

# The Experience of Care Home Staff During Covid-19

A Survey Report by the QNI's International Community Nursing Observatory



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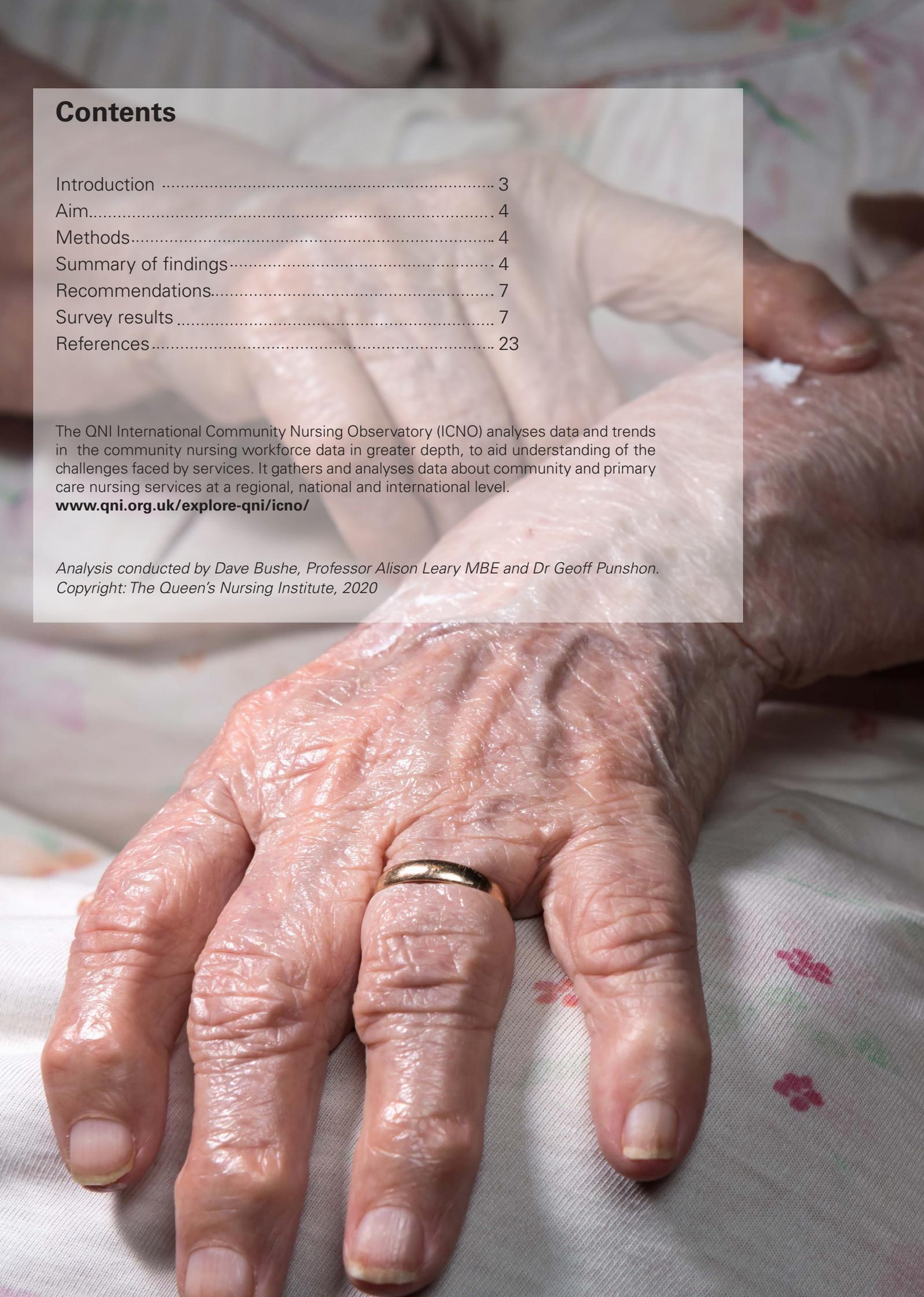
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The QNI International Community Nursing Observatory (ICNO) analyses data and trends in the community nursing workforce data in greater depth, to aid understanding of the challenges faced by services. It gathers and analyses data about community and primary care nursing services at a regional, national and international level.

**[www.qni.org.uk/explore-qni/icno/](http://www.qni.org.uk/explore-qni/icno/)**

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The care being delivered in a home can at times be as intensive as in a hospital – in particular for end of life care - and it is hugely skilled work. (...) The people living in care homes need a combination of support for complex physical and cognitive needs.



### Introduction

The Queen’s Nursing Institute (QNI) recognizes that registered nurses and their colleagues working in nursing and care homes provide a critical role in supporting the health and wellbeing of some of the most vulnerable people in society. There are far more beds in care homes with nursing than there are in hospitals in England<sup>1</sup> with three times as many beds in the care sector overall than there are in hospitals.

The care being delivered in a home can at times be as intensive as in a hospital – in particular for end of life care - and it is hugely skilled work. As the majority of respondents to this survey indicate, the people living in their care homes need a combination of support for complex physical and cognitive needs.

The QNI has always focused on the delivery of healthcare in people’s homes and has always been clear that this includes residential and nursing homes. A nursing or residential care home is a person’s home, often for a period of months or years and at incredibly important part of their life, usually the final years. End of life care is thus an unavoidable reality for everyone working in this setting, requiring highly complex negotiation and close working with family members and other healthcare professionals.

In late 2019, with the support of the Chief Nursing Officer for England and the RCN Foundation, the QNI launched a new national network for nurses working in care homes. Because of the impact of the pandemic the QNI is currently hosting quarterly events online and updating the network with a bi-monthly newsletter. We have developed a Covid-19 information Centre on the QNI website with specific information for nurses working in care homes.

The QNI also recently started a private Facebook Page for the Care Home Nurse Network that now has over 600 members (400 at the time this survey was held), which has proved to be an excellent resource and information point for nurses, as well as a place to get support during the pandemic.

This survey of the network was designed and launched in the early weeks of the pandemic in response to grave concerns about the safety of the workforce and the gaps in provision that it was facing. This determined the range of questions that were put to the members and these concerns have been reflected in the responses received.

The majority of survey respondents were female and 78% were over the age of 45. Two thirds of respondents said they ‘always’ had access to appropriate personal protective equipment (PPE). Most others said that it was usually available, but a small minority were not provided with PPE and had to improvise, by obtaining it themselves from other sources or making it.

The need for appropriate PPE in care homes is of critical importance in staff and resident safety: 21% of respondents said that their home accepted people discharged from hospital who were positive for Covid-19 and a substantial number (43%) accepted people whose status was unknown.

While the majority of survey respondents found it easy to access hospital care for their residents as required, a substantial minority found this difficult or very difficult. Additionally, a substantial number found it difficult to access District Nursing and GP services, which are universal parts of the National Health Service. In addition, many indicated that they were not able to access essential training from other health professionals at this time.



Some respondents refocused work to consider how they could improve on their approach to end of life care. Worryingly some who responded raised serious ethical and professional concerns, for example GPs, Clinical Commissioning Groups and hospital trusts making resuscitation decisions without first speaking to residents, families and care home staff or trying to enact 'blanket' 'do not resuscitate' decisions for whole groups of people.

For the majority of respondents, the pandemic has been a very negative experience. They indicated that their work has been worse or much worse than normal during the survey period. A minority felt that it was no worse or better, while some reported a more positive experience and there may be a range of institutional and individual reasons for this.

Overall, as would be expected by this pandemic in which a new, highly contagious and potentially fatal infection has had such a universal impact on society, the picture from care homes has been an extremely stressful and anxious period for professionals working to care for and protect their residents.

The positives represent a silver lining to this cloud and there are numerous testaments to the skill, dedication, professionalism and teamwork that Care Home Nurses have displayed in 2020. In addition, this brief insight into the experiences of the nurses provides an opportunity to consider and plan for the support systems that may be needed in the anticipated second wave of Covid-19.

### Aim

In May and June of 2020, a survey was carried out to understand more about the impact of Covid-19 on the Care Home Nurse workforce within the UK.

### Methods

The survey was designed by the Queen's Nursing Institute (QNI). The survey was distributed online using SurveyMonkey via the QNI Care Home Nurse Network (n~400 members). Members of the Care Home Nurse network range from staff delivering care directly to residents, to leaders overseeing several homes.

There was a total of 163 responses to the survey, none were excluded and all 163 answers were available for analysis. This equates to a response rate of 41%. There were 21 questions in the survey. Each question did not necessarily require an answer and some questions allowed for multiple options to be selected. Two questions allowed for respondents to enter free text and further information. The results were collated and analysed using descriptive statistics and sentiment analysis/content analysis from free text. Sentiment analysis was performed using RapidMiner.

### Summary of findings:

- 1 70% (114) of respondents were Registered Nurses (RN) and 28% (46) were managers. 78% of respondents were over the age of 45 (128).
- 2 Most respondents reported caring for older people (97, 60%) with just under a third reporting caring for a mixture of residents of different ages and needs (48, 29%).
- 3 65% of respondents reported working in a nursing home (105, 65%), 7% in a care home (12, 7%), the rest reported working in organisations with a mixture of these (17, 10%) and 11% reported working across different homes (19, 11%).
- 4 66% (107, 66%) of respondents reported always having appropriate PPE while 2 (2, 1%) of respondents reported never having access to the appropriate type and quantity of PPE during the first three months of the pandemic (March-May 2020). 75% (123, 75%) reported that their employer had provided all their PPE.
- 5 During March and April 2020, 34 (21%) reported receiving residents from the hospital sector who had tested positive for Covid-19 in hospital
- 6 70 respondents (43%) reported receiving residents from the hospital with an unknown Covid-19 status during March and April 2020.

For the majority of respondents, the pandemic has been a very negative experience. They indicated that their work has been worse or much worse than normal during the survey period.



7 Being able to access other services was an issue for some respondents. 54% in total of respondents reported it was easy or somewhat easy to access hospital care with 25% in total reporting it somewhat difficult or very difficult during March-May 2020

8 In terms of accessing GPs, 67% reported it was easy or somewhat easy to access GP services with 32% reporting it somewhat difficult or very difficult. Only one respondent (<1%) reported no residents needed GP services in the months March-May 2020.

9 23% reported it was easy or somewhat easy to access District Nursing services with 33% reporting it somewhat difficult or very difficult during March to May 2020, however most respondents were also Registered Nurses, and so may have been able to provide some services a District Nursing service would provide.

10 71% reported it was easy or somewhat easy to access end of life medication/services for residents who required it, with 12% reporting it difficult or very difficult.

11 When asked if arrangements had changed in terms of decision making around do not attempt cardiopulmonary resuscitation (DNACPR), the majority responded 'no' (95) that there had been no changes. Five respondents stated they had made no changes to practice as continuous review was normal practice.

12 16 respondents reported negative changes which they found challenging such as 'blanket DNACPR' decisions, or decisions taken about resuscitation status by others (GPs, hospital staff or clinical commissioning groups) without discussion with residents, families or care home staff or that they disagreed with some of the decisions on legal, professional or ethical grounds.

13 39 respondents reported Covid-19 as a positive focus for change in talking about end of life care and a discussion of practice or ceiling of care. For example, moving to a recommended summary plan for emergency care and treatment (RESPECT) process or a reason to initiate conversations around dying and residents' wishes.

14 We asked about respondents' experience of working during March-May 2020. Around 20% of responses reported positive or mixed sentiment around the experience of working through Covid-19, for example pride in their colleagues or new workforce opportunities. 80% of responses reported very negative experiences such as not being valued, poor terms and conditions/changes to terms and conditions of employment, feeling unsupported/blamed for deaths, colleagues in other areas refusing help, feeling pressured to take residents from hospitals with unknown Covid-19 status and lack of clear guidance.

15 56% felt worse or much worse in terms of their physical and mental wellbeing, while 36% reported no change.

16 Only 62 respondents stated that they could take time off with full pay, while some felt pressure not to take time off at all (15).





The picture from care homes has been an extremely stressful and anxious period for professionals working to care for and protect their residents.



### Recommendations

The findings indicate some significant issues during Covid-19 for the care home sector. More needs to be done to understand the full effect of Covid-19 on the workforce and residents in this sector.

Urgent attention must be paid to the sector if the workforce is to withstand the additional demands of the pandemic, particularly in planning, guidance and employment practices.

### Survey Results

**Figure 1** In which UK Region do you work?

#### UK Region (n=163)

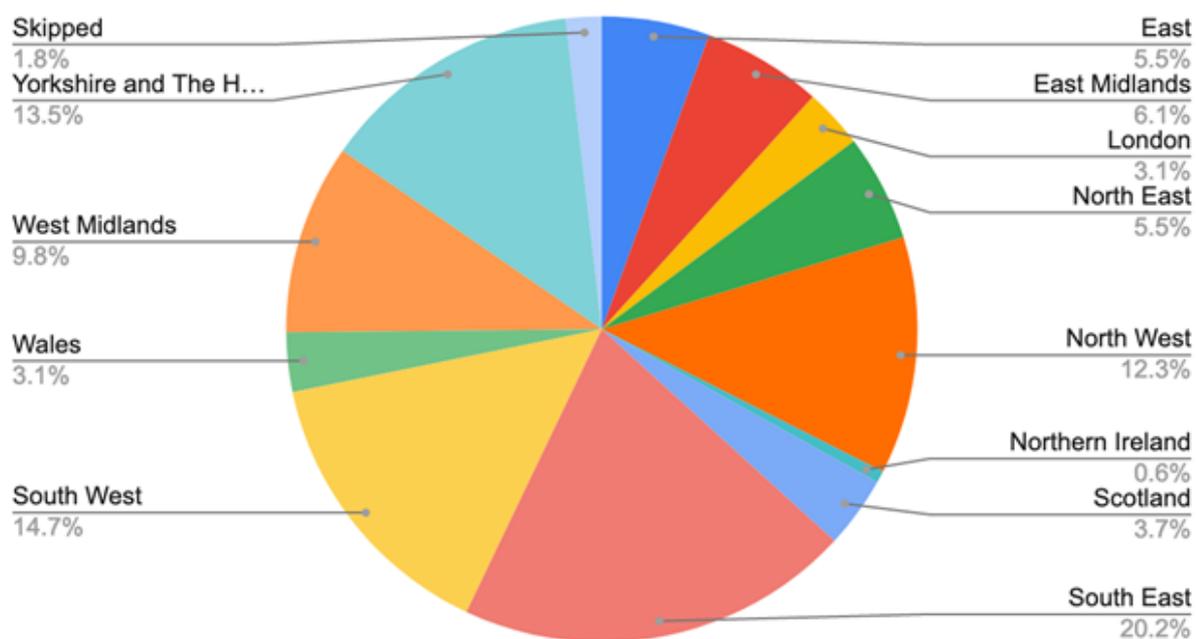
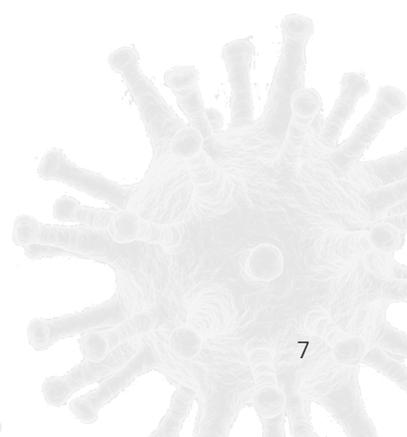


Figure 1 shows the most common region of England was the South East (33, 20.2%) followed by South West (24, 14.7%), Yorkshire and the Humber (22, 13.5%), North West (20, 12.3%), West Midlands (16, 9.8%), East Midlands (10, 6.1%), East (9, 5.5%), North East (9, 5.5%), Scotland (6, 3.7%), Wales (5, 3.1%), London (5, 3.1%) and Northern Ireland (1, 0.6%). 3 (1.8%) respondents skipped this question



**Figure 2 - What kind of role do you have?**

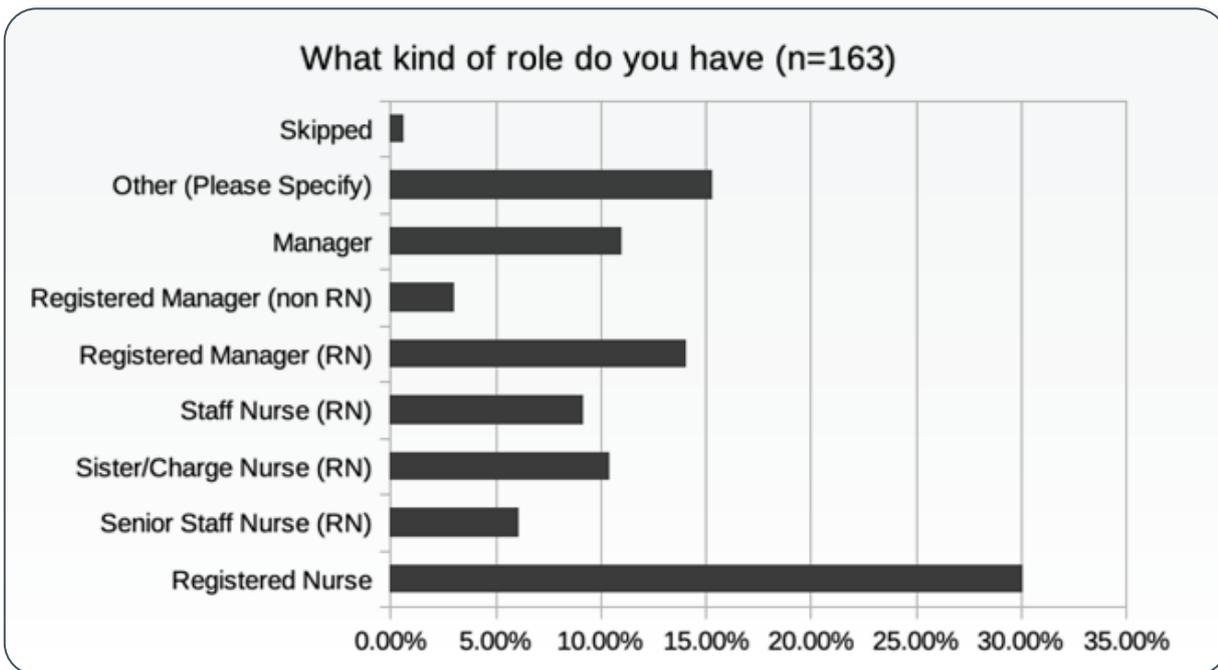


Figure 2 shows 70% of respondents in total, were Registered Nurses (RN) (114, 70%). 28% (46, 28%) were managers. Other responses included Clinical Lead (4, 2.4%), Registered provider (3, 1.8%), Deputy/assistant manager (3, 1.8%) and Older persons specialist nurse (2, 1.2%)

No respondents selected Senior Support worker/HCA, Nursing Associate or Assistant/Associate Practitioner.

**Figure 3 - Which term would apply to the people you currently care for?**

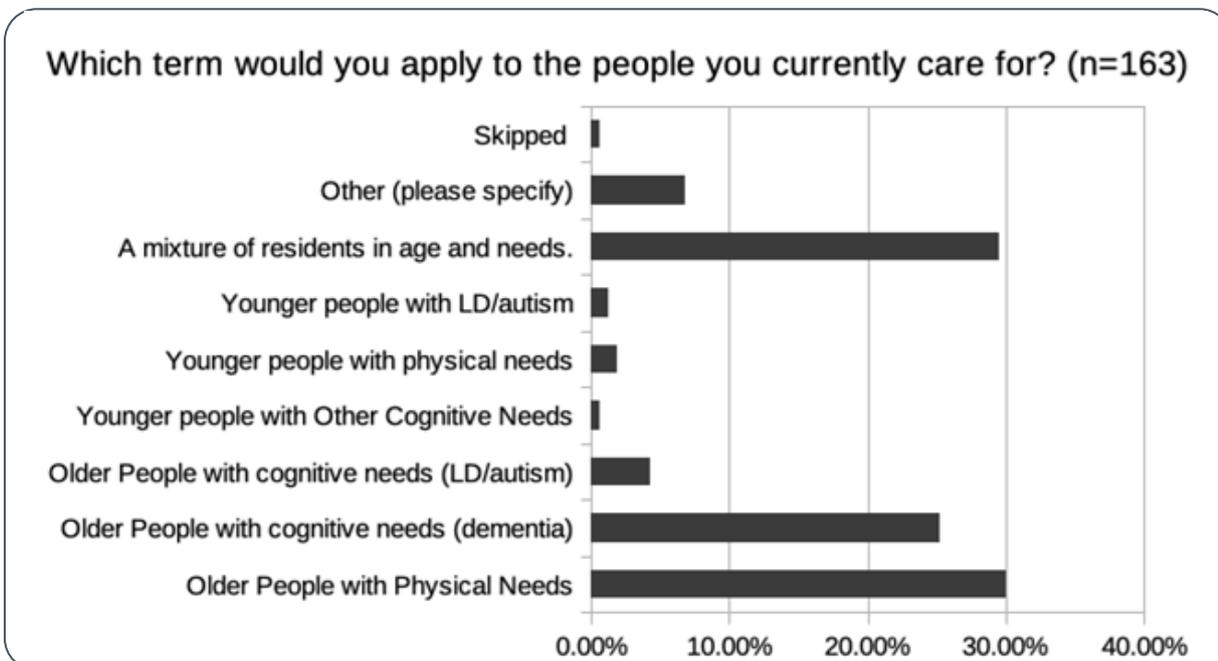


Figure 3 shows most respondents in total, report caring for older people (97, 60%) with 29% reporting caring for a mixture of age and needs (48, 29%). No respondent selected Specialist care e.g. spinal injuries (all ages)

The positives represent a silver lining to this cloud and there are numerous testaments to the skill, dedication, professionalism and teamwork that Care Home Nurses have displayed in 2020.

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**Figure 4 - In what kind of care home do you work?**

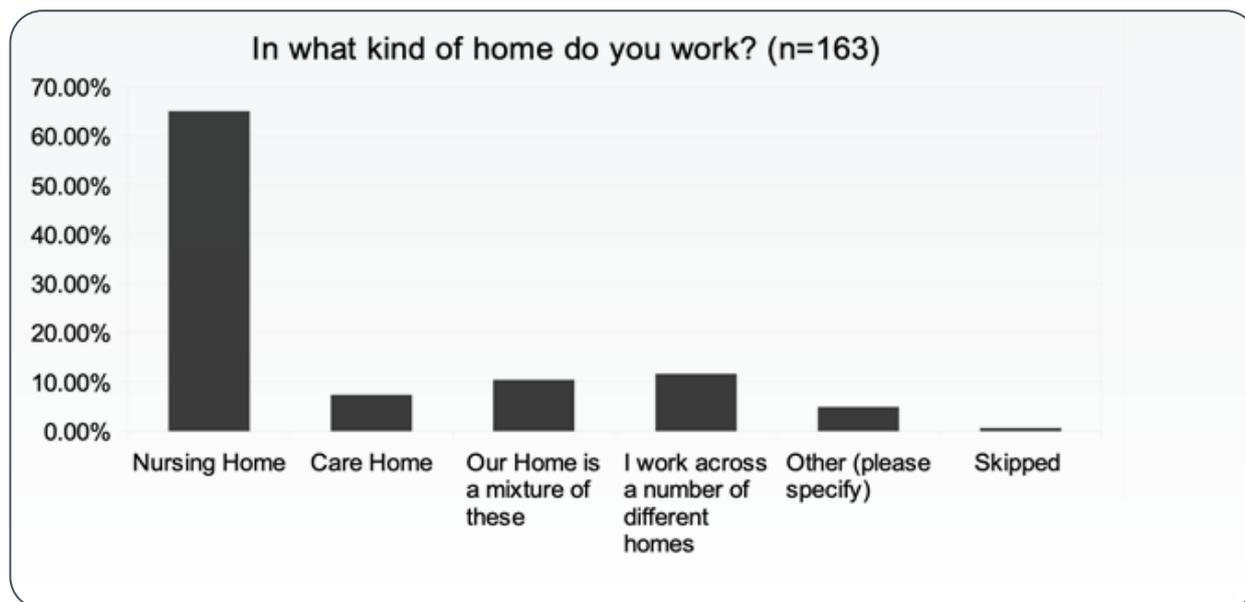
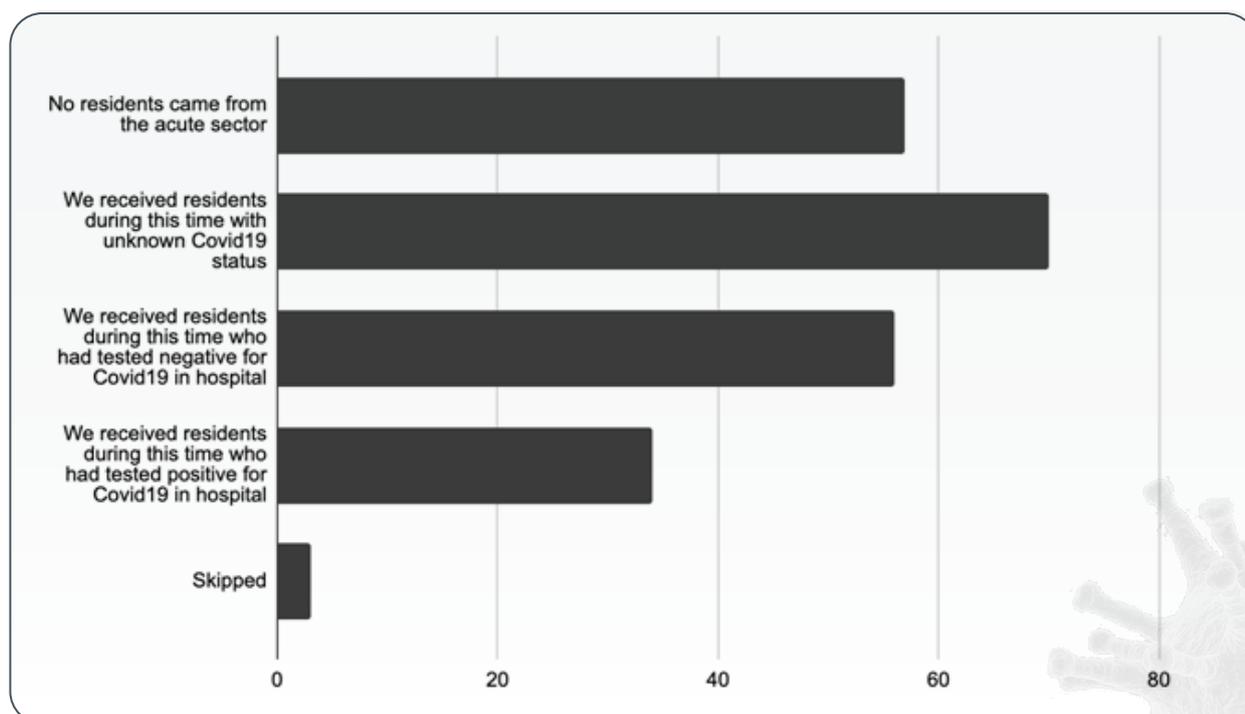


Figure 4 shows 65% of respondents report working in a nursing home (105, 65%), 7% in a care home (11, 7%), a mixture of these (17, 10%) and 11% reported working across different homes (19, 11%).

**Figure 5 - During March and April 2020 if residents came into your care home from hospital, please tick all that apply.**





This brief insight into the experiences of the nurses provides an opportunity to consider and plan for the support systems that may be needed in the anticipated second wave of Covid-19.



- 34 respondents (21%) reported receiving residents from the acute sector who had tested positive for Covid-19 in hospital.
- 70 respondents (43%) reported receiving residents from the acute sector with an unknown Covid-19 status.
- 57 respondents (35%) reported receiving no residents from the acute sector.
- 56 (34%) reported receiving residents who had tested negative for Covid-19 in hospital.
- Note the question specifically asked respondents to consider March and April 2020 and multiple options could be selected.

**Figure 6 - Do you feel you have had the appropriate type and quantity of PPE?**

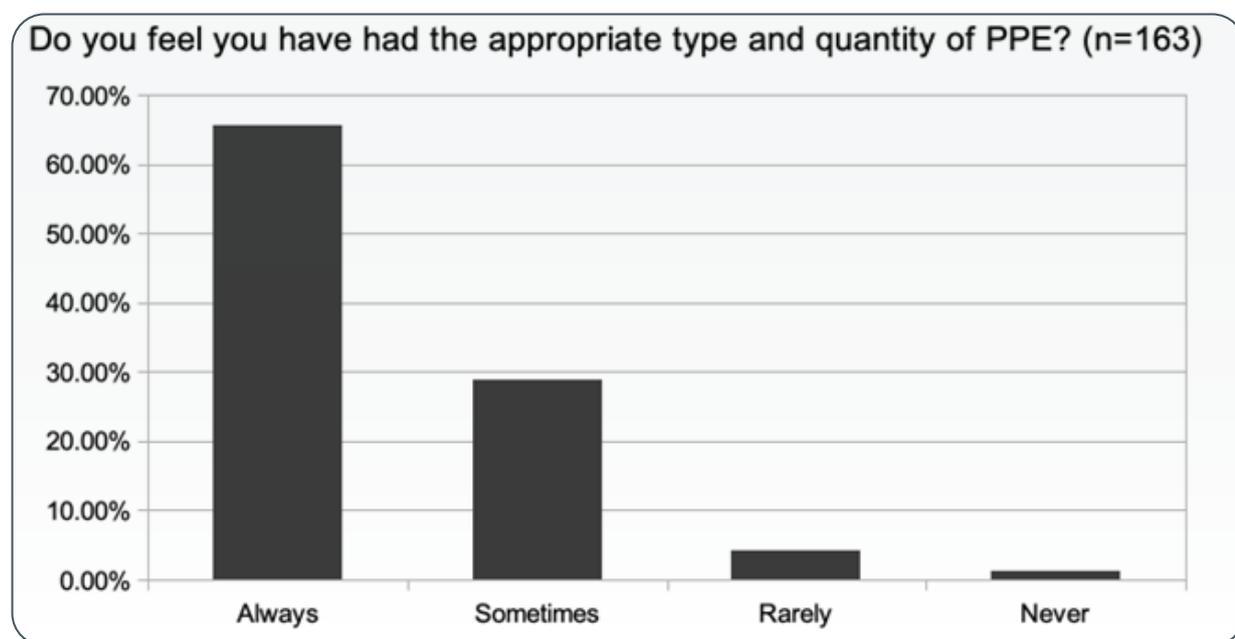
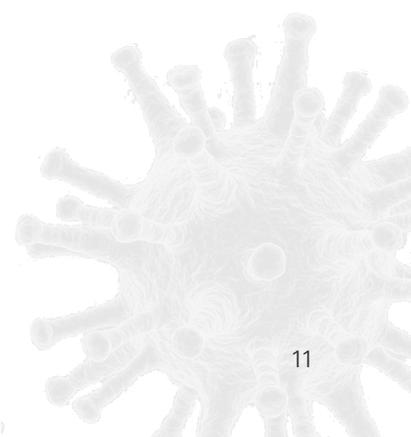


Figure 6 shows 66% (107, 66%) of respondents reported always having appropriate PPE, 28% (47, 28.83%) reported sometimes having appropriate PPE, 4% (7, 4.29%) report rarely having appropriate PPE with 2 (1%) respondents reporting never having access to the appropriate type and quantity of PPE.



**Figure 7 - Who has provided your Personal Protective Equipment (PPE) during the last three months?**

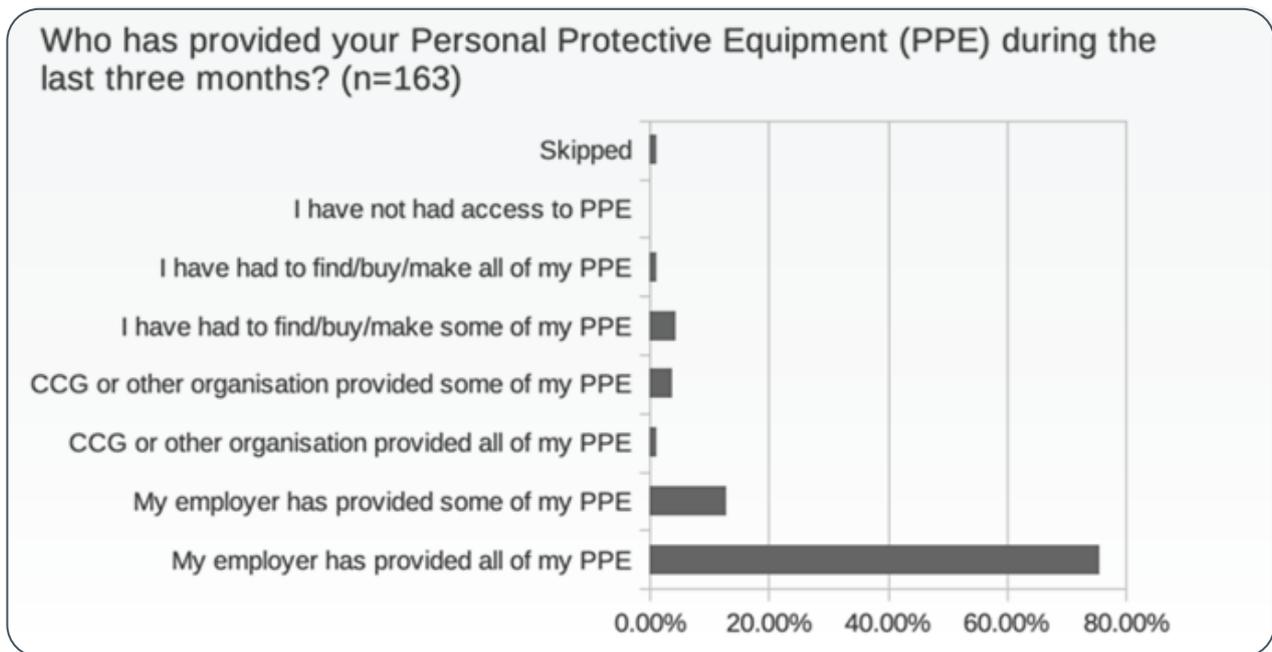


Figure 7 shows 75% of respondents (123, 75%) reported their employer has provided all of their PPE. There is a small discrepancy here as in Figure 6, 2 respondents report never having access to the appropriate type and quantity of PPE, however no respondents reported 'I have not had access to PPE' in this question. These may be the 'skipped' respondents.

**Table 1 - Please tell us about the availability of PPE items over the last 3 months**

n=63	Always available	Sometimes available	Rarely available	Never available	Not required	Did not answer
Gloves	93%	6%	1%	0%	0%	1%
Aprons	86%	11%	1%	0%	0%	2%
Masks (surgical paper)	69%	20%	6%	0%	2%	3%
Masks (FFP2/3)	32%	14%	5%	17%	26%	6%
Visors	65%	18%	8%	4%	3%	2%
Gowns	21%	6%	5%	26%	37%	4%
Arm protectors	12%	7%	6%	28%	42%	5%
Alcohol gel	73%	21%	4%	0%	0%	2%
Soap & water	95%	4%	0%	0%	0%	1%

70% (114) of respondents were Registered Nurses (RN) and 28% (46) were managers. 78% of respondents were over the age of 45 (128).



**Figure 8 - How easy was it to access hospital care for residents if you felt they needed it?**

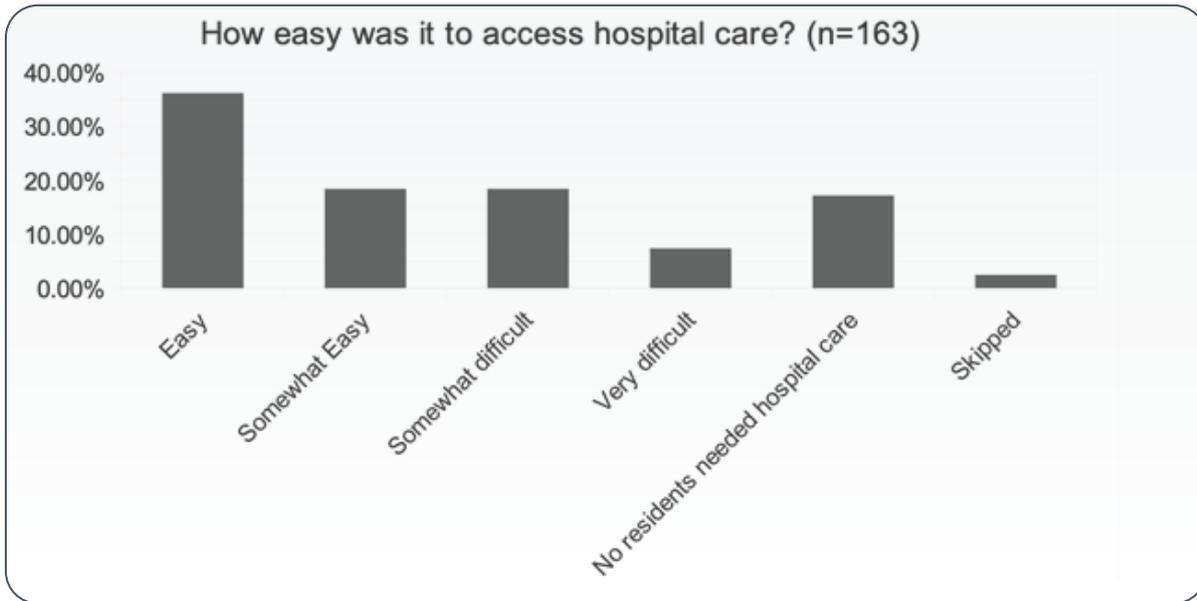
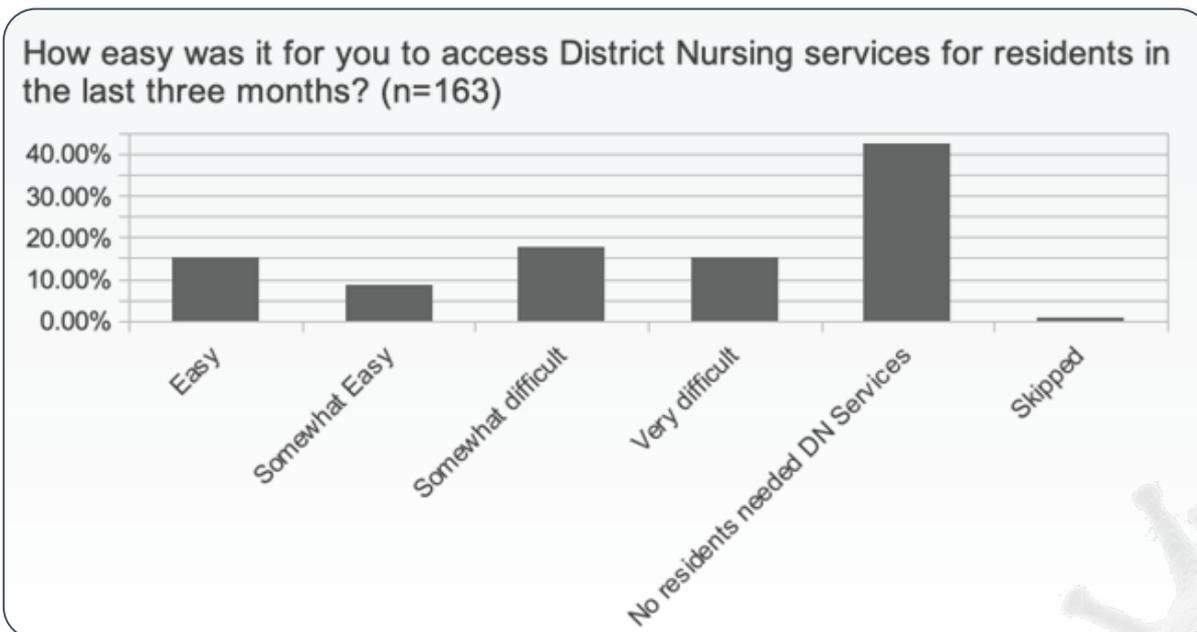


Figure 8 shows 54% in total of respondents reported it was easy (59, 36%) or somewhat easy (30, 18%) to access hospital care with 25% in total reporting it somewhat difficult (30, 18%) or very difficult (12, 7%).

**Figure 9 - How easy was it for you to access District Nursing services for residents in the last three months?**





There was a total of 163 responses to the survey, none were excluded and all 163 answers were available for analysis.

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Figure 9 shows that 57% in total (93, 57%) required access to District Nursing services of which 23% reported it was easy (25, 15%) or somewhat easy (14, 8%) to access District Nursing services with 33% reporting it somewhat difficult (29, 18%) or very difficult (25, 15%). 42% of respondents (69, 42%) reported no residents needed District Nursing services in the last 3 months. There is a possible explanation here as Figure 1 shows a large number of respondents are Registered Nurses.

**Figure 10 - How easy was it for you to access a General Practitioner for residents if you felt they needed it in the last three months?**

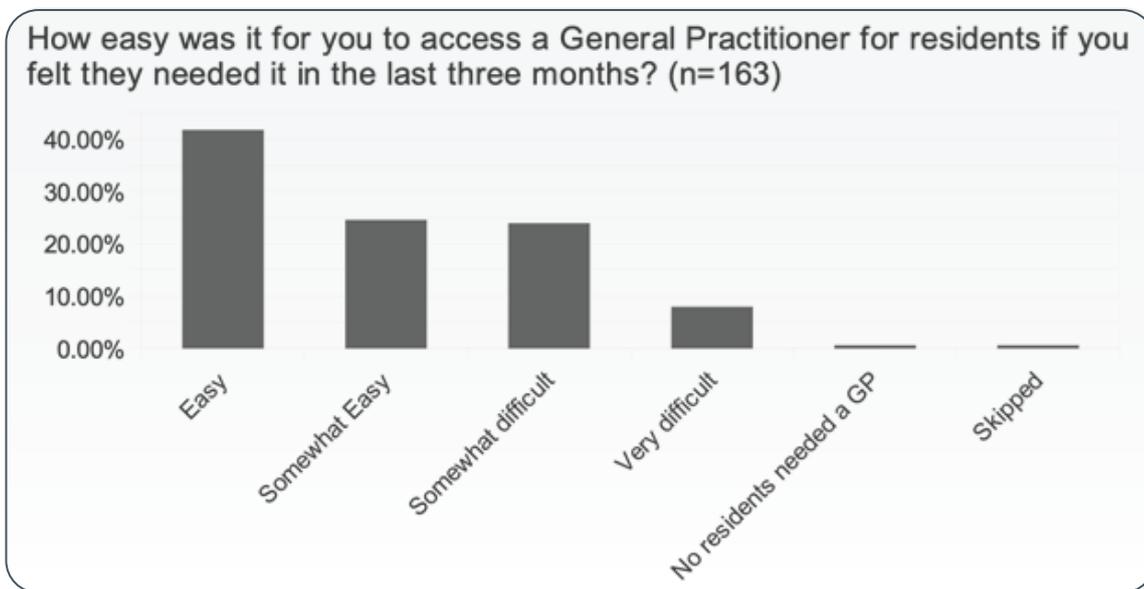


Figure 10 shows 67% reported it was easy (68, 42%) or somewhat easy (40, 25%) to access GP services with 32% reporting it somewhat difficult (39, 24%) or very difficult (13, 8%). Only one respondent (1, 1%) reported no residents needed GP services in the last 3 months.

**Figure 11 - How easy was it for you to access end of life medication/services for residents in the last three months?**

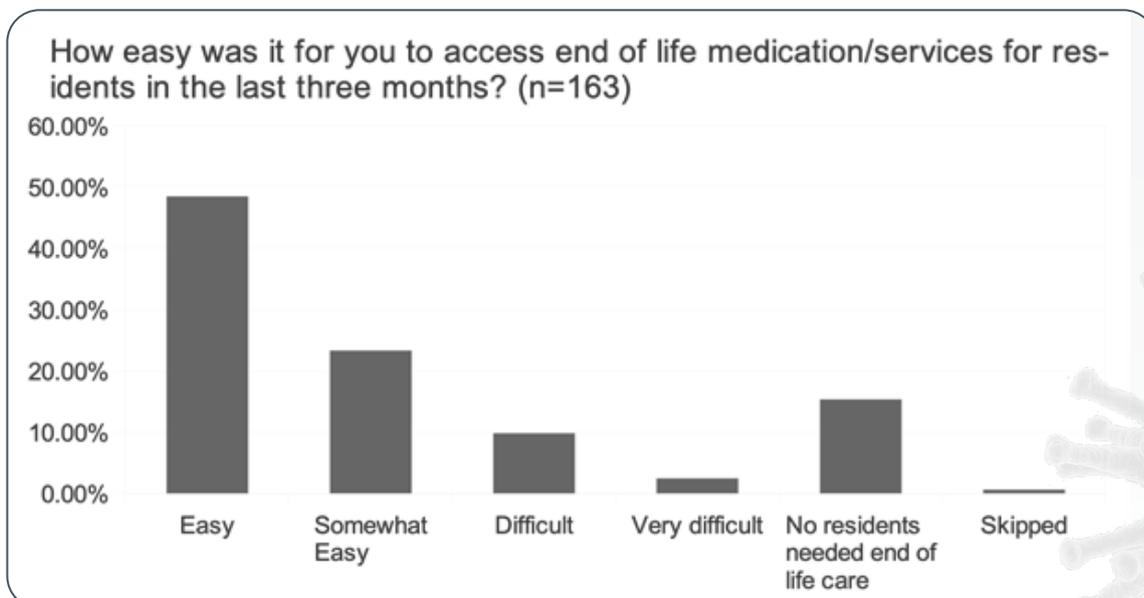


Figure 11 shows 15% respondents (25, 15%) reported no residents needed end of life medication/services in the last 3 months. 71% reported it was easy (79, 48%) or somewhat easy (38, 23%) to access end of life medication/services with 12% reporting it difficult (16, 10%) or very difficult (4, 2%).

**Table 2 - Did arrangements for Do Not Resuscitate plans change and if so in what way?**

There were only free text responses to this question (N=163 responses). The majority responded 'no' (95). These data were coded manually (content analysis).

Five respondents made no changes to practice as continuous review was normal practice. For example, *'No, most of residents had these in place anyway. I only have 2 in the building that don't have one and they have capacity.'*

Thirty-nine reported Covid-19 as a positive focus for change and discussion of practice or ceiling or types of care. For example, moving to RESPECT process or as reasons to initiate conversations around dying and residents' wishes. For example, *'All Treatment escalation plans and DNAR were reviewed in late Feb and early March involving resident and / or family. Three out of 60 were changed in accordance with the residents' wishes. As we code our residents those on a 1-2 month likelihood of end of life were given anticipatory medications.'*

16 were reported negatively. For example, blanket DNACPR instructions from the GP or the CCG or hospitals putting DNACPR in place without discussion with the resident, family or care home. Also, hospitals refusing to admit patients who had DNACPR or blanket 'no admission' policy; *'We were advised to have them in place for all residents. We acted in accordance with medical advice and resident wishes, not as advised by a directive to put in place for all by a CCG representative. We challenged this as unethical.'*

*'Sometimes changed without inclusion of family or the resident (where appropriate). Not always made including quality of life rather than disease and age.'*

*'Put in place without family consent by Trust staff, no consultation with staff in home.'*

Of the 16 that reported issues, 8 were in homes that cared for a mix of clients (Figure 12).

**Figure 12 - Negative response to the DNACPR question**

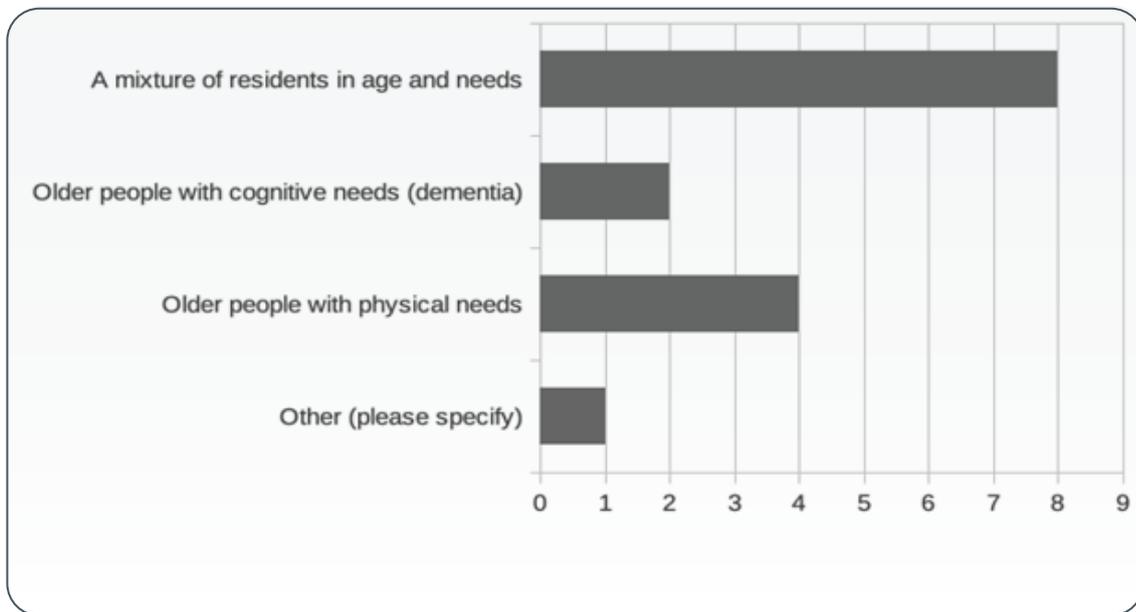


Figure 12 shows the distribution of a negative response to the question regarding DNACPR by type of residence. Eight replies were ambiguous responses that need clarification.

During March and April 2020, 34 (21%) reported receiving residents from the hospital sector who had tested positive for Covid-19 in hospital.

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**Figure 13 - In the last three months have your district or general practice nurses been able to provide you with virtual or face to face clinical training support? For example virtual training on wound care or the administration of insulin?**

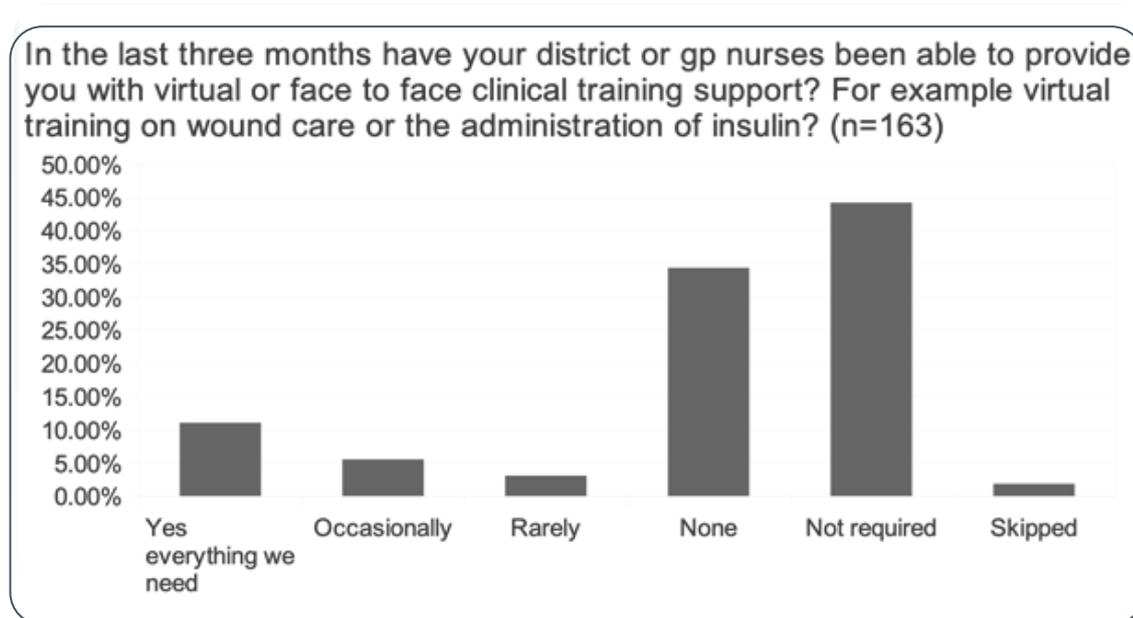
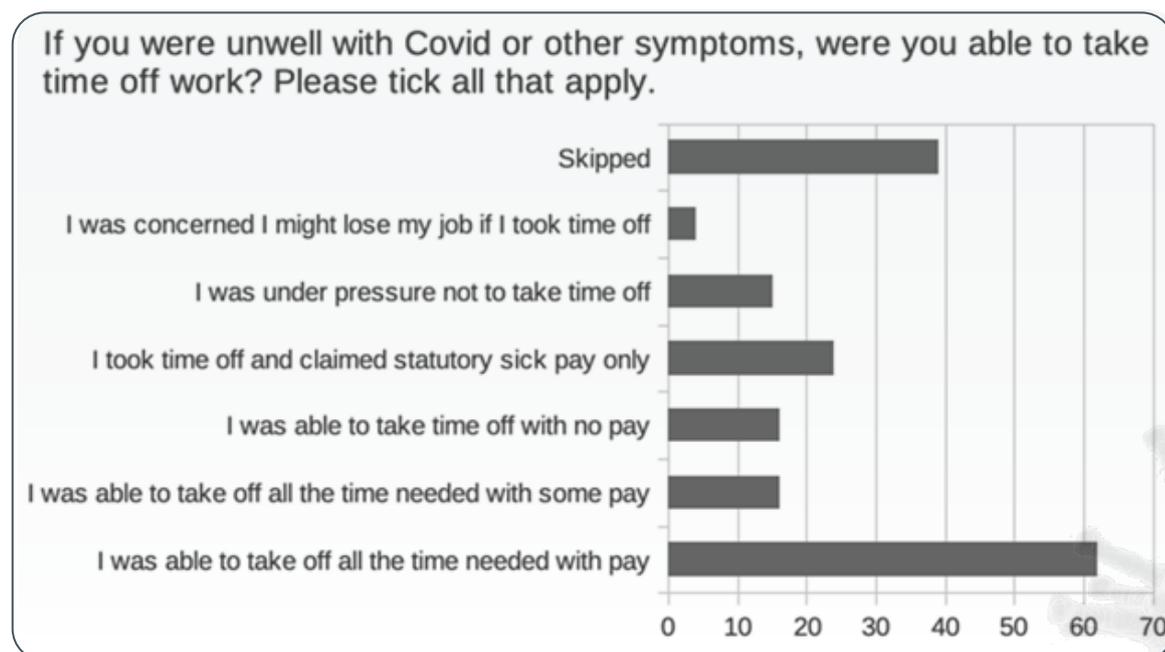


Figure 13 suggests an area for follow-up to differentiate the responses between None (56, 34%) and Not Required (72, 44%)

**Figure 14 - If you were unwell with Covid-19 or other symptoms, were you able to take time off work? Please tick all that apply**

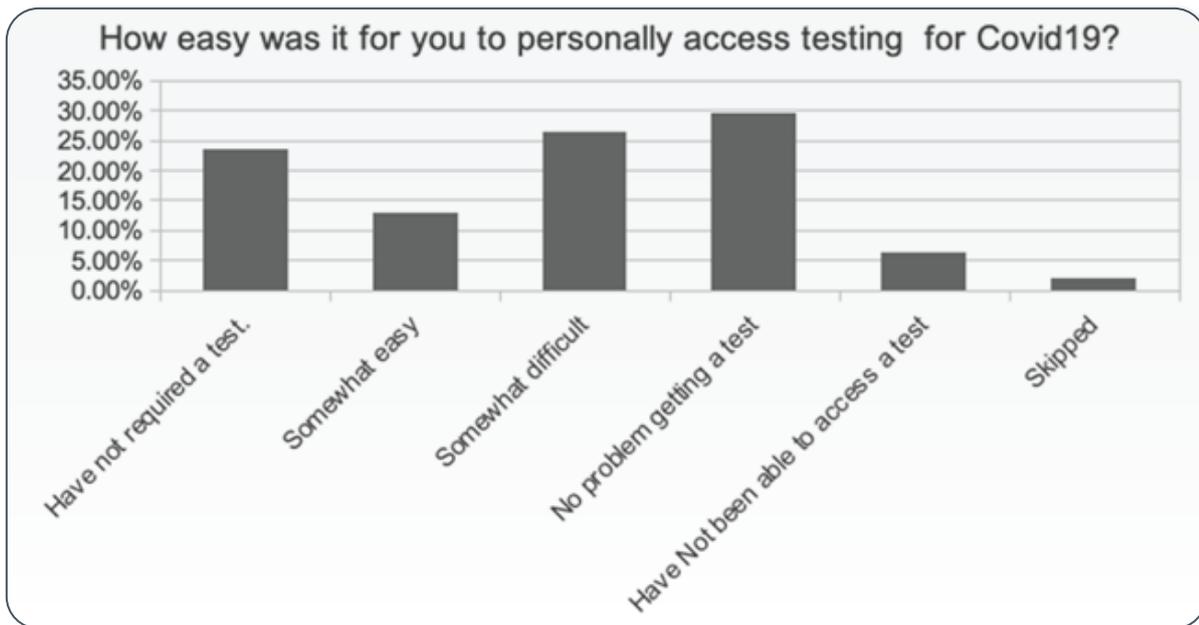




39 respondents reported Covid-19 as a positive focus for change in talking about end of life care and a discussion of practice or ceiling of care.

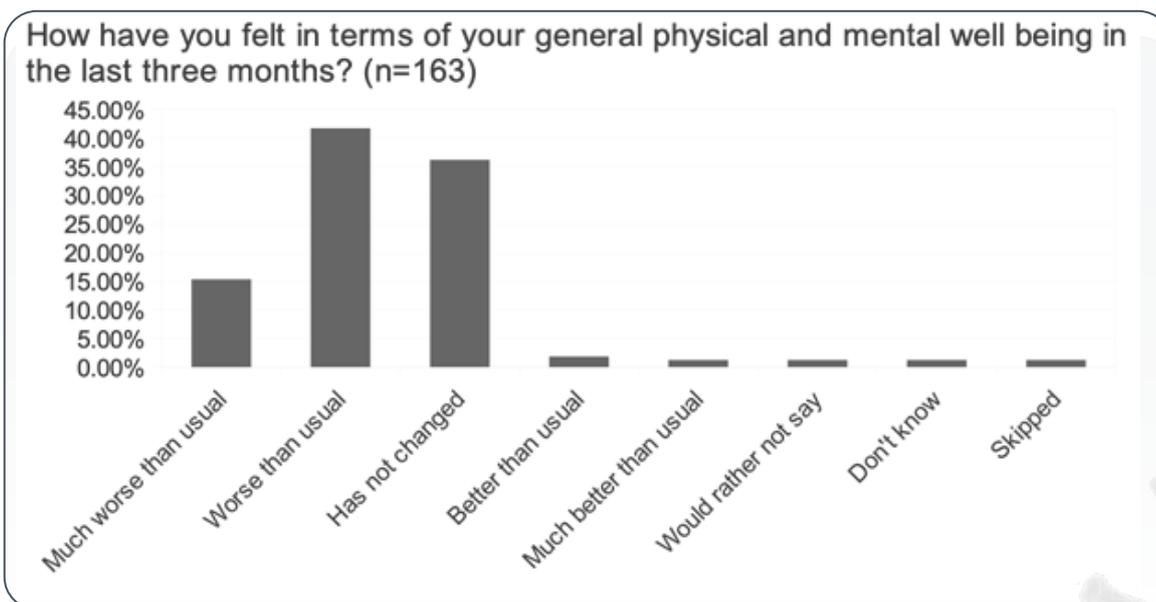
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**Figure 15 - How easy was it for you to personally access testing for Covid-19?**



This was the situation during the survey period; testing requirements for care homes have now changed.

**Figure 16 - How have you felt in terms of your general physical and mental well-being in the last three months?**



57% felt worse (68, 42%) or much worse (25, 15%) while 36% (59, 36%) reported no change. Note, no baseline established for comparison.

**Table 3 - Is there anything else you would like to tell us about your experiences of the last three months?** This text was extracted and subjected to manual content analysis and sentiment analysis using RapidMiner. Overall the responses to this question were strongly negative. There were 122 responses to this question.

**1. Positive responses from manual coding**

Respondents reported a range of topics which they felt were positive:

- Good support from organisations i.e. councils and private businesses (for example private companies making and donating visors)
- Good support from employers and colleagues
- Improved relationships
- Recruitment opportunity
- Pride in caring for residents and in colleagues

*'It has improved team work, it has been emotional but we have all helped each other, strong leadership has helped get through the outbreak we have had and having ways in which to remember our residents that have died has also supported the grief the staff have felt with the loss of our 'family' of residents. We have learnt a lot, we have training initiatives as a result of things that did not go so well. We had good supply of PPE and the team worked so hard together, proud of the team I work with and support. the relationships we have with the relatives have allowed us to keep them up to date with face time, phone calls, photos on closed FB group. We have made memories, and will remember our fallen in a service for everyone when we are open again. The pandemic has highlighted what is important in our lives and how we can make changes in the way we work and support each other and our relatives. We have found new ways to work and have support from the MDT in community. There have been residents that (sic) were waiting for assessments that have gone on hold, which may prove to be detrimental to their physical wellbeing.'*

*'As owner/provider, stabilising fears in the workforce; loss of staff shielding or isolating; heartened by recruiting several new staff from other sectors who had lost their jobs or businesses.'*

*'No covid in the care home staff or residents and very proud of my team.'*

**2. Strongly negative (80%) from sentiment analysis and manual coding**

Recurring themes from respondents:

- Poor management practices
- Lack of communication, lack of information, lack of process/procedure
- Lack of support i.e. CCG homeowners, government and other organisations
- Pay and terms
- Working conditions/PPE
- Work not valued/focus on hospitals
- Stress and personal ill health
- Concerns about the future
- Pressured i.e. to take Covid-19 positive patients or Covid-19 unknown patients
- Concerns about workforce
- Anger
- Fear/vulnerability
- Feel blamed for deaths
- Workload (having to do the work of others i.e. District Nurses, General Practitioners etc.)

*'We had all the PPE PHE says we needed- but it felt inadequate. Management very supportive. The acute sector pushed us to take untested admissions. CHC funding are using current situation to turn down applications for CHC funding The two weeks of daily deaths during an outbreak were possibly the two worst weeks of my 35 yr nursing career. My team have been amazing'*

*'It has been a challenging and traumatic time. What you see and hear on the news is not what is happening on the ground. Guidance seems to change all the time. Firstly we were told to admit and take back residents with unknown Covid status. At the start we were advised not to wear masks and then when we were there were concerns over whether there would be enough. The government announced everyone could get tested and then when I called PHE they said they didn't have the resources to do that. The government said everyone could wear their care badge with pride but none available. Ordered the care home testing kits, they haven't become available as yet. The antibody tests were supposed to have been rolled out but not heard anything yet. There has not been a co-ordinated approach to this pandemic.'*

*'I have been in my job 9 years and loved it - management changed - covid came along - I felt management weren't taking it seriously and I handed in my notice - also I would not sign the new contract which was like modern slavery- not sure it was legal.'*

'It has been emotional (...) but having ways in which to remember our residents that have died has also supported the grief the staff have felt with the loss of our 'family' of residents.'

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Figure 17 - Which gender do you identify with?

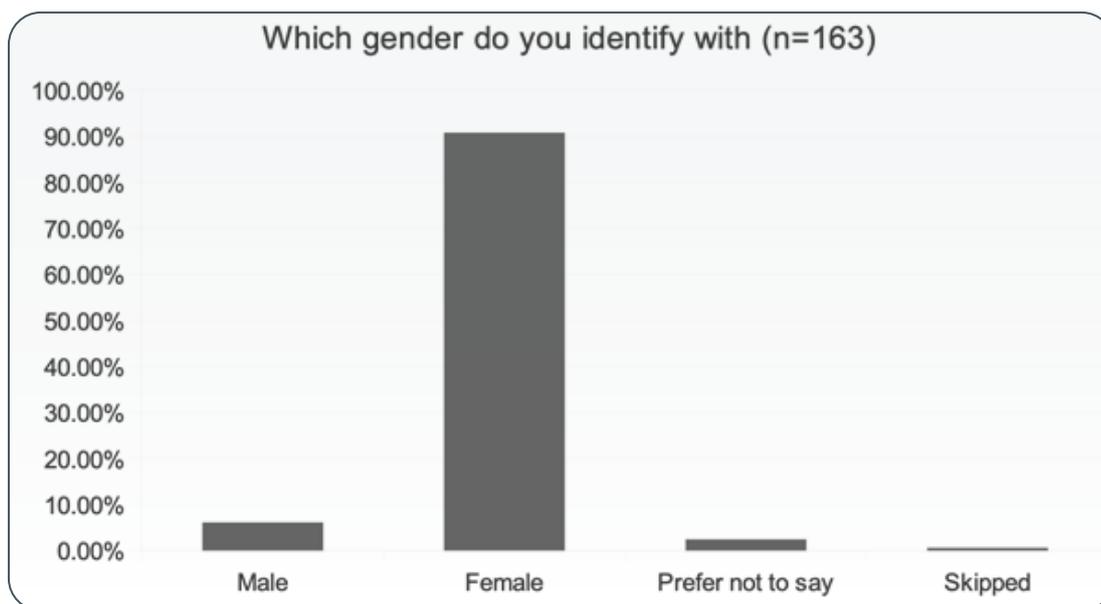
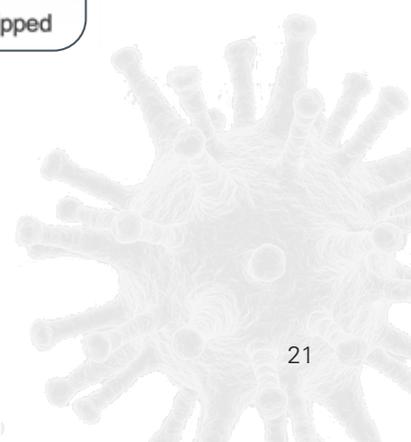


Figure 18 - Please tell us your age



78% of respondents are over 45 (128, 78%)

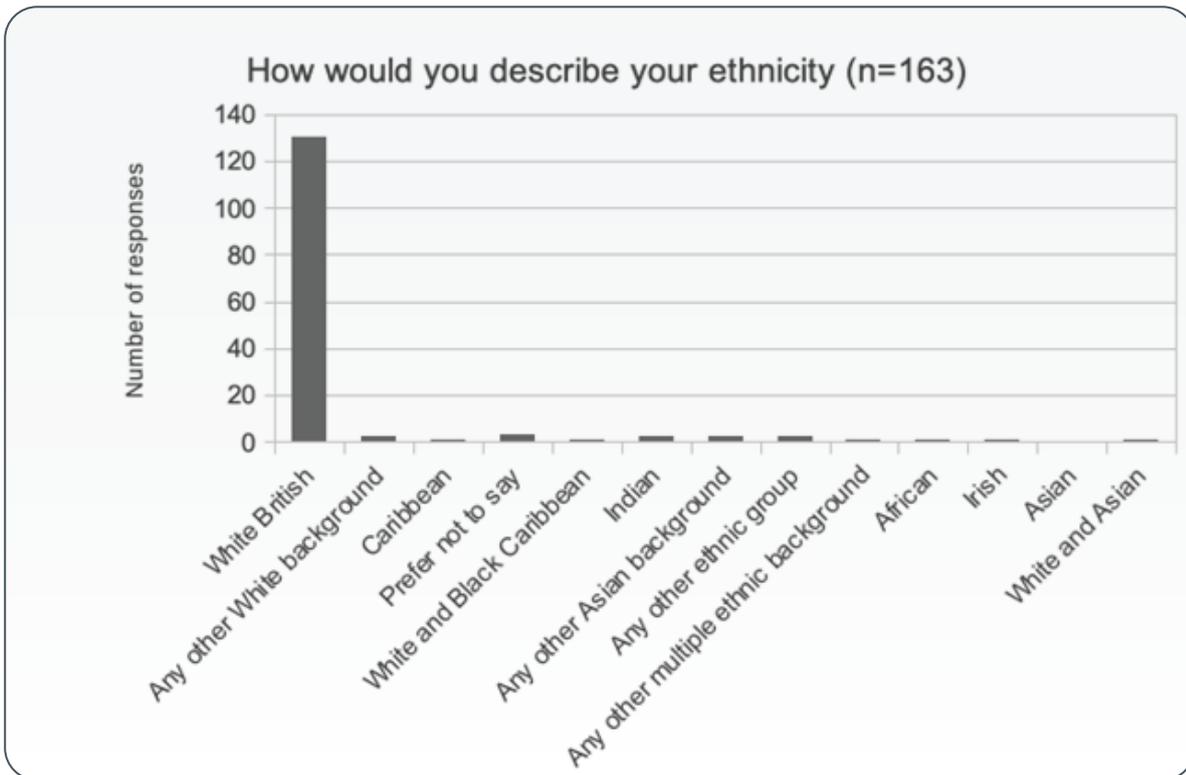




‘The two weeks of daily deaths during an outbreak were possibly the two worst weeks of my 35 year nursing career.’

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Figure 19 - How would you describe your ethnicity?



Figures 17, 18 and 19 show an ageing, predominately female workforce and 130 of 147 respondents identified as White British.

In the most recent report by Skills For Care2, the breakdown in the adult social care sector and workforce in England shows the following:

- 17% male and 83% female,
- the average age of a worker is 44
- ethnicity is 21% BAME and 79% White
- 84% British

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2. <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>



