



**Care Homes during the COVID-19 Pandemic:  
Experiences of Care Home Staff and Residents' Families.**

**March 2021**

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## Introduction

The 2020 COVID-19 (Coronavirus) pandemic has had a significant impact, both locally within Liverpool and nationally across the UK. In March 2020, the UK government imposed the first of a number of national ‘lockdowns’, implementing a number of restrictions designed to stop or reduce the spread of COVID-19, including limits or bans on indoor and outdoor gatherings of people; closure of ‘non-essential’ retail and venues (eg. cinemas, museums, etc); and, in some cases, closure of schools. Further lockdowns were implemented in November 2020 and January 2021, as cases of COVID-19 began to rise again.

Health and social care services have also been deeply affected by the pandemic. Many health and social care services have had to restrict or change the services and care they offer, in order to reduce the risk of transmitting COVID-19 to people who use them. As well as moving to remote access, through telephone or video-call appointments and online consultations, some healthcare services, particularly hospitals, have had to limit the in-person care they are able to provide to patients. This is both to reduce risk to patients, but also to create capacity to care for large numbers of patients seriously unwell with COVID-19. Hospitals, both locally and nationally, have struggled to deal with high numbers of COVID-19 patients, particularly in March/April 2020, November 2020, and January 2021. At the time of writing, over 100, 000 people in the UK have sadly lost their lives to COVID-19.

Social care services, including care homes, have also had to change the way they operate to reduce risk to their service users. Many people who use social care services, including residents of care homes, are more vulnerable to COVID-19 as a result of disability or age. Care homes, both locally and nationally, also ‘locked down’ in March 2020, restricting external visits in order to reduce the risk of residents becoming unwell with COVID-19, and have increase staff use of PPE (personal protective equipment). The government first published guidance for care homes in April 2020<sup>1</sup>. Sadly, many care homes across the country have experienced COVID-19 outbreaks, and there have been a significant number of deaths in care homes as a result.

In Summer 2020, Healthwatch Liverpool staff met with staff from Liverpool City Council (LCC) to discuss how we could learn more about the impact of COVID-19 on local care homes.

Due to the closure of care homes to visitors during the pandemic, we were unable to conduct Enter and View visits to care homes. In an Enter and View visit, trained members of Healthwatch staff and volunteers visit a health or care setting to observe what is going on in that care setting. During an Enter and View visit, we talk to people who use the service, whether they are patients or residents, and their relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. Following a visit, we write a report, which is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local

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<sup>1</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#history>

authority, and NHS commissioners when appropriate. These reports are also published on our website.

However, because care homes have been closed to visitors during the pandemic (except for relatives of residents on end of life care) we were unable to get feedback about homes from residents' families and loved ones about the conditions inside care homes. We were therefore keen to explore new ways to find out how care homes were operating during the pandemic, and how they were looking after residents' physical and mental health as well as their general wellbeing.

Liverpool City Council had been working closely with local care homes since the start of the pandemic, and were also keen to gather some more in-depth feedback from care homes across the city about their experiences of COVID-19, to help evaluate what had happened during the pandemic and to assist with future pandemic preparations.

We agreed with LCC to conduct a series of interviews with staff members from different care homes across Liverpool. LCC provided us with information about six different care homes across the city, including their general background and COVID-19 experiences. LCC chose these care homes because they represented a range of different experiences. In addition to interviewing staff, we decided we would also conduct some outreach with people with relatives or other loved ones living in care homes, to ensure we could include their experiences in our final report. They also have a valuable perspective to share about the impact of the pandemic on residents' of care homes, and are also affected by restrictions on visiting, etc.

## **Methodology**

We decided the best way to gather the information we wanted would be to conduct semi-structured interviews and focus groups with care home staff members, and residents' families. A semi-structured interview would ensure that people we spoke to could share what was most important for them, whilst we collected a comparable set of data from each interview.

We developed a list of possible questions, and we were able to discuss these with a group of care home managers at a mutual meeting for care home leaders held by LCC. Thanks to the input of the care home managers, we were able to make sure ahead of the interviews and focus groups that our list of questions touched on key aspects of the pandemic experience for those working in care homes. We agreed these questions with LCC before they provided us with the details of the care homes they had identified for us.

We produced the following question list:

- Overall, how have you found the past six months in your job (since start mid-March - the start of the pandemic - or since your particular care home has locked down)?

- How, if at all, have your feelings about your job and working during a pandemic changed over the past six months? Did you feel differently at the start of pandemic/the lockdown than you do now?
- Is there anything that you think has worked well in your home over the past six months? What, if anything, has helped you in your job?
- Is there anything that you think has been particularly difficult to deal with in your job? What, if anything, has made your job harder?
- How have activities for residents changed in your home?
- Do you think the information and guidance you have been given during the pandemic has been sufficient? Has it been practical, relevant and helpful?
- (For managers) - What have your experiences seeking support from external agencies been like? What has been your experience organising (emotional) support for staff - have you been able to organise this at all?
- How difficult or easy has it been for you to obtain sufficient PPE and COVID tests as a care worker? How has this changed over the course of the pandemic, if at all?
- What do you feel staff morale at your care home has been like in general during the pandemic? How has this been connected with the impact on residents (and their families), if at all?
- What has been your experience of dealing with residents' families over the course of the pandemic (if applicable)? How have you managed regular communication and visits, where they happened?
- Is there any additional support you would have liked or found useful earlier in the pandemic? Is there any support you still need, or would benefit from?
- Is there anything else you'd like to tell us about your experiences of working in a care home during the COVID-19 pandemic?

Interviews and focus groups were conducted over Zoom, a video-calling app. Interviewees could join via a laptop, smartphone, tablet, or could also dial-in via telephone. We chose Zoom as this was the best way for multiple Healthwatch staff members and volunteers to attend each interview/focus group (to either facilitate or take notes). This also allowed us to record all the interviews and focus groups that took place, which meant that we had an accurate record of all conversations that we could analyse once the full set of interviews were completed.

We unfortunately experienced some delays in starting the interviews and focus groups, partially due to delays in obtaining appropriate equipment for all staff and volunteers who would be participating (everyone had over-ear headphones for privacy, and staff were supplied with password protected and encrypted hard drives to store interview recordings and notes), and partially due to difficulties in arranging interviews and focus groups with staff. Many care homes were busy, and it was therefore difficult to arrange suitable times to speak to people. Additionally, staff turnover in some home caused an additional delay, or meant we were unable to organise interviews with that home. We were not able to speak to all homes whose details we had been provided with. Interviews were conducted between October and December.

We offered an interview to managers, and staff members could attend in groups (a focus group) or do individual interviews with us.

We agreed to keep the information about care homes and staff we spoke to anonymous. The homes whose information we obtained from LCC are as follows:

- **Care Home A.** A small residential home. Staff moved in to the home in the Spring to stop the outbreak from spreading, although they experienced a later outbreak. We spoke to the home manager and some staff from this home.
- **Care Home B.** A mid-size home. This home did not experience an outbreak. We spoke to the home manager and some staff from this home.
- **Care Home C.** A mid-size home, which experienced a significant outbreak in the Spring. We spoke to the manager of this home.
- **Care Home D.** A large specialist home. This home experienced a later outbreak of COVID-19. We spoke to the manager and staff from this home
- **Care Home E.** A small home. This home experienced an early outbreak. We were unable to speak to staff or a manager from this home.
- **Care Home F.** A large home, with multiple buildings. We were unable to speak to staff of a manager from this home.

## Findings - interviews with care home managers and staff

*“Sometimes it feels like something out of a movie ... it’s been a hard year, a very hard year.”* Staff member, Care Home D.

It was clear across every interview that we did that the COVID-19 pandemic has had a significant impact in care homes, on their residents, and on the morale and wellbeing of staff. This was true despite differences in pandemic experiences across care homes. The pandemic had an impact on the day-to-day running of all homes we spoke to, with staff and managers facing additional work pressures, particularly around ensuring that residents remained active and that family members of residents were informed of how their relative was doing and were still able to communicate with them even when in-person visits could not occur. A number of people we spoke to said they were doing more work, or felt under more pressure at work as a result, particularly when other staff members were off.

Where care homes had an experienced an outbreak of COVID-19, this was an additional source of stress and pressure. Some homes had very negative experiences during a COVID-19 outbreak, struggling with ensuring adequate staffing, not receiving timely and appropriate support from external agencies, and struggling to keep up communication with families at the same time as providing care to very unwell residents, and grieving the loss of some. Other homes had less difficult experiences during an outbreak, although homes still reported outbreaks to be a stressful and difficult time, with the sad deaths of numerous residents as a very upsetting time for both staff members and other residents.

Much support for staff members working in care homes throughout the pandemic seems to have been arranged informally. When asked about what support they had received, most staff members told us about small gifts and gestures from their managers, such as cakes and other treats, or meals ordered in. Some staff also told us they had been signposted by managers to external mental health support. However, little psychological support seems to have been made available for care home staff, and both staff and managers from some homes reported a number of colleagues had been signed off from work with stress, anxiety, or depression. The manager of one care home told us that Liverpool City Council had offered to provide psychological support for staff at their home, but that no arrangements for this had been made at the time of interview. Every member of staff and manager we spoke to said that staff morale at their care home had been negatively affected by the pandemic, so it is clear that there is a definite need for psychological and emotional support for care home staff.

While everyone we spoke to said that some aspects of their work had become more difficult, particularly during a COVID-19 outbreak, not everyone we spoke to had a negative perception of working in a care home during the pandemic. Some managers told us they felt well-prepared to deal with an outbreak and were supported well by external agencies and local healthcare professionals. A number of staff members told us they felt well supported by colleagues and managers, and by family members of residents. More negative perceptions and experiences, particularly during a COVID-19 outbreak, were often linked to different compounding factors including how early in the pandemic an outbreak occurred and rates of staff sickness. Homes that experienced an outbreak early

in the first ‘wave’ of the pandemic, around March 2020, tended to report worse experiences, particularly in terms of the support they received during an outbreak. Similarly, staff from homes that told us that staff sickness or absence was much higher than normal tended to describe their experiences more negatively than staff from homes which had little staff sickness and absence.

## What has worked well?

We asked both staff and managers what they felt had worked well in their particular care home during the pandemic. We received a number of answers to this. Some told us about specific measures they had taken to help reduce the risk of a COVID outbreak in their care home.

*“What’s worked well for me is I don’t use agency [staff], I’ve never used agency staff, so I think that’s a bonus. All my staff live quite local, and we’ve stopped any public transport so the staff do lift shares and things, or they’ll get a taxi ... that’s worked really well.”* Manager, Care Home B.

*“The infection control part of it, making sure everyone is doing the same things, making sure all the housekeepers are on board with cleaning all areas where everyone’s been, just making sure that we reduce the risk as much as possible.”*  
- Staff member, Care Home D.

*“Our process that we’ve put in place [for staff testing] works really well, so that’s been great.”* Manager, Care Home D.

*“We officially went on lockdown before [the national] lockdown happened, which we think has helped.”* Staff member, Care Home B.

A number of people that we spoke to highlighted how well they felt their colleagues had adapted to working in a pandemic, and that pulling together and working as a team with fellow staff in their care home had been positive for them.

*“People have worked together so well, people have adapted, how everyone has adapted is amazing.”* Manager, Care Home A.

*“None of us have ever gone through anything like this before, nobody has, and I think we’ve all just had to pull together, try and keep our morale up, keep everybody’s morale up and help each other.”* Staff member - Care Home D.

*“It’s shown the commitment of the majority of staff, the commitment that you’re getting from them, the flexibility, the commitment to the residents ... we, like most homes in Liverpool, have lost some residents to COVID, sadly ... and we felt the effect of it and the staff working together and pulling as a team, that’s been lovely to see.”* Manager, Care Home D

As well as close co-operation with colleagues, co-operation and communication with external agencies and professionals (such as Liverpool City Council, or healthcare professionals) were highlighted by some as having worked well during the pandemic.

*“Communicating and knowing what we’re doing - keeping the families informed. And the Zoom meetings, I go on these Zoom meetings with the doctors and all that, and that keeps you up to date ... that’s been really good ... I think the Council have been very supportive as well.”* Manager, Care Home A.

Close relationships with and support from residents’ families was also mentioned by some staff members.

*“It’s helped that we’ve had a lot of contact with the families, and we’re very close ... they’ll phone us up and say ‘Do you need any drinks from the shop?’ and drop things off for us.”* Staff member, Care Home A.

*“We have had good support from our families as well, to be honest ... they bring all sorts in, if we want anything for any of the residents or ourselves we’ve only got to ask and they bring it in for us. They’ve been fantastic, absolutely fantastic.”* Staff member, Care Home B.

## **What has been difficult?**

For homes which had experienced COVID-19 outbreaks, this was an obvious difficulty. Staff and managers talked about the difficulty of caring for so many people who were unwell with COVID-19, along with pressures that arose when staff themselves tested positive for COVID-19 and needed to take time off to self-isolate. Homes which reported having a more difficult experience during a COVID-19 outbreak spoke more about the impact of staff shortages.

Staff and managers also spoke about the impact of COVID-related deaths, with all homes we spoke to which had experienced an outbreak suddenly losing multiple residents in quick succession.

*“It’s only a small home so you do get very attached to the people you look after ... the silence I think was the hardest because like the numbers dropped by ten people.”* Staff member, Care Home A.

*“We’ve lost a lot of residents ... all of a sudden, residents were just passing away. As I say, there was 21 in a matter of five weeks. 21, which is a hell of a lot.”* Manager, Care Home C.

*“[The most difficult thing] was when COVID came into the building. It’s somewhere I’ve worked for 10 years and it took quite a few of the residents away and I think that was really, really hard. I think everyone was just in a little bit of a shock for a while.”* Staff member, Care Home D

As well as being difficult and emotional for staff and family members, interviewees also told us about the impact of deaths on other care home residents.

*“It’s sad for us when someone passes away. It’s sad for the families when someone passes away. The residents feel a change in the atmosphere and know that person’s not there.”* Staff member, Care Home A.

One additional difficulty that a number of interviewees told us about was the expectation of care home staff members to verify the deaths of residents during a COVID-19 outbreak. Staff members told us that they had not been previously trained to verify deaths, or were not previously required to verify deaths as part of their role, but were expected to do this during a COVID-19 outbreak as other health professionals who would have previously certified deaths were no longer willing or able to come in to do this.

*“I think our worst thing - we had to certify the death of people, which I think is absolutely diabolical ... they expected a carer or a senior carer who’d had no training to do it and I would say out of everything, to me, that’s the worst thing.”* - Manager, Care Home A.

*“The only thing that really concerned me, for the End of Life patients, was that we had to certify the deaths ... the doctors were saying, they’ve already [passed away] and it’s no big deal, but it is. Because the person, I looked after for 10 years ... I didn’t think that was very dignified.”* Staff member, Care Home A.

*“It was just horrendous. It was sink or swim ... no one would come anywhere near us. When someone was passing away, they wouldn’t even come out to certify the deaths.”* Manager, Care Home C.

Staff and managers seemed unclear as to why external healthcare professionals were suddenly unable to come in and certify deaths during a COVID-19 outbreak. Staff told us they were unsure why external professionals would be unable to come in to certify deaths wearing PPE, particularly when care home staff had been told it was safe for them to work in a COVID environment provided they were wearing correct PPE.

*“If Infection Control have come into us and said ‘If you wear your PPE correctly ... it’s not gonna happen’, then why can’t a doctor or a nurse or someone come in?”*  
Manager, Care Home A.

Some staff members also told us that information they had about COVID-19 prior to an outbreak occurring in their home did not adequately prepare them for outbreaks when they occurred.

*“They said, when you first test positive for COVID, it’s that the first 14 days is crucial - but it wasn’t. So when we got to 14 days were like, oh my god, we’ve made it, we’re okay. But our deaths came after that, and people were poorly up to day 28. Some people coughed on day 28 and we were like, oh my god - we were told it would be two weeks.”* Staff member, Care Home A.

Some interviewees also spoke about the impact of COVID-19 on the health of residents who had been unwell with the virus but had survived.

*“A lot of [the residents] lost a lot of weight - that was our biggest concern, they were so tired, they didn’t have the energy ... luckily enough, the GPs did put*

*food supplements in, and a lot of them have gained a pound or two pound since, which is brilliant, and they're starting to all sit back at the dining tables."* Staff member, Care Home A.

For some homes, the death of many residents led to a significant loss in income which had a knock-on impact on the running of the rest of the home.

*"A difficulty obviously for an organisation is the reduction in numbers so therefore there's a reduction in income, which then has a massive impact because the bills don't go down, the staffing levels don't go down."* Manager, Care Home D.

*"The Council have been giving us grants because obviously we've lost a lot of residents, the occupancy has been really low, so we're trying to fight to keep the business open as well as look after our residents."* Manager, Care Home C.

For some care homes, this loss of income also coincided with an increase in costs related to the pandemic, further increasing financial pressures.

*"[We've got] more bills because of the increase in the things that we've got to purchase, and also trying to secure agency staff, so potentially you're having agency staff in when you don't need them just to try and make sure that they don't work anywhere else." - Manager, Care Home D.*

Staff also spoke about the difficulty of dealing with such an unprecedented pandemic, highlighting a lack of certainty or clarity around how to keep residents safe as something that was hard to deal with. This was a particular difficulty in the early weeks and months of the pandemic.

*"Because no one's ever gone through anything like this before - there's no answer, is there?"* Staff member - Care Home D.

*"The worst period, to me, was at the beginning where, whoever you were phoning - no one knew what they were doing ... at first it was just mind-blowing because you just didn't know if what you were doing was right, because no one could say 'Yeah, it's right' or 'It's wrong'."* Manager - Care Home A.

Staff members told us that they also found the absence of residents' families during the pandemic difficult, and missed the care and support that family members often provided to residents during visits.

*"For me, personally, Covid has been horrific, and the families that haven't been able to come in - and most of the families would come in, they'd make us a cup of tea, or they'd bring a cake for us, or they'd say 'Oh, I've set the tables for you so you can go and do something else'. It's quite a family place and I found that hard, that they couldn't come in and do any of that for us."* Staff member, Care Home A.

At the time of the interviews, one home we spoke to had yet to experience an outbreak. The main difficulty they reported facing was around activities and keeping residents occupied, and having to keep family visits restricted, particularly for end of life residents.

*“The activities and the stimulation for the residents, that’s been difficult, because we were going out so much with the bus and doing trips and having people in, having the children in.”* Manager, Care Home B.

*“I’ve found that the worst, when someone is end of life and you’re having to tell the families - normally, you’d be like, come in, stay with them all day, and that’s the most difficult part for me, that I’ve found horrible and difficult to deal with.”* Staff member, Care Home B.

### Support from external agencies

We asked managers about their experiences of receiving support from external agencies, such as Liverpool City Council, Public Health, the Infection Control team at the Royal Liverpool Hospital, the CQC (Care Quality Commission), and any other relevant external professionals such as GPs and district nurses.

Some managers told us about specific interactions with external individuals or agencies that they found useful or helpful. While some managers felt very supported, they told us that they still missed in-person communication and support.

*“Sticking with the same infection control nurse, and them checking in and advising, that’s been really good.”* Manager, Care Home D.

*“We can just phone the doctors, we’ve got a really good relationship so they’ll listen to us if needed, we still have the matron coming in, she’s PPE’d up. We’ve changed the family room into a treatment room to reduce traffic through the building ... the residents are still getting the care and treatment they need, it hasn’t been compromised at all.”* Manager, Care Home B.

*“I do feel like the Council have supported us .... We’re getting PPE every week, free. We’ve had grants as well. I mean, I think because someone’s not physically coming in and standing next to you - that’s what you miss, if that makes sense, you miss that contact with people.”* Manager, Care Home A.

Some managers were also receiving informal support from other care home managers they were friendly with, and said that this peer support had been beneficial.

*“I’ve been involved with another group of Care Home managers ... so that’s been beneficial, you know as a network, and we’ve done our own Zoom catch ups, just checking in on each other.”* Manager, Care Home D.

A number of managers told us that, in the initial weeks and months of the pandemic, contact from external agencies had been overwhelming. This was the case both when managers felt they needed support and when they felt they did not need support.

*“The City Council - in the early days, it was overload, you’d have about six people ringing you a day checking in, and they’ve got their act together on that and it’s now maybe once or twice a week someone’ll check in on you.”* Manager, Care Home D.

*“The Council have been really good as well, they’ve reduced the calls that they’ve been doing ... at the beginning they were phoning every day, and I’m like ‘I’m fine!’ I know they’re there if I need any support or help. There’s so many people out there wishing to help us and stuff. The infection control team came down from the Royal to see if they could support ... but we’ve got everything in place.”* Manager, Care Home B.

*“One staff member, one day she rang me up, just hysterical, crying, I can’t do it. There was like 17, no sorry, 19 different Zoom meetings that they expected her to do in a week ... Why can’t all the departments talk among themselves? You had to fill that form in for Public Health, then it was another form for infection control, then one for the Council, then one for CQC, and everyone wanted the same information, but all separate. And then it was, ‘Well, I need to speak to you now’ and there was like 19 Zoom calls they expected in one week - as well as residents dying on you, and staff isolating, and people sick, and families who are on the phone ... I did ring them up and say no, enough, youse have got to stop this. We will be in touch with you but you’ve got to give us time, our priority is the residents at the minute.”* Manager, Care Home C.

Some managers felt they had not been well supported by external agencies, particularly when they were experiencing a COVID-19 outbreak. Managers told us about facing pressure to complete bureaucratic tasks, such as routine paperwork or assisting social workers with care plan assessments, at a time that they felt was inappropriate.

*“This is just a personal gripe, I had to do my Quality Assurance Monitoring Form, it was due, and I just think that was a massive piece of work in such an extremely stressful and busy time, but there was an expectation that it had to be in by a certain date ... this isn’t normal times and there’s got to be some kind of leeway, for want of a better expression, in some of the expectations. If you’re honest in your report and you say well, actually, we’ve not been doing training because we’ve not been wanting to bring groups of people in or we’ve not been wanting to send anyone anywhere ... all it is, is have you done what you’re meant to have done? No you haven’t. So therefore you’re not compliant, and I think there needs to be some leeway there.”* Manager, Care Home D.

*“We had a lot of pressure as well from social workers, you know, because they’re working from home it was like - ‘Well, I’ve got time now to do a review on a resident’ and I said, well, congratulations, we haven’t! So then they wanted all the information so they could do their job which, fair enough I get, they have to do their job but when we’re fighting a pandemic ... you know, come on.”* Manager, Care Home C.

Managers who experienced an outbreak early in the pandemic had a harder time accessing sufficient support, but said that support had improved since the early weeks and months of the pandemic.

*“They are supporting us a lot better now than what they did. Everyone - in March, we couldn’t get hold of anyone, and when we did it was ‘there’s nothing I can do, I can’t help you’, everyone just panicked. And I get that, but we were just left. Being honest, we were just left. Doctors, community matrons, district nurses, no one would come in.”* Manager, Care Home C.

## Guidance

Staff and managers had a mixed experience of guidance. Perceptions of guidance in the early weeks and months of the pandemic was more negative, with interviewees recounting that guidance frequently changed, and that different organisations and authorities often released very similar but separate pieces of guidance. Frequent changes in guidance were described as overwhelming and confusing, and guidance was often seen as being contradictory. For managers, keeping up to date with these changes in guidance was very time consuming and an additional source of stress.

*“Things change all the time and in the early days we must have been getting about three, four different briefings every day, you were getting a briefing from the City Council, a briefing from infection control, Public Health England, the government, and it was like - overload of information ... Sometimes the repetitiveness of the information, you were having to read through it and go through it only to find, actually, that’s virtually the same as what they’ve said ... that was very difficult and time consuming, when you’re reading that, but you actually wanna be out there supporting your staff. ”* - Manager, Care Home D.

*“It felt like the guidance was changing every day, you’d have to read it all the time.”* Manager, Care Home A.

*“Useless, because you can’t make head nor tail of it because one minute it’s one thing, the next ... I haven’t got time to be looking at guidelines every five seconds. And they’re very contradictory as well.”* Manager, Care Home C.

Care home managers reported that they have found it beneficial when guidance and information meetings have been consolidated.

*“They’ve now combined them into - City Council, infection control, Public Health England - joint meetings once a week and that has reduced the repetitiveness of hearing one thing on one meeting and then it repeated in another ... so that’s a better use of everyone’s time, that’s been useful.”* Manager, Care Home D.

While guidance was described as useful, some managers told us that it was too general to implement exactly in their own care homes and they sometimes had to adapt guidance to ensure efforts to reduce risk were compatible with the needs of residents, particularly those who have dementia.

*“That was another thing they said to me - separate everyone and contain them. And I went, the only way I can contain a dementia resident is if I put them in their bedroom and lock the door, and that’s not happening ... As a care home, all this guidance is absolutely amazing but we have to be able to manage it. If it’s unmanageable for us, then it’s not gonna work ... we have to do what’s gonna work for us and I don’t mean like breaking any rules but you have to be able to manage it.”* Manager, Care Home A

Some staff members also told us that changes to guidance on allowing visits caused confusion or disruption. We also heard from staff that differences between guidance for care homes and COVID-19 regulations for the general public caused some confusion with families who want to be able to visit their relatives.

*“Someone’ll say - you can open the doors and the families can come in, no you can’t, no one can come in, only two people can come in.”* Staff member, Care Home A.

*“[The families] are saying, it’s not lockdown now, can we come in, and we’re saying no, because you could’ve just picked something up ... we do say it a bit nicer than that, but that’s what we’ve got to bluntly tell them, no you can’t come in.”* Staff member, Care Home B.

Some managers told us that they found it difficult to comply with guidance issued earlier in the pandemic, particularly when differing pieces of guidance or information were at odds with each other. This was particularly the case with ensuring staffing levels were adequate in homes experiencing a COVID-19 outbreak.

*“It was, we can’t use agency [staff] at all, and I get that because they’re going in each other’s homes. But then the staff were going off, so what do we do? And then they’re shouting at us then because the home’s unsafe because we haven’t got that much staff in. And I was like - you’re telling me one thing, you’re telling me another, just tell me what to do and I’ll do it!”* Manager, Care Home C.

## **PPE**

The majority of homes we spoke to did not experience significant issues with obtaining PPE. All homes we spoke to told us they had a stockpile of PPE at the start of the pandemic, and that this helped them avoid major PPE shortages. Some homes told us they maintained their own stock of PPE in case of an outbreak of illness within the home. Other care homes had stockpiled for other reasons, such as a possible disruption to supply of PPE linked to Brexit.

*“We’ve never ran out of PPE ... we’ve always been stocked for an outbreak, you know, if you’ve got a D&V [diarrhoea and vomiting] outbreak, if you’ve got a flu outbreak you go through your PPE, so we’ve always had back-ups in for PPE ... we only had a couple hundred masks originally, but I’ve had no problem with [getting] them.”* Manager, Care Home B.

*“Last year, I made a decision because of Brexit, because we didn’t know what was going to happen, we stockpiled. We stockpiled quite a lot of PPE and cleaning products so when [COVID] hit, I’d had a stockpile ... and so when February, March and the beginning of April came, we were still sourcing, we were still purchasing where we could, but we never ever got to a point where it was too scary, because we’d planned for something else.”* Manager, Care Home D.

Other homes told us that, when they were running low on PPE or were not able to purchase a greater amount themselves, they were able to obtain sufficient PPE from the Council at a fairly short notice.

*“We never ran out [of PPE]. The Council were absolutely fabulous on that point, we just emailed their PPE department and it’d come within 48 hours ... Our supplier obviously was rationing [PPE] because everyone, all the care homes were panic buying, so it was no, we can only get what we normally get so everyone gets a chance of having some, but the Council topped it up.”* Manager, Care Home C.

Larger homes seemed to have more difficulty initially obtaining sufficient PPE. This seemed to be due to the amounts of PPE they would require to protect staff and residents, meaning that stocks of PPE would not last as long as they would in a smaller home with fewer residents and staff. Even where serious PPE shortages did not occur, staff still reported feeling concerned about possible future shortages.

*“It was horrendous actually at first, I think because of the size of our care home. We spoke to Liverpool City Council, I spoke to them at the beginning ... trying to explain the amount [of PPE] we would need, how much and how often. We got very little at the beginning so basically what we had to do was anything that we were getting we were trying to put away you know to the side just in case things got really difficult. It’s easier, better now to get hold of it but we do worry that we’re gonna have that shortage again.”* - Staff member, Care Home D.

## Tests

While all homes had to wait for the development of a COVID-19 test throughout the initial weeks and months of the pandemic, this situation was more difficult for homes which experienced early outbreaks.

*“Early on in the pandemic, you couldn’t get a test ... I had to send four staff to Haydock, but none of them had cars ... so we were going, well, how are they gonna get there? If they’ve got symptoms, how can they get on a bus? ... the*

*Council was, ‘Well, that’s your problem, you need to decide that.’”* Manager, Care Home C.

Managers told us that initial concerns or issues with the testing system of staff, such as slow results and excessive admin to log tests and results had been resolved, and that the testing regimes were working well at the time of interview.

*“I’ve lost count of the amount of times we’ve been tested now ... we’ve always got the tests, they’re always coming, they always get picked up, I’ve had no problem logging them. At the beginning, the results were coming back a little bit slow, now they’re coming back within 36 hours, which isn’t too bad.”* Manager, Care Home B.

*“The admin side of [testing] made it difficult, registering each one - now it’s a lot easier because it’s saved and you just update it each time you do it which is a lot easier. But at first it was putting it in for each individual, which was quite time consuming.”* Manager, Care Home C.

For some staff members, the introduction of more frequent testing of care home staff had helped to boost their morale.

*“At first we didn’t have the testing, the regular testing, so this makes such a massive difference getting testing every week.”* Staff member, Care Home D.

In addition, we heard from some staff members that it was also reassuring that new or returning residents moving to a care home after a hospital stay would only be able to return following a negative COVID-19 test. However, some interviewees told us that this process did not always work smoothly, and there were still some issues with new or returning residents being discharged from hospitals without a negative COVID-19 test.

*“We did at the beginning have residents coming in from hospital ... [in March] a resident came back and did have COVID and we had a bit of an outbreak ... that’s the best thing now, if they do go into hospital they have to have a negative result before they come back.”* - Staff member, Care Home D.

*“I wouldn’t even trust the hospital anyway because they were sending residents in with symptoms and that’s where it started, that’s how we got the outbreak ... we don’t trust the hospitals at the minute, even last week a resident was coming in ... they were in the ambulance, they were outside the home ... and they got sent back to the [hospital] because they hadn’t had the test.”* Manager, Care Home C.

As well as asking hospitals for negative COVID-19 tests for new or returning residents, the majority of care homes we spoke to said they were ensuring new residents self-isolated for two weeks when they first arrived in the care home, to further reduce risk to other residents.

## Activities

All homes told us they had to change the activities they provided to residents, as both trips out and activities led by guests had to be cancelled to reduce the risk of exposing residents to COVID-19. Visits from local faith leaders had also been stopped.

Many homes told us they held themed parties or events; screened films; played music; organised quizzes, tombolas, or games such as bingo; and did other similar activities. Staff often had to use their own initiative to ensure that residents were entertained and occupied.

*“We’ve got a full activities programme for the whole of December, totally different to what we would normally have - there’s no meals out at the hotels, and there’s no trips out, and we’ve got no singers coming in, and no entertainers - but we’re still doing parties on units, we’re still having activities, we’re still doing tombolas ... there’s still stuff going on.”* Manager, Care Home D.

*“Before Covid, we had activities seven days a week ... obviously we don’t have any outsiders coming in now because it’s just too high risk ... the younger girls are very good, they’ll put the music on and they’ll have [the residents] all up dancing, or they’ll paint their fingernails, do quizzes.”* Staff member, Care Home A.

Where care homes had access to transport, staff told us they were also not allowed to use this to take residents outside of the home.

*“They’ve just said, no, we can’t have the bus. We used to have the bus twice a month ... I don’t want to take them bowling, I don’t want to take them out - but we could go for a bus ride, just to town and back ... Why couldn’t I have done that?”* Staff member, Care Home B.

Staff and managers often told us that, because visits were restricted, they felt pressured to hold more activities for residents to ensure they were stimulated and occupied throughout the day.

*“We’ve increased the activities, we’ve increased the staff where we can, and we’re just thinking out the box, doing silly things, doing dress-up days, doing meal days, we’ve purchased an interactive tablet which we have movies on and games on ... that’s the hardest thing, trying to keep them busy.”* Manager, Care Home B.

*“The activities have improved because obviously we’ve had to ... they’re playing games, we’re having movie nights and movie days, and it’s Indian one day and Italian the next, and they’re picking what they want to do.”* Manager, Care Home C.

Some interviewees told us they used video-calling software, such as Zoom, to allow families to be involved in activities where this was practical.

*“We are having Zoom meetings with the families, so if we’re doing a quiz with the residents, their families are on a Zoom and they’re involved, and they’re seeing their loved one playing games and stuff, so we are trying to involve the families as much as we can.”* Manager, Care Home C.

Some staff told us that, due to the restrictions, activities for residents were not always as varied or diverse as they should be.

*“Someone might come in and say, well you’ve done that activity yesterday - say, if it was CQC or a social worker - you’ve done dancing or music yesterday, but it makes [the residents] happy. So I don’t care how many times in a week or how many times in a day I do something that’s repetitive, if I see a smile on their face or see them getting up and doing something other than sitting in a chair, then I’m doing the job I’m paid to do.”* Staff member, Care Home A.

Some staff found organising more frequent activities for residents stressful, as they did not receive additional money or equipment to fund this.

*“I’ve had to cry to get petty cash for bingo prizes ... Liverpool City Council, why can’t they help us? You know, everyone’s interested in us, but no one wants to help.”* Staff member, Care Home B.

Across all interviews that we conducted, organising activities for residents seemed to largely be down to the individual initiative of staff members doing the best they can for residents with limited resources. More practical support, in the form of additional funding or equipment to help with activities, may be beneficial to care homes and may also help boost the quality of life of residents.

## Residents

Both staff and managers that we spoke to said that the pandemic has had a notable impact on residents of the homes they work in. Many interviewees told us that restrictions on family visits had negatively impacted on residents’ mental health.

*“I can’t wait for the residents’ families to be able to come in. I have seen it impact on residents where I didn’t think it would ... but you can see it impacting on them.”* Manager, Care Home B.

Some told us that this impact was more obvious and noticeable for residents who had previously had frequent contact and visits from their family members. Others told us that they felt some residents’ were fine day-to-day, but became more upset after socially distanced or virtual visits with their family members.

*“We’ve got residents here who might get a Christmas visit and an Easter visit and that’s about all and so it’s not been as difficult for them because there’s not really much change ... there are some residents who have struggled and there are some residents who haven’t.”* Manager, Care Home D.

*“Most of them are alright, it’s just when they do see their families then it gets to them - hang on, why aren’t they coming in? And that can last half a day, or maybe 10 minutes sometimes.”* Staff member, Care Home B.

In some cases, residents were not always able to understand why family visits had suddenly stopped.

*“Because of some of the conditions of the residents, some of them don’t understand why their families can’t come in.”* Staff member, Care Home D.

Staff also told us about how restrictions on all visits, including from professionals as well as from family members, had a negative impact on residents as it meant they were unable to enjoy experiences and activities which had a positive impact on their quality of life.

*“When lockdown first finished and we could have the hairdresser back in, you wouldn’t believe the impact on the residents getting their hair done, it was amazing ... you see these things that boost the residents, just something as small as getting your hair washed and curled ... we’re trying our best with the hair, but there’s only so much you can do.”* Staff member, Care Home D.

Some staff told us that the need to wear more PPE, including face masks, had a negative impact on some residents with disabilities, particularly residents with hearing impairment.

*“I have actually got a lady on my unit and she’s deaf and she lip-reads, she does wear a hearing aid but she can lip-read as well and I think sometimes that’s been a struggle for her.”* Staff member, Care Home D.

Care homes which had experienced COVID-19 outbreaks spoke about the particular difficulties of managing an outbreak and ensuring that residents remained safe and well, particularly residents with dementia.

*“We put measures in place, at one time we kept all the residents in their own room isolated ... that was hard because they couldn’t understand why they had to stay in their rooms.”* - Staff member, Care Home D.

*“Someone with dementia can’t tell you if they’ve lost their smell or they’ve lost their taste ... they could just go off their food.”* Manager, Care Home A.

Staff also told us that, as well as missing families, residents’ mental health was also affected by the deaths of other residents in their care home.

*“One of the ladies has chosen to stay in her room now because two of her friends passed away and when she goes into the dining room, she just looks around for them ... We’ve tried to take her out and bring her back down, but there’s no one there that she can communicate with, bar the two ladies who passed away. So that’s quite upsetting.”* Staff member, Care Home A.

A number of homes said that they were still welcoming new residents arriving. These homes told us they had measures in place to reduce the risk to other residents, such as asking new residents to self-isolate when they first moved into the care home.

*“When we’ve had new residents in, they’ve been happy to isolate, I haven’t had a resident who’s been unable to self-isolate.”* Manager, Care Home B.

Many staff members spoke about how they had a close, family-like relationship with residents prior to the pandemic, and that these bonds between residents and staff had strengthened, particularly while visits were not allowed.

*“We always class [the residents] as our family anyway, but you’re more their family at the minute because their family can’t come in ... so we’re doing more with the residents ... it’s brought everyone closer together really, and made us really realise how lucky we are when the families are in.”* Manager, Care Home B.

## **Family visits & communication with residents’ families**

All the care homes we spoke to had put restrictions on family visits during the pandemic. All homes that we spoke to adopted new ways of enabling visits, including virtual visits (via FaceTime, Zoom, Skype or other video-calling software) and, where possible and when the weather allowed, socially distanced outdoor visits.

Both staff and managers told us about the ways they tried to keep in touch with residents’ families and keep them informed and up to date about how the resident was doing. This included phone calls, emails, newsletters, WhatsApp and text messages, and video-calling with residents.

*“I will phone [the families] every day, just to give them a little update, and if it’s not a phone call then it’ll be a WhatsApp, a photograph, and most families are allocated times to use the iPad.”* Staff member, Care Home A.

*“What I’ve tried to do since March, every 4 - 6 weeks I do a letter to the next of kin ... and they’re asked to pass it through to the rest of their families, and what I try to do in it - I cover where we’re up to, what we’re doing, what guidance we’re following, anything relevant that’s happening in the building ... lots of them have got my email address and email quite a bit.”* Manager, Care Home D.

*“All the staff having been using their own phones for WhatsApp calls, and video calls ... the house phones are going mad, we’ve been texting families.”* Manager, Care Home B.

Homes which experienced an early COVID-19 outbreak told us they had been slower to start more regular virtual contact with families, as their staff time was taken up with caring for residents, although they recognised that this was not ideal for families.

*“In the beginning ... we didn’t have the time, we were too busy looking after poorly residents who were actually dying ... we did get a lot of grief off the families ... we did explain to the families, you know, our priority is the residents at the minute, we will keep in touch with you, and we was - but just to an*

*extent 'yeah, they're fine, yeah, we'll speak to you tomorrow', that's what it was like unfortunately." Manager, Care Home C.*

Some homes told us that poor internet connectivity or poor phone signal across their building(s) made it difficult to video-call residents' family members.

*"Our internet's no good. The home's that big, you move from bit to bit and the internet works in one bit, but doesn't work in that bit. My phone works on this side, someone else's works on the other side. It's hard." Staff member, Care Home B.*

*"We're not wifi friendly ... that's created problems for families because we'd only had certain areas where we had access to wifi and then when residents were on [lockdown] ... we can't use the communal areas in the rest of the building where the wifi is accessible, so we've had staff kindly using their own phones and iPads so that families can do FaceTime and have visits. And we have actually got smartphones and iPads but we just didn't have the wifi in the building, so staff were using their own data." Manager - Care Home D.*

All homes that we spoke to said that staff members had used their own phones and equipment to help facilitate virtual visits with residents' families, and gave out their own personal phone numbers to family members.

*"Me personally, I've given out my own personal phone number and sometimes [family members] will message me on my day off and I'm absolutely fine to message them back and say that I'm not in or I've heard [their relative is] alright. It's not a problem ... it's their mum or their dad and it's not easy, so if having that extra contact through staff members and video calls make them feel better and makes the residents feel better then that's all I'm bothered about." Staff member, Care Home B.*

*"I think some of the staff took to using their own phones, and I know I did ... I think I've used my phone quite a lot to FaceTime families because I think if you see any of the residents feeling quite low it's like, you know what, let's give you a pick-me-up and get someone's face that they recognise, and it did help ... but we have iPads in place now." Staff member, Care Home D.*

Managers of some homes told us they had applied to receive additional technology, such as tablets, to help facilitate video-calling and virtual visits for families, but had not received any equipment at the time of interview.

*"We're waiting for an iPad to come, but all the staff have got smartphones." Manager, Care Home B.*

*"We had to buy [equipment] ... we did get an email a couple of months ago to say that we can apply for an iPad, put your CQC number in and we can apply for it, and we'll let you know. That was months ago, I haven't heard nothing since." Manager, Care Home C.*

Staff from multiple homes we spoke to told us that virtual visits, particularly video calls, were not always accessible for residents with dementia.

*“For the dementia patients ... we do video calls, but they don’t understand. They try and eat the iPad. Or they think it’s a photograph and why’s that photograph talking to me? For some of them, it can be a little bit more confusing. Others are quite good, they know how to work the iPad, they know better than me!”* Staff member, Care Home A.

Both staff and managers expressed sympathy for families who had suddenly had to restrict their contact with a resident, and spoke about how they also missed residents’ family members presence in the home.

*“You build up a relationship with the families as well and you know they’ve put their trust in us to look after their family ... you do miss the families, because they are a massive part of the home.”* - Staff member, Care Home D.

*“My Dad’s in a care home and it doesn’t matter if I love every member of staff in there, I still want to see me Dad, I don’t want someone telling me my Dad’s fine, I want visual to make sure he’s fine, and I get that’s why [families] want to [visit].”* Staff member, Care Home A.

*“You can count on one hand the amount that do find [restrictions on visiting] difficult, and we can understand that ... but we can also understand how they’re feeling, because they were in a lot and the family members did used to help us out a lot when they came in, and we miss them just as much as the residents miss them to be honest.”* Staff member, Care Home B.

Some staff told us they felt that changes to guidance on visits, and differences between COVID-19 restrictions for the general public and tighter restrictions still in places in care homes could exacerbate family members’ frustrations.

*“It has been very hard for the families. They ring up and ask, you know, how their relative is ... and they say when will we be able to come in? Or, a few months ago we had visitors in the garden when the weather was nice - it just started, and then we had to stop again, it was quite frustrating really, for them and for us as well ... I think sometimes [families] feel like we’re going over the top, what are you doing this for, and we have to explain that we’ve got to follow the guidelines we’ve been given.”* - Staff member, Care Home D.

All care homes we spoke to had some form of outdoor visiting arrangements over the summer. Care homes we spoke to generally had visits limited to either one family, or a small number of families depending on the available space, and were time-limited and appointment-based. Homes also ensured there was free time between different family visits, so that visiting areas could be cleaned and disinfected between visits.

Both staff and managers told us that there were challenging aspects to outdoor visits, as they often needed to be supervised to ensure that social distancing was adhered to and that family members wore the required PPE. Interviewees were sympathetic to family

members breaking visiting guidelines, but still told us that supervising family visits was emotionally difficult.

*“Some families tried to sneak a hug in ... when we see them trying to inch a little bit closer, and god love them they are gonna try, we’d have to send a member of staff over and say, you know, I’m really sorry. But saying that to a daughter who’s close to her mum, it’s a hard thing. The girls said, I can’t do it, it’s just too hard.”* Staff member, Care Home A.

*“Once the pandemic slowed down a bit, we were doing garden visits ... some families was following the rules, some wasn’t and I get they hadn’t seen their families for months and months, and I get that. But the garden visits were challenging ... it was like a supervised visit, which was awful, just so we knew they were two meters apart and we were keeping the residents safe.”* Manager, Care Home C.

Staff also told us that resuming visits, particularly when they were time-limited or outside, after they had been prohibited for so long could be challenging and upsetting for both residents and family members.

*“When [the families] go, they’re happy because they’ve seen [their relative], but then the resident doesn’t understand - where’ve they gone? Why haven’t they come in? So it’s twice as hard that way.”* Staff member, Care Home B.

*“You’ve got the opposite where they haven’t seen their families for so long, so that when they do and [their family] turns up they’re like, ‘oh, no, I’m going back in now’, and they would never be like that before. So you have to deal with then an upset family member, who thinks that their mum or dad’s forgetting them, and it’s hard.”* Staff member, Care Home B.

Most homes we spoke to were making arrangements to have indoor visiting pods fitted, so that families could come for socially distanced indoor visits over the winter.

## **Staff morale**

Across all interviews we conducted with both staff members and care home managers, it was clear that the pandemic has had a significant impact on the morale of those working in care homes. This was true even where homes had not experienced an outbreak of COVID-19, as day-to-day work in care homes was still impacted by the pandemic and restrictions in place to reduce the risk of a COVID-19 outbreak.

Deaths of residents had a significant impact on staff morale. This included deaths not related to COVID-19, as well as COVID-related deaths in homes which had experienced an outbreak.

*“The staff are still coming to terms with [the deaths] because as one was passing away [the staff] were grieving, and then another one [passed away], and another one, and - it was really tough.”* Manager, Care Home C.

*“It comes in waves. I think we’ve been alright, but it’s when something happens, like someone passing away, then we struggle.”* Staff member, Care Home B.

While some staff and managers spoke in more general terms about deaths being upsetting, or work being more stressful, others were more frank about the serious and negative impacts of the pandemic on staff members.

*“The mental health of the staff - they were just traumatised ... I’d said, ‘Just think, when this is all over we’ll have a big Christmas party’ and ... the words they said to me was ‘I’ll be rocking in a corner’.”* Manager Care Home C.

Some staff told us that, while they found dealing with a COVID-19 outbreak stressful and upsetting, they often had to push their own feelings to one side to continue doing their jobs and providing care to residents.

*“I had days where I thought, phew, will this end? You’ve got someone poorly in one bed, another patient’s gonna take their last breath, you can see the next patient has only got a couple of days left. You have those times where you think, I’m going go into the toilet and cry now, but then a bell goes and you think, I haven’t got time ... and you just move on.”* Staff member, Care Home A.

Many interviewees described morale in their care home as being ‘up and down’. Multiple people we spoke to told us that morale among staff had decreased when national COVID-19 rates began to increase leading up to the second national lockdown. Some people we spoke to linked this to wider social blame of care home workers for spreading COVID-19 within care homes.

*“Now the second wave has come back, we’re all getting the blame, so the morale’s just gone rock bottom again ... you try and boost the staff but you have silly idiots, I’m sorry to say, that phone and go ‘oh no, it’s your fault’, so it just brings it back down again. And we have lost quite a few staff because of that.”* Manager, Care Home C.

*“I think we’ve struggled more in the second lockdown than we did in the first one and again that is purely on how people are feeling ... everyone’s fed up.”* Manager, Care Home D.

We also heard from staff and managers about the negative impact on morale of a perception that care home staff were at fault for bringing COVID-19 into care homes, a view people told us they had seen in politics, the media, and heard from external agencies.

*“We have the Public Health, or we have the Council - it’s your fault, the staff are coming in, the staff are bringing this in. And I’m going, with all due respect, you’re okay hiding behind your laptop at home, all nice and comfy. It’s us, the ones that are fighting this war ... we didn’t sign up for a war at all. So, it does*

*make you angry when staff are blamed, especially all over the media ... we're all risking our lives to come into work, risking our families lives to come in to look after everyone, and we're just getting - it's your fault."* Manager, Care Home C.

*"Before Boris Johnson got on and blamed the care homes and the staff for the reason why COVID was so high ... that's why, that's when we started getting tested every week, was because he said that. Up until then [the management] were fighting to get us tested. We weren't getting tested! ... And then you've got that great big melon on the telly saying that it's our fault!"* Staff member, Care Home B.

Both staff and managers told us that their jobs were more stressful under the pandemic, and that people had less opportunity to rest or take breaks. A number of staff and managers we spoke told us that they sometimes needed to cover different roles. Some, but not all, care homes reported that some of their staff had been signed off work due to stress, depression, or anxiety.

*"No one's getting any rest of reprieve because none of us have had holidays to look forward to or anything."* Manager, Care Home D.

*"It's harder work as well, because we're doing everything, aren't we, all the time."* Staff member, Care Home B.

*"Not too long ago, I covered a week of nights just to send a couple of [the staff] off, because they had been working a lot ... we're all trained in different roles so we can just jump on if anyone did feel that they were overwhelmed with it or we had a positive [test]."* Manager, Care Home B.

Another difficulty for staff was balancing their work and personal life during the pandemic, and a need to leave their personal life 'at the door', so as to maintain a cheerful environment for residents.

*"I look after my brother, I care for him as well ... and I think my worry right through has been, I don't want to take it home to him, but I know when I come into work - I know it sounds horrible - I had to put him to the back of my mind for a little bit while I was here just to concentrate on what I was doing."* Staff member - Care Home D.

*"You can't bring your troubles into work, you have to leave them at the door. The residents are very protective over the staff ... if they see you look sad they'll come and rub your face and say 'You alright love?' ... so you try not to show your emotions that way."* Staff member, Care Home A.

Some staff told us that a lack of recognition compared to NHS workers had also negatively impacted their morale.

*"It hasn't been the easiest ride for care homes, I think they were kind of to the back of the queue when it all started ... I think that's not helped with morale, I know the amazing job the NHS do but when were hearing about this free food*

*and this free this and they were getting this - it knocks you, it knocks you because obviously a lot of people know what care homes do but I don't think some of them know exactly what it actually entails and what the jobs are."*  
Staff member, Care Home D.

Staff members told us that managers of their homes tried to boost morale and support staff with small gifts and gestures, such as ordering in meals, or buying cakes and treats for staff.

*"We get a lot of rewards from the people upstairs, a lot of bonuses, a big chippy meal will turn up or crates of Coke and you know, it might sound small but it's not, just to know that you're appreciated in the job that you do."* Staff member, Care Home A.

As well as small gifts and similar gestures of appreciation, staff told us that managers kept them informed of other places they could receive support if they were struggling with stress.

*"The manager has put a lot of numbers around ... making people aware that if they are struggling, there is outside agencies and things that we can speak to."* - Staff member, Care Home D.

*"We sent out all the things, like, if you're suffering, about mental health, who you can contact if you need to talk to anyone, stuff like that."* Manager, Care Home A.

As well as providing information about external mental health support, some managers told us how they tried to alleviate staff concerns and fears about COVID-19 outbreaks.

*"When it first hit and we had the Covid outbreak, loads of girls went 'I'm not coming in, I'm too scared' ... once we'd spoken to them and said what we've got in place and everything - it's all about communication, it's all about communicating and making sure you're all on the same page ... everyone got over that initial thing and they carried on, bless them, and they were really good."* Manager, Care Home A.

Some managers told us they had been offered support for staff by external agencies, including Liverpool City Council, but that there had been no follow-through on this, which had affected the support they were able to put in place for their staff.

*"The Council said in March that they're arranging for counselling for all of us. We're still waiting. Keep asking, we're still waiting. We did try and do it ... but the Council said, no, we're supplying ... we're still waiting. We got promised that they were gonna be putting taxis on for staff because they were saying don't use public transport, walk to work if you have to, we'll buy you bikes, we're still waiting on them."* Manager, Care Home C.

A number of staff told us they felt very supported by both their managers and by their fellow colleagues. These staff members generally described their experiences of the COVID-19 pandemic, including COVID-19 outbreaks in their care home less negatively.

*“I felt sad at times, but I never felt under pressure ... I’ve got a good thing with [the managers] ... you’ve got to work well together in a job like this and communicate with everyone for the job to go as smoothly as it has. And the girls I work with - if I bought my own care home, these are the people I’d take with me. So, to me, that’s massive.”* Staff member, Care Home A.

*“I can’t fault my management team. I’d walk through fire for them. If you’re feeling low, they spot straight away that you’re feeling low ... they always bring us things to cheer us up, they’ll do stuff to cheer us up ... I can’t fault them, and I will not have a bad word said about them.”* Staff member, Care Home B.

## **Additional support and moving forward**

Interviewees had varying responses to our questions about additional support they would have liked or would still like. A number of staff and managers we spoke to told us there was nothing specific they thought they needed.

*“There’s nothing else that we could have changed or done, we just try and make every day as happy as possible for our residents ... there’s nothing else that would have really made any difference. Everyone was there if we needed something.”* Staff member, Care Home A.

Some interviewees told us that, moving forward, they would like guidance to be more consistent and to change less frequently.

*“More clearer instructions and more direct instructions on this is what you’re supposed to do when you can’t do this, and not ‘oh yep, you can let [families] in, oh no you can’t, yeah you can, no’ - it’s just playing with people’s emotions, and it’s not fair.”* Staff member, Care Home B.

Others said they hoped the introduction of a COVID-19 vaccine would enable visits to resume.

*“The thought of visitors coming in again is a little ray of hope, and hopefully this vaccine will happen ... that’s all you can do is hope, isn’t it, keep your fingers crossed that things are gonna work out.”* Staff member - Care Home D.

Others told us that they would like to see more support offered and followed through when outbreaks occurred, along with less blame for care home staff when outbreaks happened.

*“What I’d like more is more support, and not the blame game. That’s what’s annoying me and annoying the staff ... even if they go, I can’t come in but this is what we’ll do, then yeah, I’d be happy with that.”* Manager, Care Home C.

## Findings - focus groups with relatives

In October 2020, we ran an online focus group for members of the public with a relative or other loved one who had been living in a care home during the pandemic. We did not ask participants which care homes they were providing feedback about, and so cannot compare their responses directly with the responses of care home staff and managers we interviewed. However, the focus group still provides an important insight into the impact of the pandemic on care home residents and their loved ones from a different perspective, and is still important and useful to include within this report.

Overall, people had a negative experience of care homes during the pandemic. Everyone we spoke to said they had been unable to see or speak to their loved ones as much as they would have liked. While some people were able to attend garden or window visits with loved ones over the summer, different care homes had organised these in different ways, and window or garden visiting arrangements were not always suitable for participants or their loved ones. People raised concerns around the impact on care home residents with dementia, who might find window visits difficult; might not be able to use a telephone or video-calling app to speak to relatives; and might not understand why relatives are no longer visiting them. People also told us it was difficult to get in touch with care home staff and to get clear information about how their loved one was doing. A number of people reported that their loved ones' condition had deteriorated during the pandemic, and told us this had been upsetting for them. Sadly, one participant's relative passed away over the summer.

## Communication with loved ones in care homes

Participants told us their ability to communicate with their loved ones had been very restricted during the pandemic. Everyone we spoke to said that their loved ones' care home had "locked down" and stopped in-person visits from occurring early on in the pandemic. Not everyone we spoke to had been offered the opportunity to have a phone or video call with their loved one, and some participants told us that phone or video calls were sometimes difficult due to poor internet connection or phone signal at their loved ones' care home. One person told us they had purchased a mobile phone for their loved one to use, but staff at the home did not have the time to help that person learn how to use the phone.

Some people told us they had been able to do window visits with their loved one, where they could see their loved one through a window from outside the care home, but their experiences of this had not always been positive. One person told us their loved one, who has dementia, was distressed by window visits. As a result, this person made a decision to stop visiting their loved one, as they felt it was causing more harm and upset. Other participants told us the rooms available for window visits were not in convenient locations. One participant told us they themselves found window visits

difficult, as they were deaf and unable to communicate with their loved one through a window.

Some people told us they had been able to have garden visits with their loved one. Experiences with this were mixed, with different care homes managing garden visits in different ways. Some people told us they had little say in when their visits could occur, whereas others were able to ring up their loved ones' home and book a garden visit at a time that suited them and their loved one. Some people told us that visits were as short as 30 minutes. Others said they had not been aware of restrictions on visiting times.

Everyone we spoke to told us that lack of visits with their loved one had a detrimental impact, both on themselves and on their loved ones. They told us that they felt the health, mental health, and overall wellbeing of their loved ones had deteriorated over the course of the pandemic. People were particularly concerned about loved ones with dementia. Participants also told us about the informal care they provided to their relatives during visits prior to the pandemic, and how they worried for their loved ones' wellbeing now they were unable to provide this care. They told us they felt that care homes had often acted to protect residents from exposure to COVID-19 at the expense of their mental health and wellbeing.

## **Communication with Care Homes**

People told us that communication from care homes was generally poor. Most people we spoke to said that they had to phone up their loved one's care home to find out basic information about how their loved one was doing. One person said their loved ones' home sent out a regular COVID-19 newsletter to residents' families, but this did not contain any personal updates. One person told us that, even though they were their relative's next of kin, their loved one's care home communicated with different family members and their requests to be updated about their relative's wellbeing and health were ignored.

People had received mixed communication from homes regarding visiting. One person told us they found out second-hand that their loved one's care home was in lockdown, rather than directly from the home itself. Another person told us that their loved one's home had banned all visits, including window visits, after Liverpool went into Tier 3 but said they were not given a good explanation of why. Disparities between how different care homes operated during the pandemic was reported as a cause of confusion by participants.

A number of people told us that they were reluctant to get in touch with their loved one's care home, as they did not want to 'clog up' busy phone lines or distract staff from their work caring for residents. One person told us they did not like to phone their loved ones' care home because they were worried about receiving bad news.

People generally felt that problems with communication went beyond individual staff members in homes, and that poor communication practices had also existed before the pandemic. A number of participants told us how disempowered they felt as carers when their loved ones first moved into a care home, and how their knowledge of their loved one's interests and habits was often sidelined by social workers and staff.

### **Changes people would like to see**

We also asked participants what changes they wanted to see, and how they felt their situations could be improved.

People told us that they wanted communication from care homes to be improved, so they would be kept updated about how their loved one was doing. People told us they wanted to hear some more personal updates, rather than statistics about COVID-19 cases in the home. People told us they would appreciate receiving regular updates at set intervals about how their loved one was doing, and also felt that this could help reduce numbers of calls coming in to care homes from residents' family members.

People who were currently unable to speak to their loved one via video calling said they would appreciate options for video calling being put in place.

People also told us that they wanted to have in-person indoor visits with relatives, with regular testing of visiting family members and use of PPE by visitors. People said they would like for the informal care they provided to loved ones in care homes to be recognised, and to have 'essential visitor' status to allow them to continue to provide this care.

A more detailed summary of our focus group with relatives can be [found on our website](#).

## Conclusion

It is clear that the impact of the pandemic on local care homes has been significant and wide-ranging. This report summarises findings from a small group of care home staff and residents' family members, and looks at experiences occurring during the first and second waves of the pandemic. While it may not be representative of the experience of every care home staff member, resident, or family member, it nonetheless provides an important snapshot of experiences across care homes in Liverpool between March and December 2020.

## Learning Points

Even where personal perceptions of the pandemic differed among interviewees, we have also still been able to draw out experiences that were common among interviewees and general areas where practice could be improved. Some areas for improvement may be nationally, as well as locally, relevant.

- Funding and finances.
  - Many care homes, and particularly care home managers, spoke about financial pressures they faced during the pandemic. While a number of homes we spoke to told us that they had received grants to help shortfalls in funding, we also know that one care home in Liverpool has closed as a result of financial pressures and difficulties experienced during the pandemic<sup>2</sup>, and others have transferred to new ownership<sup>3</sup>.
    - While emergency grant funding can help care homes struggling in the short term, it is urgent that a solution to the ongoing crisis of funding for adult social care, including care homes, is enacted, which can provide sustainable funding for social care on a long-term basis.
  - As well as grants to cover shortfalls in funding, no care home that we spoke to said they had received additional funding to help with activities and stimulation for residents.
    - Care homes should receive practical support, including funding for staffing and equipment to help them maintain activities for residents. Activities are important within care homes, and help to maintain residents' emotional wellbeing, mental capacity, and can improve their quality of life. An emphasis on ensuring high-quality activities provision should also continue post-pandemic.
  - Some care homes we spoke to said they were not 'wifi-friendly', and we have heard similar feedback from residents' families. Some homes also did not have the technology to facilitate video or telephone calls between residents and their relatives; two homes we spoke to said they had been

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<sup>2</sup> <https://www.carehomeprofessional.com/market-challenges-force-liverpool-care-home-closure/>

<sup>3</sup> <https://liverpoolexpress.co.uk/brushwood-and-millvina-care-homes-to-remain-open/>

offered (but had yet to receive) one tablet to help with virtual visiting, which is inadequate.

- Telephone and internet connectivity for care homes must be prioritised, so that residents are able to communicate with families over phone and video calls. As well as digital and telephone infrastructure, a focus on connectivity should also cover the equipment necessary to facilitate ‘virtual visits’, such as tablets and mobile or landline telephones.
- Guidance
  - Many managers said that guidance they received in the early weeks and months of the pandemic was not streamlined, and that they received multiple pieces of similar guidance from many different local and national agencies, some of which they reported as being contradictory.
    - Local and national bodies should work together more closely to ensure that guidance for emergency situations is coherent, joined up, and easy to understand, so as not to overwhelm the care home managers and staff who need to implement it.
    - Future emergency preparedness planning must emphasise the need for joint working between key local agencies during emergencies, including LCC, local Public Health, Liverpool CCG and other local healthcare partners, and any other key agencies.
  - Guidance and support around use of agency staffing during pandemics or outbreaks should be clear.
    - Liverpool City Council should clarify the processes for supporting care homes experiencing staffing difficulties and shortages as a result of COVID-19 (and, where applicable, other infectious illnesses) to ensure staffing can be kept at safe levels.
  - Relevant local and national authorities should support care homes to safely maintain services and activities that support the quality of life of residents (such as hairdressing services, activities, or support from external faith leaders) where home are not experiencing current outbreaks, or subject to national lockdown regulations.
  - Relevant local and national authorities should ensure that guidance around the discharge of hospital patients into care homes is clear and effectively reduce the risk of transmission of COVID-19 into care homes.
- Verification of deaths
  - A number of care homes told us they were instructed to verify the deaths of care home residents during a COVID-19 outbreak, despite not having been trained to verify deaths and not being ordinarily required to do it in their role. National guidelines around the verification of deaths were altered during in May 2020, to allow non-medical professionals to verify deaths with ‘remote clinical support’, to help avoid delays in death verification. However, guidance published by the Department of Health and Social Care in May 2020 states that “*Non-medical professionals should not experience any pressure to verify deaths. If they are not comfortable or equipped to verify, they should defer to medical colleagues or refer on to NHS 111, the*

*patient's general practice or another provider of primary medical services.”<sup>4</sup>*

- LCC and LCCG should work with care home GPs and local healthcare professionals to ensure that professionally trained staff are able to come out and certify deaths, even when they are linked to COVID-19, where care home staff do not wish to do this.
- Psychological support for staff
  - No staff or managers that we spoke to said they had received special psychological or emotional support during the pandemic. We know, from our work with local NHS trusts, that COVID-19-related emotional and psychological support has been offered to local healthcare workers.
    - Psychological and emotional support should be made available to care home staff locally, and should be resourced appropriately so that staff who wish to access support can do so in a timely manner.
- Timeliness of support provision
  - Some interviewees told us they had received offers of support (such as transport provision, or psychological support for staff) or equipment (such as tablets to facilitate virtual visits) from external agencies, but had not received this at the time of interview.
    - Where support is offered, clear time frames should be given as to when this can be delivered. Care should be taken to ensure that communication with care homes around offers of support should be clear regarding what support is being offered, and when it will be delivered.
- Family visits
  - We have heard from both care home staff and family members of care home residents about the negative impact of restricting visits. Families often contribute towards the care of their relatives in care homes, and while this is recognised by staff at individual care homes, it is also important that this is formally recognised by relevant local and national agencies.
    - Relevant agencies should work on developing guidelines for regular visits from family members that mitigate the risk of COVID-19 transmission to care home residents.
  - Current guidance from the Department of Health and Social Care on care home visiting, issued in January 2021, states “*visitor numbers should be limited to a single constant visitor wherever possible, with an absolute maximum of 2 constant visitors per resident*”.<sup>5</sup>
    - Given the importance of visiting to both residents and their families, relevant local and national authorities must plan to increase the limit on care home visitors as soon as possible.
    - Communication around care home visits, around changes to visiting guidance and policy, must be communicated clearly and in simple terms for care home staff, families, and residents to understand.

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<sup>4</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-verification-of-death-in-times-of-emergency/coronavirus-covid-19-verifying-death-in-times-of-emergency#annex-1>

<sup>5</sup> <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

- It is also clear that strong discrepancies between guidance for care home and guidance/COVID-19 regulations for the general public have increased tensions and frustrations regarding restrictions on family visits.
  - Where possible, regulations for the public should be more consistent with regulations for care homes, and where there are discrepancies these need to be explained clearly and in simple terms for staff and family members to understand. This will be particularly important when national lockdown restrictions are eased.