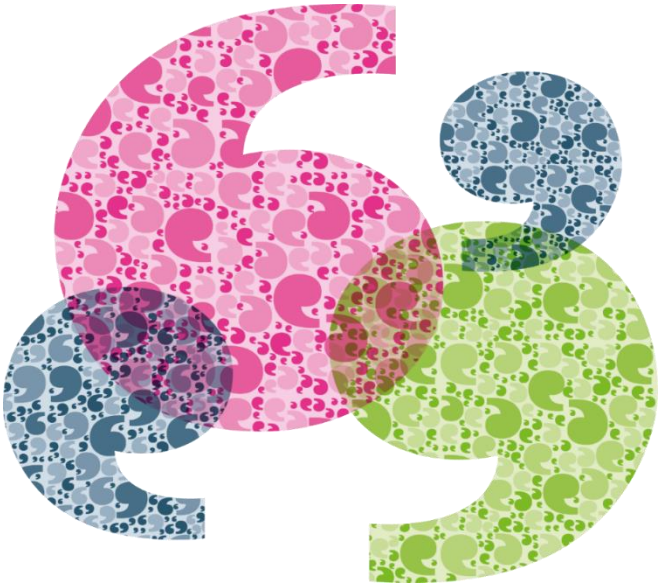
healthwatch Humber Network

Virtual Care Home Engagement Project



Report

2020 -2021

healthwatch North East Lincolnshire
healthwatch Kingston upon Hull
healthwatch North Lincolnshire
healthwatch East Riding of Yorkshire

Introduction

The arrival of Covid- 19 in March 2020 meant that strict visiting restrictions were placed on care homes to prevent the spread of infection and ensure the health and safety of both care workers and its residents. As a result of this, visits from relatives and friends were no longer permitted and changes to the way in which other services interacted with staff and residents within the care home environment had to change. There were limited exceptions to this visiting, for example if a resident was at end of life.

Around the same time Healthwatch England instructed all local Healthwatch to cease all Enter and view activity until further notice. This meant that every local Healthwatch in England was no longer able to use their statutory powers of entry, granted under the Health and Social Care Act 2012 to be able to understand the experiences of those living and working in residential care.

Although visiting restrictions are slowly being lifted in parts of the UK, further guidance from Healthwatch England has advised that enter and view visits should remain on hold until further notice.

We acknowledged that throughout the pandemic, the voices of those who have been most affected by the changes in residential settings had been going largely unheard.

Local Healthwatch's in North Lincolnshire, North East Lincolnshire, Hull and East Riding of Yorkshire remained committed to ensuring the voices of residents were heard and considered in any learning from the pandemic. To do this, each Healthwatch needed to consider the safest and most effective way to engage with care home residents and staff, whilst at the same time minimising the disruption and burden placed on teams in the care home sector. A virtual engagement model was therefore created.

The purpose of this virtual engagement in care homes was an attempt to;

- Capture the general experiences of residents living in care homes during Covid 19, including how the home has met their needs; what has been positive, and where the care and services offered by the homes could have improved during this time.
- Capture the experiences of residents who have needed to access any specific care during Covid 19.
- Understand the impact and needs of residents resulting from reduced contact with family members during Covid 19.
- Liaise with family members to find out their experiences of reduced contact with their loved ones in care homes.
- Understand the impact of the Manager and staff of the Care Home and the impact of the restrictions imposed.

By engaging effectively with all the above groups, we aimed to identify areas of concern, examples of good practice and any other system wide issues that may have come to light during the last year.

The information would be used to celebrate successes and drive improvements in the care home sector to ensure that care homes use the feedback in any learning from the pandemic to ensure residents, staff and relatives are supported appropriately.

Healthwatch Humber Network

The Healthwatch Humber Network is a mini network of local Healthwatch teams made up of East Riding, Hull, North Lincolnshire and North East Lincolnshire. The teams have the benefits of geographic proximity, as well as being hosted by the same organisation. This means that in some circumstances, the network will work together to develop projects on a collective basis that are of benefit to their own communities.

As each local Healthwatch faced the same challenges around Enter and View, it was felt that a joint effort was required to develop a model of virtual engagement that could be used as a replacement for enter and view activity.

To maximise any learning from the project it was decided that it would be rolled out as a pilot across the Humber region, with each of the four areas conducting three 'visits' each. This would then be evaluated and used to inform the process for future virtual engagement projects.

Purpose of this report

This report has two aims:

- To evaluate the virtual care home pilot project and identify any learning from the process, to inform future virtual engagement.
- To highlight any common themes across the Humber region and identify areas of improvement and good practice.

Part1 – Evaluation of the virtual engagement model

This section of the report looks at what the virtual engagement model looks like, how it was applied and what key lessons were learnt from the pilot project.

What is enter and view?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to identify what is working well with services and where they could be improved. Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such. The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better.

Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide. During the visit, Healthwatch should focus on:

- Observing how people experience the service through watching and listening
- Speaking to people using the service, their carers and relatives to find out more about their experiences and views.
- Observing the nature and quality of services.
- Reporting their findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit.

The aim of this model was an attempt to replicate Enter and view as closely as possible using virtual methods. In order to do this, a range of approaches would be needed.

Enter and view	Virtual engagement
To observe the nature and quality of services – *observation involving all the senses*	Video call and tour of premises with Manager.
Collect service user views at point of delivery (face to face)	Speak to residents over the phone or through video call, at a mutually convenient time
Collect the views of relatives and staff (face to face)	Allow feedback through online surveys, telephone interviews and video calls. Completed at a mutually convenient time within the week of the engagement.
Usually conducted over a few hours	Feedback to be collected within a 1-week time period.
Always involves the lay perspective (volunteers)	volunteers involved in asking residents, staff and relatives their views

The table below shows how a range of methods were used to engage with different groups, and how the project differs from enter and view.

Pre engagement process

Engagement officers from across the Humber network worked collaboratively to create a video for use on social media to raise awareness of the project and encourage participation from relatives and staff members.

The video ran for a period of four weeks on Facebook pages across the network and included a link to a general feedback survey. To maximise the amount of video views and encourage as many people as possible to complete the survey we decided to trial paid advertising on our Facebook pages This would hopefully lead to more engagement than would have happened organically. We selected Facebook for this trial because Facebook is one of the most heavily-used social media platforms and we have our largest proportion of followers on there. In terms of demographics, older individuals are more likely to use Facebook than any other social media platform. As it is these individuals who more likely to have a close relative in residential care, Facebook paid campaigns became the obvious choice.

This video was also accompanied by a number of social media posts encouraging feedback about care homes. These posts were scheduled to appear on Facebook. Twitter and Instagram at different times of the day and different days of the week.

What worked well?

- The paid campaign targeted those age groups we had intended to reach, with 31.9% of the audience being aged 65+, and 24.1% being 55-64.
- Higher distribution compared to organic posts which means that more people saw the video than would have done if the posts were not sponsored.
- Working collectively with engagement and communication officers across the Humber Network helped to ensure that the standard of materials produced and messaging was consistent throughout all areas.

What could have been done differently?

Our communications and engagement officers suggested the following:

- Posts on social media could have contained less text as this may have made the posts more eye catching and interesting.
- Statistics showed that most of the audience dropped off before the video had completed a play through, indicating that the first few seconds are vital and should be more eye-catching to draw people in and keep their attention.
- Alternative, non-digital approaches could have been used to ensure that people without access to social media would have had the opportunity to be involved.
- Possibility of producing 2- 3 different videos to run for a shorter period of time, but simultaneously. We would then have been able to compare the statistics to see which was the most effective.
- It may have been worthwhile to look at cost effectiveness of posting an advert in local papers or promoting in free newsletters delivered to homes by local groups.
- A short audio-only advert and contacted local radio companies to discuss promoting it.

Selecting the care homes

For the purposes of the pilot project, it was decided that all four teams would engage with general care homes for over 65's and not include specialist dementia units within this review. This was due to the fact that we felt it would be especially difficult to engage with this group, and we didn't want to cause any undue distress. In order to select the care homes, we considered the following:

- Whether the care home had a website and social media channels, this would help us to promote our work in the virtual world and would help us engage with relatives.
- How often we had already recently engaged with these care homes through enter and view or other methods. It was felt that we needed to have a proportionate approach to ensure we did not always focus on the same homes – or care home groups.
- We considered any recent intelligence we had received through our general feedback methods. This would allow us to identify any care homes that were struggling and may benefit from involvement in the project.
- We also approach the local authority to involve them in the decision making of which care homes would most likely be interested in taking part in the pilot and by taking part in the pilot would be beneficial to them.

Each of the four Healthwatch teams selected three Care Homes to work with and followed the same four-week process. However in North East Lincolnshire, due to care home staffing issues, only two homes took part in the pilot

Each area needed to use different techniques in order to encourage care homes to participate in the pilot. This is due to the varying level of involvement in the sector

across the region. Unlike enter and view, the virtual engagement project relied upon Managers taking up the offer of an invitation to be involved.

In the East Riding, the Healthwatch team have strong connections with local care home managers due to the extensive level of enter and view activity that takes place under normal circumstances. This meant that there was a high degree of trust between the sector and Healthwatch. As a result, recruiting care homes to the pilot was relatively simple and involved conversations over the telephone to explain the benefits of working with Healthwatch East Riding.

In North Lincolnshire, more work needed to be done in order to encourage care home managers to take part in the project. The Manager presented the purpose of the engagement to care home managers in several groups and forums, and followed this up with a letter of invitation. This letter was carefully worded to ensure that managers did not feel as though they were being held to account during what was a very challenging time for the sector and to ensure that they were aware of the steps that would be taken by Healthwatch to ensure minimal disruption to the care home.

In Hull, the concept of enter and view was quite unknown, and historically care homes had not had much involvement with Healthwatch. This meant that the team needed to focus on building relationships with the registered manager of the homes to encourage them to take part in the pilot. The care homes took a lot of convincing and there was some level of suspicion about the intentions of the Hull team. To combat this, the Hull team maintained regular telephone contact with all of the managers and ensured we responded to all their questions.

In North East Lincolnshire the Healthwatch Team attended a Care Home Managers meeting to explain the virtual engagement project and the benefits of being involved. Care Homes that were active on social media were asked to be involved, from this individual invitations were sent out. As a result of this two Care Homes took up the offer and participated in the virtual engagement project. Family and Friends of residents, staff and the Care Home Managers were actively involved; however engaging with residents was a challenge due to online participation.

The following care homes took part in the virtual engagement pilot project:

East Riding

- Willersley House
- Holyrood House
- Beverley Parklands

North Lincolnshire

- Balmoral House
- Baytree Court
- Bridgewater Park

North East Lincolnshire

- Temple Croft
- Eaton Court

Hull

- Wilton Lodge
- Holderness House
- Westdene Residential Care Home

In total we engaged with

- Managers – 11
- Staff – 100
- Family and friends – 62
- Residents – 70

Surveys

The promotional activity Healthwatch undertook to advertise the engagement and to gain some initial intelligence through clicking a link to a survey, was also done via the homes and Healthwatch's social media platforms.

What worked well?

Several family / friends completed the survey for some of the homes as their registered manager contacted them directly to promote the survey over the phone. We had some complete the expression of interest survey online but did not come back to us when we contacted them to be interviewed.

Care Homes promoted the surveys on their own social media and for those family/friends that did not want to speak to Healthwatch were given the opportunity to complete the online surveys. This enabled Healthwatch to gather more views from family/friends than ever before.

What didn't work well?

As some care homes didn't have much online presence it was difficult to promote without depending on the home to be an intermediary between us and the family / friends.

There was a lot of reliance on the Registered Manager to disseminate the surveys and information to the residents, staff members and friends and family.

Furthermore, there were some questions on the survey which could have also contained multi-check list or single checkboxes rather than free-text. While we would still gather quotes, it would be easier from a statistical point of view to have more generic responses (visitation restrictions and measures put in place to support visitation) as multi-checklist.

What could have been done differently?

Four different surveys were developed for online completion by volunteers, staff etc. This led to a little bit of confusion and could have been one single survey that allows for different respondents to complete it.

The Family / Friend questionnaire did not take into consideration that the resident may have passed away. We interviewed one bereaved family member and took out / reworded a few questions to make sure nothing unpleasant was asked.

Due to the circumstances it was incredibly difficult to distribute the survey using any methods that were non virtual, this meant that less people were aware of the projects than we would have liked. More support from the local authorities in each area could have really helped us to achieve a wider distribution.

The engagement process

After selecting the care homes, targeted engagement began to ensure that relatives, residents and staff of these care homes were aware it was happening and how they could get involved. Care homes were given two weeks' notice to allow them to prepare for the visit.

Engagement began on all social media platforms including care home Facebook pages, making relatives/friends aware that we would be visiting and circulating our questionnaires so that they would have the opportunity to give us their views.

At the same time we informed the Care Home that we would be conducting a virtual engagement with them in two weeks' time. This consisted of a letter for the manager explaining the days and times of the engagement, posters and flyers to distribute to staff and residents, advertising the purpose of our visit, and paper questionnaires and freepost envelopes that could be completed by staff and residents if they chose to.

Staff were then able to contact our volunteer coordinator to book an appointment to discuss their experiences at a mutually convenient time during the week long engagement.

When the 'virtual visit' took place in the third week, all the interviews with staff, residents and the registered manager were completed using online platforms such as Skype and Zoom.

What worked well?

In the care homes that had a good social media presence, posting on care home pages was really useful, and a simple way to share the project.

Continued use of social media helped to raise the profile of the services, and aid understanding of what Healthwatch is.

What didn't work?

As some of the homes chosen didn't have a significant online presence, advertising the engagement activity was difficult and became more dependent on the home contacting family / friends. If they had an online presence, we could have monitored how often they were sharing the opportunities and any comments made on their posts.

Despite having social media pages, some care homes did not have access to this to update posts and therefore were not able to allow our teams access to be able to post in the groups.

Conducting Virtual Engagement

A meeting with care home managers took place, followed by a 'virtual' tour of the premises. This was an attempt to observe how the care homes were operating under current conditions and to see the interaction between staff and residents.

Following this meeting, teams spoke to staff, residents and family and friends predominantly through Zoom and by telephone. A range of options were offered such as MS teams, Facebook and WhatsApp.

What worked well?

In order to try to minimise disruption for the care home, we had initially asked staff to complete the interviews outside of working hours. This meant there was a poor uptake in the beginning. However, we arranged for a safe, confidential space within the home and for staff to complete it during working hours which was effective.

A flexible approach worked well, and some staff found completing a survey online more convenient, rather than taking part in an interview.

Residents enjoyed the opportunity to speak to someone new.

Volunteers and staff involved in the project found the experience very rewarding.

What didn't work well?

Interviewing residents as some of the homes we engaged with had high-rates of progressed dementia (between 60 - 80% of residents in each home).

In some cases, there were delays in staff logging in to take part in pre-planned video calls.

Issues with internet connectivity occurred in some of the care homes.

Some homes were not organised and there were times staff didn't turn up for their interviews which resulted in team members having to chase the manager to prompt staff to take part.

The questionnaires were considered too long.

Conclusion

The virtual engagement project has been a valuable experience, and opportunity to be able to listen to the voices of the most vulnerable people in our communities, at a time when they were going largely unheard. Our teams have been able to gain some rich intelligence and some understanding of how care homes have been managing during the pandemic. However, it became clear throughout the project that this method of engagement is not a substitute for good quality enter and view visits. This model of engagement is useful in a time where there are no other options available, but communication with residents was difficult through virtual methods, and relied heavily on Managers and staff to facilitate this. It was also a challenge to encourage staff to participate, and during 'normal' times, face to face engagement would have meant that staff would have placed more importance on the visits.

A joint approach across the Humber was useful to be able to share resources and expertise, and allow for shared learning, but did make the organisation of the project a little difficult at times, which lead to some miscommunication and delays.

The aim of the pilot was to create a model of engagement that could be used virtually in the absence of face to face engagement. This aim has been largely achieved and the basic elements of the engagement process such as interviews and 'tours' will be used in future visits and will be able to be applied across all health and social care settings.

Part 2 - Key findings from the Humber region

This section relates to findings from the pilot project across the Humber region. No individual care homes have been identified, and common themes have been highlighted, including areas of good practice.

During the engagement period

Interview with Managers

- Care Home Managers recognised the challenges experienced by staff during the pandemic. For instance the impact the pandemic has had on the wellbeing of the staff, working additional hours to cover, morale often being low and staff having worries about catching the virus. Despite these challenges all the managers said that they have really learnt about the resilience and brilliance of their staffing team who have repeatedly pulled together throughout this period, and all stated that it has been a great bonding exercise for the team.
- Most Managers confirmed that their home was very well supported by their local GP practice and all healthcare professionals to provide residents with access to their usual appointments through both virtual and in person means. Other health services such as the dentists, opticians were also still able to provide care to the residents.
- Across the region there had been issues was discharge from hospitals, particularly at the beginning of the pandemic. Some residents were being

discharged back into care homes, having tested positive for COVID, or having not being tested at all.
- Some care homes insisted that they could not take residents back into the home until they had a negative test result.
- Support across the region from the respective local authorities has been overwhelmingly positive. All the managers stated that the local authority has been very supportive throughout the pandemic with daily support calls, emails and regular Provider calls which allows for different providers to openly discuss the measures in place and proposed future measures. However, some Managers found this a little overwhelming, and felt calls a few times a week would have been better.
- Some of the larger care homes explained they were able to support staff financially if they needed to self-isolate.
- Some care homes allowed staff to receive their holiday pay as wages, as it was difficult for them to have the time off during very busy periods.
- Homes reported that whilst guidance was changing quickly they could be difficult to interpret, however the good communication by agencies helped to overcome the confusion. Communication between care homes, agencies and relatives was key in minimising anxiety about the restrictions which were imposed and ensuring confidence that homes were protecting residents during the pandemic. However this was not happening consistently across the region.

Observations

- Comments made in during the observation highlighted the importance of personalisation and the requirement for homes to present a homely feel. Whilst volunteers understood the need for distancing and reduced contact, where spaces were sparse, possibly due to reduction in furniture in response to making spaces Covid secure for cleaning purposes, there were concerns that this may impact negatively on resident's feelings of comfort.
- In some of the care homes visited it was observed that residents were not utilising the communal spaces, even for mealtimes. When asked about this, managers explained that they did not allow mixing in order to reduce the risk of virus spread. This meant that in some instances, residents were spending all day in their rooms.
- Some of the care homes had allowed mixing in communal spaces, but had made this safe by creating resident 'bubbles'. This meant that some group activities were able to take place and residents were not eating meals in their rooms.
- Care homes were observed to have PPE stations in regular locations, and staff were, in most instances wearing PPE.

What did staff say?

- In most cases, staff explained that their experience of working in a care home during this time was difficult, scary, high pressure and tiring. This was further enhanced by the stress of catching the virus, and the initial challenge of adapting to the restrictions; especially the lack of visitation.

- However, all staff across the homes emphasised that they all worked together as a team to support each other. Everyone remarked on how well the home had been managed throughout the pandemic, all claiming it was managed as well as could possibly expected. They felt highly supported by their head office and registered manager, and their support and the restrictions put in place made them feel safe.
- When the staff were asked what could be improved, many mentioned a lack of guidance from Government bodies and to perhaps have some extra sources of outbreak staff to ensure that the home is fully covered; some extra help financially for positively tested staff; and better communication between the staff.
- Some members of staff commented that they found the lack of visiting for relatives difficult. Relatives play an important role in the care of their loved ones, so the absence of this support meant staff were working under extra pressures.
- Technology was a challenge for some people and some residents did not fully understand what was happening. This was more evident in the care homes where people had dementia. This was also a challenge for the relatives who were often of a similar age to the residents.
- Some care homes had taken a very creative approach to allowing some kind of visiting. This meant creating visiting booths that were COVID secure.
- Some staff felt the introduction of the lateral flow tests for visitors were a positive step but were worried about the extra time pressures this could create. Whereas other staff members felt that the lateral flow tests could not be trusted and were concerned that the virus could still be brought into the home.

What did relatives say?

In general, family and friends we engaged with said that although they were sad, anxious, and concerned about not being to see their family members, however they understood the reasons behind it and were glad it would increase the safety of their loved one.

Despite the increase in restrictions, all the relatives of residents we spoke to have still been able to maintain contact with their loved one since the start of the pandemic. This has been initially done through weekly telephone calls, video calls on platforms like Skype, Facetime and WhatsApp, social media and window visits using the internal telephone.

In the summer, many of the homes facilitated outside visits in the garden with a fenced area to ensure social distancing. For two of the homes we engaged with, a ground floor visiting room was devised with strict hygiene procedures, a sealed Perspex window and microphone system. Relatives overall praised many aspects of the contact they have been allowed with their loved one, particularly the creation and use of the visiting room. This helped to alleviate some of the difficulties they experienced when having a garden visit, as the visiting room has a microphone and

speaker system meant that residents can hear clearly and because it is taking place indoors the visit is not weather dependant.

All relatives we spoke to said that the staff are friendly, helpful, and polite and are satisfied with the care their loved one is receiving, stating that they feel they are well looked after, loved and respected. The relatives we spoke to also praised the safety measures in place and the regular updates and providing person-centred high quality care.

What did residents say?

- All the residents we spoke to were being routinely tested for COVID-19. None of the residents experienced any problems with the testing process.
- Many residents told us that they did feel safe against COVID-19 within their home.
- Some residents told us that their wellbeing has been detrimentally affected by the pandemic and restrictions; this was more evident in the care homes where mixing in communal areas had not been allowed.
- Some residents told us that that the care staff didn't have as much time to interact with them as they used to, leaving them feeling lonely.
- Residents explained that although they were sad that they're relatives couldn't visit, they accepted that it was a necessary restriction put in place to keep them safe.
- Most residents answered that they had still been able to make decisions regarding their care and that their opinion had been taken into account throughout. However, some residents did not like the fact that they were not involved in decisions about whether they could mix in communal spaces and felt they should have been allowed to have input into this.
- Most residents answered that they had still been able to still take part in activities and many preferred solo activities, though were always encouraged to take part in the social activities by staff.

Good Practice

- Across the region we saw examples of staff, usually Managers or senior care staff trained as Infection Control Champions to lead by example and set up strict infection control measures so that all PPE worn and all equipment was cleaned down after every use. They also kept up strict infection control measures all through the summer to ensure that there was no lapse of these measures.
- One home put in a procedure where each member of staff has lateral flow tests so they can take a test an hour before their shift and isolate if they test positive. They then follow this up with the full swab test and isolate until they are clear.
- One Care Home has now recruited a volunteer to help with the lateral flow testing to ease some of the pressure and time on staff.
- Dividing the various floors of the care home into 'units'. Each unit has a designated staffing team and their own entrances in the home.

- One home put in a process where they have a member of staff on call for each section of the home and each shift so that if someone doesn't turn up or has to go home they can call the on call team member in. They also have their own bank staff team so they never had any staffing issues even when they had staff off isolating and poorly.
- Creation and use of a 'visiting room' which takes places in a secure room of the home with use of speakers, a Perspex screen and strict hygiene measures. This room allowed visits to take place inside, meaning that visits weren't restricted by weather (when restrictions allow).
- Some staff in care homes have received extra training and updated their skills to enable them to give insulin injections etc. They have also received extra training with regards to pressure ulcers. This has been with support from Community Nursing Teams and has enabled residents to be treated quickly and avoid hospital visits during the Covid-19 Pandemic.

Recommendations made to individual care homes

- Ensuring that video calls are conducted in quiet environments without any noise disturbance as this would make it easier for the resident to hear their loved one.
- When conducting video calls ensuring a use of bigger devices, such as iPad and laptops, to ensure that family members can clearly see their loved ones.
- Facilitate resident bubbles to allow for mixing in communal spaces (where possible).
- Local Authorities and Public Health to communicate better and not give out conflicting information.
- Perhaps convert a second room into another visiting room with outside access to give residents more opportunity to see their loved ones safely.
- A review of the garden visit facilities.

Conclusion

Care home staff and Management teams have had to adapt to an ever changing and extremely challenging situation and should be applauded for their efforts in keeping residents safe during the pandemic.

Generally, care homes have felt well supported their local authorities and CCGs, however at times have felt overwhelmed and unsure of how to apply national guidance. This has led to an inconsistent approach to applying visiting restrictions and social distancing measures across the Humber region, which has had an impact on the wellbeing of residents.

The pandemic has really highlighted the importance of relatives as not only visitors, but as an important part of their loved ones' care. The absence of usual visiting practices has meant that care staff have needed to attempt to fill this gap, as well as carrying out extra duties such as testing, and enhanced cross infection procedures. Although our visits did not highlight any poor care or areas of concern, there appeared to be a lack of time to be able to dedicate to ensuring residents do not feel lonely and are able to interact with others.

Acknowledgements - Care Homes taking part

Thank you to both the management, engagement coordinators and staff members at the following care homes for their engagement with the project.

- Willersley House
- Holyrood House
- Beverley Parklands
- Balmoral House
- Bridgewater Park
- Baytree Court
- Temple Croft
- Eaton Court
- Wilton Lodge
- Holderness House
- Westdene Residential Care Home

Thankyou also to our dedicated volunteers across the Humber region for taking the time to be involved in the project.

For more information about your local Healthwatch visit the websites below:

healthwatch East Riding of Yorkshire www.healthwatcheastridingofyorkshire.co.uk

healthwatch North Lincolnshire www.healthwatchnorthlincolnshire.co.uk

healthwatch North East Lincolnshire www.healthwatchnortheastlincolnshire.co.uk

healthwatch Kingston upon Hull www.healthwatchkingstonuponhull.co.uk