

# The importance of public health in care homes and domiciliary care: a mixed-methods programme

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# Where we were starting from

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Objective within the ARC KSS Public Health theme:

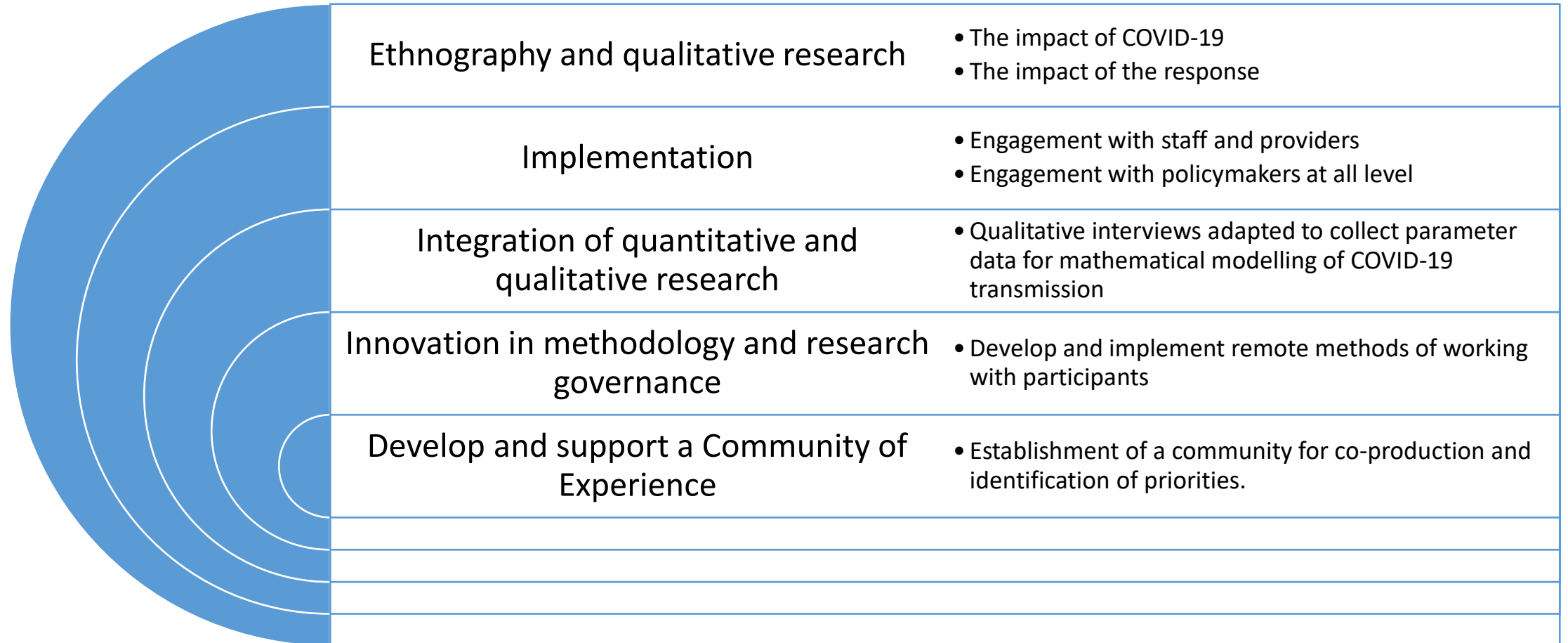
*“To co-produce, and where already implemented evaluate, one or more interventions aimed at supporting the wellbeing of older people living at home and requiring adult social care services, without needing hospital admission/repeated hospital admission”*

Existing portfolio on prevention and control of infection in care homes.

COVID-19 struck...



# A programmatic ARC wide approach to supporting health in domiciliary care





# What is domiciliary care (sometimes called home care)?

Mostly women, lone work or in pairs

Travel between clients in own car, public transport or on foot – this time is rarely paid.

No work “base”

Complex visits which integrate tasks which in a hospital would usually be allocated to different staff. E.g. make a sandwich, support toilet visit in a 30 minute visit.

No occupational health service or programmes to support protection against vaccine preventable infection.

Very little national guidance, rarely updated, and poorly adapted to the domestic setting.



# What we wanted to explore

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(A) Development and reception of COVID-19 infection control guidance for social care during first wave of the pandemic

(B) Experiences, concerns and solutions to implementing guidance in practice in domiciliary and residential care

# What we did



"This picture shows us distancing at her door. In addition 18/01/21 to this, we talk on the phone" - DC2, photo diary,

(A) of (1) National guidance for adult social care, and (2) NewsReviewpaper coverage of infection control issues in adult social care.



(B) Semi-structured **interviews** with care workers and managers in domiciliary and residential care (November 2020 to January 2021). One domiciliary care worker also took part in an **audio and photo diary**.

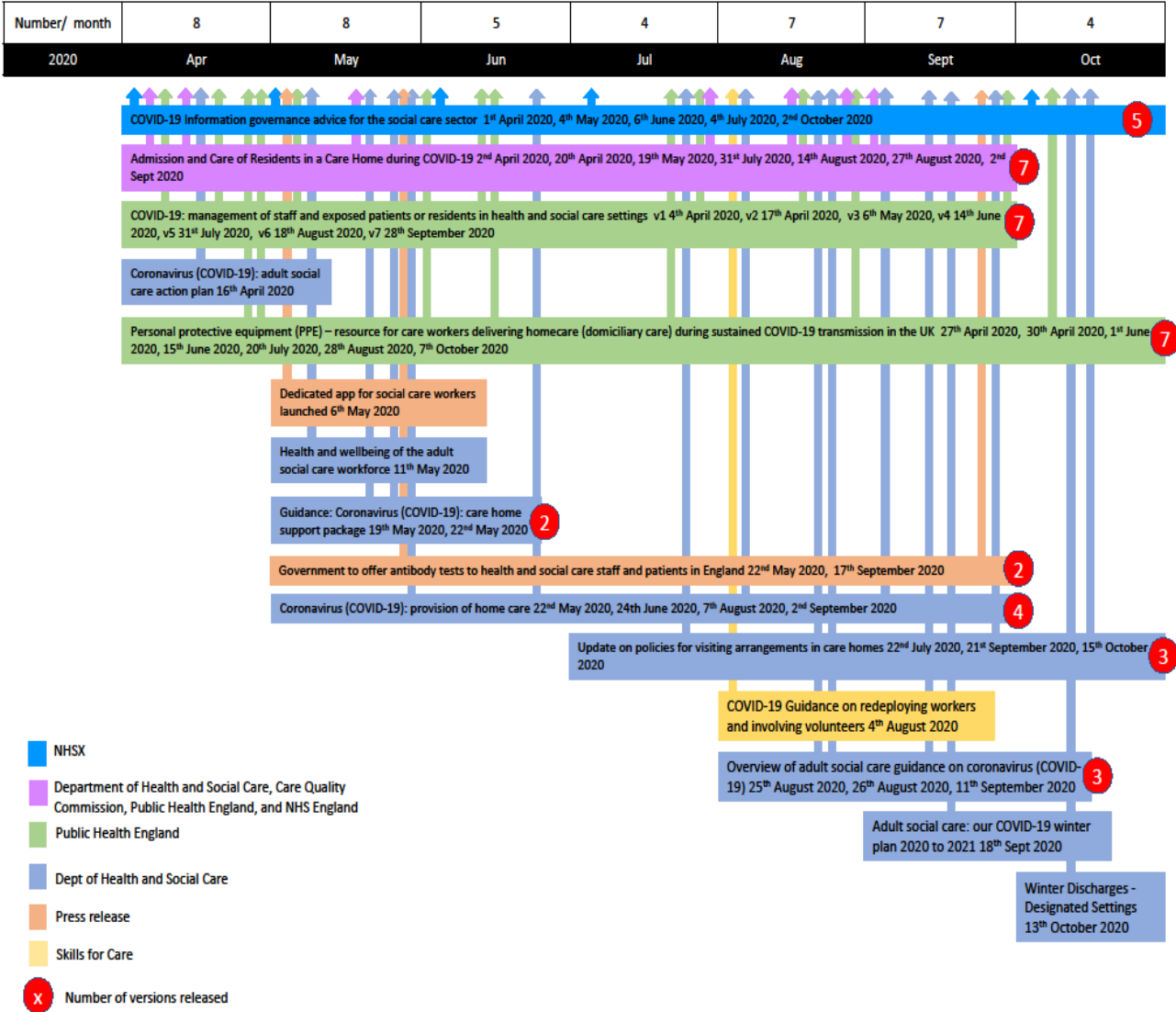
## A snapshot of the findings

**Frustration for the  
marginalisation,  
neglect and negative  
image of the sector in  
policy response and  
public discourse**

"I think it has been really, really difficult for a lot of our carers (...) because quite often they're short staffed and so they're having to work harder and they're exhausted and they're picking up extra shifts and I think it'd be nice for them to have a little bit more recognition than they get." (Residential Care Managr 1)

"We don't get paid enough for what we do. And the Government has just put a pay-freeze on Care Workers for the next three years. That's nice isn't it?" (Residential Care Worker1)

# Concerns over the dissemination and quality of infection control policy



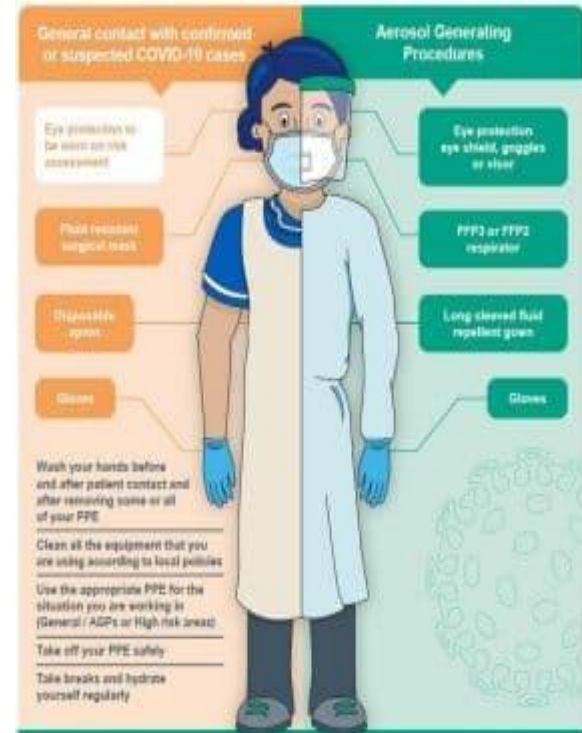
Timeline of guidance release, April to October 2020



The sector's own  
proactivity in  
developing best  
practice and adapting  
inadequate or missing  
guidance



“To start, I wash my hands, put on an apron, then the whole surface is washed with antibac, and dried with kitchen roll” - DC2, photo diary, 09/01/21



<https://www.agincare.com/news/ppe-carers-care-home-staff-home-care-coronavirus/>

# Implementation Strategy

**Our research priorities and implementation activity should be informed by the needs of local care systems and the local population**

Use stories of people's experience to develop research questions that address needs

Engage with system leaders to align priorities

Understand existing models of care, innovative practice and their evidence base

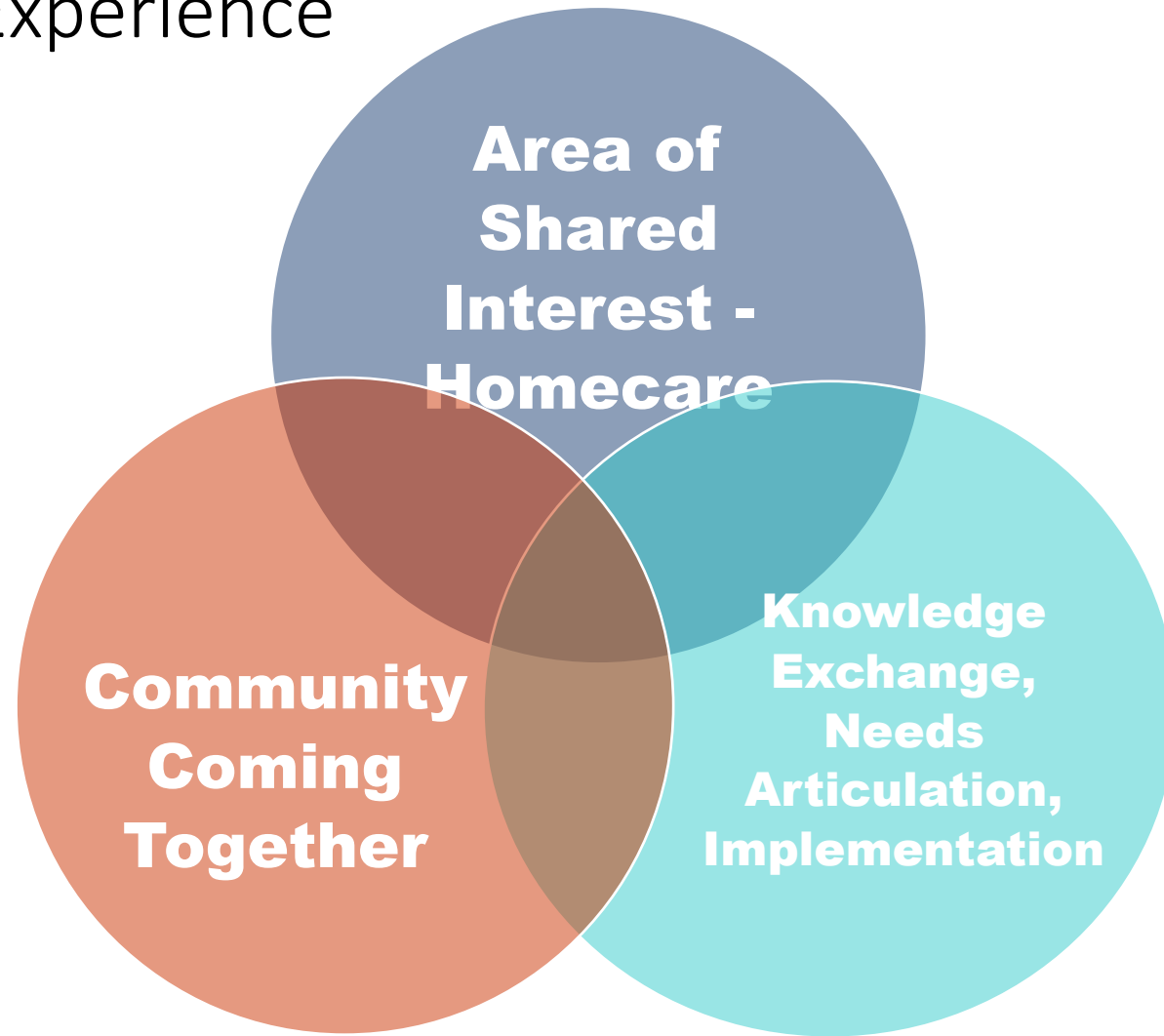
Feedback and disseminate findings to academia, to inform research design and ARC research activities

Understand and consider needs, opportunities, barriers and enablers to implementation

Improve health and social care outcomes for the public and front-line through implementation of research that:

- recognises needs and priorities
- is evidence-based
- is co-produced
- Is cost effective and sustainable

# Community of Experience

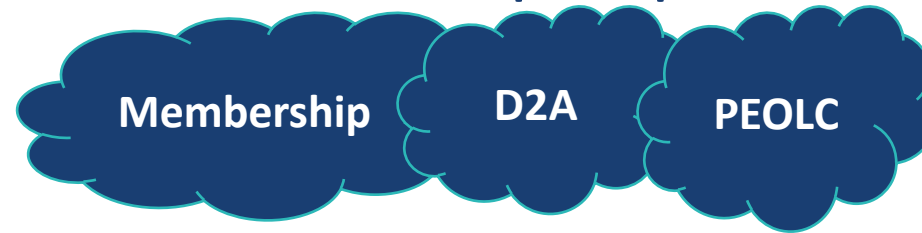


Increased knowledge share, skills and capabilities of members – capacity building



Supports collaboration and participation

Supports discovery and needs articulation



Identifies gaps, supports development of research questions, facilitates co-design and co-delivery

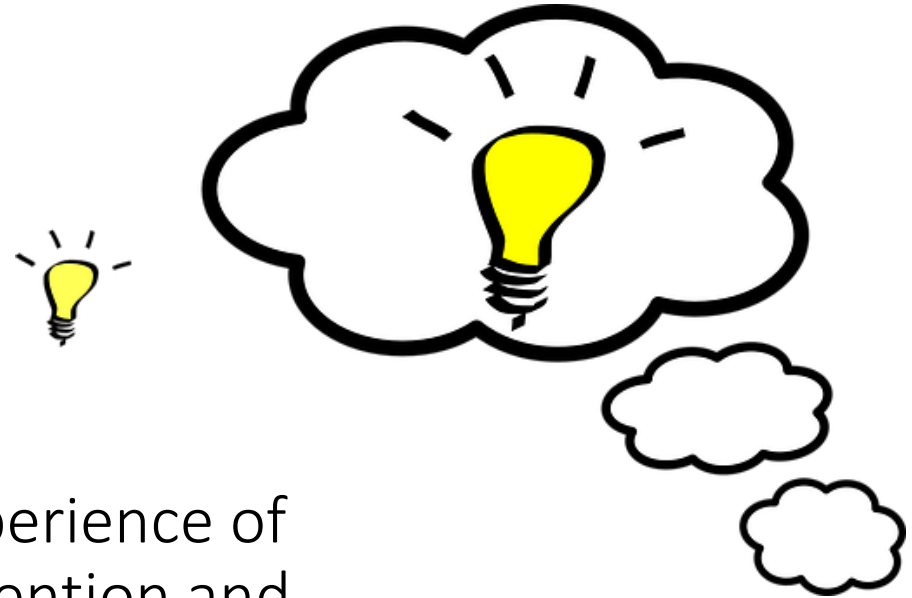


Provides a platform for the dissemination and implementation



# Next step: Infection Prevention and control in home care

- Community of Experience
- Challenges around guidance
- Navigating and adapting



To better understand the delivery and experience of home care, with a focus on infection prevention and control, and to recommend how service delivery and experience may be supported.



# Objectives

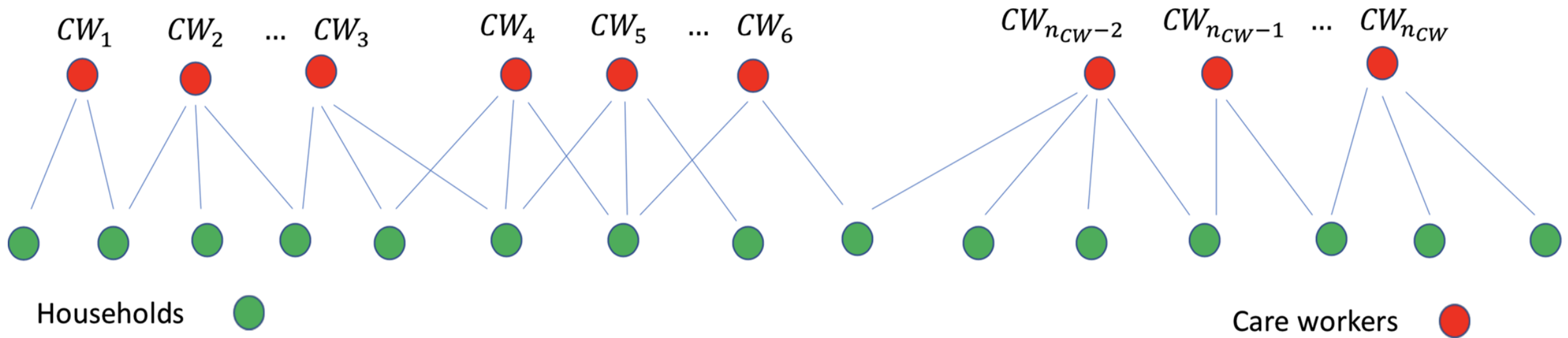
- To investigate providers' access to and reception of relevant guidance for infection prevention and control
- To explore the perceptions and experiences of infection prevention and control practices of different stakeholders (recipients of home care and their carers/relatives, care providers and care workers, home care commissioners)
- To explore barriers and facilitators to effective infection prevention and control measures appropriately adapted to home care

# How?

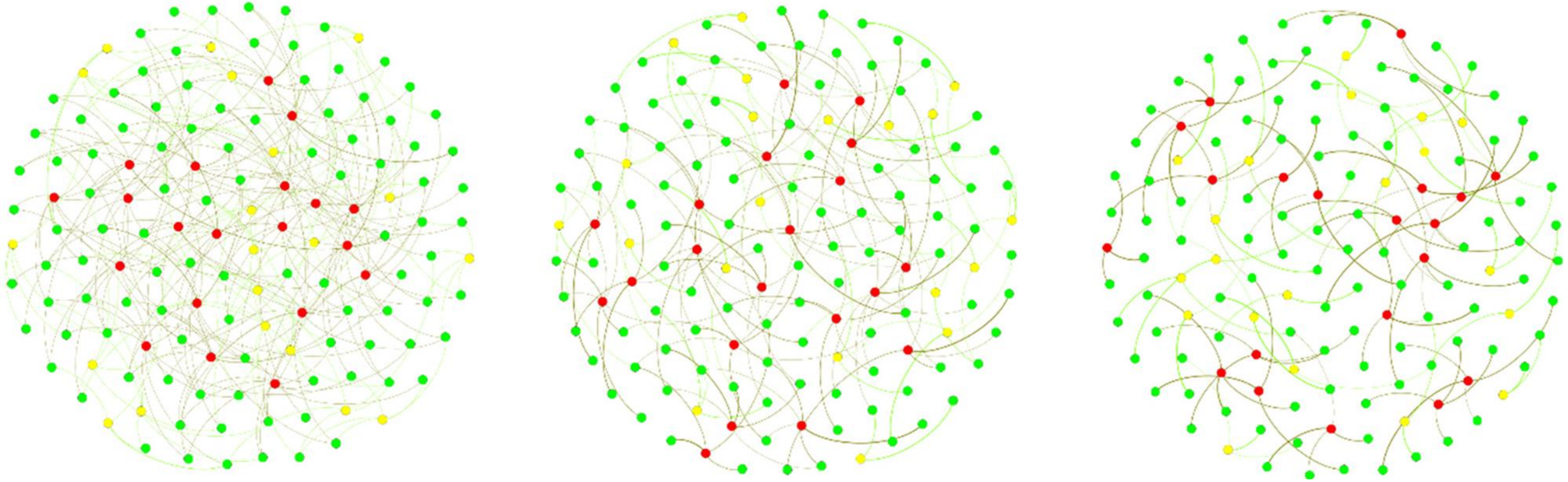
- Study question
  - What contexts and mechanisms interact to facilitate or hinder infection prevention and control in home care?
- Study Design
  - Mixed-method study applying realist evaluation
- Participants
  - Recipients of homecare and their carers/relatives
  - Care providers and care workers
  - Homecare commissioners and policy makers



## How can risk of COVID-19 transmission be minimised in domiciliary care for older people?

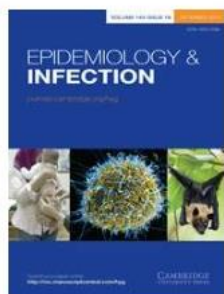


Brown lines, connections; Green dots, households; red dots, full time care workers; yellow dots, part time care workers



Minimum peak proportion of infection and smallest overall size of infection achieved when care workers have the highest chances of being allocated a visit to the same client they visited before.

30%, 60% and 100% staff repeats at return visits = reduction in average proportion of deaths of ~15%, ~66% and ~98%, respectively.



Epidemiology & Infection

## How can risk of COVID-19 transmission be minimised in domiciliary care for older people: development, parameterisation and initial results of a simple mathematical model

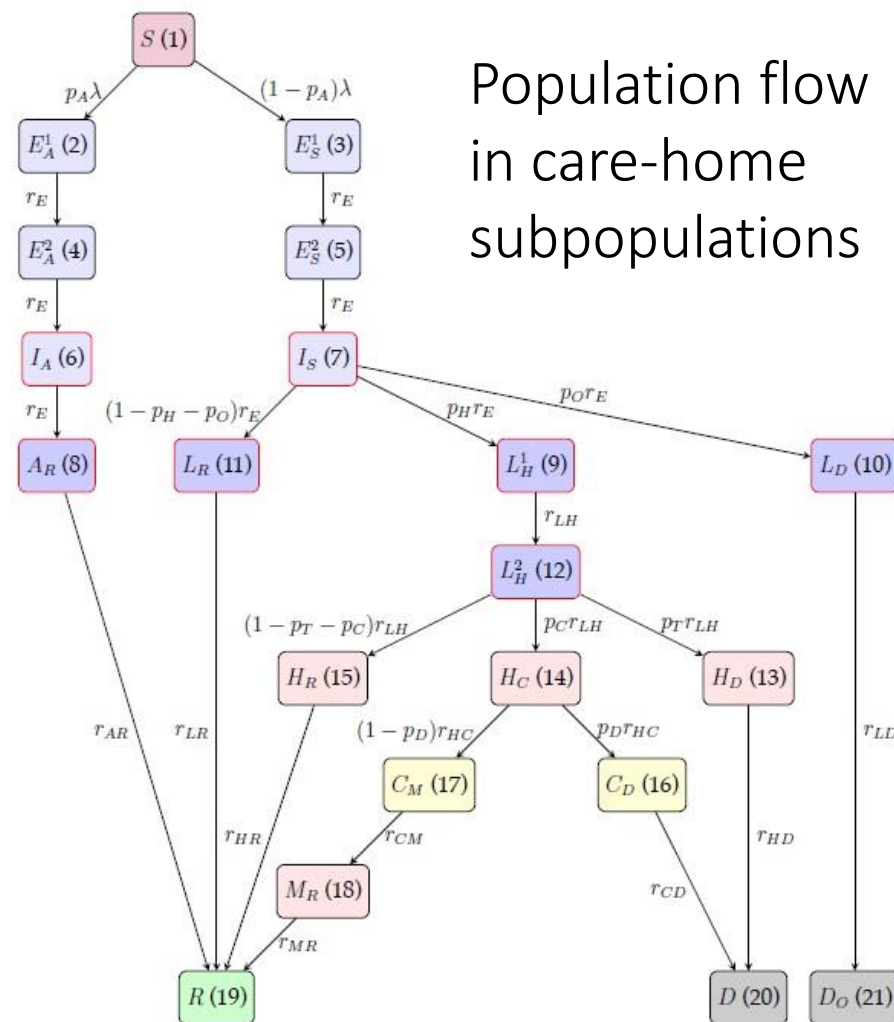
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István Z. Kiss , Konstantin B. Blyuss, Yuliya N. Kyrychko, Jo Middleton , Daniel Roland, Lavinia Bertini, Leanne Bogen-Johnston, Wendy Wood, Rebecca Sharp, Julien Forder and Jackie A. Cassell

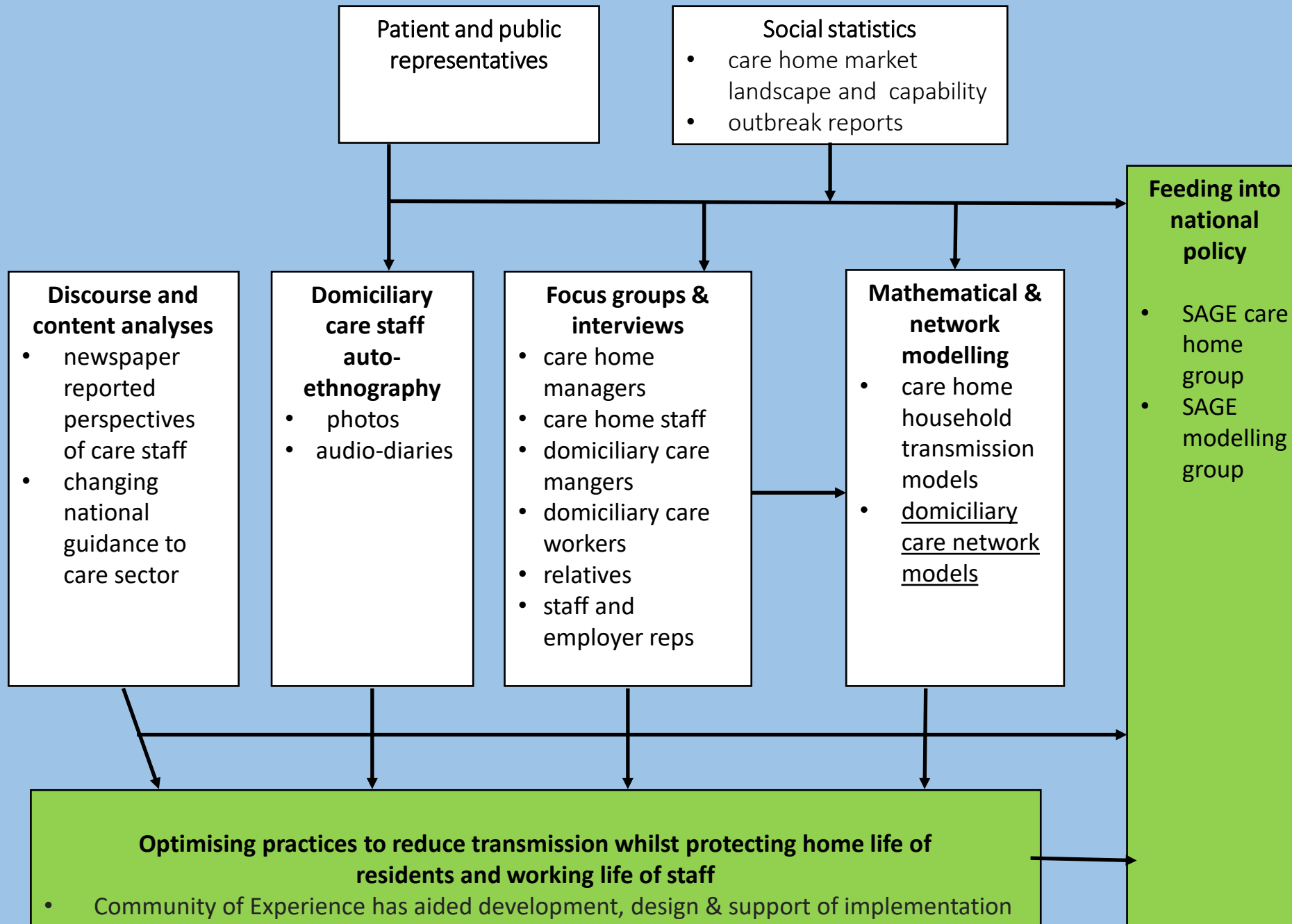


## Epidemic modelling and statistical support for policy: sub-populations, forecasting, and long-term planning

Thomas Allan House (Principal Investigator)  
 Jo Middleton (Co-Investigator)  
 Arkadiusz Wisniowski (Co-Investigator)  
 Jacqueline Anne Cassell (Co-Investigator)  
 Ian Hall (Co-Investigator)  
 Shazaad Ahmad (Co-Investigator)  
 Roger Thomas Webb (Co-Investigator)  
 Feng Xu (Researcher)







# And now?

- Working with Community of Experience on co-production and prioritisation to complete programme of existing ARC.
- Working up priorities identified for new funding opportunities (e.g. food and drink in wellbeing)
- Build on existing work to build an ambitious programme of implementation research on public health in domiciliary care, beyond COVID-19 and fully integrated with other ARC Themes.

Thank you for listening and please  
come and talk to us at the world-café  
or contact us afterwards

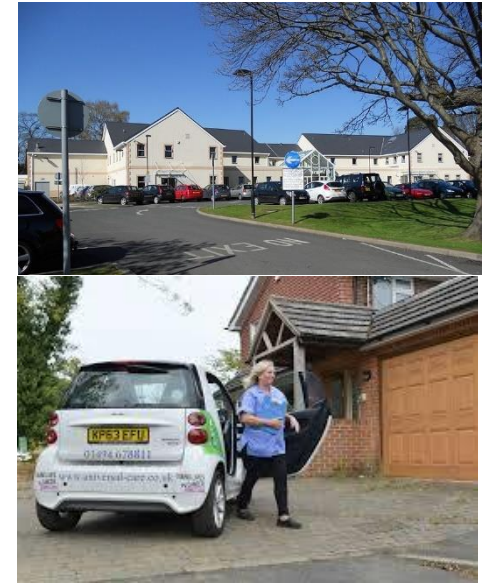
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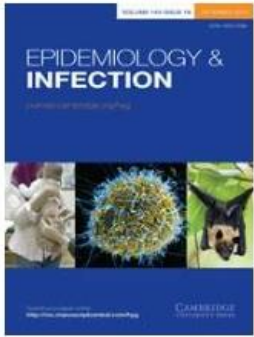
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**Epidemiology &  
Infection**

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<https://www.cambridge.org/core/journals/epidemiology-and-infection/article/how-can-risk-of-covid19-transmission-be-minimised-in-domiciliary-care-for-older-people-development-parameterisation-and-initial-results-of-a-simple-mathematical-model/35EEB84154FC3638BBB2F831A01261BD>


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AUTHORS




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