



Care Home Report: Sharing good practice and suggestions

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1. Executive summary

Covid-19 has had an adverse impact on everyone, with the care home sector being particularly affected. Care homes have the unenviable task of balancing infection control with resident wellbeing.

This project was initiated as a result of comments received by Healthwatch Derbyshire (HWD) from relatives concerned that the lockdown and subsequent measures introduced around visiting was having a detrimental effect upon the mental and physical wellbeing of their loved ones.

HWD decided to gather information to try to understand how the Covid-19 pandemic has affected the wellbeing of care home residents and their relatives and to examine what measures have been introduced to combat these issues. The pandemic has been a particularly difficult time for residents, their friends and family and care home staff. At the same time, HWD was aware of some amazing examples of care and innovation by care homes. The aim of the project was to allow HWD to identify and share these good practice initiatives and helpful ideas across the care home community in Derbyshire.

Current restrictions would have made it difficult for HWD to gather the experiences of care home residents themselves so the project was designed to gather the views from the perspective of family friends and loved ones of care home residents.

This project was designed and run by a group of HWD volunteers with the guidance of HWD staff members. The volunteers helped to develop, test and later share a survey that could be completed online or by way of an interview. They then later helped to analyse the responses received.

The project was supported by Healthwatch Derby and their volunteering programme in order to ensure we gathered Countywide understanding.

Methods of engagement

Between 26th October and 16th November 2020, an online survey was shared with residents of Derbyshire. The survey asked about how the mental and physical wellbeing of care home residents has been affected during the pandemic and about any steps the homes had taken to address these challenges. The survey also asked about contact between relatives and their loved ones and communication between the relatives and the care homes themselves. Respondents were encouraged to share ideas and best practice.

The survey was shared by HWD with various voluntary organisations, as well as with our own voluntary network. Healthwatch Derby supported our engagement by sharing the survey with their contacts to ensure we captured the feedback of those in the county and the city.

We received 90 responses. Those responses received shared the experiences of spouses, children, extended family and friends of care home residents thus offering a diverse perspective.

Additional internet-based research was conducted by examining the websites and public Facebook pages of local care homes to highlight good practice currently taking place, and share this with both commissioners and providers of services. It is hoped that increased awareness of good practice will lead to greater implementation across the health and social care system.

The findings from this research can be found in Appendix A.

What will we do with this information?

This report will be shared with The Strategic Care Home Group which provides guidance and support for the COVID Care Homes Cell on matters such as infection control, agreeing on local interventions needed and to ensure good quality, safe and effective care home sector in Derbyshire that meets the needs of the local population.

Copies will also be provided to the Directors of Public Health for Derbyshire and Derby City, and to the Association of Directors of Public Health nationally.

The report will also be shared with Healthwatch England and used to inform national policy.

2. Conclusions & recommendations

Key findings

Feedback received identified five key areas; these are detailed in the following sections of the report:

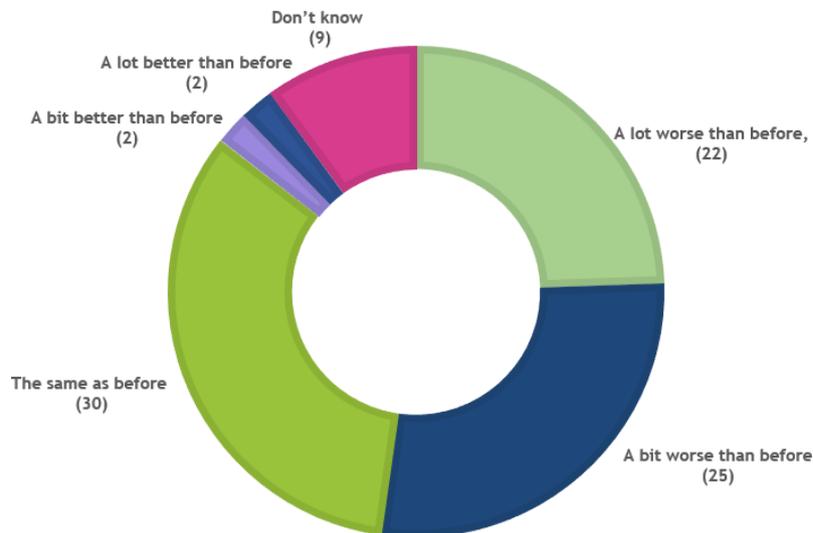
- 1. Care home visiting** - to be maintained, by all means possible, to ensure the physical and mental wellbeing of both residents and their loved ones.
- 2. Contact between residents and their family and friends** - is essential to maintain personal relationships. Guidance, policies and procedures should be in place to support care homes to ensure this is provided in a personalised way, providing reasonable adjustments where appropriate.
- 3. Communication between care homes and their residents family and friends** - is vital in ensuring families are kept informed about current regulations and updated about the welfare of their loved ones. Some care homes have been successful by introducing a wide range of methods to keep families updated whereas others may need help and support to do this. Guidance, policies and procedures should be in place to support care homes to ensure this is provided in a personalised and standardised way.
- 4. The wellbeing of care home residents** - is the cornerstone of good quality care. We have shared many examples of how this has been achieved. However, there will be further examples that we are not aware of.
- 5. Recognition of the dedication of the care home staff** - care home staff have worked tirelessly, and made many sacrifices, to ensure the safety and happiness of their residents during the pandemic and should be highly commended for this.

What should happen now?

1. Look at how the good practice examples outlined in the report can be shared across the system.
2. To consider the suggestions for improvements made within the report and make a minimum of ten pledges to help improve the experience of residents and their relatives and friends under the current conditions.

3. Mental wellbeing

We asked participants to tell us how their friend or relative’s mental wellbeing had been affected since the Covid-19 pandemic, along with areas of good practice and any suggestions for improvement.



3.1 What we were told

Forty-seven (47) respondents perceived their loved ones’ mental wellbeing had got worse during the Covid-19 pandemic.

Twenty-three (23) of these believed this was due to them not being able to have face-to-face visits so were missing contact with their family and friends.

Sample of comments:

- *“My Dad is very down because he hasn’t been able to see his family. At times he has been confined to his room because Covid was in the home. His mental wellbeing is being affected. He has no stimulation or company. He thinks the family have just put him in there and left him.”*
- *“My Mum is 96 and before Covid she was happy and active with full mental capacity. She was extremely upset when visiting stopped recently and said that all she wanted was to see me. Her mental health has suffered and she is slightly confused and doesn’t understand why she can’t see me. She says there is no point in living and she is just waiting to die and wishes it would hurry up.”*

Many recognised that this was often due to the restrictions and regulations imposed, and was out of control of the care home staff.

Sample of comments:

- *“It has not really been anything to do with the care home itself it has been more the fact that we cannot visit as we used to do due to the pandemic regulations.”*

Nine respondents commented that their friend or relative's memory had declined or their dementia had progressed more rapidly during the Covid-19 pandemic.

Sample of comments:

- *"I think the lack of visits and stimulus due to Covid has affected my relative greatly. To the point that they no longer know who I am and is reported that they now cry and are upset for most of the day."*
- *"My mum's dementia has deteriorated during the lockdown and she can't remember why we can't visit as we did, this is upsetting for her."*

However, one respondent noted that their memory decline may have been due to natural deterioration.

Sample of comments:

- *"I don't know if the pandemic has been a cause for the deterioration or whether it is their general deterioration with dementia and Alzheimer's disease."*

Other respondents commented that their loved ones were displaying low mood, a lack of motivation and unhappiness.

Sample of comments:

- *"She says there is no point in living and she is just waiting to die and wishes it would hurry up. This is very, very distressing for me, the thought that she is feeling so unhappy and deteriorating fast mentally."*

Friends and relatives' mental health

Not being able to visit loved ones has also had a significant impact on the friends and relatives of residents in care homes. In some cases, friends and relatives have never spent much time apart from their loved one, making the restrictions difficult to cope with.

Sample of comments:

- *"My mental wellbeing has also worsened since I have not been able to see her. I feel powerless."*
- *"Unfortunately due to Covid restrictions, we have not been able to go inside the home and have never seen mum's bedroom etc which is very hard to deal with."*
- *"It is breaking my heart not seeing her. It will be terrible if I cannot visit at Christmas - we have never been apart then."*

Improvements in wellbeing

Four respondents perceived that their loved one's mental wellbeing had improved since the pandemic. They described that being able to socialise with other residents in the home and the care received by the staff was an important factor in maintaining mental wellbeing whilst restrictions on visiting are in place.

Sample of comments:

- *"We have heard that my auntie is doing ok. She is very sociable and has lots of friends in the home. I am sure this will be doing her good."*

Two respondents' loved ones had moved to a care home during the pandemic and felt that the home setting had improved their wellbeing.

Sample of comments:

- *“Mum has dementia and moved to the home before Covid hit ... she is less anxious, settled, has company and is well-loved by the staff.”*
- *“My grandma was living alone before going into hospital in following a fall and subsequently being discharged into CHC EOL [Continuing Health Care End of Life] nursing care. In reality, she has seemed happier and more secure now living in a setting that can provide 24-hour support and company so she has improved.”*

Thirty respondents reported no perceived change to their loved one's mental wellbeing. Some comments spoke about their relatives with dementia or other memory issues where they were unaware and thus unaffected by the restrictions.

Sample of comments:

- *“My family member suffers from dementia so it's difficult to assess their mental wellbeing but I would say that it is unchanged.”*
- *“My mother has dementia so really has no understanding of lockdown or restrictions in place and why.”*

3.2 Examples of good practice

Respondents were asked to identify areas of good practice that had been introduced by the care home to improve the mental wellbeing of residents.

Activities

Many respondents referred to various activities having been put in place to stimulate and motivate residents, as well as provide the chance for interaction and social contact with other residents.

Sample of comments:

- *“My mum's home is trying its best to keep peoples spirits up. They put on a full programme of activities and the staff could not work any harder.”*
- *“The home interact with the residents. They have a programme of daily events to stimulate the residents.”*

Personalised approach

Some survey respondents highlighted that staff have taken extra time and care to ensure residents feel cared for and to try and reduce loneliness and social isolation. They shared examples of staff taking a more personal approach to improving wellbeing which was appreciated by friends and relatives.

Sample of comments:

- *“I know that the home designated a carer for a number of residents to provide more 'one-to-one' for a period of time each day.”*

- *“The home is very good and carers go into her room on a frequent basis as mum prefers to stay in her room.”*
- *“She told me that the staff in the care home had been very kind giving her hugs and making her feel special which was a great relief to me.”*

Efforts to allow communication with family

To improve mental wellbeing, staff have often recognised the importance of having contact with family members and friends and have tried to maintain contact despite the restrictions. This will be explored further in Section 5 of this report.

Sample of comments:

- *“The nursing home has done everything within the guidelines to allow us to visit mum on a regular basis. The staff are very caring and dedicated and we feel very reassured that she is being well looked after.”*
- *“We can WhatsApp at any time, we have completed memory boards and sent in photos and letters to keep our love one up to date on what we doing, which has helped with their mental health.”*
- *“Three members of staff moved into the home during the lockdown. They were brilliant and made every effort to keep in touch with family members via phone, FaceTime and email. Can’t fault their dedication.”*

Other areas of good practice have included

- *“He has access to his long term drama group via a zoom session each week which he loves.”*
- *“A mental health counsellor has visited.”*
- *“They have daily relaxation sessions.”*
- *“They had made an effort with her appearance and had her hair done.”*

Finally, five respondents commented that they did not know what the home was doing to improve mental wellbeing, or there was a perception that the home was doing nothing or not doing enough.

Sample of comments:

- *“As a family, we are totally unaware of what the home has implemented to raise his spirits.”*
- *“How are the residents being stimulated and encouraged? There’s no feedback.”*
- *“None introduced as I am aware of.”*

Further examples of good practice within care homes can also be found in Appendix A annexed to this report.

3.3 Suggestions for improvement

Respondents were asked if they had any suggestions for improvement.

Face-to-face visits

Many felt that the mental wellbeing of their loved one's would be improved by better methods of contact and, in particular, the introduction of face-to-face visits.

Sample of comments:

- *“The home is excellent and puts on lots of entertainment and films etc., but it does not fill the gap of human love from your family.”*
- *“I think it would be very beneficial if homes were given the resources to allow perhaps two nominated relatives to be tested on a regular basis to allow them to be able to go into the homes to see their relatives and be able to hold their hands and hug them etc. We are grateful that we can see our relative but I feel it would improve our relative's overall wellbeing if we could have physical contact again.”*
- *“The situation at present is intolerable. There must be a way that relatives can visit their loved ones in the home ... they need the loving care and company of their loved ones, at the end of their lives. It is imperative that a solution is found as quickly as possible and I think the suggestion of making relatives key workers would work well. Please help.”*

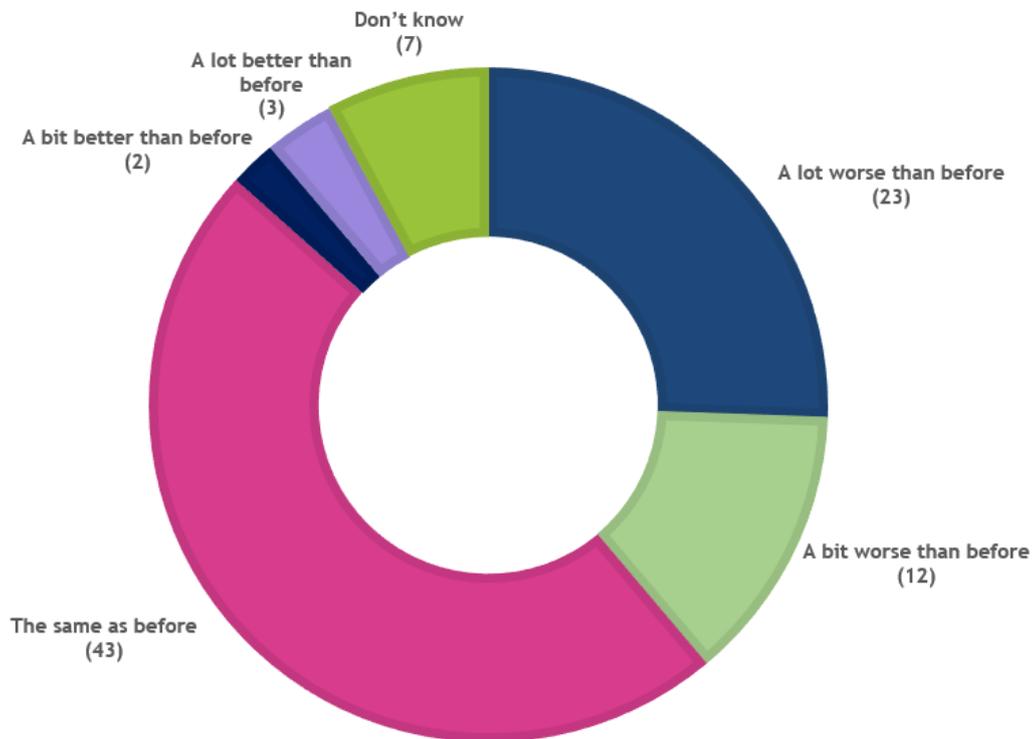
Contact between care home residents and their family and friends is discussed in greater detail within Section 5 of the report.

Other suggestions for improvement included:

- Help to meet residents' religious and spiritual needs where they are unable to go to their place of worship or attend a service or ceremony.
- Ensuring that birthdays, anniversaries and other special occasions are celebrated and that relatives and friends are enabled to join in these celebrations in as many ways as possible.
- “Recording of family members' voices and favourite familiar songs might be a nice idea in this case.”

4. Physical wellbeing

We asked participants to describe how their relative's/friend's physical wellbeing had been affected since the Covid-19 pandemic:



4.1 What we were told

Thirty-five (35) Respondents perceived that their loved ones' physical wellbeing had got "a bit worse" or a "lot worse" during the pandemic.

Thirteen (13) respondents commented on a reduction in their loved one's mobility. They felt the reasons for the reduction in mobility was due to residents having less opportunity to participate in physical activity, a loss of motivation and the absence of professional interventions.

Sample of comments:

- *"My mum's physical health has been affected as she can no longer go outdoors and enjoy a little walk. She always enjoyed being outside. I feel she misses being outside and enjoying nature etc."*
- *"Prior to his admission to the care home [in October 2020], he was able to walk unaided. He was presented at the window in a wheelchair and was only able to stand with assistance. The deterioration was pronounced in such a short space of time."*
- *"Physio stopped, the home was asked by the physio to continue the physio exercises with Dad. It is unlikely that happened. Before Covid he had a family member visit and they could do the exercises with him."*

Others commented on their relatives having developed chest infections, an increase in falls, weight loss and having developed bed sores or ulcers.

Sample of comments:

- *“Weight loss and severe deterioration physically.”*
- *“Her mobility has come to an end and has to be hoisted and is regularly turned due to sores on her bottom.”*

However, it was recognised that this was sometimes due to a general decline in health over time.

Sample of comments:

- *“I think the decline is due to illness progression.”*
- *“A little bit worse but not due to Covid.”*

Improvement in physical health

Five respondents felt that their loved ones' physical health had improved during the pandemic and attributed this to excellent care from staff.

Sample of comments:

- *“My grandma was living alone before going into hospital and then discharged into nursing care. In reality, her physical wellbeing has improved now she is living in a setting that can provide 24-hour support. She is no longer considered eligible for EOL pathway at 99!”*
- *“The staff have worked hard and Mum has regained her appetite and put weight on.”*

4.2 Examples of good practice

Respondents were asked to identify areas of good practice that had been introduced by the care home to improve the physical wellbeing of residents.

Opportunity for exercise

Nine respondents described how the care home had introduced more opportunities for physical exercise.

Sample of comments:

- *“More gentle exercise routines seemed to have been implemented but I don't know how often this takes place.”*
- *“Care home staff work hard to take residents out for walks and do in-house discos etc.”*
- *“Dad is still able to walk in the garden and there are activities each day if he chooses to join in.”*
- *“Indoor treadmills installed”.*

Other good practice initiatives included

- *“He has recently been able to have a Parkinson’s nurse to assess and review medication and also she involved the physio within her team.”*
- *“Daily temperature checks.”*

Finally, five respondents commented that they did not know what the home was doing to improve physical wellbeing.

Sample of comments:

- *“Communication from the care home of what is being done is poor.”*

Further examples of good practice within Care homes can also be found in Appendix A annexed to this report.

4.3 Suggestions for improvement

Allowing family members to visit

Some respondents called for a change in the regulations allowing for face-to-face visits. Family and friends play a significant role in the care of their loved ones in care homes. They often provide personal care including help with feeding, assistance with treatments and provide an opportunity for exercise.

Sample of comments:

- *“He had a family member visiting pretty much every day and they would do his exercises with him on each visit.”*
- *“Mum’s mobility has declined as we can’t take her out for a walk. An improvement would be mum being able to go out with me for a walk.”*

5. Contact between residents and their family and friends

Throughout the Covid-19 pandemic, healthcare services have continued to operate in care homes. However, during the first lockdown, non-essential visits were paused and care homes needed to find other ways for their residents to keep in touch with their families and friends.

It is recognised that the situation has been particularly challenging for care homes in balancing infection control with trying to maintain contact between residents and their loved ones. Issues such as being short-staffed due to sickness or staff self-isolating have often compounded these pressures. This challenge has been recognised by many respondents who understand the difficulties faced due to the restrictions.

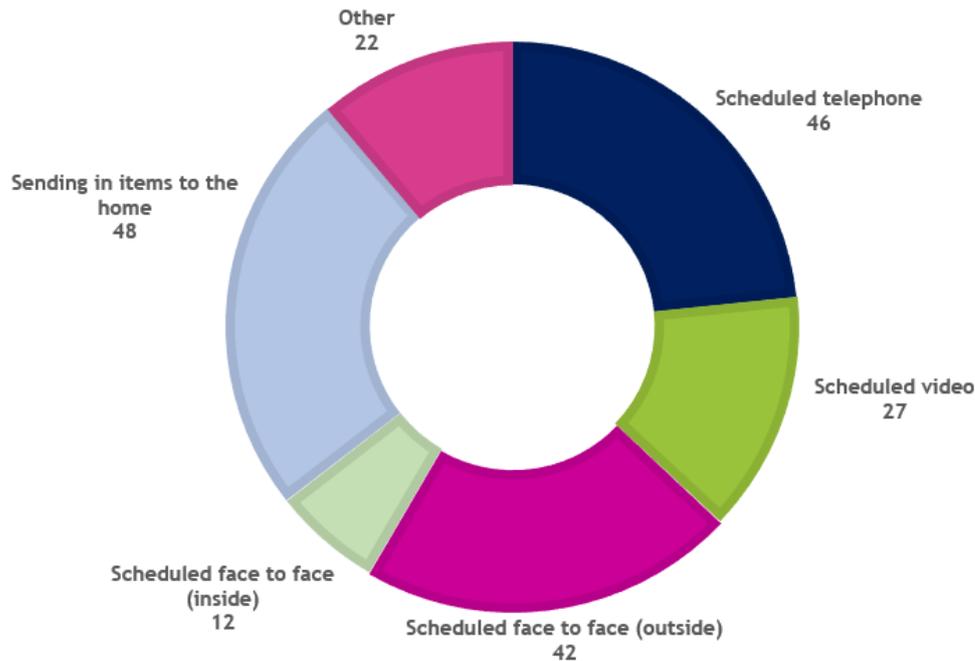
Sample of comments:

- *“I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation.”*
- *“I wish I could give her a hug but I understand why not.”*

Respondents were asked to comment on the methods of contact they used to stay in touch with their loved ones, offer good practice examples and remark upon how contact could have been improved.

5.1 What we were told

More traditional methods of communication, such as telephone calls and face-to-face visits were cited as the most effective way for residents and relatives to keep in touch during the Covid-19 pandemic. However, one size does not fit all. Communication methods need to be tailored to individual needs for them to work to maximum effect.



Telephone contact

Respondents shared that telephone calls worked well. This appeared to have particularly been the case where the care home resident had access to their own telephone, were able to use this independently and were able to keep this charged and with credit. This allowed relatives and friends the freedom to contact their loved ones as and when they wanted.

Sample of comments:

- “We have given mum her own phone. We can call her whenever we want which is great. Staff need reminding to make sure it is charged. This is not a criticism as I know how busy they are.”
- “Phone calls worked well if the family member was able to answer the phone and it was kept charged, topped up etc.”

Others found this method of contact to be unsuitable for their relatives due to difficulties holding a telephone or was inappropriate due to hearing loss/speech difficulties. It was recognised that extra support was required from staff members and that additional pressure on their time often impacted on the frequency of quality of the contact.

Sample of comments:

- “... has only had one call. This was more successful but was too short and has not been repeated. We suspect that this is because having Parkinson’s, he is unable to hold a phone himself. He would need a staff member to do this for him or he would need a hands-free phone. We suspect staff are too busy to accommodate this.”
- “His voice is croaky and difficult to hear on a phone.”

Face-to-face contact

Face-to-face contact was viewed by many to be the preferred method of contact and some homes were very accommodating to ensure this form of communication could take place effectively. Others commented that the weather had a big impact on whether outside visits were seen as an effective method of communication or not.

Sample of comments:

- *“Visits in the gazebo in the garden were brilliant.”*
- *“During the summer I was able to see her once a week for half an hour outside in a Gazebo, which she found uncomfortable, but on the whole enjoyed.”*
- *“The home had tried very hard and made a summer house suitable for visits, but it was cold for mum. Meeting outside was lovely when warm, but not now.”*
- *“Visiting outside was ok in the summer but not good when wet and cold. I was hoping a room could have been set aside for indoor visits.”*

It should be noted that not every person that responded to the survey was comfortable visiting their relatives inside the care home.

Sample of comments:

- *“I did not feel so comfortable visiting inside (because I didn’t want to take any bugs in from outside, not the other way round).”*
- *“Not done an inside visit yet as nervous about doing this at the moment.”*

Five of the seven respondents who had window visits described these as having not worked for their relative. Barriers such as hearing loss, visual impairment or residents residing on an upper-level floor, rendered such visits ineffective and inappropriate.

Sample of comments:

- *“The window visits did not work for us as the window opened from the bottom but not very much, there were grass and gravel to negotiate with my wheelchair and my dad can’t hear very well and so got distressed.”*
- *“Window visits poor because mum finds it hard to hear, also not good for me having to stand out in the rain and cold. This made Mum sad.”*

Video calls

The provision of video calling using Skype, Microsoft Teams and Zoom etc. seemed to have been used on varying levels across the county. Twelve respondents who had video contact with their loved one noted that this was generally an effective method of communication but did not always run smoothly and had areas for improvement. Video contact relied on support from staff members who were not always trained to use the technology, or just did not have access to appropriate technology to facilitate. Others commented that the calls had felt rushed.

Sample of comments:

- *“The video session was a good substitute but sometimes a little confusing for those with little internet experience.”*
- *“The video contact could have been made easier if more staff were trained to facilitate this and more IT equipment had been made available.”*
- *“Video links worked well but could but could be rushed at times.”*

Sending in items to the home

Respondents told us that being able to send in regular familiar gifts such as letters, cards, photographs, flowers and other gifts, worked well.

Sample of comments:

- *“Mum liked getting letters.”*

5.2 Examples of good practice

Face-to-face contact

Face to face contact was seen by many respondents as the favoured contact method and, when done well, it was the most likely to have received positive comments.

- *“The last visit was in a specially prepared inside room and that was really well done.”*
- *“The appointment style visits were good in the fact you regulate the amount of people within the building at any one time.”*
- *“Staff write in a daily diary which is shared with us during our weekly gazebo visits.”*

Video calls

- *“We had one family Skype call when it was my Auntie’s birthday and watched her with the cake we sent in and sang “happy birthday.”*

5.3 Suggestions for improvement

Person-centred approach

Respondents suggested that the home should look at the needs and circumstances of each resident individually and contact should be personalised to them and their loved ones.

Sample of comments:

- *“The home should take a proactive approach, find a secure method of sending photos and updates and encourage two-way communication We have never been offered the option of a video call or letter writing. It seems the staff just don't have the time to facilitate this, particularly when the resident has profound hearing and sight loss.”*
- *“There should have been an assessment of what contact was needed to keep them in contact.”*

- *“It would be good to be included without being a burden (or feeling we will be a burden). The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people. It would be good if the home could say it is ok for the wider family to be kept in touch and call. Large families suffer more especially when as close as ours.”*
- *“Arrangements not geared up for big families. We feel her children come first with visits and Skype calls.”*

Face-to-face visits

Thirty-four respondents suggested that improvements could be made by the introduction of visits that allow for more face-to-face contact with family and loved ones and some said they would be willing to comply with any regulations put in place to make these Covid friendly.

Such visits were seen as being the only option for those nursed in bed or with disabilities which made other methods of contact unsuitable. This method of communication was seen to be the one that would have the greatest positive impact on residents and families wellbeing.

Sample of comments:

- *“Relatives need to be allowed to visit their relatives inside. This is more important now as winter approaches as it can be very difficult to have a meaningful visit when you are stood outside in the cold and rain.”*
- *“I would love to be able to go and see her in her room. I am happy to put on full PPE and follow all rules. I would like to be regarded as a Key Worker and look after my mum again.”*
- *“The situation at present is intolerable. There must be a way that relatives can visit their loved ones in the home. These people are like prisoners and they have done nothing wrong. They need the loving care and company of their loved ones, at the end of their lives. It is imperative that a solution is found as quickly as possible and I think the suggestion of making relatives key workers would work well. Please help.”*
- *“We should have been allowed to visit in our Bubble not just the same person in the family. That was not good for the rest of the family’s mental health.”*

Respondents also commented that a lack of visitors to homes could have safeguarding implications.

Sample of comments:

- *“... concerned about a lack of monitoring from external services.”*

At the time of writing, a pilot to provide Covid-19 tests to designated family and friends of those in care homes has been launched. It is hoped that the measures implemented within the pilot will be rolled out to facilitate indoor visits and physical contact between residents and their loved ones.

Video calls/technology

Better use of technology was a key theme, with many suggesting there should be more opportunities for video calling, supported by staff where needed. Some respondents

commented that video contact could have been made easier if staff were trained to facilitate this or it was facilitated by an expert.

Media platforms such as Facebook and WhatsApp were suggested as a way to help residents communicate with their family and friends.

Sample of comments:

- *“Make use of technology to have video calls.”*
- *“Personal tablets to facilitate Facetime in residents' room. Encouraging and supporting residents to contact friends and relatives themselves.”*
- *“Introduce Zoom sessions which are aided by an external expert and not a nursing staff member.”*
- *“The video contact could have been made easier if more staff were trained to facilitate this.”*
- *“If they have more assistance we could communicate through messenger services like Facebook messenger and more.”*
- *“On several occasions, the manager has talked about setting up WhatsApp calls with the home's tablet but this has never materialized.”*

Special occasions

One person commented that more could have been done to promote contact during their relative's birthday.

Sample of comment:

- *“We took flowers and gifts up for Grandma's 99th and they didn't make any contact with us or help Grandma to speak to us on the day.”*

Location, scheduling and duration of contact

The following were suggested as ways of improving the organisation of contact.

Sample of comments:

- *“They could have a dedicated quiet room for calls.”*
- *“I found a pre-booked slot worked well.”*
- *“The 30-minute appointment to be together in the summer house was excellent but almost too short, especially for relations I met at the home who had come from London and Devon.”*
- *“There should be allocated days and time slots that staff adhere to as my elderly in-laws sit by the I-pad at home waiting for his call, and are frequently let down and disappointed.”*

Privacy

Although visits are required to be supervised to ensure social distancing is observed, friends and relatives told us they often found this hindered their experience.

Sample of comments:

- *“Found the visits intrusive due to staff sitting in.”*

- *“Staff supervised the outside visits which I felt were unnecessary and felt they stopped our privacy. Told it was to stop physical contact but wish we had been trusted to do what was best.”*
- *“When occasional Skype contact has been arranged, staff have stayed hovering whilst mum and I chatted which was disconcerting.”*

However, one respondent felt that when staff had let their relative have an unsupervised video call to maintain privacy, this led to communication difficulties being left unresolved.

Sample of comments:

- *“FaceTime has been 50% effective, but line often cuts out, staff don't supervise for privacy, so can't resolve IT issues.”*

No improvements required

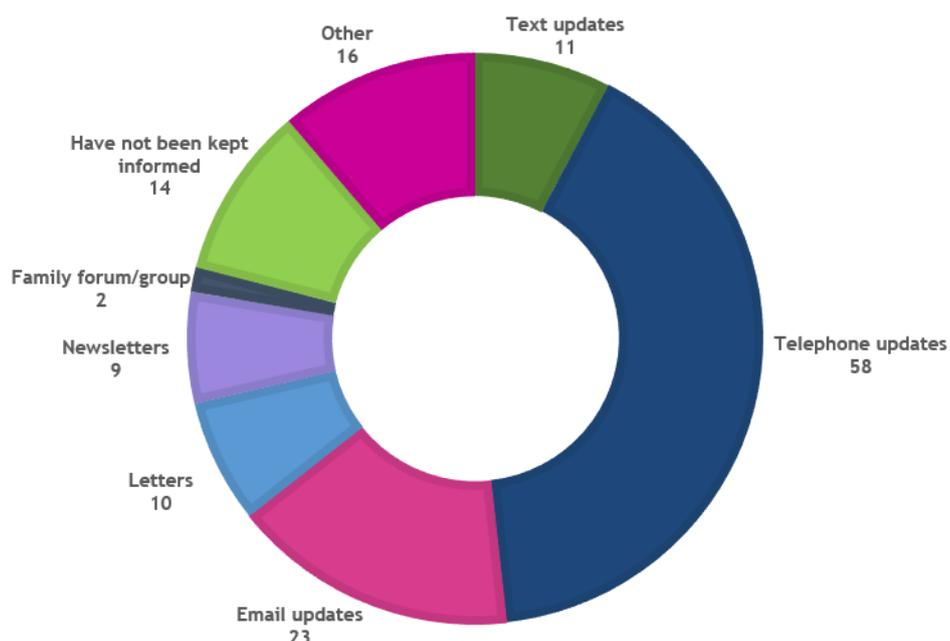
We received six comments from people praising the good practice of care homes in maintaining contact between them and their loved ones and suggesting that no further improvements were required or could be achieved.

Sample of comments:

- *“Not sure there is any way they can improve communications.”*
- *“I cannot think of any at the moment under the present restrictions.”*
- *“I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation.”*

6. Communication with care home

Respondents were asked how the care home contacted them to keep them informed about their relative/friend and any changes made due to the pandemic.



6.1 What we were told

Respondents generally commented positively when the care home kept them regularly informed of their relative's condition.

Telephone calls offered the most popular method of communicating with relatives with 58 respondents having used this method. Calls were particularly noted as working well by 11 respondents.

Sample of comments:

- *“Telephone calls by the staff have been very helpful.”*
- *“The phone calls were the best way of communicating.”*

Not being informed

Fourteen (14) respondents stated that they had not been informed about the status and wellbeing of their relative/friend or changes made due to the pandemic.

Some respondents stated that communication had only taken place when they had contacted the home themselves. Other respondents also described how they had needed to 'chase' the home for an update.

Sample of comments:

- *“No communication. Only to say visits needed to stop in March.”*
- *“It would be helpful if there was a routine way of the home contacting relatives and updating them on any new procedures required and on any changes in the health of the loved one.”*
- *“Any communication would have been welcomed. Even telephone contact from staff to update on progress or to let us know what was required would have been very helpful but was very difficult to achieve. Staff seemed too busy and did not seem to realise what it felt like to be not involved in providing care when we had been very involved previously.”*
- *“My cousin's wife has only received two calls in the four weeks he has been in the home. One was to arrange the window visit and the other because she called the home and asked how he was. She has no idea how he is, how he is coping, does he have friends, what he does all day?”*

6.2 Examples of good practice

Respondents commented on the communication methods that they had found particularly useful:

Sample of comments:

- *“Newsletters were good to show what they had been doing, it's good to see pictures.”*
- *“Facebook photos/video clips of mum doing activities.”*
- *“My mother-in-law is in a residential home. They have fantastic daily updates on Facebook.”*
- *“Their email response to my emails voicing any concerns has been rapid and thorough.”*

6.3 Suggestions for improvement

Introduction of other methods of contact

Respondents suggested the introduction of alternative methods that the care home could introduce to keep them informed. The use of Facebook or newsletters were a key suggestion along with, resident/family forums.

One respondent had already been a member of a resident/family forum which had previously provided a platform for the discussion of any issues. This had been stopped during the first lockdown. Others commented that they would like one to be established or resurrected.

Sample of comments:

- “The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people.”
- “Photos/brief video recording sent from the phone of a daily activity.”
- “More use of social media. A Facebook page would enable us to feel more involved in my mum's life.”
- “WhatsApp would be a useful tool as a family.”
- “Relatives’ forums to talk about how visits can happen indoors.”

Regular personalised communication

The most popular way to receive updates from the care home was by telephone. However, there were several comments about the sporadic nature and consistency of these calls.

Nine respondents expressed a wish for more frequent communication and updates from the home. Other respondents expressed frustration when the frequency of communication from the care home did not meet with their expectations.

Others told us that they would have liked to be kept up-to-date about the health of their loved one and that any changes to their care were communicated.

One respondent suggested that when her relative moved to the care home during the pandemic, it would have been useful for the home to have developed a plan of how best they were going to update her.

Sample of comments:

- “I would have liked more regular updates, if only to say, all is ok.”
- “Some form of weekly update from the home would really help. More regular Facebook posts.”
- “There were odd examples of staff making the effort to ring us to update us with information, these made all the difference but were few and far between.”
- “The family hardly ever receive updates on his wellbeing and feel let down by the care provided.”
- “If a person is poorly, or has some change, then a routine phone call would be nice, to let us know.”

Communication from a designated care worker

Some respondents suggested that they could receive regular updates from a nominated member of staff who knew their relatives well.

Sample of comments:

- *“If the care home designated a specific staff member for us to contact and gave us a direct number to reach them.”*
- *“There should be continuity with a worker perhaps key worker. Staff don’t always know what’s been going on or provide updates.”*
- *“Weekly update from a designated care worker.”*

Some respondents recognised the challenges faced by care home staff to maintain their caring duties but expressed their frustration with a lack of communication.

One respondent suggested additional staff to support communication and offer telephone support, whilst another suggested volunteers to be recruited to support communication with relatives.

Sample of comments:

- *“When you ring the home the phone often rings out. I know it can be busy but this is so frequent.”*
- *“Could staff have more help to help with contact i.e. from volunteers?”*

Extended families

Members of extended families told us that they were often not receiving updates. Two respondents commented that the care home had asked for one point of contact. One respondent spoke about being unsure whether extended family members could contact the care home to seek updates about their relatives and suggested an improvement would be for this to be made clearer.

Sample of comments:

- *“Tell larger families what can and cannot be done about having contact. What is ok for us to do without being a burden.”*
- *“The home does not have a Facebook page or newsletters but if they did it would mean we could check on Auntie without having to ask other people.”*

7. Other

Despite the challenges faced by care home staff and by families/friends, many comments highlight the hard work and dedication of care home staff.

Sample of comments:

- *“Thank you to staff for trying to show love and care to my mum during the lockdown.”*
- *“Many staff have stayed overnight, and not gone home to avoid carrying infection to the residents. We thank them and their families so much for this.”*
- *“The big debt we owe to all carers needs to be acknowledged.”*
- *“People are working hard during this time and under difficult circumstances. I appreciate she is receiving the care she needs.”*

- *“The staff did very well in difficult and unusual circumstances.”*
- *“It has been difficult for everyone, and everyone has been doing the best they can under very difficult circumstances.”*
- *“I found the home very accommodating in view of the restrictions. They have done everything they could to help a difficult situation.”*

8. Thank you

HWD would like to thank all participants who gave their time to complete the survey and to share their views.

We would like to thank Healthwatch Derby for their support and assistance with this project. We would also like to thank the many groups and services who supported and cooperated with this engagement activity as well as sharing the survey with their contacts.

We would like to thank Dr Fiona Marshall, Research Fellow - NIHR ARC and Dr Kathryn Hinsliff-Smith PhD, MA, PGCE, BA (Hons), Associate Professor Research/Reader, De Montfort for all their assistance and contribution with the planning and research for this project.

Finally, we would like to extend our huge thanks to the volunteers at both HWD and Healthwatch Derby for their hard work and dedication in helping with the research, design and running of this project.

9. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all relatives and friends with loved ones in care homes but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific and time-limited period and, therefore, provides a snapshot of the experience of relatives collected then. This being said, these are the genuine thoughts, feelings and issues participants have conveyed to HWD. The data should be used in conjunction with, and to complement, other sources of data that are available.

10. About us

HWD is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

HWD was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and

will ensure that this evidence is used to influence those who plan and run services at a national level.

11. Appendix

Appendix A: Research identifying examples of good practice within care homes

Introduction

During early November 2020, volunteers of Healthwatch Derby and Healthwatch Derbyshire (HWD) and HWD staff members, undertook internet-based research to identify examples of good practice taking place in care homes in Derbyshire and countrywide.

The research included examining the websites and public Facebook pages of local care homes to highlight good practice currently taking place and share this with both commissioners and providers of services. It is hoped that increased awareness of good practice will lead to greater implementation across the health and social care system.

We looked at approximately 108 care homes across the county. However, not every Derbyshire care home has been researched and not every home has a web presence (such as a website or a public Facebook page) which could be reviewed. As such, this seeks only to offer an overview of the available information with every effort having been made to provide an accurate reflection of those sites reviewed.

We examined recommendations for best practice within care homes as suggested by Social Care Institute for Excellence (SCIE) and within the report - *Meeting the Needs of People living in Care Homes during the Covid-19 Pandemic - UK perspective* (as referenced below). We have offered examples of such practice as identified by our research.

Good practice: Recommendations for mental and physical wellbeing

Making food and meals special both as an activity and to support those not eating well (SCIE)

Examples identified in care homes in Derbyshire:

- One care home group held Mad Hatter's tea parties at all of their care homes. These included food marked "eat me" and 'potions' labelled "drink me". Residents decorated the homes with homemade decorations many made from decks of playing cards
- One home held a "Bake Off" competition and residents made sandwiches on World Sandwich day
- Many homes held summer BBQ events often with provided entertainment. One held a summer beach event where residents drank cocktails and had a visit from an ice-cream van. They also had a sandpit and paddling pool
- Staff and residents at one home reminisced about their school days. They ate sausages and mash with cornflake tart for dessert as well as playing games, doing a science experiment (lava lamps) and having milk and biscuits for a snack. They also celebrated international beer day on 7 August. Residents enjoyed a shandy and steak pie and chips. They also played cards, dominoes and sang together
- Residents at one home researched had been growing their own produce and using these as ingredients within their meals.

Examples from across the country:

- One care home reported that one of their residents was not eating well in isolation. At lunchtime, staff took her outside and served her meal, and made a pre-planned Zoom call to her daughter so they could have their lunch ‘together’. It gave her a sense of eating with her family and as a result, she ate better. This more social lunchtime experience was repeated as frequently as possible, particularly with this woman and her daughter (SCIE, 2020).

Keeping people connected with the community, highlighting that communities and local authorities have an important role to play in supporting care homes (SCIE)

Examples from care homes in Derbyshire:

- Residents in two homes had painted stones which formed part of a larger community based painted rock project promoting community cohesion and kindness
- To combat social isolation, the staff at one home encouraged members of the public to become a pen pal with a care home resident. They had 400 requests from the public and residents wanting to participate
- One home was noted to have close links with their local Royal British Legion who had been bringing gifts to the home during the pandemic. These included cakes, toiletries and homemade cushions
- After seeing an article on the news, care home staff decided to ask residents a question, “If you could pass on one pearl of wisdom to the younger generation, what would it be?” The residents’ responses were shared on Facebook
- In one area, a local chaplain would usually undertake services at the homes with some residents attending local church services. During the pandemic, every effort has been made to meet those residents’ spiritual needs. Services have been replaced by reflections/prayer sheets which are distributed within the care homes. The chaplain has also shared their contact details and is available to those who want to pray or speak privately
- A local primary school sent in Easter cards and letters to the staff and residents at their local home
- One local home received a donation of tablets for contact purposes after an appeal was made by local businesses and individuals
- A Scout leader had taken a local care home donation of plants and messages from the scout group. The home had also received a donation of free takeaway pizzas from their local branch of Domino’s Pizza
- One school in Amber Valley designed and produced face visors for staff working at five care homes across Derbyshire.

Being active or occupied, to engage in meaningful occupation to prevent boredom and give purpose (Research Gate, 2020)

Examples from care homes in Derbyshire:

- Many homes celebrated events such as Remembrance Day, Halloween, VE Day and lesser known-events such as National Food Day. At one home, World Animal Day was celebrated with a rabbit visiting for the residents to pet
- One home had a resident musician, who regularly played with the activities coordinator who is an ex-cruise ship singer, put on shows for residents
- Napkin folding had been done as an activity at one establishment, aimed at building coordination skills, hand control and hand strength as well as keeping the brain active
- One home had been incubating duck eggs and watching them hatch and grow

- Our research showed care home residents had played Hungry Hippos on a large scale using balls and scoops fashioned from brooms
- At one home, residents usually attended the local well dressing festival. After this was cancelled, they held their own well dressing festival
- One nursing home had held yoga sessions and had an Elvis impersonator and other vocalists visiting and performing
- Staff at a local care home created a Positivi-Tree. Staff and residents wrote down what they were looking forward to when lockdown was over and hung it on the tree. This aimed to boost the mood among residents.

Examples from across the country:

- Care homes in Durham and Darlington were encouraged to use soft toys and weighted dolls. These provided opportunities for touch, cuddling and squeezing. Residents were also encouraged to use weighted blankets and photo-cushions with pictures of family members to hug (Redcar and Cleveland, 2020).

Activities connecting residents in care homes with families/friends (SCIE)

Examples from care homes in Derbyshire:

- One care home group would usually have multi- home events and activities. Due to being cancelled, the residents at one home sent cards and messages to residents at another to maintain their friendships
- *“The one thing we have started is we’ve got a big minibus, so we’ve got a few people who drive it and they are ringing relatives up and we’re doing like a drive-by wave or we’ll stop and they can talk through the window with them and things like that. Just to get the residents out of the home but they’re only on a bus”* (Marshall, F; Gordon, A; Gladman, J; Bishop, S, unpublished).

Good practice for Christmas/special occasions/significant life events

Examples from care homes in Derbyshire:

- One home is putting on a pantomime for residents
- There was lots of evidence on Facebook pages where birthdays had been celebrated, candles blown out on a cake and photographs shared. One home advertised seeking 100 cards for a resident celebrating her 100th birthday. This resulted in a huge community response and more than 100 cards being received. This has since been repeated by the group for other resident’s birthdays
- At one local care home, residents/staff are doing a pantomime which will be live-streamed and be able to be accessed by relatives and loved ones.

Suggestion of good practice to be introduced in care homes (HWD volunteer):

- Facilitate video/zoom calls with family and friends to share a meal/drink/present opening/christening together.

Good practice: Contact between residents and relatives (SCIE)

Examples from care homes in Derbyshire:

➤ **Secure visiting pods/areas**

- Two homes researched were shown to have a purpose-built visiting area within the home using a glass screen to separate the residents from relatives so visiting can occur in a Covid-safe way. The use of Bluetooth headphones was being provided by one home to ease communication.

➤ **Outdoor/garden visits**

- At one care home, a resident had his 102nd birthday during the pandemic. He was surprised by his old neighbours visiting him outside the home to wish him a happy birthday. His visitors clapped, in a socially distanced way, on the pavement outside the care home
- Many homes in Derbyshire have held visitation where the visitor can see their loved ones in the garden or external areas of the care home.

➤ **Virtual visits using video calling technology**

- One care home resident attended his grandson's wedding via Zoom. He was able to dress up and toast the happy couple.

➤ **Use of Facebook as a communication tool**

Albeit, not specifically mentioned by SCIE, HWD identified examples of how Facebook had been used as a useful communication tool:

- One home held a celebration day whereby residents received awards. Residents displayed messages which were shared on Facebook. Relatives and friends were able to comment on the Facebook post. These comments could then have also been shared with the residents by the home
- One care home was offering bookable appointments upon their Facebook page.
- Residents at one care home produced a tik-tok video for relatives and friends which was shared on Facebook. This resulted in lots of positive comments in reply
- The Facebook page of a local care home showed residents displaying the gifts they had received from family members. They also posted a video on Facebook with residents signing "We'll meet again" as a message to their family and friends.

➤ **Other methods of contact**

- One home was shown to encourage family members to send in pictures, videos and messages.

Examples from across the country:

- Care homes in Durham and Darlington encouraged family members to send video/audio recordings to them digitally. Care homes were also encouraged to purchase talking-photo albums that recorded family messages alongside each photograph (Research Gate 2020)
- A large national care home group trained staff to help with technology platforms (FaceTime, Skype, and their RelsApp) to ensure contact could be maintained with families. This approach also increased residents' sense of belonging. It was really important that the staff got to know the technology well because it was frustrating when good connectivity could not be made (Research Gate 2020)

- Care homes in Lothian asked family or friends to write a short message on a postcard, letter or picture. The messages were shared between residents more than once and provided comfort on several occasions. If a resident was feeling low or distressed, staff would direct a resident to a meaningful postcard or letter
- These messages could be sent by post, emailed for staff to print, or scanned if the original copies were precious (Research Gate 2020).

Good Practice: Contact between care homes and relatives

Examples from care homes in Derbyshire:

The use of Facebook has been identified as a useful communication tool that updates the residents' family about the activities taking place within the care home and share news and guidance. The use of Facebook has shown to be effective in involving the resident's wider extended family.