



Healthwatch Liverpool Online Focus Group

Care Homes

22<sup>nd</sup> October 2020

## **Introduction**

On October 22<sup>th</sup> 2020, we ran an online focus group for members of the public on the topic of Care Homes during the pandemic. We wanted to speak to Liverpool residents with loved ones who had been living in a care home during the pandemic. Since April, we have received feedback from members of the public who have been unable to visit or speak to loved ones in care homes, and we wanted to hear from people in more depth about their experiences.

The focus group was attended by 4 members of the public. The focus group took place on Zoom, a video conferencing application. All participants joined the group on a laptop, tablet, smartphone or other device. One member of staff facilitated the discussion, and five Healthwatch Liverpool staff and volunteers took notes of the conversation. These notes were used to produce 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.

It is clear, even among the small group of people that we spoke to, that the inability to visit loved ones in care homes had a significant impact on people, as well as on their loved one living in a care home. It is also clear that communication between families of residents and care homes should be improved.

We would like to thank everyone who spoke to us for their time, their openness, and their honesty.

## **Summary of Findings**

We asked people how long their loved one had been living in their care home prior to the pandemic. One person told us their loved one had moved in to the care home less than a year ago; two people told us their loved one had been living in the home for between one and two years; and another person told us their loved one had been living there longer than two years. One person told us they were particularly concerned about their relative, as they felt the home their relative was in was not suitable for their needs.

## **Communication with loved ones**

We asked people about their experiences of communicating with their loved one during the pandemic.

People 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. Some people told us they were not directly informed by the care home of this, and learnt this information second-hand.

People told us that alternative measures to in-person visiting were not always sufficient. Some people said their loved ones' care home had tried to arrange phone or video calls with relatives, although not every participant had been offered this. Some participants told us that phone and video calls were difficult because their loved ones' care home did not have good internet connectivity or phone signal. Some people told us that individual members of staff at their loved ones' home had to use their own personal phones for phone and video calls, as the home did not have this equipment available for residents. 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 that their loved ones' home had set up a Facebook group to keep relatives of residents updated about activities happening within the home. However, participants also told us that updates posted to these groups could be impersonal and that Facebook groups were not always frequently updated.

Some people told us they had been able to do window visits with their loved one, 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, saying they had to stand on equipment to see into the window or were only able to stand far away from the window. 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, who did not understand why visits had suddenly stopped and were no longer able to recognise family members as a result of not seeing them. 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. Participants told us they felt the care and support they provided for their loved ones was unrecognised and undervalued. 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

We asked participants about their experiences of communicating with the care home their loved ones' lived in, and how well staff kept them informed about how their loved one was doing.

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 only contained updates about numbers of staff and residents who were unwell and no 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. Some participants told us they had spoken to a range of agencies, including the CQC, regarding communication and undertaken significant research to understand what their rights and their loved ones' rights were during the pandemic, but still felt sidelined as carers and still struggled to establish regular communication with their loved one and their loved ones' care home. Others spoke about the difficulties they had navigating the care system and understanding who they could raise concerns and issues with, even prior to the pandemic.

## 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 a 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. One person told us they had read guidance on care home visiting produced by the care provider MHA, and provided positive feedback on the framework for visits laid out in this.

## Where we use your feedback

We use the feedback we receive from the public to inform how the health and social care sector is responding to the pandemic both locally and nationally.

Locally, we will pass this feedback on to Liverpool City Council and the local Public Health team, who work with local care homes and also set local visiting guidelines. We'll also pass this information on to other local decision makers, including the Liverpool Quality Assurance Group, and the Care Quality Commission teams in the North West. We will also use the feedback we have received in another piece of work we are currently undertaking around Care Homes during the pandemic.

Nationally, we will pass this information on to Healthwatch England. They use the information they get from local Healthwatch across England to build a picture of what is happening nationally. They feed into national reports, research, and Parliamentary enquiries.

If you have any feedback about Liverpool care homes during the pandemic you can contact us at [engagement@healthwatchliverpool.co.uk](mailto:engagement@healthwatchliverpool.co.uk), or complete our online survey about the local impact of Coronavirus/COVID-19 at <https://healthwatchliverpool.co.uk/covid-survey>.