86%) telling us that they helped them understand why the changes were being made in their care home, the answers to this question are displayed in Figure 3 below.

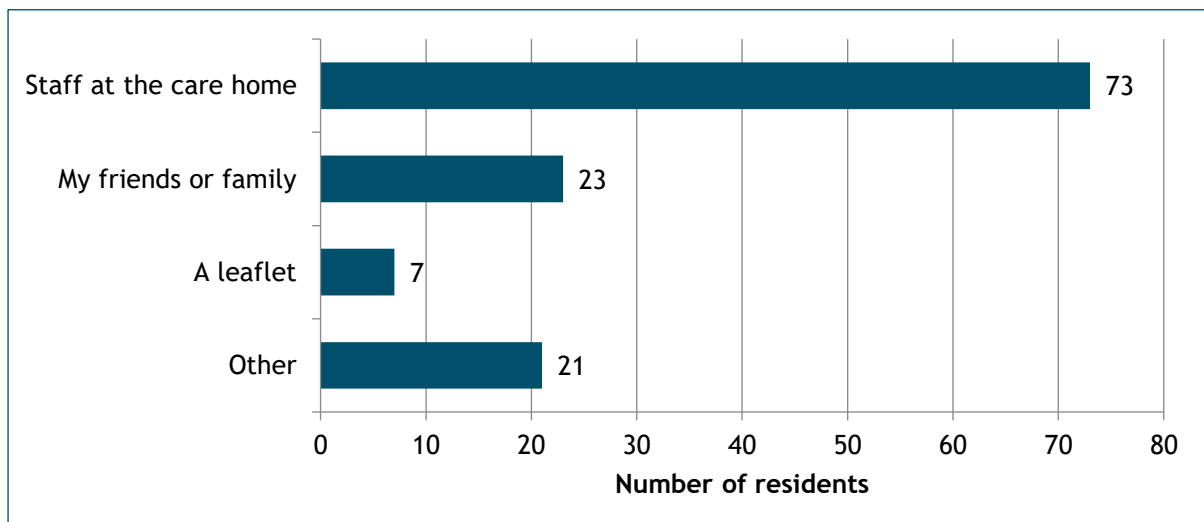


Figure 3. Responses from 85 residents to the question: “Who helped you understand why the changes were being made in your care home?”

‘Other’ responses included “I haven’t noticed any changes”, “reading papers and watching TV”, “my family when I saw them”, and “management also kept us informed”.

3.3. Resilience and recovery (feeling safe)

Residents were asked what helped them to feel safe when things changed at their care homes, the most common answer was ‘the staff’ with 80 residents (87%). This was followed by ‘other people I live with’ (37 residents, 40%), ‘my friends or family’ (22 residents, 28%), and ‘other’ (22 residents, 24%).

‘Other’ responses included that they “have never felt unsafe” and “haven’t really noticed any changes”. Residents also told us things that made them feel safe

included “staying inside”, “my faith”, “television - watching the news”, “the testing”, “neighbours from a distance”, and “restrictions put in place to ensure minimal contact outside the home”.

4. Experience of care home staff during COVID-19

The staff survey asked questions about changes affecting care home staff, whether these changes have been positive or negative, how confident staff feel at keeping residents informed, and how they have helped residents cope during the pandemic.

There were 29 staff responses from 13 care homes across Norfolk.

4.1. Impact

All respondents said that they noticed changes at the care home in which they work during the pandemic. When asked whether any changes have been difficult or challenging, 25 respondents (89%) answered ‘yes’, but 23 (82%) said that there have also been positive elements to the changes.

Table 1 below shows the most common changes that were highlighted:

Table 1: quotes from staff on the three most mentioned changes

PPE / infection control	Visiting restrictions	Residents’ mental health
<p>“lots of stations to sterilise your hands, face masks, changing clothes coming in and out”</p> <p>“Changes to PPE and doffing of PPE [...] Social distancing measures in place for staff, residents, visitors.”</p> <p>“PPE extra: aprons, facemasks and shields and full bosy [sic.] suits. More hand sanitiser stations.”</p>	<p>“Family and friends haven’t been able to see residents like they used to”</p> <p>“No freedom to have visitors as and when”</p> <p>“Outside entertainers have had to be cancelled”</p> <p>“No hair dressers able to visit - little things like this the Residents miss.”</p>	<p>“Residents’ mental health has suffered from a lack of visitors. Eventually, those with more advanced dementia were feeling low, though they couldn’t say why”</p> <p>“Residents’ morale changing, no activities”</p> <p>“The residents’ moods changed. They missed their family and friends. They was not always able to understand why.”</p>

Some respondents also mentioned new obstacles for staff, such as: “all of the work that goes into caring has doubled”, “staff shortages due to self-isolation”, and “Staff moral [sp.] - changing and challenging [...] Lots of confusion around what staff are allowed or not allowed to do.”

4.2. Challenging impact

Staff highlighted that residents not being able to see family was particularly difficult. This was mentioned both in terms of the effects on the residents, and the challenges they faced in trying to explain changes in rules to residents:

“Residents missing their families and wanting to hug / kiss them - saddening and making residents stressed or sometimes agitated.”

“I feel bad I can't let people see their family.”

“Explaining to the residents about their friends and family visiting.”

Another key challenge noted was regarding discomfort for staff and difficulty in effectively communicating with residents whilst wearing PPE:

“How hot you become in full PPE when carrying out personal care.”

“Working in PPE - masks, visas. Communicating with residents with masks on, not being able to see our smiles”

“Residents not seeing our lips when we are talking making it hard to hear us”

Some staff also said that having to cancel external entertainment and activities presented new challenges, meaning they are *“trying to find social interaction activities for residents”* and *“having to think up ideas as we go along.”*

Difficulty accessing support from clinicians and other professionals was a further challenge. Several staff members mentioned this, one expanding to highlight the longer-term implications:

“The lack of professional support from psychiatrists, GP's, care coordinators and other people such as chiropodists, dentists etc. [is a challenge] [...] We are still not getting reviews completed or support for some very challenging situations”

4.3. Positive impact

Despite the challenging changes, many respondents highlighted positive changes that had come about because of COVID-19.

A positive change highlighted by nearly half of all staff who answered that question was a closer team bond, as shown in Figure 4 overleaf.



Figure 4. Staff comments about positive changes to team working

Whilst a lack of outside entertainment was raised as a challenge, some staff mentioned positive elements to it, such as *“plenty more activities done on site”*, *“more 1-1 sessions with residents have been lovely”*, and *“getting closer to residents”*.

Several staff also highlighted better infection control as a positive change, one saying they felt *“more protected”*.

4.4. Messages / communication

Staff were asked how confident they felt keeping residents informed about changes in the home made as result of COVID-19. Figure 5 shows the results:

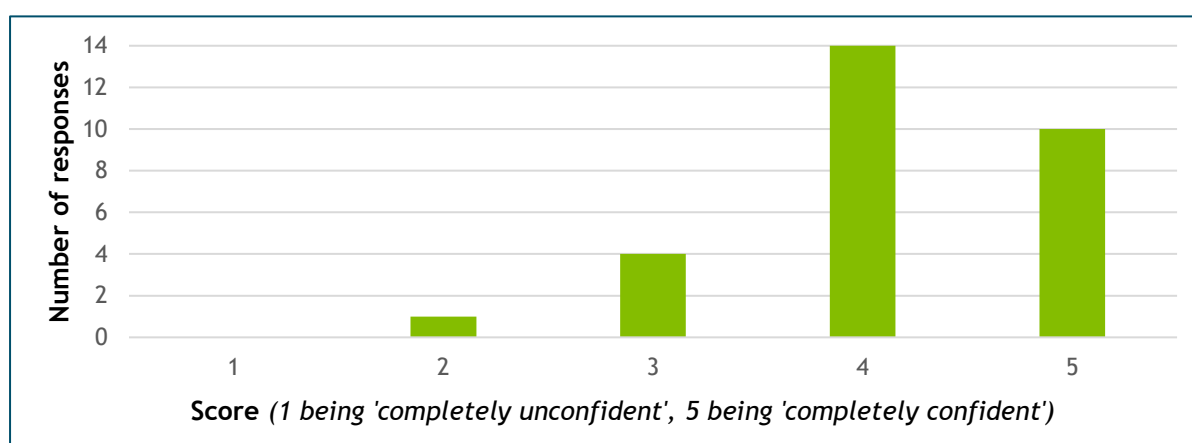


Figure 5. Staff confidence in keeping residents informed

Generally staff indicated that they felt confident, with 24 respondents (82%) choosing either option 4 or 5.

Respondents were asked to explain their answer if they wanted. Several noted that information was well disseminated through meetings and / or written information to residents, some examples given overleaf:

“Regular meetings with the residents and staff to gain understanding and to discuss any changes.”

“Through the whole pandemic our manager has made sure residents have been kept informed by verbally telling them and putting information onto our house paper/magazine.”

“At the start of lockdown in March, all residents were provided with an information sheet explaining about COVID19, but also what services / help was available for our residents to access”

Despite this, many comments indicated the difficulties in making information user-friendly for residents. This was particularly evident in staff who work with residents who have dementia, as shown in Figure 6.

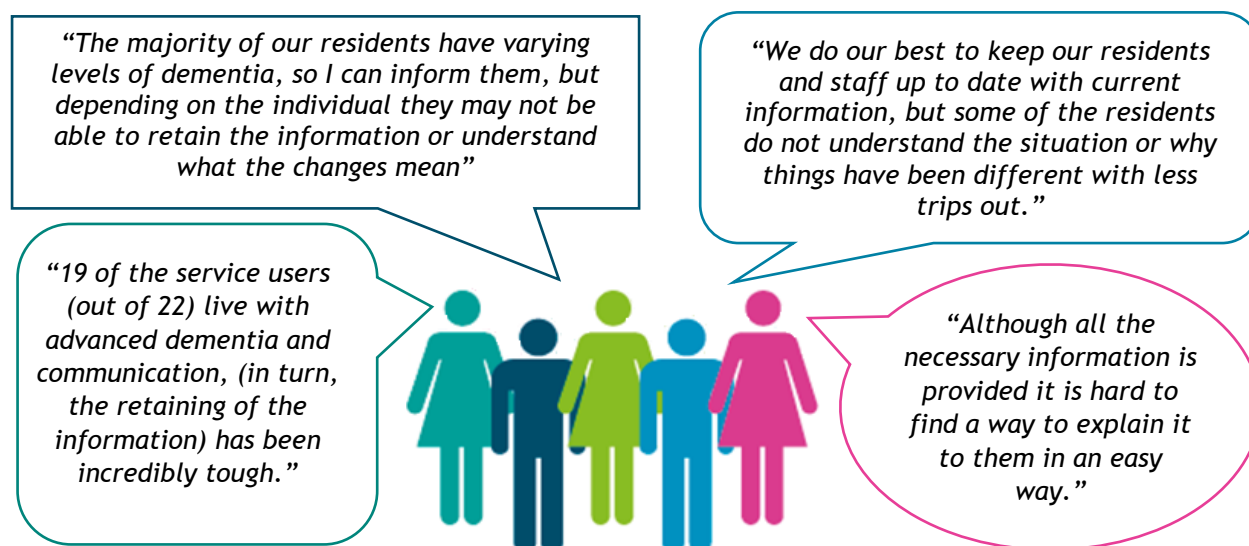


Figure 6. Staff experiences of difficulties keeping residents informed

These comments came from respondents with a range of confidence levels, indicating that some staff may have known the information themselves but struggled to make it more accessible.

Of those who said that they felt less confident, several attributed it to changing information: One said: *“It’s hard for staff to keep up to date with information - let alone the residents”*, whilst another highlighted that *“[Information] seem[s] to change every week, new rules / regulations, dos and don’ts.”*

4.5. Resilience / recovery (supporting residents to feel safe)

Staff were asked how they helped care home residents cope with the changes.

The most common response was regarding keeping residents busy and trying to create new activities:

"We made our own entertainment, within the guidelines. Giving our quizzes and puzzles [...] Arts and crafts [...] Cooking. Going around the garden"

"two members of the staff have washed, set and blow-dried the residents' hair on a weekly basis, the same day as the hairdresser would"

"Continued to celebrate special days / events. Easter: every resident got an Easter egg on Easter sunday. Cake on good Friday [...] VE Day: every resident received an afternoon tea in celebration."

"Instead of live music we have COVID Karaoke, where the manager travels to each residents room to sing them a song and gets them to join in. We have played Lockdown Bingo with our residents where they sit in the door ways of their bedrooms while the numbers are called out by the manager"

"Try to have fun with them and spent a lot more time with them, being the person for them to talk to. Engaging in more activities, music etc"

Many staff also highlighted the importance of providing lots of reassurance and information to residents, as shown in Figure 7:

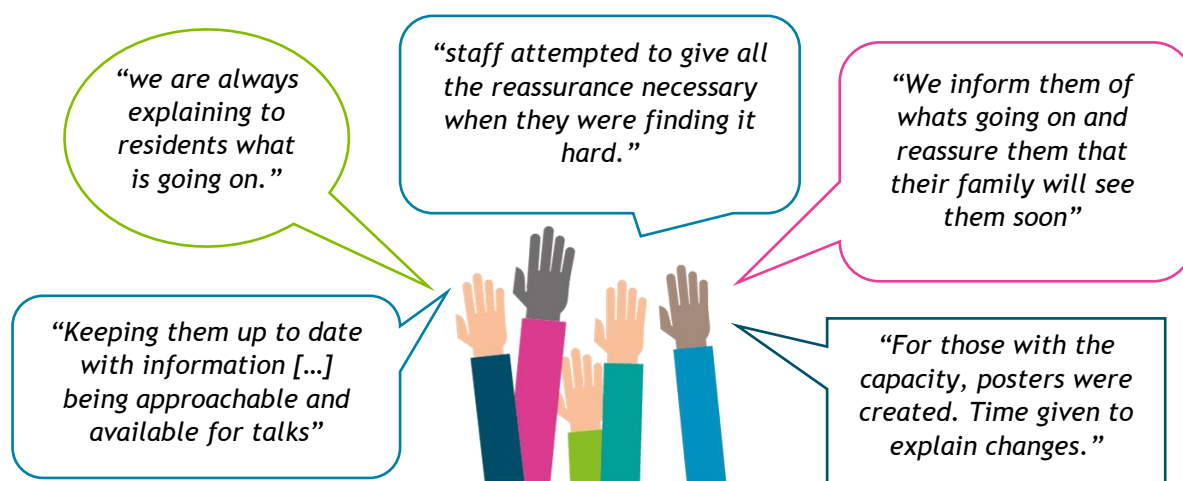


Figure 7. Staff comments about keeping residents informed and reassured

Many staff also highlighted the introduction of facilitating video calls between residents and their families to keep communication up. One staff member also said *"[We] put photos on our facebook page so families can feel part of their everyday activities."*

5. Experience of friends and relatives with loved ones in a care home during COVID-19

Friends and family of those living in a care home were asked about the impact COVID-19 related changes have had, how the changes were communicated with them and looking at building resilience for future peaks. 35 people completed the online survey referencing 31 different care homes.

5.1. Satisfaction with care home response

We asked respondents to score how satisfied they were with how their family member/friend's care home had dealt with the COVID-19 pandemic. Figure 8 below shows that the highest proportion (10 respondents, 29%) were 'completely satisfied', however the spread of responses is quite even, resulting in an average score of 3.4/5.

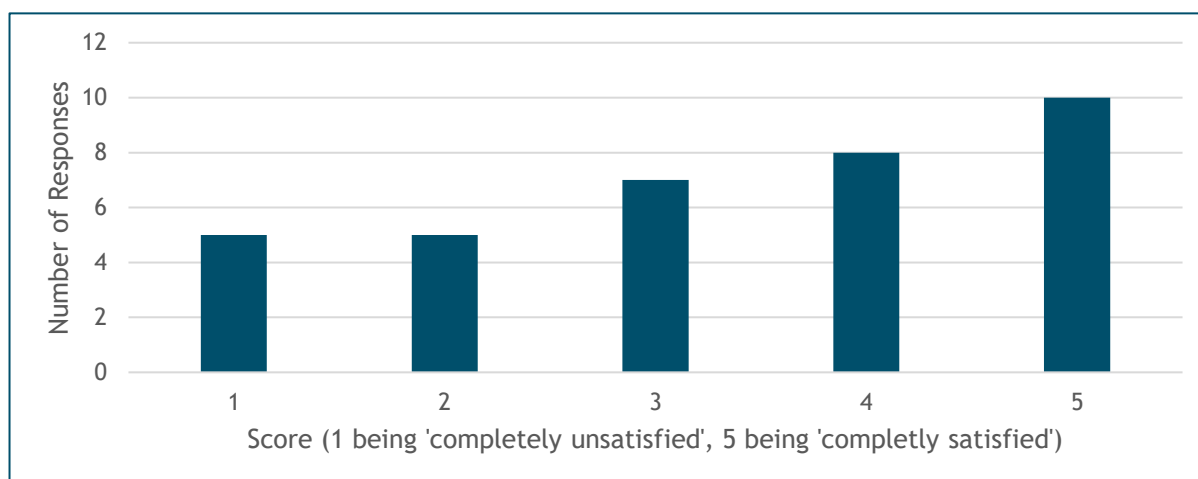


Figure 8. Family/friend satisfaction of how care homes had dealt with the pandemic

5.2. Challenging impact

Most respondents commented that the most challenging change was not being able to visit loved ones:

“Not being able to see our mum who only went in there in December with dementia”

“Our family member was allowed to come home a couple of times but that has stopped now as the home is back in lockdown.”

“no visitors, no hairdresser etc and whilst not the fault of the home, I think they could have done more to facilitate visits”

Respondents said that although homes had tried to facilitate visits or regular contact by other means, it had been challenging due to communication difficulties or concerns for distressing loved ones.

"We have not seen my 97year old mother once. [REDACTED] did start window visits with a walkie talkie. As my mother has dementia we felt that would confuse her even more, so declined this. We feel that the home could have allowed socially distanced visits in the garden, especially as we had lovely weather for months."

"visiting for half hour fortnightly outside in a type of tent which is obviously unsuitable in cold wet weather has caused great distress to us both."

"With not being able to visit trying to have coherent telephone conversations with mum was very difficult."

"It has been difficult only being able to visit in the garden. My mother has hearing difficulties. The 2m distance combined with a mask meant a conversation was almost impossible....Cold breezes meant she quickly complained of being cold despite the blanket. This severely restricted my visit as I didn't want her to suffer."

Many respondents commented that COVID-19 had directly or indirectly effected their family member/friend's physical or mental health, as shown in Figure 9:



Figure 9. Experiences of declining mental or physical health on care home resident

One respondent added that the changes in care homes had also had a negative impact on their mental health, saying *"My husband no longer recognises me, following a long period of not being able to visit. I am suffering from depression which wasn't the case before"*.

5.3. Positive impact

Respondents expressed that some changes made a positive impact. For instance, several said that the changes had meant that there had been “*no cases of covid at the home*” and there was “*probably a greater emphasis on hygiene*”.

In some care homes, respondents said that staff were doing what they could to facilitate contact, using “*face time*”, “*skype*” and sending “*photos*”. Respondents commented on the infection control guidelines, for example saying that “*social distance visiting with obvious guidelines*” had been possible and “*Recent months have seen some visiting resumed but only outdoors*”.

5.4. Messaging and Communication

Friends and family members were asked to score how informed they felt about the changes made in care homes because of COVID-19, as shown in Figure 10. The average score was 3.1/5.

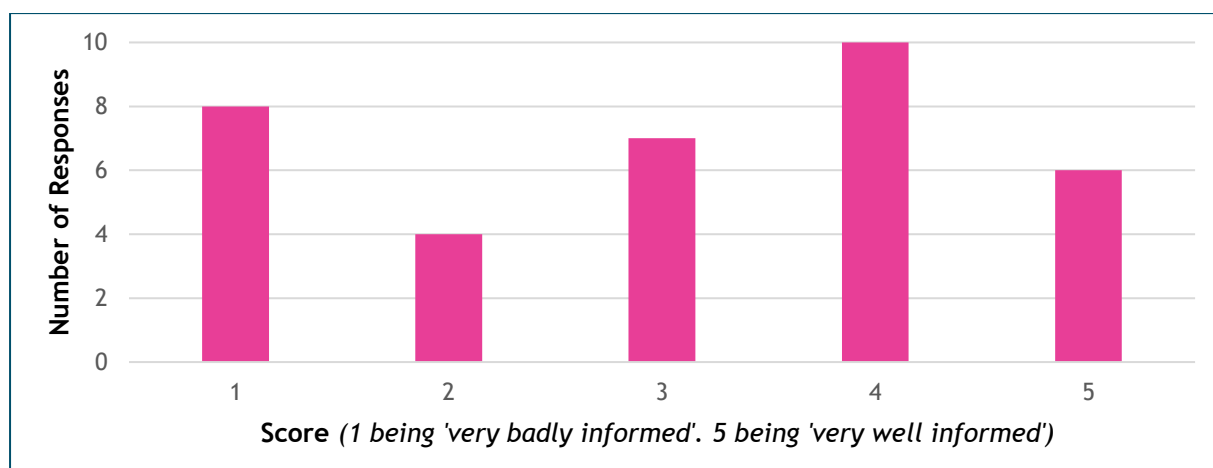


Figure 10. Family/friend score of how informed they felt of changes made in care homes during COVID-19.

Friends and family members were asked about how changes were communicated with them. There was evidence of good communication in some care homes:

“Initial phone call from their office a couple of weeks before the official government lockdown. followed up by letter fully explain why they were looking [sic.] down for the safety of their residents. Subsequently regular updates via an initial phone call then full explanatory email/letter.”

Some respondents commented that they were informed of changes by “*telephoning and asking*” however they were “*not always getting the same answer*”, “*weren’t communicated very well*” and responses “*were inconsistent*”. Some had heard about changes through friends and family.

Friends and family members also expressed views that whilst in lockdown it was sometimes difficult to communicate with care homes, one respondent commented that the “*phone was not being answered*”, they were “*not told about things*” and “*paperwork was lost*”.

“It’s been hard to get through on the phone, either no answer or you leave a message & don’t always get a call back which causes distress & worry”

“When the home went into lockdown I was not informed and turned up as usual to visit my mother only to be turned away at the door, which was very upsetting. When they started allowing visits over the fence I only found out when my sister phoned the home to find out why they had not dealt with a couple of matters I’d emailed 3 times about, and happened to ask if I would be allowed see Mum over the fence and was told I could on a sunny day, so when I rang on a sunny day to arrange a visit I was told the procedure and “that’s what we’ve been doing”. Since when? I finally saw Mum 24 weeks to the day since we had last seen each other but it sounded as if I could have gone at least 2 weeks before that if I’d been told.”

5.5. Resilience and recovery (feeling safe)

Participants were asked what the care home did to reassure them about the safety of their loved one during the pandemic. There were very mixed responses, as illustrated in Table 2.

Table 2: Responses to what care homes did to reassure family members/friends

Poor Reassurance	Good Reassurance
<i>“Unfortunately, nothing. Very concerned about relatives welfare, especially as home has just come out of special measures.”</i>	<i>“The were conversations about how staff were managing PPE and cleaning/sanitising.”</i>
<i>“They didn’t, when we looked through the window we saw members of staff coming in out of our nans room then walking in to other rooms with same ppe on”</i>	<i>“Constant reassurance. Regular testing as soon as it became available. Core staff being used whenever possible”</i>
<i>“Not a lot, only some verbal communication again when contacted, Nothing proactive from the home”</i>	<i>“Monthly newsletter and diary of events and activities. Weekly phone calls to my mother also meant I could talk to staff as well.”</i>
<i>“Many did nothing. These residents are not prisoners but have been treated in many cases with Less respect. Not by the hands-on treatment they receive by carers who mostly care very much, but by the blanket policies and draconian outlook of the homeowners who take the least line of resistance”</i>	<i>“Kept us very well informed of what they were doing and how mum was. Every time I phoned to try to chat with mum I had a discussion with either mum’s designated lead carer or the duty manager”</i>
<i>“Nothing, but Mum had already been there for more than a year and was happy and safe there, so I knew she would be ok. I only found out by chance that they’d had some cases of the virus in the home when they rang to say Mum’s test was negative and I asked if they had any positive results.”</i>	<i>“They explained the rules and why they were in place. They also explained this to our family member. They have allowed our family member to go to their Day Service which has really helped.”</i>

<i>"Not a lot really just shut the doors."</i>	<i>"Kept in touch, undertook testing and stopped visits initially. Now able to have socially distanced safe visits."</i>
<i>"Nothing specific but after nearly 9 years I trusted them to do the right thing."</i>	<i>"Plenty of positive actions with ppe and good management."</i>

5.6 Resilience and recovery (future peaks in COVID-19)

The final question asked participants how confident they are that their family member/friend would be safe in a care home environment in the event of future peaks of COVID-19 cases. The results are shown in Figure 11:

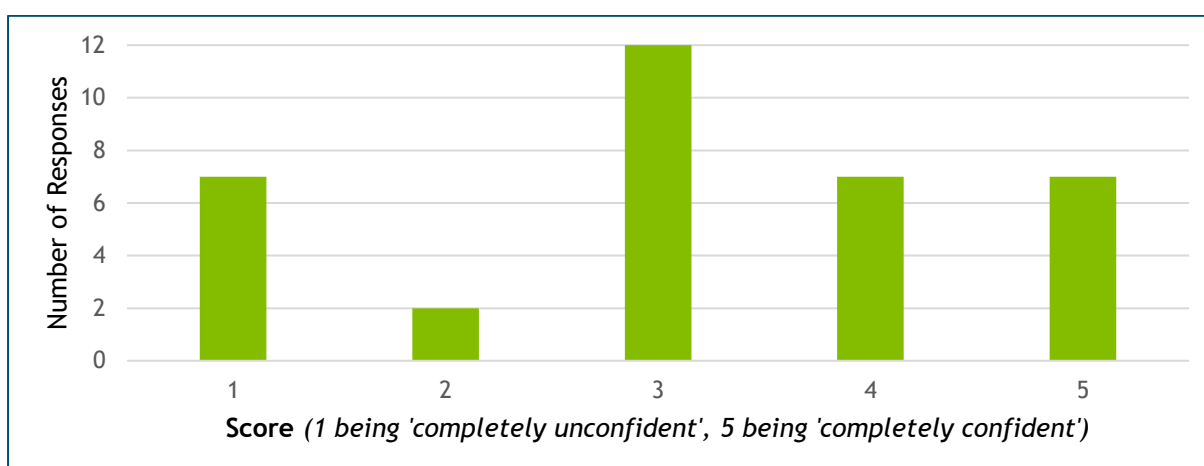


Figure 11. How confident respondents felt about the safety of friends/family within a care home setting.

Results were very mixed, with a range of explanations as shown in Figure 12:



Figure 12: Examples of comments illustrating confidence levels in friends/family

6. Conclusions

6.1. Summary of findings

The results of all three surveys indicate varying experiences of care home residents, staff, and friends or family. The bullet points below summarise the key findings:

Impact / changes

- Most residents noticed changes within their care home, but less than half said that these changes had affected their daily routine.
- A slight majority of residents said they liked the changes. However, staff and friends/family both recognised more challenges than positives in terms of changes.
- Both staff and friends/family said that residents' mental health has been significantly affected, particularly due to restricted visits.
- Whilst using PPE was recognised by residents as a change, and by staff and friends/family as a positive due to enabling better infection control, many staff struggle wearing it all day and find it more challenging to communicate with residents.
- Some staff feel that changes made as a result of COVID-19 have created a greater team bond.
- Some staff noted difficulty arranging care for residents from healthcare professionals such as psychiatrists, GPs, care coordinators and dentists because of delays caused by COVID-19.

Messaging

- Residents are most likely to have been told about changes via their care home rather than through friends or family, or a leaflet. Some residents highlighted that care home managers were more likely to keep them informed than care-giving staff.
- Whilst staff generally feel well-informed about the changes in their place of work, sharing this information to residents in a user-friendly format is difficult especially for those with dementia.
- Friends/family had very varied experiences of being kept informed by their loved one's care home, ranging from regular updates to feeling very out of the loop.

Resilience / recovery

- The majority of residents said that the staff had helped to make them feel safe.
- Even though the normal programmes of entertainment have stopped, most staff stated that they are trying to help residents cope with the changes through organising their own internal activities.

- Friends/family shared mixed opinions about whether they have confidence in their loved one's care home in the event of a second wave

6.2. Recommendations

Based on the findings and summary points, we would suggest the following recommendations to be considered by Norfolk County Council and care providers.

- i. NCC should continue to supply care home providers with links to relevant guidance and legislation as well as signpost to key information and new developments. Care providers should provide accessible information to residents, staff and family/friends.
- ii. Share best practice where possible, including this report, to promote quality in the care home sector.
- iii. NCC should continue to provide care home providers with links to updated advice/guidance about visits from family members or external contacts. Care providers should seek to improve how decisions about changes to visiting are communicated to family and friends, as many of those we surveyed expressed confusion regarding this issue.
- iv. Care providers should ensure that communication with family and friends is easy and efficient. NCC should, where feasible, consider supporting homes that have not adopted effective remote communication tools to invest in necessary technology and platforms.
- v. Work with local Primary Care providers and mental health trusts to explore how care homes can best support residents whose mental health has suffered as a result of COVID-19.
- vi. The local health and care system should continue working with care homes to ensure that the care of residents is the best it can be. In particular, HWN recommend undertaking work to identify the most urgent gaps in integrated care provision. Key practitioners involved in the wider healthcare of residents should be involved in conversations aimed at reducing delays and improving efficiency in multidisciplinary working. This includes psychiatrists, GPs, care coordinators, chiropodists and dentists.

7. Appendices

7.1. Responses received after deadline

Responses from two care homes were received after the deadline and were therefore not used in the analysis that makes up this report. However, to ensure that the opinions of staff and residents at these care homes are acknowledged, the short summary below provides an overview of the responses:

Responses received after deadline: care home residents

There were 15 responses received from care home residents after the deadline. One hundred percent of them said that they had noticed changes in their care home during the pandemic. *Figure 13* below shows the changes they had most noticed.

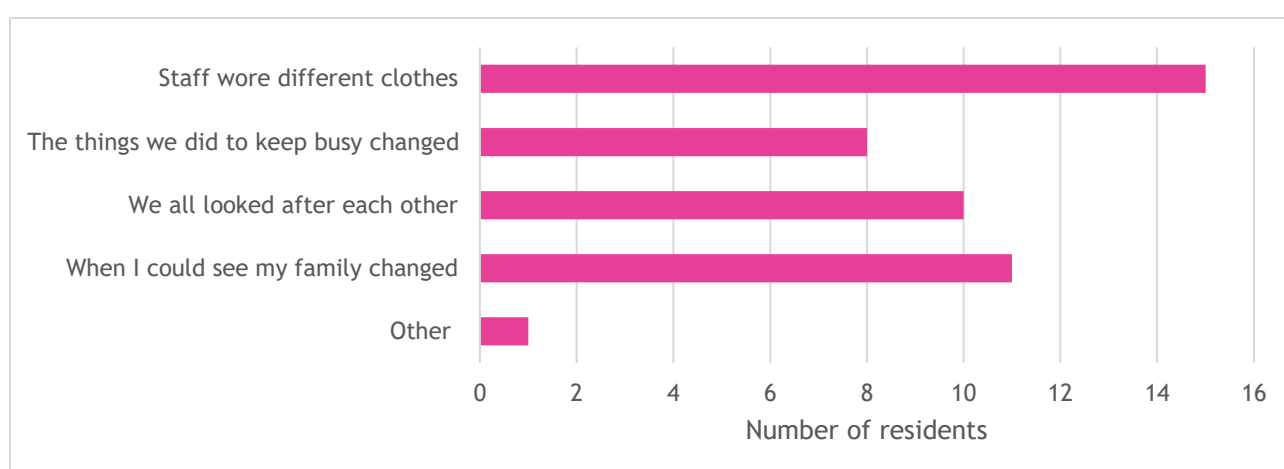


Figure 13: responses from residents received after deadline to the question “If you have noticed any changes in your care home - what has been different?”

The ‘other’ response was *“Cleaning staff used more chlorine based cleaning materials to sterilise surfaces”*.

Eight residents (53%) told us that they feel their daily routine has changed. They were asked how the changes made them feel: 8 residents (57%) said that they liked the changes, 1 resident (7%) did not like the changes, and 3 residents (21%) said they did not see any changes. Five residents (36%) answered ‘other’², mentioning *“the changes made a difference”, “personal care still the same”, and “I did not like the change where I could not see my family as often as I would”*.

In terms of information, 14 residents (93%) said that they had been told about the changes in their care home. *Figure 14* overleaf shows what residents told us about how they found out about the changes.

² Some residents chose more than one answer across the questions. Consequently, some percentages will total more than 15 responses or 100%.

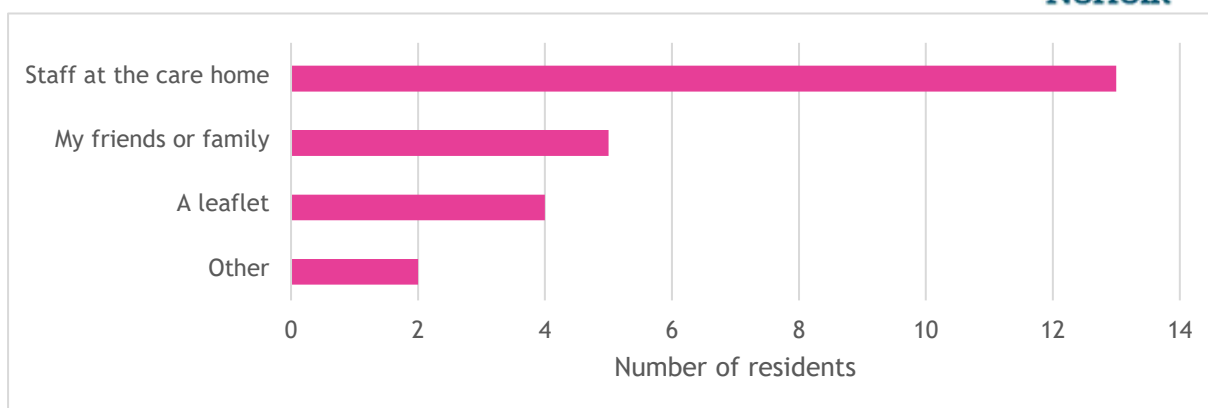


Figure 14: Responses from residents received after the deadline to the question: “Who helped you understand why the changes were being made in your care home?”

The 2 residents (14%) who chose ‘other’ cited they had heard via “news” and “manager support every day”.

Residents were asked what helped them to feel safe when things changed at the care home. Fifteen residents (100%) said ‘the staff’, 2 residents (13%) said ‘other people I live with’, and a further 2 residents (13%) said ‘my friends and family’. One resident chose ‘other’ and wrote “Manager up to date, national guidance / risk assessments”.

Responses received after deadline: care home staff

There were two responses from care home staff, both from the same care home. Both said that they had noticed changes in their care home, especially relating to infection control such as “the wearing of masks and distancing” and “ensure[ing] we have a safe stock of PPE - daily monitored”. One also mentioned the increased use of technology for “virtual GP reviews [and] virtual trainings for staff”.

One staff member said they had found some of the changes difficult, saying that “the masks are very uncomfortable and can affect my breathing”. The other staff member said they had not found the changes difficult because they feel staff are “just required to adopt new standards to how our service functions during pandemic”.

Some positive changes noted included “[infection control] keeps me safe” and “very proactive approach to quality of life for our residents. Team support our service and they support each other”.

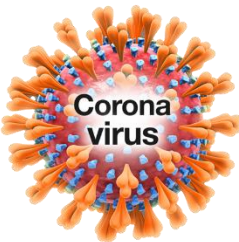

One staff member said they feel ‘very confident’ of keeping residents informed because of the fact that “our manager always keeps us up to date and informed about any changes”. The other chose ‘quite confident’ and highlighted that “every situation is different, individuals matter and continuous support is required”.

In terms of how they have been supporting residents, both mentioned communication with residents and family members. One staff member mentioned virtual offerings such as “facebook portal, iPad [...] Sharing activities with our other services eg exercise zoom sessions”.


7.2. Resident survey (easy read)

healthwatch
Norfolk

How has coronavirus changed your care home?





Corona virus




We would like to know what changes you have noticed in your care home due to coronavirus and how you feel about them.


About this survey




We would like to know what changes you have noticed in your care home due to coronavirus and how you feel about them.




This survey should take around 30 minutes to complete but you can take all the time you need.




We share the answers you give us with the people who help you, and they may also be used in other Healthwatch reports. However we do not give anyone your personal information.



A report of the survey results will be publicly available on our website. You can read our full privacy policy at <https://healthwatchnorfolk.co.uk/about-us/privacy-statement/>




Please tick the box next to your answers.




Please tick to confirm:

I have read and understood the information above


☐

Page 1

Changes at your care home




Question 1:


Have you noticed any changes in your care home during the coronavirus pandemic?


Yes ☐ No ☐


Question 2:


If you have noticed changes in your care home - what has been different?

 Staff wore different clothes ☐

 The things we did to keep busy changed ☐

 We all looked after each other ☐

 When I could see my family changed ☐

 Other, please write below:

Page 2

How do you feel about the changes?


Question 3:


Has your daily routine changed?


Yes ☐ No ☐


Question 4:

If you have noticed changes in the care home - how has this made you feel?

 I didn't see any changes ☐

 I liked the changes ☐

 I didn't like the changes ☐

 Other, please write below:

Page 3

Being told about the changes



Question 5:

Did anyone tell you about the changes at your care home?


☐

Yes


☐

No



Question 6:

Who helped you understand why the changes were being made at your care home?



Staff at the care home

☐


My friends or family

☐


A leaflet

☐


Other, please write below:

☐



Page 4

Help dealing with the changes



Question 7:

What helped you feel safe when things changed at your care home?



The staff

☐


Other people I live with

☐


My friends or family

☐


Other, please write below:

☐



Page 5

Thank you for completing our survey



Healthwatch Norfolk are here to listen to your concerns and help guide you to the right support.

Contact us

If you would like to tell us more about the care you are getting - you, or someone you trust, can contact us using the details below.

Get in touch

Suite 6 Elm Farm
Norwich Common
Wymondham
Norfolk
NR18 0SW



01953 856029



enquiries@healthwatchnorfolk.co.uk






www.healthwatchnorfolk.co.uk

7.3. Staff survey

healthwatch
Norfolk

Staff Survey: How has coronavirus changed the care home you work at



We would like to know what changes have been put in place at the care home you work at due to coronavirus and how you feel about them

Changes at your care home

What is the name of the care home you work at?

Note: Specific care home names will not be mentioned in the final report. Names are taken for purposes of entering in to the 'MiniDons' prize draw.

Question 1:

Thinking about the care home you work in - have you noticed any changes during the pandemic?

☐ ☐

Yes No

Question 2:

What changes have you noticed?

Page 2

How do you feel about the changes

Question 3:

Have any of these changes during the pandemic been difficult or challenging for you?

☐ ☐

Yes No

If so, please tell us more about that.

Question 4:

Have any of these changes during the pandemic been positive for you?

☐ ☐

Yes No

If so, please tell us more.

Page 3

Communicating changes

Question 5:

How confident do you feel about keeping residents informed about changes made in the care home because of Covid19?

☐
Very confident

☐
Quite confident

☐
Not sure

☐
Not very confident

☐
Not confident at all

If you would like to tell us more about your answer, please do so here - please provide examples if you have them.

Page 4

Help residents cope with changes

Question 6:

How did you help residents to cope with the changes in the care home during the pandemic? Please give an example if you can.

Thank you for completing our survey

7.4. Friend / family survey

Note: this was available only as an online survey.

Experience of family and friends of those in care during COVID-19

About this survey

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

We are working with Norfolk County Council to look into the experiences of care home staff, residents, and residents' family/friends during the COVID-19 (coronavirus) pandemic.

This survey is for completion by family or friends of care home residents.

It should take around 10 minutes to complete. All responses are anonymous and may be shared within a final report which will be available publicly.

You can read our full privacy policy [here](#).

Please tick to confirm *: ☐ I have read and understood the above statement

Your views on your family member/friend's care home during COVID 19

What is the name and location of the care home where your family member/friend lives? *

How satisfied are you about how your family member/friend's care home has dealt with the COVID-19 pandemic? (1 being 'completely unsatisfied', 5 being 'completely satisfied') *

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Have there been any changes during the pandemic that have been difficult or challenging for you or your family member/friend who is in a care home? If so please tell us more about that. If not, please skip to the next question.

Have there been any changes during the pandemic that have been positive for you or your family member/friend who is in a care home? If so please tell us more about that. If not, please skip to the next question.

How informed have you felt about changes made in the care home because of COVID-19? (1 being 'very badly informed', 5 being 'very well informed') *

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

How did you find out about changes made in the care home during the pandemic because of COVID-19? *

What did the care home do to reassure you about the safety of your family member/friend during the pandemic? *

How confident are you that your family member/friend would be safe in a care home environment in the event of future peaks of COVID-19 cases? (1 being 'completely unconfident', 5 being 'completely confident') *

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Please explain your answer if you wish