

An engagement exercise into lived experience in residential homes through the Coronavirus pandemic in Southampton

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Disclaimer

This report is **not** a representative portrayal of the experiences of all care homes, only an account of the responses received from people who were willing to contribute confidentially at the time.

Introduction:

Healthwatch Southampton aimed to explore how Coronavirus (Covid-19) has impacted care homes within Southampton. We sought to do this through public engagement. The latter involved care homeowners, managers and staff, carers, residents, families and friends. Perspectives were gained through focus groups, over Zoom, with care homeowners, managers and staff. Interviews were conducted with residents and, finally, there was an online survey with the relatives, unpaid carers and friends of the residents.

Other organisations consulted in this project:

- Carers in Southampton
- The CCG
- BUPA
- Voice Ability
- Age UK
- The Alzheimer's Society
- Hampshire Care Association

Overview of Residential Care Homes in Southampton:

"The delivery of care is overseen and supported by us - Southampton City Council, the NHS, CCG - as well as the Care Quality Commission (CQC). The city has a total of 60 care homes run by a range of different providers, these homes are made up of:

- *Older people - Nursing Homes: 9 homes with a total of 604 beds.*
- *Older people - Care Homes: 24 homes with a total of 572 beds*
- *Learning Disabilities specialist homes: 18 homes with a total of 125 beds*
- *Mental Health/Substance misuse specialist homes: 9 homes in total with 91 beds."*

(Southampton City Council (2), 2021).

Literature Review

This is a literature review that looked at existing information about how Covid-19 has affected care homes across other areas, as well as Southampton. This helped Healthwatch Southampton to gain background knowledge of the subject before continuing with the public engagement work. It also allowed Healthwatch Southampton to identify key areas to explore.

Why is the focus on Residential Care Homes?

The reason the Care Homes project was conducted by Healthwatch Southampton is because care homes have been described as being one of the services most affected by Coronavirus in the UK (Alzheimer's Society, 2021). There are reasons as to why care homes have been affected so badly. Firstly, the majority of residents are between the ages of 80-90. These individuals are often suffering from health conditions (such as, dementia) and are frail. Elderly residents are more vulnerable to catching the virus and are at greater risk of mortality. The Intensive Care National Audit and Research Centre (Age UK, 2020) showed that 3 out of 5 individuals over 70 died from the virus. This statistic illustrates the vulnerability of old age to the virus. Another reason care homes are so vulnerable in the pandemic, is because they are an individual's home environment. This means that residents and staff are used to participating in social activities together, as well as staff having to carry out personal care duties. Therefore, staff and residents are in close proximity to each other much of the time. This allows the virus to spread and transmit quickly from one area to another. Even though care homes have instigated measures to prevent this, it is still possible for the virus to be transmitted (Alzheimer's Society, 2021). The virus is known to spread through small liquid droplets, e.g., when an individual sneezes, coughs, exhales or talks. This means that when residents and staff socialize, there is a substantial chance that liquid droplets are transmitted from one to another. Another issue with Coronavirus is that not every individual shows symptoms; this means the virus can be easily contracted and transmitted without its presence being known. This results in the care homes finding it hard to know when the virus is in their midst (Alzheimer's Society, 2021). However, this situation is becoming easier due to advances in the testing system and PPE (Personal Protective Equipment).

Now that the UK is in the third wave, we consider it a good time to reflect on the impacts of the other waves, see where improvements have been made and how people are coping now. We also believe it is important to recognize and celebrate the achievements and hard work throughout the pandemic.

Care Home Staff and Paid and Non-Paid Carers:

Due to Coronavirus, many care homes have suffered with staff off sick. With an already heavy workload, shortage of staff has a great impact on the care homes. It means staff are under more pressure than ever to be able to keep their residents safe. Furthermore, staff are trained to deal with the event of residents passing away. However, many care homes have had to deal with many residents dying in a short space of time. This exposes the staff to both emotional and physical strain. It is important for staff to be given a chance to grieve and acknowledge the situation. However, staffing pressures make this difficult.

Care homes have reported problems with Coronavirus early in the pandemic. This was largely focused on the issue of PPE not being available. Although this has been solved in most cases, it had a large impact at the start of the pandemic (Alzheimer's Society, 2021).

The Queens Nursing Institute (2020) explored issues staff have faced in care homes, and these are some of their findings:

- Most respondents of this study gave a negative perspective.
- Difficulty in accessing other services, e.g., District Nurses, GP's and Medication services.
- Decrease in physical and mental health and wellbeing.
- Some paid staff felt they were unable, or not allowed, to take time off.

However, it is important to note that some individuals regarded some of the new measures to be positive. This is because they resulted in residents and staff feeling more protected. Aspects such as end of life care, PPE and individuals appreciating their care, were the greatest concerns (The Queens Nursing Institute, 2020).

Dementia:

Statistics from Alzheimer's Society (2021) show that about 3/4 of care home residents are diagnosed with Alzheimer's or dementia. Unfortunately, because of Coronavirus, members of staff have noticed that the health of residents with these diagnoses has deteriorated. This concerns both mental and physical wellbeing. Studies have shown that residents with dementia have been affected by staff's anxiety and stress. Also, they fear the unknown regarding their health and wellbeing, as well as not being able to see close friends and family. Overall, this has resulted in more rapid deterioration in their memory (Alzheimer's Society, 2021).

Furthermore, residents with dementia struggle to comply with regulations, due to not understanding the complexity of the global situation. They lack the capacity or memory retention to do so (Gov, 2021). The Brain Charity (2020) shows quotes from family members/carers in this situation with residents, e.g., *"My mum wants to get out and about as usual, and when she looks out of the window, she sees young mums with children. How can I help her to remember that we can't go outside?"* (The Brain Society, 2020). This shows the difficulty in explaining the complex situation to individuals who do not have the capacity to understand Coronavirus.

Family and Friends:

Gov (2021) states how care home... *"Visiting is a central part of care home life. It is crucially important for maintaining health and wellbeing and quality of life for residents. Visiting is also vital for family and friends to maintain contact and life-long relationships with their loved ones and contribute to their support and care (often as essential carers)"*.... However, throughout the Covid period, family and friends have not been able to visit; this is due to the high risk of infection coming from outside the residential site. Social isolation has been shown to be harmful to residents and family members through increasing low moods and cognitive decline. Throughout the Covid-19 outbreak, restrictions have been put into place, when there is not an active outbreak, peak in the virus or a lockdown. These have included outside visiting, screened visits and visits only to end of life residents. However, through a national/ local lockdown even these restrictions were tightened due to the lockdown rules (Gov (2), 2021). Also, the restrictions are dependent on weather conditions. This has made some visits impossible.

A study exploring the effect of carers, family members and friends not being able to see residents in care homes was carried out in Scotland. In this quantitative study, 444 family/family carers completed the survey. These findings gave an insight into how they felt when visiting was not allowed. A summary of the findings is presented below:

- Mental health scores for family carers with relatives in care homes are significantly poorer than those of the public.
- 74% understood and wanted to protect the wellbeing of the residents.
- Some family members believed that family life was not balanced equally with the risk of the virus.
- Family members stated that they felt loss and grief in situations where the residents had declined in their cognitive state. This led many to feel they would never get back the time that they had lost.

- Family carers felt complex emotions such as, loneliness and guilt. This was because they had previously been visiting on average once or twice a week.
- Some family members viewed some of the staff as friends, resulting in missing the community provided connections.
- Family carers thought highly of the care home staff and the staff felt empathy with the relatives and friends.

(Creative Covid Care, 2020).

Since the pandemic, care homes have had to adjust. Therefore, staff have set up tablets and What's App to enable residents to be able to talk to their loved ones. Tablets facilitate contact, e.g., via Zoom and Teams (Southampton City, 2020). This means that social events such as birthdays, Christmas and family or cultural events can still be held, but in a different way. Some families and friends describe this type of communication as a 'direct life-line' for still being able to stay connected through this time. Staff are also pleased to be able to support residents with the technologies that enable socialising with their family and friends. Particularly in Southampton; Southampton City Council (2020) planned to ensure that all care homes had access to this resource.

Other Healthwatch Areas which have conducted similar investigations:

The above has shown some insight into how Covid-19 has affected care homes. Covid-19 has affected care homes nationally. This is why it has also been the focus of other Healthwatch investigations. Below shows other Healthwatch areas which have conducted a review into how care homes have been affected, and a summary of their projects and results.

- Healthwatch Bucks: surveyed 292 people – residents with dementia felt less informed, video calls did not suit all residents, importance of good IT infrastructure, permanent/agency staff issues
- Healthwatch Havering : small public engagement project found that communication between residents and relatives was good but more could have been done. Homes were not always open to offers of help from residents and visitors, concerns about protective equipment.

- Healthwatch Liverpool – conducted an online focus group with 4 people. Care homes arranged visits in different ways, some negative experiences, concerns over people with dementia.
- Healthwatch Sunderland – researched the role of care homes in terms of social media and came up with 5 recommendations on how local care homes can develop their social media.
- Healthwatch Barnet - spoke to care home staff – managers felt care homes managed well but it was very stressful for staff, partly because of PPE and difficulty accessing tests.
- Healthwatch Dorset - spoke to staff and had a care home staff focus group. This included 6 care home managers. Difficulties with PPE and testing were a challenge. Good new ways of making contact between residents and relatives e.g., Skype, Zoom, Facebook and email, virtual concerts. Interactions between health professionals has improved but more difficulties encountered around discharge testing, supportive local community.

As shown above, there is data about what is happening, but Healthwatch Southampton has not yet delved into this subject. Healthwatch Southampton wants to join the other Healthwatch organisations in this field work.

Healthwatch Southampton examined the 'lived experience' in a care home through Covid-19, which we see as a gap in public opinion. That is why this project gathered experiences of different stakeholders, celebrated the 'beyond the call of duty' efforts, raised awareness of care homes and investigated whether there is anything we can improve. This allowed a well-rounded insightful report of what has been happening. Healthwatch Southampton made recommendations as well as making good connections with other professionals, residents, and the public.

Confidentiality

Participants' confidentiality and anonymity were viewed as paramount throughout this engagement work. Confidentiality was maintained by not using any participants' or care home name, or anyone's/care home name mentioned. Once people's opinions were collated, as mentioned above, a reference number was given. This meant that when re-examining opinions, no information could be linked to a name or individual.

Confidentiality was agreed to be broken only if the engagement worker had a strong belief that there was serious risk of harm or danger to either the participant or another individual (e.g., physical, emotional or sexual abuse, concerns for child protection, rape, self-harm, suicidal intent or criminal activity) or if a serious crime had been committed.

Once the information from the notes, or participant information consent forms (Appendix 1), had been used, it was deleted/shredded to guarantee that any unwanted information would not be shared.

The focus groups/interviews were not recorded. However, the notes which were made throughout the focus groups and interviews will be kept within a folder in a private locked office or on a secure computer system. This allows any collated opinions to be kept confidential. The participants' signed consent forms have been treated in the same way. The project was fully compliant with data protection regulations and GDPR.

Engagement Method:

Following co-production meetings with the other organisations (mentioned above), and insight of the public engagement gaps, Healthwatch Southampton planned the method of how to engage with the public.

Care Homes Project Plan:

Phase 1: Focus groups with care home owners, managers and staff

Phase 2: An online survey directed at carers, unpaid carers and family and friends of residents.

Phase 3: Interviews with residents

Healthwatch Southampton chose a mixture of data collection methods. This was to ensure that the public and care home employees could be reached in as many ways as possible. All public engagement was carried out through an online programme called ZOOM, phone calls or a public survey online. This was to ensure participants' safety by preventing any cross contamination of the virus.

Phase one of the engagement process was directed towards the care home managers and owners as well as staff focus groups (of no more than five individuals). There were several questions which explored areas such as: achievements, coping strategies, challenges faced, government guidelines, collaboration with other organisations and general physical and mental wellbeing (This shown in Appendix 2). The focus groups took a maximum of one hour. There was no recording of individuals' opinions but notes and a transcript were made. If any of the participants wanted to look over notes associated with their focus group, they were allowed to do so at any time.

Phase two involved an online survey, which took an average of ten minutes. This survey was directed towards family members, carers, and friends. The survey addressed similar topics to the focus group where appropriate, but also delved into other topics. These included: seeing residents, recognition of staff, communication, and their experience of being outside a care home (Appendix 3).

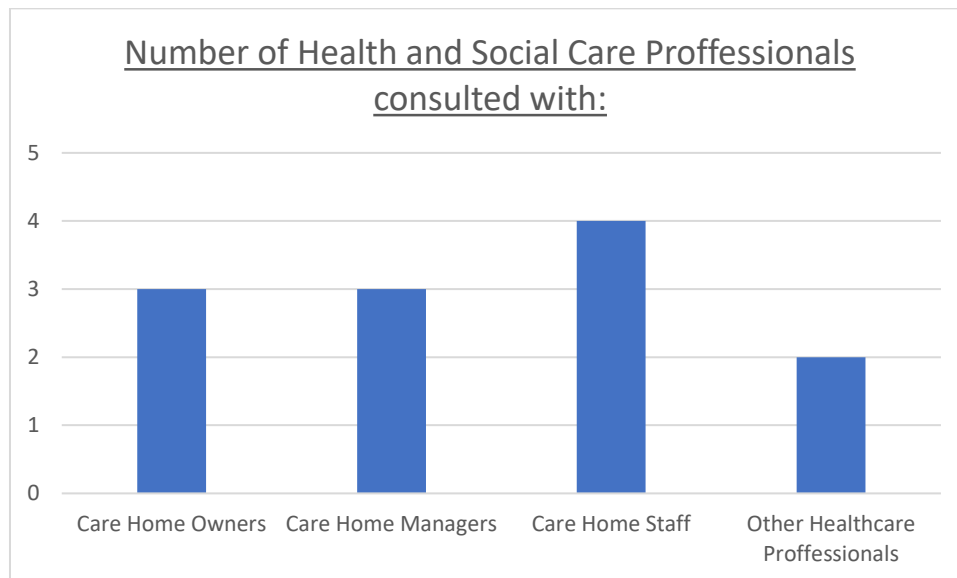
Lastly, phase three of the project reached out to residents through online interviews. Healthwatch Southampton, however, understood this was a difficult area due to the mental and physical health of the residents. Therefore, all engagement work carried out in this area was through the support of care home staff.

Once an engagement process was carried out, a reference number was given. This allowed information to be specific to one person and if the participant wished to examine what they had discussed, or withdraw from the engagement, it allowed easy access.

Results

Phase One: Focus Groups/Interviews:

After carrying out the engagement over the period of four months, it has allowed themes to merge around the subject of experience of care homes through the coronavirus. The results are presented below according to method of collection and category participants placed themselves into. Healthwatch Southampton conducted focus groups/interviews with:



Residential Care Home Owners and Managers :

Care home owners and managers were placed in the same section of this report. The first reason for this is because of the support these two job roles gave each other. It was very clear through the interviews that this relationship was vital in helping the management of the homes to stay strong through the pandemic. The praise the members had for each other was an important aspect. Another reason is the commonality in themes when retrieving the engagement information. The care homeowners seemed to be working hard at home for most of the time, and as one owner described this, *“hard work behind the scenes”*. Below are the results for care homeowners and managers according to themes.

The first section, below, presents achievements, as Healthwatch wants to shine a positive light on care homes and show the public how hard the staff have worked.

Achievements (Managers and Owners):

- No Covid outbreaks in some care homes, because of hard work and great dedication.

- The element of community and how everyone has come together through a tough time: *“still a community and people looking out for each other”*.
- Events and activities outside. The fact that care homes have still been able to make some normality for residents outside while meeting restrictions.
- How hard the staff have worked through this period. This involved staff working unusually long hours compared to pre-pandemic. The teamwork effort which the care homes have achieved through the pandemic needs to be highlighted and recognised.
- Retaining the valuable staff team.
- Partnership working: organisations coming together to help each other out. For example, in the residential homes which focused on alcohol addiction, alcohol companies donated hand sanitiser, as well as supplying staff with gifts for their hard work and efforts.
- Still allowing normal practice to continue. For example, one care home still made sure that rehabilitation was a key aspect of their work when a resident had fallen ill.

Community and Support

As stated above, there is a strong positive work relationship between the care homeowners and care home managers. However, one area which really shone through was how highly the owners and managers regarded their staff through the pandemic. When asked about achievements, every single owner or manager who was interviewed reported how their staff pulled together and one even stated, *“how they were like family”* and *“responded magnificently”*. Unfortunately, a care home which was involved in this project had been hit badly with Covid-19; this resulted in some residents and staff becoming very ill or dying. This was described as a very hard time, but the staff all pulled together and supported each other through this difficult period, forming their own *“network”*. Another care home management team mentioned the stock piling through the pandemic and that staff were finding it hard to be able to get food and toilet rolls after a long late shift. Therefore, they would make sure that each member of staff had enough food and toilet rolls for themselves. This shows how strongly supported the work community was inside a care home.

It was not just inside the care home that there was a strong community atmosphere, networking started to build outside the care home as well. For example, participants mentioned that there was now a care home managers' group chat for care homes within their area. This allowed managers to discuss issues and support each other through this hard time where *“everything seemed so uncertain”*. Other organisations mentioned through this

outside support were: (SPL) Hub Service, GP Practices, District Nurses, CQC inspectors, Churches, CCG (weekly webinars- IPE leads), Solent NHS, Hampshire Care Association, Dolan and Dolphin webinars and alcohol companies (providing free sanitizer). The mention of all these organisations was positive, as this meant that organisations were keeping in touch and supporting each other throughout the pandemic by providing good communication and support.

Finally, another supportive community action which took place was from the public. There was mention of the public leaving gifts and care packages on the doorsteps, as well as responding and sending supportive kind messages. For example, school children drawing pictures to show their appreciation for the care home workforce. This shows how appreciative the public were towards care homes and understanding of the hard work they were doing to support vulnerable people.

Wellbeing

In the focus groups there was a question about wellbeing; this focused on how the participants helped their own mental health through the long stressful hours working through the pandemic. A clear finding was that the majority of owners and managers struggled to keep on top of maintaining their wellbeing. This was because of the long working hours over seven days a week. Some participants mentioned how, pre-Covid, they had strategies such as, exercising, meditation and going for walks. However, this was not easy to fit in around the long shifts. One participant stated, *"looking after me hasn't been the easiest"*. There was mention in every focus group of annual leave, to which all managers and owners reported that they were not able to take time off. One manager said she was, *"not good at taking time off"*. There was a lot of discussion around stress and how the long hours and days in a row had impacted them. Many stated they had to, *"take one day at a time"* as there was uncertainty as to what the future would hold. However, when able to take the time to help maintain their own wellbeing, exercise was the main theme which emerged.

Another theme which arose from this question was that the owners and managers generally made sure their staff's wellbeing was paramount through the Coronavirus pandemic. This was shown through the participants talking about the methods they used to make sure that their employees were alright. For example, one care home had their own counselling service within their organization. This allowed employees to have ongoing work life balance discussions. The staff were encouraged to use this opportunity to talk about things. Furthermore, all managers spoke about reassurance and motivational speeches. There was a great understanding of the importance of looking after their staff.

Communication

Another theme which emerged from the focus groups/interviews was the communication between hospitals and care homes. This was in relation to discharging patients who had positive results for covid. One focus group stated how the miscommunication of a positive result on a ward, that a resident was on before discharge, resulted in an outbreak at their care home. This in turn meant that staff became ill and some of the staff's family members also caught the virus. The impact of the virus took some residents' lives and gave other staff and family members long-term Covid. Another care home stated that they were adamant in refusing to take any residents until a Covid test had been completed half an hour before returning to the home. This strict precaution meant that there was no outbreak in the home. However, it was made clear that if this was not the case then the virus would have most probably entered the residential home.

Another communication issue was the Government guidelines and regulations. All care homes we engaged with went into lockdown before the government put the restrictions into place. Nevertheless, there was a clear state of stress when the guidelines were changed. This was because the care homes had a maximum of three days to adapt their services to be able to meet the guidelines to allow visitors. One Manager stated that when family members were phoning up to see their loved one, and the policy and new measures were being put into place, but not ready, it made them feel *"incompetent"*, even though this was not the case. The new measures were communicated simultaneously to care homes and the public; this meant it was a rush for staff to have measures (to keep the public, residents and staff safe) and policies written up in time for when the restriction eased. This meant *"it wasn't easy, and all hands were on deck"*. This was described by many as the largest challenge and barrier, which all participants stated they wanted to have changed.

Staff

Although already mentioned above, that the hard work of the staff was significantly recognized, it was a very high regarded theme in the engagement work. This is a very positive aspect and shows how highly rated the staff are by one another. Another, theme which emerged, was that the PPE, which the staff use to protect themselves and others, was *"never hard to get hold of"*. There was always a supply when needed. Furthermore, training for staff was mentioned. This was discussed by owners and managers as being easily accessible. This was a positive aspect to highlight, as this allowed staff to feel trained, as well as care home owners and managers feeling as though they were able to support their staff appropriately through the pandemic.

Another area explored through the engagement work was advertisements for job opportunities in the care home sector. It is public knowledge that the care home sector was understaffed pre-pandemic. Through the pandemic, the majority of owners and managers claimed that in the first peak of coronavirus they had many individuals apply when a carer role was advertised. However, now when carer job roles are advertised, they struggle to attract more than one outside application. The managers thought there were many reasons for this. One reason was the level of staff wages. This was another major aspect that the care home owners and managers wished they could change. Therefore, Healthwatch want to make the public aware of how the people who work in the sector describe their role and impact. The bullet points below are how owners and managers described the care home sector job roles:

- *"Like one big family".*
- *"Amazing", "rewarding" and "incredible" work.*
- *"Work on personal traits".*
- *"Constant training process".*
- *"A job that really makes a difference, with little rewards along the way".*
- *"A safe and supported workplace".*
- *"Changing someone's life for the better".*

Residential Care Home Staff:

Achievements:

- *"The hard work and strong teamwork".*
- *"Peer support"*
- *"Getting trained and equipped to deal with the PPE".*
- *"Supporting Vulnerable people in a pandemic".*
- *"Continuing care and daily activities where appropriate".*
- *"Proud to know you're making a difference through this hard time".*

Support and Wellbeing

As mentioned above, support in the care home workplace was very strong. This was also apparent in the residential staff's engagement. Staff very much appreciated the help

provided by their employers. They reported being offered counselling and support from their managers if they were in need. They also mentioned how their managers made sure (when able) that their annual leave was taken. This allowed the staff to switch off and achieve a good work life balance. However, this was after the lockdown phase. There was also talk about how work hours were changed if needed. No staff complained about this, but it did mean longer shift patterns and abnormal working hours.

Out of the workplace, staff mentioned how sticking to the Government guidelines was key. They thought this was an important factor to being able to go back to normal life and keep the residents and themselves safe. Also, outside of work, some staff said the social media helped them feel good as they could see how their work impacted other people. This made them feel their work through the pandemic helped support the community in tackling Coronavirus.

Challenges and Learning

When asking the staff about challenges and learning for the future, two main areas were brought up. One challenge was that when their hours changed it made it difficult for the staff to be able to get to food and other essential before everything they needed was gone. This was in the period when individuals were stock piling. The fact that staff were unable to acquire the essentials for themselves and families put pressure on them. Thankfully, care home managers and owners were sometimes able to help collect items for them. However, it still put a strain on staff.

Another challenge was PPE. This was always available to the staff we have been in contact with, which differs from information in the literature review. Fortunately this was not an issue for these care homes. However, staff were not used to wearing PPE, and not all the PPE they wear now was used. Initially, some staff felt “*claustrophobic*” when using it. However, PPE was essential to stop the spread of the virus and the staff understood this and stuck to the safety measures in place. Yet, it was out of the ordinary for them, which left them having to adapt quickly to the change. Now PPE is a normal part of their day-to-day work.

Once again, a main learning curve was how well a team could work together and work through tough times. It was good to see how well staff felt their team worked together even through the unknown.

Positivity

One aspect that shone through the focus groups was how positive the staff were about the hard times they have faced. For example, there were comments about how they were grateful to be able to work and still have a job through this period. One individual stated, “I

am glad to have worked in an environment to not be lonely and to have been supported through this period of time". The acknowledgement that not everyone had the opportunity to continue to see others during lockdown and other restrictions in the pandemic was clearly voiced. Therefore, even though the majority of the country did feel alone through the pandemic, staff did not feel they were affected as they saw their colleagues daily. This also reflects the strong network they felt they had through the pandemic. Another aspect was that the staff felt their work was contributing to getting safely through the pandemic. One staff member said: *"it feels like I have a purpose"*. This positive attitude was great to see and hear, as it allowed Healthwatch Southampton to recognize that the staff understood how much they were needed during this period of time.

Workplace

As mentioned above, the care homes saw themselves as a *"family"*. This was also seen in the staff interviews. The staff also used the word *"family"*, and one stated, *"we worked through this like a family"*. The internal management of the care home was also appreciated by the staff who felt they really *"stepped up"* through the pandemic. The needs and safety of the staff were always put first. They never felt as though they were in danger. Although there was anxiousness and worry, they were always comforted by their employers. This shows the impact of the virus on the staff's feelings and the uncertainty of what was to happen next.

Healthcare professionals Interviews:

Achievements:

- *"The team stepping up quickly and being successful"*
- End of life support- *"making individuals comfortable"*
- *The team managed to support people the whole way through the pandemic.*
- *"Staff working incredibly hard"*
- *"Partnership working"*
- *"Carried on seeing people"*- face-to-face consultations were still possible, as this was described as essential to be able to communicate with residents.

Mental health and wellbeing:

One aspect which was made clear throughout the whole engagement process was mental health and wellbeing. The main areas discussed within these interviews were: talking to

colleagues and making sure they are alright, making sure everyone has a break, not over expecting or pushing colleagues too hard and valuing their hard work and dedication. It was apparent in the interview that staff were treated in this way. This allowed the team to function successfully while feeling they were fully supported.

However, it was reported, by one interviewee, that she had had discussions with care home staff whose mental health had been suffering due to struggling with issues mentioned above. This was not to say the care homes who had employed the staff were not taking care of their staff's mental wellbeing, just that the Coronavirus situation had caused employees to be overworked.

Both interviewees mentioned the high number of deaths, carers in the care home industry had seen through this pandemic, and that support was essential. In the Healthcare professionals line of work there was a discussion about the level of fatigue the staff had faced. This is why encouraging staff to take annual leave when needed was paramount. Furthermore, as the staff had seen a high level of death, a sponsored walk was organised by the team. The aim was to raise money for a memorial bench by the church. This would allow the staff to achieve some closure and have time to think about the people they had cared for that had unfortunately been lost to Coronavirus. This was a positive action and it was good to hear that the staff would feel appreciated. The Healthcare professional spoke of the need for such support. It would allow staff to be able to deal with grief in the correct way and not to avoid talking or thinking about the effects of the Coronavirus pandemic. This mental health professional's interview emphasized the need for wellbeing and mental health to be at the centre of staff care.

Support:

The above subject leads to the next section of the other healthcare professionals' interviews on the support they received throughout the pandemic. The interview showed that partnership worked very well throughout the pandemic. This was shown by reports of numerous organisations keeping in contact and communicating efficiently. There was a mention of organisational support. There was support from Okie Health and Counselling, wider sector (such as GP surgeries), organisations which provided PPE, showers in the car park made for staff, Samaritans, The Saints Foundation (helping getting prescriptions for individuals) and churches. This shows some of a wide range of support given to the healthcare staff. Also, the organisations made policies which enabled their staff to feel safe and carry out their work productively. For example, one rule concerned work that would be carried out in pairs where possible. This reinforced teamwork and provided peer support when needed.

Positivity:

An attitude of positivity shone through. Although, the strong emphasis on wellbeing was concerning for some, there was strong acknowledgement of how the staff worked very hard throughout the pandemic. This was not just by their own team but was recognised also by both the Health Care Professionals. This was seen through quotes such as, *"Care homes did a really good job! They were very isolated and pulled through as a team"*.

The Healthcare professionals team even showed positivity through uncertain times with the regulations. For example, when Government regulations changed, the interviewee stated *"we knew we had to adapt, therefore we did"*. This meant they expected every day to be different and took the regulations as they came. The participants described things being done quickly, with meetings held early in the morning to allow a recap. This allowed everyone to stay up to date and be kept in the loop where needed. The interviewees also explained how emails were checked nightly to make sure that information was not being missed. Although the hours were long for staff, the support from each other meant they kept a positive mindset and allowed individuals to talk to each other where needed. The open and honest atmosphere in the teams meant the work could be focused and people kept an eye on each other. Another indication of positivity was the way they learnt throughout this process. They would work through *"daily experiences- this worked, this didn't"*. This also created a work culture of everyone rising to the challenge. It allowed the team to see their personal capabilities and the attitude of *"we can do this!"*. There was a clear sense that everyone was in this together and no-one knew what the next day would bring. Therefore, focusing on the here and now helped teams to work effectively throughout the pandemic alongside the care homes.

Challenges:

Although being very positive about the Government guidelines and regulations changing, it was also a challenge. This is because the regulations changed quickly. It meant that everyone had to be on their toes. The long hours and hard work have been described as making many people tired. This has been referred to throughout this engagement project as *"burn out"*. This is why staff were encouraged to take their annual leave where possible. Furthermore, the interviewees stated that staff had seen a high level of death. This has taken its toll on some members. This is why support was described as essential by both interviewees. The health care professionals described a challenge that awaits in the aftermath of the pandemic, i.e., there will be a psychological impact on staff after everything calms down. This seemed to be a primary issue for this participant.

Health Sector Work:

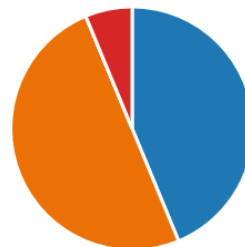
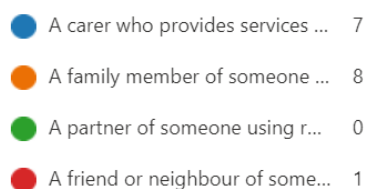
As previously explained, the healthcare sector struggles to have a full staff team. Therefore, we asked all (Care Home Owners, Managers and Staff) how should the job role be advertise within care home sector to help get individuals engaged and apply for a job.

- *“Incredibly rewarding job”.*
- *“Quick adaptions to policies and procedures”.*
- *“Care that’s delivered is really important”.*
- *“Kind and caring profession”.*

Phase Two: Online Survey

This stage of the Care Homes project engaged unpaid carers, family members and friends of residents in a care home. This was to see how they thought care homes had been affected by the pandemic, as well as to examine how the public had been impacted by the regulations applying to the care homes in Southampton. This section will be laid out with the answers as quotes from participants. The results are as follows:

1. Are you? Please tick all that apply to you.



This diagram shows that 7 individuals who took the survey were unpaid carers of a resident, 8 individuals were family members of a resident and 1 was a friend or neighbour of a resident. Altogether, 16 members of the Southampton public took part in this survey. It is important to note that not every participant answered all the survey questions.

2. How would you describe your experience of living through a pandemic? For example, tell us if it has it been easy or difficult, no different or very different from normal times, very upsetting or life changing.

- *“Difficult, as I wasn’t able to have regular contact with my family member. This meant that they missed out on special occasions”.*

- *"Much more difficult".*
- *"Tiring and very lonely experience".*
- *"Ok you have to do what's best in this situation".*
- *"Difficult, very different to normal times".*
- *"Difficult and emotionally draining".*
- *"Very different to normal life. I was lucky to live with family through it".*
- *"Extremely difficult. Very emotional. Very hard to be separated for months on end".*
- *"Difficult, but friendly neighbours who help each other".*
- *"I coped with the first lockdown ok, but the second one has been more difficult mentally, and the prospect of going into a third one is not good".*
- *"There has been no support available at all, after seeking support through Admiral Nurses and trying to arrange contact to discuss support options available I was then contacted by them to apologise but they are unable to respond. This was due to staff shortages caused by sickness and cuts to that service".*
- *"I had to shield myself. So was very boring and didn't like not being able to go out. My mum was in a care home and needed to be moved due to increasing health conditions. This was difficult".*
- *"Difficult".*
- *"It's been incredibly tough. I take care of my mother who has advanced Alzheimer's. We share the same home. The last year has been particularly difficult. I have been frightened to leave my home in case I should bring covid back into the home. Consequently, I have felt that I have been self-isolating too".*

As shown above, generally the time was experienced as very difficult. Individuals felt isolated, lonely and anxious during the Coronavirus period. The emotional impact on the public has been shown to have taken a toll on participants' mental health.

3. How have you looked after your own wellbeing during Covid-19? For example, tell us if you have managed to make healthy food for yourself, take regular exercise, talk to friends and family.

- *"I have been exercising".*

- *"Eating badly, not taking enough exercise, missing friends and family, exercise classes cancelled".*
- *"I am unable to leave my home unless I arrange for someone to sit with my mother. The restrictions of the lockdown have made this difficult. I haven't had any breaks from my caring role. I'm now limited to food shopping every two weeks which has made shopping for fresh fruit and vegetables very limiting. I have been unable to take regular exercise. I do stay in touch with friends by phone and Zoom".*
- *"Able to go for walks and do some voluntary work".*
- *"We walk every day, shop once a week".*
- *"My son has been eating well, going for drives. community activities ceased. He has occasional Skype calls with me"*
- *"Tended to order in cakes during lockdown, exercise classes closed, no access to countryside, walked less and less exposure to vitamin D".*
- *"I have been a key worker, so I have not really had time to do anything out the ordinary. Spoke to my partner".*
- *"I have kept myself healthy and well".*
- *"Carried on complying with the rules".*
- *"I've been more physically active, going for walks with friends, cooking from scratch more, talking to everyone more via phone and Zoom".*
- *"I have been unable to attend to my wellbeing and felt the stress acutely of trying to care for my mother as much as was possible. Failing to do that, I was referred to Access to Wellbeing but due to the pressures of caring while working full time I was unable to attend all of the sessions that were arranged electronically and virtually".*
- *"Listened to music".*
- *"I have had to work through the pandemic, so I have just spent time with family I live with".*

As shown above, there are a variety of answers. Some individuals found comfort in exercising; this seemed to help towards maintaining their mental wellbeing. However, others used to exercise at the gym so found it hard to exercise and stay active due to the gym's closure in lockdown. Many individuals relied upon seeing family and friends pre-covid to help them keep their mental wellbeing stable. However, this made individuals struggle when restrictions were put into place and limitations on socialising were introduced. Yet, through

this limitation it seems online video calling, such as Zoom and Skype, enabled people to stay in contact. Also, the support of family or co-workers enabled people to feel less alone and be able to confide in someone.

4. Please give examples of things that have been extra difficult during COVID-19 and why?

- *"Birthdays, babies being born, Christmas".*
- *"Impossible to get food deliveries, especially for my mother who lives a 3-hour drive away. Support groups which used to involve my husband being taken to meetings or classes are now online, and I have to log on because he can't do it and supervise".*
- *"Dealing with my doctor's surgery. The receptionists have been quite obstructive. I'm unable to 'pop out, which limits my freedom. I feel exhausted, especially emotionally".*
- *"Stuck mainly indoors, shopping an issue and standing in long ques at the supermarkets, accessing help of any kind".*
- *"Seeing my mum who is in a care home".*
- *"Change of routine, not seeing me for a very long time and then when I visit he sees me with a mask on. Visits not the same anymore".*
- *"Getting supplies of groceries. Getting help with repairs and jobs around the house, support with care for my husband".*
- *"Not being able to see people and do normal activities".*
- *"Separation".*
- *"Shopping as all delivery slots booked up. Difficult to leave my wife unattended. Reluctant to refer wife to hospital as unable to visit. She is unable to communicate with medical staff".*
- *"I think I've adapted to most of it ok".*
- *"No support at all, I was contacted to advise me that the 'team' could not respond to anything other than 'emergencies'".*
- *"Not being able to go to the shops".*

As shown above, results consist of three themes. These are: separation from family (especially at special times of the year), change in routine (being stuck inside more, classes/support groups not running and not being able to see family) and how shopping deliveries were hard to access. All examples given above show that individuals struggled with various aspects of the lockdown restrictions. With the coronavirus pandemic, the

normality of day-to-day life changed for everyone and especially for those with relatives or friends in a residential home. The results show that the changes in routine were especially restrictive for those who were vulnerable. It was felt that there was no support available in terms of shopping and counteracting loneliness.

5. Have the Covid-19 restrictions made by the Government affected you and the things you normally do at a residential care home? Please give examples

- *"Yes, visiting".*
- *"We rang my mum often which caused no distress to her".*
- *"It has interrupted his progress in the community and put a stop to plans for activities".*
- *"Unable to see my family's relative in a care home. This meant that it was a long time between speaking and checking in".*
- *"Yes. Usually have our daughter home for weekends, evenings and holidays. Not been able to do this".*
- *"Yes, I now have to book appointments to visit the care home my mum is now receiving respite care in. I cannot stay longer than an hour and am unable to access the interior of the home having to remain in the garden for the duration of my visits".*
- *"Yes. I was not allowed to see my mum until recently. Now there is an outbreak of Covid in the care home so they're in lockdown again".*
- *"Yeah. My partner's grandparent we Zoomed".*

The results show that none of the participants were able to see family or friends in a care home until recently. When visiting was allowed the visits had to be booked, some were time limited and outside. Other than this, it seemed the communication methods were through online video calling and telephone.

6. Please describe the type of communication you had throughout the pandemic with the person you look after (without face-to-face contact)?

- *"Good, easy to get hold of and informative".*
- *"Unable to travel to see my mother who lives alone (not in a care home)".*
- *"We live in the same house, so there's been no issue".*
- *"Face-to-face".*

- *"Telephone".*
- *"My son and I have Skype calls, but they are very much mood dependent".*
- *"Good. Always knew what was and wasn't allowed. Through email and social media updates".*
- *"Skyping".*
- *"Phone, email, Messenger".*
- *"Telephone and face-to-face as I live with my mum while working full time".*
- *"We Zoomed and had phone calls to keep in touch".*

Once again, communication was shown to be through phone and video calls. It seemed that updates about restrictions were good and were sent via email. This good communication seemed to help individuals know their loved ones were safe and what was going on with restrictions.

7. If there were things you could change, what would they be and why?

- *"It's difficult. Would change the fact that communicating through windows wasn't easy".*
- *"Outdoor activities for my husband instead of online during the summer months. A missed opportunity".*
- *"As a lone carer, I would like to have been in a bubble. But because I live with the person I care for, the rules didn't allow for this. I have found the last year so very difficult. If I had been able to have a friend visit me, it would have given me the emotional support I crave".*
- *"Just able to meet friends and family".*
- *"Anything that could see you tested for any virus earlier".*
- *"I am in a support bubble with my son; however, the provider was reluctant to accept that, but now the issues have been resolved".*
- *"I would have gone out more initially and ordered better quality masks rather than thin cloth ones, with hindsight".*
- *"I don't know".*

- *“Better understanding by the government that younger people with learning disabilities who are otherwise healthy should not be subjected to the same restrictions as older more vulnerable people should”.*
- *“None in my control”.*
- *“Ability to go into hospital with him, when necessary, as he is very deaf”.*
- *“More funding and resources made available to a service and sector that is clearly struggling”.*
- *“Don’t know”.*

Many respondents stated they were unsure what to change, as it is difficult in the current circumstances to suggest ways to improve the pandemic situation. Other comments were in relation to certain services; for example, issues with not being able to attend appointments due to impairments, as well as the government putting all care homes into the same vulnerability category. One individual mentioned that funding limited the care home resources. Overall, the restrictions were felt by some to be balanced with individuals needs and circumstances.

8. Is there anything else you would like to add? That could have been adapted to the circumstances of the resident.

- *“Unpaid carers not recognised as having to do more during the pandemic”.*
- *“Unpaid carers ought to have bespoke benefits, the pandemic has taken a huge toll”.*
- *“The restrictions were unnecessarily hard and the fear the government created among the people could have been handled better. People are not idiots and that could have been respected when putting in rules of isolating etc”*
- *“My mum’s care home was marvellous the whole time”.*
- *“I believe, and strongly believe after my experiences, that the care industry has been neglected. My parents were not homeowners, so options were very limited, throughout my experience it has been clear that staff are straining to cope under these conditions. This service is worth far more in terms of funding and pay for staff so all should be addressed immediately, these essential workers got us through the pandemic”.*

From this question it shows that participants feel that unpaid carers were not recognised or supported enough throughout this pandemic. Furthermore, there is recognition of the financial stretch that care homes have experienced. This shows understanding of the strain

on staff and resources. However, there was recognition of the hard work care homes have put in to keeping residents, family and friends safe.

Overall, this survey has given an insight into how the public feel the Coronavirus pandemic has impacted their lives. Also, how it has affected their relationship with care homes.

Phase Three: Interviews with Residents

For the next part of the engagement process the Healthwatch team went to a residential home in Southampton and interviewed residents. This was a privilege, as at the start of the pandemic there was no thought of attending a residential home. The team did a Rapid flow test prior to visiting and wore the essential PPE to be able to engage with residents. The residents were supported by the care home staff. Not all residents were able to answer all questions and the Healthwatch team allowed the residents to guide the interview. Five residents were interviewed in total. The questions put to the residents are in Appendix 4. The themes of these interviews are described below.

Grateful:

It was apparent that the residents were grateful that the pandemic had not affected them too severely. This was shown through comments such as, *"I feel somewhat sheltered from it all. I have not suffered at all, being in the care home has sheltered me from it"*. And *"I felt shielded from the effects of lockdown"*. These quotes show how the residents felt protected in their home and that the world outside was more affected by the pandemic. There was also much gratitude to the staff. There was mention of long working hours and how busy the staff were. They were described as having been *"brilliant"* through it all. The admiration for how the staff worked to keep the residents safe was voiced throughout this project. It shows the close and strong bond that can create a healthy and secure environment for the residents.

Challenges:

One issue of the pandemic said to have affected the residents was PPE. When they were obliged to use it, they felt *"trapped"* and *"couldn't breathe"*. This was uncomfortable for the residents, and they described it through the quote: *"I hate it"*. The residents also had to deal with the constant presence of PPE in the environment they called home, whereas in the outside world many individuals were free of it at home. Residents described that the appearance of staff with PPE as somewhat *"intimidating"*. Not a nice feeling to have in the place in which you live.

Visiting:

Throughout the pandemic, restrictions meant that residents were not allowed visitors. This was shown to be the biggest effect of the pandemic on the residents. It meant that family, friends and loved ones were unable to see them throughout the lockdown period. The residents described how, when visiting was allowed, appointments had to be booked as the visiting took place in a designated room. The room meant that residents felt as though their visiting privacy had been taken away. One resident stated, *“no privacy through visiting”*. This aspect seemed to bother the residents also. This is not surprising as earlier residents were allowed visitors whenever they wanted. Due to the virus one designated room meant residents were only allowed guests in one area of their home.

The visiting allowance left some residents confused about the restrictions, as while they were still staying in the care home, they were unsure as what was going on with Coronavirus and how the nation was coping. This was shown through comments such as, *“it’s difficult to gauge what is going on”*. This again shows how being in a care home impaired their knowledge about the outside world.

Community:

Another apparent theme was how appreciative the residents were about living with each other. They were grateful that they did not have to go through the pandemic alone. This was shown through quotes such as, *“I would have not coped well alone”*. Because of this, they believed that they had had an *“easy ride”* compared to the outside world. It was good to see that the care home residents did not feel alone during this pandemic, especially considering that loneliness was an issue for many individuals across the UK.

Limitations

Four potential limitations of the public engagement are mentioned below. Reflecting on these will help us in our future work.

- Although gathering a wide range of individuals from different areas involved with care homes, we had low numbers of participants in each category. This meant that the research cannot be deemed representative of Southampton City's public opinion. This is written at the top of the report in the disclaimer.
- It is important to note that some residents who were interviewed did not have capacity and were assisted by a support worker. This means that some did not fully understand the nature of the Coronavirus and lacked the capacity to remember much of the pandemic situation.
- A vast majority of the engagement process was over online video calls. This meant that buffering and poor internet connections could have affected some speech by distorting it.
- Healthwatch Southampton received few completed forms regarding personal characteristics. This needs to be considered for further engagement projects so as to inform the pilot studies. Other issues like gender, disability, sexuality and specific issues like fertility also need to be considered in offering support to people. Therefore, further investigation of existing patient and public feedback and engagement on these issues may also be necessary.
- A recognition of care home staff and providers in supporting their colleagues and residents. Detailing the positive experiences within a care home during the pandemic. Positive stories should be shared more with the public and local communities - to help shine a positive light on care homes which I feel the report does.

Conclusion:

Overall, Healthwatch Southampton has been very grateful to everyone involved in this engagement project. The pandemic raised emotional and sensitive topics. The stories and experiences shared with us are insightful and useful to future healthcare issues. This engagement project has shown that there are areas in need of development for local care homes in a pandemic situation. The specific areas are discussed below with recommendations.

Recommendations

- More advertisement and awareness of the support available for the staff that have worked through the pandemic. This recommendation is due to the fact that throughout the focus groups/interviews many sensitive topics were discussed. Due to this, Healthwatch Southampton believes it is important that all members of the community have information about where and how to access mental health support.
- The Government restrictions should be made known to the care homes before the public. This would allow more time for social distancing restrictions and measures to be put into place before the public is informed. It would mean less stress and pressure placed on to the staff and care homes.
- Continuing the strong use of partnership working. Many healthcare professionals thought that this was a positive side to coming out of a pandemic.
- If a pandemic was to re-occur there needs to be more recognition and support available to unpaid carers. Our results show that they need more support and help to be able to maintain their mental wellbeing and be able to care for their relative as well as possible.
- Residents need to have an easy read version document available with regulations and the pandemic. This would allow the residents to have an accessible choice about whether they wish to be able to read the restrictions. It would also promote more independence.
- If possible, there needs to be more privacy in the designated rooms for the residents to be able to catch up with their family members. This would allow the residents to adhere to the guidelines but also have a private area in which to engage with their guests after a long absence.

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Appendix 1 - Participant Information Sheet

A public engagement exercise into lived experience in care homes through the Coronavirus pandemic in Southampton

Healthwatch Southampton would like to invite you to take part in a public engagement project. Before you decide, you need to understand why this engagement is being carried out and what it would involve for you. Please take the time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Thankyou.

Introduction

Healthwatch Southampton understands the pandemic has been a difficult time for care homes; for the staff, managers, care home owners, unpaid carers and relatives, and, of course, the Residents themselves. We also realise there is a lot for people to feel proud of, and lots of reasons for celebration. We are interested in finding out more and hearing your real-life stories of how life has been during the pandemic.

Why are we interested? Whilst the media has done some reporting on care homes, most of the attention has been on the NHS. At Healthwatch we are keen to shine a light on peoples' experiences of care homes so we can draw together themes in a report that highlights:

- Where things have worked well
- Where there have been challenges, and how they've been overcome
- How staff, managers and care home owners have gone the extra mile, often in difficult circumstances
- What has been learned
- How the care home industry needs to adapt, in light of Covid, for the future
- What all this has meant for relatives and residents

By doing this we can influence local decision makers, the care home system, and the public to:

- Raise awareness of care homes and the challenges and achievements during the pandemic
- Celebrate these achievements
- Make recommendations for improvements, based on what you have told us
- Better understand the future pressures and needs of the care home industry

What is Healthwatch and what do we do?

We are the independent national champion for people who use health and social care services. We are here to find out what matters to people and help make sure your views are heard to shape the support you need.

How Healthwatch works:

There is a local Healthwatch in every area of England. Healthwatch aims to find out what people think about health and social care services, and what could be improved.

Healthwatch shares the public's views with those with the power to make change happen.

Healthwatch also helps people find the information they need about services in their area, as well as support, and refer individuals who wish to make a complaint about a health service.

Nationally and locally, we have the power to make sure that those in charge of health and social care services hear people's voices. As well as seeking the public's views ourselves, we also encourage health and social care services to involve the public in decisions that will affect them.

What is this engagement work about?

Healthwatch believes that people's views come first. We champion what matters to you and work with other organisations to find ideas that work. We are independent and committed to making the biggest difference to you. Therefore, we have chosen to be involved in making sure the lived experience of care homes in Southampton through the pandemic is heard. This public engagement will allow recommendations for the service to come directly from the public, as well as hear the stories which have not necessarily been voiced before in this locality.

Healthwatch has partnered with: Carers in Southampton, Southampton CCG, BUPA, VoiceAbility, Age UK, The Alzheimer's Society and Hampshire Care Association to plan and scope this project. This has allowed Healthwatch Southampton to make sure the project is moving in the right direction and following the correct areas in the public engagement. The project involves talking to people and gaining their views on care home experience through the pandemic. This will be through contacting: care home managers, care home owners and staff, family members, unpaid carers and residents. The engagement will then be drawn into a report, checked for accuracy with the participants, published and widely disseminated.

The engagement process:

All public engagement will be conducted through the programme ZOOM online. This will ensure individuals' safety by preventing any cross contamination of the virus.

The engagement process, directed towards the care home managers and owners as well as, staff will involve focus groups of no more than eight individuals. There will be several

questions which will explore areas such as: achievements, coping strategies, challenges faced, government guidelines, collaboration with other organisations and general physical and mental wellbeing. The focus groups will take a maximum of an hour. There will be no recording of individuals' opinions, but notes will be taken throughout. If a participant wants to examine notes associated with their focus group, they are free to do so at any time.

The project also involves an online survey; this takes an average of ten minutes. This survey will be directed towards family members, carers and friends. The survey will follow similar topics to the focus group where appropriate but will also delve into other subjects. These include visiting residents, recognition of staff and their lived experience of being outside a care home.

Lastly, the project aims to reach out to residents through online interviews. Healthwatch Southampton, however, understands this is a difficult area due to mental health conditions (dementia and Alzheimer's). Therefore, all engagement work done in this area will be through the support of care home staff.

Once an engagement process has been carried out, a reference number will be given (see below re confidentiality). This will allow information to be specific to one person and if the participant wishes to examine what they have discussed or withdraw from the engagement it will allow an easy process.

Specific characteristics which means you are eligible to take part:

If you are a care home owner, manager or staff member, a carer, relative or friend of a resident, or a resident, then this engagement work is intended to hear your opinions.

Do you have to take part?

Participation is completely voluntary, and you have the right to refuse participation, refuse any question and withdraw at any time without any consequences.

Possible risks involved with taking part:

There are no known potential risks to this engagement work. However, some conversations may cause an individual to feel emotional or distressed due to the sensitive nature of the topic. If this does occur, please do not hesitate to contact any of the organisations listed below. Thank you.

Will taking part be confidential?

Your confidentiality and anonymity will be viewed as paramount throughout this engagement work. Confidentiality will be maintained by not using any participant's name or anyone's name they have mentioned. Once people's opinions have been collated, as

mentioned above, a reference number will be given. This will mean that when examining opinions no information can be linked to a name or individual.

Confidentiality will only be broken if the engagement worker has a strong belief that there is a serious risk of harm or danger to either the participant or another individual (e.g., physical, emotional or sexual abuse, concerns for child protection, rape, self-harm, suicidal intent or criminal activity) or if a serious crime has been committed.

Once the information from the notes or participant information consent forms has been used, it will be deleted/shredded to avoid any unwanted information to be shared.

How the information collected will be kept safe:

The focus groups/interviews will not be recorded. However, the notes made throughout the interview will be kept within a folder in a private locked office. This will allow any collated opinions to be kept confidential and will be kept with the participants' signed consent forms. The project will be fully compliant with data protection regulations and GDPR.

Results of this engagement project:

The results from the public engagement will be documented in the form of a report. The results of this project will be published once all experiences have been collated and the partnership organisations have had a copy of the report. This will allow you to see your impact on the project as well as the recommendations that are presented.

Contact:

Healthwatch Southampton:

Telephone: 02380 216 018

Email: healthwatch@southamptonvs.org.uk

Support Contact: Options

023 8063 0219

Email: enquiries@optionscounselling.co.uk

www.optionscounselling.co.uk

Facebook @optionswellbeingtrust

Care for Family

<https://www.careforthefamily.org.uk/>

029 2081 0800

Offers Bereavement support

Carers In Southampton

023 8058 2387

Email: enquiries@carersinsouthampton.co.uk

<https://www.carersinsouthampton.co.uk/contact-us>

Appendix 2 -Method Questions for the Focus [Groups](#)

Focus group questions / prompts for care home managers and staff

Managers

Introductory preamble outlining project, reasons why, thanking participants for attending.

1.In terms of your achievements over the Covid-19 period, what stands out to you as your proudest moments and why?

a. What deserves celebration?

2.What support have you received over the period, how has this helped, what has been the most beneficial and why?

- a. Peer to peer, solidarity
- b. Employer
- c. Wider system (CCG, SCC, GPs, NHS Trusts, other)
- d. Government
- e. Other

3.How have you looked after your own wellbeing during Covid-19? What has helped and why?

- a. Coping mechanisms
- b. Letting go
- c. Leaving work at work

4.What have been the main challenges and barriers you have faced and why? How have you overcome them? What helped the most?

- a. As a care home
- b. Professionally, as a manager
- c. Personally

5.What has been the main thing you have learned during Covid-19?

- a. For your care home
- b. For yourself, professionally as a manager
- c. Personally

6.Given the circumstances of the past year how would you promote the care home industry to future employees and why?

- 7. If there were things you could change, what would they be and why?
- 8. Is there anything else you would like to add?

Care Home Staff

Introductory preamble outlining project, reasons why, thanking participants for attending.

1.In terms of your achievements over the Covid-19 period, what stands out to you as your proudest moments and why?

- a. What deserves celebration?

2.What support have you received over the period, how has this helped, what has been the most beneficial and why?

- a. Peer to peer, solidarity
- b. Employer, manager
- c. Wider system (CCG, SCC, GPs, NHS Trusts, other)
- d. Government
- e. In the event of a coronavirus case in your care home.
- f. Did you feel that that the resources were there to make sure you, your managers and staff were appropriately trained.

3.How have you looked after your own wellbeing during Covid-19? What has helped and why?

- a. Coping mechanisms
- b. Letting go
- c. Leaving work at work

4.What have been the main challenges and barriers you have faced and why? How have you overcome them? What helped the most?

- a. As a care home
- b. Professionally
- c. Personally

5.What has been the main thing you have learned during Covid-19?

- a. For your care home
- b. For yourself, professionally
- c. Personally

6. Given the circumstances of the past year how would you promote the care home industry to future employees and why?

7. If there were things you could change, what would they be and why?

8. With the Government regulations being changed to adapt to the Coronavirus pandemic, how was it when evolving to those adaptations?

9. Is there anything else you'd like to add?

Care home owners

Appendix 3 - The online Survey for Unpaid Carers, Family and Friends of the residents:

1.Are you? Please tick all that apply to you.

A carer who is paid by someone to provide services

A carer who provides services freely (NB Carers Allowance is not payment)

A family member of someone using residential care home services

A partner of someone using residential care home services

A friend or neighbour of someone using residential care home services

2.How would you describe your experience of living through a pandemic? For example, tell us if it has been easy or difficult, no different or very different from normal times, very upsetting or life changing.

3.How have you looked after your own wellbeing during Covid-19? For example, tell us if you have managed to make healthy food for yourself, take regular exercise, talk to friends and family. Single line text.

4.Please give examples of things that have been extra difficult during COVID-19 and why? Single line text.

5.Have the Covid-19 restrictions made by the Government affected you and the things you normally do at a residential care home? Please give examples. Single line text.

6.Please describe the type of communication you had throughout the pandemic with the person you look after (without face-to-face contact)? Single line text.

7.If there were things you could change, what would they be and why? Single line text.

8.Is there anything else you'd like to add? Single line text.

Appendix 4 - Care Home Residents Semi-structured interview Questions

1. How would you describe your experience of living through a pandemic? For example, tell us if it has been easy or difficult, no different or very different from normal times, very upsetting or life changing.

2. Please give examples of things that have been extra difficult during COVID-19 and why?
3. Have the Covid-19 restrictions made by the Government affected you and the things you normally do in your residential care home? Please give examples
4. How has accessing services been through the pandemic?
5. How has the easing of the Government restrictions changed the things you can now do in the care home?
6. Is there was anything you could change, what would it be?