

Care-home staff experiences of infection-control measures during COVID-19

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School of Health Sciences, University of East Anglia
Norfolk and Suffolk Care Support (N&SCS)
Resident Manager meeting
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Introduction

- The UCAIRE study followed epidemiological work on the transmission of COVID-19 in care-homes [CHs] in Norfolk early in the pandemic (spring 2020) and in very late autumn–early winter 2020-2021
- Our main research questions:
 - What were the experiences and impacts of infection-control measures [ICMs] for those living, working in and visiting older people's CHs during the pandemic?
 - What can we learn from the pandemic to inform and help us to manage future disease outbreaks in CHs?
- UCAIRE, funded by NIHR SSCR, began in June 2021

Methods

Mixed-methods approach:

1. Online staff survey to provide broad insights of the impact of ICMs (autumn 2021) and to gather data on further insights (spring 2022)
 2. Qualitative, semi-structured interviews to obtain in-depth experiences of staff, residents and family and friends in dealing with new ICMs, sources of support, morale, experiences and future needs
 3. Comparative thematic analysis
- Recruitment via newsletters, social media (*special thanks to N&SCS support*), ENRICH, PPI/Carers, other networks
 - Aimed for variety of age, gender, ethnicity, size of CH, geographical location and (for staff) job role

Context: December 2021; August 2022

1 December 2021

Source: UK Summary, Coronavirus (COVID-19) in the UK, last updated on 1 December 2021 at 5:24pm.
<https://coronavirus.data.gov.uk/>
(accessed 02.12.2021 at c.10:50)

Cases

People tested positive

Latest data provided on 1 December 2021

Daily
48,374

Last 7 days
305,252 ↑ 2,181 (0.7%)

► Rate per 100,000 people: 438.9



Deaths

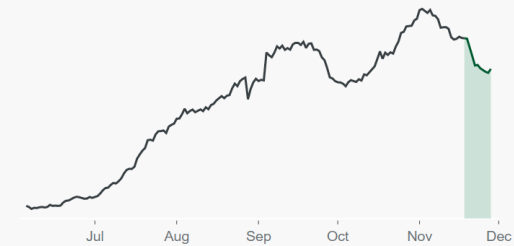
Deaths within 28 days of positive test

Latest data provided on 1 December 2021

Daily
171

Last 7 days
854 ↓ -72 (-7.8%)

► Rate per 100,000 people: 1.2



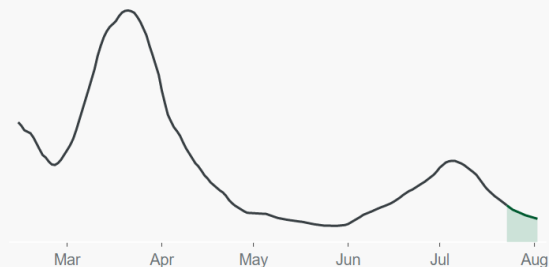
Cases

People tested positive in England

NATION

Up to and including 5 August 2022

Last 7 days
50,414 ↓ -15,673 (-23.7%)



Deaths

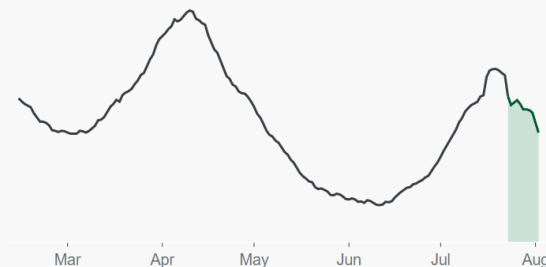
Deaths within 28 days of positive test in England

NATION

Up to and including 5 August 2022

Last 7 days
827 ↓ -246 (-22.9%)

► Rate per 100,000 people: 1.5



5 August 2022

Source: England Summary, Coronavirus (COVID-19) in the UK, last updated on 10 August 2022 at 4:00pm.
<https://coronavirus.data.gov.uk/>
(accessed 15.08.2022 at c.12:55)

Online Survey: general findings

	N=115	(%)
Female	88	(76)
Age: 18-25	13	(11)
26-35	22	(19)
36-45	23	(20)
46-55	34	(30)
56-65	21	(18)
65+	2	(2)
White British	95	(83)
Worked in CH > 5 years	71	(62)
Worked 5+ shifts/week	68	(59)
Worked in >1 CH in previous 4 months	20	(18)
Paid or volunteer work in another care setting	22	(19)

Online Survey: ICM challenges

Do you experience any of these challenges at work?	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Wearing PPE makes it harder to provide physical care	17 (15)	47 (41)	36 (31)	15 (13)
Wearing PPE makes it harder to communicate	56 (49)	38 (33)	17 (15)	4 (3)
Residents are alarmed by staff wearing PPE	15 (13)	45 (39)	40 (35)	15 (13)
Mask-wearing gives me skin problems	33 (29)	29 (25)	29 (25)	24 (21)
Mask-wearing means I don't drink enough fluids at work	32 (28)	42 (37)	24 (21)	17 (15)
Hand-sanitiser irritates my hands	22 (19)	23 (20)	41 (36)	29 (25)

Qualitative interviews with staff

- Recruitment of care-home (CH) staff to qualitative interviews began in August 2021
 - main recruitment came from online staff survey running in autumn 2021
- Target: 16 Recruited: 17
- Interviews were conducted online (10) and via telephone/mobile (7)

Staff Participants: overall profile

- 17 participants (F=13)
- Age-bands: 56-65 years x 4; 46-55 x 4; 36-45 x 4;
26-35 x 4; 18-25 x 1
- Years of experience working in CHs:
 - from 2 to 40 years; average = 15.5 years
- 16 participants worked in England
 - Scotland – 1; Wales and Northern Ireland – 0
- Roles: care (junior to senior); admin; estates
- Types of CH: Residential; Nursing; MH; dementia-specific

General Findings

Analysis: thematic analysis is continuing

- CH staff reported practical, logistical and enforced responses to dealing with ICMs as well as the burdens and emotional impact on them and on their residents

“Preventing the spread of infection” – a word or phrase that comes to mind?:

- PPE; caution; scary times; communication; loss of life; maintaining safety

Staff experiences of ICMs

CH staff reported practical and logistical challenges of ICMs:

The [first] biggest change we had to deal with was PPE... the supply just wasn't there ... and then the pricing, astronomical prices we couldn't afford ... (S-04)

In the beginning it was a chore to have to put all of this extra PPE on. Now it's become alien not to be doing it. (S-03)

It's very, very different. It's not a home for residents any more, it's a place of care now. (S-12)

Lack of recognition compared to NHS

We had to battle for masks... Everyone was looking at saving them for hospitals, because the NHS comes first. We're second-class citizens. (S-07)

The "ring of steel" that the government gave us ...it's absolute rubbish. They didn't, we got no help at all. It was all NHS. I'm 100% behind that they get the support [but] social care for long has been the last thought in everything. (S-13)

I can't praise my staff enough... But I just feel like care homes have been painted with, "oh, everybody dies in care homes with Covid" rather than [seeing] the staff have worked hard, just like the NHS, to look after clients. (S-08)

Staff anxieties

Fears and anxieties were reported; these included feeling abandoned, a sense of fatalism and concerns about mental health:

We were all frightened when it first began; all afraid for ourselves, for our residents, for our own families and fearful of the unknown. (S-10)

We [care homes] were plonked on an island: “get on with it”. That’s how it feels.
(S-06)

You feel anxious and ...it’s [the virus] chasing you and you’re always looking over your shoulder and one day it’s going to catch up with you. (S-03)

I think during the pandemic we haven’t had any time, there’s no one that looks after our mental health. We look after our staff but when you get to our level, there’s no help above, really. (S-13)

Guidelines and reporting

Guidelines felt ever-changing, inconsistent and not written for the context of care homes.

The whole introduction of infection-control measures has been a frustration. The guidance has been there and been changed. Goalposts have changed right the way through – a frustration for us as a care home. (S-09)

Guidelines were not clear... through all the guidelines you see “NHS staff”, nothing for healthcare workers. ... They did not care for healthcare staff. (S-17)

Additional workload

Filling in forms and questionnaires, it's stuff that we didn't really need to do. The daily capacity tracker ...if I forget, then you get a phone call, "you haven't filled it in". Why do you need to do it daily? It's just constant. (S-05)

The biggest strain since the Covid outbreak has been the reporting. We have to report to [3 different bodies] and it is an onerous task. (S-07)

The IC nurses say their ball is the most important, so does the care-wound [specialist] and then the CQC say their ball is more important. So I'm juggling 18 balls." (S-08)

Supportive working environment

As long as you are a good team and you have knowledge of ICMs and the right support, you can thrive through this time. (S-11)

They [my care home] have a long tradition of good communication. I feel very safe at my work. They have instilled a lot of faith in staff from day one.” (S-14)

I’ve got person-centred staff; they all love each other. We’re all very, very close. (S-09)

Another reflection

I'm glad that I've experienced this because I'd be so much more prepared in future if that did happen again, even if it was a different disease altogether. I've experienced it, I've lived it, so I can offer that support to anyone else who hasn't. (S-12)

Some learnings to take forward

- Feeling safe should be prioritised at many levels
- Ongoing fostering of supportive teams within and between CHs
- Recognition of invaluable contributions of CH staff to health and social care
- Consistency in use of evidence-based ICMs
- Preparedness as well as developing consistent, appropriate guidelines for CHs which are also appropriate for those in different occupational roles
- Responsible, informed briefing for media by governments
- Creative, practical solutions to supporting care staff with additional workloads and staff shortages

UCAIRE's current activities

Stakeholder workshops (none of the participants was involved in the qualitative interviews)

- late July: CH staff
- early August: family and friends of CH residents

Care-home residents: interviewing

Develop appropriate principles for ICM guidance for staff, residents, family and friends for any future outbreaks of highly infectious diseases

Further details on the [UCAIRE website](#)

Acknowledgements

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Thank you – your questions and comments are welcome

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