



Healthwatch Central West London

Care Home Insights: COVID-19

April- August 2020

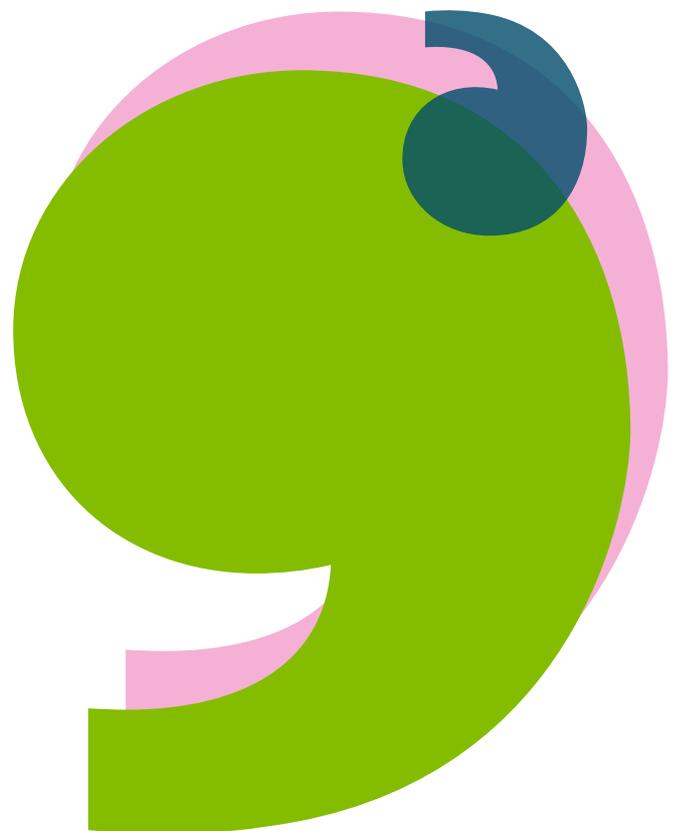




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1 Introduction

Healthwatch Central West London (HWCWL) works to ensure local people's voices count when it comes to shaping and improving local health and care services across the Royal Borough of Kensington and Chelsea and the City of Westminster.

Under Section 186 of the Health and Social Care Act 2012 Healthwatch has a statutory power to 'Enter and View' places that provide publicly funded Health and Social care services¹. This may be unannounced or through prior arrangement to view and assess a service.

The HWCWL Authorised Representatives who carry out Enter and View visits are volunteers referred to as 'Dignity Champions'. They receive training on the Care Act 2014 and the duties and implications in the provision of care around respect and dignity, safeguarding vulnerable adults and health and safety. All the Dignity Champions have a current enhanced Disclosure and Barring Service (DBS) certificate.

Due to COVID-19 restrictions, HWCWL representatives have been unable to visit Care Homes in the area. Instead, during this time Dignity Champions took a different approach to monitoring quality in care provision.

Everyone was affected by the pandemic, especially Care Home residents. As elderly people, people with learning disabilities, and young people with disabilities are more at risk from COVID-19, it was essential that staff had access to Personal Protective Equipment (PPE) and other safety measures.

¹ Apart from Children's Social Services



There are 18 Care Homes in the bi-borough area of Kensington & Chelsea and Westminster; this includes Care Homes for people above the age of 65, people with learning disabilities, and young people.

We spoke to Care Home Managers to find out how COVID-19 impacted their Care Homes. Of the 18 Care Home Managers that we contacted by email and phone, 13 replied to our emails or agreed to talk to us over the phone. We had no contact with five Care Homes.

We also produced an online survey for staff, residents and relatives. In total, we received three responses from residents, five responses from relatives and three responses from staff to our survey. We set out below which Care Homes we spoke to and which Care Homes we were unable to reach.

This report presents the findings of our communication with 13 Care Homes in the Royal Borough of Kensington and Chelsea and Westminster.

Please note that this report relates to findings observed on the specific times we talked to Care Home Managers during April to August 2020. As such, it gives a flavor of the experiences of the residents, relatives or staff who engaged with us during this period.

| Provider | Type of Care Home | Participating Care Homes | Care Homes we were unable to speak to |
|---|---|--|--|
| Gold Care Homes | Over 65 | <ul style="list-style-type: none"> • Alan Morkill House • Carlton Dene Residential Care Home | <ul style="list-style-type: none"> • Westmead Residential Care Home |
| Anchor Hanover Group | Over 65 | | <ul style="list-style-type: none"> • Norton House |
| Care UK Community Partnerships Ltd | Over 65 | <ul style="list-style-type: none"> • Ellesmere House | <ul style="list-style-type: none"> • Forrester Court |
| The Westminster Society For People With Learning Disabilities | People with learning disabilities of all ages | <ul style="list-style-type: none"> • Alison House • Carlton Gate • Harrow Road • Kingsbridge Road • Piper House | |
| Sanctuary Care Ltd | Over 65 | <ul style="list-style-type: none"> • Athlone House Nursing Home | <ul style="list-style-type: none"> • Princess Louise Nursing Home • Garside House Nursing Home |
| Royal Hospital Chelsea | Over 65 | <ul style="list-style-type: none"> • Margaret Thatcher Infirmary | |
| St George's Nursing Home | Over 65 | <ul style="list-style-type: none"> • St George's Nursing Home | |
| Sisters Hospitallers | Over 65 | <ul style="list-style-type: none"> • St Teresa's Care Home | |





1.1 Method of engagement

We use open, free answer survey questions to find out about the lived experience of local people. We do this so that we can better understand common themes in people's experiences, or identify exceptions that might otherwise be missed.

Looking at 'what' people tell us (the content), helps us see the breadth of their experiences. Noticing 'how' they talk about their experiences (emotive language for example), helps us better understand what this has been like for them and often uncovers hidden nuances that might not otherwise have been apparent.

This type of research can help us understand more about why people make the choices they make, how they prefer to get support, and where there might be gaps. It can also enable us to identify groups of people with shared characteristics, for example age or ethnicity, who are finding it more difficult to get support.

This can help organisations that commission or provide services, such as the NHS or local councils, to better plan, design and run services that are good quality and meet the needs of local people.

1.2 Acknowledgements

HWCWL would like to thank all Care Home Managers for taking the time to reply to our emails and phone calls. HWCWL would also like to thank all the staff, residents and relatives who completed our survey.

2 The impact of COVID-19

The sudden outbreak of COVID-19 meant that Care Homes needed to introduce safety measures and new ways of working in a short time frame, whilst they were still learning about the best ways to keep their residents and staff safe.

“It was a rough time, very challenging but we were able to do well.” Care Home Manager

Care Home Managers told us that there was significant involvement and support from Social Services through daily phone calls during this time.

“I think things went as well as can be expected given the circumstances. Meetings with social services are happening regularly via group video call but I think it’s fair to say that there was some level of disruption to the support we would normally receive.” Care Home Manager

There were major changes in residents’ and their relatives’ daily lifestyles due social distancing measures.

“Residents and staff adjusted in response to the pandemic and the control measures and guidelines issued by government.” Care Home Manager

Eight out of the 13 Care Homes we spoke to had residents who contracted COVID-19. Most of the residents recovered. One Care Home had 14 resident deaths due to the virus. In total, three of the Care Homes had resident deaths (Figure 1). Two other Care Homes had staff who were diagnosed but recovered and returned to work.

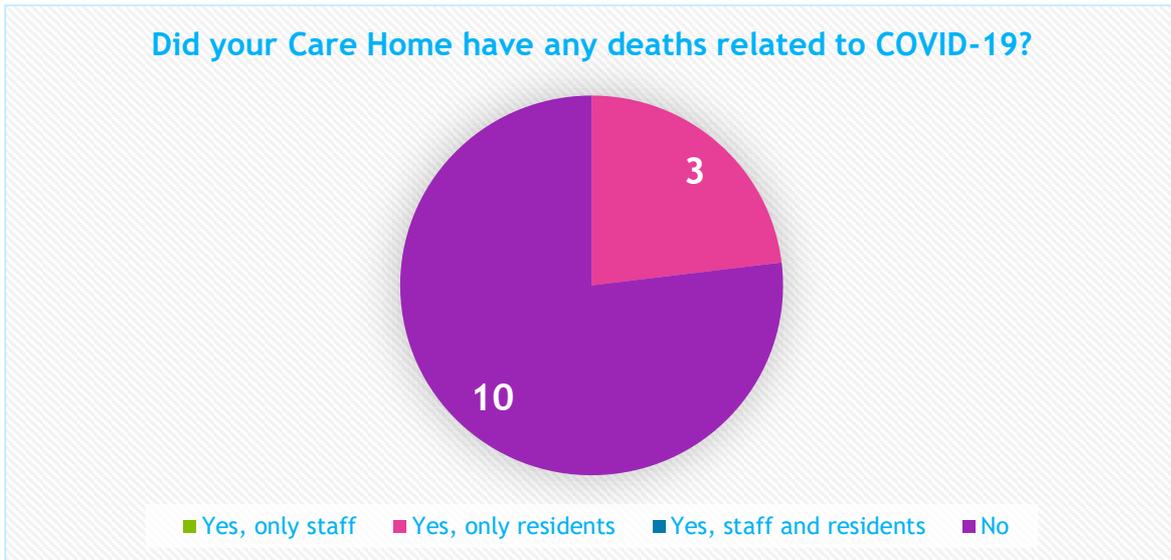


Figure 1: “Did your Care Home have any deaths related to COVID-19?” Care Home Managers’ responses

11 of Care Homes told us that they had a full staff quota or were using agency staff. Two of Care Homes reported staff shortages. They told us this made putting in place protective practices more difficult.

Tests for staff and residents were conducted in all of the Care Homes. However, a Care Home for young people with learning disabilities faced difficulties getting tests for COVID-19 because the Care Home is not classified as a “Care Home”.

“It took a lot of time to be tested. We were not tested until the end of May/June as we are not recognized as a Care Home. It was frustrating.” Care Home Manager

Six of the Care Homes reported that they had not had anyone showing any symptoms (Figure 2). This may account for why staffing levels remained stable in most Care Homes.

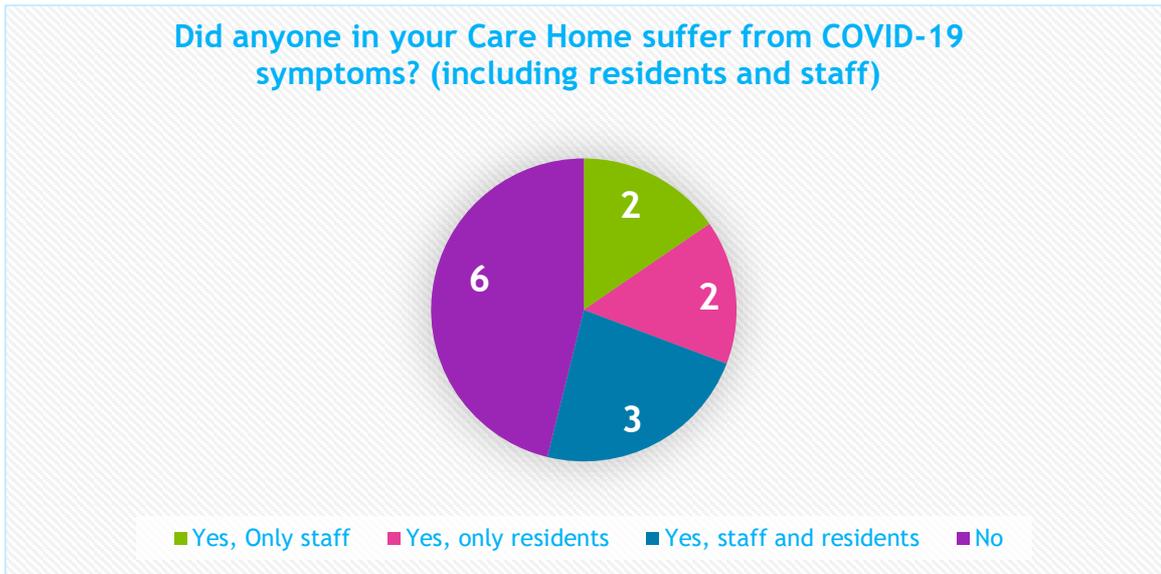


Figure 2: “Did anyone in your Care Home suffer from COVID-19 symptoms?” Care Home Managers’ responses

10 of the residents, relatives and workers we spoke to felt that the Care Home management gave them clear information about the situation. However, two people we spoke to disagreed (Figure 3).

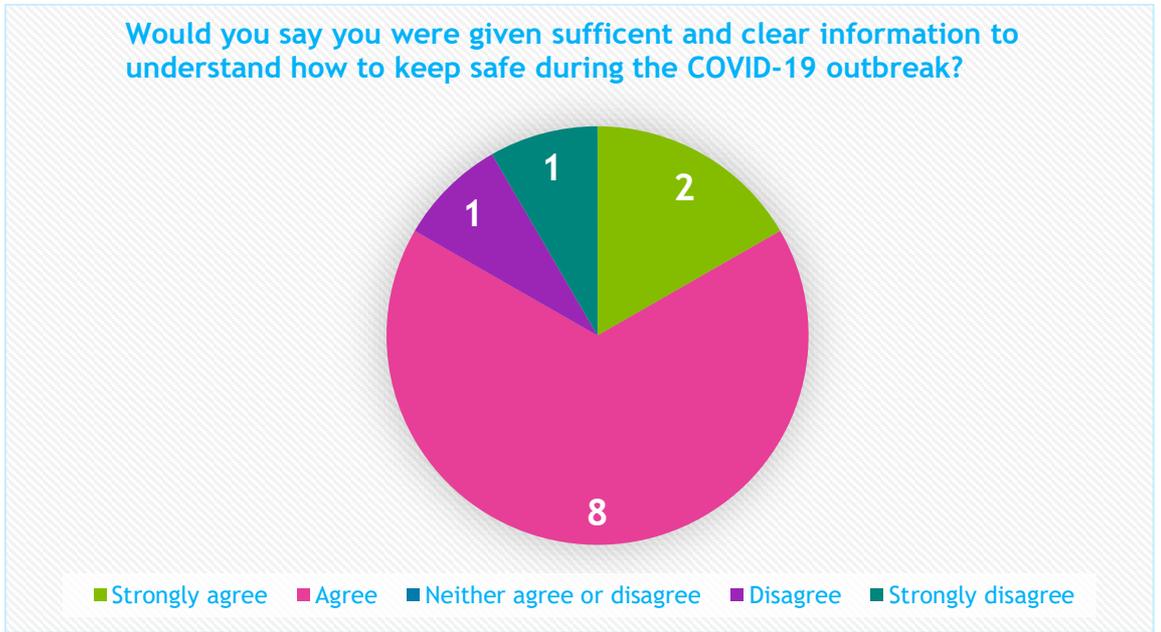


Figure 3: “Would you say you were given sufficient and clear information to understand how to keep safe during the COVID-19 outbreak?” Relatives’, Residents’ and Staff responses

“We had no info about in-house arrangements to combat infection. Only that visitors were no longer welcome.” Relative

Nine of relatives, residents and staff felt that they were given enough support to deal with the pandemic. However, three of the relatives, residents and staff we spoke to felt that the support they received was not enough (figure 4).

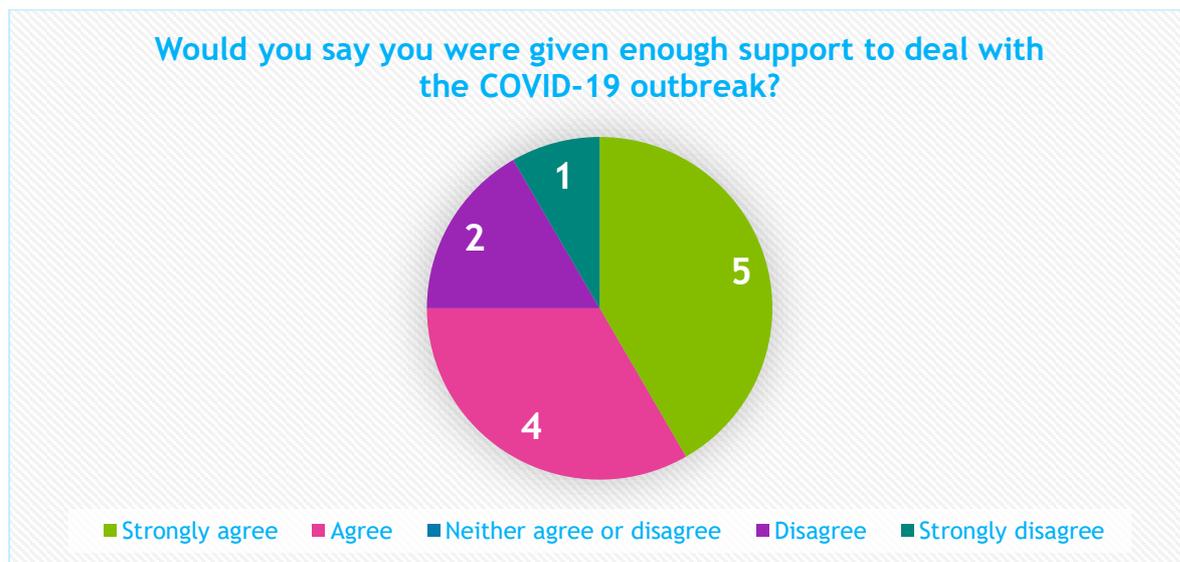


Figure 4: “Would you say you were given enough support to deal with the COVID-19 outbreak?” Relatives’, Residents’ and Staff responses

Some Care Home staff we spoke to told us about the lack of emotional support from management and the struggle with depression among colleagues and residents.

“I need more support from my manager. Staff are struggling. Some that came back after COVID-19 have not even been asked how they are doing. Other staff watched their residents and colleagues struggle with depression” Care Home staff member

“We need more emotional support” Care Home staff member

3 Personal Protective Equipment Usage

While no Care Home Manager we spoke to told us of any shortage of PPE during this period, Care Home staff members told us that on some occasions they did not have enough PPE, or replacement PPE, while on their shift.

3.1 Access to PPE

None of the Care Home Managers we spoke to reported any shortage or problems regarding Personal Protective Equipment (PPE). PPE was provided to the Care Homes from their organisational head offices. A number of Care Homes received some additional supplies from Westminster Social Services. One Care Home also received PPE from St Ann's Hospital as part of an effort to keep residents safe. There was also an introduction of a GOV.UK PPE portal which was used by Care Homes to place orders for new PPE.

“We ran out of PPE but social services delivered to us so we are good.” Care Home Manager

“We get PPE from the head office and we are ok. They also send us washable masks, not only disposable ones.” Care Home Manager

“We have a delivery every week, so we don't have any shortage” Care Home Manager

“Every week the head office is sending us PPE. The first week it was a struggle but we had a trainer who showed us how to wear PPE and everything got easier.” Care Home Manager

3.2 PPE issues

However, some Care Home staff members told us that they were not always supplied with an appropriate amount of PPE from their employer.



One Care Home staff member reported that they were only being given a single disposable mask to wear throughout a whole 12-hour shift.

“We were only allowed one mask for a 12 hour shift going from COVID-19 to no COVID-19 etc.” Care Home staff member

Another Care Home staff member told us that their manager refused to issue them with enough PPE. They told us this took place even after suspected COVID-19 cases in their Care Home. The staff member told us their manager kept PPE supplies locked away and that they were unable to access them.

“Even when we had our first suspected cases our manager still wouldn't issue more masks. They locked them away from us except our one allocated.” Care Home staff member



4 Relatives and Friends

Care Home residents were badly affected by the lockdown as relatives and friends were no longer allowed to visit.

Social Services provided all Care Homes we spoke to with iPads to allow residents to stay in touch virtually. This was designed to help ease the isolation many residents were feeling and ensure they remained in contact with their relatives and friends. Software like Skype, FaceTime, Zoom, and WhatsApp were used by residents to contact their relatives and friends.

However, some relatives still couldn't speak to their family. Some relatives of Care Home residents told us that residents never had an opportunity to use an iPad to communicate with their friends and family. Other relatives told us that some Care Homes only had one iPad, which all residents were sharing. This meant that each resident had a very limited amount of time to use an iPad. One relative told us that they had only managed to communicate with their mother using a Care Home iPad once between March and May.

"We were told an iPad would be available to chat but never happened for me!"

Relative

"There was only the one iPad for the home. It is difficult to get through to the home. I have seen my mother on the iPad only 3 times since 15th March."

Relative

Care Homes also updated relatives and friends through newsletters or by using normal calling and email services. Most of the Care Homes we spoke to prioritised phone communication over email.



“We call relatives to discuss any changes.” Care Home Manager

“Relatives call us for updates. If needed I call relatives.” Care Home Manager

Of the 13 Care Home Managers we spoke to, only one allowed relatives of residents who were at the end of their lives, due to either COVID-19 or any other medical issue, to visit.

“My uncle was sent from [Care Home] to St Thomas’ Hospital with a possible chest infection. Tested for COVID-19. The palliative nurses rang me each afternoon with update.” Relative

Some relatives told us that they did not receive enough information about their loved ones, the general situation in the Care Home, or whether the Care Home had any COVID-19 cases.

“I believe that eight or nine residents may have died on my mother’s floor of approximately 20 residents. The home will not give us any information about their procedures and how they are protecting residents and staff. Therefore, I am worried about my mother” Relative

This impacted on resident and relative wellbeing.

*“It is very upsetting not to be able to visit and spend time with one another.”
Relative*

From June onwards many Care Homes put measures in place to allow relatives to visit residents. Residents were allowed to see their friends and family in communal gardens whilst keeping two meters social distance between them. Some Care Homes also allowed residents to see their relatives through windows.





“Some relatives come and see residents from the window, now they can visit for half an hour in garden.” Care Home Manager

“We have telephone and zoom conversations... Mum visits but keeps two metres distance” Resident



5 Lockdown activities

Care Homes arranged special activities to keep residents engaged. These activities were usually arranged and carried out one-to-one by an Activity Coordinator. All 13 Care Homes told us that they were encouraging their residents to engage in activities.

“All activities during this time never stopped.” Care Home Manager

Some Care Home Managers told us that they were unable to offer a large variety of activities due to time and capacity restrictions.

“We have enough on our plate at the moment to run more activities. We do activities one-to-one with social distancing” Care Home Manager

“It was very hard and difficult to not have all services helping each other. We all stay in living room with social distancing” Care Home Manager





Respondents from all the Care Homes told us that residents watched the television and were encouraged to try other activities, like artwork. Some Care Home staff told us they tried to keep residents fit by promoting exercises, accompanying residents on walks or encouraging residents to play table tennis or get involved in other physical activities.

Activities run by Care Homes included art, craft, barbeques, weekly chat signing with care services for Care Homes in Westminster, reading, and outside physical activities.

Some residents told us they would like more activities to keep them engaged.

“I would like staff to plan more indoor activities to keep me busy” Resident



6 Five lessons for the future

During the COVID-19 pandemic, Care Homes have faced unprecedented challenges. Care Home managers and staff have worked under huge pressure. Many Care Home Managers told us how much Kensington & Chelsea and Westminster Councils helped them manage during this period. We would like to acknowledge the hard work of both Councils, and all Care Home providers for their work during this period.

Under these challenging circumstances, we do not feel it is appropriate to make recommendations. However, there are many lessons to be learnt from this period, and there is always room for improvement. As we live with COVID-19, it is important that Care Home services adapt to ensure they continue to work for all residents and relatives. Therefore, based on the experiences we have heard from Care Home residents, workers, residents and relatives, we propose five lessons for the future.

1. Provide wellbeing and emotional support to staff

Working in a Care Home in normal conditions is difficult. During the COVID-19 pandemic, working in this environment has become much harder. Care Home staff, managers and residents have all told us of increasing levels of stress and depression in Care Homes. Staff in particular told us they would like to receive more emotional support from their management.

The following suggestions are recommended:

| Council | Care Home Management |
|--|---|
| <ul style="list-style-type: none">Establish an emotional support line for Care home workers. | <ul style="list-style-type: none">Provide posters with helplines for staff.Provide booklets with self-help tips for staff. |



| | |
|--|---|
| | <ul style="list-style-type: none"> Ask for materials from the Council in order to support staff. |
|--|---|

2. Distribute necessary equipment to keep staff safe

All the Care Home Managers we spoke to told us they have had an adequate supply of PPE throughout the pandemic. However, Care Home staff told us they often did not have enough PPE, or enough replacement PPE, to work safely and effectively.

The following suggestions are recommended:

| Council | Care Home Management |
|--|---|
| <ul style="list-style-type: none"> Monitor Care Home Management. Ensure Care Home Managers are complying with PPE regulations and giving staff enough PPE for the duration of the shift. | <ul style="list-style-type: none"> Comply with PPE regulations. Provide staff with enough PPE to work safely and effectively. Ensure appropriate PPE is available to staff at all times. |

3. Provide better communication and support to relatives

Relatives told us that Care Homes did not communicate effectively with them throughout the pandemic.

The following suggestions are recommended:

| Council | Care Home Management |
|--|--|
| <ul style="list-style-type: none"> Work in partnership with Care Home Managers to establish relatives and friends support groups in each Care Home. | <ul style="list-style-type: none"> Review all communications strategy to ensure that relatives are kept up-to-date with news. |

4. Provide effective support for better communication between relatives and residents

Although all the Care Homes we spoke to did have some supply of iPads to allow residents to communicate with friends and relatives, this provision was inadequate. Care Homes did not provide residents with enough technology and support to allow residents to regularly communicate with friends and relatives during this period.

The following suggestions are recommended:

| Council | Care Home Management |
|--|---|
| <ul style="list-style-type: none"> Work in partnership with Care Home Managers to ensure residents are well-equipped with both the necessary knowledge and equipment to communicate regularly with friends and relatives. | <ul style="list-style-type: none"> Ensure every resident is able to communicate with friends and relatives at least once a week. |

5. Ensure that all Care Homes have the necessary support and equipment required.

One Care Homes was unable to supply their staff and residents with COVID-19 tests for an extended early period as they were not classified as a “Care Home”.

The following suggestion is recommended:

| Council |
|--|
| <ul style="list-style-type: none"> Ensure all service providers who work with vulnerable people of all ages receive the necessary tests, vaccines and support required. |

7 Next Steps

The sudden changes brought about through safety measures introduced to keep people safe during the COVID-19 pandemic presented a challenge for everyone in Care Homes, including residents, their relatives, Care Home Managers and workers.

Although all the Care Home Managers we spoke to felt that conditions improved over time, there are still many necessary improvements needed to ensure that all residents, relatives and staff are kept safe, informed and well-equipped.

HWCWL will continue to monitor the situation in the Care Homes in order to ensure the quality of the Care Homes. Our work around Care Homes for the next quarter will be the following:

- Setting up a zoom link for staff, relatives and resident to share their experiences.
- Setting up a phone line for staff, relatives and residents to share their experiences.
- Continue to listen to the experiences of relatives and residents and make sure voices are heard in conversations Care Home and health and social care provision.



8 Appendix 1: Questions to Care Home Managers

How things are going in the care home?

Do you have enough staff?

Do you have enough PPE?

Did you have any shortage at the beginning?

Did social services or your head office provide you with PPE?

Did anyone in your care home had covid-19 symptoms? (residents and staff)

Did you had covid 19 test (residents and staff)?

Did you have any deaths in your Care home related to Covid -19?

How do you keep in touch with relatives?

Do you have a virtual relatives meeting?

Do you run any activities? If yes, how? If no, what the residents do all day?



9 Appendix 2: Survey Questions

COVID-19 Experiences in Care Homes

Help to improve care by sharing your experiences and views

Healthwatch Central West London has statutory powers to “enter and view” publicly funded services in the Royal Borough of Kensington and Chelsea and the City of Westminster. This means that we can visit services like nursing and care homes to listen to people’s experiences and communicate issues affecting residents to nursing and care home providers, Adult Social Care commissioners and the Care Quality Commission.

We have paused this work during the COVID-19 pandemic to ensure the wellbeing of residents, care home staff, and volunteers. But we still want to hear about people’s experiences. This will help us talk to decision makers and commissioners about how they can best support local people to stay safe and get the care and support they need.

Whether you are a nursing or a care home resident, a relative or a care home worker you can share with us your experiences by completing this survey anonymously.

* 1. What best describes you?

- I live in a nursing or a care home
- My relative or a friend lives in a care home
- I work in a nursing or care home
- Other (please specify)



* 2. What is the name of nursing or care home?

- Alan Morkill House - 88 St Mark's Road, W10 6BY
- Kingsbridge Road - 20 Kingsbridge Road, W10 6PU
- Albert Suites at Battersea Place - 73 Albert Bridge Road, SW11 4DS
- Margaret Thatcher Infirmary - Royal Hospital Road, SW3 4SR
- Alison House - 16A Croxley Road, W9 3HL
- Norton House - 10 Arneway Street, SW1P 2BG
- Athlone House Nursing Home - 7a Woodfield Road, W9 2BA
- Piper House - 2 St Marks Road, W11 1RQ
- Carlton Dene Residential Care Home - 45 Kilburn Park Road, NW6 5XD
- Princess Louise Kensington Nursing Home - Pangbourne Avenue, W10 6DH
- Carlton Gate - Florey Lodge, Admiral Walk, W9 3TF
- St Georges Nursing Home - 61 St Georges Square, SW1V 3QR
- Chelsea Court Place- 234a Kings Road, SW3 5UA
- St Teresa's Home - 40/46 Roland Gardens, SW7 3PW
- Ellesmere House - 9 Nightingale Place, SW10 9NG
- The Kensington Care Home - 40-46 Ladbroke Road, W11 3PH
- Harrow Road - 291 Harrow Road, W9 3RN
- Turning Point Hazel House - 67 Warwick Road, SW5 9HB
- Forrester Court - 5 Cirencester Street, W2 5SR
- Westmead Residential Care Home - 4 Tavistock Road, W11 1BA
- Garside House Nursing Home - 131 - 151 Regency Street, SW1P 4AH
- Yarrow Housing - 1-2 Elmfield Way, W9 3TU
- Other (please specify)

* 3. Would you say you were given sufficient and clear information to understand how to keep safe during the coronavirus outbreak?

| | | | | |
|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments

* 4. Would you say you were given enough support to deal with the coronavirus outbreak?

| | | | | |
|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments. Please tell us the kind of support offered to you or what you expected.

* 5. How has the coronavirus outbreak affected you and your loved ones?

6. How do you keep in touch with your loved ones during coronavirus outbreak?

* 7. What would help you to cope with the current situation better?

8. If you were admitted to a hospital during the coronavirus outbreak, please tell us about your experience of discharge to the nursing or care home

- Not applicable
- Please share your experience

* 9. Have you been tested for coronavirus (Covid-19)?

- Yes
- No
- No, but I think I need to be tested
- Don't know

Comments

10. If you are happy for us to get in touch with you about your concerns please leave your email or phone number. This is optional.