

“Supporting Care Workers during COVID”

Findings and key messages from the study

COVID-19 has represented a major challenge to adult social care settings. Since the earliest stage of the pandemic, care staff had to rapidly adapt to new routines, procedures and guidelines. They had new responsibilities, fears and added workloads to protect themselves and others from infection. This study explored the impact of the implementation of COVID-19 infection control guidance on the working lives of staff and managers in residential and domiciliary care during the first wave of the pandemic.

Between November 2020 and January 2021, we undertook semi-structured interviews with 5 residential care managers, 1 care home worker, 1 domiciliary care manager, and 3 workers in domiciliary care. One domiciliary care worker also took part in an audio and photo diary. We wanted to understand their experiences, concerns and solutions to implementing guidance in practice.

The findings and key messages we present here were discussed with sector representatives in Kent, Surrey and Sussex, and Public Health England (PHE).

Problems early on in the pandemic

Interviewees reported:

- **Difficulty getting guidance or advice on** infection control
- Limited supply of **PPE**
- Limited or no **testing** in place
- **Track and trace** not working/delays

“at the time PHE were like, well you do what you think’s best, like if it’s safe then that’s fine, if it’s not, then we don’t know what to tell you, so I ended up having a couple of very strongly, strongly worded conversations with some discharge coordinators” (Residential Care Manager 2)

Key message:

Care Home/Homecare Advice Hotline: availability of 24-7 hotline for expert advice to specific questions or scenarios

Improving communication with hospitals

Interviewees reported:

- Lack of **testing on discharge**
- **Information** on testing and isolation **provided by hospital** staff to residents and families was **inconsistent** with social care guidance
- Unclear responsibilities in **liaising with other services** (e.g. ambulance services)

“(…) the manager at the Ambulance Service rang me and shouted at me because the ward had booked the transport, but the ward had failed to tell the ambulance crew that it was cancelled, so the ambulance crew then ring me and shout at me for booking an ambulance for someone who wasn’t going to be returning home” (Residential Care Manager 2)

Key message:

Promote use of consistent information and a culture of collaboration between professional groups across health and care settings

Accessibility of guidance

Interviewees reported:

Dissemination

- Guidance often released on a **Friday afternoon**, with an expectation for implementation by the following Monday
- Guidance released by several different organisations, and uploaded to several **different sites**

Format

- Guidance was very **lengthy and wordy**. Managers often had to create flow charts, diagrams, posters, and videos to communicate guidance effectively to staff and those receiving care

Suitability

- For the **domiciliary care sector** there was often **no specific guidance for support provided in the client's own home**. Instead, guidance needed to be adapted from care home sector

"Forever changing the guidance meant that it was difficult at times potentially to get people onboard and feel comfortable with this is what we need to be doing"
(Residential Care Manager 3)

"If you read the guidance around the use of masks it's like 20 pages long, but actually you can make it look cool but give the same message in a page" (Residential Care Manager 2)

"If there was a set time or a day that you knew it would come out and not on Friday at ten to five (...) it would be fantastic" (Domiciliary Care Manager 1)

Key messages:

- Guidance should include summaries, flowcharts, and other visual aids
- Input from residential and domiciliary care representatives to make guidance effective and appropriate

Sharing best practice

Interviewees reported:

- Many examples of staff creating and using **flow charts, posters, and videos** to help colleagues, residents, clients, and family members understand and follow guidance
- Regular **communication with families** (emails, meetings, and active social media presence)

"I think it'd also be nice if we can take things forward and people can learn from it as well, maybe incorporate some of it into some of the training, if there's good practice"
(Domiciliary Care Worker 2)

Key messages:

- Web portal/forum for care sector staff to share resources and advice
- Issue guidance with flow charts and other visual aids, particularly where they have been created with or by care staff

Positive messages about the sector

Interviewees reported:

- Widespread concerns that there is **not enough positive publicity**
- Concern that the main image of care home sector is uncontrolled outbreaks

[What] "would be good to come out of this, is some kind of positive messaging that we as care providers, did the best we could with the resources that we had"
(Residential Care Manager 2)

Key message:

Campaigns to increase public awareness of the great quality of care being provided throughout the pandemic

Increasing visibility and support for the sector

Interviewees reported:

- **Huge sacrifices** being made by individuals in order to keep colleagues and residents safe **with little or no public recognition**; e.g. staff living on site for long durations of time (up to several months), changes in rotas and added workload; significant need for vigilance within and outside work
- **Lack of positive visibility of care workers compared to colleagues working in the NHS**; e.g. carers felt that NHS colleagues received more recognition and benefits for their roles during the pandemic

“we made ID cards for every single staff member that worked within the service to allow them access for priority shopping. One of our staff was refused entry to Waitrose because he worked in a care home [laughs] and not for the NHS”
(Residential Care Manager 2)

“in the Care Industry (...) their frontline workers are paid the lowest minimum wage ever going and yet they do the hardest jobs. They don’t get recognised enough ... put it that way” (Residential Care Worker 1)

“I think going through this whole experience has pointed out to a lot of people that carers are more important than they thought and I think a lot of the focus has been on the NHS, but I really do think they should be definitely expanding that” (Residential Care Manager1)

Key messages:

- Government to encourage/remind businesses making concessions for NHS staff to do this for care staff as well
- Government to prioritise incentives and support for care staff (e.g., pay rise, public recognition, etc.)

Feelings of isolation

Interviewees reported:

- **Feelings of isolation** and lack of moral support from other health and care colleagues/bodies
- **Domiciliary care staff** predominantly working alone, and generally only engaging with colleagues online. The nature of the work suggests that this is one sector where staff are both ‘on the frontline’ and yet remote from their teams, and possibly support.
- **Little or inadequate support** on wellbeing found in governmental guidance

“ I remember my clinical lead saying to me, just after one of our registered nurses died, ‘everybody says that we’re all in this together but not one of them has set foot in this building’”
(Residential Care Manager 2)

“Since Covid it almost seems like I’ve been isolated, in a way” (Domiciliary Care Worker 1)

“Since lockdown and COVID generally, I’ve found that my iPad and smart phone have been invaluable. Not only can I FaceTime people between visits, I can order food deliveries, check out how people are, order other things on their behalf, and obviously the usual phone calls, and update / welfare check emails” (Domiciliary Care Worker 1)

Key messages:

- Ensure that guidance has a section on promoting wellbeing of staff with specific ideas applicable and relevant to staff in residential and domiciliary care settings
- Digital training and support for staff in domiciliary care

Managing expectations of families and residents/clients

Interviewees reported:

- Families can have expectations that are not consistent with guidance, often due to **conflicting information** from the news and social media
- Families assume that all staff are able to offer the same service
- Particular challenges supporting residents and clients with cognitive impairment (e.g. dementia)

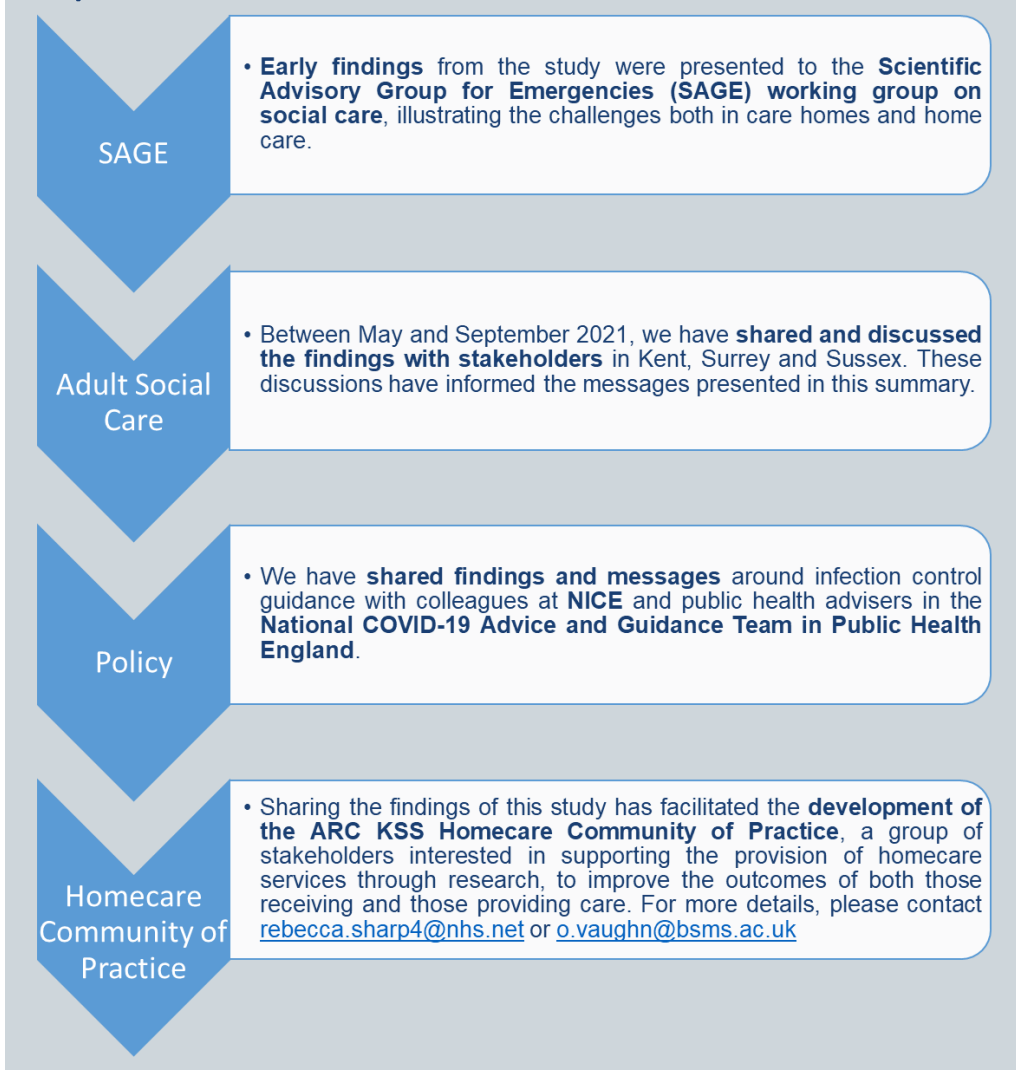
"The communication isn't clear for me from the Government (...) it's trying to manage the staff, the members and the families' expectations that when they hear the news, you're constantly having to say to them 'Yes I know they're saying that but it's not happening' and I've felt that we've had to do this all the way through" (Residential Care Manager 4)

"The reason that we didn't watch the news was because the guidance that was going out to members of the public and guidance that was specific to us working like in care homes were two completely different things" (Residential Care Manager 2)

Key message:

Consistent and accurate communication to the public of residential and domiciliary care guidance

Implementation



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For more information on this study, please contact the lead researcher, Dr Lavinia Bertini at l.bertini@bsms.ac.uk

Further related research

Data from the study were also used to develop a mathematical model of infectious disease transmission in domiciliary care, using COVID-19 as a test case. To know more click here : [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.](#)