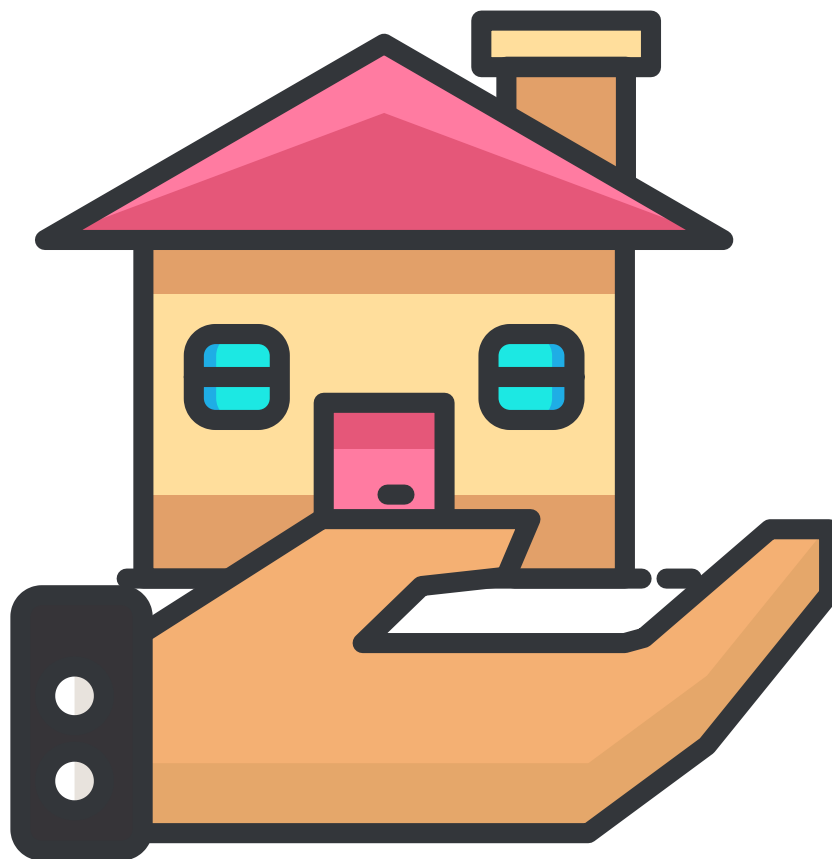


# **Caring for someone during a pandemic**

**An insight into the reality for care homes,  
domiciliary home care and personal assistants  
in Medway**



**By Healthwatch Medway**

**October 2020**

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# Executive summary

Over a two week period in July/August, Healthwatch Medway spoke with 53 providers of care in Medway. Our calls covered nursing care homes, residential care homes, Domiciliary Home Care and Personal Assistants (PAs), who collectively care for and support 1,285 Medway residents.

## What were our objectives?

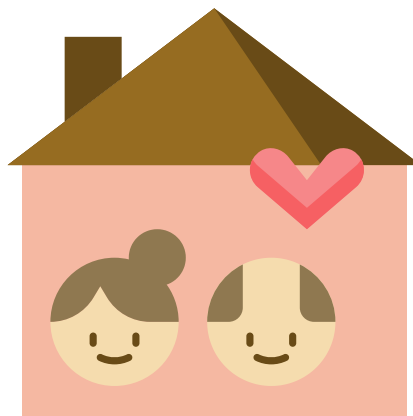
- ✓ To offer care homes, domiciliary home care providers and PAs, an avenue to share their experiences with Healthwatch Medway as an independent organisation.
- ✓ To ensure decision makers and commissioners in Medway heard that voice in the right way, at the right time.
- ✓ To influence and inform decision makers and commissioners about how best to support nursing and care homes, domiciliary care and PAs to stay safe and get the care and support they need during the Coronavirus pandemic.
- ✓ To influence and inform how organisations plan for any future Covid outbreaks and working long term within a Covid world.
- ✓ To help inform the training and support that is provided to the sector by Medway Council and the Clinical Commissioning Group.

## What did we find?

- 33% of all providers said that they had 'no major concerns at present'
- The greatest current concern of 26% of providers was keeping residents, clients and staff safe and avoiding infection. This is closely followed by continuing concerns around accessibility of testing, and affordable PPE.
- 45% of care homes and one PA reported that they did get the help, support and information they needed. The positive feedback we received fell broadly into two groups; those that had seen the pandemic coming, stockpiled supplies and locked down early; and a those that highlighted support from Medway Council, the CCG, Public Health England and the CQC.
- 68% of providers spoke to us about the frustrations, challenges and difficulties particularly in the early stages of the pandemic and in the first weeks of lockdown. Access to supplies of PPE and information were the two most frequently mentioned areas of concern that affected all providers. The issues faced by care home providers had broadly similar impact across all care groups, but PA's found themselves outside of organisational procurement and testing processes and the costs of PPE sometimes fell to the clients. PA's were also outside of information cascading systems established by the Council and CCG.

- 69% of providers felt that there were a number of areas that could have been handled better and that there was learning to be had in readiness for a possible second wave of the pandemic. The top three areas for improvement were mentioned by all providers, but to differing degrees;
  - Discharge of patients from hospital. The impact of people being discharged from hospital, without having been tested, or with incomplete testing processes, had a greater impact on residential care homes, but all care groups reported situations they had experienced during the early stages of the pandemic.
  - There was a general sense that along with a slow central Government response, some providers would have liked to have been better prepared by ensuring stocks of PPE and locking down earlier. Personal Assistants more than any other care group, spoke of the need for better communication with the Council.
  - Timely accessibility of testing was a clear theme across all providers, but within this was also a sense that not all care providers were treated equally, and didn't get the same levels of accessibility to testing as NHS staff.
  - Domiciliary home care providers and residential care providers talked about improvements in care management and how agencies could have communicated better during the early stages of the pandemic and lockdown. The feeling of care home providers not being treated with equity comes through in the comments we heard.
  - An issue raised solely by Personal Assistants was ID cards. 'I had to Google to see if we were classed as keyworkers as there was no information. An ID card would have helped. It would be nice if we were acknowledged a bit more.'
- 82% of providers reported that staffing levels had been affected by Covid. The impact of this was felt most significantly in the early weeks of the pandemic. All care groups reported that the situation has improved over time.
- 74% of providers identified a number of key areas that they felt staff still required additional support with.
- A small, but cohesive strand, of feedback indicates staff working in this sector feel underappreciated and unvalued.
- 67% of providers told us that they had initiated and embraced different communication methods and channels including video calls as well as traditional newsletters.
- 62% of providers said that they had found the move to contacting GPs via phone and video appointments had, on the whole, worked well for them. But there was feedback that the systems took some time to establish themselves and that *"the first month was chaos!"*

- 38% of providers explained that the accessibility and support from GPs was not always what they needed. There appear to be three aspects that contribute to these dissatisfied comments;
  - Issues that relate to the use of video and photos in assessment and diagnostic processes and an inability to undertake face to face assessments.
  - Communication barriers and receptionists.
  - Locums / MedOCC services.
- We heard positive feedback about how District and Community Nursing services had continued as near to normal as possible. We also heard of innovation and training support given to staff to enable them to support residents and reduce the need for nurses to attend, but on the counter side we heard that some providers were frustrated by these expectations.
- We heard from two providers who had experienced serious issues in working with the Ambulance service, one of which resulted in a formal complaint being made.
- We heard a handful of experiences around difficulties in accessibility and service from 111 and difficulties in communication with hospitals.
- Providers reported largely positive feedback about community pharmacies, but we did hear negative feedback around the process of accessing medication and getting prescriptions fulfilled.
- 66% of providers told us that they had received hugely increased volumes of positive feedback from residents, clients and families saying 'thank you' for the efforts made and for protecting people within their care.
- 24% of providers told us they had found themselves responding to increased needs of families and clients, seeking reassurance and information about the Covid pandemic and understanding the changing rules around social distancing.
- Nursing and residential care providers told us about the practical support that family members had provided during the early stages of the pandemic.
- Domiciliary home care, residential care and personal assistants told us the impact of reduced visits from family and social distancing on residents, had affected clients and family's mental health and wellbeing.



## What have we recommended?

- 1 That systems developed to support nursing, residential care and domiciliary home care in purchasing PPE, information and support, testing and training are extended to PAs. It is clear that this group were overlooked in the early stages of the pandemic. The final word going to a PA who said 'Trying to provide care to somebody outside the house has been very difficult. There's been a real lack of support and it felt like we were left on our own'.
- 2 That the findings of this report are discussed with SECAMB, to ensure that protocols and guidance around support of care homes are in place and informed by the learning from the first wave.
- 3 That the findings of this report are discussed with Medway NHS Foundation Trust, to ensure that protocols and guidance around support of care homes are in place and informed by the learning from the first wave.
- 4 To review the training needs of staff within residential care homes to assess the need and appetite for training around ulcer / wound care, to reduce the need for community nursing footfall within a care home in the event of a second wave.
- 5 For Medway Council to continue to support PPE procurement for providers in all care groups.
- 6 For Medway Council and NHS services to recognise and celebrate the work and commitment to clients and residents by staff within care homes, domiciliary home care and PAs, and to consider these providers in future response planning.
- 7 Create suitable ID cards for Personal Assistants to support them during any second wave of Covid-19.
- 8 The whole system to learn from the first wave and address the weaknesses in advance of any future waves.

## Background

The Covid-19 pandemic has had a significant impact upon people living in nursing and residential care homes, but there are also a large number of people in Medway who are being supported to live in their own homes yet who need additional support to live at home, maintain their independence and quality of life.

This report looks at the experiences of nursing and residential care homes during the first stages of the Covid 19 pandemic. We've also included Domiciliary Home Care and personal assistants (PAs), who provide a support service to Medway residents of all ages across a range and spectrum of conditions, from learning disabilities or mental health problems to sensory impairment or physical disabilities. The type of care provided includes personal care, such as assistance with washing, toileting and dressing, or household tasks, such as cooking and cleaning.

To support local authorities, the Government announced in May an extra £600million to support providers of these services through an Infection Control Fund. In May, Medway County Council submitted a support plan for care homes, domiciliary home care and PAs to the Secretary of State, outlining its locally led response to Covid-19. The Council's objective is to support adult social care providers. They wanted to reduce the rate of transmission of the virus in residents and clients being cared for and supported across the spectrum of nursing, residential, home care and personal assistants.

We wanted to understand how care providers, residents and families have coped during the first stages of the pandemic by hearing from them first hand. We wanted to hear what they are currently concerned about, how the sector is coping and what lessons should be learnt.

## What were we trying to achieve?

- To offer care homes, domiciliary home care providers and PAs, an avenue to share their experiences with Healthwatch Medway as an independent organisation.
- To ensure decision makers and commissioners in Medway heard that voice in the right way, at the right time.
- To influence and inform decision makers and commissioners about how best to support nursing and care homes, domiciliary care and PAs to stay safe and get the care and support they need during the Coronavirus pandemic.
- To influence and inform how organisations plan for any future Covid outbreaks and working long term within a Covid world.
- To help inform the training and support that is provided to the sector by Medway Council and the Clinical Commissioning Group.

## Our Methodology

We worked closely with Medway Council (MC) to get a list of nursing, residential, domiciliary home care providers.

The list consisted of 69 providers for care homes and domiciliary home care, of this 29 were domiciliary home care providers, 15 were nursing homes and 25 were residential homes. We analysed the findings by provider category to enable us to explore any similarities or differences in experiences between groups of care homes.

We then embarked on a series of phone interviews, using a semi structured format. The calls were undertaken by Healthwatch staff and trained volunteers, over a two week period, from 27th July to 12th August 2020. In total, we completed 47 phone call interviews to domiciliary home care, nursing care and residential care home providers, covering 68% of the providers operating in Medway.

Medway Council contacted Personal Assistants and offered them the opportunity to be interviewed by us to ensure their views formed part of this report. We spoke to six PA's in focus groups or individual interviews.

Type of service	% of providers in Medway	Number of people receiving service in the week we spoke to them
17 Domiciliary care services	59%	584 people
11 Nursing care homes	73%	282 people in beds
19 Residential care homes	66%	403 people in beds
6 Personal Assistants		15 people
<b>53 service providers</b>		<b>1,285 people receiving service</b>

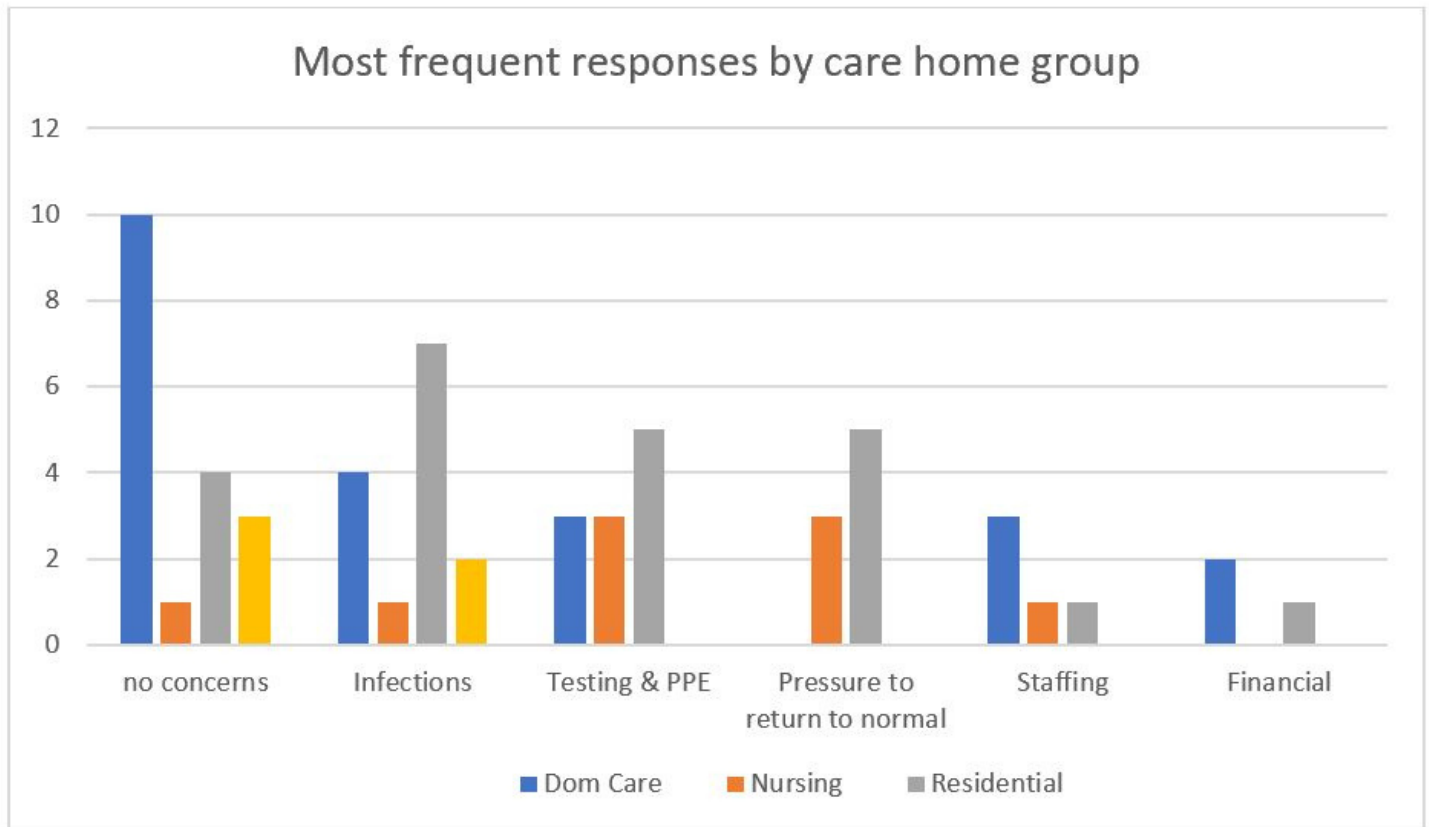
We took the feedback and analysed it to extract the themes and trends.

- (32%) of the phone calls to care home services were not completed. The main reasons were:
- 10 services requested more information but weren't able to talk to us within the time period of the project
- 6 services didn't have anyone available or authorised to talk to us when we called.
- 4 services did not answer the phone, despite calling on multiple occasions.
- 1 phone number appeared to be incorrect.





## What were providers most concerned about?



33% of all providers said that they had 'no major concerns at present', (58% Domiciliary Care, 9% Nursing Care Homes and 21% Residential Care Homes, 50% PAs) .

- 'We have no real problems, a full complement of staff with low turnover and adequate supplies of PPE'.
- 'We have adequate supplies of PPE provided by the company & Medway NHS. We were well prepared at the outset and anticipated what to expect & staff kept aware'.
- 'We do not have any concerns. We have been very lucky'.
- 'In the end it turned out to be not as horrible as we first feared'.
- 'We have no problems at the moment. We were well prepared at the outset, have sufficient PPE, had no Covid positive residents, no residents admitted to the home during the pandemic. A couple of staff self isolated at start of pandemic for 14 days but it's been ok'.

## Avoiding outbreaks of infection

The greatest current concern of 26% of providers was keeping residents, clients and staff safe and avoiding infections, 'our main concern is keeping Covid out of the home'. This was noticeably a greater concern for PAs, Residential and Domiciliary home care services than in nursing care. (23% Domiciliary Care, 9% Nursing Care Homes and 36% Residential Care Homes, 50% PAs).

- Domiciliary Home Care providers talked of concerns that *'clients in the community are no longer following pandemic safety regulations, the peak may return and this could place people at risk'*. They also talked about the challenging balance of *'maintaining morale and the safety of residents and staff'*.
- Nursing care providers raised their fears that *'people may be unknown carriers of the virus, we have already had 8 deaths during the pandemic, 2 of which were said to be Covid-19 related.'*
- Residential Care providers were also concerned about a *'Second or even a third wave of Covid-19 and the potential impact on people's mental health'*.
- *'Where rules have relaxed in shops, I am more anxious, and I'm worried I could contract it and pass it on to my client. More worried for my client as they are vulnerable. I feel alright in myself it is trusting strangers that is the problem.'*

## Testing and PPE

The second most frequently mentioned concerns from across all provider categories were around testing for staff and residents and PPE. (18% Domiciliary Care, 27% Nursing Care Homes and 26% Residential Care Homes).

All provider categories talked about difficulties in accessing the tests and talked about how the slow delivery of tests and unreliable processes have had a significant impact on them.

- *'We are still awaiting kit tests for staff and resident Covid testing, been waiting 3 weeks. When I checked I was informed it's still being processed'*.
- *'We can't get the Virus test kits, we have applied for them three times now'*.
- *'We need to continually re-swab for the protection of everyone.'*
- *'One resident is isolating at the moment & we are waiting for further supplies of testing kits as original swabs were lost in the post'*.
- *'We are concerned that we have stopped testing. They said we are changing testing kits but it seems to be dragging on for weeks. I mean where are the new test kits?'*

Domiciliary home care providers also talked about ongoing concerns around accessing PPE, *'Our most pressing concern at the moment is PPE, we placed an order of PPE which was confirmed two weeks ago. However, it has yet to be delivered.'*

## Pressure to return to normal

Thirdly we heard concerns around pressures, especially within residential and nursing care, to return to normal and enable visitors to return. (0% Domiciliary Care, 27% Nursing Care Homes and 26% Residential Care Homes).

### Nursing care providers said:

- *'the lack of visitors during Lockdown has had an impact on the general wellbeing of residents'.*
- *'We are waiting to hear from the local authority to find out if we are allowed visitors or not'.*
- *'We are concerned that although we are now starting to get policies through, but there is a concern that families haven't seen each other for such a long time, but we want to make sure everyone is safe'.*

### Residential care providers said:

- *'Having just started restricted visiting it is easier during the summer months but it will be very difficult during the winter'.*
- *'It's been really difficult for residents with dementia, it's been distressing for them because it is very difficult to explain to them that they can't meet their families because of the Covid, not because their families don't care about them anymore'.*
- *'Managing visitor expectations is difficult. We have been having garden visits, but relatives don't always want to follow rules'.*
- *'We have written to all our resident families that there will not be any visits until we have done a risk assessment, because all the guidance we have been given by government has been misleading. We used our initiative, knocked on our sensible brain cells and did what we think what is right to protect our residents and staff. That way we have made the decision not to follow government guidance and we are not allowing visiting, until we think it's safe for both sides'.*
- *'We are not fully opened as a home but are having distance visitations. Although the Government has said Homes can have visitors, we do not have the facility to have one allocated well ventilated room where relatives will not come in to contact with other residents.'*

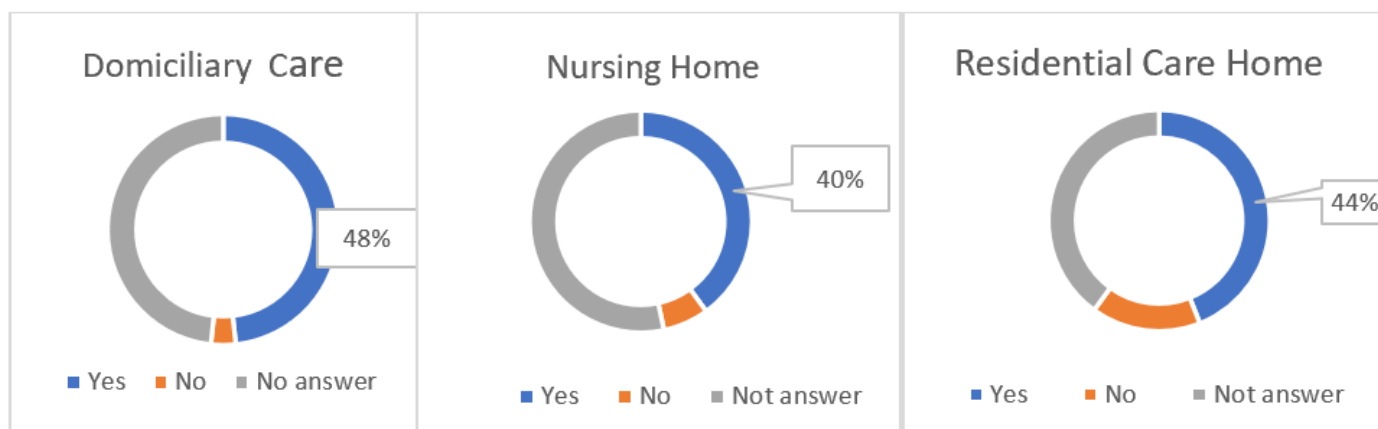
### Other areas of current concerns were staffing and financial implications. All providers had concerns around staffing:

- *'Recruitment rates paid by Medway Council are not sufficient to attract staff as we are restricted on what pay rates we can afford and as a result we offer less than other counties'.*
- *'We are concerned about staff recruitment process and having DBS checks returned quickly to be able to engage new staff... we think this is a lull before the next wave'.*
- *Domiciliary and residential providers had concerns around increased costs (PPE) and expenditure as a result of Covid, while other also talked about concerns around a reduced income.*

### PAs said that their greatest concern is to feel more connected with Medway Council.

- *'There has been nothing forthcoming from the council. The guys at the council haven't even called me to see if I'm ok. They did call to ask if I can do more hours, but not to actually see how I am'.*

## Did providers get the support, information and equipment that they needed to respond to the pandemic?



From our survey 45% of care homes and one PA reported that they felt they did get the help, support and information they needed, but 68% of providers spoke to us about frustrations, challenges and difficulties particularly in the early stages of the pandemic and in the first weeks of lockdown.

- *'Staff were a bit scared when all this started and it seemed a long time that we were waiting for guidance. The guidance should have come sooner, it's not as if they didn't know this was coming.'*
- *'I do think all the action taken was too late. Things should have started happening a lot sooner than it did.'*
- *'Yes, we are OK now, but at the beginning of the pandemic we were just doing what we thought was the right thing to do as we had not been told.'*
- *'In the beginning we felt just left to manage, 4 weeks into the lockdown Medway Council started to send emails, then it went the other way and we had too much information.'*
- *'Public Health and Infection Control were slow to start at the beginning but once involved they were very good, assisting with leaflets and training'*

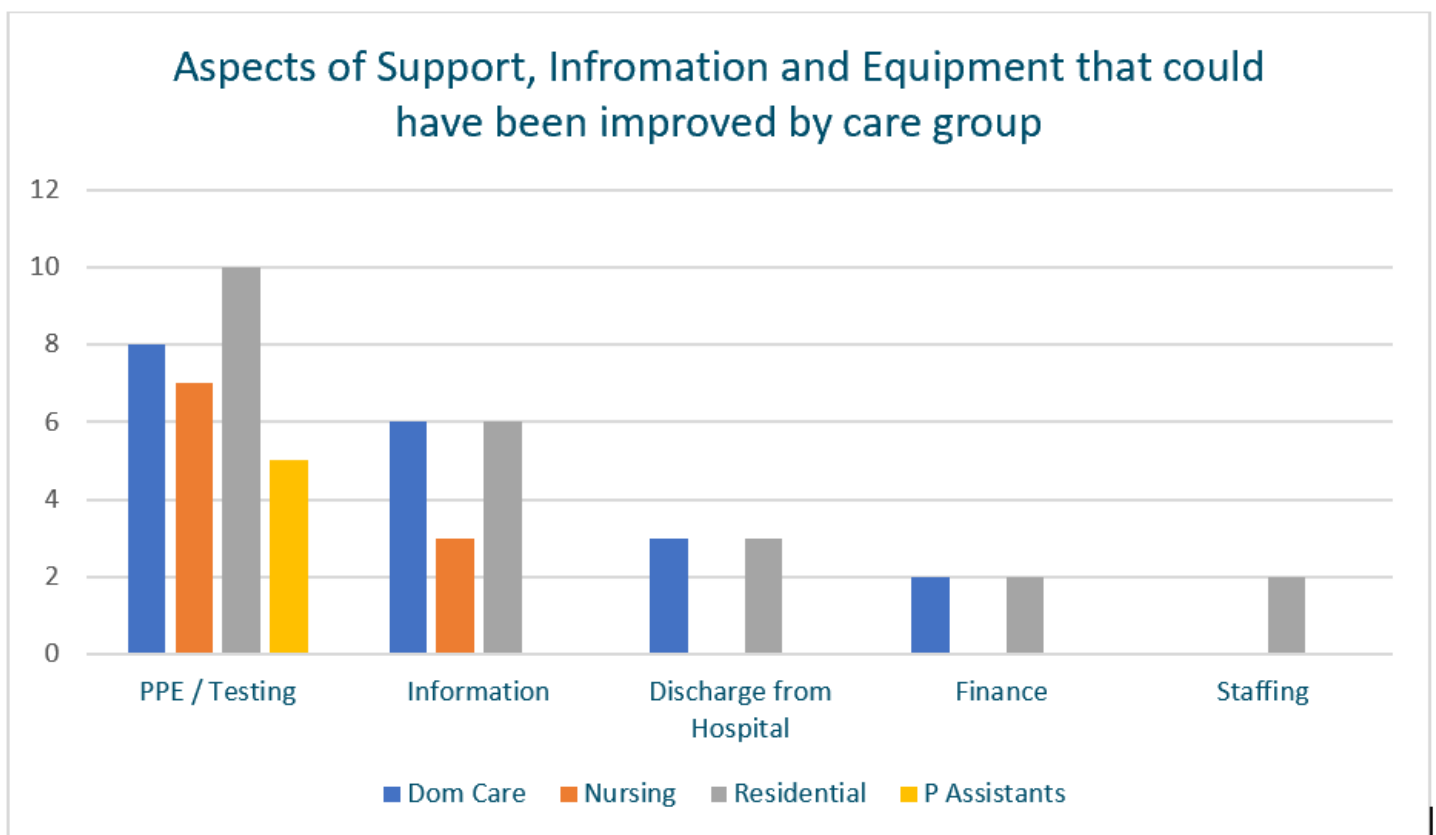
The positive feedback we received fell broadly into two groups, those that had seen the pandemic coming, stockpiled supplies and locked down early, and those that highlighted support from Medway Council, the CCG, Public Health England and the CQC.

- *'I feel very fortunate that our home received good support from Medway Council, PHE, CQC & our head office. We had adequate supplies of PPE throughout. We had daily conference calls from our head office at the beginning of the pandemic when we had 6 residents who had Covid-19 who sadly died within a couple of days of each other.'*
- *'We had good support from Medway CCG and NHS Medway via email everyday updating us on what was going on and what to do in certain situations. They directed us to online sources of information and support.'*
- *'In the beginning we got PPE from our regular supplier, however when they ran out Medway Council were brilliant! They were very supportive.'*
- *'Medway Council very good, they sent 2 boxes of masks at the start, one had to be disposed of due to poor quality. Within 2 to 3 weeks all PPE equipment was supplied by Medway Council. The council were very responsive, a daily snap service was set up in April for checking PPE stock levels. When levels dropped a delivery was sent to top up levels, this was very helpful.'*

- *'Medway Council – Liam and the team – have been incredibly supportive, sending us valuable information, calling us to ask how we are managing and listening to us when we needed to vent and just talk to someone outside the bubble of the home. The team have been an amazingly supportive team – I would like to pass these thanks on to them and to say we are really proud to be a part of this community and working together'.*

In addition, we heard about how the wider community supported care homes:

- *'We had visors donated from local groups'.*
- *'We have been supported well by local organisations who supported us by supplying masks, anti-bac wipes etc'.*
- *'The local Police in Gillingham have been very supportive, fundraising by doing activities and quizzes, they have been phoning and offering their time and assistance to support our residents – they have been amazing'.*



The majority of providers felt that they didn't get what they needed. Access to supplies of PPE and information were the two most frequently mentioned areas of concern that affected all providers. It would appear the issues faced by care home providers had broadly similar impact across all care groups, but PA's found themselves outside of organisational procurement processes and the costs of PPE sometimes fell to the clients.

## Lack of accessible PPE and testing

### PPE

- *'It was difficult at times trying to get supplies of PPE. We had to use different suppliers, and in some case companies that we had not heard of before. This often meant that we paid higher prices.'*
- *'No-one you can talk to when ordering, but when you call them they can't help you. I eventually tried to throw a spanner in the works by reordering but they won't let me.'*
- *'We had difficulty accessing PPE from Medway and we could not get it from local suppliers quick enough, so we had to go to KCC.'*
- *'Own supply company had extremely good provisions and kept us with 2 to 3 weeks of PPE supplies throughout. Medway gave a hotline number for PPE supplies. I called once but the number was for a company in Wales unable to provide in England.'*

### PA's said:

- *'The lady that I work for is in supported living so I was told I couldn't use their PPE. The Council only provided me with some last week. I was not told so I used my own mask and equipment. It was never suggested that I was entitled to PPE.'*
- *'The prices increased, it was ridiculous. I bulk bought late last year thank goodness! Have been able to get it but it's been expensive and my client has been stung as they have to have the PPE, she pays for PPE as she is direct payment. We shop around to get best price for her.'*
- *'It took a while to get PPE, got it in the end about 5 weeks in. A handful of gloves.'*
- *'I had previously worked for a company and kept some stock from that job. I had no hand soap and the stores out of stock. There were no phone calls from council, no support around infection control. I had nothing, no help, I was just left to fend for myself.'*

### Testing

- *'With new government guidance staff will be tested every week and residents will be tested every 28 days. We made a large order 2 weeks ago for swab test kits but still waiting for delivery.'*
- *'Initially we ordered two sets of swab tests. But now it's gone tits up, Government said all staff should be tested weekly and residents to be tested monthly. We ordered on 7th July, but nothing since then has come through. Been three weeks now and it's crazy.'*
- *'We had to stop using one set of tests because they are faulty and they have been replaced, but we waiting already 4 weeks for the replacement and still haven't received them.'*
- *'Access to PHE portal has improved now. I hope that arrangements will be in place so that staff can be tested weekly and residents monthly, waiting for further information on developments.'*

## Accessibility of information

After an initial lack of information, we heard that providers found themselves dealing with huge amounts of information coming from a range of sources, which presented a different set of challenges.

- *'At the start, no one really knew what to do, but the information gradually filtered down'.*
- *'At times there seemed to be an overwhelming amount of information being shared. This is not a complaint, there was just a lot of information almost daily'.*
- *'We deal with a lot of people with learning difficulties and the powers in Government need to be able to reach out to all the community not just to those that are deemed to be able to understand'.*

## Relationships with hospitals

The third most frequently mentioned area of support that could have been improved was the relationship with hospitals and in particular the discharge of people back into domiciliary and residential care.

- *'We had one client who had been discharged from hospital without being tested for Covid-19 and we were not prepared to accept the responsibility for his care'.*
- *'Medway hospital was shambolic. A few clients had to go to hospital because they had urine infections. They left us Covid negative but when they returned they all tested positive for Covid'.*
- *'The lack of testing of patients who were discharged by Medway hospital was appalling'.*
- *'I feel that the hospital was to blame. They sent a resident back saying that the person was Covid-19 free but three days later the home was told that the person had been tested positive but was asymptomatic. This had a severe impact on the persons mental health as they were upset that they could have spread the virus to others. The persons relatives were very supportive'.*
- *'We refused hospital discharges as we have limited facilities for infection control nursing'.*
- *'We had one client sent home without testing prior to discharge'.*

## Other issues

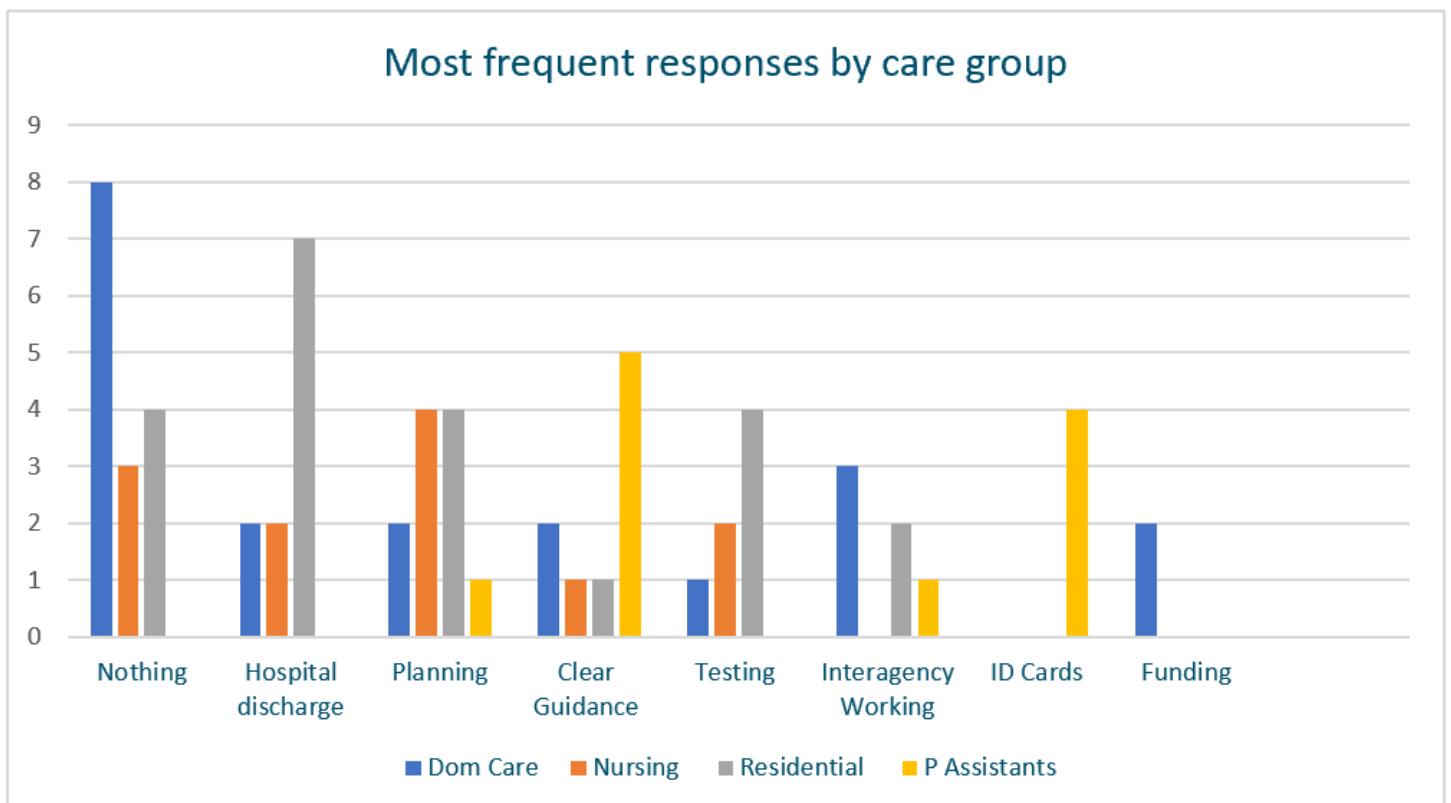
### Financial

- *'Mainstream support was not available to charities, leaving us worried about bridging the gaps in our budgets as well as trying to maintain the best service we could'.*
- *'The funding that providers were given from the Infection Control Fund varied from one provider/county to another. There was no information provided on how the decision was made about the amount of money awarded. Some providers were able to pay staff a bonus for their support and efforts whereas others like myself received such a low amount that I could not do this. Some counties paid increased rates for service users support whereas Medway Council lowered the amount paid by paying rates in a basket of hours which meant for us personally we are losing a whopping £2.64 on 30 minute visits.'*
- *'We struggled in the beginning with getting PPE because the prices for the PPE were ridiculously high'*

## Staffing

- 'We had five positive Covid 19 patients in the beginning and two members of staff tested positive so we needed to have 10 staff in quarantine; this had a big impact on our staffing levels'
- 'It was a very stressful time for managers and staff. Our manager fell ill during this time and several staff left as they were worried for their families. Other staff with symptoms self isolated and returned to work later.'
- 'It was a stressful time for the managers and staff and everyone pulled together. Staff were worried that they might catch the virus and give it to the clients. We were short of two staff members but could not recruit so managers went out to help care for clients and to support staff.'
- 'The extra funding via the Council was a great help to get extra staff when we had 20 staff members of sick. Most had a cough or cold, but they took the precaution not to work'.

## With hindsight, what would providers like to have seen done differently during the pandemic?



31% of all providers felt that, with hindsight, there was nothing that they would do differently. (47% Domiciliary Care, 27% Nursing Care Homes and 21% Residential Care Homes, 0% Personal Assistants).

69% felt that there were a number of areas that could have been handled better and that there was learning to be had in readiness for a possible second wave of the pandemic.

The top three areas for improvement were mentioned by all providers, but to differing degrees.



## Discharge of patients from hospital

(11% Domiciliary Care, 18% Nursing Care Homes, 36% Residential Care Homes, 0% Personal Assistants).

The impact of patients being discharged from hospital, without having been tested, or with incomplete testing processes, seemingly had a greater impact on residential care homes, but all care groups reported situations they had experienced during the early stages of the pandemic.

- *'The process for discharging from hospitals definitely needs looking at. If they are not testing them before discharge then we need to have the facilities to test on reception, we have a lot of other vulnerable people to think about. We could isolate people but it is not easy.'*
- *'Biggest thing has been the pressure to take in residents who have Covid. I'd like to put a big sign and say no one to come in with Covid! They are still pressurising me now! But I am still not taking them until they have got a negative swab.'*
- *'The testing of patients leaving hospital to come back into the community ought to be a top PRIORITY. The hospitals were often slow to respond.'*
- *'Patients should not have been admitted to residential care from hospital without testing. For example, we have a resident in the home who is currently awaiting admission to another care home but this is delayed until a swab has been carried out. The previous swabs got lost and we are awaiting further swabs.'*
- *'We did not admit accept residents during early part of the pandemic when patients were being discharged from hospital to free up beds for Covid positive patients. We felt that we had a duty of care for our regular residents.'*
- *'We regret that clients were discharged from hospital not being tested for Covid-19.'*
- *'We would like to see better communication and information from hospitals before discharging patients. We had a client admitted to hospital during the pandemic with a non Covid condition & tested negative on admission. He was home two days before we were told that he tested positive for Covid 19 while in hospital.'*

## Planning

(11% Domiciliary Care, 36% Nursing Care Homes, 21% Residential Care Homes, 16% Personal Assistants).

There was a general sense that along with a slow central Government response, some providers would have liked to have been better prepared by ensuring stocks of PPE and locking down earlier.

- *'Government was too slow respond to the situation and didn't take into account what happening across the globe. We reacted to things rather than planned things.'*
- *'We should have locked down even sooner than we did and be slow opening the home to visitors.'*

## Clear Guidance from central Government and local information

(11% Domiciliary Care, 9% Nursing Care Homes, 5% Residential Care Homes, 66% Personal Assistants).

The third most frequently mentioned issue clearly reflected the experience of Personal Assistants more than other care group, with five of the six Personal Assistants we spoke to raising the need for better communication with the Council.

- *'I would like to have been more informed regarding my safety & wellbeing. If you work for an organisation there are emails and meetings, I wasn't told anything. We need better communication routes with the Council... at least see how we're getting on.'*
- *'I'd have liked more comms from council, maybe a support group, similar to the Whatsapp group that's been set up for care homes. It feels like we're on our own. We work directly with families, there were no policies or procedures, we have nothing, not even a phone call from the Council to ask 'how are you?'. I would be better off in a company rather than working for Council'.*

One or two providers from each care group felt that 'the government should have come out quicker with information and guidelines on how to handle the virus... Guidance should have been provided for each sector alone. Instead information came out mixed together. and we then had to translate it and make it work for us'.

## Availability of testing

(5% Domiciliary Care, 18% Nursing Care Homes and 21% Residential Care Homes).

The timely accessibility of testing was a clear theme across all providers, but within this was also a sense that not all care providers were treated equally, and didn't get the same levels of accessibility to testing as NHS staff.

- *'Testing became available in the hospitals and care homes but not Domiciliary Care Agencies - this needs looking at too'.*
- *'We run 10 different types of services in the community and we want all our staff and clients to be as safe as possible and testing will help with this. The same access to testing should be available to us - treat us equal'.*
- *'Antibody tests are not being rolled out to care home staff yet, it's going to NHS staff first. We need it to'.*



## Care Management and Interagency working

(17% Domiciliary Care, 0% Nursing Care Homes, 10% Residential Care Homes, 16% Personal Assistants).

Domiciliary home care providers and residential care providers both talked about improvements they would like to see in terms of care management and how agencies could have communicated better during the early stages of the pandemic and lockdown. Again, the feeling of care home providers not being treated with equity comes through in some of the comments we heard.

- *'Communication with community nursing services was good & care was delivered as usual during this time'.*
- *'During the pandemic, we raised a lot of safeguarding because of the change in peoples' behaviours but they were quickly shut down by Medway Council. However, the Council did not provide alternatives solutions to the challenges we were reporting'*
- *'Some clients refused services so we had to notify Medway Council and then take them off our books'*
- *'The only thing I could mention was that it would have been nice to have clear, up to date information which stipulated how stakeholders were working and what changes they were making in how they worked, as things changed and evolved. We didn't know who we could ask to come and support our residents, for example chiropodists. The residents have needed this kind of support, especially 3 months in, it would have been nice to clearly know if we could, or could not ask for this support'.*
- *'I felt that paramedics were not as sympathetic or understanding as they could have been at that time. It's not a blame culture as everyone was trying to adapt quickly to the pandemic, but care homes were not given enough attention at the beginning of the pandemic'.*
- *'I don't want to talk about this, because I feel disappointed in what happened'.*
- *'Problems arise when residents with Dementia and other health conditions are admitted who need nursing care for which the home is not equipped. For example, residents with severe Dementia need regular monitoring by mental health and crisis team and are difficult to support while isolating. It wasn't clear how to get this support'.*
- *'I don't know who my client's care manager is. There's such a high turnover of staff and the new staff don't read the notes before checking in with us'.*

## ID cards

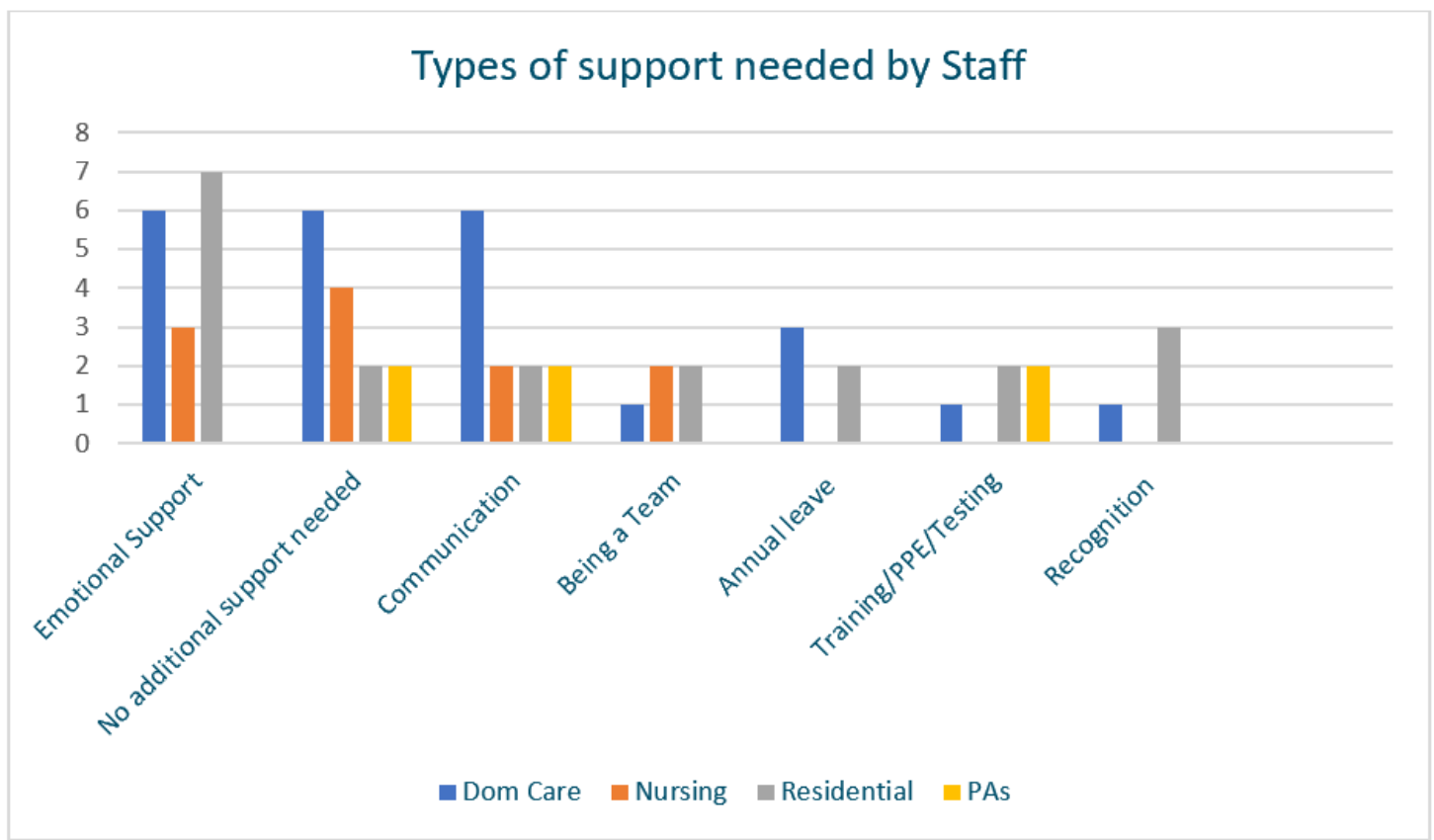
An issue raised solely by Personal Assistants was ID cards.

- *'As a PA I didn't have any ID, so I managed to get my own ID done, it made my job hard. People look for lanyards, not letters, so I made one'.*
- *'We were given a letter to allow us to gain entry into supermarkets and as far as I'm aware a colleague tried to use it but unfortunately was refused'.*
- *'If there was a way we could get an ID card, I'm not trying to jump queues but it would be good if we could to help those we're looking after'.*
- *'I had to Google if we were classed as keyworkers as there was nothing. An ID card would have helped. Medway Council did do a letter for us, it did state the lady I look after would struggle but sadly only a handful of places would accept it. The only ID I had was a DV Licence and this was not accepted. It would be nice if we were acknowledged a bit more'.*

## Other comments included:

- 'We needed better financial support. It's not the Council's fault, they gave us all the help and support they could; their hands were tied by the restrictions put in place by the Government. Medway Council did a great job for us, we didn't get what we needed but it wasn't their fault'.
- 'Should have set amounts of funding provided to providers calculated on the size of the business in all counties so it was fair'.
- 'We need to address the low pay for care home staff, it needs to be recognised and addressed'.
- 'Food supplies were a problem; we are a small home. Tesco just dried up. Tesco offered to send a Bookers card so for us to use, we already had one so the Manager did the shopping at Bookers and sometimes had to wait over an hour. Morrisons sent two food gifts'.

## How were staffing levels affected by the pandemic?



26% of providers, from across all care groups felt that staff were coping well and that the systems and improvements made during the first stages of the pandemic were continuing to support staff.

*'We have had good levels of information and done additional training... we have stepped up our staff assistance programme and have a 24 hour hotline for staff to call for any reason should they wish, or feel the need to talk to someone about the way they are feeling, such as mental illness, stress etc.'*

However, 74% of respondents identified a number of key areas that they felt staff still required additional support.

## Emotional support

(35% Domiciliary Care, 27% Nursing Care Homes, 36% Residential Care Homes, 0 Personal Assistants).

- *'Staff are tired. Some need counselling, mental health support and wellbeing support'.*
- *'We had to provide a lot of support around wellbeing as we had eight clients die from Covid-19. This support is still needed'.*
- *'We continue to reassure staff members who are worried about what might happen especially those with family members at home. We had lockdown listening sessions and small group discussions'.*

## Maintaining good levels of communication

(35% Domiciliary Care, 18% Nursing Care Homes, 10% Residential Care Homes, 33% Personal Assistants).

- *'We have made sure that we are all talking to each other, good communication has been the key factor'.*
- *'It remains important to keep consistency of message, because information is changing daily. Like we have been told that masks make little benefits on protection, but now masks are essential'.*
- *'We offer continuous reassurance, we have put together a folder with daily updates and information about developments of the virus. We also offer infection control training online and in individual supervision we have opportunities to talk about how staff feel, with online access to counselling'.*

## Being within a supportive team

(5% Domiciliary Care, 18% Nursing Care Homes, 10% Residential Care Homes, 0 Personal Assistants).

- *'We encourage staff to talk to each other about any concerns that they have'.*
- *'We try to cheer each other up. We had a staff BBQ which was appreciated.'*
- *'We are a well established staff group, most have been here a long time and it's just like being part of a family. We all look after each other, it is really lovely here'.*
- *'The staff all talk to each other in a supportive manner regularly'*

## Taking annual leave

(17% Domiciliary Care, 0% Nursing Care Homes, 10% Residential Care Homes, 0 Personal Assistants).

There is a sense that staff are tired and the challenges of covering shifts during lockdown meant that staff didn't get to take much time off. This is now having an impact.

- *'Some staff are mentally exhausted trying to keep them motivated. We are advising short breaks or holidays and being flexible with shifts'.*

## Continuing training and accessibility of equipment

(5% Domiciliary Care, 0% Nursing Care Homes, 10% Residential Care Homes, 33% Personal Assistants).

Many providers talked about the training they had received during the early stages of the pandemic and some told us about their plans to maintain a focus on training and ensuring levels of equipment are ready for future use.

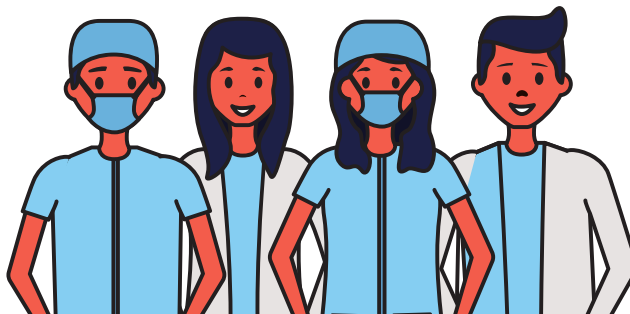
- *'It would be great to have training and information in case of a second wave, it would be great to have a blue light card to help us queue jump and make things as quick as possible. Is there something that we can get from the Council, or are we allowed to go on Blue Light Card Scheme as a personal carer. Care home staff get it why are we any different?'*

## Recognising and appreciating the staff

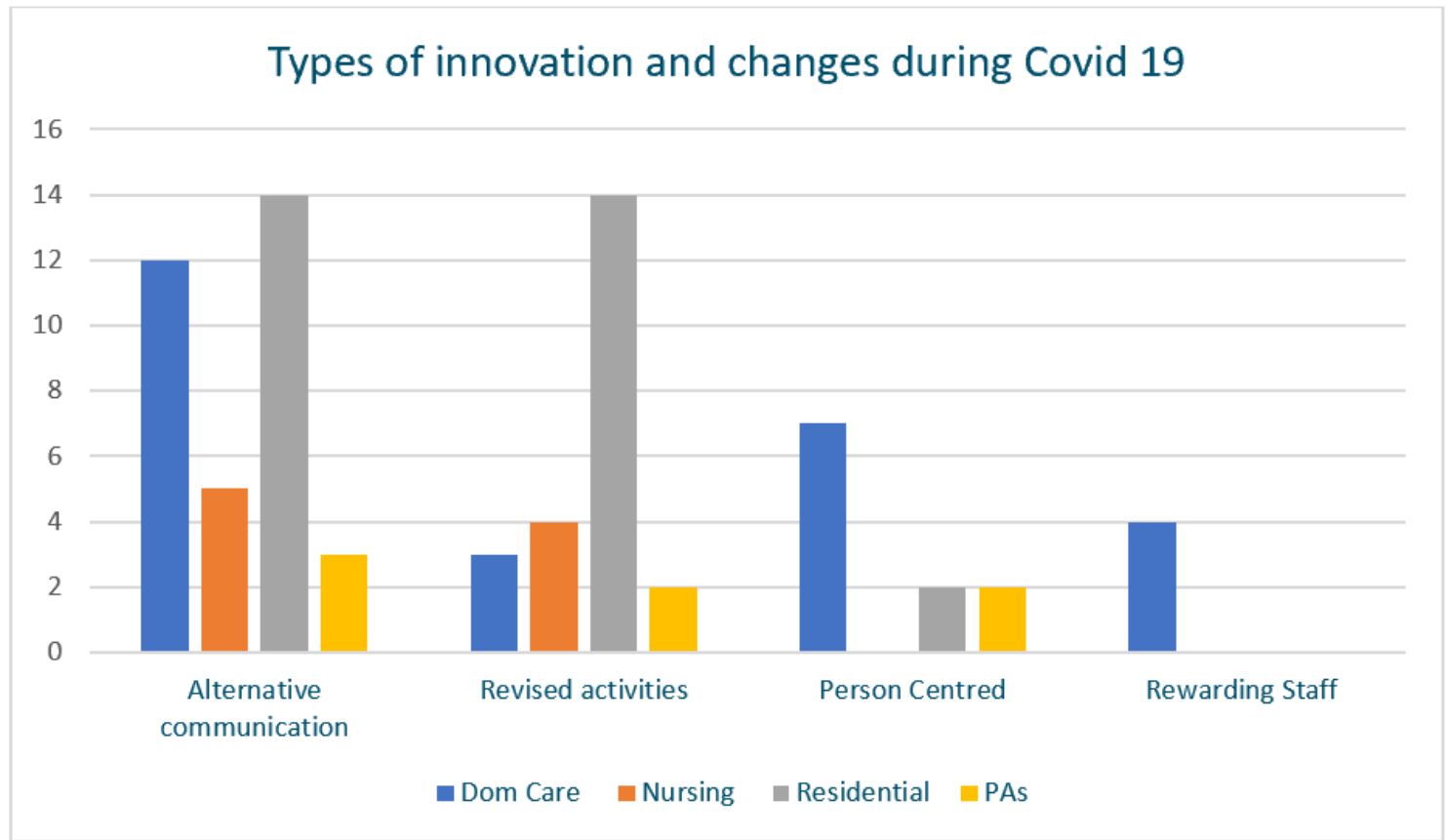
(5% Domiciliary Care, 0% Nursing Care Homes, 15% Residential Care Homes, 0 Personal Assistants).

Finally, we heard a small but cohesive strand of feedback that indicates staff working in this sector feel under appreciated and valued.

- *'I think that 'All' care staff should be granted a bonus to show their appreciation and acknowledgment for the hard work that they have and are providing. This would go a long way with staff morale. As a small provider we do not have large amounts of money that we can afford to treat staff to a bonus. I have started from scratch 6 years ago with no funding and provide a high-quality service to a small amount of people and am not looking to grow into a large provision but we play a part in supporting our local community by providing services and I feel staff should be recognised for this'.*
- *The impact of negative news reports that imply staff have not done their best for the residents has been hurtful. Some staff members stayed onsite to protect clients and loved ones who are vulnerable'.*
- *'When staff had to shield due to suspected symptoms, the organisation only paid them SSP which I feel was unfair. If staff have to shield and so go off sick or if someone in their family had symptoms, they have to take 14 days out and do not get full wage. This has a big impact on staff who can't afford a wage drop'.*

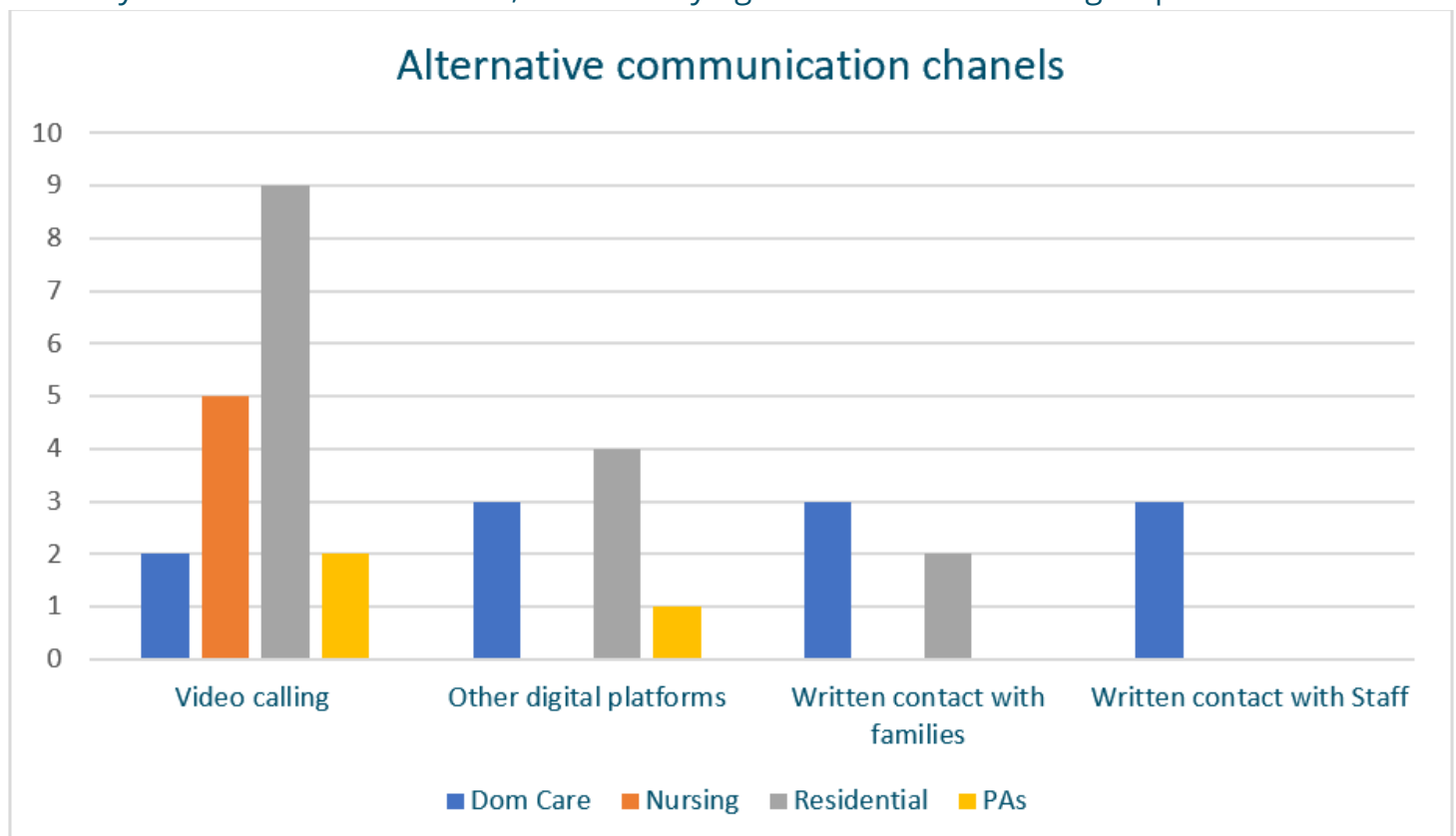


## What innovations have providers made to support staff and residents during this time?



67% of providers told us that they had initiated and embraced different communication methods and channels. (70% Domiciliary Care, 45% Nursing Care Homes, 73% Residential Care Homes, 50% Personal Assistants).

Four key clusters were mentioned, each at varying levels across the care groups.



## Video Calling

(11% Domiciliary Care, 45% Nursing Care Homes, 47% Residential Care Homes, 33% Personal Assistants).

- 'We have an iPad that we use with relatives, so they can see their families, especially those in bed'.
- 'We arranged weekly video and phone calls for family and friends to be able to speak with the residents'.
- 'For our residents who all have dementia, we had to think out of the box. We used Skype and learnt how to use electronic equipment for communication. We have ensured staff are available to support residents as they make and receive these calls and staff are aware of how it can affect some of our residents with dementia'.
- 'I was able to keep in contact with someone when then were self isolating, via phone calls and messages and make sure she had what she needed'.

## Other digital platforms

(17% Domiciliary Care, 0% Nursing Care Homes, 21% Residential Care Homes, 16% Personal Assistants).

- 'Staff had telephone supervision'.
- 'We provided a website for staff wellbeing'.
- 'We sent round a calming App for staff'.
- 'We set up a WhatsApp team group'.
- 'We put information, videos & photos on Facebook for families to see what their loved ones were doing'.

## Written contact with families

(17% Domiciliary Care, 0% Nursing Care Homes, 10% Residential Care Homes, 0 Personal Assistants).

- 'We started a two weekly update to families which we have carried on'.
- 'Things changed quite quickly so we started to communicate with relatives about social distancing in our newsletter'.
- 'Our newsletter was produced more frequently'.
- 'We supported residents to write letters and cards for family and friends, sending distant hugs'.

## Written contact with staff

(17% Domiciliary Care, 0% Nursing Care Homes, 0% Residential Care Homes, 0 Personal Assistants).

- 'The company sent daily texts, and two weekly newsletters to staff to keep them up to date with Government & Public health information'.
- 'We used texts and daily briefings to ensure that staff didn't feel alone out in the field'.



## Other areas of change and innovation that respondents told us about were, in order of frequency of mention:

- Adjusting activities and creating opportunities for clients and residents.
- Tailoring care and support offered to meet the needs of the person.
- Rewarding staff.

### Adjusting activities and creating opportunities for clients and residents

(17% Domiciliary Care, 36% Nursing Care Homes, 73% Residential Care Homes, 33% Personal Assistants).

43% of providers reported that they had adapted their activities during the early stages of the pandemic, this was particularly reflected within residential care homes.

- *'In our flats we helped develop support bubbles for residents. We even had little garden parties when the restrictions eased a bit'.*
- *'We implemented the pen pal scheme'.*
- *'We opened a 'Tuck Shop' making healthy snacks and other items available as residents could not get out to the shops'.*
- *'We received a grant that permitted us to purchase some outdoor equipment and games for the residents.'*
- *'We used collapsible tables when making home deliveries with hot food. We would place the hot food on the table, knock on the door and stand back a safe distance and when the food had been collected and the door closed we would collect our table and move on to the next delivery'.*
- *'We have been able to arrange 'Garden Visit' appointments so that visitors can stand in the garden and talk with the residents inside'.*
- *'What we have done is build a gazebo outside, right near the door so residents sit inside. If it's chilly they can have a blanket and the visiting relative can sit under a gazebo which is also ring fenced so totally secure and safe. It is also easy to clean between visits'.*
- *'We are doing window visitations and are lucky to have a courtyard where we can offer visitations, we have tried to be really creative'.*
- *'We have had to explain in detail to some families why we are not opening up fully to visitors. They see the government say visitors can now enter care/nursing homes however we wish to keep our staff and all our residents safe'.*



## Tailoring care and support offered to meet the needs of the person

(41% Domiciliary Care, 0% Nursing Care Homes, 10% Residential Care Homes, 33% Personal Assistants).

Many domiciliary home care providers told us about how they had tailored the care and support offered to their clients during the pandemic. We heard how residential care services had been able to accommodate family to visit relatives at the end of their lives.

- *'We have made 'extra support' visits to clients in need when family members have not been able to help'.*
- *'We have been able to accommodate individuals' needs. For one resident who was on palliative care and was bed bound, we were able to support one family member to visit using PPE. They enter & leave by a designated door so as not to come in contact with other residents or staff'.*
- *'The Mum of the lady I support needed to come and help with shopping as she needed 2-1 care. We put her in a wheelchair in the end as it was the only safe option. Some shops were not happy with this but we ended up finding our voice and did it anyway'.*
- *'Whenever possible we made a special effort to maintain continuity between the staff member and the client for a two week period'.*

## Rewarding staff

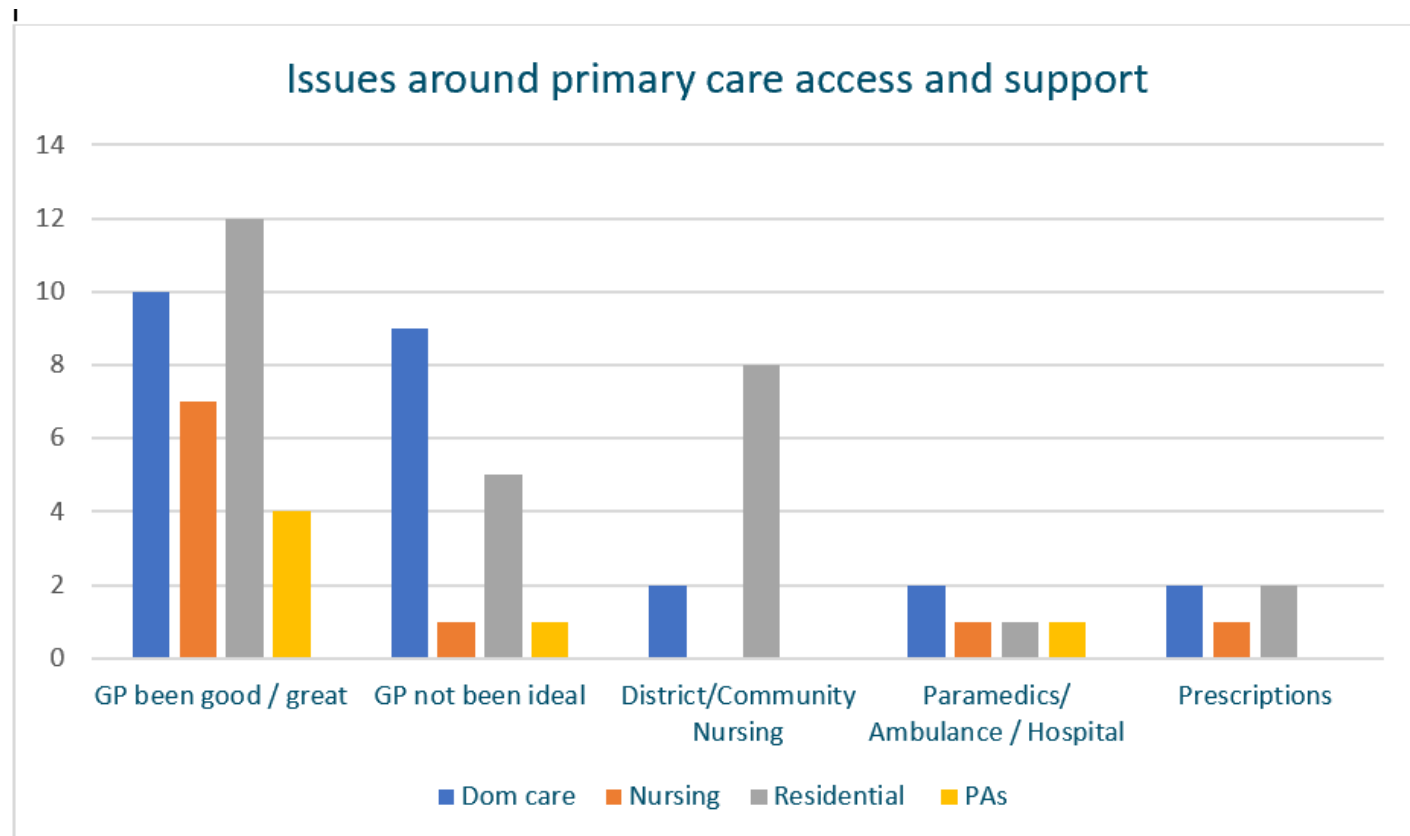
(23% Domiciliary Care, 0% Nursing Care Homes, 0% Residential Care Homes, 0 Personal Assistants).

Domiciliary home care providers told us ways in which they had been able to reward staff.

- *'Staff feel more appreciated when you give them something, although I would love to give them the world, I cannot do this. I looked at creating a uniform that we did not use previously such as polo shirts as well as tunics. Staff were really grateful to be provided free logo polo shirts'.*
- *'In March when we weren't sure how this was going to be and had no guidance, the staff were very scared. I spent a weekend making face masks for staff that they could wear when they were in the shops or going about their normal business. This really helped with anxiety that some were having and showed that I was thinking of them'.*



## How have providers found access to primary care / GP support during this time and what innovations have they found useful?



62% (58% Domiciliary Care, 63% Nursing Care Homes, 63% Residential Care Homes, 66% Personal Assistants) of those we spoke to said that they had found the move to contacting GPs via phone and video appointments had, on the whole, worked well for them. A few providers said that using phone and video link to contact GPs had improved communication and given quicker access to medical care and support.

But there was feedback that the systems took some time to establish themselves and that “the first month was chaos!”. One provider told us ‘It took two weeks for the surgery to inform staff that they had moved to another surgery every afternoon. As we were not calling in the mornings we were unaware of this. Once we were informed of the situation all went well’.

- ‘GP has been doing WhatsApp and Skype. The GP has been coming in over the last four weeks over the weekends, gowned right up’.
- ‘Been very lucky with GP on whole, just a couple of things which can be frustrating. But if we feel a resident might have some sort of infection, we email and they make sure we have antibiotics on same day. GP has been doing virtual rounds with residents which work well’.
- ‘Everything has worked fine. We have been able to use video calling without any problems’.
- ‘Good relationship between us and GP surgery, they trust our judgement when ringing with concerns about our residents. GP would visit or send paramedic if deemed a home visit was required’.
- ‘The residents are linked with one GP surgery. Daily phone calls were received to check on the needs of the residents. When required visits from the GP or a para-medic were requested.’

## Contact with Primary Care has not been good.

(52% Domiciliary Care, 9% Nursing Care Homes, 26% Residential Care Homes, 16% Personal Assistants).

There were a number of providers who explained that the accessibility and support from GPs was not always what they needed. There appear to be three aspects that contribute to these dissatisfied comments;

- a) Issues that relate to the use of video and photos in assessment and diagnostic processes and an inability to undertake face to face assessments.
- b) Communication barriers and receptionists.
- c) Locums.

- *'GP's expecting staff to film clients on their own phones and then send to the surgery, as our clients don't have phones'.*
- *'We referred one client to Safeguarding because a GP refused to see or treat a patient. The staff called 111 and had her admitted; she died 6 days after admission with cancer.'*
- *'One client developed a rash. He phoned the GP surgery and the receptionist would not allow him an appointment with the Doctor even after quite a lot of questioning by the receptionist. Our client was asked to send in a photograph for the Doctor to see. Explaining this to the client was difficult but what was even worse to explain was when the Doctor prescribed cream without having seen the client or the rash. I'm not sure even now that the client really understood how this could happen'.*
- *'Some of our service users have reported finding it hard to make appointments and worse than usual getting past the receptionist to talk to a Doctor. Some have said it was like the receptionists were now needing to know all the information and, in some cases, it felt like they (receptionist) were giving the diagnoses.'*
- *'We have a slight gripe with the GP. We needed the GP to assess the Mental Capacity of a resident. It was important and was around the choice of food the resident could have, it could have had dire consequences. The GP refused to do a Mental Capacity Assessment on that resident, however we needed to know that the client had the capacity to make the decision and inform risk around that. It has been around two and a half weeks trying to get this sorted. We now have a speech and language team coming in and they will do this next week'.*
- *'We are communicating with the GP only on the phone, sending photos to GP when requested. We are concerned that this way of consultation could jeopardize the diagnosis and have an effect on peoples' welfare. This is not sufficient support from our GP'.*
- *'We would rather go through our GP and not MedOCC. When we have used MedOCC and they have visited to see a resident they have not been very empathic and caring and made residents feel like they had leprosy or something. We do understand this is a scary time for all'.*

## Accessibility and support from District and Community Nursing

(11% Domiciliary Care, 0% Nursing Care Homes, 42% Residential Care Homes, 0 Personal Assistants).

We heard positive feedback about how District and Community Nursing services had continued as near to normally as possible.

- *'The Community Nursing service worked as normal for regular nursing care but would respond to requests for same day visits if carers were worried about a client'.*

We also heard of innovation and training support given to staff to enable them to support residents and reduce the need for nurses to attend, but on the counter side we heard that some providers were frustrated by these expectations.

- *'District Nurses that didn't want to visit and expected carers to do dressings and bandaging'*
- *'Members of staff were trained to give insulin injections to diabetic residents so that the community nurse did not have to visit the home'.*

## Accessibility and Support from Ambulance services and Hospital

(11% Domiciliary Care, 9% Nursing Care Homes, 5% Residential Care Homes, 16% Personal Assistants).

We heard from two providers who had experienced difficulties in working with the Ambulance service.

- *'We had a client who fell on the floor in her home and after 6 hours an ambulance crew had still not attended. Eventually family members took on the risk and came in to lift her and cancelled the ambulance'.*
- *'We made a formal complaint to the ambulance service. Wrong accusations against the care home staff were made by the ambulance crew and subsequently an apology was made and lessons from the incident were noted'.*

We heard a small number of experiences about difficulties in accessibility and service from NHS 111.

- *'There was no point in calling 111, it was always engaged'*
- *'One lady was in and out of hospital. The hospital wanted to get her home and then she got ill again with pneumonia so I had to call 111. It was to and from between 111 and the NHS to decide what to do, which increased her risk'.*

We heard two experiences of difficulties in communication with Hospitals.

- *'There was concern with the local hospital around sharing information. We set up an NHS email to make sharing information secure and easier, however I still had to chase for the answer which was to see if the client had Covid. It took 3 weeks to get the information. Other times when we have rang to find out information on our clients we were told we would need to speak to the client directly, so the NHS email has been no use and didn't help iron out issues in information sharing as we had hoped'.*
- *'I appreciate the hospital were under extreme pressure but I had quite a lot of 111 calls and a couple of hospital visits, but it was a battle to get past the assessment to allow me to see a doctor in hospital'.*

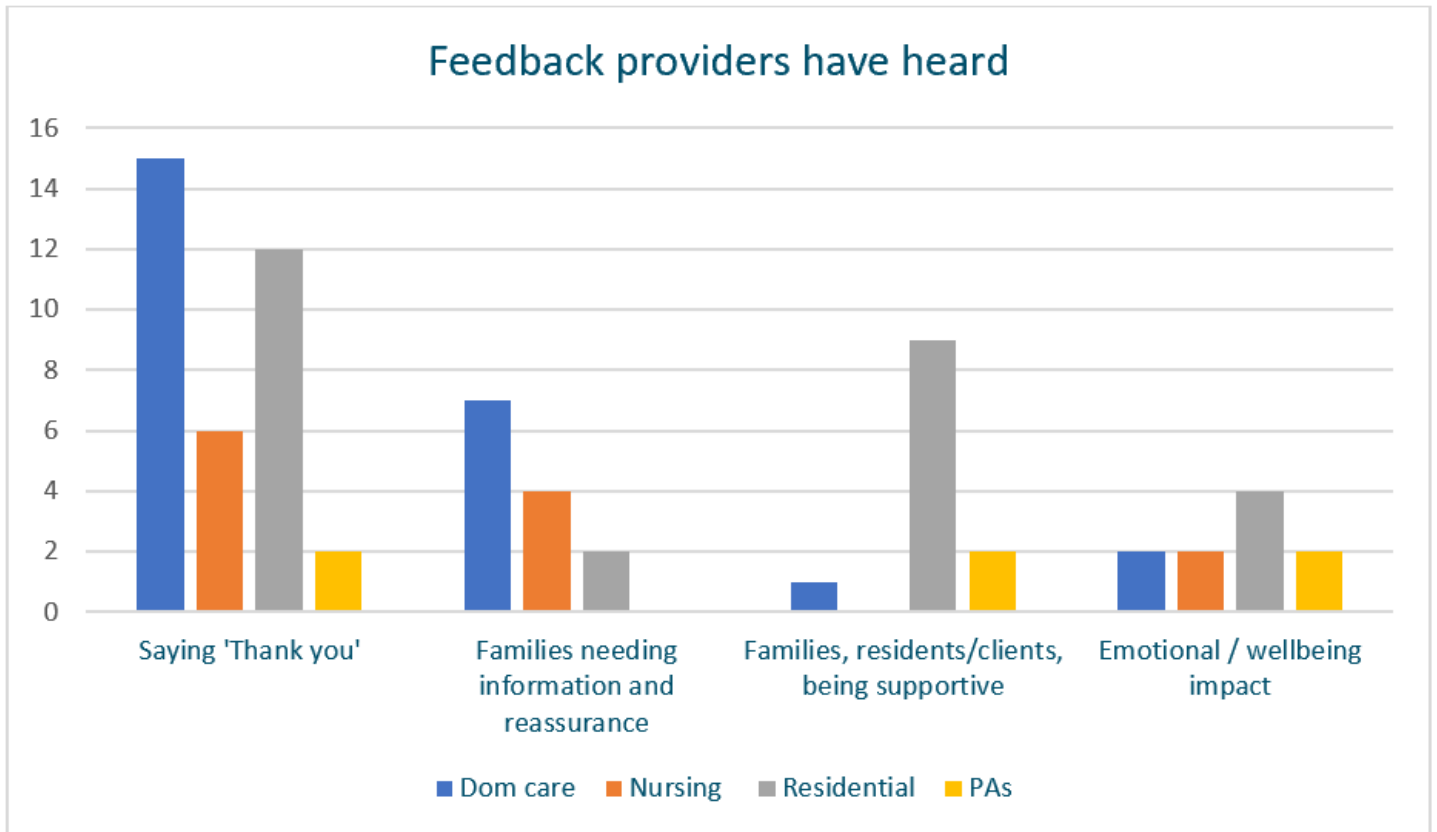
## Medication and prescriptions

(11% Domiciliary Care, 9% Nursing Care Homes, 10% Residential Care Homes, 0 Personal Assistants).

We generally heard positive feedback about community pharmacies, with providers commenting on good local relationships, but we did hear negative stories about the process of accessing medication and getting prescriptions fulfilled.

- *'Delays in the GP issuing prescriptions caused delays in getting the medication. Pharmacies have had to stop delivering so carers are having to collect medications'*
- *'We have issues with repeat prescription. In the past we could pick up the prescription ourselves and were able to check for any mistakes immediately, now it goes electronically to the Pharmacy and sometimes it is quite difficult to sort out'*

## What are providers hearing from residents/ clients and families?



## 'Thank You'

(88% Domiciliary Care, 54% Nursing Care Homes, 63% Residential Care Homes, 33% Personal Assistants).

66% of providers told us that they had received huge numbers of messages from residents, clients and families saying 'thank you' for their efforts and for protecting people within their care.

- *'We have had many letters, emails and cards from grateful clients, and their families, who are so appreciative of the help and support given by the staff during such a stressful time'.*
- *'We have had clients say how grateful they are for the support given by the staff especially when family members have not been able to visit'.*
- *'We have had lots of positive feedback. Everyone seemed to be thanking us for going the extra mile. We received many cards and gifts, donations, poems, phone calls just to say, Thank you'.*
- *'We have received so much written and online praise for the work being done! Lots of very favourable feedback. Our online review rating has gone up to 9.3 (out of 10)'.*

## Information and reassurance

(41% Domiciliary Care, 36% Nursing Care Homes, 10% Residential Care Homes, 0 Personal Assistants).

24% of providers told us they had found themselves responding to increased levels of calls from families and clients, seeking reassurance and information about Covid-19 and understanding the changing rules around social distancing. Providers have said that 'many families remain concerned for their isolated love ones'.

- *'At first clients and families seemed to interrogate staff about restrictions; they were unhappy if there was a change in staff, they were always suspicious that staff were infected. We sent weekly letters to clients and families informing them of updates and started a daily phone call to all clients to assess their needs and take action where necessary'.*
- *'Relatives found it hard to understand why it was import to close for visitors. Once Government guidelines were available it made it easier for staff to explain'.*
- *'We have had some visitors who broke the roles; we have told them no more than two people, but they are arriving as full families. They don't like wearing masks and refuse to use them. We try to encourage them to follow the guidance, but we are not an enforcement unit'.*



## Supportive resident and client families

(5% Domiciliary Care, 36% Nursing Care Homes, 47% Residential Care Homes, 33% Personal Assistants).

Nursing and residential care providers in particular, told us about the practical support that families had provided during the early stages of the pandemic. One person summed it up by saying: 'our residents' families were brilliant and supportive'.

- *'One of our day centre users phoned to say that they knew the day centre was closed but could they still pay as they knew we needed the money'.*
- *'Families offered to do shopping for us if we needed it, but thankfully this was not required'.*
- *'Majority are thanking us for keeping their loved ones safe and understand the social distancing measures. Most are saying, "please do not open up too early". Out of 45 families we have only had a couple complain about visiting restrictions'.*
- *'The little girl of a thankful relative decided to sell some of her toys to raise funds for the home so that the residents could have a nice tea. She raised £695 and then the food was donated so we were able to use the cash for the benefit of residents'.*
- *'During the 'Thursday Night' applause for the NHS and care staff some resident's families clapped and shouted our name, to express their support. It was so nice to get a lot of positive feedback during the first three months of the pandemic when everything was so hectic'.*

## Mental health and wellbeing impacts

(11% Domiciliary Care, 2% Nursing Care Homes, 21% Residential Care Homes, 33% Personal Assistants).

Domiciliary home care, residential care and personal assistants told us about the negative impact of Covid-19 on residents and clients. The impact of reduced visits from families and social distancing on residents, has affected both clients and families mental health and wellbeing.

- *'Concerns over physical health have declined but there has been a mental impact upon clients... they have felt so isolated'.*
- *'Dementia residents like consistency, but at the moment, because of staff absence with self isolation, we have a majority of agency staff and they don't always get the same staff each day. We have contacted agencies and asked them to send the same staff, but that's not always what happens. Seeing different people all the time has an impact on some of our residents'.*
- *'Our residents are long term and although they are OK with everything it's the families that seem to be suffering more emotionally'...'their happiness and sleep has been affected, it impacts on the whole family'.*

We also heard about some unexpected benefits of lockdown:

- *'Residents are closer to each other since not having visitors, especially on one wing. Some didn't come out of their room before! Now they are looking after each other, supporting each other, one resident made five bacon sandwiches for her and her friends'.*
- *'Residents from upstairs are now coming down to sit in the garden with staff'.*



## What are we recommending?

Based on the feedback we have heard, we have made a number of recommendations:

- 1 That systems developed to support nursing, residential care and domiciliary home care in purchasing PPE, information and support, testing and training are extended to PAs. It is clear that this group were overlooked in the early stages of the pandemic. The final word going to a PA who said 'Trying to provide care to somebody outside the house has been very difficult. There's been a real lack of support and it felt like we were left on our own'.
- 2 That the findings of this report are discussed with **SECamb**, to ensure that protocols and guidance around support of care homes are in place and informed by the learning from the first wave.
- 3 That the findings of this report are discussed with **Medway NHS Foundation Trust**, to ensure that protocols and guidance around support of care homes are in place and informed by the learning from the first wave.
- 4 To review the training needs of staff within residential care homes to assess the need and appetite for training around ulcer / wound care, to reduce the need for community nursing footfall within a care home in the event of a second wave.
- 5 For **Medway Council** to continue to support PPE procurement for providers in all care groups.
- 6 For **Medway Council** and **NHS** services to recognise and celebrate the work and commitment to clients and residents by staff within care homes, domiciliary home care and PAs, and to consider these providers in future response planning.
- 7 Create suitable ID cards for Personal Assistants to support them during any second wave of Covid-19.
- 8 The whole system to learn from the first wave and address the weaknesses in advance of any future waves.

## Acknowledgements

We would like to acknowledge all the dedication and hard work undertaken by staff to protect residents and maintain safe homes for the many people living in within care homes settings across Medway during this pandemic.

We would like to give our thanks to all those that took the time to talk to us and contributed to this report:

### **Domiciliary / Home Care Provider**

Age UK  
Agincare Group Ltd  
Ambly Care  
Ash Tree Homecare Ltd  
Baines Care limited  
Bee's Care Agency Ltd  
Boldgen Care Provider  
Boldglen  
Community Careline Services  
Direct Care Kent  
Domiciliary/ Home Care  
Everycare (Medway/Swale) Limited  
Help at Home Medway  
Here2Care Rochester  
Independent Care  
Kent and Medway Domiciliary Care Agency  
Kent Association For The Blind  
Kent Social Care Professionals  
London Care Rochester  
NV Care Ltd -- Accessible Care  
Rapid Care  
Rosemont Care - Medway  
Scott Care  
The People Care Team  
Tiger Lily Care  
White Cross Care Ltd

### **Nursing Homes**

Akari Care  
Amherst Court  
Bengrove Park  
Byron Lodge  
Charing House  
Copper Beaches  
Fort Horsted NH  
Greenford Care Home  
Heather Dale NH  
Pembroke House Gillingham  
Valley View Nursing Home  
Winchester House

### **Residential Homes**

Acorn House  
Agincare Residential Care home  
Ampersand House  
Aquarius Residential Care Home  
Chiminies Residential Home  
Copperfield  
Durland House  
First Class Home Care LTD  
Grace Manor Care Centre  
Grafton Lodge  
Hawthorn Manor  
Holly Lodge Residential Home  
Park View  
Phoenix Residential Home.  
Platters Farm  
Rogers House  
Shaws Wood  
Sherwood House  
The Whitehouse Chatham  
Victory Care Home  
Yew Tree Lodge

# Thank You



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