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THE NATIONAL CARE FORUM

LESS COVID-19: *Lessons from the frontline*

(Summary of Findings)

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LESS COVID-19:
Lessons from the frontline

The COVID-19 pandemic is continuing to have a significant impact on the social care sector, particularly for people living and working in care homes for older people. The spread and outbreak of the virus in care homes has varied greatly across the sector with devastating impact on residents, relatives, and staff. The full picture, including incidence and death rate, from COVID-19 in UK care homes is still evolving. Despite the introduction of vaccines for the virus, older care home residents remain vulnerable and at greater risk of poorer outcomes if they contract COVID-19. This resource captures the early experience of staff working on the frontline (conducted June to September 2020) and shares lessons learnt about symptoms, progression, and management of COVID-19 in older people (aged over 65 years), together with useful organizational strategies for care homes.

The full report of the **LESS COVID-19** study can be accessed on the National Care Forum website (**https://www.nationalcareforum.org.uk/less-covid/**). This document presents the summary of findings (*Lessons Learnt and What can care home managers and staff do based on these lessons learnt?*) in relation to seven key areas:

1. **Clinical presentation**
2. **Unpredictable illness trajectory**
3. **Managing symptoms and providing supportive care**
4. **Recovery and rehabilitation**
5. **End of life care**
6. **Infection prevention and control**
7. **Promoting partnership through cross sector working and support**

The research represents an important partnership between the University of Leeds and the National Care Forum, working with care home colleagues, to generate findings with practical relevance.

1: Clinical presentation

Lessons learnt:

1. COVID-19 does not always present as a new continuous cough and fever in older people.
2. A range of symptoms have been identified in older people with COVID-19.
3. Staff (and families) should be alert to subtle changes in the older person and seek to 'rule out' COVID-19.

What can care home managers and staff do based on these lessons learnt?

- Educate all care home staff about the varied symptoms of COVID-19 in the older population.
- Ensure a system is in place for routine assessment and monitoring of care home residents so that staff are alert to changes (which may be subtle) in a person's condition (e.g. the RESTORE2 tool).
- Develop an understanding of the baseline status of residents (a resident passport) to enable care home staff to more easily recognise changes in a resident.
- Consider what is needed (training and resources) to develop staff skills and competence in systemic observations, such as measuring blood pressure, pulse, temperature and respiratory rate and provide clear guidance about who staff should report to any changes in a resident's condition.
- Manage a person as a 'suspected case' when changes are noted in their condition and until a COVID-19 diagnosis is ruled out.
- Access where available, and advocate for, regular and accurate testing, with timely results for residents and staff.
- Ensure confirmation of COVID-19 status for any person being newly admitted to the care home and isolate for 14 days, even if negative.
- Maintain close communication with GPs and other relevant healthcare professionals to ensure timely access to treatment care and support to meet residents' needs.
- Carry out winter planning and preparations to help residents stay well, working with other health care professionals to review and address any potential health issues for a resident.
- Communicate with colleagues in the sector to learn from their experiences of COVID-19 (e.g. in online forums, such as WhatsApp groups or Facebook groups, and other local groups and associations.

2: Unpredictable illness trajectory

Lessons learnt:

1. Some patterns, based on participants' experience, were noticed in the illness trajectory for older people with COVID-19:

- About one-third of older people will show signs of recovery within 48 hours;

- About two-thirds of older people described as severely ill;

- It was not possible to determine who died or recovered in the severely ill group.

2. Death could be sudden (within a couple of hours) or occurred at about day 8 or 10 when someone who appeared to be recovering suddenly deteriorated.
3. Older people who were severely ill and went on to recover were described as having a slow recovery, drawn out over several weeks and susceptible to further respiratory infections.

What can care home managers and staff do based on these lessons learnt?

- Educate care home staff about the patterns in illness trajectory and support them to cope with the uncertainty and loss.
- Enable advance care planning discussions between care home and/or healthcare professional staff with residents, and where appropriate their relatives, so that individual preferences for treatment and care can be understood and followed if there is sudden deterioration.
- Take the time to explain the unpredictable trajectory of COVID-19 to family members so that they are aware that their relative may suddenly and/or rapidly deteriorate.
- Consider what is needed (training and resources) to develop staff skills and competence to monitor residents who are severely ill and to access additional treatment, care and support when required, taking into account the older person's preferences and wishes.
- Plan for recovery and rehabilitation of older people with post-COVID syndrome.

3: Managing symptoms and providing supportive care

Lessons learnt:

1. During periods of increased resident need and staff shortages due to COVID-19, care home staff may need to focus on meeting the fundamental care needs of residents and document this in a core care plan.
2. Digital or electronic care planning systems are hugely helpful for staff to maintain care records during an outbreak.
3. In the absence of a treatment regime, there are interventions that may be useful for managing the symptoms of COVID-19 for individuals.
4. Context will determine the appropriateness of the delivery of these interventions and will be dependent on the skills and competence of staff.
5. Supportive care should be provided alongside interventions to manage symptoms to promote physical, psychological, and emotional well-being.
6. Where family or friends are integral for the care of the older resident, care home staff should seek ways to maintain engagement.
7. Family and friends may require support when visiting after a period of lockdown as they may notice considerable changes in their relative or friend (such as physical deterioration or cognitive decline).

What can care home managers and staff do based on these lessons learnt?

- Create and use core care plans during an outbreak of COVID-19 in the care home to document the provision of fundamental care to residents when there is overall increased resident need and staff shortages.
- Explore the use of digital or electronic care planning systems to replace paper-based documentation in the care home.
- Consider possibilities for introducing a new role in the care home to offer emotional support for residents and to support families, while care staff focus on fundamental care.
- Ensure advance care planning discussions have occurred with residents and family members to determine treatment and care preferences.
- Foster positive relationships between colleagues in the wider health and social care system to ensure the health and well-being needs of the older person are met and facilitate access to appropriate expertise and services.
- Monitor individual responses to treatments and offer supportive care.
- Determine opportunities and resources for developing the skills, knowledge ad competence of care home staff to better meet the physical, psychological, and emotional needs of older people.
- Develop mechanisms to support frontline staff to ensure their well-being and to help them manage uncertainties related to the care and management of older people with COVID-19.
- Emphasise the importance of supportive care, alongside the management of symptoms, to maintain nutrition and hydration, reduce social isolation and maintain physical activity (where possible).
- Determine individual preferences of residents (for example food likes and dislikes and meaningful activities) and engage family members or friends, if necessary, to determine these preferences.
- Ensure ongoing support for family and friends who are not able to visit during lockdown restrictions and develop ways to maintain open, clear and regular communication to keep them informed about what is happening in the care home, as well as, update on any personal changes in the condition or state of their relative or friend
- Work with care home chefs to develop meal plans that meet individual preferences and meet dietary needs (for example foods easier to swallow).
- Consider the care home environment and whether it is possible to create zoned areas (for residents with positive test results) that decrease social isolation and encourage activity within the zoned area.
- Aim for comprehensive administration of flu vaccinations for all staff and residents and explore opportunities for support from others (e.g. community pharmacists or GPs and/or registered nurses from other care home or NHS settings).

4: Recovery and rehabilitation

Lessons learnt:

1. COVID-19 will have a significant impact on the physical, as well as cognitive and emotional health and well-being of many older people.
2. Recovery and rehabilitation should be provided for all residents to address periods of reduced activity and social isolation during extended periods of lockdown.
3. Recovery for older people post-virus is unpredictable, varies by individual, and often takes time.
4. Planning for therapy and rehabilitation services for older people is an important aspect of the recovery phase.
5. There is limited (and variable) access to therapy and rehabilitation services for older people, and particularly for care home residents, which creates challenges for care home and NHS staff when supporting older people to recover.

What can care home managers and staff do based on these lessons learnt?

- Foster positive relationships between colleagues in the wider health and social care system to promote rehabilitation for older people during the recovery phase and to ensure access to appropriate expertise and services for this purpose.
- Engage in discussion with commissioners about the rehabilitation needs of older people to support better recovery and outcomes and the provision and funding of therapists and services to meet this need.
- Access Government funded post-discharge recovery and support services, rehabilitation and reablement care for up to six weeks following discharge from hospital.
- Educate care home staff about the importance of recovery and rehabilitation to promote physical, cognitive and emotional well-being of older people post-virus.
- If possible, employ exercise instructors who can train care staff or alternatively encourage staff to access online resources for exercise programmes for older people.
- Consider purchasing portable equipment, such as Motitech bikes (https://motitech.co.uk).
- Promote opportunities for older people to increase their levels of exercise post-virus through creative approaches, as well as goal setting and pacing, to enhance levels of physical activity and to minimise "deconditioning".
- Provide older people with information, encouragement, support, and motivation to maintain, or indeed increase, their levels of exercise for physical, cognitive and emotional health and well-being.
- Encourage older people to exercise in own room when quarantined.
- Determine opportunities and resources to support care home staff to adopt a positive rehabilitative approach to care.

5: End of life care

Lessons learnt:

1. Due to the unpredictable illness trajectory for an older person with COVID-19 it is important that individuals (with family members when appropriate) have the opportunity to discuss treatment and specific preferences for end of life care.
2. An older person with COVID-19 can deteriorate rapidly and so access to health care professionals and medicines is important to ensure they receive necessary care to manage symptoms and to promote comfort for the individual at the end of their life.
3. Peaks in the virus outbreak can create localised shortages of EOL medicines for care home residents.
4. Restricting family visits at the end of life is distressing for all – residents, their relatives and staff.
5. In the absence of family members, frontline staff have an important role in "being there" for an individual at the end of their life.
6. Effectively communicating with family members when their relative is dying, and particularly in circumstances when they cannot visit, is important for bereavement care and support of the family.
7. COVID-19 has had a devastating impact on frontline staff due to the pressure and intensity of work and the significant loss of life that they experienced in a short time period.
8. Care expertise is essential to support an older person dying with COVID-19 to have a dignified, calm and pain free death.

What can care home managers and staff do based on these lessons learnt?

- Promote timely opportunities for staff to engage in advance care planning discussions with older people (and where appropriate their family members).
- Consider how resident's wishes can be fulfilled during pandemic circumstances, in particular with regard to what is possible in the circumstances.
- Ensure individual preferences are clearly documented in a care plan that is accessible and available to all relevant care home and health care frontline staff.
- Consider requesting the prescription of anticipatory medicines for older people where appropriate to ensure access to and timely administration of EOL medicines to promote comfort for the individual.
- Standard operating procedures for the re-use of medicines support the repurposing of medicines in a care home that are no longer required by an individual but required by another resident and so can promote timely access to medicines.
- Promoting opportunities for family members to visit their relative should be assessed on an individual basis and facilitated by care home staff.
- Where face-to-face visiting is not possible then alternative strategies should be considered, but these should be mindful of the wishes of the older person who is dying.
- Consider opportunities for a dedicated family liaison officer or staff member who can support and communicate with family members and offer bereavement support.
- Determine how best to support frontline staff with their physical and emotional well-being and accept this should be long-term ongoing support due to the significant impact of COVID-19 on staff.
- Support leaders and managers to help care staff recognise and access appropriate (and helpful) support (e.g. individual/group sessions for staff, using support services where possible, for example Admiral Nurses).
- Communicate with care staff the importance of a 'good death' and that their contribution to end of life care is important and valued.
- Consider what is needed (training and resources) to develop staff skills, competence and confidence in end of life care.
- Determine local procedures for timely verifications of death in the care home during an outbreak.

6: Infection prevention and control

Lessons learnt:

1. Deploying strategies to minimise person-to-person contacts is essential to control the spread of COVID-19.
2. If the physical environment permits, then 'zoning' residents and providing care only for residents with or without the virus in separate communities (areas of the home) may minimise cross infection.
3. If staffing numbers are adequate, then 'cohorting' care and cleaning staff to care only for residents with or without the virus may minimise cross infection.
4. Gather knowledge and understanding of where agency staff have been working and where possible secure exclusive and committed use of agency staff.
5. Clearly signed, designated routes for care staff and visitors to enter and leave the care home, as well as to put on and dispose of PPE, should be planned and well communicated.
6. Support should be offered to family members who may not be accustomed to donning and doffing PPE to maximise efficacy of PPE and reduce infection transmission.
7. Ensure staff change into their uniform when they enter the care home and remove it prior to leaving the premises and where possible shower before entering and leaving the care home.
8. Communicate the importance of risk management behaviours for staff during their non-working hours and offer (where possible) transportation for staff to get to work.
9. Catering and laundry staff should limit their direct contact with care communities and care and cleaning staff in these communities.
10. Staff from different communities within the home should not share lunch times or breaks.
11. Targeted and appropriate training and guidance on infection prevention and control for care home staff is essential, building on what is already known.
12. Protocols for enhanced cleaning of the care home and sufficient numbers of staff who understand these protocols is essential for reducing cross infection.
13. Planning for the sufficient supply of PPE is important.
14. The care home manager has a key role in reassuring care home staff and promoting their confidence in PPE and infection control and prevention procedures and practices.
15. Care home residents may not understand use of PPE and staff have an important role in maintaining relationships, by using familiar language and non-verbal cues, to promote residents' confidence and to support relatives when visiting a family member when wearing PPE.

6: Infection prevention and control - continued

What can care home managers and staff do based on these lessons learnt?

- Consider ways to minimise person-to-person contact and whether 'zoning' and 'cohorting' of residents and staff would be appropriate strategies to minimise cross infection in the care home environment.
- Explore solutions from other settings that may facilitate the zoning of areas in the care home, for example Derby doors.
- Determine need for, and possibilities to resource, extra cleaning and domestic staff to manage enhanced infection prevention and control procedures and to regularly clean 'high touch' surfaces.
- Consider how to minimise contacts (particularly at lunch and break times) between staff caring for communities with and without the virus.
- Plan routes for care staff and visitors to enter and leave the care homes and to put on and dispose of necessary PPE.
- Consider the provision of showering facilities for care home staff to use when entering and leaving the care home.
- Work with current PPE suppliers (and explore contingency measures with other suppliers) to ensure supplies continue to be reliably available and consider building up a stock of PPE for 3 months advance.
- Determine ways to reassure staff and promote confidence in the PPE provided to protect them and residents.
- Conduct appropriate health and risk assessments for all staff and consider the needs of those at particularly high risk, including Black and Minority Ethnic (BAME) staff and appropriate reassurance and review of roles.
- At interview, assess the attitudes of candidates towards COVID-19, and their sense of responsibility to care and team working.
- Consider making changes to employment contracts so staff understand the importance of wearing specified PPE when providing direct care, unless there are mitigating health reasons.
- Determine ways to promote confidence of older people when accepting care from care staff wearing PPE.
- Encourage staff to promote existing relationships with residents by using familiar language and on-verbal cues when providing care in PPE (particularly facemasks) and also make family members aware of the importance of this when wearing PPE during a visit to their relative.

7: Promoting partnership through cross sector working and support

Lessons learnt:

1. Residents' needs for treatment, care and support are better managed through cross sector partnership working, particularly between care homes and primary and community care and services and for appropriate transfer to hospital.
2. Virtual consultations worked well to meet residents' needs and to minimise visits to the care home by external staff but there is inconsistent use of this technology across areas.
3. The discharge of older people with COVID-19 (and those suspected as having the virus) from hospital to care home was perceived to contribute to the spread of the virus within care home settings.

What can care home managers and staff do based on these lessons learnt?

- People working in NHS and care home settings need to understand each other's contexts, value and respect each other's work, and learn to work in better partnership with each other.
- Demand the support of primary and community care services and teams to meet the needs of residents.
- Request access to and embrace new ways of working with technology to promote timely and efficient access to treatment, care and support for care home residents from healthcare teams and services.
- Provide training for care staff to take on additional roles (where appropriate and resources are made available) to be able to better communicate a resident's status and condition to primary and community health care professionals working remotely to make decisions about treatment, care and support.
- Work collaboratively across sectors to develop guidance for the safe discharge of older people with COVID-19 from hospital to care homes, including the potential for community hospitals (where available) to be utilised during the quarantine period.

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