



Northern Ireland
Assembly

Survey Findings

30th October 2020

**Results of the Survey undertaken as part of the
Committee for Health Inquiry into the impact of
COVID-19 on Care Homes**

1. Background

As part of the Committee for Health's inquiry into the impact of COVID-19 on care homes, the Committee sought the views, via an online survey, of owners/ managers (employers), staff and residents'/ family members to help them develop constructive recommendations aimed at mitigating and managing a second surge in infection.

The survey launched on 10th October 2020 and was promoted via Facebook and Twitter and emailed directly to key stakeholder groups. Assembly staff also contacted randomly selected care homes from each county to encourage participation and ensure a satisfactory regional spread. The survey closed on 19th October 2020 with 691 respondents.

NB: Survey respondents volunteered to participate in this research, and as such, results may not be representative due to the self-selecting nature of the approach.

The respondents to the survey were:

- Owners/ Managers of Care Homes (21.11%) – mostly managers;
- Members of care home staff (17.16%); and
- Residents or family members (61.73%) – almost all were family members.

2. Key Findings

2.1 Discharge from hospitals to care homes

Almost three quarters of homes have continued to admit new residents since the start of the pandemic. The overall majority of residents were tested for COVID-19 prior to release from hospital, with almost half of homes insisting upon a further test upon admission to the care home. A significant majority of care homes isolated residents in private rooms upon discharge from hospital.

2.2 Access to PPE

The majority of respondents agreed that vital PPE (gloves, paper facemasks, aprons, hand sanitisers, cleaning alcohol and soap and water) was available early in the pandemic and continues to be available now, with staff always having access to appropriate quantities. Consequently, the majority of respondents felt staff and residents were extremely/ very protected.

Funding of PPE was an issue for just under half of respondents, with similar numbers quoting occasional difficulty in sourcing PPE.

In relation to infection prevention and control, almost two thirds of care homes had a member of staff in charge of infection control (in addition to the Manager).

2.3 Testing in care homes

Almost all residents and staff were regularly (fortnightly) tested for COVID-19, with consent sought. Furthermore, the majority of staff indicated that there was ongoing symptom checking in their home, with almost two thirds citing that this was undertaken twice daily.

The most common response among respondents (almost one half) was that they did not find the testing distressing at all, with more than three quarters acknowledging that they understood the need/ reason for the testing taking place.

2.4 Funding and increased costs for care homes

A significant proportion of owners/ managers stated that they had received financial support during the pandemic, with similar numbers having to purchase additional technology. Half of

those who purchased additional technology had to make use of additional funding. Comments from respondents included:

“The sector is now experiencing significant empty beds. The intended funding for those that fall below 80% occupancy is needlessly complicated. Direct Support for the sector needs to be looked at again as there will be homes who cannot financially survive the second wave”.

“Lack of funding for care homes to manage all of the additional responsibilities i.e. testing, administration and cleaning”.

2.5.1 Staffing issues and levels

Over half of owners/ managers had employed additional agency or bank staff during the pandemic. The majority of the same respondents had not sent staff to work in another location, which correlated with staff findings.

The issue of staff caring for residents with suspected or confirmed COVID-19 and also caring for residents without symptoms was not an issue for the majority of respondents, although one quarter of owners/ managers acknowledged that it sometimes happens, which again was supported by staff responses.

One respondent voiced the following concerns, which reflected many other comments received:

“Staff have been very dedicated but I am very concerned about future workforce planning as it is impossible to recruit sufficient relief staff quickly enough to cover absenteeism. There was a workforce shortage prior to the pandemic within the Care Home sector and now with fear of COVID it has compounded recruitment issues. From mid-March it has been very difficult to keep up to date with routine governance. Now that we have visiting in place under strict guidelines alongside the implementation of the National Testing initiative the workload is so excessive that all staff are nearly at burn out point”.

2.6 Staff pay and conditions

Just over three quarters of owners/ managers responded that they had paid their staff statutory sick pay when off due to COVID-19. Interestingly, only around one third of staff reported that they took time off and claimed statutory sick pay, whilst a slightly higher number were able to take off all the time they needed with full pay. Despite this, feedback included:

“I strongly believe that staff in privately owned care homes should be entitled to full pay if they are off work due to COVID-19. It is totally unfair that staff in this sector are discriminated against and not supported financially if they contract COVID-19. Care home staff are vital to the community and should be treated with the same respect as those who work within the Trust”.

“Full pay should be provided whilst isolating”.

2.7 Visiting

Two out of five homes remained open to visitors during the pandemic, whilst three in five did not permit visiting at all. For those that allowed visiting, almost half facilitated visits through windows or via screens.

Of the care homes that offered virtual visiting only, according to owners/ managers, almost all had the technology available for residents to communicate virtually with their family. However, only one quarter of care home staff agreed with this, with almost two thirds of the view that their care homes did not have access to enough devices to facilitate virtual visits. This view

was supported by two fifths of residents'/ family members. Furthermore, almost half of staff and residents'/ family members responded that they were either quite unhappy or very unhappy with the type of communication offered.

The greatest issue in relation to visiting was the extent to which residents were unable to participate in/ benefit from virtual visits. Specifically:

- 39% of owners/ managers reported that 1%-20% of residents had not been able to participate in virtual visits;
- 21% reported that 21%-40% of residents had been unable to participate in virtual visits;
- 24% reported that 41%-60% of residents had been unable to participate in virtual visits;
- 12% reported that 61%-80% of residents had been unable to participate in virtual visits; and
- 4% reported that 81%-100% of residents had not been able to participate in virtual visits.

The majority of staff who responded felt that virtual visits and the restrictions had had a negative effect on residents' wellbeing, although they felt it was worth the negative impact. The overall majority were either supportive or very supportive of a return of virtual visits if necessary.

Residents' and family members were also of the view that the residents' wellbeing had been negatively impacted by the virtual visits and that the benefit of the impact was not worth it. However, a slight majority were supportive of a return to virtual/ drive by visiting if necessary. Respondents offered the following observations:

"I beg the health minister to please help us families who are desperate and hopeless and to acknowledge both patients and family's rights to family life (article 8 ECHR)".

"Insufficient consideration has been given to the frail elderly and the impact of visiting restrictions on their psychological, emotional and physical wellbeing; their quality of life; their loneliness, despair and enforced separation from family in the last stage of life".

"The imprisonment in these care homes is more detrimental to the wellbeing of residents than COVID".

2.8 Regulation: RQIA role, inspections and risk factors including public versus private ownership

Two out of five of the responding care homes had been inspected by RQIA during the pandemic whilst three out of five had not. Owner/ manager feedback included:

"The RQIA is unrealistic in its expectation of normal governance processes. All routine governance has had to be suspended to allow for safe effective care delivery within the current availability of resources".

"COVID-19 has only highlighted what has been going on in private care homes for decades pre-COVID".

"We need urgently to re-nationalise care with a National Care System equivalent to the NHS".

2.9 Preparedness within the HSC and in care homes

There was a general consensus amongst owners, managers and care home staff that all staff are fully up-to-date with relevant training. Despite this consensus, half of respondents cited 'caring for individuals with COVID-19' as a key gap in their training.

Exactly half of residents and family members said that they would support a short-term temporary movement of some/ all residents to an isolation/ quarantine facility to try to prevent the spread of COVID-19 and to enable a deep clean of the care home to take place. However, despite this support, two thirds of respondents did not think they/ their family member would cope well with such a temporary move.