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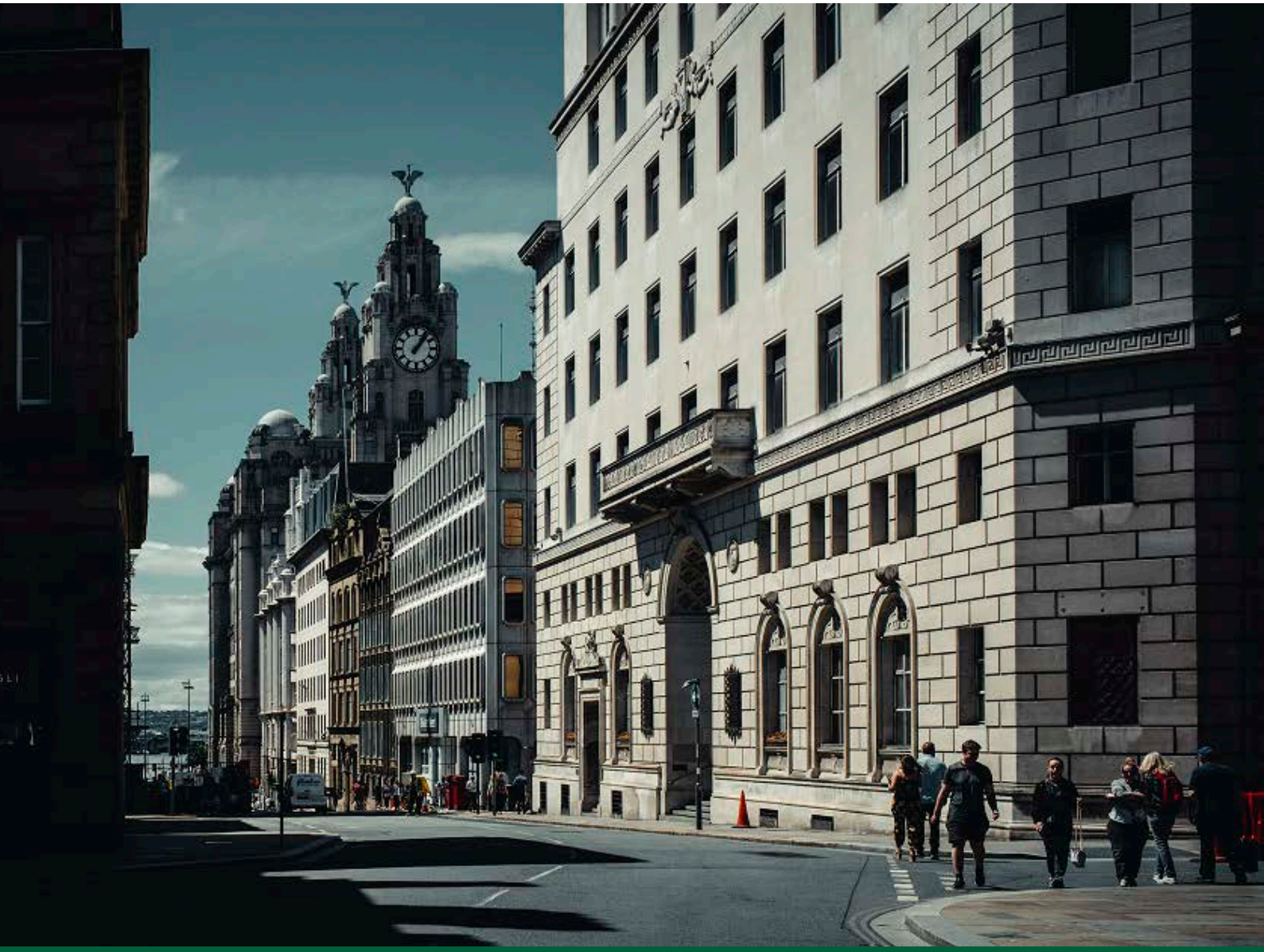

Care home practices, mental health and staff support

Learnings from the pandemic and lessons for future policy

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Care home practices, mental health and staff support: learnings from the pandemic and lessons for future policy

Key takeaways

1. This research highlights the many shortcomings of the care home sector during the COVID-19 pandemic. These issues have been in place prior to the pandemic, and exacerbated further by the events of the last two years.
2. Our research indicates a need for an overhaul of social care career pathways and support structures: Staff need to receive adequate and freely accessible training and opportunities for career development to improve the value of the sector and staff retention. This also includes a need for easily accessible and free mental health support for all involved (residents, families and staff).
3. Social contacts are vital for residents and should not be removed again in the future, as evidence from the pandemic has highlighted the detrimental effects that removal of social connections can have.
4. Information and guidance from government, advising care homes of national protocol changes, must be clearly communicated, with social care staff involved in decision making.
5. Care homes must aim for equitable care provision and visiting rights nationally, supported by national, evidence-based, government guidance.

1. Introduction

This policy brief assesses how the pandemic has affected the care home sector in the UK, specifically with a focus on families of care home residents living with dementia and care home staff. In October and November 2020, we conducted 42 remote interviews with family members and care home staff, 20 of which were followed up in March 2021. During the interviews, we asked participants about their experiences of care home visits and the effects of the pandemic on care home residents, as well as the impact of the pandemic on working in a care home. In the time between baseline and follow-up interviews, increased testing and vaccinations were implemented. Therefore, our follow-up interviews additionally focused on the potential effects of these public health changes on safe care home visitation.

This policy brief extends and builds on a previous Heseltine Policy Brief published last year, based on our COVID-19 dementia social care research. Previously, we discussed the implications that the pandemic and associated restrictions had on the lives of people living with dementia and their unpaid carers in Liverpool City Region (LCR) and beyond. This new paper takes a step further, looking at another angle of social care – the care home sector – and makes recommendations for the sector beyond the pandemic.

2. Care homes during the pandemic

Our research has highlighted four major issues faced in the care home sector during the pandemic (Giebel et al 2021a). First, our research highlights how safe visits to care homes, including end of life care visits, were not enabled. This had a severe impact on families, residents and care home staff.

Family members experienced growing levels of emotional upset and anger about their lack of access to relatives with dementia who were resident in care homes, without the barriers of windows, podscreens, or digital technology between them. Specifically, when increased testing and vaccination rollout began in early 2021, families were still not allowed to enter the care home, despite being fully vaccinated. However, COVID-19 infections remained an issue in some care homes, straining relationships between families and staff.

Second, there was a clear lack of government guidance on the balance between managing infection control and providing adequate care to residents. Care homes were left to determine their own policies, damaging care provision. According to our research, no care homes in England allowed face to face visitors during the winter 2021 lockdown, except for specific end of life care visits and mental health related visits, with individual care staff determining access on a case-by-case basis. Subsequently, we are aware that it took several months for care homes to independently decide to open their doors to face-to-face visits again.

Third, residents, families, and staff were left without mental health support in dealing with this highly emotional and chaotic situation. There was little psychological support in place, leaving staff and care homes residents to look after their own mental health. Even in light of the high mortality rate of residents no support was provided. Lack of mental health support for care home residents and staff was an issue before the pandemic, but the need for adequate mental health support has only been exacerbated during the pandemic. While the NHS is ultimately responsible for mental health support, care home managers need to ensure all staff are able to access these services.

In fact, family carers and people living with dementia should be registered to receive mental health support from the point of diagnosis, which is provided in memory clinics. In England, memory clinics are part of NHS Trusts and are used to assess people with dementia.

Finally, alongside this lack of psychological support, staff were faced with significant changes to their job roles with little support in adapting to new working practices. As such, staff were forced to adopt a greater emotional and familial role with the residents in the absence of visitors. However, the pandemic placed further constraints on the workforce. Staff had to comply with numerous infection prevention measures, altering their usual working practices to accommodate virtual visits and at times conflicting with their usual care giving. Participants reported staff choosing to leave their jobs due to these changes. A recent report from the Adult Social Care Workforce dataset confirmed an increase in the number of unfilled job vacancies within the social care sector (currently 4,300 unfilled jobs) since the pandemic (Skills for Care 2021).

Moreover, the sector has previously been reliant on the non-UK workforce. However, post-Brexit immigration restrictions have significantly reduced the number of people entering the social care labour market. Only 1.8% of new starters between January and April 2021 were new arrivals to the UK, compared to 5.2% during the same time period in 2019 (Skills for Care 2021). These figures highlight the wider need for an urgent overhaul of the social care sector to make the sector safer, job roles more appealing, and thus attract and retain good quality staff. The introduction of mandatory COVID-19 vaccinations for social care staff from November 2021 has raised concerns that some staff will leave the sector because they are unwilling to be vaccinated. However, our research supports the need for vaccinating care home staff, as part of a broader overhaul of the sector.

3. The care home sector in Liverpool City Region

Before the pandemic, LCR faced high levels of social and health inequalities compared to other parts of the UK, including high rates of deprivation, ill health and levels of life expectancy lower than the national average (Due North 2014; NHS Liverpool CCG 2018). Within older adults and those living with dementia, inequalities have been found to exist through unequal access to support services, including delays in diagnosis and high costs of care (Giebel et al 2021b).

The pandemic exposed pre-existing health inequalities, such as poorly funded services within the social care sector, evidenced by the inability of care homes to cope with the virus spread and infection control in the early stages of the pandemic. Recent research by Giebel et al (2021c) identified pre-existing factors that prevent unpaid carers and people living with dementia accessing post-diagnostic dementia care, including transport, finance, and location. However, participants reported that poor access to dementia services persisted during the COVID-19 pandemic, and was even exacerbated for some, with reports of participants struggling to access basic necessities of food and medicine due to national lockdown restrictions (Giebel et al 2021c). This inability to access support during the pandemic resulted in higher levels of isolation, impacting the participants' mental wellbeing.

Liverpool has been hard hit by the pandemic, with COVID-19 responsible for at least 8,000 hospital admissions, and at least 4000 deaths in LCR so far (Public Health England 2021). There are over 300 care homes in the Mersey region, and 17,600 in the UK. Nearly half a million people are living in care homes across the UK, approximately 70% of which are living with dementia (ONS 2020). Thus, the impact of COVID-19 on care home residents is far reaching.

Research has highlighted that across the UK, there were differences in how care homes responded to the pandemic restrictions due to unclear or unrealistic national guidance, with differences between care homes in their policies on visitors (Giebel et al 2021a). Nearly all unpaid carers we interviewed noted restrictions on meaningful visits with relatives in care homes, with only one carer reporting being able to see their relative in their own room. Between April and October 2020, 14,533 UK care home residents reportedly died of COVID-19 (ONS 2020). Care homes in LCR experienced higher rates of resident deaths compared to other UK regions (ONS 2021), and several care homes closed. In the Merseyside area alone, more than 700 care home resident deaths related to COVID-19 were reported by July 2020. Without immediate action in recovering from the effects of the pandemic, care home inequalities in the LCR will continue to widen.

4. What next for Liverpool City Region's care homes?

Our research in care homes during the pandemic has highlighted existing, exacerbated, and newly formed issues facing the care home and social care sectors. Care home and social care staff have been undervalued, underpaid, under-trained, and under-supported for too long, without a clear plan for improvements to the sector. Therefore, based on our research and taking into account the wider social care sector situation, we make the following four key recommendations for care homes in LCR, and beyond:

1. Improved mental health support for all. Residents, their families, and care home staff need to be provided with easily accessible mental health support. Care home staff often have little time to access such support, and may be hindered by poor and unsupportive working conditions. Care home managers need to be supported in enabling time and space for staff to access services. Mental health support for families and residents should be delivered by local NHS providers – as soon as someone receives a diagnosis of dementia, both the person with dementia and their key family carer should receive opportunities to access mental health support and support in living with the condition.

2. Improved training and opportunities for staff to reflect on their practices. Linked with mental health support, staff should be offered improved training in order to conduct their job. This is particularly pertinent given the changes in working practices since the pandemic without adequate guidance. Training should focus on how to provide care for vulnerable older people, including those living with dementia; engaging with family members; and managing behavioural and cognitive symptoms in dementia.

3. Improving the image of the adult social care job sector. The sector needs to be provided with clearer career pathways, which enable well-skilled and dedicated staff to develop and stay within the adult social care sector, and retain their learning. This also includes better pay which reflects the job demands and skillsets required.

4. Protocols for safe visiting in care homes during pandemic circumstances. We now have evidence showcasing the detrimental impact that social isolation in care homes, compounded by the lack of understanding due to cognitive deterioration, can have on the lives of people living with dementia in care homes. We also have evidence showing the negative impact on families. Thus, for future possible COVID-19 waves and other pandemics, protocols for safe visiting need to be put in place and readily available. This is precisely where guidance during COVID-19 in the UK fell short, whilst other nations such as the Netherlands provided strong guidance in May 2020.

5. Conclusion

If we fail to act, the social care sector - already in crisis - will not be fit for purpose, preventing some of the most vulnerable members of our society from receiving the care they need and deserve. If these suggested policy changes are neglected and not addressed, the sector risks losing even more staff. To improve staff retention, clearer career pathways are required, along with better pay, improved support on the job, access to mental health support, and opportunities for shaping policy and decision-making processes in the sector. These changes can help improve the value of the social care sector, and help retain and recruit more staff.

The introduction of the Health and Social Care Levy in April 2022 represented an opportunity to address some of the shortcomings of the social care sector. However, of the £30bn in additional funding over the next three years, only around £5bn will go to social care. Much of the remaining funding will be channelled into the NHS. Local authorities meanwhile are stretched financially, limiting their ability to allocate more resources to social care.

While extra funding for health and social care is welcome, it is essential that this funding is directed in the right way to improve services, particularly in areas where there is most need.

The policy implications and recommendations outlined here are not unique to care homes, but equally applicable to the social care sector more broadly. Paid home care staff, which provide vital care for older adults, people with dementia, and enable other vulnerable members of the population to stay at home well and independently, are also an important part of the social care sector. The overall aim of social care is to support people to live well in the community, in their own home, for as long as possible and avoid care home entry altogether. Therefore, to address the crisis in care homes, it is important that provision of social care as a whole must be reformed to ensure older and vulnerable people, and their families, are supported.

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