



Healthwatch Kingston

Residential Care during the coronavirus pandemic report:

Feedback from residents and their families and friends

Surveys - January to April 2021

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healthwatch
Kingston upon Thames



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1. About Healthwatch Kingston

Healthwatch Kingston upon Thames is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experience. We are independent and have the power to make sure NHS and social care decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Healthwatch Kingston upon Thames is part of a network of over 150 Local Healthwatch across the country. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

We're here to listen to the issues that really matter to people in the Royal Borough of Kingston upon Thames and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential.

Healthwatch uses your feedback to better understand the challenges facing the NHS and social care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

It's really important that you share your experiences – whether good or bad, happy, or sad. If you've had a negative experience, it's easy to think there's no point in complaining, and that 'nothing ever changes.' Or, if you've had a great experience, that you 'wish you could say thank you'. Remember, your feedback is helping to improve people's lives. So, if you need advice, or you're ready to tell your story – we're here to listen.

2. Executive summary and key recommendations

Between January 2021 and April 2022, Healthwatch Kingston ran two surveys about the experience of residents, and family members and friends of residents of Care Homes, Supported Living Homes, and Extra Care Housing during the coronavirus pandemic.

Two online surveys were developed in collaboration with the Royal Borough of Kingston upon Thames, with support from members of the Healthwatch Kingston Community Care Task Group, to ask residents and their families and friends to describe their experience of residential care during the coronavirus pandemic.

We wanted to elicit as many views as possible from residents, so 'Easy Read' surveys were also prepared and then completed by residents with the assistance of third parties: mainly staff, carers and in some cases, family members.

Families and friends of residents were invited to complete a similar survey. For various reasons, they were able to be more forthcoming in their written responses, offering excellent insights into the experiences of both themselves and of their family members.

The majority of **residents** described themselves as being satisfied with the care they received. The challenges they faced had much more to do with their loss of autonomy and freedom than with the actual care received. Lack of access to their loved ones, loss of activities and social outings, isolation, loneliness, and physical contact were a few of the key causes of concern.

For **families and friends** of residents, the lack of ability to spend time with their family members in residential care was particularly challenging and resulted in a feeling of powerlessness, as they were physically excluded from their loved one's everyday lives. Concerns about their family member's welfare, their lack of stimulation, self-isolation and their physical health

were key challenges. But overall, the majority were satisfied with the care their family member or friend was receiving within their residential facility.


A majority of residents had been vaccinated against Covid-19 and medical care and medications were being provided, but emotional and mental health support was being provided by care home staff rather than by relevant professionals. Just over 30% of residents whose experiences inform this report were admitted to hospital during the pandemic with the majority being discharged back to their residential care facility.



Healthwatch Kingston key recommendations for the future:

1. Commissioners and providers of residential care (care homes, supported living homes and extra care housing) need to ensure the provision of a safe and welcoming environment for residents, their families and friends, and for residential care staff and carers.
2. Commissioners should work with providers of residential care to undertake and publish a review of lessons learnt during the pandemic for the future planning and provision of residential care services.
3. All health and care stakeholders must ensure excellent communication channels between residents, their families and friends, and residential care staff and carers to facilitate the exchange of accurate and relevant information.
4. Providers should maintain the use of social media channels and further develop the use of other technology to facilitate effective communications. Resources should be invested in staff training to make this possible.
5. Commissioners and providers of residential care (care homes, supported living homes and extra care housing) should consider how to improve the transparency of decision-making on the arrangements being made in care homes and demonstrate how this is being informed by evidence and experience.
6. Providers of residential care (care homes, supported living homes and extra care housing) should continue to re-introduce activities that encourage social activity and participation in decision-making by residents, ensuring these activities suit the needs of individual residents.
7. Integrated Care System and Place leaders must ensure access to good medical care for all in residential care.

3. Introduction

 *The pandemic has been tough for all of us, but for people drawing on and working in social care, it has been a time of real challenge and heartache. But we have also seen people using the best of their skills, their incredible creativity, and their compassion to support people in our communities and families during Covid-19.”*

Oonagh Smyth, CEO, Skills for Care.

‘The state of the adult social care sector and workforce in England 2021’

In March/April 2020, residential care homes in the UK were faced with the unprecedented challenge of managing the complex care of their residents at the onset of a coronavirus pandemic. Covid-19 spread rapidly, making many vulnerable residents in those care homes ill and increasing mortality rates at an alarming pace.

Mortality and morbidity figures for UK hospitals confirmed the increased risks faced by elderly people. Care home staff, residents and their families had to urgently adapt their lives and working practices in an attempt to curb virus transmission and to try and protect vulnerable loved ones and residents. The pandemic had a huge and immediate impact on care homes. According to data published by the [Office for National Statistics](#), 35 people had died in Kingston care homes (based on any

mention of Covid-19 on the death certificate) by 12th June 2020. This compared with 84 Kingston residents dying in hospital, 9 at home and 1 elsewhere.

New rules and guidelines were rapidly imposed as the government and public health officials attempted to curb Covid-19. The rapid and dangerous transmission rates led to strict protocols being enforced, including tighter infection control procedures. These strict measures resulted in major changes in the experience of people living in residential care (care homes, supported living homes and extra care housing) and also for their families as they attempted to deal with this threat.

Lives were changed radically and the way in which care homes were forced to respond at such short notice brought emotional and physical challenges to both residents and residential care staff alike.

The principal aim of the Healthwatch Kingston local survey was to find out the lived experiences of local residents in care homes, supported living homes and extra care housing and of their families and friends as they all tried to come to terms with the threat of Covid-19. Healthwatch Kingston wanted to improve its understanding of the impact of the pandemic and how the new rules and restrictions affected residents' psychological, social, and physical wellbeing.

4. Methodology and limitations

Healthwatch Kingston was aware of the sensitivities associated with asking our local care home, supported living home and extra care housing residents and their families for an account of their experience in residential care during the Covid-19 pandemic. This was also challenging as we were unable to go into homes to talk directly to people due to the danger of transmission and the rules and guidelines which banned entry to visitors, in order to protect residents.

We created two online surveys in collaboration with the Royal Borough of Kingston upon Thames and with support from members of the Healthwatch Kingston Community Care Task Group. As we were unable to meet with residents in care due to the pandemic restrictions, surveys were the next best method of data collection. One survey was designed for residents and second survey for their family members and friends. We aimed to gather a snapshot picture of their lived experience. The surveys included open-ended questions so that we could collect more informed and personal responses in an attempt to draw out more detail on those experiences.

To ensure that people without digital access were also able to participate in our community engagement, we used our 'Easy Read' version of the resident survey for use independently by residents or with support from someone else, if they wished. Healthwatch Kingston contacted residential care homes in the borough and ensured that paper copies of this version of the survey was sent to each home to encourage and help them to take part in the survey. In addition to this we worked with Kingston Mencap to support local residents in homes with a learning disability to complete our Easy Read version of the survey via Zoom or on the phone.

It is important to note that our survey did not differentiate between residents of different types of homes. We did not ask for the reasons as to why residents were in care homes; so different perspectives for different conditions are not disaggregated.

However, a sizeable number of respondents to our surveys self-reported some form of dementia. We note that engagement with people with dementia can be problematic, as informed and valid consent to participate can be challenging and we recognise that isolation and confusion will have added to residents' distress and must have made it difficult for staff and families alike to complete the forms. The response to our survey has enabled Healthwatch Kingston to add a specific section about residents with dementia in the report (see page 33) so that the experiences of people with dementia, can help inform the future planning and delivery of services that support their particular needs.

As already outlined, we were often reliant on third parties, including carers, to help participants respond. As a consequence, the written responses were often given in the third person; this is not as fluid and free flowing as having a dialogue directly with individual people. It was, however, encouraging to find that many people were willing to participate, and we hope that the experience they describe will be seriously considered by those commissioning, planning, and delivering the services to Kingston residents.

In addition to using the channels above, Healthwatch Kingston also communicated the survey through multiple platforms, including our own e-newsletter and social media. Some residential care homes and partner organisations also shared our survey through their own communication channels with service users.

5. Summary of demographics for residents'

There were 87 respondents to the residents' survey, 86 of whom told us about their residential living environments, with over 81% (70 people) living in a care home, nearly 14% (12 people) living in supported living arrangements, one person living in extra care housing, and 3 in unspecified other facilities.

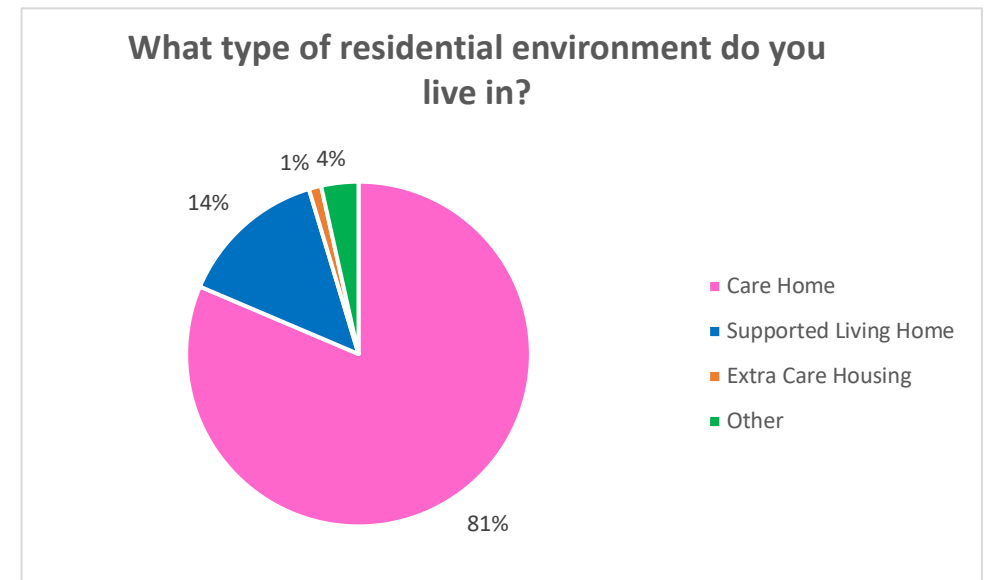
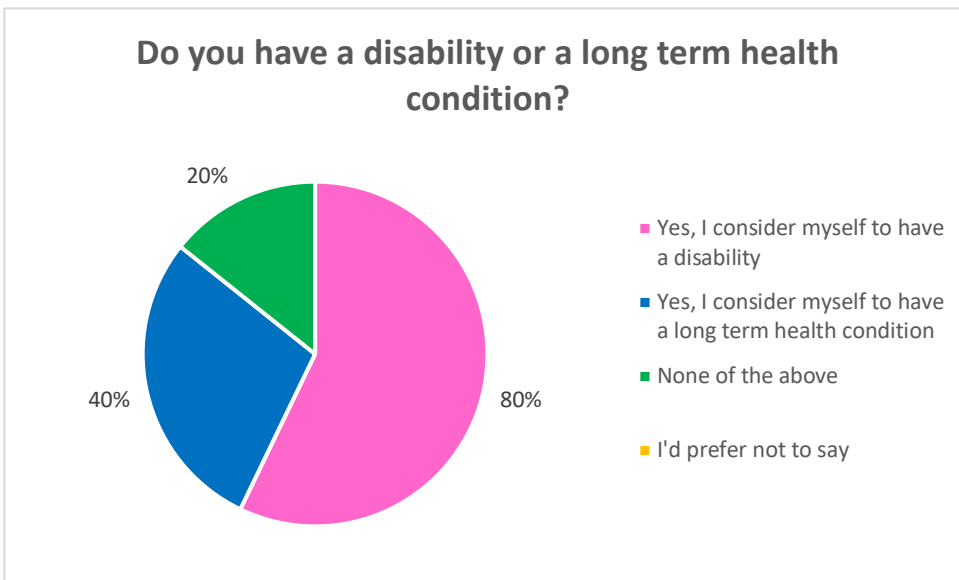
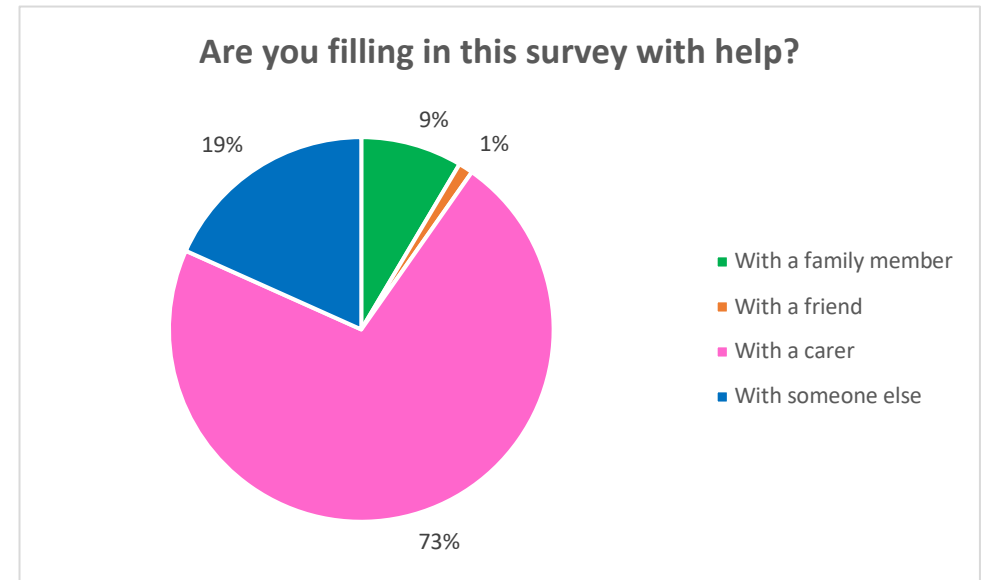
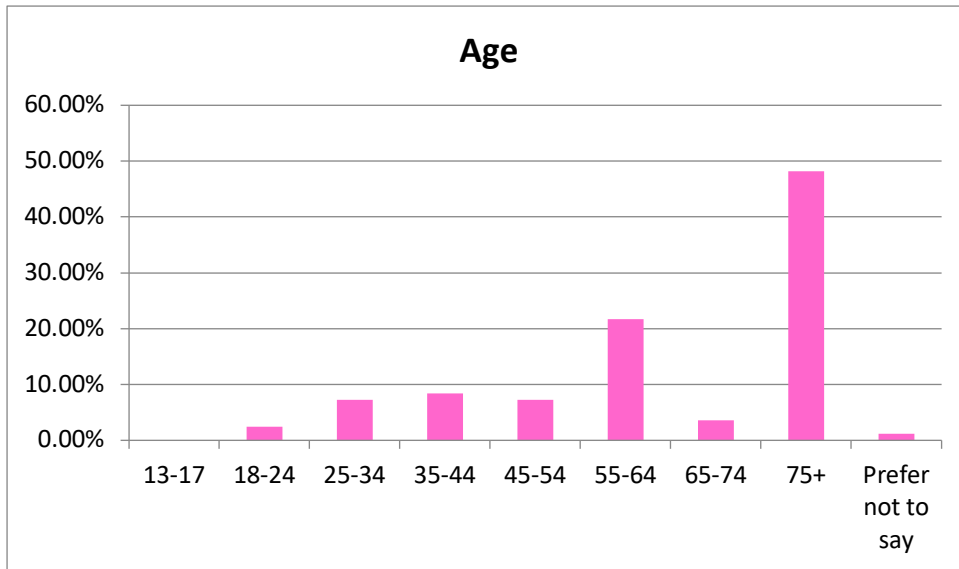
If you would like to find out more/have a specific question about the detailed data collected through this Kingston community engagement survey. Please contact us on info@healthwatchkingston.org.uk and one of our staff team will be happy to help.

Demographics:

- 79 people told us about their gender. 43% (34) were men, 57% (45) were women
- Of the 83 respondents who gave their ages, nearly 50% (40 people) were over 75 years of age, 4% (3 people) were aged between 65-74, over 21% (18 people) were aged between 55-64, and 25% (21 people) said they were younger than 55
- Nearly 73% (59 people) responded to the survey with the help of a carer. Nearly 9% (7 people) had support from a family member. One person had support from a friend and a further 19% (15 people) had support from someone else
- Five people responded to the question about sexual orientation, 4 described themselves as 'straight/heterosexual', and 1 'preferred not to say'
- Five people responded to the question on ethnicity, all of whom were 'white British'
- Similarly, there were only 5 responses to the questions on disabilities and longterm conditions, 4 of whom stated they had a 'disability' and 2 shared they had a 'longterm condition'.

Healthwatch Kingston notes that this data may also have been impacted because the demographic questions were reduced in the Easy Read version of the residents' survey.

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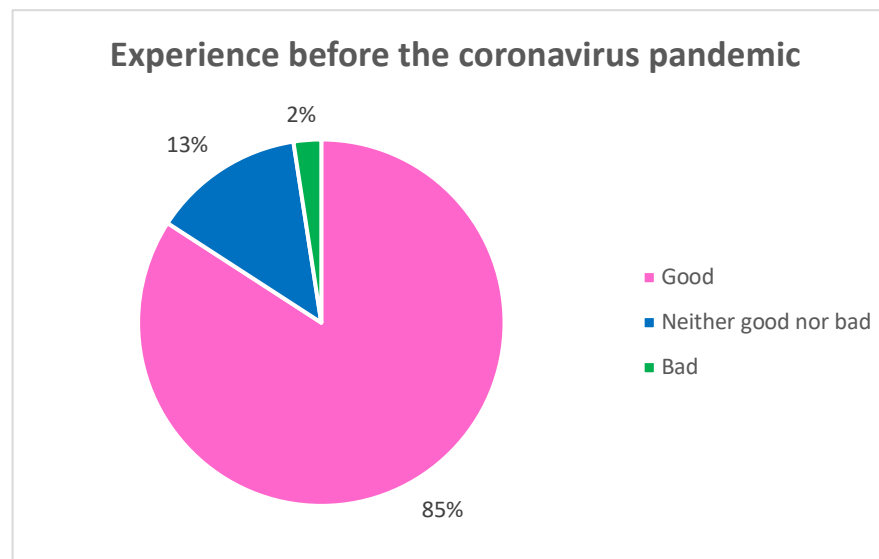


6. Key findings of residents' responses

Experiences before the pandemic

The data from the survey suggests that most of the respondents were content with their lives within their residential care prior to the pandemic.

Over 85% (69 people) out of the 81 responses described their lives as good, with 11 people reporting more neutral, describing it as neither good nor bad, and only 2 respondents describing it as bad.



“It’s well organised.” *“I had a nice bedroom.”*

“She enjoyed her routine of weekday activities and weekend trips with her Dad.”

“Things were normal before, like going out with friends and to day centres, and the pub.”

Their reasons included:

- Nice caring staff
- Good activities
- Normal socialising
- Enjoyment of other residents
- Routine/well organised
- Good care
- Happy with their environment.

During the pandemic

However, when asked about their experience of living in their homes during the coronavirus pandemic, and in particular, the actual lockdowns, satisfaction levels deteriorated with only 69% (56 people) saying their experience was good, a further 25% (20) stating it was neither good nor bad, and over 6% (5) saying it was bad.

Positive responses included:

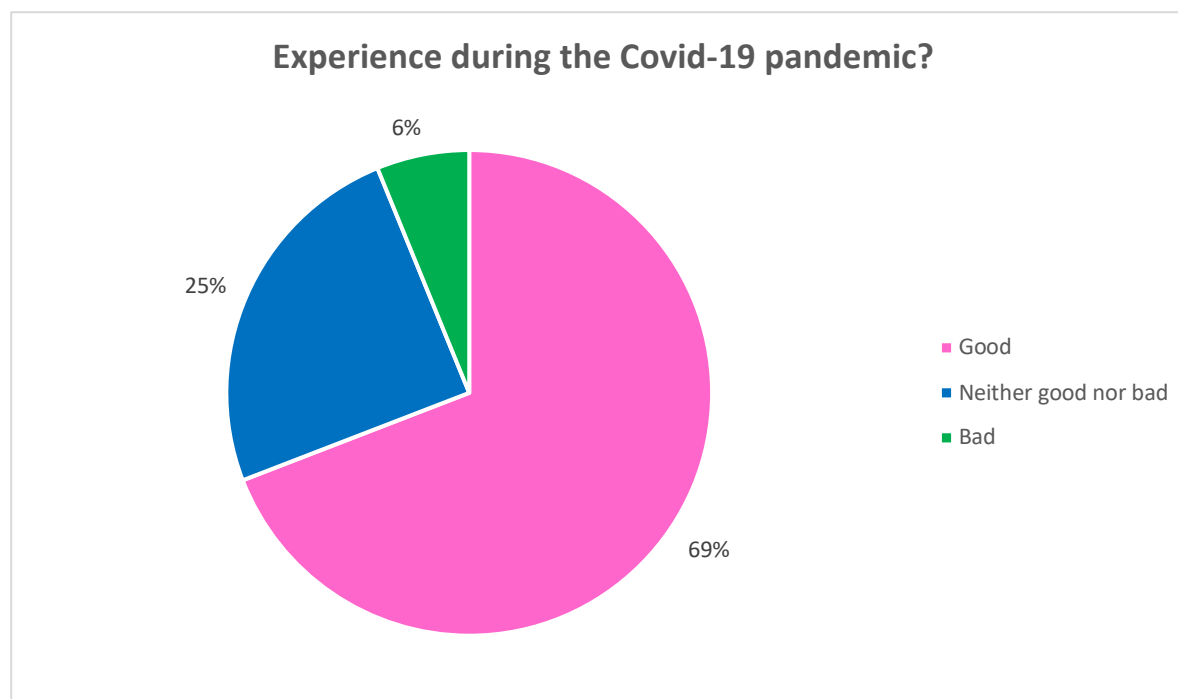
“Still pleasant, I like it here this is my home.”

“Each day is very much the same but [he] tries every Friday to make it better and we are now able to go into the garden.”

“Enjoys his freedom to do as pleases, enjoys talking to wife.”

More ambivalent responses were:

“Very difficult being shut away but it is as good as it can be when no one can do anything - but everyone is in the same boat.”



“Restrictions to access to garden and other floors is understandable but limiting contact with other “inmates” on different levels.”

“Feel a bit trapped - lack of freedom.”

“Though distressed or bored occasionally, [he] remained largely content being indoors.”

“Happy in the home, very different from anything done before. Bit like a boarding school, can do what you like but must follow the Covid rules. Finds it hard to communicate when all wearing masks.”

And more negative responses included:

“Though she eventually adjusted, the sudden changes to her routine throughout the lockdown caused distress.”

“The fact I was cut off from my family. My hospital appointments were cancelled.”

“The virus is still here and it’s awful.”

“I miss seeing my family and friends and not going out to restaurants and seeing my PA.”


Further responses included comments about:

- Feeling trapped
- Lack of freedom and independence
- Nervousness and anxiety about catching the virus
- Boredom
- Missing usual social and other activities
- Changes to routine caused distress in some
- Feelings of isolation and loneliness.

Importantly, what was made clear in many of the written responses was that the residents felt well cared for by the staff, which, given the circumstances, is highly commended.


 *They look after me.”*

 *She was largely content indoors with staff and housemates.”*


 *It’s all right, I enjoy living here, occasionally have a day when I’m not so happy but that has nothing to do with the carers. Care is first class.”*

During Christmas

There were five responses about the Christmas lockdown in December 2020 which gave more insight into the emotional challenges for residents at that time:

 *There was a period before Christmas when I could not see my parents. But in the week before Christmas, they brought my presents to the home, and I was able to give them my presents for them and my brother.*

 *I was again able to see my parents again inside, wearing masks and PPE. My brother was also allowed to visit once with his son, my nephew.”*


 *I couldn't go to my family for Christmas - if I went, I had to do 14 days quarantine (even after having negative Covid-19 test) was very hard for me.”*


Activities during the pandemic

Out of 85 responses to a question about group activities, over almost 92% (78) said they were able to participate in residential group activities during the coronavirus pandemic.

 *When I was living in my house, I watched films with one of my housemates, but I was able to go to my usual activities in the daytime.”*

 *Attended quizzes and games. Tries to keep up with exercise when feeling up to it.”*

 *Enjoy taking part in activities that I am able to do. I really enjoy the choir.”*

 *She was encouraged to do dancing, singing, watching TV, listening to music, knitting, writing and sometimes reading.”*

 *Online activities, in house dance sessions, baking.”*

 *Cheese tasting, cooking, walks, party.”*

When asked which top three activities residents missed the most, the list was extensive.

The most reported activities missed included:

- Visiting - seeing friends and family
- Socialising in big groups
- Walking
- Live music
- Football matches
- Swimming / Bowling / Walking
- Cinema
- Parks
- Eating out
- Shopping
- Local cafe outings
- Church
- The pub
- Musical concerts.

Medical care and access to medication during the pandemic

Of the 85 people that completed a set of questions about medical care and access to medication, 75% needed to see a GP, with nearly 50% (42 people) needing to see them in person, and just over 43% (37 residents) using the telephone for consultation with 14% (12 people) using a video call. Some residents reported having a mix of appointment methods e.g. some had both a face to face and a telephone appointment.

Over 94% of residents who responded, said that they needed medical intervention at some stage and had access both to a professional and to the relevant medication, mainly with GPs and dentists.

Covid Vaccination

Over 92% (76 people) had the Covid-19 vaccine, and only 7 residents had not. The majority had no ill-effects from the vaccine, although some felt unwell for a little while afterwards.

 *I was ill when the other residents received their first jabs. I am afraid of needles, but the manager is trying to organise a jab for me under sedation.”*

 *Fine, at my GP surgery in and out - no reaction and felt fine.”*

 *Fine, got a temperature but went away quickly.”*

 *Feels good that I have had one. Was pretty awful afterwards for 12-15 hours but then alright again.”*

 *Easy almost painless.”*  *Was a scratch!”*  *Normal, felt fine afterwards.”*

 *Was alright, no trouble - didn't even feel the needle.”*

 *Just the same as any other vaccination, slight soreness in arm for 12/24 hours.”*

Emotional and Mental health support

Nearly 50% (40 residents) said that they did not need emotional or mental health support but over 44% (36) said they did, with 5 stating that they were not offered any.

Additional comments suggested that it was staff members who provided emotional support as required.

 *Yes. When I was very ill the staff were very kind, and for the first two nights a member of staff stayed in my room to make sure I was all right.”*


 *Not to an extent. Spoke on phone to a specialist and spoke to some members of staff.”*

 *Staff provide support to her emotionally and mentally’*

 *Staff team and family.”*  *Yes, by the staff team.”*

Admission to hospital and discharge

Of the 85 responses to this question, nearly a quarter (21 residents) were admitted to hospital with 10 people sharing they had been discharged back to their residential care, with some stating that they had to isolate in their room after discharge, others went to family members' homes and extra care facilities.

 *Stayed in for 3 days with my sister and went back to her home for care until August - district nurse attended every day for 6 weeks. Big issue with setting up district nurse as my sister lives in different borough but her GP is in Kingston - late night discharge but my sister was with me, and my brother-in-law collected us."*

 *Came back to the care home - isolated for 2 weeks."*

 *For appointments. Quarantine for 2 weeks in room."*


 *Came back to the home."*

 *I was sent back home where I live,"*

 *Came back to my home care."*

Self-isolation

Nearly 44% (35 residents) had to self-isolate in their own rooms, but 50% (40 people) did not have to self-isolate at all. 6% said they isolated within their care home but with others.

 *I went to my sisters' home."*

 *I self-isolated in my family home when someone I was in close contact with had a positive test.”*

 *Yes, in her own room, but she cannot stay long in her room.”*

Access to Personal Care

Of the 84 responses, over 83% (70 residents) agreed that they had access to some personal care, but they offered little information on the nature of this care other than to report that their hair and nails were being done, usually by staff. 10% (8 residents) said they did not have any access to person care.

 *My hair was cut by the staff.”*

 *Staff trimmed my fingernails.”*

Contact with families and friends

There were 93% of residents that said they had contact with family and friends (77 people), with only 6 stating that they had none. Over 60% (47 people) had visits in person - either garden visits or through-window visits during lockdowns, with over 47% (37 people) using video calls or FaceTime and 76% (59 people) via telephone.

Some residents reported using a mix of communication methods e.g. some had both a face to face and telephone contact.

 *Apart from visits, the manager also organised video calls with my parents from time to time.”*

 *Phone calls with my Dad and Gran. Lots of Mencap Zoom meets with friends.”*

 *I use FaceTime.”*  *I phone my brother at least once a week.”*


 *Sister contacted staff asking about her, as she cannot engage in conversation.”*

Only one person had no contact:

 *No contact to family/friends.”*

Access to PPE

Over 57% (47 respondents) said that their families were offered PPE at in-person visits, although 32% (26) said that they were not visited. Nearly 11% (9 residents) said that their families were not offered PPE.

 *My Mum and [a carer] came sometimes and always recorded the temperature in the book and wore their own face coverings and used their own hand sanitiser.”*

Future Improvements

When asked about improvements for the future in their care homes, a long list was provided which unsurprisingly included activities which would facilitate a sense of ‘getting back to normal’.

The future improvement suggestions included:

- Going out
- Walking
- Seeing far more of their friends and family
- Physical activities
- Having company
- Shopping
- Better food.

Some written responses included:

 *Getting out of the care home to see trees and flowers.”*

 *Would like to go out more in the garden and sunshine.”*

 *Going to Chessington (World of Adventures).”*

 *Able to go to the shops.”*

 *A more varied menu for lunch and evening meals.”*

Raising concerns about residential care

Over 95% (72) of the 76 residents who responded to the question on whether they felt able to raise concerns about the care they received, felt that they could. Only 4 said no, they couldn't. However, although many agreed they could talk to the managers or carers within their home, responses indicated that many would use their families or friends to address concerns on their behalf.

 *My sister knows me so well she would do on my behalf and has already had to raise concerns with managers and/or social worker.”*

 *Would rely on my sister to do for me.”*  *I would tell a member of staff and my Mum and [her friend].”*

Additional comments from residents on their experience:

 *The pandemics locked me up in my room which I don't like because I like to talk to people.”*

 *My mental health issues are around regardless of pandemic, but this has made them increase slightly.”*

 *No, he tries to forget about the pandemic and looks forward optimistically.”*

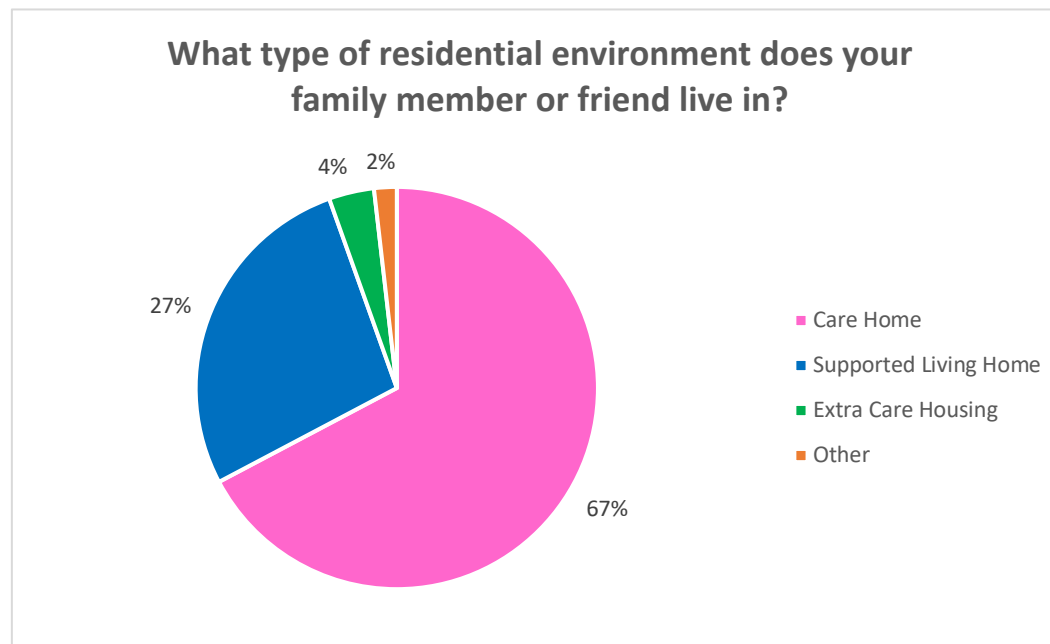
 *More information would have been nice - wasn't always kept well-informed.”*  *Lack of independence.”*

 *Didn't notice a difference in everyday living was very happy and content throughout.”*

7. Summary of demographics for families and friends

We asked about the residential living environments of loved ones in residential care. 67% (37 people) shared that their loved one lived in a care home, nearly 27% (15) said they lived in supported living arrangements, two said they lived in extra care housing, and one in unspecified other facilities.

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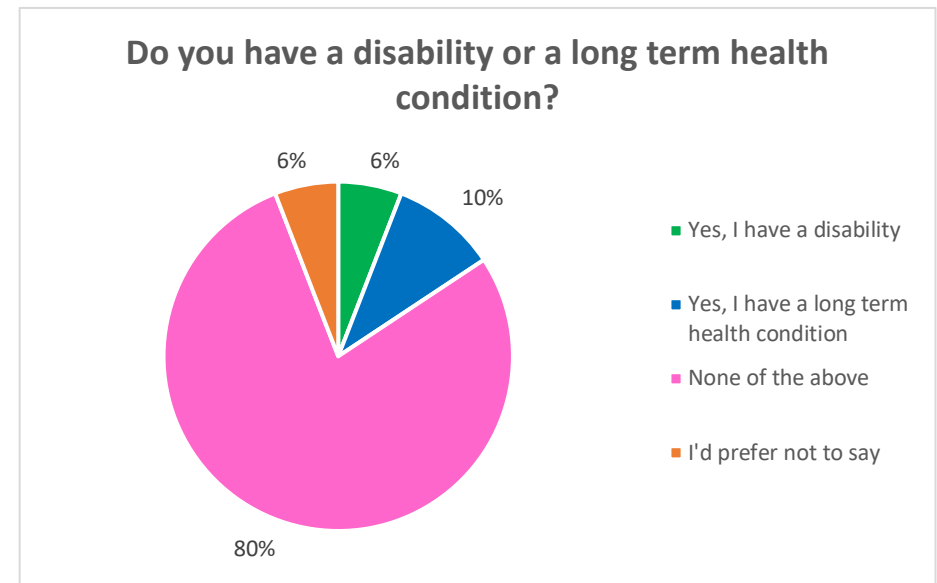
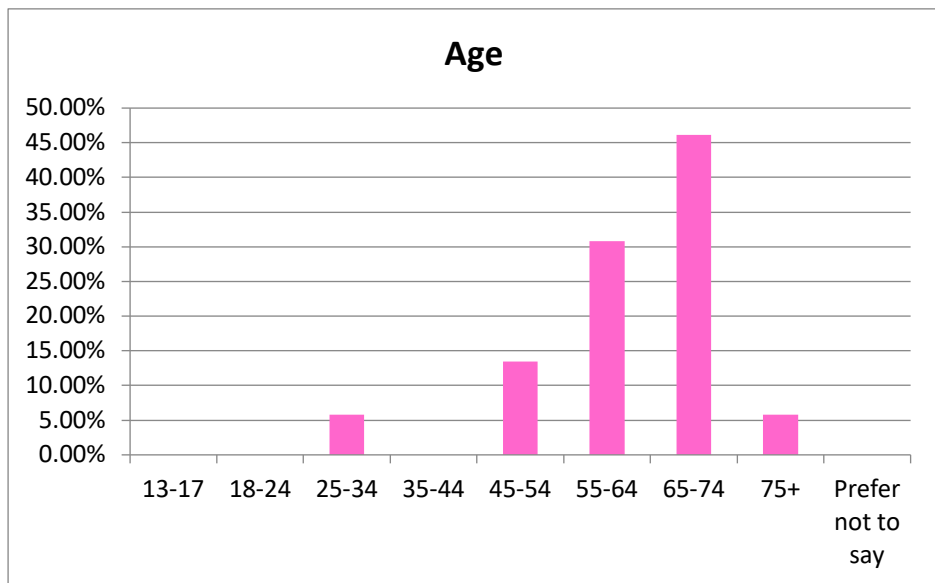


Demographics:

- 50 out of the 55 family members or friends of residents that responded to our survey completed the demographic questions. 80% (40) of these were women and 20% (10) were men
- 88% (44 people) described themselves as 'straight', one as 'gay', and one as 'bi-sexual'. Four did not respond to the question about sexual orientation
- Just under half (46%) of respondents were aged over 65 years old (24 people), 31% (16) were aged between 55-64, 13% (7 people) were aged 45-54, 3 were aged over 75, and 3 were aged 25-34. There were no respondents under 25

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- Of the 50 that responded, 6% (3 people) said they had a disability. 10% (5 people) said they had a longterm health condition. 80% (40 respondents) said they did not have either and 6% (3) preferred not to say. (NB. People could provide one or more answers to this question)
- Of the 50 respondents to the survey described their ethnicity, 86% (43 people) were white British, 2 white Irish, 1 Pakistani, and 3 mixed Asian/white. 1 preferred not to say.

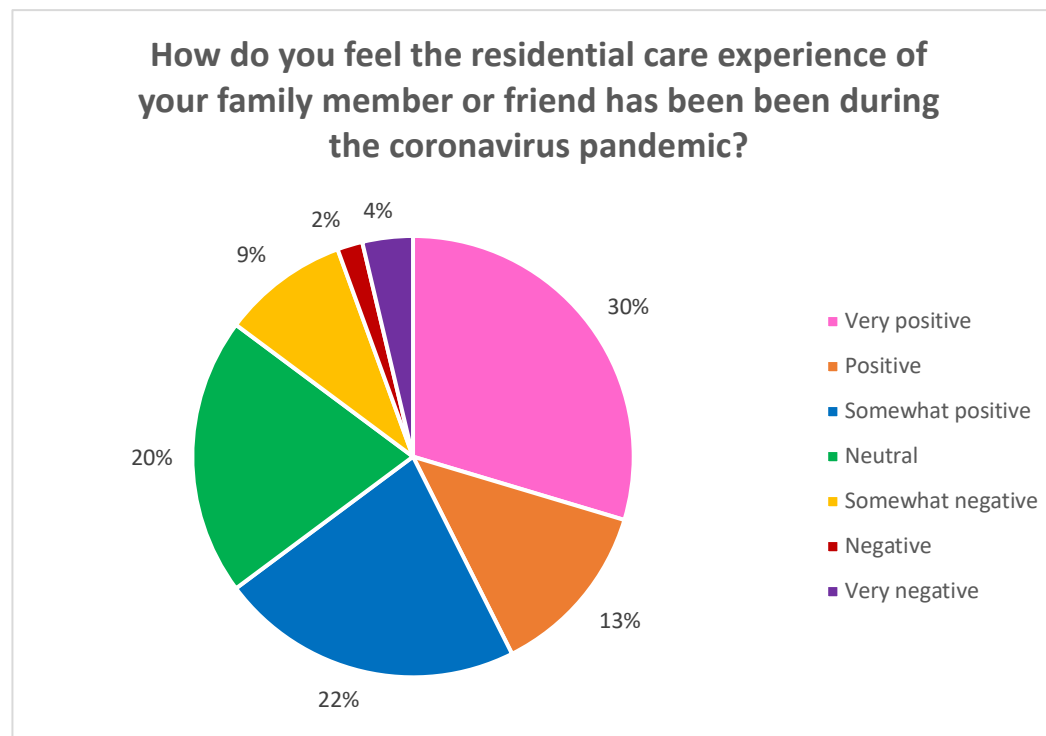



8. Key findings from families and friends' responses


We asked family members and friends of residents how they felt the experience of their loved ones had been during the pandemic, 43% (23 people) said 'very positive' or 'positive'. 22% (12 respondents) said 'somewhat positive'. 20% (11) felt neutral about this question, with 15% (8 people) saying either 'somewhat negative', 'negative' or 'very negative'.

"I cannot fault the staff at the care home."

"She joined (extremely expensive) residential care for social interaction, mental stimulation, exercise and fitness, and communal mealtimes with good food. The home has tried it's best - but it hasn't really happened. She has no understanding that were she still at her own home, isolation would have been even worse than before she went into the home and that family and friend visits, social clubs etc have all stopped. I think the home has done it's very best and I cannot imagine how she would have coped if she hadn't been in there."




 *The care given by the staff has been exemplary. The staff really care about the residents and have done their best to care for them to the best of their ability. Due to continual staff infections visiting has been sporadic to say the least. As the home always seems to be in outbreak status and as my mother has advanced dementia, visiting in a pod is rather unproductive.”*

 *Neutral, because I can't speak for my Dad. It's been good for him to have people around since Mum died last May (in the home - they went from hospital in there together). But not seeing Dad properly since Mum died has been pretty difficult for all of us.”*

Only 3 people responded negatively:

 *Clearly the experience has been negative owing to the lack of family contact and visits/activities outside the home.”*


 *Apart from the obvious distress caused by being in his room for several weeks and the lack of physical contact, no problem.”*

 *Somewhat positive from my mother's point of view. She appreciated that precautions have to be taken but struggled with some of the restrictions. the positive is in the context of the pandemic - Obviously the whole experience has been a negative one.”*

Communication

Ensuring regular communication and information about their family members and friends was one of the most important issues families and friends had to deal with during the pandemic and, of the 52 responses to the question as to whether the care providers kept them well informed and engaged, nearly 79% (41 respondents) agreed that they did, but more worryingly, just over 21% (11 respondents) said they didn't, even though some respondents had power of attorney for health and welfare.

Positive responses included:

 *Yes, we were fully informed via the Home Manager, who did a weekly newsletter and sent to us all and we had monthly Zoom related group support since November 2020. Many updates via email to keep us informed.”*

 *We were informed at all times.”*  *We had phone calls to keep us informed and frequent correspondence.”*

 *I received regular phone calls, including video calls with my daughter, who is non-verbal.”*


Less positive responses included:

 *I had to constantly telephone for updates about my family member. The home did send emails about procedures for the whole home.”*


 *I wish you [Healthwatch Kingston] had included a ‘sometimes’ button, family felt left out of decisions although I am holding Power of Attorney.”*

 *Information as to my Mum's test results, vaccinations etc. has not been provided formally, which I would have liked as I have her health Power of Attorney."*

 *I am the one who has to ring up constantly to check on and still do now but my relative can use FaceTime but limited to what she can tell me!"*

 *Until September 20 I was visiting weekly and was up to date but after that another friend was the named visitor and I relied on her for updates; little or no communication direct to me from the home but their main priority was resident care and keeping safe, so I accepted the situation."*

In general, families felt that information and communication was acceptable, and they acknowledged the challenges staff were under especially during the lockdowns.

 *Very little information provided unless prompted by family, but at the height of the pandemic, the provider was under great pressure, so the lack of contact was understandable."*

Key information and communication channels between the homes and their families and friends included:

- Phone calls
- Regular emails
- News updates and weekly newsletters
- Nurse updates
- Social media including, FaceTime, WhatsApp, photos, and Facebook.

Contact with family members and friends

Of the 59 people who responded to the question as to whether they had enough time to speak to their family member or friend via a phone (or other means) or in person during the pandemic, nearly 89% (47) said they did, with only 4 saying they didn't, and there were 2 respondents who said they didn't speak at all to their loved ones. Methods used for communication included the use of Zoom, FaceTime, phone calls and window/garden visits (when allowed).

Written responses clarified that family members and friends found these communication channels quite difficult to manage, especially when the loved ones had specific difficulties with communication anyway, such as those with dementia or were non-verbal. In addition, even though many residential care facilities introduced digital technologies with support from staff to aid communication, residents did not always welcome this, as not all were digitally comfortable.

There were obvious major barriers to effective and free-flowing contact during lockdowns which led to concerns and anxiety amongst family members and friends about residents' wellbeing. A lack of ability to use the technologies available presented challenges for everyone concerned and additional concerns were expressed due to the specific complex medical and other conditions including dementia and people who are non-verbal (see 'What family and friend's shared about residential care for people with dementia on page 50 of this report).



Although difficult because my daughter cannot speak - care provider tried their best. It was a difficult time for everyone.”




The home has tried hard to arrange Zoom calls and in person visits, however it would be nice to have a carer present sometimes as my mum has communication difficulties.”


Changes which occurred during the pandemic


Families outlined a number of changes that they felt had impacted detrimentally on their family members, including:


 *No visiting during lockdown, unable to see my Mum for 6 weeks - bad for her, and me.”*

 *The social isolation resulting from Covid restriction has impacted my mother’s mental health.”*


 *My husband has advanced Alzheimers so does not understand Lockdown and lives in the moment so not aware when I could not see him but when able, I had visits to his windows before 2nd lockdown.”*

 *Mum had only been resident in the Home for three months before the first lockdown. Although I was allowed to make window visits as Mum lives on the ground floor, this was unsatisfactory as it caused Mum much distress and anxiety. Now that visits have been reinstated, I can tell how much my mother’s Dementia has deteriorated because of the lack of social contact and lack of mental stimulation.”*


 *My daughter has experienced considerably more anxiety during the pandemic period and when she has moved back to Supported Living during periods of non-lockdown.”*

 *The pandemic and both the home's and the government's policies on protection against coronavirus have unfortunately impacted on my father psychologically in a negative way as we've not been able to physically visit him for some time. This has led him to feel very isolated and confused.”*

Including one positive change...

 *Something positive did happen - the extension that was planned for years, finally got built, after lockdown last year [2020] Maybe Covid-19 was the final push for the build. It certainly has helped my daughter and other residents.”*


And finally, here is a descriptive response which summed up succinctly the detrimental impact of the changes that occurred:


 *My mother entered the home voluntarily and with great enthusiasm mid December 2019. She previously had 'live in' care in her home, but was feeling increasingly isolated and lonely. She visited the home and was thrilled by the communal dining room with 4 on a table, communal coffee lounge, volunteers coming in, everyday activity groups and physiotherapy/fitness, external entertainers - a constant background of activity and sociability that she could drop into or opt out of if she was tired or unwell. Plus, frequent visits and outings from myself (daughter) and other family and friends. Most of this stopped dramatically and without warning in early March. At first it was ok as communal living continued within the home, but once there were cases within, they went firstly onto floor lockdown and then room lockdown and my mother returned again to the isolation that she previously had left. She is blind*


therefore unable to avail herself of the books, art and craft activities that the staff tried to organise, and busy, pressured staff spent more time with those with physical impairment needing physical care and some were not well able to understand or deal with her visual impairment. This has improved again, particularly with a change in room to the ground floor, but subsequent quarantining has knocked her back again. At 98 she finds it increasingly difficult to pick herself up once knocked back.”

Activities


There were various responses to the question about the amount and frequency of activities provided within residential care homes, but it was clear that it depended very much on staff availability, who else was available to provide them, and how much the family members were able to participate with less one-to-one support being available.


 *The staff have tried very hard to establish group activities when possible but at times of lockdown, clearly there were none. The groups are, of necessity, smaller and more spaced and there are only 2 on a table at dinner so, given that many of the residents (including my Mum) are quite deaf, communication within those groups remains difficult.”*

 *I know Kingston Mencap and HFT held many Zoom sessions but in the SL home with residents having different interests and only one staff on, not sure there were group activities for all four.”*


 *Five young adults live in the house [together] - They all have profound and multiple learning disabilities and are non-verbal. They have been able to participate in group activities, in the house together. They have group music*


sessions. They have been taken out of the house on walks, whenever the weather allows. Also, they have participated in some Zoom activities.”


 *He is very technophobic. Many activities were online, so he would need a lot of encouragement and persuasion from staff to join in, or even observe, which has not been forthcoming. He has a tablet, provided during the pandemic by Kingston Mencap, but has not learnt to use it because no one seems to have made it their business to engage him with it and help him.”*

 *I am not really able to comment on this but certainly some of the activities such as the residents singing group were stopped and not sure about physio etc. Group trips out also abandoned and events for public such as garden parties so I feel the emphasis was probably 100% directed at virus control which is understandable for me but not sure how this would be understood by resident with Dementia.”*

More successful activity included:

 *Music sessions, dance, storytelling, sensory sessions with lights and music. Parties. Going to local parks, out for a drive, use of garden. Occasional - carol singers outside house, also singers (popular music) twice during the summer and once after Christmas.”*

 *Lots of activities- craft, cooking, HFT Zoom sessions, Kingston Mencap sessions, parties for special days, Xmas play via Zoom.”*

 *Plenty of activities via zoom which she joins. She is able to connect using her laptop and knows the routine by herself.”*


Medical Care


There were 55 responses to the question on whether their family member or friend had to see a doctor during the pandemic, with over 71% (39 people) saying yes, only 2 didn't, but 11% (6 people) said they didn't know.

Over 90% (48 people) said that their family member or friend had received the Covid-19 vaccine, with only 9% (5 people) stating that they had not, and some of the written responses illustrated that the reasons why not were often because the family member or friend was or had been unwell at the time of completion of this survey.

Medical issues reported included chest infections, urinary tract infections, minor ailments, review of ongoing medication and general feelings of being unwell.

One more distressing episode for a resident was reported by the family member:

 *Fell and required hip replacement. Had to travel in emergency ambulance alone, travelled through A&E and a two week stay in hospital alone and then returned to the care home alone in the ambulance. Totally unacceptable that someone who was 97 had to do this alone. I think this should have been enabled with appropriate PPE and testing if required. GP does remote visits with the home weekly I think.”*

 *The home would have told me, but the doctors would not go in, especially in lockdown and I do not know if the ambulance would even have come if they assumed pneumonia, for instance, was covid. Very worrying the NHS neglect of care homes this past year. The home beat Covid alone.”*

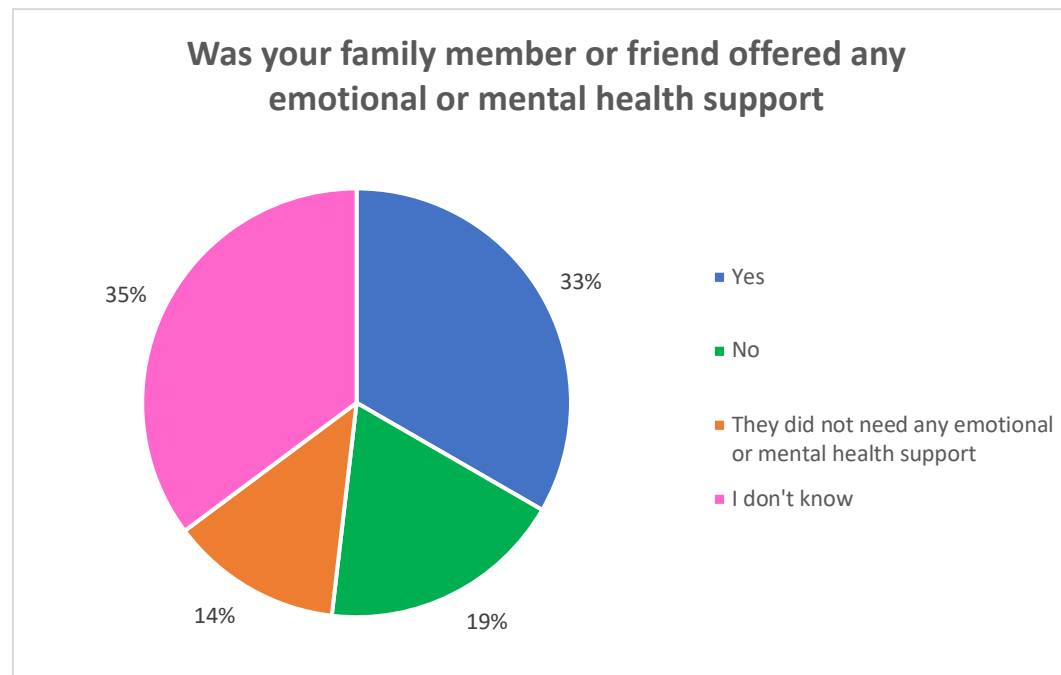
When asked if residents needed to see their doctor or required access to medication, nearly 72% (38 people) said their family member or friend received the help they required, with one stating they didn't, and 13% (7 people) responding that they did not know if they had.

Various methods were used to provide the relevant contact to family members by GPs and other medical professionals, including phone calls and online consultations (presumably with relevant staff), a few face-to-face, with some hospital visits, as necessary.

Emotional and mental health support


There were 54 responses to the question on the emotional and mental health support offered to family members, with just over 33% (18 people) saying yes, their family member or friend did receive help and support, 19% (10 respondents) said no, but worryingly, a high proportion (over 35%) did not know if their family member received relevant emotional support. 14% (13 family/friends) said residents did not need mental health or emotional support.

A mixture of written responses illustrated the varied levels of provision, and an assumption that much of the emotional and mental health support came from the staff working within the homes - not from external professionals. There was much praise for the support offered by staff:




“I think the care provider tried their very best to provide as much support as possible, during a very difficult situation. I think that a lot of emotional support was given.”

“Nothing formal with the home, the staff are very supportive to the individual residents’ needs. The nurses’ and HCAs are very kind, loving and devoted which fulfils a need to a point; but there is no substitute for family support which I was unable to give to my mum as I was unable to visit.”

 *Once I complained about her distress and anxiety in the room lockdown, she was offered a room on the ground floor where she had access to the garden, and as things returned to floor lockdown, access to communal dining and the coffee bar. She was set up and helped with a weekly zoom call to family, as well as the phone calls she already had, which allowed longer and more empathetic calls and reduced her isolation. Support from the activities manager and home manager were a great support and help to her.”*

 *I think there was informal emotional support from care home staff.”*

More poignantly:

 *It was difficult to provide support, when what was needed was interaction in the home, To provide this would have put everyone in danger of catching Covid-19. So, to clarify, the government's advice was to protect the NHS by ensuring care home residents were kept imprisoned, with no other physical interaction, other than with care home staff. The government advice was to ensure the NHS was not overwhelmed. The needs of the residents and assistance/advice given to management and staff was severely lacking. I must emphasise the Manager of the care home did everything in her power to ensure the comfort and safety of the residents. The government, in particular Matt Hancock, was wrong on many occasions, in many acts and misjudgement, for which he should be held accountable. The success of the vaccination programme has helped others since, but not 6 people in the care home where my mother resides. Sadly, the vaccinations were not given quickly enough to save their lives. My mother was infected over Christmas and was imprisoned in her room for 21 days.”*

Hospital admission and discharge


30% (16 people) out of 53 respondents said that their family member or friend was admitted to hospital during the pandemic, the majority being discharged back to their care home, and a few being sent to the home of a family member.

Nearly 70% (37 residents) had to self-isolate in their own rooms with nearly 13% (7 people) having to isolate in their residential environment home. The reduction of Covid-19 transmission was a key factor of these decisions, either as a precautionary measure or because some were positive for Covid-19.


It is clear from the examples of the responses that many families felt that their family member or friend struggled with these guidelines and rules and that self-isolation had a detrimental effect on many, with both physical and emotional repercussions.


 *She was discharged back to the home, but we were not informed of going into hospital or discharge in a timely manner.”*


 *Dad was discharged from hospital into the care home. We have never actually seen around the home because of this. The home did make sure all patients had a negative Covid 19 test before they were let in the home. This was back in early March, so the home was on the case.”*

 *I believe my Mum had a positive test, although she was asymptomatic, so she has to isolate in her room. She also had to self-isolate along with other residents at the height of the pandemic.”*

 *In the early days of the pandemic all the residents had to remain in their own rooms.”*

 *Mum tested positive for Covid about two weeks after receiving the first dose of the vaccine. Rates of infection among staff and residents were very high and Mum was isolated with the door closed to her room for 10 days.”*

 *She hated it and it was disastrous for her. Reduced her physical mobility and strength and hastened/brought on a cognitive and mental decline. Because her physical mobility is good, and she disguises her visual loss very well, staff tended to think her needs were small and she got very little attention compared to those with obvious physical needs. She was much less able to self-occupy as many she couldn't read or do any craft activity, can't see much TV, and only view from her room was of the sky. Not easy for them due to her dementia.”*


 *Hospital discharges to the home have not made it easy for the staff to keep Covid-free. I am impressed they managed it for so long and was very disappointed when infection control obviously broke down earlier this year which led to a lot of positive tests among both staff and residents. I am profoundly disappointed that the Manager reported that some carers refused to take the vaccine.”*


Access to Personal Care


Out of 53 responses to the question on access to personal care during the pandemic, nearly 58% (30 people) stated that their family member or friend had access to some personal care provision, but over 17% (9 people) said they did not, and a further 17% (9 people) stated that they did not know what, or if their family member was offered anything at all.


It would appear from the responses that many of the staff provided basic services such as haircuts and chiropody, as the usual professionals were unable to go into the homes.

 *The care staff did her nails and cut her hair whereas she usually saw a manicurist and hairdresser who have not been available.”*

 *A member of staff was able to offer basic personal care facilities e.g. hair cutting (infrequently) and nails. More recently a podiatrist has been able to visit. It is hoped that the professional hairdresser that visits the home will be able to do so again soon.”*

 *Hairdressers and chiropodists were not allowed to visit for months and months. My mother complained of an itchy scalp as her hair had not been washed during this time. My mother also has painful feet and not to have chiropody services for weeks was very difficult, even though she is no longer mobile. Care staff were able to keep her fingernails trimmed.”*


 *Her hair was cut once during 2020, at the hairdressers. She does have long hair, usually would be cut every 4-5 months, but didn't matter, luckily, because she has long hair. Hopefully will get cut soon, in 2021. All other personal care is given in the house by support staff - including nails cutting. Massage stopped from outside. Staff did give hand and feet massage when they could. All in all, good quality of care.”*


 *The nurses cut my Dad's hair badly - and do his beard now and then when he'll let them. His nails I'm not sure about - there was one lady saying her relatives' toenails were very long. There has been no podiatrist during pandemic, but Dad is booked to have one in April. Also no dentist yet.’*


Access to Personal Protective Equipment (PPE)

Of the 53 responses to the question on whether families and friends were offered PPE when they visited, over 47% (25) said yes, over 15% (8) used their own. 2 people said they weren't offered PPE. Over 33% (18) said they were unable to visit at all.


The responses reflected a number of different times, both during lockdown and out of lockdown when some homes were able to allow garden visits, but all were dependent on what the current rules and guidelines were. In addition, individual care homes had to make decisions dependent on whether they had positive cases of Covid-19, so additional restrictions had to be imposed regardless of whether they had PPE.

 *Distanced outdoor visits June to September by 2 people max and we wore our own facemasks as the care home had problems getting supplied by the NHS. They had set up disinfectant for our hands on entry.”*

 *National lockdown again in December to March. March 8th pod resurrected but have to wait half an hour outside for a covid test so even more restricted despite the care home residents, staff and myself being vaccinated.”*

 *This varied, due to Government announcements. When allowed, Parents visited they were offered PPE. Care Provider was and is very accommodating.”*

 *When I visited, I wore my own mask. We have not been inside at all.”*

 *I was only able to visit in the periods between lockdowns; I was offered PPE and was only allowed to go into my daughters own room, not to other areas of the house.”*

 *I was given a mask and a disposable apron.”*

 *Window only visits were allowed so no PPE needed.”*

 *I wore my own mask. We have not been inside the main lounge in the care home since March 2020.”*

 *Visits have not been permitted by the government, due to national lockdown.”*

Improving the experience of care

52 responded to the question on what one thing would improve the experience for their family member or friend living in residential care and the majority of answers centred around:

Healthwatch Kingston Residential Care during the coronavirus pandemic report: (15 June 2022)

- Increased face to face contact
- Increased opportunities for family visits
- Getting outside regularly
- Increased activities and entertainment
- Improved use of technology
- Resuming trips out of the home.

Responses included:

“Encouragement to use technology to engage with any online activities.”

“To be able to meet her immediately family & to physically hold each other. Not just one person, as has been suggested by the government. However, I do think that each party should have the 2nd vaccination first.”

“More trips, he loves going out.” *“A more regular home life schedule.”* *“To be able to go out!”*


“Having regular encouragement to participate in activities.” *“More visits from close family.”*

“Better access, having more staff, more activities in the house, allowing family to take for walk without lateral flow test each time.”


Additional feedback from family and friends about residents in care included a variety of responses, both negative and positive. However, it was the experience of the restrictions and the rules that impacted detrimentally, including on the state of their

physical and emotional and mental health. Dementia, lack of mobility, isolation and lack of physical contact were hard for family members to deal with, particularly if they didn't understand due to a lack of capacity. Most feedback was positive about the staff.


Examples of responses included:

 *Mum is very well cared for in all respects and impressed with the kindness of the carers. More visits would have helped - she missed her family but was well cared after.”*

 *She was very positive about everything when she first moved to the home. Since then her dementia has deteriorated and her moods and clarity vary.”*

 *Desperately unhappy during room lockdown. Quite unhappy during the rest. Would rather catch the virus and die than carry on like this. Complains about the food all the time, and about being bored. Not really understanding that life hasn't carried on as normal outside. Appreciative about the numerous individual members of staff that go the extra mile, or take time to talk with her, go into the garden with her, and make her laugh.”*

 *Advanced dementia - unable to communicate feedback.”*


 *My mother is utterly bored and very isolated with the lack of social interaction and the inability to leave the home. She has expressed the view many times that there is little point carrying on - she is 97 and to lose a whole year or more at her age is devastating.”*


 *We were not able to talk to him before he died.”*  *Unable to communicate properly.”*

 *As my husband has dementia, he is unable to [give feedback].”*

Raising Concerns

Over 94% (51 family members or friends) stated that they would be comfortable raising concerns with the care home staff. Only 3 stated that they would not. The written responses were very positive about care home staff, with admiration and respect for how they were coping in such challenging circumstances.

 *I would raise a concern with the care home manager who is very approachable and fair. She has managed the past year so well, dug deep and just faced each phase as it came along. I have nothing but praise for her - WONDERFUL.”*

 *We have raised several minor issues which have been dealt with. We now have names of the nurse as main contact, which makes it easier.”*

“The Manager is very accessible and very caring. She takes a personal interest in her residents and is always happy to talk by phone.”

“The relevant person - nurse, activities manager, home manager. They are very open to communication and willing to try to change or improve situations when brought to their attention.”

“Would speak to care home manager, otherwise CCG [Clinical Commissioning Group] or district nurses.”



8a. What families and friend's shared about residential care for residents with dementia

28% of people who responded to our family and friends' survey reported that their family and friends in residential care experienced problems related to their dementia during the pandemic.

There was good feedback about the safety of residential care provided by staff and, even though frustrations were evident, many respondents understood the reasons why precautions were introduced. Where people felt it was not satisfactory, it was suggested this was because of a shortage of equipment, Covid-19 infection in the workforce and communication challenges with care provided outside of the home, particularly where residents had dementia and were unable to either understand what was happening or unable to share their experiences with their family and friends.

Some were of the view that care staff were not sufficiently skilled to manage care for people with dementia, with some lacking empathy due to a lack of understanding about how a person with dementia sees the world and what their limitations might be. Some responses related to a lack of imagination and resources to provide the best dementia friendly activities for their residents.

Respondents also highlighted a distinct deterioration in their loved ones during the pandemic and linked this to their inability to visit them in person, some noting that their family members no longer recognised them and others saying that arrangements put in place to help safe visual contact such as visits through windows etc. caused anxiety and confusion. Others had problems understanding the reasons for 'lockdown'.


There are examples of what people shared about residents with dementia and the impact of the pandemic on their care throughout this report, but this section provides additional examples.

Healthwatch Kingston acknowledges that not all of the following experiences mention ‘dementia’ directly; however, all were shared by families and friends of residents with dementia.

Good feedback of residential care shared by families and friends about residents with dementia


 *Mum is supported every day by the staff in the home. Emotional support would have been difficult under the circumstances.”*


 *I understand that as a precaution mum was isolated when there was a positive test result within the home.”*


 *The staff took care of all my mother’s needs during the pandemic as they normally do. With advanced dementia she requires emotional support all the time whether there is a pandemic or not.”*


 *[He had a] severe urine infection due to the catheter. Always been an ongoing problem even when my husband was at home. It was dealt with the greatest efficiency.”*

 *The home, in my opinion, is exceptional.”*


 *The Manager is very accessible and very caring. They take a personal interest in their residents and is always happy to talk by phone.”*


 *Yes, we were fully informed via the Home Manager, who did a weekly newsletter and sent to us all and we had monthly Zoom related group support since November 2020. Many updates via email to keep us informed.”*

 *She has been beautifully looked after and has not deteriorated at all. Looks very healthy and has very good humour. No weight loss and is very well fed. Now taking Vit D.”*


 *She was very well so didn't need medical attention. My mother was given her Covid vaccination at the end of December by her GP. Otherwise did not need to see the GP. I took her to the Dentist three times [in the] summer 2020, full PPE, in taxi, as she needed urgent dental attention, so her nutrition wasn't compromised.”*

 *Support in meaningful activities, books, music for dementia were provided.”*

 *To keep her safe during the height of the pandemic, she was kept company at meal time and enjoyed music, DVD's and her own company. 'The Girls' were marvellous at looking after her the past year. Mum is very happy and so am I.”*


 *The home did everything they could within guidelines. Access to the garden for family visits would have been preferable last summer as the year was very long in the world of dementia and old age without meaningful contact with close family. My father's health was considered very well as was entertainment wellbeing - all very good."*

 *As positive as a situation like this can be. I have felt that Mum is beautifully cared for with compassion and great kindness. I have no criticism at all, everyone involved with Mum's care did their very best under the circumstances. As did the Manager who put her heart into making sure everyone was safe and us relatives were fully involved. She 'led' the situation very well indeed. Staff have respect and huge loyalty and she speaks huge volumes. I have no concerns about my Mum's care in her setting at all."*


 *The care given by the staff has been exemplary. The staff really care about the residents and have done their best to care for them to the best of their ability. Due to continual staff infections, visiting has been sporadic to say the least as the home always seemed to be in outbreak status and as my mother has advanced dementia, visiting in a pod is rather unproductive."*


Less favourable feedback from families and friends about residents with dementia


 *Would be nice if our two children could visit. More frequent visits (currently one visit for an hour once a week for one person)."*


 *The Manager encouraged us to maintain phone contact, although it hasn't always been possible to get through to the home and there have been a few times when staff said they were too busy to take the phone into my mother.”*


 *Insufficient staffing means there is little capacity for one to one activity and my mother is left in her room 24 hours a day.”*


 *Additional support would have been helpful as my mother was increasingly agitated that I wasn't allowed to visit and could not understand the reasons why.”*


 *Greater staffing to support mental stimulation. Remote monitoring to ensure that carers carry out personal care with dignity - Mum has complained but it is difficult to know how much is misunderstanding / in her mind and how much is reality.”*


 *Mum has now had both doses [of the vaccine] but I have not been informed which vaccine was given. The Home has not reported that she has suffered any adverse reactions.”*


 *Mum complains that she finds it hard to understand / communicate with staff wearing face masks, despite endless assurances that this is for her protection.”*


 *Limited contact via FaceTime - It was fully available. Mum has dementia but enjoyed chats together. She has no concept of time passed, thanks goodness!*


 *Restriction to room / floor / outside visits as a precaution when outbreak, restricted family visits due to government and guidelines and infection control all understood. Dementia deterioration - familiarity with family members consequently, memory loss deterioration possibly effected.”*


 *Unable to verbalise due to dementia but generally happy and unaware (thankfully) however has lost memory of family.”*


 *My mother has advanced dementia and is 98. She is unable to benefit from facetime or phone calls so in the past year contact has been very limited and rather unsatisfactory. Not the home’s fault.”*


 *No visiting - my mother no longer knows me. Lack of entertainment in the home as no external people were allowed in. Staff did their best but a massive reduction in quality of life due to little singing or choir or visiting musicians. Really important in dementia.”*


 *When in the right mood I know the staff have encouraged participation but as I have not visited the floor where my mother lives I honestly have no clue about this.”*


 *Most of them [residents] had no capacity, but they can go outside, and families visit like before. Only had [group] activities at Christmas. Otherwise, individual activities only.”*


 *We haven't seen my Dad properly for a whole year. We had garden visits in the summer, but we cannot touch him or go near him, or take him out, or eat with him. This is changing a bit soon I know, but will probably still be too controlled, in my opinion. We could wheel my Dad round the garden, for example, without much chance of infection. Dad hasn't had his nails cut much, or had a proper haircut.”*


 *We could not visit for the majority of the year and my mum with Alzheimers could not cope with video calls. Kingston imposed restrictions on visits on top of the Government, stopping the home from providing even restricted visits on occasions. There was a Covid outbreak with deaths in December / January [2020], when residents were confined to their rooms for 28 days and there was no contact at all because the telephone did not reach upstairs.”*

 *The activities officer was also a carer, but no one would come into the home. I do not think there was enough staff when shielding to supervise them in the garden.”*

 *She wasn't given physical health support as she is there because of a mental illness. The staff did not get any emotional support even after the [resident] deaths. My mental and physical health has suffered due to neglect of the care sector during the pandemic.”*

 *They had to self-isolate in their room for 28 days on the orders of a taskforce that was sent in because there had been Covid deaths in December / January [2020]. The phone, let alone broadband, did not stretch to her room so I could not contact her in that time. Because I had no concerns before, and I could regularly speak to the staff I knew they would protect her, and she had her regular carers giving her personal care, I think. She has Alzheimers and does not like others washing her. However, you can imagine my anxiety level for the next 14 days as she had tested positive, and I heard that a taskforce sent agency staff in but did not confirm they had been vaccinated and were tested beforehand.”*

 *A carer is the hairdresser as well and does nails. However, there is no other personal care provided to the care home like massage, except for the NHS dentist and optician. I do not think they have an NHS podiatrist in which mum needs even in normal times.”*


 *We were not allowed to visit March to May due to national lockdown rules. Distanced outdoor visits June to September by 2 people max and wore our own facemasks as the care home had problems getting supplied by the NHS. They had set up disinfectant for our hands on entry. October visits restricted to outside window by Kingston Public Health even though we could still be in t-shirts, and nothing had changed. We couldn't hear each other speak, so useless. No more than our own face masks needed. November converted a room into the garden in half into a sealed pod with room for only 2 people for nearly a month. Still we had to wear facemasks inside and had 4 daytime half hour slots to book. National lockdown again in December to March. March 8th, pod resurrected but*


have to wait half an hour outside for a covid test so even more restricted despite the care home residents, staff and myself being vaccinated. Is this Government rules? March 20th one same person allowed inside no details on restrictions yet.”


“We have been unable to get close to them for almost a year now and as a result their mental abilities have deteriorated a lot and physical wellbeing with family members not able to see how they are feeling, and the health services were refused to residents in the more months of lockdown in the year. The care home has been good, but they have not had enough support from the Government or locally with money being diverted to the NHS and care homes not being given enough resources. I think if I were a relative of a prisoner I would be treated better by the Government/NHS with contact and influence with my mum's welfare.

“Until September 2020, I was visiting weekly and was up to date but after that another friend was the named visitor and I relied on her for updates; little or no communication direct to me from the home but their main priority was resident care and keeping safe, so I accepted the situation.”

“Visits conducted through window or in outside garden area. Having to book visits in advance meant I lost contact with the staff that I had previously seen on my weekly Sunday afternoon visits. I think having to move from his usual spot to see a visitor became something of an unwelcome upheaval for him and I was not able to see him in his normal context to be able to get a better picture.”

 *Not able to volunteer very much conversation even pre-Covid. Has indicated by his manner some displeasure at being uprooted from his usual location for visiting purposes but this might reflect a deterioration in his condition generally as much as Covid.”*

 *Covid has reduced the stimulation available in the setting as mentioned previously but on the other hand he appeared to be deteriorating rapidly in May 2020 and to be on the point of palliative care but somehow the care he received got him through it and he was able to reach his 89th birthday and is still with us.”*

 *[Because of the lack of] face to face meetings and physical contact [and] as dementia is one of the main problems my mother has, she has lost recognition of me.’*

 *My friend is not able to talk for very long and switches off; he has zero short term memory so unable to talk about what he has been doing. Visit has usually been about keeping in touch as no family able to visit. 10 minutes probably long enough for both parties.”*

 *Skype is difficult with someone who is ill or has dementia and can't talk much.”*

 *My husband has dementia, phone calls and video calls weren't very successful.”*



My family member is frail with dementia. When allowed, I was able to conduct outside visits or window visits. Both options were emotionally difficult for all concerned. I was always able to garden visit when I asked.”

9. Recommendations with commissioners’ response

Healthwatch Kingston invited a formal response from Adult Social Care at the Royal Borough of Kingston upon Thames. The following officers contributed to this feedback:

- **Samantha Morrison. Assistant Director - Adult Social Care, Health Commissioning and Transformation, Royal Borough of Kingston upon Thames**

Healthwatch Kingston key recommendations for the future:

RECOMMENDATION 1 Commissioners and providers of residential care (care homes, supported living homes and extra care housing) need to ensure the provision of a safe and welcoming environment for residents, their families and friends, and for residential care staff and carers.

RBK response:

The Council will continue to work alongside providers to ensure a safe and welcoming environment through ongoing engagement in its forums and its Quality Assurance support to the sector as well as seeking feedback from service users.

Healthwatch Kingston Residential Care during the coronavirus pandemic report: (15 June 2022)

RECOMMENDATION 2 Commissioners should work with providers of residential care to undertake and publish a review of lessons learnt during the pandemic for the future planning and provision of residential care services.

RBK response:

The Council will look to work alongside care providers to undertake a lessons learned exercise and share findings across the sector to support continuous improvement.

RECOMMENDATION 3 All health and care stakeholders must ensure excellent communication channels between residents, their families and friends, and residential care staff and carers to facilitate the exchange of accurate and relevant information.

RBK response:

The Council will continue to develop its forums and engagement mechanisms to support and learn from the sector to support strong engagement with families and residents. We will continue to do this in partnership with our health partners where appropriate to ensure joined up and consistent messaging. The care providers are also encouraged to work closely with the residents and their families using the services and share relevant information timely.

RECOMMENDATION 4 Providers should maintain the use of social media channels and further develop the use of other technology to facilitate effective communications. Resources should be invested in staff training to make this possible.

ACTION for Healthwatch Kingston: Co-facilitate a workshop with RBK to engage providers on this recommendation.

RECOMMENDATION 5 Commissioners and providers of residential care (care homes, supported living homes and extra care housing) should consider how to improve the transparency of decision-making on the arrangements being made in care homes and demonstrate how this is being informed by evidence and experience.

RBK response:

The planned care reviews of the RBK commissioned services by the Council's social work teams shall continue to assure that care provided, and decisions made are transparent are being informed by the users. The Quality Assurance visits to the services will also help the Council to understand that providers are maintaining transparency and involve users and staff on decision making on day-to-day operations.

RECOMMENDATION 6 Providers of residential care (care homes, supported living homes and extra care housing) should continue to re-introduce activities that encourage social activity and participation in decision-making by residents, ensuring these activities suit the needs of individual residents.

RBK response:

The Council will continue to support and monitor how providers are recovering from COVID and understand how resident engagement and involvement is shaping activities and participation.

RECOMMENDATION 7 Integrated Care System / Place leaders must ensure access to good medical care for all in residential care.

ACTION for Healthwatch Kingston: To share this recommendation with, and seek a response from SWL Integrated Care System and Kingston Place leaders.

10. Conclusion

The findings of the two surveys, have illuminated the experience of those living in residential care and the experience of their family members and friends during the Covid-19 pandemic, describing some of the major challenges experienced and providing valuable insights for the future provision of residential care in the borough.

The hard work of the care home staff was widely acknowledged, and that recognition was made explicit in much of the data, both in the figures and the written responses. What was absolutely clear was that the loss of autonomy and independence was one of the more difficult challenges for residents to manage, with isolation from family and friends, loneliness, lack of activities, trips out, entertainment and lack of mobility causing major distress. Obviously, the rules and restrictions were responsible rather than the individual care homes, but the residents' experience within the homes were challenging to say the least. The ability to make their own decisions on how to participate in social life and their choices on preferred activities was curbed dramatically as a result of the imposed restrictions. Families and friends often felt powerless to help as they were not allowed face to face access for much of the time in adherence with the rules and guidelines that were introduced to protect vulnerable residents.

Care home staff had to work hard to ensure the safety, physical and emotional wellbeing of their residents under extraordinarily challenging circumstances. The residents' responses, albeit through third party interpretation, indicated a fairly high general satisfaction with the care they received which is a massive achievement given the unprecedented challenges faced by care home staff.



The social isolation resulting from Covid restriction has impacted my mother's mental health."

I have found it alright really, it's been quiet and no noise. I am looking forward to the virus ending. the virus has gone on a long time. I am looking forward to seeing my girlfriend again, when its all over. This year my birthday will be much better, I'd like to have a barn dance to celebrate. During the virus, i have got to know nice new staff which has been good. I hope it doesn't come back again!"

Key ongoing concerns included:


- Fear of further lockdowns
- Fear of death
- Contact barriers (including masks and PPE)
- Anxiety watching the news
- Trying to stay connected to family and friends
- Confusion and distress.

Part of setting a new and improved agenda to deal with the continuing threat of Covid-19 in our care homes will be consideration of the experience described in these two surveys. Research at its best has a function above and beyond academic exploration and Covid-19 and its impact on our everyday lives does not end here. The work ahead to keep residents' safe poses more challenges as the ongoing threat continues and as budgets are squeezed. Considered thought must now be given as to how care homes can harness these lived experiences and manage their responsibilities to residents and their families and friends.

Developing and maintaining healthy alliances with families is paramount, ensuring clear routes of communication, accessible client centred services and most importantly, ensuring that the voices of residents are heard. They should be the top priority, and at the centre of everything that is done.

Please note: Surveys used in this community engagement can be viewed on our [website](#).

Finally, a quote which succinctly sums up much of what families and friends in particular thought and experienced:

 *It was and continues to be very difficult for the Manager to "do the right thing" for residents and staff. Without doubt the government have given wrong and mixed message advice. They did not make purchasing PPE easy. Advice was confusing. The fact that the care home had no deaths until mid-December meant they were doing an excellent job. The difficulties arose when the Kent-variant caught the whole country by surprise and spread much quicker. Staff caught the virus, which in turn spread very quickly amongst the residents. The government allowing mosques, temples and churches to remain open, as well as few restrictions on the number of people allowed in large supermarkets would, in my opinion, have been how it got into this care home, as well as spreading all over the UK. The "let's all celebrate Christmas" idea was the cause of many deaths."*

11. Thank you and next steps!

Healthwatch Kingston would like to thank everyone who participated in these two surveys, particularly the residents of the care homes and other supported living residential facilities, and their friends and families who took the time to complete them.

We would also like to thank the staff within those homes for encouraging participation from their residents and in supporting their residents to answer the questions which have all added valuable insights for future commissioning, planning and delivery of this important service.

Healthwatch in south west London have agreed to review local reports collectively and share insights to facilitate learning.



Tell us what you think about NHS and social care.

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