LESSCOVID-19

Learning by Experience and Supporting the Care Home Sector during the COVID-19 pandemic: Key lessons learnt, so far, by frontline care home and NHS staff
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We would like to thank the care home and NHS staff who gave their time to this research work, during time pressured and challenging times. We thank you for your honesty, reflections, and willingness to share the lessons you have learnt for the benefit of care for older people in care homes and to support colleagues in the social care sector.

SUMMARY

The COVID-19 pandemic is having a significant impact on the social care sector, in particular, 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, sometimes with devastating impact. The full picture of incidence and death rate from COVID-19 in UK care homes is not known, as the situation is still evolving. However, until effective vaccines for the virus are available, older care home residents will remain vulnerable and at greater risk of poorer outcomes if they contract COVID-19. Capturing lessons learnt about the symptoms, progression, and management of this viral infection in the older population (aged over 65 years) in England and sharing these lessons learnt with care homes that have not yet experienced an outbreak of the virus is crucial. This is the focus for our work with care homes in England.

This research was driven by the reflective and responsible leadership within the care sector. The National Care Forum (NCF) were very keen to learn as quickly as possible from the early days of the pandemic and to share this learning to support the sector. The work presented in this report therefore represents an important partnership between researchers at the University of Leeds and the National Care Forum (NCF), working with care home colleagues, to generate findings with practical relevance. We have conducted two phases of work (June to September 2020):

1. **Interviews with frontline care home and NHS staff in June and July (n=35) to gather in-depth understanding of:**
   - the clinical presentation and illness trajectory of COVID-19 in older people (to date);
   - what worked well, or what more was needed, for care and treatment; and
   - lessons learnt for supporting infected older people to recover or die well.

2. **Consultation with senior operational and quality managers in care homes in September (n=11) to establish:**
   - the resonance and relevance of Phase 1 findings; and
   - strategies for managing COVID-19 at an organisational level within the home for the mutual benefit of residents, relatives and staff.
The findings are presented under the following themes:

1. Clinical presentation: COVID-19 does not always present as a cough and fever in older people
2. Unpredictable illness trajectory
3. Managing symptoms and providing supportive care: No ‘magic bullet’
4. Recovery and rehabilitation: Promoting physical, cognitive and emotional well-being post-virus
5. End of life care: Being prepared and supported
6. Infection prevention and control: ensuring relevance, preventing complacency and promoting confidence among care home staff and residents
7. Promoting partnership through cross sector working and support

We have summarised the main lessons learnt by staff who participated in the study, followed by suggested strategies for care home managers and staff based on the experiences and reflections of study participants and, importantly, taking into consideration the care home context, acknowledging the needs (often complex) of people living, and also working, in care homes. We have presented the lessons learnt and strategies in boxes after each theme to provide accessible summaries for our care home colleagues. It is important to highlight that the findings are located within a particular time frame and context. It is recognised (and acknowledged) that over time understanding and knowledge about the presentation, trajectory, treatment and support of older people with COVID-19 is developing, alongside evidence and guidance. However, this practical knowledge collected during the first wave has real value for the care home sector, as we move into a second wave.

The willingness of colleagues to share their time while under considerable pressure of the first wave demonstrates strong and responsible leadership in the sector. Importantly, by learning and sharing the sector demonstrated a commitment to move from ‘surviving’ the first wave to finding ways to better manage (or ‘thrive’) in subsequent waves. These findings, however, also highlight systemic issues associated with underfunding, limited integration across health and social care and a lack of wider recognition and value of the contribution of the care home sector and (importantly) its staff. This crisis should prompt government and society to address these long-standing issues.

The report concludes with a call to action. Many of these actions can be grasped by the sector; however, there are levers and actions needed that are beyond the control of the sector and need support and action from government. Finally, a call for researchers and funders to work in partnership with the sector to ensure research fully addresses the priorities of residents, their relatives, staff, and care provider organisations. The COVID-19 pandemic has highlighted the need for research with and for the care home sector.

Our intention is for the report to remain an ‘active’ document with opportunities to continue learning lessons and sharing strategies for the benefit of those living and working in care homes. We will disseminate this report (version 1; 7 October 2020) widely and invite care providers to comment on resonance, relevance, and any gaps via an online survey (https://leeds.onlinesurveys.ac.uk/less-covid-report-feedback). The University of Leeds will lead on updating the report (by January 2021). Finally, we plan to co-create resources from this work that are useful for the sector. This will be led by NCF, working with the University of Leeds and care providers.