Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Overview of feedback from the social care sector

CIW check-in calls with providers of registered services for adults and children

September 2020

Mae’r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Introduction

Social care is an essential service for thousands of people in Wales, underpinned by a rights-based approach to promote the safety and well-being of people. The COVID-19 pandemic has tested social care services in Wales in a way never experienced before and they have risen to the challenge. We hope the feedback we captured in this document will help to inform winter planning for the social care sector.

The response to COVID-19 demonstrated the professionalism and dedication of those working in social care and the commitment of family carers, but it also exposed flaws and gaps within the system.

The pandemic has already changed the way we experience care and support. So many more services and contacts are being provided online; others have changed beyond recognition. We, Care Inspectorate Wales (CIW), had to change how we carried out our work during the pandemic when it was no longer safe for people living in care homes to receive any visitors, including our inspectors. We recognised the challenges social care services were facing and the risks associated with inspectors entering services. So we paused all routine inspections. But inspection is just one element of our work and far from sitting back, we intensified our oversight of services and rapidly put in place robust measures to scrutinise, monitor and support care across Wales.

We began to make ‘check-in’ phone calls to enable us to maintain regular contact, provide support to providers and understand the issues they were facing. Our check-in calls were guided conversations and we captured all feedback in a form to enable us to analyse it. This enabled us to escalate issues and help provide a voice for people receiving care services where necessary. We did this on many occasions, using the intelligence gathered during our calls.

We used the intelligence from our check-in calls, notifications from providers and incoming concerns raised with us to prioritise services where we had reason to be concerned about the safety and well-being of people. We also talked regularly with local authority and health board colleagues to share information. Where we had concerns that could not be allayed without physical inspection of the service, then we continued to inspect.

We summarised the key themes emerging from our check-in calls and shared regular overview reports with stakeholders on Welsh Government’s Social Care Co-ordination Group. We also shared specific themes with relevant agencies such as health boards in relation to hospital discharge, Welsh Government’s primary care group and Welsh Ambulance Services NHS Trust.

Our check-in discussions also informed the ‘Frequently Asked Questions’ section of our website (https://careinspectorate.wales/coronavirus-covid-19-frequently-asked-questions-faqs).

This document provides an overview of our check-in calls from 30 March 2020 until 26 July 2020 (10,045 responses). It is important to recognise the main themes

identified in this overview are drawn from responses across the range of registered service providers in Wales and are not necessarily representative of individual provider circumstances. Chapter two focuses on adult services and chapter three on children's services.

We know all social care services have felt the impact of COVID-19, including domiciliary support services, supported living and care homes for children. However, it has disproportionately affected care homes for older people – both people living and working there. In Wales, 35% of care homes for adults had a COVID-19 outbreak during this period. The international evidence (source: World Health Organisation (WHO)) shows that once COVID-19 is present in a care home "*it is difficult to control, in part due to the number of people living closely together in facilities designed for communal living and the fact that personal care requires close proximity.*"

So while this document reflects our check-in conversations across regulated social care services, the focus is on care homes providing care and support for adults, of which there are 1,056 services in Wales.

We are very aware people living in care homes and their families made significant sacrifices due to visiting restrictions and having to minimise contact with each other. Their courage, resilience and adherence to public health guidance has undoubtedly helped to prevent further spread of the virus in care homes. But the views of people receiving care and support, and their friends and family, are at the heart of our work. In our 'normal' course of inspection we speak to people using services or, where they are not able to speak to us we use an observational tool to make judgements about their well-being. As pressures eased in the care home sector, we felt it was important to capture people's experiences. During the week of 27 July 2020, our inspectors spoke to 228 people living in care homes to hear about their experiences. We used phone calls or Skype to talk to people about their thoughts and views on what had happened to them over the last four months. This included eight younger adults and 15 children and young people. A summary of these conversations is also contained in this document.

We would like to thank those working in social care services who spoke openly with us about the difficulties they faced, but also the innovative ways they developed to enable them to try to keep people safe and well. I would also like to thank CIW inspectors who made these calls, some of which were upsetting when hearing about the trauma being experienced by people.

Many say care and support services may never be the same again and how we carry out our assurance role will also need to change and adapt. It is also important collectively we learn from the pandemic to respond to a second wave or to build resilience for other types of pandemic in the future.

Method

We carried out check-in phone calls during the period 30 March 2020 to 26 July 2020.

At first calls were made weekly and then we reduced this to fortnightly, recognising the pressure on providers internally, and through calls from multiple agencies.

Some providers were contacted more frequently if we needed to gather more information or provide additional support, for example an outbreak at the care home affecting a high number of people.

We did not ask all questions each week, but some we repeated to enable us to understand provider's experiences over time. Questions also evolved and were refined to gather further details, or to encompass new themes related to the progress of the pandemic and the effects on adult care providers.

Key findings for future consideration

- The importance of a rights-based approach, ensuring people receiving social care, and their families or advocates, are involved in decision making
- Recognising, and minimising as far as possible, the impact that not being able to see family and friends has on the mental well-being of many people
- The importance of having a co-ordinated communication strategy that minimises duplication and clearly highlights key issues and changes to guidance
- Ongoing access to infection prevention and control training and support
- Ensuring easy access to sufficient personal protective equipment (PPE), with clarity about its use
- Ensuring easy access to testing with timely turnaround of results
- The importance of support networks for managers and care workers recognising the isolation of the many small providers in Wales
- The importance of continuity of staffing because of increased risk of agency staff transmitting the virus if they are working across different services
- Recognising that providers are partners in care, especially in relation to hospital discharge, as are family members for many people.

Chapter one
Voices of people living in care homes

1. What has it been like living in the care home over the last few months?

This has been a challenging time for people. Overall people told us they were very well supported by staff and some people said their care had improved.

People felt safe and protected by staff. There had been a lot of changes but they understood this was necessary to keep them safe. Missing family and visitors was an issue for many people but staff had been keeping people's spirits up. Boredom has also been an issue for some but a lot of people told us that there had been an increase in planned activities. Some of the comments included:

- *It's been very good – felt very secure with the precautions taken, good friendly atmosphere. No qualms whatsoever. Staff have worked very hard and kept all the precautions, staff been wearing masks and been very cheerful*

- *Wonderful. It is like living in a 5* hotel. The staff have lots of patience; even the young carers. They love us enough to give up their normal lives for us – some of them have lived with us*

- *Been OK in the home, staff have been looking after them, staff have been marvellous. Food is very good, getting enough, doing some activities, quizzes*

- *We have had plenty to do – craft activities and I've been painting too*

- *Fine, bit boring but no problems*

- *Bored in last few months - TV is handy. Not seeing family and missing them*

- *It's been tiring for everyone, but life goes on*

- *It's been a strain for everyone, but life goes on and I am very fortunate*

2. How have staff helped you to stay in contact with your family?

People told us that they had a lot of support from staff to ensure they were able to maintain contact with their families and loved ones. This included writing letters, daily phone calls, Zoom calls and FaceTime, making the most of technology.

Others have been able to have visits through the window and more recently in the garden. Some of the comments included:

- *My children bring me cakes and leave them at the door. I speak with my family over the phone and by Facebook and they come to the window to see me*

- *Yes, use of the phone and a Zoom session. Supported me to go by train to go to my mum's funeral, with PPE etc*

- *Daughter comes to the window to speak, can phone relatives if I want, phoning and texting. Have an iPad as well. Lot of friends ring me up*

- *Has been able to speak to family twice a day on the phone in the room. Family come to visit at the home. Family meet at the gazebo in the garden*

- *They have encouraged me to contact my family, son*

3. Are you able to have visits?

The majority of people we spoke to have been able to receive visits either in the garden or through the window. People reported that staff have been very supportive in enabling these visits to go ahead. Social distancing measures have been employed for visits. Some people were disappointed that the visits were limited in time but others said they were given a choice of visiting times, and others found it hard not being able to have physical contact. Overall, being able to see family and loved ones had been very positive and had lifted people's spirits. Some of the comments included:

- *We have a marquee in the garden, we are very lucky*

- *Seeing my family in the garden has been lovely and it's really lifted my spirits*

- *My daughter visits me and I'm seeing her next week*

- *Not until after the 6th August – my family come and talk to me through the window*

- *Gazebo in the garden and can have visits from family members, table and screen in front of them and they have their masks on and I am inside the French windows*

- *Doesn't want visits as it's quite upsetting not being able to touch/hug people. Can have visits if they want in the conservatory or outside with carers ensuring people keep their distance*

- *Found it hard not to touch my partner and give her a cwtch*

- *Staff have not explained why visits by relatives in the garden were restricted to 20 minutes*

4. Have staff explained what has been happening and why there have been changes?

Overall people said they were kept well informed of what has been going on, the need for changes, why staff are wearing PPE, why they were not able to receive

visitors and testing. People told us staff keep them up-to-date providing access to newspapers and television news so they can learn more about it. Not everyone has wanted updates as it lowers their mood. Some people said that when they had been isolated in their rooms it was not always easy to stay up-to-date. Some of the comments included:

- *Matron explained everything*
- *Explained everything including why we couldn't have visitors*
- *Staff have been wonderful and always let me know what is going on*
- *I have a television in my room and follow the news and know what's happening*
- *Mostly, when confined to room, not so easy*
- *Staff have explained and kept people informed about COVID and how they are and why they are taking precautions. Staff have been taking people's temperatures every day and explaining why they've been doing it*
- *Yes, they have been great. Staff have been excellent*

5. What kinds of things have gone well for you?

Overall people reported that staff had tried to keep everything as normal as possible. Staff had been very cheerful and supportive of people. A lot of people told us of an increase in the level of activities to keep them busy. We heard there was increased attention to hygiene and cleaning. There had been regular contact with families and loved ones through various methods. People reported they had felt safe. It has not been an easy time for some people and they have been bored. Some of the comments included:

- *The staff have done it all so well, I feel safe and happy*
- *I know things are not as they were, but the staff are so nice and so cheerful all the time*
- *No problems at all, staff are marvellous and looked after me very well*
- *I've moved to a larger room with [an] en-suite and had a phone line connected to my room so my son can phone me. There have been lots of activities*
- *I've been able to spend my time writing a historical article and will hopefully get it typed and published soon so this has kept me busy*
- *Looked after, got over medical problems, feel fitter and healthy and can now mobilise. Now feel able to return home*

- *The hygiene is spot-on here, I feel safe*

- *Carers have been so careful especially with personal care. They have done everything by the book to make sure we haven't had the virus here*

- *Staff have been very positive and happy, feels safe whilst this has been going on. Has done a few activities, exercises. The care and support has been very good, has been the same as before COVID-19 and more – staff protecting us, staff are marvellous*

- *Listen to music, going walking, games room with X-Box and cinema room. Been kept busy*

- *Nothing at all. I sit here 14 hours a day*

- *In a large section of the home, nothing to do here, not enough staff to work with you one to one, lack of activities. Staff have been brilliant and do look after us well*

6. Is there anything you would like to change?

The majority of people said there was not anything they would change, they accepted the restrictions were necessary but they are looking forward to getting back to normal family visits inside the home, visits from the hairdresser and being able to get out and about. For some people it has not been an easy time. Some people commented on things they would like to change including more staff and activities. Some of the comments included:

- *If something could be changed it would be that I was 20 years younger and lived at home*

- *No, staff have been very good, the manager is brilliant and we have good food*

- *Nothing COVID-19 related, they did well*

- *Hoping to go outdoors soon, locally, meeting different people, going to the library*

- *No - staff have done all they can for people living in the home. Staff have been very positive, staff positivity has kept them going*

- *Just for residents to have freedom to visit family bubble. I feel I am a rep for other residents as they are not able to put their point across*

- *Nothing really. Although I have missed the hairdresser coming and the chiropodist as they haven't been coming as they used to. They will come back when they can*

- *No, wouldn't rather be anywhere, this is her home and is happy here. Very happy and happy with the care and support she gets, they are a fine bunch of men and women. Manager takes note of what people say and try and do what people want*

- *People are kindly treated by staff. I love being here*

- *More things to do and more staff on duty*

- *Make a plan for if lockdown happens again so we all know what to do and so do family*

- *I don't know - I am not at all happy here*

Voices of children and young people living in care homes

1. *What has it been like living in the care home over the last few months?*

On the whole young people indicated an element of boredom in being unable to go out and meet friends and follow their normal routines. Clearly for some, being unable to see family face-to-face has been difficult but since things have eased this has been addressed. Young people reported staff to be supportive and entertain them through games and walks. One young person was delighted to have a new bike and helmet. The warm weather allowed young people to make use of the homes' gardens. Some of the comments included:

- *It's been ok but not allowed out unless with staff*

- *Ups and downs. Annoying at times, Missed being able to see friends – get frustrated. Staff kept me busy. Go out for walks. Got lots of things to do in the house – pool, boxing bag, games, television etc. Hard to get your head around doing those things*

- *It has been boring and stressful that I have not been allowed to see friends and family*

2. *How have staff helped you stay in contact with your family?*

Feedback from young people was mixed in relation to contact with family. The majority have been able to maintain contact through FaceTime and phone calls. One service bought a mobile phone for the young person specifically for this purpose. One young person started talking to their mother for the first time in a year which may not have happened. Some young people did not have contact and there were comments about social workers being slow in making arrangements. It is not clear if this was due to the lockdown or would have been the case anyway. Some of the comments included:

- *I have had telephone and Skype contact and have been to see my family in the park*

- *Only have contact with sister. Keep in contact by phone. Home bought him a mobile – good keep contact when he wants. Still keep contact with her by phone*

- *I've just started to speak to my mum again for over a year, staff have been very facilitating of this allowing me to use FaceTime, and they have been cracking. I have been keeping in touch with friends*

- *Went out to see Dad when allowed to see people, phoning him, on Xbox, spoke to friends*

- *Yes – staying in contact with family through Skype and FaceTime.*

- *Staff have provided good support but I am not in contact with my family*

3. *Are you able to have visits?*

The answers varied between visits from social workers and family. Many answers were either yes or no and it is difficult to draw any conclusions from the responses. Some of the comments included:

- *I'm not allowed to at the moment as waiting for social worker to organise*

- *My social worker is due to visit in a few weeks' time*

- *Saw family outside in the grounds – talked over the gate. Understand social distancing & know grandfather has health issues so vulnerable & have to keep distance. Starting to go out more now*

- *I'm hoping to see my dad soon. I Skype call my social worker*

4. *Have staff explained what has been happening and why there have been changes?*

Young people were positive in their comments about how staff kept them updated. Some young people kept themselves up-to-date through news bulletins or had discussions/in-house meetings. Some of the comments included:

- *Staff tell us when there are new rules and what this means for us like going out more often and being able to go to the beach*

- *I have watched the news and staff have also told us when the rules have changed. This has meant we can do more*

- *Yes. Listen to radio. Don't like to watch the news on TV. Don't think the virus is as bad as people say it is. Staying in so much has been bad for me. I get angry more*

5. What kind of things have gone well for you?

Young people were very positive in their comments about what had gone well for them. For some, education was a positive factor whether attending school or schooling at home. Relationships with staff were said to be very positive and trying new activities with them which they might otherwise may not have done. There were some very good examples of how young people have changed their lives significantly by not running away and being able to get off drugs. There were also some examples of young people getting in contact with estranged family members. Some of the comments included:

- *I've been going to school every day (provider has own education provision). I like playing with WWW wrestling and liked going swimming in the sea the other day*

- *Doing some things with staff. Home bought him a bike. Like it & go out on it a lot. Got a helmet. Now can go out like seeing friends again*

- *When I first moved in I was getting into trouble and running off but I have stopped that now and I do my own thing*

- *Got him off drugs because not able to go out. Time to sort self out. Would have gone mental without staff help. Staff really good. Talk, can have conversation with them and they give good advice. Without lockdown would have continued in the same old ways, good in the long run, stabilise my head. Helped hell of a lot*

- *Focused a lot more on independent living skills. Getting myself into a better place for when [I] move on such as money management. I would usually have spent every day out so good to have the time to focus more on this*

- *The relationship with staff has improved*

- *I have rekindled my relationship with my brother (over FaceTime) who I had not seen for two years*

6. Is there anything you would like to change?

Many of the young people fed back their frustration at not being able to see family more often and being 'stuck' in the house. They missed socialising with friends and going into shops, whereas a number of young people considered things to be fine and no changes were needed. Some of the comments included:

- *Would like to have seen my family and I would like to go to the shops as staff will pick up snacks but I would like to go to shop myself*

- *It's been difficult being stuck at home and I feel happier that I can go out more. I would like to have gone out more and played football with my team. I am looking forward to that starting again*

- *No, lived here a year. It's fine, good*
- *Not really, I am happy with things*
- *No, been irritating, staff really good. Do their best*
- *Not that I can think of. Just want things to be normal again*

Chapter two
Summary of our check-in conversations with Responsible Individuals (RIs) and managers of care homes for adults and domiciliary support services

Our check-in calls with leaders and managers of care services were invaluable in helping us to understand the issues they were facing, as well as an opportunity to provide support. The concerns and issues raised changed during the course of our calls. This chapter summarises the main themes arising during these conversations. Chapter four adds to this narrative with quantitative analysis.

At first, key concerns were the well-being of people receiving services along with lack of availability of PPE, followed by worries of managing the service when staff had received shielding letters or were self-isolating because they, or a member of their family, had symptoms of COVID-19.

These worries were overlaid by some disruption to food supplies and medication, though these were addressed relatively quickly.

This feedback from a domiciliary support provider illustrates the level of anxiety about the supply of PPE:

- *405 calls a day*
- *Doing list of priority people where need to use a mask*
- *Short of medium size gloves - only enough for 1.5 weeks*
- *Aprons ok delivery tomorrow*
- *Done Facebook appeal for PPE - person making shields, should have 100 by Thursday*
- *Painter donated 100 masks*

By early May, the supply of PPE had stabilised and we stopped asking specifically about this.

People's well-being

We heard many reflective accounts of the ways in which providers were promoting people's well-being. This included managers and staff sleeping at services to reduce risks to people.

Providers recognised the importance of maintaining the social and emotional well-being of people during the lockdown. As 'going out' activities ceased, providers required time to adjust and develop alternative plans. Many providers acknowledged the key role of activity co-coordinators. Responses indicated that providers regarded themselves to be better prepared in the event of future restrictions being imposed.

We were also told of various social and physical activities (some of which had been introduced as new activities to individuals during the pandemic) had been essential for people's mental, physical and social well-being. One provider of a service for younger adults told us the lack of visitors into the service and external activities had benefitted some people who became calmer and more settled.

There was an indication from the providers' responses that some people had managed well during the pandemic, but others' emotional and mental health had been affected. By late June some providers were reporting that some people were finding the restrictions difficult to manage. This had impacted on the behaviour of some people whose needs had consequently escalated and increased care and support had been required; isolation was reported as a significant factor affecting some people. A care home provider reported:

- *…small service supporting people with a range of very complex needs, escalation in behaviours has resulted in people requiring additional 2:1 support and additional training.*

Deprivation of Liberty Safeguards (DoLS)

We monitored the number of notifications we received informing us that a provider had applied for a DoLS authorisation. Between 1 March 2020 and 31 July 2020 we received 1,401 notifications (this compared to 1,710 for the same period in 2019). We discussed the reasons for the applications during our check-in calls. Some were for new people moving in to the care home, others were for renewal of existing authorisations, whilst some were made because the provider thought for some people the restrictions in response to COVID-19 required authorisation.

Contact with family and friends

Many providers made an early decision to restrict visitors, ahead of regulations. In general, where people were at the end of life, service providers recognised the importance of family contact and enabled close family to visit.

Providers highlighted how promoting contact between individuals and their friends and family had been important to support and promote the mental health and well-being of people. Technology had been crucial to promoting people's well-being by maintaining contact with family and friends. They recognised the particular challenge for reconnecting with family of people living with dementia. One inspector recorded:

- *The provider has bought [digital] tablets so that families can keep in touch with their relatives via Skype or FaceTime. For people not able, photographs are being sent and voice calls made.*

When the COVID-19 regulations allowed, providers had facilitated contact with family and friends in outdoor areas. The pace at which arrangements were put in to place varied; providers described anxiety about increasing the risk of COVID-19 transmission. The 28-day rule for a care home to be infection free before admitting new residents had also impacted on contact arrangements, as following a positive test homes had to follow strict guidelines. The mental health needs of some residents meant that the outdoor guidance would not work for them. Feedback from care home providers included:

- *…we have had visits in the car park area for residents that have had us all in tears. One couple [has] been married 60 years and this is the longest they*

have been apart. It was so touching to see how much it meant to them to see each other, it goes to show how important these visits are.

- *From Monday 22 June the home are allowing visitors to return to the home. They have a detailed plan in place regarding this. There is a booking system for visitors to use. Half hour visits - with limited numbers in the morning and afternoon slots. There is a seating area set up in the garden under a gazebo. Visitors know they will have their temperature checked upon arrival and anyone with a temperature will not be allowed to continue with the visit. Risk assessments are in place for all aspects of the visit. Residents have been involved in the decisions made about the visitors and are looking forward to seeing their families again. It has been a boost to their mental health.*

Some providers had started to think ahead to winter arrangements, allowing managed visits to designated areas of the home, such as a conservatory. Screens and partitions had been erected to ensure safety was maintained. Several providers were concerned about the changing weather and the impact of this on facilitating contact. As early as mid-June, provider responses indicated they had started to think about developing approaches to welcome visitors back, taking into account social distancing and infection control as restrictions eased. Some providers were querying how to ease lockdown measures effectively for people living with dementia who would not understand why they would have to keep their distance from loved ones. A care home provider commented:

- *…would like more advice on how to move forward with allowing visitors into the home. Preparations are being made to convert two rooms into 'visiting rooms'. Access from outside directly into the room for visitors, Perspex screens between residents and visitors*.

Deliberations extended to access to services that had been missed by residents, chiropodist and hairdressers most notable.

Supporting care workers

The importance of regular communication with care workers and managers featured prominently in provider responses throughout this survey. This was particularly important during the period when guidance was evolving with frequent changes and amendments. Our discussions highlighted the important leadership role in disseminating national information and guidance, providing advice and support to staff. Many providers expressed admiration and gratitude for their staff who pulled together to promote the well-being of the people they care for.

A small number of services reported a significant impact on staffing capacity during the pandemic. For some this related to the number of black and minority ethnic (BAME) staff employed or staff who had received a shielding letter. Most providers were aware of the All Wales COVID-19 Workforce Risk Assessment; one provider said they found the risk assessment very useful and had used it in their service in England too.

The ability of some larger providers (especially local authorities) to redeploy staff where they were needed helped to ensure continuity for some services. However, this brought with it challenges in training and preparing staff to take on new roles, and said this should be addressed in the event of a second wave. Training for all employees, for example 'Dementia Friends' training was considered a way forward, to help re-deployed staff to understand the support required by older people living with dementia. One provider told us:

- *We have developed a COVID-19 Standard Operating Procedure and this contains reduced staffing levels in the event of high levels of unavailable staff, it outlines the minimal safe levels of staffing that can be used at the home. Due to the home being a small team, staff absence of any kind can have an effect. The Home manager oversees this each day.*

This quote represents much of what we heard:

- *Teams have been resilient and committed. There has been no moaning from front line care workers about the role they have to undertake or the assistance required to help with shortfalls of staff.*

An unintended consequence of ensuring safe staffing levels was the risk of using agency staff who work across different care services and so increased the risk of transmitting COVID-19.

Staff well-being

The impact of COVID-19 on staff working in care homes where there has been an outbreak has been significant. Even in those services where there has not been an outbreak, the anxiety about it happening has been intense.

We were told of different ways managers had used to boost well-being and morale including:

- pizza and tea and conversations with staff;
- a treat once a week;
- a raffle once a week;
- Sunday lunch takeaway;
- area manager brings in fruit baskets;
- staff nominate other staff for an award;
- free meals for staff; and
- private WhatsApp and Facebook groups to keep staff connected and supported.

Providers told us about support arrangements for staff including formal counselling sessions; where this was not available internally, some services had sought to signpost staff to external resources. One provider used their own therapy team to provide support around staff wellbeing; another used Child and Adolescent Mental Health Services (CAMHS) and the attachment service have been supporting staff.

A provider told us they offered staff who have been affected by the deaths of residents a week off to recuperate once lockdown restrictions were over; other providers have enabled staff to work in a different service for a time.

Providers worked hard to keep staff morale high: one told us some staff are tired but aware that they have access to a manager via an 'open door' policy; one reported that two staff are off sick due to anxiety. Anxieties experienced by staff included taking the virus 'home' and infecting family members. In one service, seven staff refused to come in to work in the early weeks of the pandemic.

By late June some providers were reporting staff who had been working extra shifts were getting fatigued. The requirement to social distance and wear PPE, especially face masks, was challenging and impacted on morale.

Hospital discharge

During the first round of check-in calls, providers raised concerns with us about people being discharged from hospital without being tested for COVID-19. As a result, we asked specifically about this issue over a number of weeks. We shared findings with each health board in Wales and with Healthcare Inspectorate Wales (HIW) to help secure improvements.

Many providers told us of the problems they experienced in the sharing of information between hospital and the care home, for example, not being advised about medication changes, no documentation being received and not being informed about a discharge. Hospital discharges were described by some providers as hurried and pressed. Some providers said they were worried about the health and well-being of people being discharged from hospital; for some people this resulted in being readmitted to hospital.

Providers described pressure to admit people from hospital without confirmation about testing, although guidance on this changed during the administration of this survey. A care home provider commented:

- *…I have found that the demand and need for beds still drives the discharge. The safety and consideration for the home and the individual during this time, despite the procedures in place, appears a secondary consideration not a primary one*…

Another told us:

- *The hospitals are pushing us to accept people infected with COVID-19 as emergency admissions. This is something we are refusing at present as we are concerned for the safety of existing residents but this is an ongoing pressure. We will accept people who have been tested or who are over the illness, however.*

Good discharge processes were reported by some providers, with good co-operation with discharge teams, and testing and advice on barrier nursing.

By June, the testing process prior to discharge had improved, though challenges remained, with some providers having to argue with hospital staff for people to be tested prior to discharge. By mid-June, the number of people being discharged from hospital to care homes had fallen significantly. This was reflected in providers' experience of hospital discharge and by our mid-June calls over 70% of providers said their experience of hospital discharge was good or excellent. A care home manager surmised:

- *…feels that the hospital staff are more respectful of care homes now as a result of the pandemic.*

The majority of providers described stable arrangements in relation to patients being tested before hospital discharge. Some providers described challenging conversations with hospital staff, but overall testing prior to hospital discharge had become standard practice. However, we were still being told by some providers about testing not being undertaken before discharge. The discharge policy agreed by health boards and local authorities was not always being followed in some areas.

Some domiciliary support providers reported challenges specific to their service. One provider had asked to have a retest prior to discharge but the ward had refused, as the individual was being discharged to their own home (this was supported living, where over 20 other residents lived in flats).

By July, providers described a vastly improved situation with the hospital discharge process largely stabilised across care homes in Wales. This had coincided with the virus outbreak diminishing and pressure on the system being alleviated.

Wider community healthcare support

Providers reported variable support from GPs. One GP was providing a daily telephone contact service and monthly visits to review all residents. Other GPs had less proactive contact with providers, with concerns expressed about GPs refusing to visit people in care homes; in some cases this had resulted in hospital admission. A care home provider commented:

- *I would find it tremendously helpful if GPs could be more proactive with communication to work together. Also want to work with hospitals, we want this to be safe…*

By mid-June, providers described an improving situation with support from healthcare professionals in the community. GPs were now coming out to see people if required, with social distancing and safety measures in place. Another provider described the ambulance service as amazing during a choking incident, they said they could not ask for a better service.

District nurses had undertaken visits during this period and this has been positively acknowledged by providers. In some areas of Wales, providers reported they had regular contact from the end of life team and Macmillan nurses. However, many providers reported concerns about the lack of support available from Community Psychiatric Nurses (CPNs), especially when responding to the pandemic (for

example restricted movement around the home) had impacted negatively on people's mental well-being, especially people living with dementia.

Many providers said the shortage of some medication during the pandemic from certain pharmacists resulted in care workers having to seek alternatives, or ask GPs to reissue scripts for alternative medication when stocks were no longer available. Care workers, particularly domiciliary care staff, experienced long waiting times in pharmacy queues, which meant they had less time to provide valuable care. Many providers reported issues when local pharmacies stopped dispensing monitored dosage systems (something providers were used to and acknowledged as helpful). This meant each type of medication was dispensed in separate containers for each person. Providers told us administering this was time-consuming for staff and risked medication errors.

Testing

Being able to secure testing for people living in care homes and staff was a source of anxiety for providers from the outset of our calls. Some providers talked about a delay in receiving test results and a convoluted process to receive results. This was impacting on staff being able to return to work quickly.

Once 'mass' testing became available, providers described mixed experiences of the process, but most providers were satisfied and reassured by the testing arrangements. A care home provider commented:

- *The staff have been tested every Wednesday for the last three weeks, we have trained the deputy manager and team leader to carry out the testing. They have found this straightforward and all the staff have complied with coming in on their days off to be tested. We pay the staff for one hour to come in and the test only lasts five minutes.*

Some providers said they had a good relationship with the local authority, tests were arranged quickly and results returned promptly.

There was inconsistency, however, as receiving timely results was a concern expressed by many providers. A number of providers described challenging arrangements with test results going missing or not being received; very short notice periods to arrange testing; and complications in arranging testing. Managers of larger care homes felt the process was onerous.

A number of respondents wanted additional information and guidance about testing arrangements for staff working in domiciliary support services and supported living services. Providers also raised queries about gaps in the detail of guidance.

Other sources of support available to providers

The majority of providers were positive about the support provided by local authority and health board commissioners, with one describing it as 'fantastic'. Local contacts within Public Health Wales were also commended.

In the early weeks of the pandemic, providers complained they were being asked for the same information multiple times; one provider described this ‘overwhelming’ and another as ‘burdensome’.

Financial impact

By early May some providers were signalling concerns about the financial impact of the pandemic and so we began to explore this with them. As many of our conversations took place with managers rather than directors, some were not aware of financial issues, whereas for smaller providers where owners were RIs/managers, the concerns were more acute. The concerns about finance centred on the rising costs of PPE and of covering staff who were self-isolating/shielding.

Also in May some providers, notably domiciliary support providers, highlighted that financial impact was becoming more of a concern. Domiciliary support providers were concerned that a focus on crisis support may impact on their sustainability. They told us non-essential domiciliary support was not being made available to make way for crisis care packages; however, the need for crisis care at home had been minimal, which meant they had capacity and a diminished workload.

There were vacancies in some care homes, as some providers had ceased admissions to homes due to a current outbreak and were waiting for the end of the 28-day symptom free period. The furlough system and loans were helpful in the short term, but sustainability of service was being questioned by some providers.

Recovery

We asked providers about their plans for recovery as we felt it important for managers to give this early thought. As early as May some providers indicated forward planning was actively being undertaken, with management preparing a strategy for the end of lockdown.

As services recovered, providers said they had been focusing on government guidance in relation to re-connecting families, restarting activities, refurbishment and routine service work that was paused because of the pandemic.

Many providers requested further guidance in relation to their recovery phase and the easing of lockdown restrictions; this mostly related to family contact and clarity about ‘bubbles’, re-introducing people into the community and professional visits.

Learning

In the final weeks of our check-in calls in July, the spread of the pandemic had stabilised in most areas of Wales and providers were able to give reflective accounts about what they had learned from managing the challenges they had faced. One domiciliary support provider commented:

- *I fear another outbreak in the winter. I have learned that good communication, good infection control practices and a good committed staff team are key to managing situations like the present one we are facing.*

Whilst a care home provider commented:

- *Sufficient PPE stocks; staff risk assessments; testing procedures; early lock down; visitors restrictions.*

A key theme was the importance of good communication. This related primarily to the interface with organisations such as local authorities, health boards, ourselves (CIW) and Public Health Wales. At times the volume and rapid changes to guidance undermined its effectiveness and important messages could easily be overlooked. On occasion the same information was received from multiple sources; at other times local information was not in line with national guidance. Looking forward, providers suggested coordination of information sharing, to avoid duplication would be of benefit. One care home provider commented:

- *I don't want you to think this is a criticism but we found in the beginning we had a lot of information regarding the COVID-19 pandemic from all parts of the team, ABHB, CIW, social workers, Public Health Wales. We found a lot of this information was the same and we felt bombarded with emails, so we were unsure at the time which advice to follow.*

Providers said they had developed their team working as they focused on and worked through infection control procedures. They also recognised the lockdown period had improved communication with families, which they wanted to maintain going forward.

The majority of providers commented on the importance of digital technology as a communication aid. In over 75% of responses, managers had found the equipment and devices purchased or provided by the local authority or the Welsh Government to have been useful.

Services had used technology in a variety of ways: to facilitate contact between people and family members; to provide additional activities for people; or to make contact with professionals and staff training. Feedback from care home providers included:

- *Found remote access to things such as training (Learning cloud) has enabled the service to keep training and support to staff up-to-date.*

- *We have bought our own [digital] tablets for GP consultations and the use of technology is developing.*

For some providers internet connectivity and technical difficulties with equipment was a particular challenge. Not all professionals were digitally set up and this hindered communication.

Providers emphasised the importance of communication within their service; managers were central to facilitating the exchange of information. Digital platforms such as Microsoft Teams enabled fluent communication and limited travel, allowing more time to focus on care and support.

Chapter three
Impact on care homes and fostering services for children

Between 8 June 2020 and 2 August 2020 we adapted our check-in questions specifically for children's services (264 conversations).

Between 30 March 2020 and 5 June 2020, 16 care homes for children had confirmed cases of COVID-19 (16 staff and one young person).

A positive and consistent emerging message from children's care home providers was that overall, children and young people were coping very well. They reported isolated cases of children absconding which were challenging to manage. Providers said relationships between children and staff had been strengthened during this period. Children were engaging well in education work. Morale was reported to be good and children were managing the limitations of the situation remarkably well.

For fostering services, the lockdown period brought about some anxieties initially for services about how children would cope not attending school and not being able to meet their family and friends, and the impact this could have on their foster placement. Fostering services reported that children had adapted well to these changes and spoke about effective engagement and positive relationships developing between children and their foster carers, bringing about improved placement stability.

Children's well-being

Providers highlighted that working collectively as a team, providing consistency in care and ensuring daily routines were maintained had been critical, with children involved in the planning and being more creative with home-based activities.

A high number of managers reported that staff had worked really hard to keep children in good spirits and remain positive, and this had led to increased staff morale, with staff and children forging improved relationships. A number spoke about the importance of keeping children updated with the right information, being open and honest, keeping things fun and not too serious and the importance of preparing children for lockdown prior to it taking place, which had a positive impact overall.

- *Staff have pulled it out of the bag with their creativeness and contacts - made it what it is - positive experiences.*

Providers spoke about the importance of keeping in place a core staff team to provide consistency for children, and this had worked well in developing a bond between children and staff. A high number stated that they had been able to maintain staffing levels without having to resort to the use of agency staff.

- *Staff team have been fantastic and kept the children safe – been sensational.*

This resulted in some providers reporting fewer placement disruptions for children compared to last year.

- *Generally all going well. Some positive relationship building and been good to have removed school pressure for many children. No placement disruptions.*

Access to education

All providers described a reduced timetable in relation to the number of hours/days when children accessed education. Children predominately received their education via online tutorials, workbooks, Google Classroom and sessions via Zoom. Some children received support from local hubs, with the average time spent in educational activities around 3-4 hours per day, 2-3 times per week.

Homes that were home educating said this had generally gone well. Staff reported that some children who previously had not engaged in education had responded well to home tutoring; staff attributed this to the informal nature of learning.

- *Schools are sending work and supported by carers, children who normally have trouble with school are managing well and enjoying the 1:1 attention.*

Some providers had purchased laptops and iPads, ensuring children had a quiet place within the home to study. Others had included physical education into the daily routines of the home by purchasing equipment and using the outside space for team games and nature studies.

- *We have purchased a greenhouse and growing vegetables - lots of independence going on, shopping and baking.*

Staff completing life skills work with children reported an increase in engagement; this was attributed to the impact of increased restrictions placed on children's movements outside the home, resulting in staff and children spending 'quality time' together which had enabled them to develop positive relationships.

- *Been some positive impact on relationships and development in number of areas. Quality time.*

- *Placement disruptions less than this time last year.*

Services which provided on-site educational facility reported that children had continued to attend. Care and teaching staff worked together to support children's education. Tutors were available to support children and some had included physical education into the weekly timetable.

Some providers described the practical arrangements for children who had completed their GCSE year: online applications to colleges had been confirmed, with virtual introductory sessions planned. For those children going on to vocational training, induction sessions were planned with training providers.

Fostering services told us different local authorities had different arrangements in place for children to access education. Some described children going into school for

social reasons rather than educational. Most stated that where children could go to school they had attended for short days until the end of term.

Access to advocacy

Advocacy services continued to support children during this period. Children had access via the local authority Looked After Children Review and independent advocacy services. Providers commented on the importance of digital technology in ensuring regular contact was maintained between children and their advocate. Zoom, Skype, FaceTime and Microsoft Teams were used to facilitate discussion, as well as telephone calls. Some advocates contacted homes monthly to ascertain if any child required support. During the easing of restrictions some advocates had visited children at the home.

- *Consultation with advocate taken place via Skype which was very effective.*

- *National Youth Advocacy Service (NYAS) advocate contacts home monthly and children have feedback forms.*

- *Young people have advocates, staff are in touch with them via email and they attend LAC reviews. They have been very good and are supporting one young person through transition to adult services.*

Whilst providers recognised the importance of maintaining advocacy contact, many children had decided not to take up the service during this period. Some providers said that children were engaging in their key worker sessions which addressed any individual issues they may have. Providers ensured that children were reminded of their right to an advocate in house meetings, and information relating to advocacy was available.

- *Able to access it but none of the young people wish to have an advocate currently but have been offered.*

- *Deputy Manager is able to ring Tros Gynnal for support if needed*

- *The young people have access to advocacy and are aware of how to request this service, however none were using the service prior to lockdown and none have requested it during.*

Foster care providers also recognised the importance of maintaining advocacy contact, but again many children had decided not to take up the service during this period. Foster carers ensured that children were reminded of their right to an advocate. Most of the contact was via telephone.

Support from social workers

Providers told us social workers were continuing to monitor children's placements using different methods. They were able to speak with young people by telephone, either through a personal mobile or house phone, with some young people preferring this option to the offer of a Skype, Zoom, WhatsApp or Microsoft Teams call. Other

young people really enjoyed the calls through this medium. Some social workers had visited children and young people in gardens, socially distancing and using PPE.

Review meetings had continued but all were held virtually. We were told of one young person who had refused to engage in this but the majority were happy to do so. Providers continued to produce either weekly or monthly reports for social workers and also made regular calls.

- *Social worker very involved due to increasing risks. Manager described her as very committed to the young person, visiting regularly.*

- *Social worker in regular contact, visits, strategy meetings, described as 'fantastic' by the manager and very committed to the young person.*

- *Daily contact with social workers currently.*

- *Varied responses from social workers, some in regular contact, others less so.*

A fostering service told us:

- *Monitoring visits being undertaken with non-verbal children via observations in garden of carer's home*.

Foster providers indicated in some situations children and young people had increased contact with their social workers virtually and that children often responded well to communicating in this way.

Access to Child and Adolescent Mental Health Services (CAMHS) support

Providers indicated a mixed picture. Many young people did not require any support; some were receiving a service; some were referred and awaiting appointments; and a number of services had access to their own therapists. It was positive to hear young people already in receipt of a service continued with telephone contact.

- *CAMHS have been absolutely excellent – been phoning weekly.*

- *CAMHS has supported one child via telephone and another has appointment in the clinic in August 2020.*

- *Weekly phone calls from drugs support worker.*

- *1 young person has medication prescribed by CAMHS.*

The greatest impact appeared to be where referrals had been made and accepted but the young person had not developed relationships with workers and as the service was on hold, telephone contact was not deemed suitable.

Some of the fostering services had sought support from other therapeutic services.

- *Some children access the local authority service e.g. MIST (Caerphilly). Support has continued via Skype.*

Access to support and advice for providers

The majority of providers told us they were receiving good support from a range of sources including their company, Welsh Government, Public Health Wales, environmental health, local authorities, 4Cs Commissioning Consortium, and ourselves (CIW). Providers also spoke positively about the support they were receiving from environmental health officers checking if they had sufficient PPE.

Some providers spoke about the uncertainty of which agency to go to for information, as at times it was unclear who would advise on what issue and they felt that this could be communicated better.

A number of providers described improved relationships between commissioners and social workers and they spoke about how valuable this support had been to children and staff.

The availability of testing for staff and children had generally worked well and providers spoke positively about this and how this had provided reassurance to all, although they reported some shortfalls with the process.

Fostering services told us that supervising social workers were mostly undertaking virtual supervision and consultation, but have visited foster carers and conducted supervision. Supervising social workers from the service also linked virtually with children and young people.

Learning

Video conferencing was seen as a new way of working and this had worked well in maintaining contact for children with their families and friends. For some children the reduction of external influences had brought about stability and improved outcomes. Video conferencing had also worked well for staff training.

Fostering services all reported that the use of technology had brought about big changes to the way they work and the positive impact this had on all aspects of their business, and said this new way of working would be something they would continue to use in the future. Adapting to the use of technology and the use of virtual meetings became the normal daily routine in offering support to foster carers and maintaining contact for children. A number of services had developed virtual support groups for children and carers, and this had been seen as a huge benefit especially for rural areas across Wales. Some agencies spoke of the improved relationships between North and South Wales and how technology had supported this, with the barrier of travel and distance taken away and they spoke about how this would be a new way of working in the future.

Support groups for foster carers and children are provided by agencies as part of their network of support and a number have reported improved attendance due to them being virtual. The development of hubs/huddles for foster carers and

supervising social workers were reported to work well, providing case management support and opportunities to share challenges and practice issues.

A children-led Chill Out Group was reported to work well and the organisational challenge of travel and setting up the meeting was taken away by holding this virtually, which enabled it to be moved from monthly to weekly.

Services who provide short break care spoke about the use of technology and virtual meetings to maintain contact with children and their families whilst the service was suspended. This had helped maintain links and had minimised anxieties in children once the service resumed.

Chapter four
Quantitative analysis

1. CIW COVID-19 notifications for people and staff using adult care services

The COVID-19 pandemic took hold in Wales during early March 2020 and continued to progress well into July. By observing the numbers of notifications received for people (residents) with a confirmed case of COVID-19 in care homes (Figure 1), a substantial rise in cases can be seen during April and throughout the month of May, with the highest total of 53 cases reported on 11 May. The seven-day moving average shows that the majority of cases for people in care homes began decreasing from mid-June and into July.

By observing the numbers of notifications received for staff with confirmed cases of COVID-19 working in adult care homes (Figure 2), the peak in cases follows a similar time trend to people with confirmed cases in adult care homes. There were higher numbers of staff working in adult care homes reporting confirmed cases of COVID-19 during May, with the highest total of 91 cases reported on 5 May alone. The seven-day moving average also shows that cases for staff working in care homes began decreasing from mid-June and into July.

Figure 1. Number of people with a confirmed case of COVID-19 in adult care homes

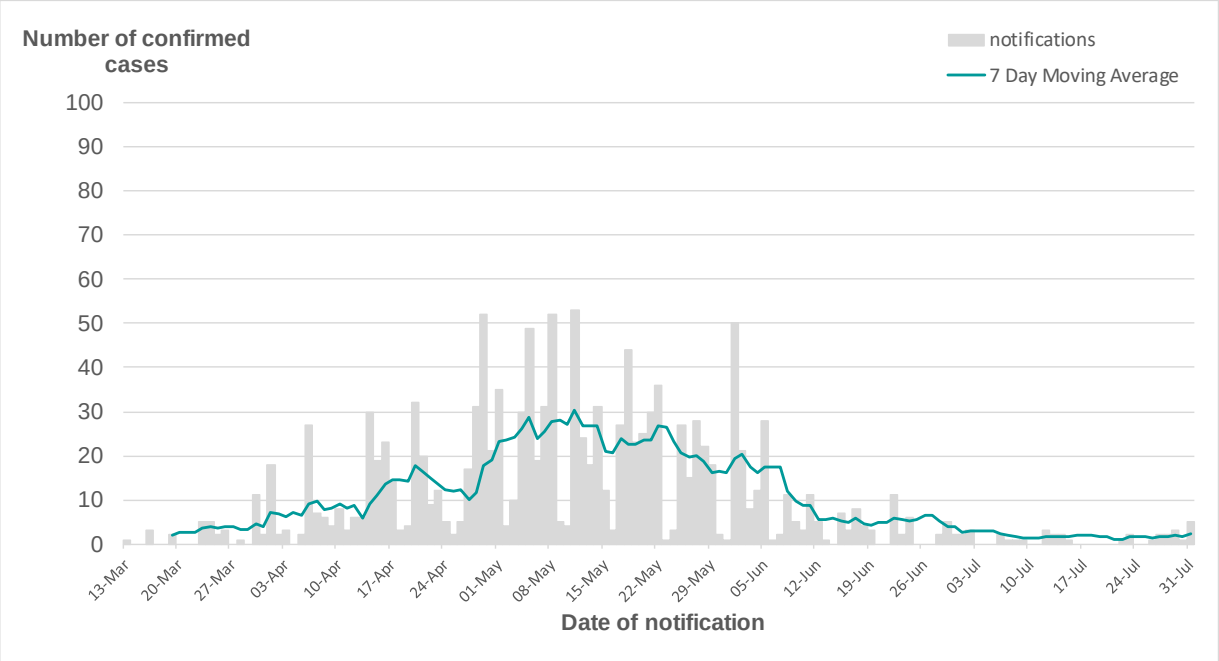
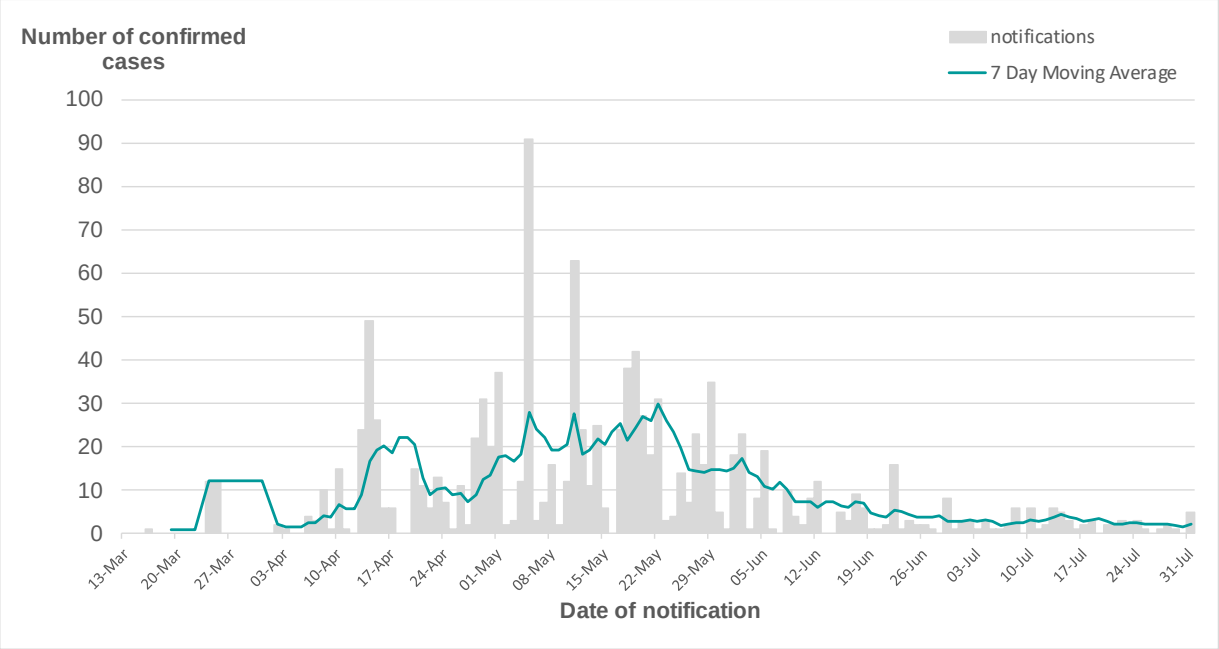


Figure 2. Number of staff with a confirmed case of COVID-19 in adult care homes



By observing the numbers of notifications received for people with a confirmed case of COVID-19 in domiciliary support services (Figure 3), a lower number of cases can be seen when compared to care homes. The seven-day moving average shows a much flatter peak in the number of reported cases beginning in late March and continuing into June. The highest number of 11 cases was reported on 6 April.

By observing the numbers of notifications received for staff with confirmed cases of COVID-19 working in domiciliary support services (Figure 4), a spike of 17 cases can be seen on 23 March. The seven-day moving average also shows a flatter peak of cases for staff working in domiciliary support services that then decreased during early July.

Figure 3. Number of people with a confirmed case of COVID-19 in domiciliary support services

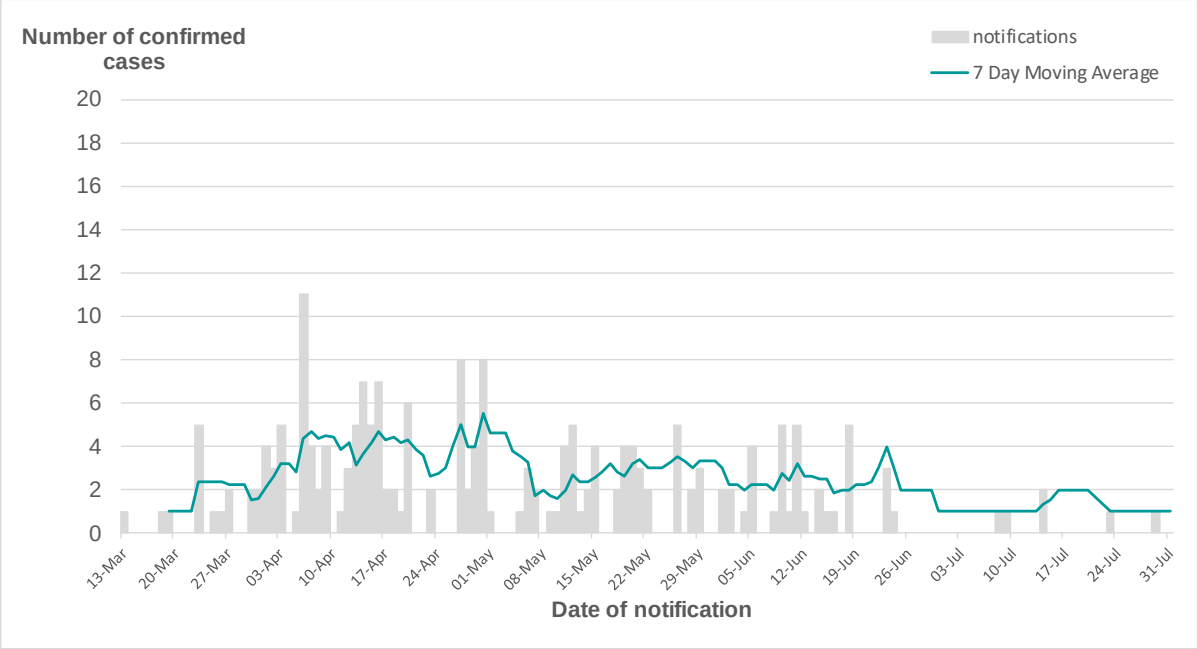
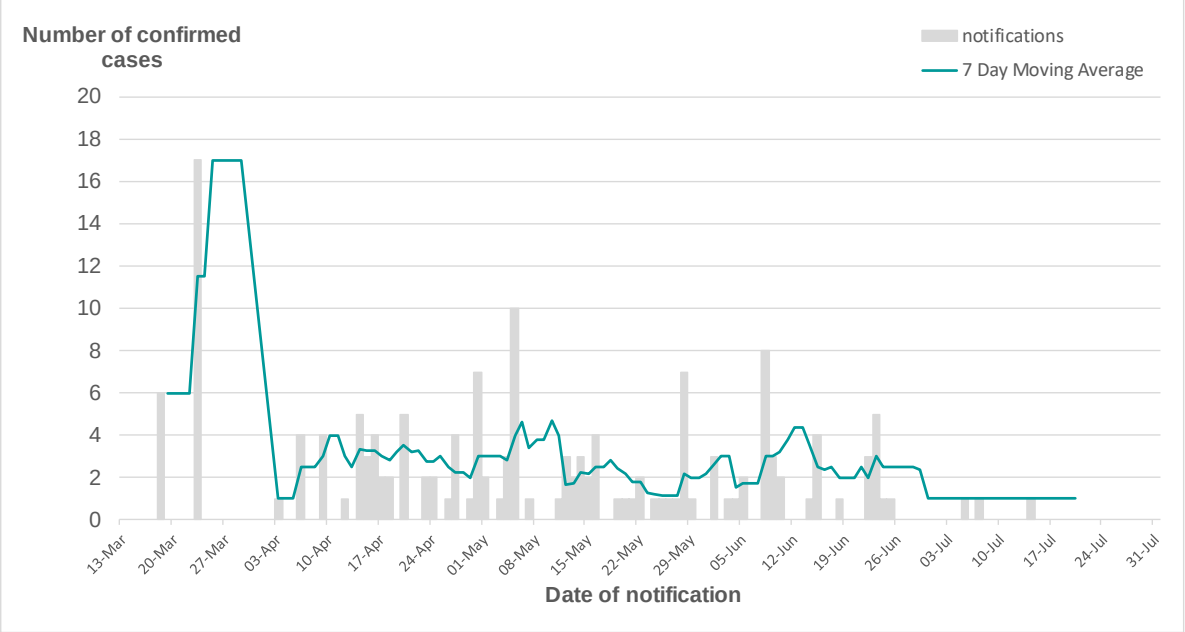


Figure 4. Number of staff with a confirmed case of COVID-19 in domiciliary support services



2. Summary of adult survey check-in calls

A total of 10,045 check-in calls were made to adult care providers during the survey timeframe of 30 March 2020 to 26 July 2020 (Figure 5). 71% of calls (7,174) were to care homes and 29% (2,871) were to domiciliary support services (DSS) (Figure 6). The majority of calls were made during weekdays and the busiest month of April resulted in a higher number of calls being made in response to a range of themes, focused around the supply of PPE and other resources such as access to food, medication and local authority/local health board support (Figure 7).

Figure 5. Analysis of calls by survey timeframe

Timeframe (2020)	***Care Homes***	***DSS***	***Number of calls***
Weeks 1-2 (30 March to 12 April	1,133	462	1,595
Weeks 3-4 (13 April to 26 April)	1,184	503	1,687
Weeks 5-8 (27 April to 24 May)	1,859	713	2,572
Weeks 9-13 (25 May to 28 June)	1,926	717	2,643
Weeks 14-17 (29 June to 26 July)	1,072	476	1,548
Total Calls	7,174	2,871	10,045

Figure 6. Number of check-in calls to adult care providers by type of service

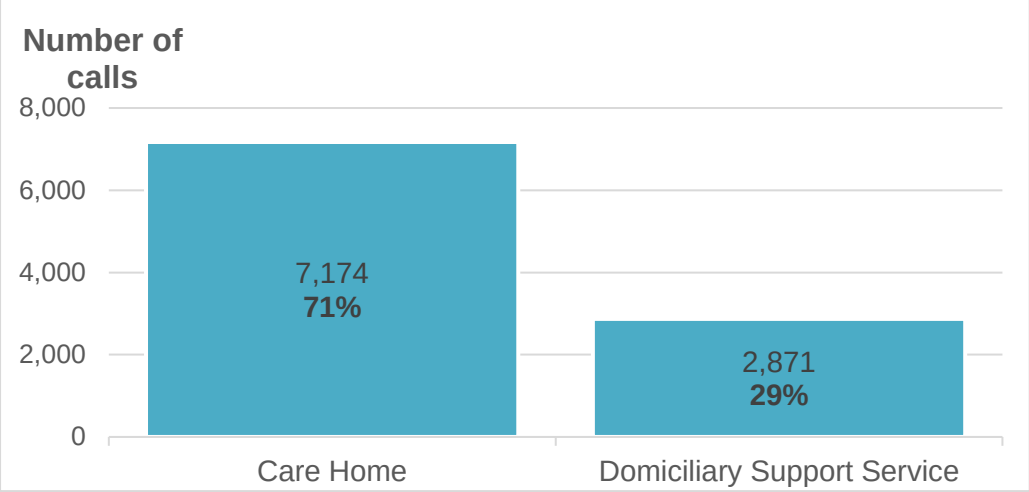
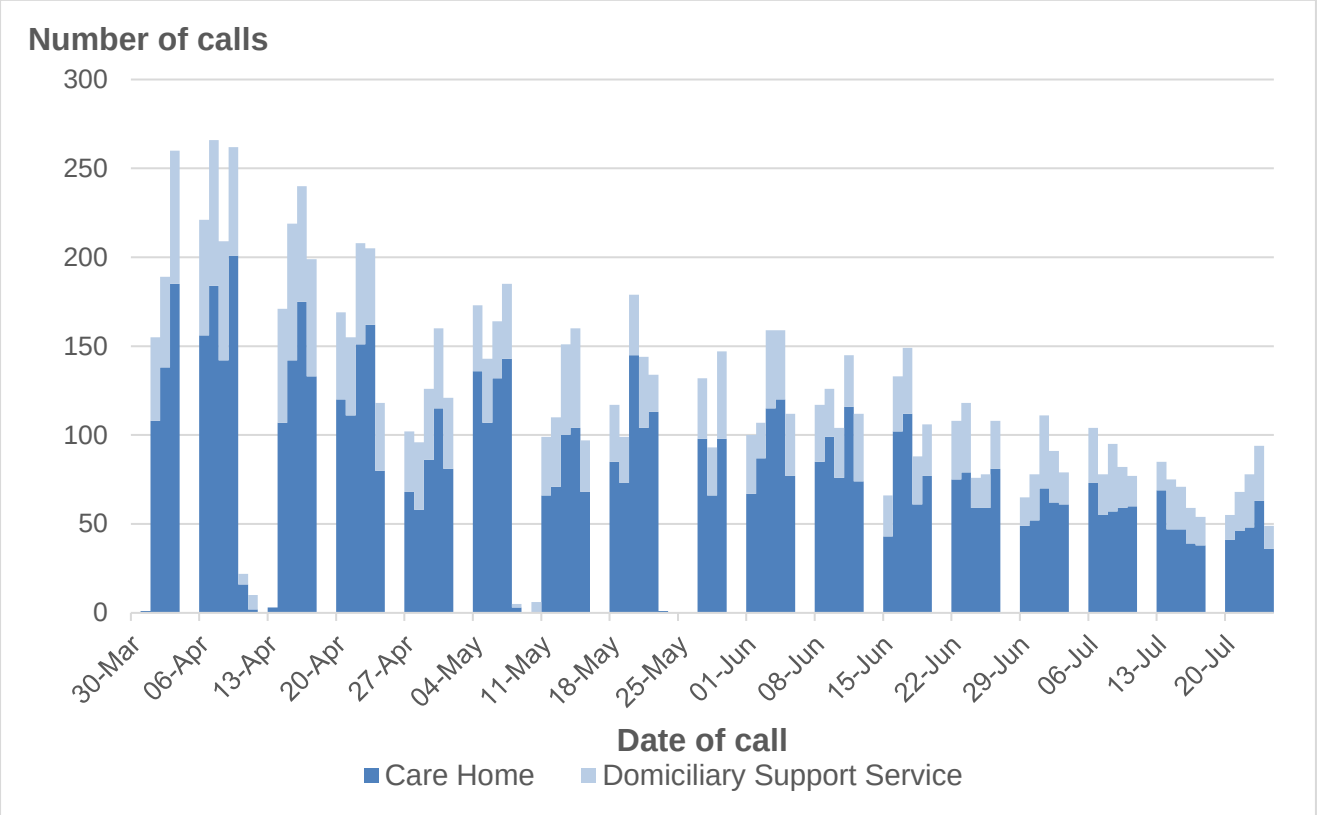


Figure 7. Timeline of check-in calls to adult care providers



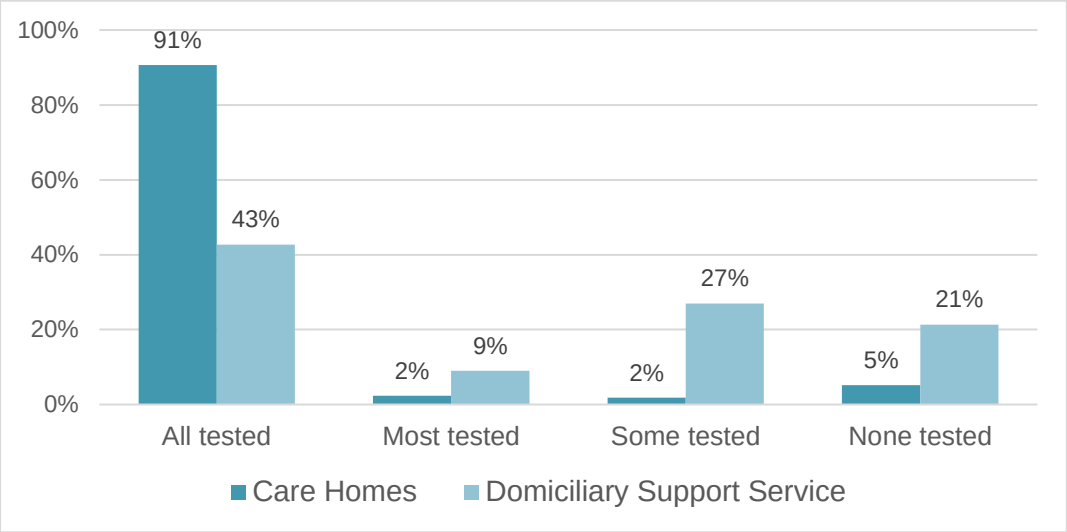
3. COVID-19 testing of staff and residents

In early check-in calls, it became apparent that the majority of people and staff were not being routinely tested for COVID-19. 53% of check-in calls made to care homes and 58% to domiciliary support services reported that they had not been tested (these figures represent combined totals for both people and staff). In later surveys we redefined the question to gain a clearer picture on the impact of mass testing on both people and staff in adult care services.

3.1. Have people been tested for COVID-19 before moving into the service if coming from home? (survey weeks 14-17)

For people moving into care homes from their own home, over 90% of care homes had all people tested for COVID-19 and only 5% had none tested. In comparison, domiciliary support services reported significantly less testing where people are moving from home into supported living services, with 21% stating that no people had been tested (Figure 8).

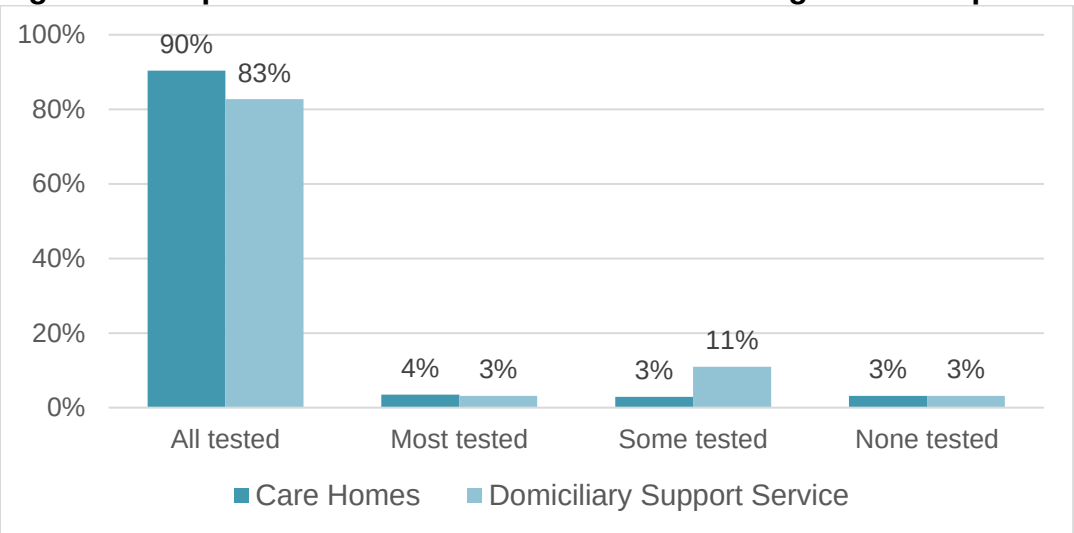
Figure 8. People tested for COVID-19 before moving into the service (if coming from their own home)



3.2. Have people been tested for COVID-19 before discharge from hospital? (survey weeks 14-17)

Where people were staying in hospital, over 90% of care homes ensured that all people had been tested prior to discharge. The percentage is slightly lower for hospital discharge to domiciliary support services, where just over 80% reported having had all people tested for COVID-19. A small number of adult care services did report that none of their residents were tested prior to hospital discharge – representing 3% of care homes (16 in total) and 3% of domiciliary support services (six in total) (Figure 9).

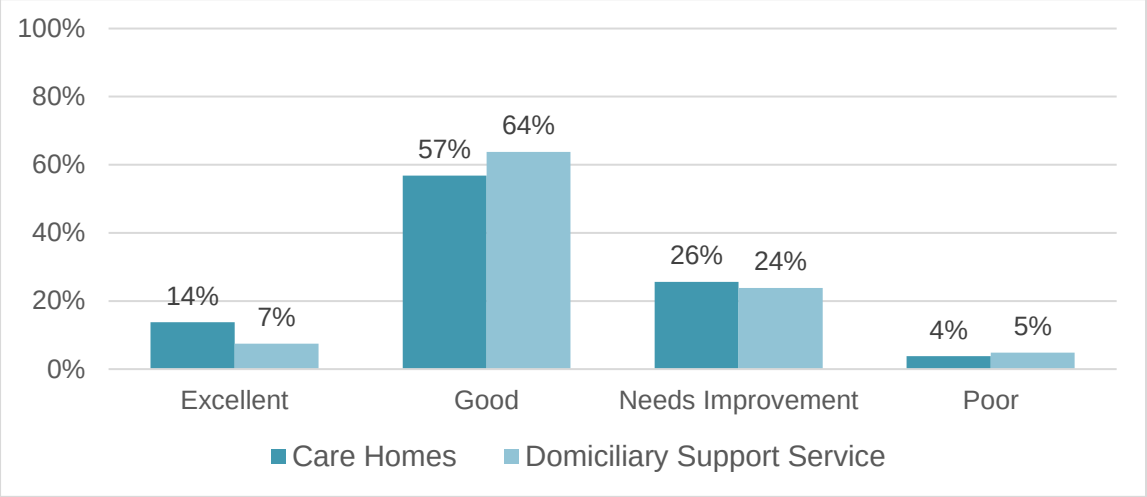
Figure 9. People tested for COVID-19 before discharge from hospital



3.3. In your opinion, how would you rate your experience of testing so far? (survey weeks 14-17)

The majority of care homes and domiciliary support services rated their experience of testing as 'good' during the pandemic. Some services did have difficulties with the testing process and one-third of both care homes and domiciliary support services also rated their experiences of testing as either ‘needs improvement’ or ‘poor’ (Figure 10).

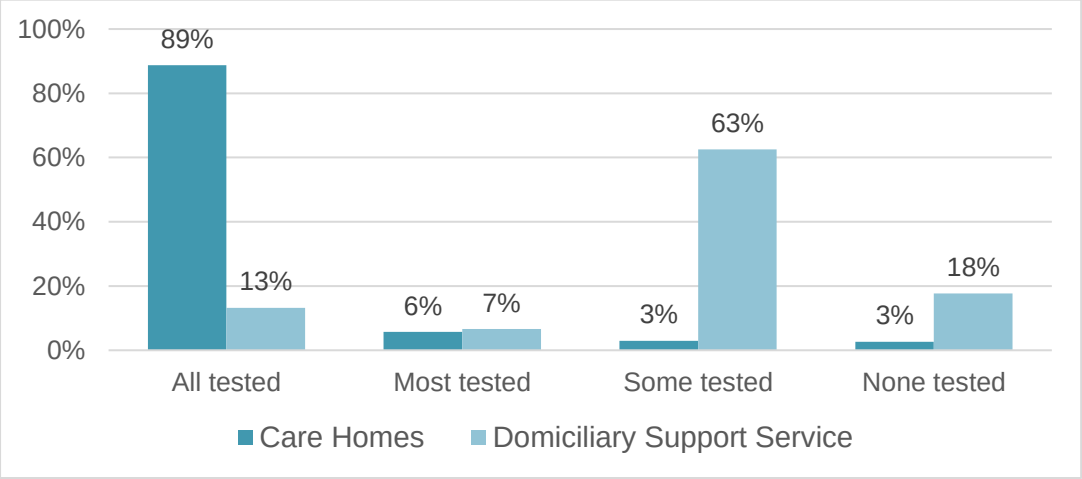
Figure 10. Rating of testing experience so far



3.4. Have staff been tested for COVID-19? (survey weeks 14-17)

Compared to early survey results, a higher proportion of staff are now being tested. In nearly 90% of care homes, the staff had all been tested and only 3% of services had no staff tested. In 13% of domiciliary support services, all staff had been tested and the majority (63% of services) had some staff tested (Figure 11).

Figure 11. Staff tested for COVID-19

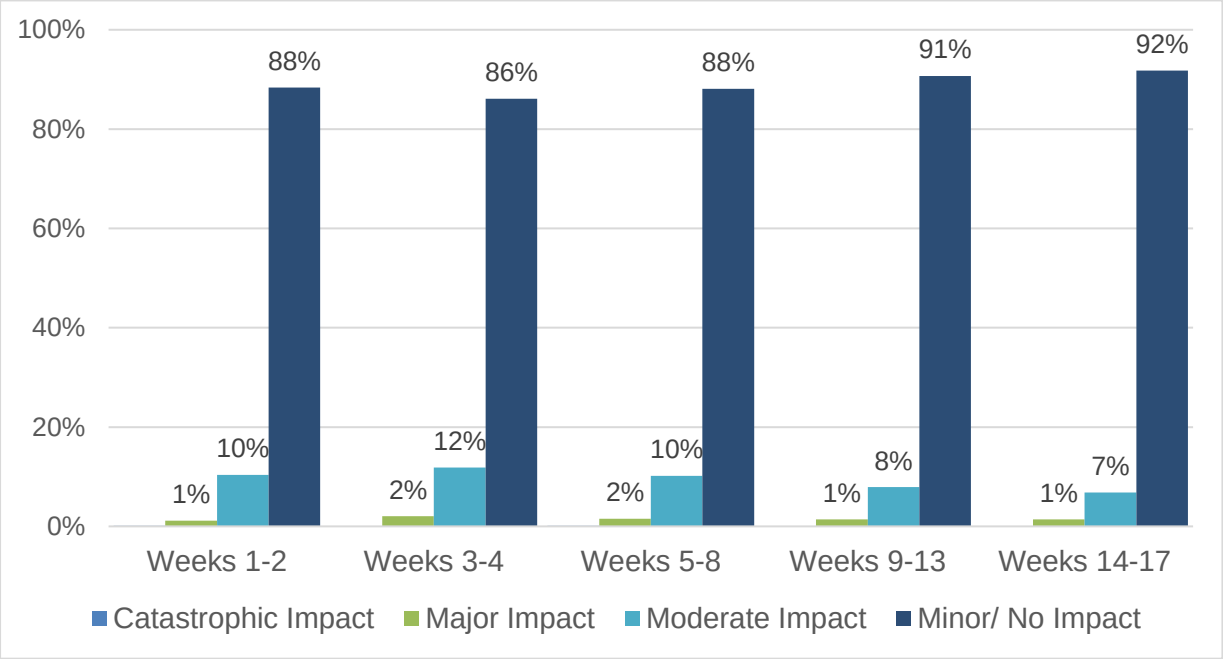


4. COVID-19 impact on staffing levels of the business

4.1. What impact has COVID-19 had on the staffing levels of your business?

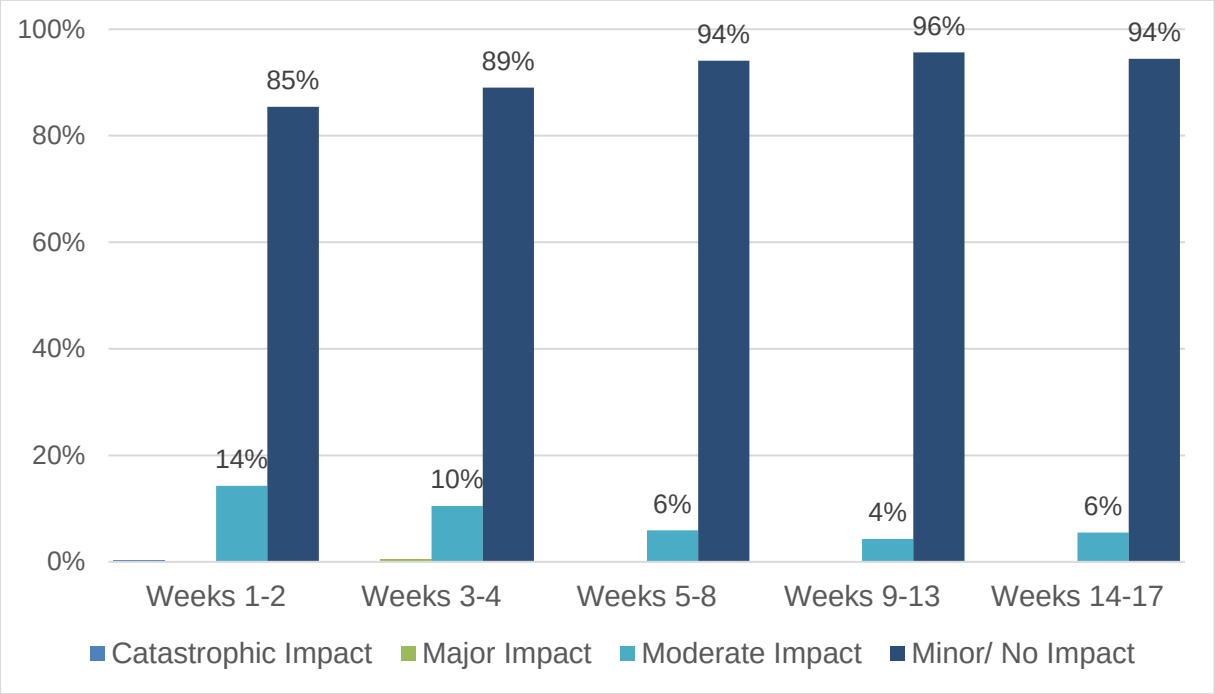
During the pandemic the majority of care homes and domiciliary support services remained very resilient when considering the potential impact of COVID-19 on the staffing levels of their business. The pandemic does not appear to have had any significant catastrophic impact on staffing levels. Over a series of surveys, between 86% and 92% of care homes reported that COVID-19 had a minor or no impact on their staffing levels. Only three care homes reported a catastrophic impact during the early stages of the pandemic with 1% and 2% reporting a potential major impact on business continuity (Figure 12).

Figure 12. Impact of COVID-19 on staffing levels in care homes



Similar to care homes, the majority of domiciliary support services (85-96%) reported that COVID-19 had a minor or no impact on their staffing levels. Only one domiciliary support service reported during an early survey a catastrophic impact on the staffing levels of their business. 14% of domiciliary support services reported a moderate impact on their business but this reduced throughout the survey timeframe to 6% (Figure 13).

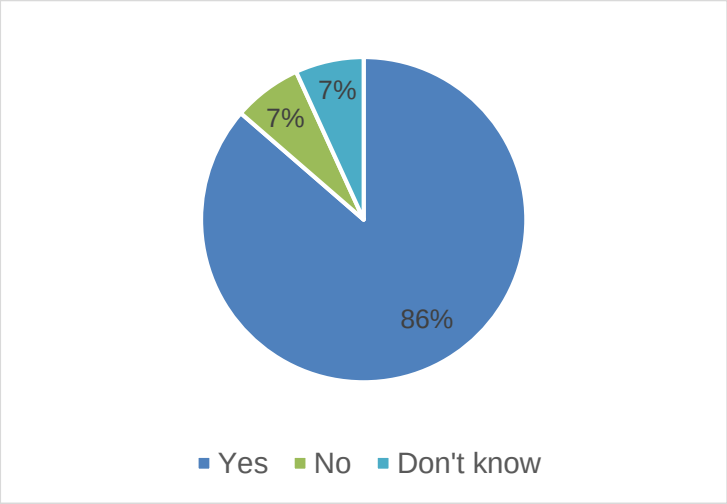
Figure 13. Impact of COVID-19 staffing levels in domiciliary support services



4.2. If the impact on staffing levels is major or catastrophic, does the service have any contingency plans?

For the small number of services where the impact on staffing levels is major or catastrophic, 86% responded that they did have a contingency plan and 14% reported having no contingencies in place or that they were unaware of one (Figure 14).

Figure 14. Care homes with a contingency plan



4.3. Are you having to use agency staff? If yes, are you able to use the same staff or are the agency sending different staff?

In surveys conducted during May 2020 and June 2020, care providers were asked to report on their use of agency staff. Nearly 20% of care homes reported using agency

staff and this figure only dipped slightly in a later survey to 17%. The number was significantly less for domiciliary support services with only 2-3% using agency staff (Figures 15 and 16).

Figure 15. Care homes use of agency staff

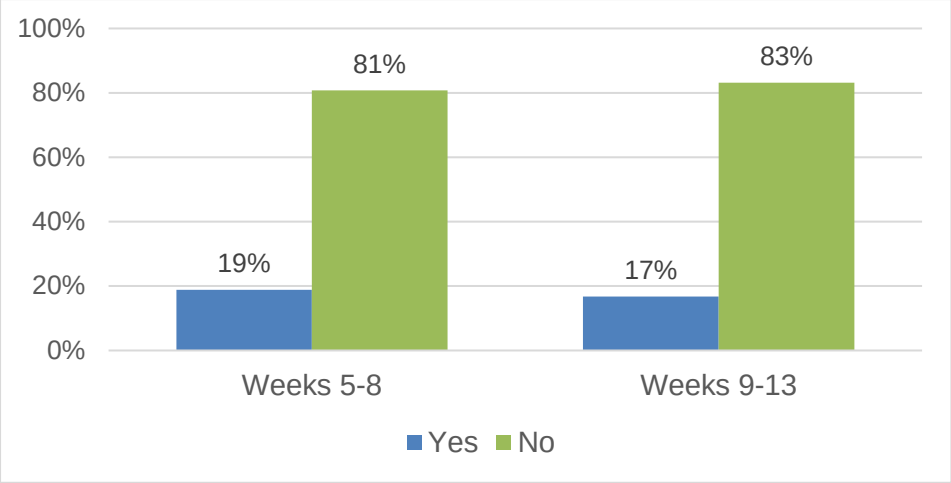
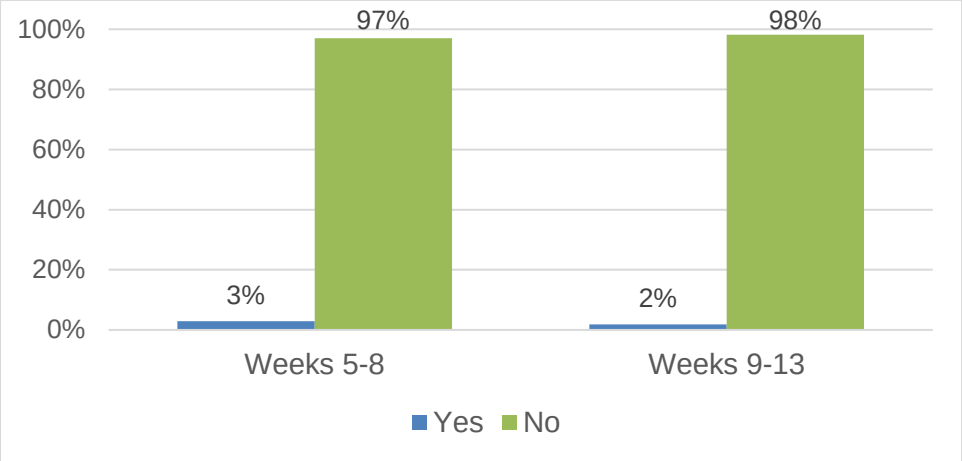


Figure 16. Domiciliary support services use of agency staff



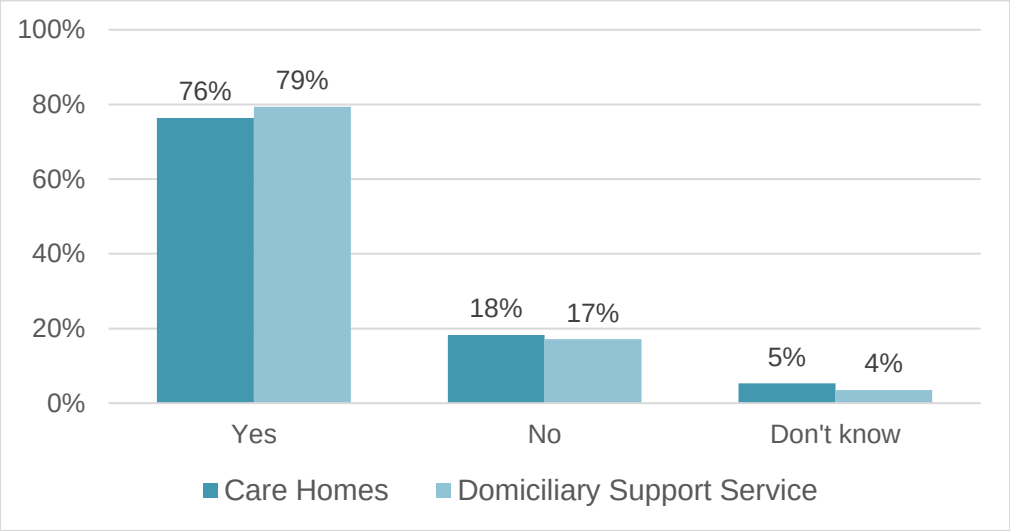
On the advice of CIW, it was recommended services should ensure they use the same agency staff to limit the spread of infection between services. The majority did report using the same agency staff (95% of care home services and 94% of domiciliary support services) and these figures remained consistent during the survey timeframe.

5. The All Wales COVID-19 Workforce Risk Assessment

5.1. Awareness of the All Wales COVID-19 Workforce Risk Assessment (survey weeks 14-15)

During later surveys, care providers were asked to comment on their awareness and use of the COVID-19 Workforce Risk Assessment to gain insight into the numbers of staff identified in high-risk groups. The majority of services were aware of the COVID-19 Workforce Risk Assessment (76% of care homes and 79% of domiciliary support services). However, nearly one-quarter of responses from care homes suggested that they either were not aware of the risk assessment or did not know anything about it (Figure 17).

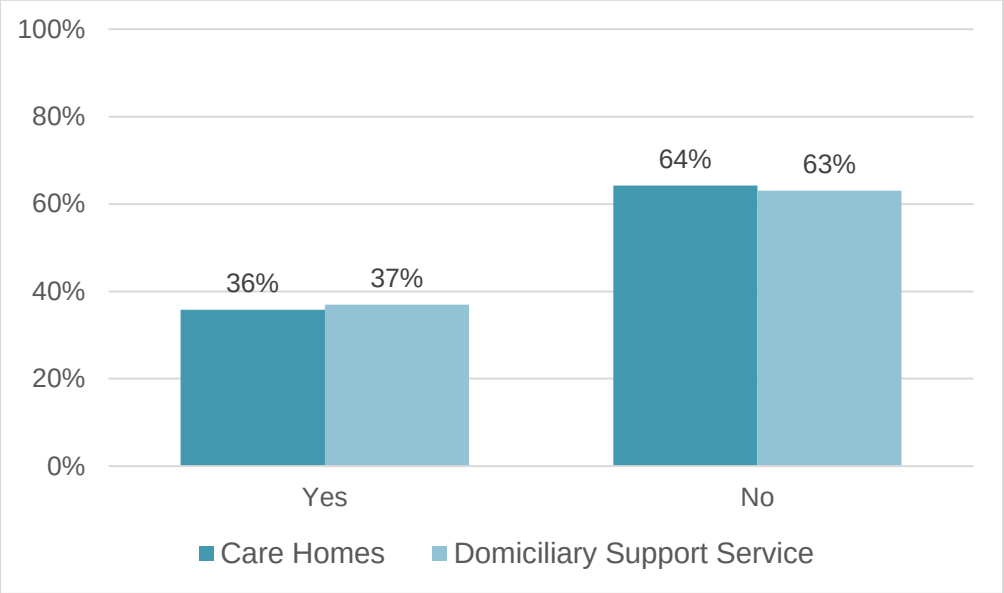
Figure 17. Awareness of the All Wales COVID-19 Workforce Risk Assessment



5.2. If you are aware of the risk assessment, have you identified any staff in a medium-high risk group?

Of those services that were aware of the risk assessment, more than one-third of both care homes and domiciliary support services did identify staff in a high risk group. These figures represent a potential 388 services where staff have been identified in the high-risk category (there will be some duplicated responses, as inspectors may have contacted the same care provider more than once) (Figure 18).

Figure 18. Staff identified in a high risk group

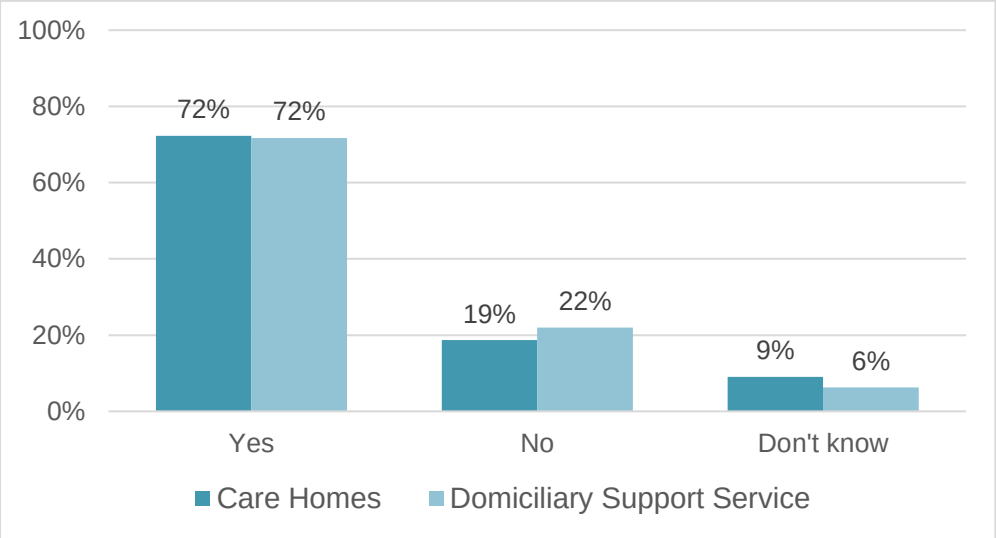


6. Staff training in Infection Prevention and Control (IPC)

6.1. Have all your staff completed mandatory IPC training in the past six months? (survey weeks 16-17 only)

During the final survey in July, care providers were asked whether staff had completed mandatory IPC training in the past six months. The responses were similar for both care homes and domiciliary support services, with just under three-quarters of services responding 'yes' (Figure 19).

Figure 19. Completion of IPC training in the past six months

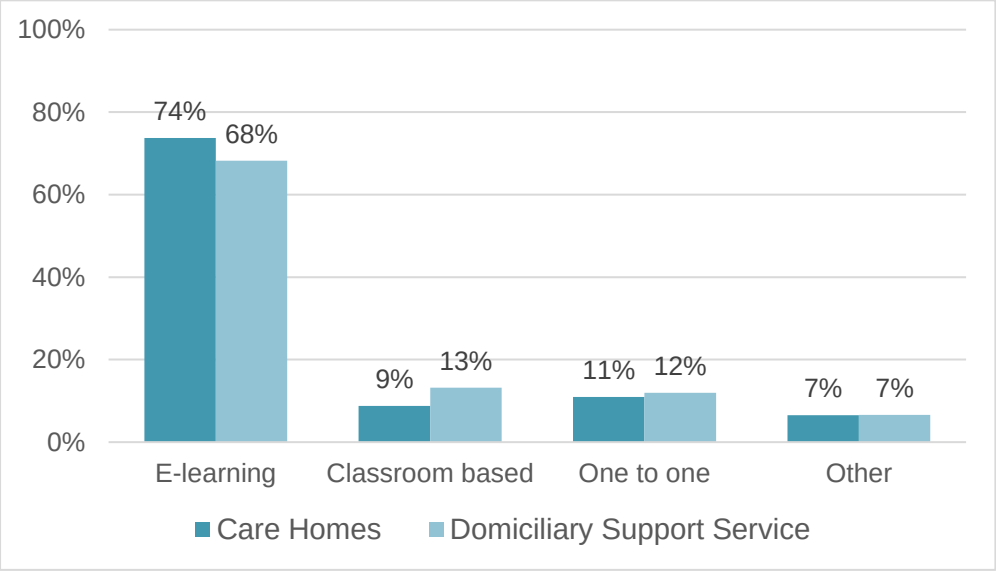


6.2. If yes, how was IPC training undertaken?

Where IPC training had been completed, services were asked to report on how IPC training was undertaken. The most popular option is via 'e-learning' for both care homes and domiciliary support services. Check-in calls reporting 'other' as a training

type included a majority of 'on-the-job learning' and use of video conferencing such as Zoom or Skype.

Figure 20. The types of IPC training undertaken



7. Sufficient supply of resources (PPE, Food, Medicine)

7.1. Sufficient supply of personal protective equipment (PPE), food and medicines

During April 2020, we asked care providers if they had access to sufficient resources of PPE, food supplies and medication during the lockdown. Out of all these resources, it was PPE that caused a more significant issue for both care homes and domiciliary support services. 11% of care homes and 18% of domiciliary support services did not have sufficient access to PPE. The situation improved slightly in follow up surveys, but still remained an issue for around 5-10% of adult care services (Figures 21 and 22).

Figure 21. Sufficient supply of PPE in care homes

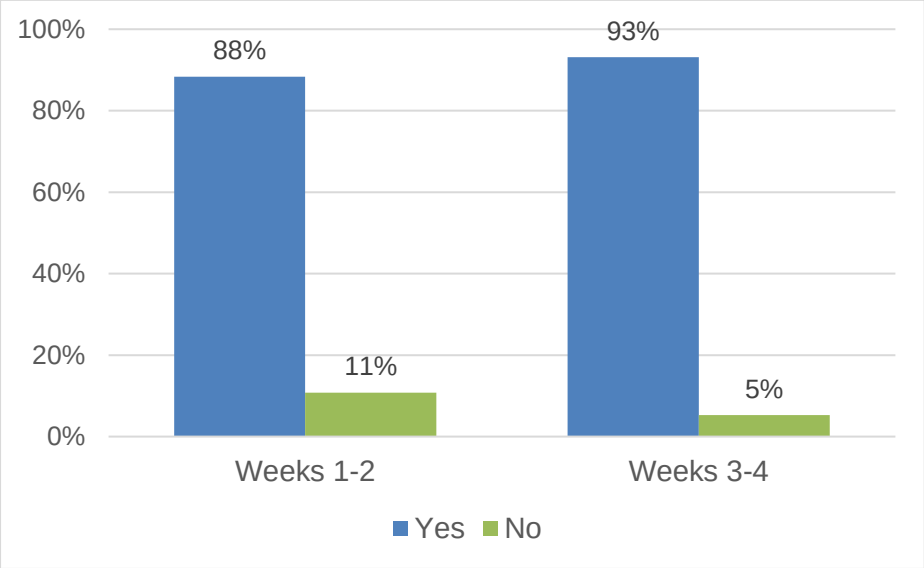
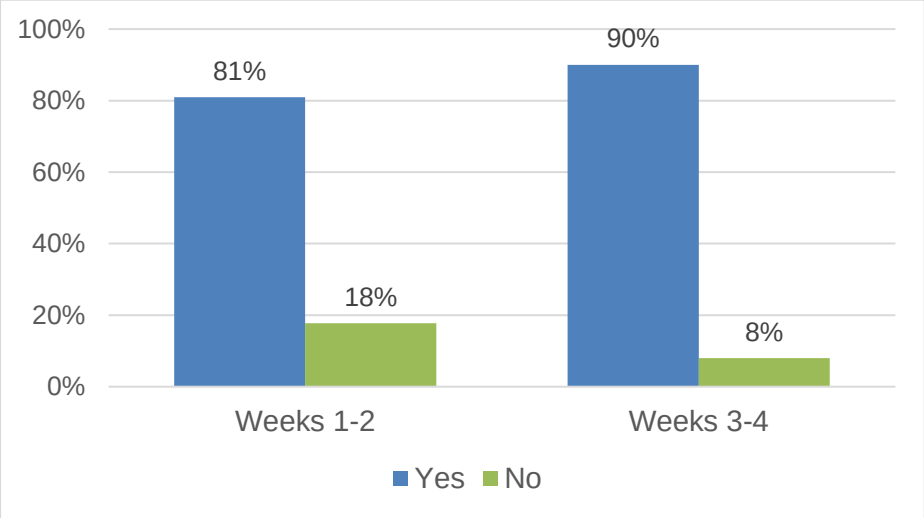


Figure 22. Sufficient supply of PPE in domiciliary support services



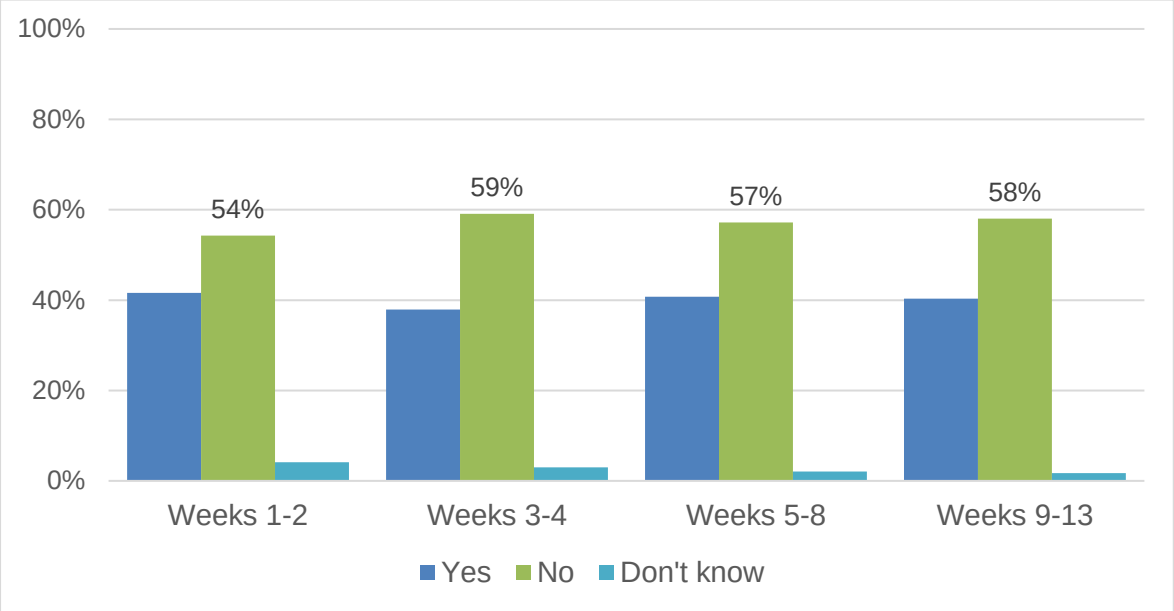
Access to sufficient food and medication did not appear to be an issue for the majority of care providers, with the exception of only a few services. Over 95% of care homes and domiciliary support services reported that they had access to sufficient food supplies, and only two domiciliary support services reported that they did not have access to sufficient supplies of medication.

8. Admission of new residents (care homes) or new packages of care (domiciliary support services)

8.1. Are you currently admitting new people to live at the care home or accepting new packages of care for domiciliary support?

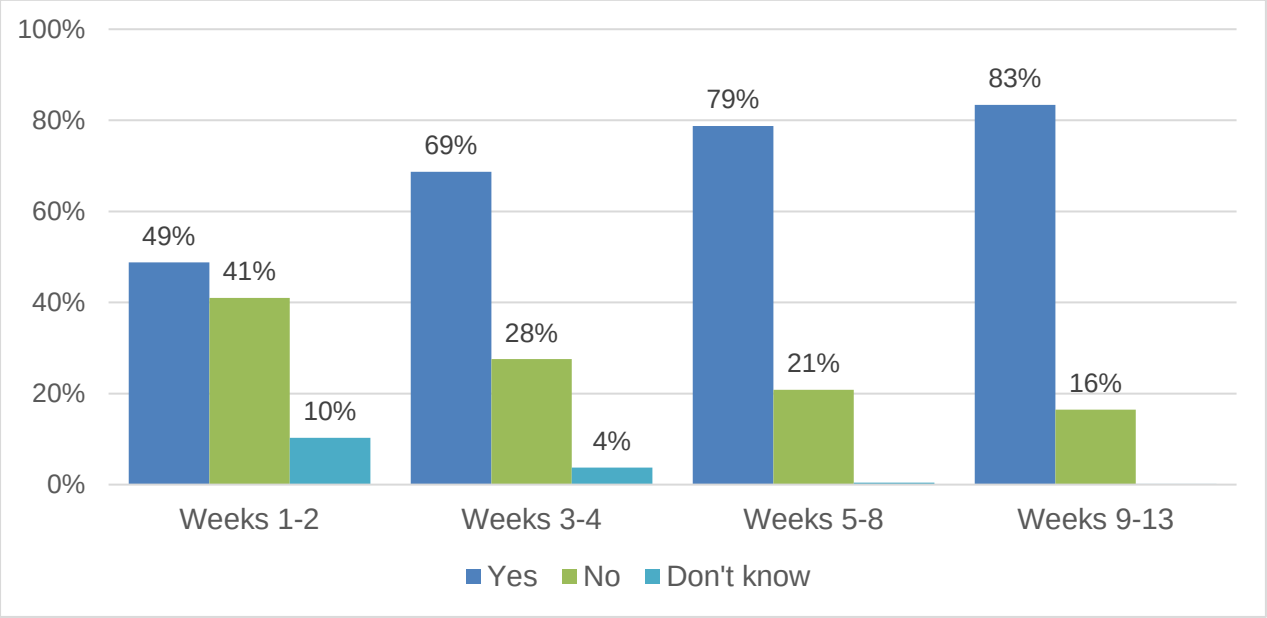
Throughout April 2020 to June 2020 care providers were asked whether they were currently accepting new admissions to care homes or accepting new care packages to domiciliary support services. More than 50% of care homes reported that they were not accepting new residents into the services. This figure remained consistent across the pandemic timeframe (Figure 23).

Figure 23. Admission of new residents into care homes



Domiciliary support services show different trends to care homes in the accepting of new packages of care. In the earlier stages of the pandemic, only 50% reported accepting new packages of care, then as anxieties begin to ease this figure increased up to 83% in later surveys (Figure 24).

Figure 24. Accepting new packages of care into domiciliary support services

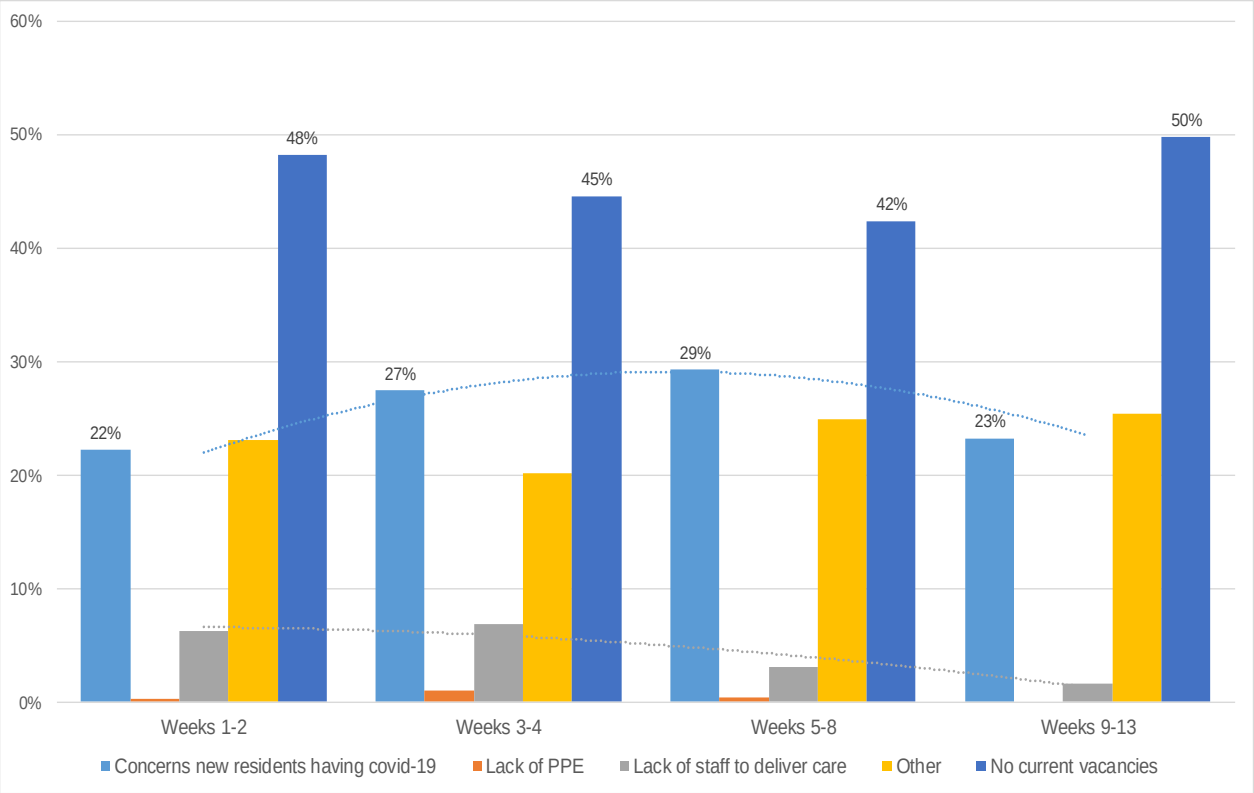


8.2. If you are currently not admitting new residents, what are the reasons?

Of those care homes that were not admitting new residents into the service, capacity and 'no vacancies' were stated as the main reasons. There is also evidence of concerns about new residents having COVID-19 (increasing from 22% to 29% before decreasing slightly). 6% of check-in calls noted a 'lack of staff to deliver care' was another reason for not admitting new residents during the early stage of the pandemic, however this later decreased to 2% (Figure 25).

Other reasons for not admitting new residents to care homes varied and included embargos on admissions (either voluntarily or imposed by local authorities), concerns about compatibility of new residents, care homes going into lockdown, and the safeguarding of existing residents.

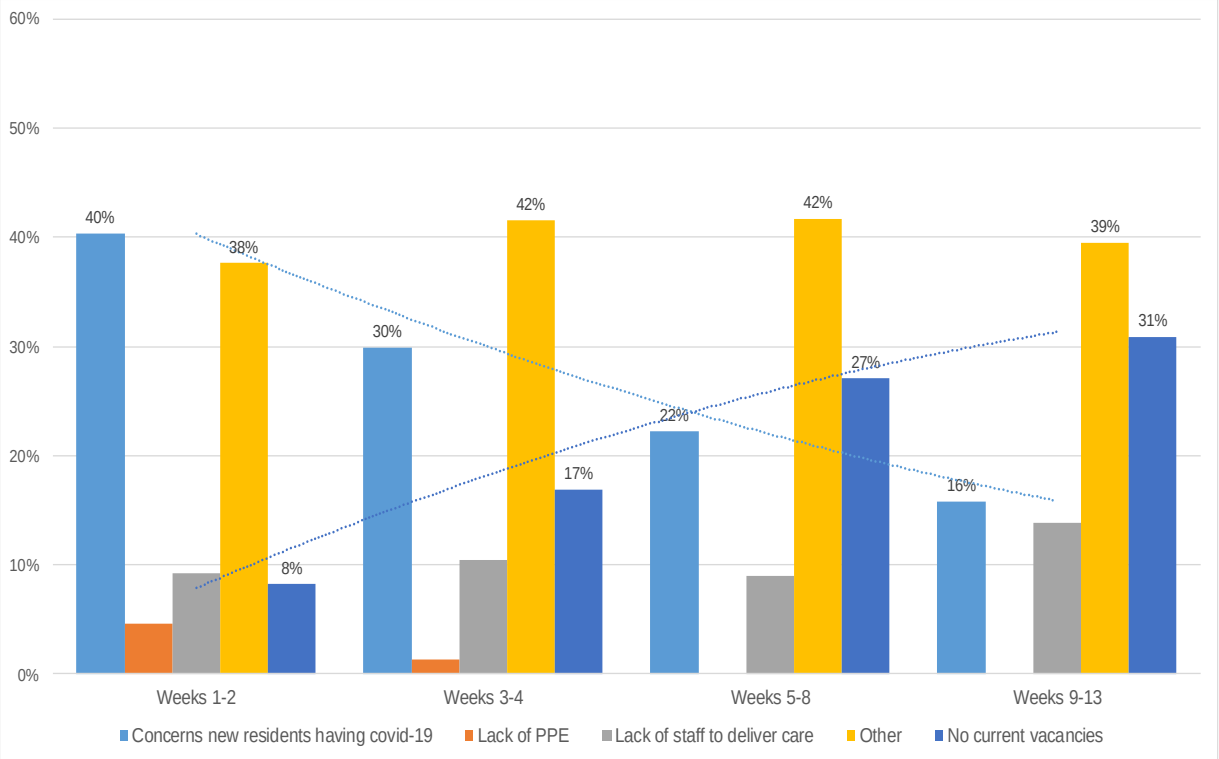
Figure 25. Reasons why care homes are not admitting new residents



Of those domiciliary support services that were not accepting new packages of care the picture seems more complex. At the start of the pandemic 40% of calls to domiciliary support services reported concerns over new residents having COVID-19, this figure later decreases to 16%. However, as anxieties ease and domiciliary support services begin accepting new care packages, capacity issues start to increase (from 8% up to 31%) (Figure 26).

Other reasons for domiciliary support services not accepting new packages of care include PPE, a lack of referrals, concerns on maintaining existing services, new staff/managers in post and a discontinuation of some services.

Figure 26. Reasons why domiciliary support services are not accepting new packages of care



9. Financial concerns

9.1. Do you have any particular financial concerns?

When adult care providers were asked if they had any particular financial concerns during the pandemic, a relatively high majority reported no concerns. Financial concerns were only reported as an issue for up to 7% of care homes and up to 9% of domiciliary support services. It is worth noting that inspectors making the calls may not have been talking directly to people who were aware of the company's financial matters, as indicated by the number of 'don't knows' - up to 17% for both care homes and domiciliary support services (Figures 27 and 28).

Figure 27. Financial concerns in care homes

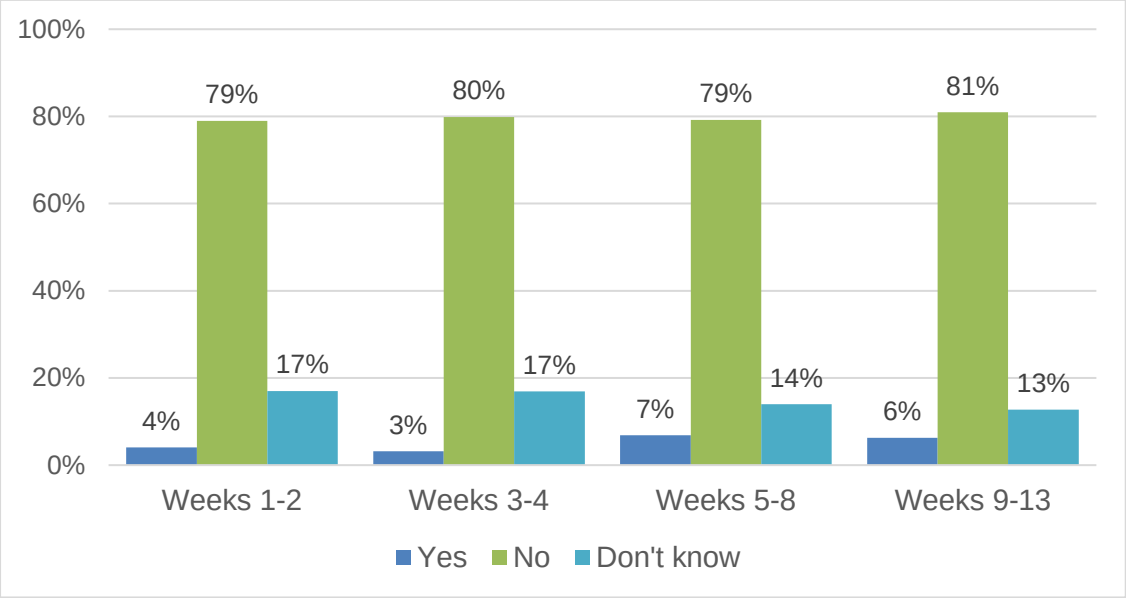
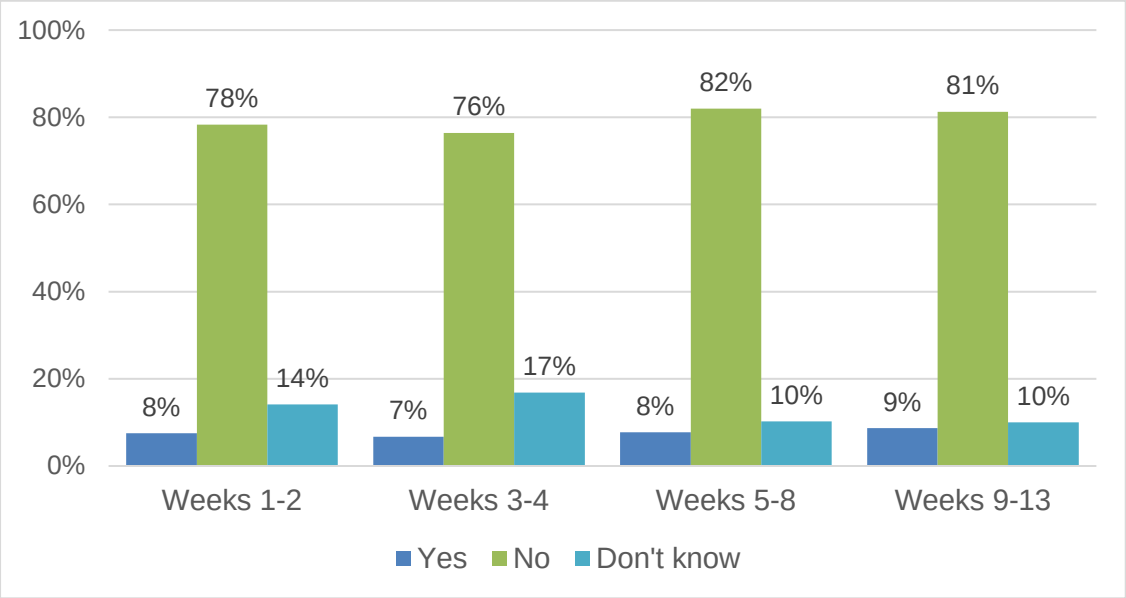


Figure 28. Financial concerns in domiciliary support services



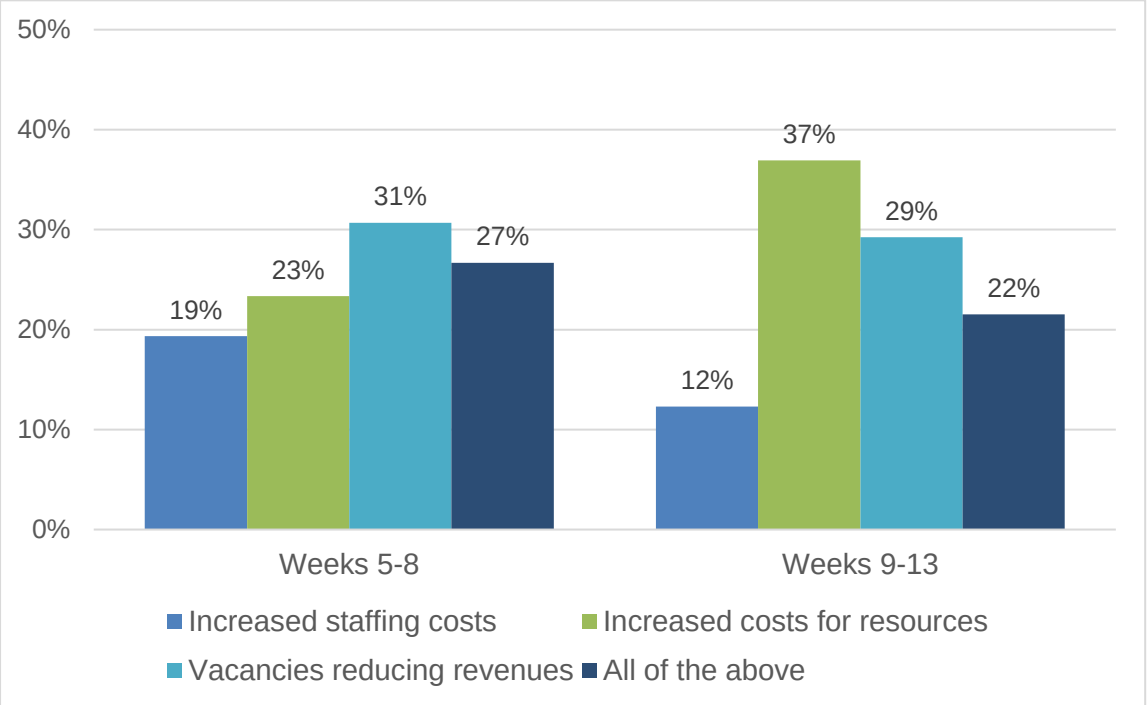
9.2. If yes, what are these financial concerns related to?

For those 8% of care homes and domiciliary support services that did report having financial concerns (150 care homes and 55 domiciliary support services), the reasons appear to be a mix of increased staffing costs, increased costs for resources, vacancies reducing revenues and all of these combined.

During early check-in calls, 31% of care homes reported 'vacancies reducing revenues' as a main financial concern and this figure remained relatively unchanged in subsequent check-in calls. 23% of care homes reported 'increased costs for resources' as another main concern, and this figure increased to 37% in later check-in calls. 19% of care homes were concerned that 'increased staffing costs' were an

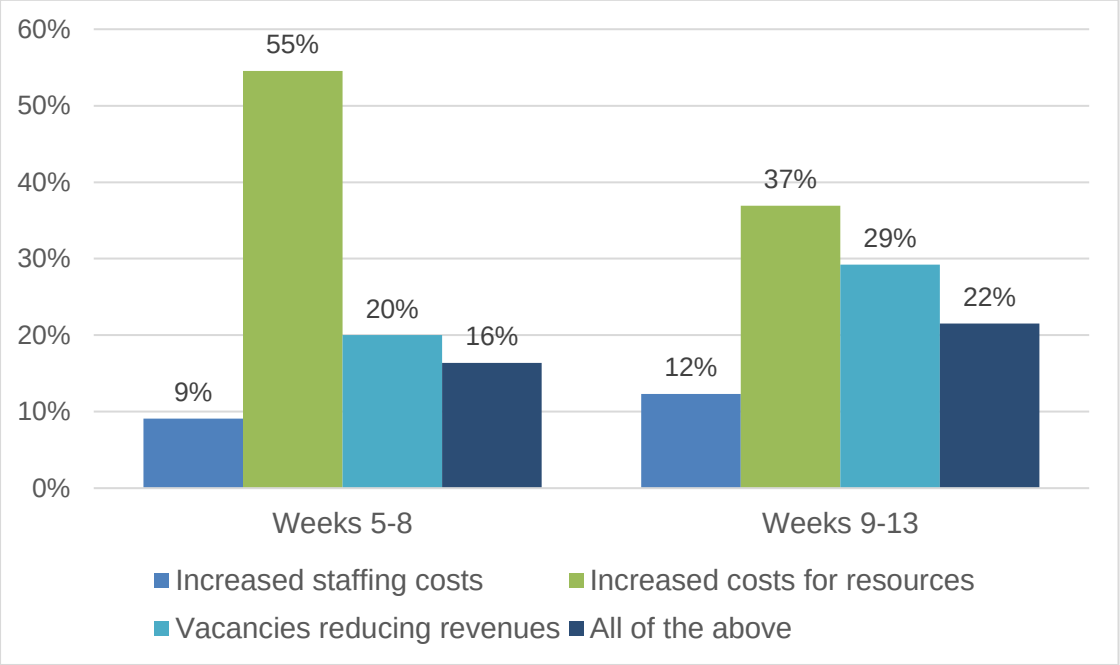
issue at the start of the pandemic but this fell to 12% as anxieties and staff illnesses began to stabilise (Figure 29).

Figure 29. Reasons for financial concerns in care homes



Unlike care homes, 'increased costs for resources' is the main concern reported by 55% of domiciliary support services during early check-in calls. This subsequently lowered to 37% in follow-up calls. 20% of domiciliary support services reported 'vacancies reducing revenues' (i.e. reduced packages of care) as another significant concern, and this increased by 9% in subsequent follow-up calls (Figure 30).

Figure 30. Reasons for financial concerns in domiciliary support services



10. Support from local authorities, local health boards, Public Health Wales

10.1. Are you getting the support you need from the local authority or health board? (survey weeks 1-2, 3-4)

Support from local authorities and local health boards was viewed as very positive during the early stages of the pandemic. This ranged from 92% to 94% of care homes feeling well supported during early surveys. 87% of domiciliary support services felt supported very early on and this increased over subsequent check-in calls to 93%.

10.2. If you have needed to contact Public Health Wales (PHW), how helpful and accessible have they been? (survey week 4 only)

There was a low response rate to this question (33%) where adult care providers were asked to rate the support received from PHW. This suggests that the majority of services had not been in contact or needed to contact PHW during the early stages of the pandemic. Of those services that did contact them, 70% of care homes and 71% of domiciliary support services rated them positively. However, 10% of care homes and 5% of domiciliary support services also rated them as very negative, but the reasons behind this are unclear.

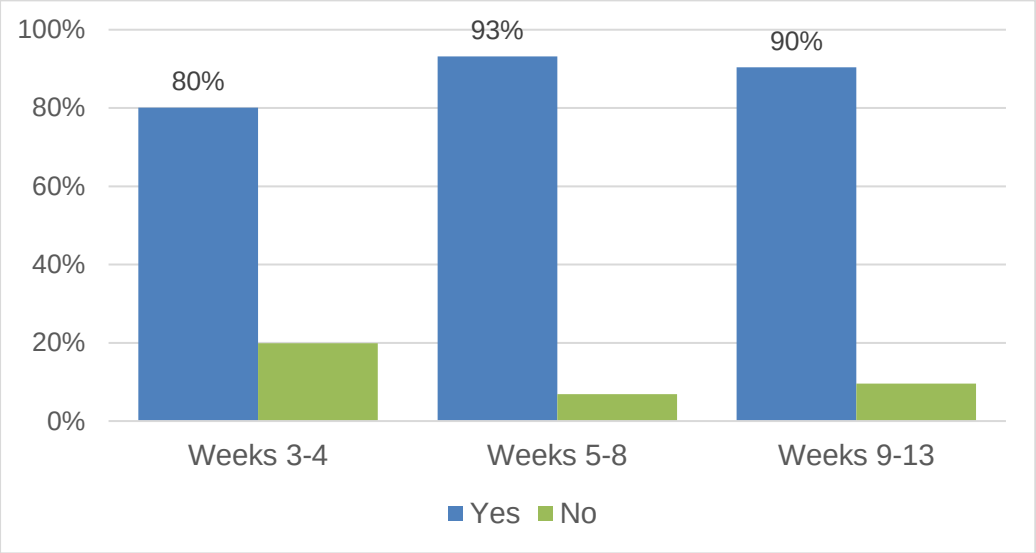
11. Support for end of life care

When care providers were asked to respond on their ability to support people with end of life care, we received a very low response rate to the majority of questions asked around this theme.

11.1. Are you able to support people with end of life care? Do you feel confident about being able to provide good quality end of life care to people?

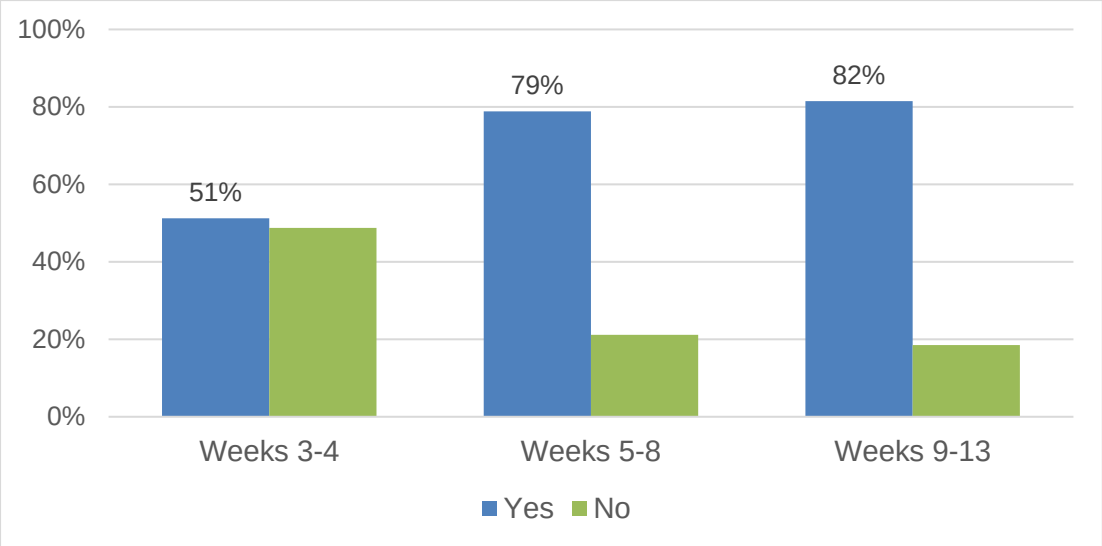
Where care providers were asked about their ability to provide good quality end of life care to people, we received a response rate ranging from 50% to 60% over the survey timeframe. Support for end of life care in care homes started off at 80% and rose to 90% in subsequent surveys, suggesting that up to 20% of care homes were not confident about being able to provide good quality end of life care to people; despite the low response, this equates to about 80 to 100 care homes (Figure 31).

Figure 31. Support for good quality end of life care in care homes



Support for end of life care for domiciliary support services ranged from 50% in early surveys up to 82% in follow-up surveys, suggesting that between 40 to 60 domiciliary support services were not confident in being able to provide good quality end of life care (Figure 32).

Figure 32. Support for good quality end of life care in domiciliary support services



11.2. How is end of life care being supported?

Based on early survey results, roughly 40% of care home calls and 45% of domiciliary support services reported that end of life care was being supported by providing support from GPs/CNs (community nurses). This was followed by 38% of care homes and 41% of domiciliary support services providing access to correct medication (Figures 33 and 34).

Providing access to visitors was reported as less of a priority and very low numbers of care homes (about 150) provided this as an option in the early stage of the pandemic.

Figure 33. How care homes are supporting end of life

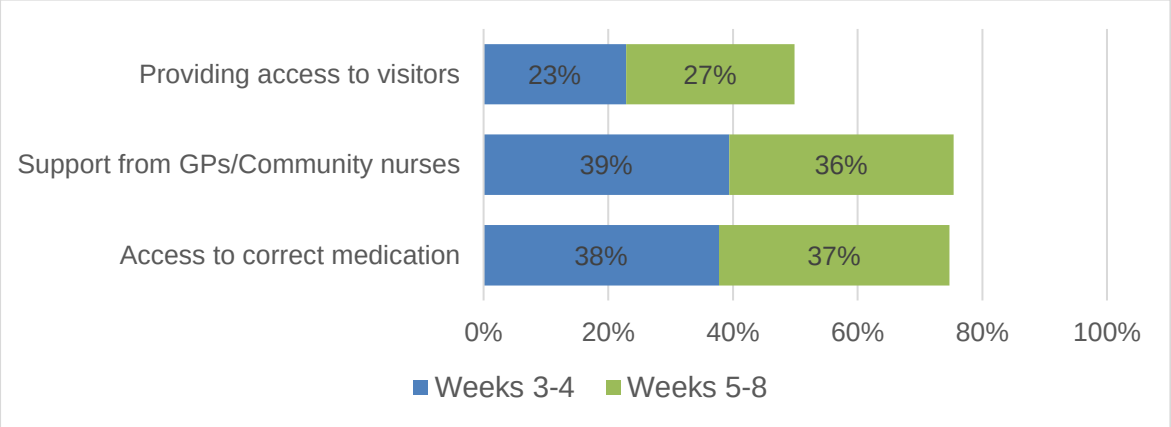
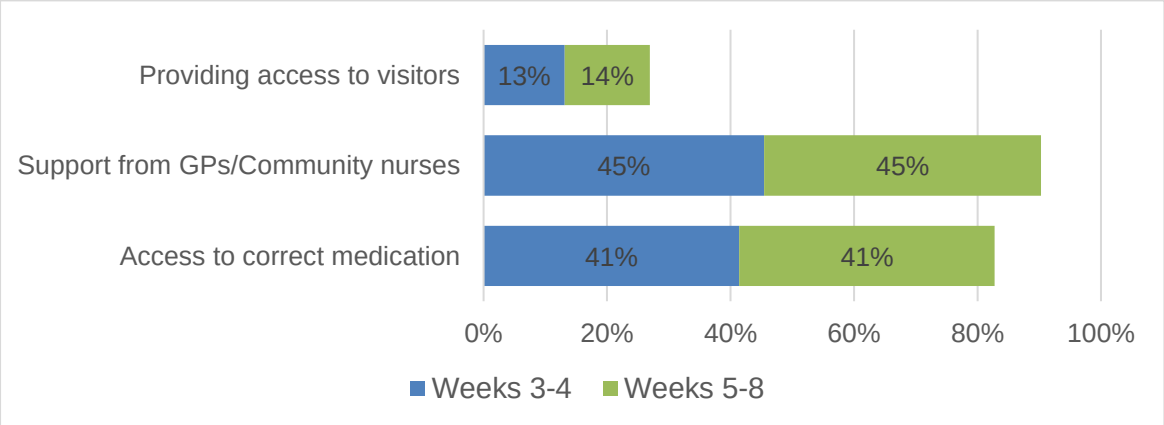


Figure 34. How domiciliary support services are supporting end of life



11.3. How would you rate support for end of life care from GPs?

We received low response rates when we asked care providers to rate their support for end of life care from GPs (this ranged between 15% to 30% of survey calls). Of those care homes that did respond, the majority (90% to 95%) rated support from GPs as mostly positive, with up to 10% having experienced average or negative support. Of those domiciliary support services that responded, around 90% reported their experience of GPs as mostly positive, with up to 10% experiencing average or negative support from them (Figures 35 and 36).

Figure 35. Support from GPs for end of life care in care homes

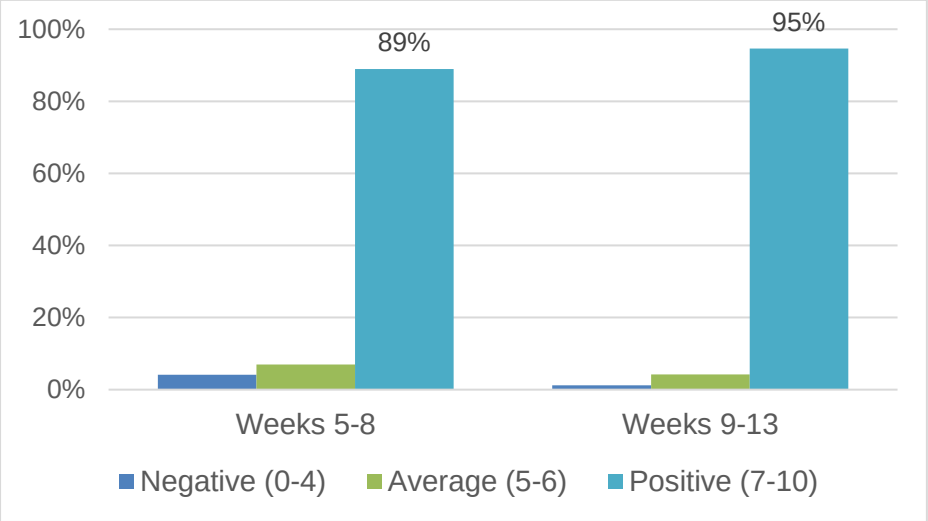
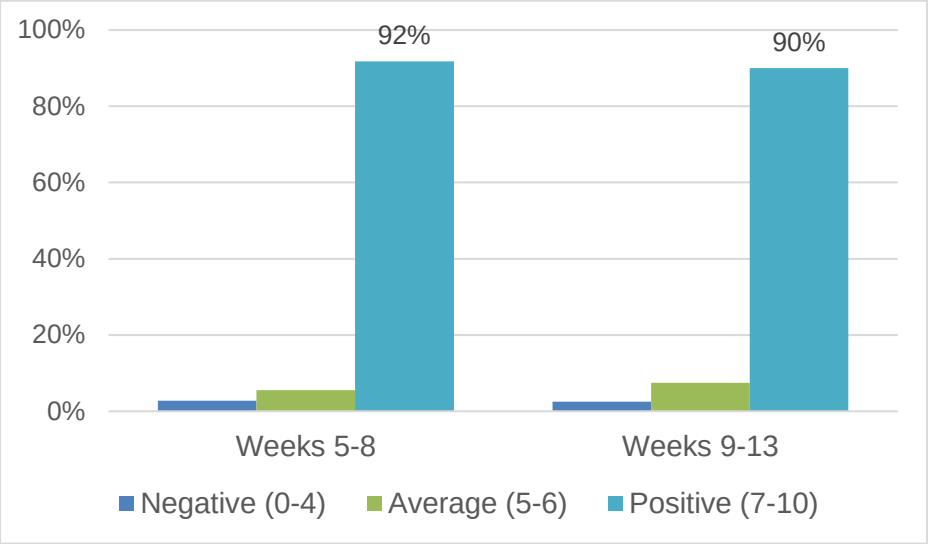


Figure 36. Support from GPs for end of life care in domiciliary support services



11.4. How would you rate support for end of life care from community nurses (CNs)?

Support for end of life care from CNs was broadly similar to that from GPs. 93% of care homes rated CN support as positive and this increased to 97% in subsequent surveys. For domiciliary support services, support for CNs started at 94% but decreased to 89% in later surveys (Figures 37 and 38).

Figure 37. Support from CNs for end of life care in care homes

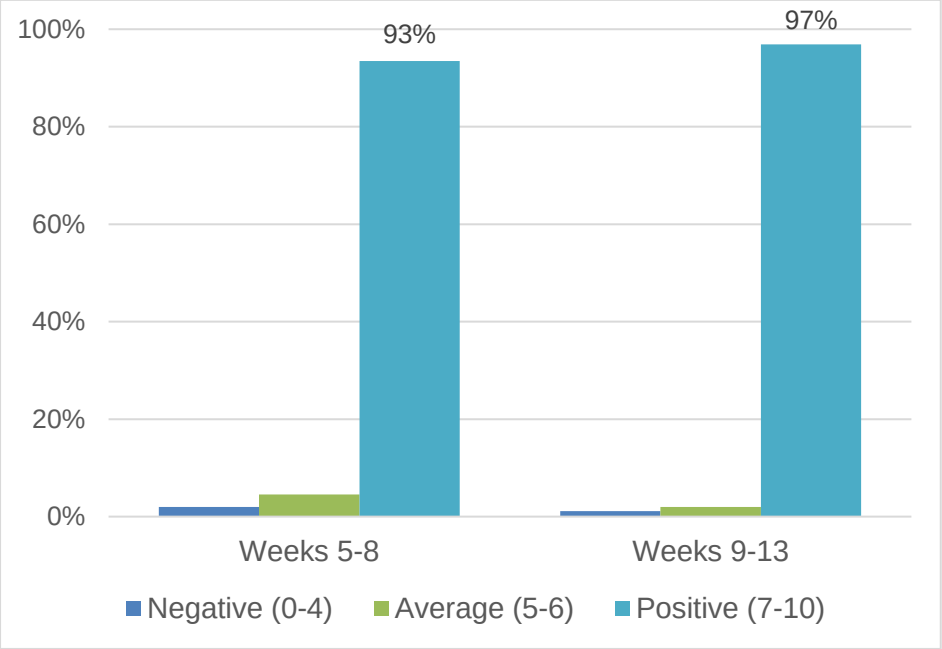
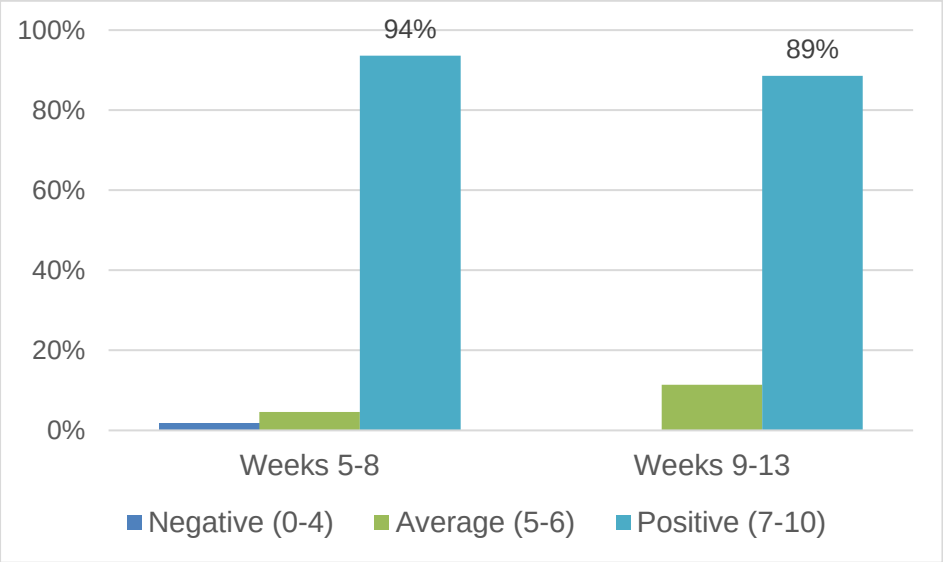


Figure 38. Support from CNs for end of life care in domiciliary support services



11.5. In supporting people at the end of life, are you able to provide access to close family to visit?

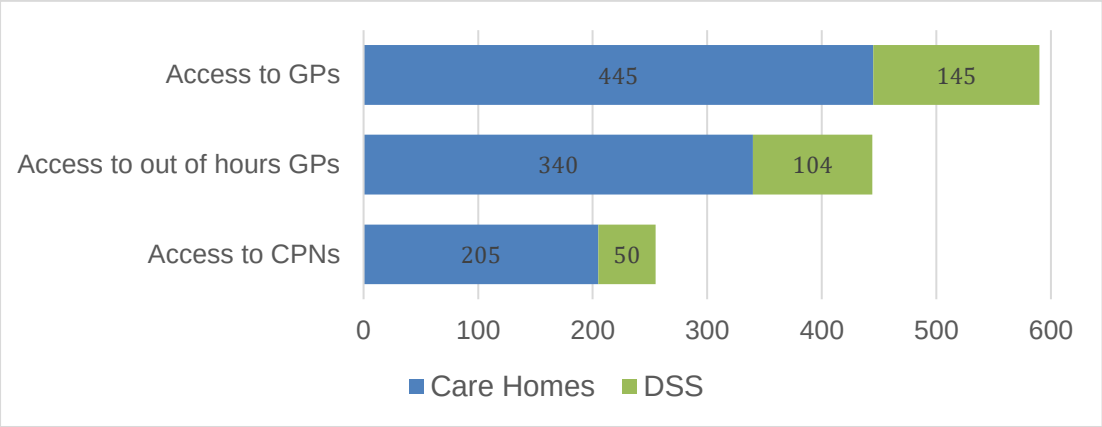
In later surveys we again asked adult care providers if they were able to provide access to close family to visit people during end of life, the response rate again was very poor ranging between 25% to 30%. However, there was an increase in the number of care homes (up to 687) now providing access to close family to visit their loved ones as part of end of life care.

12. Access to community health services

12.1. Are you getting good support from community health services? (survey weeks 3-4)

During an early survey we asked adult care providers to tell us about the types of support they were receiving from community health services. The majority of care homes (45%) and domiciliary support services (48%) reported frequent access to GPs as a priority, followed by access to out of hours GPs and access to CPNs (Figure 39).

Figure 39. Types of support being used from community health services



12.2. The level of support you are having to access GPs

During an early survey, the level of support for accessing GP services was mostly positive for 90% of care homes and 88% of domiciliary support services, with support levels for GPs improving slightly in a follow-up survey (Figures 40 and 41).

Figure 40. Care homes level of support from GPs

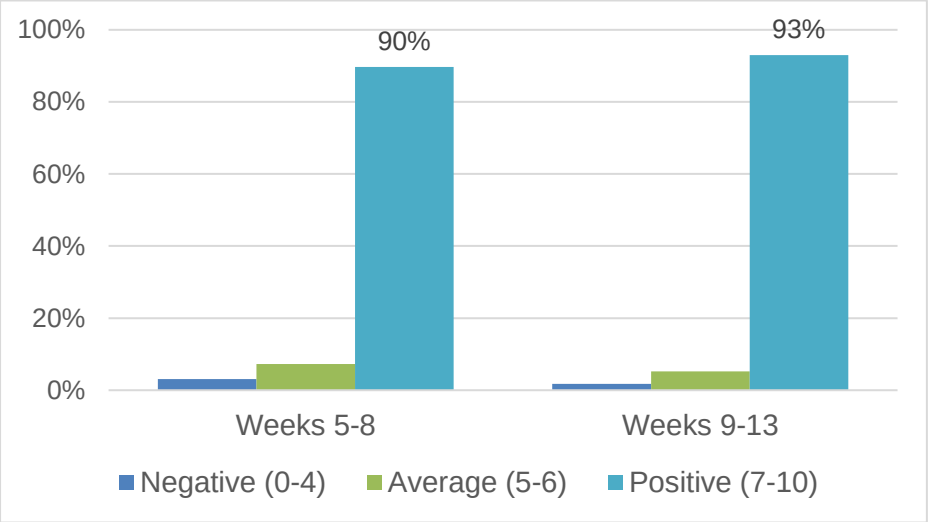
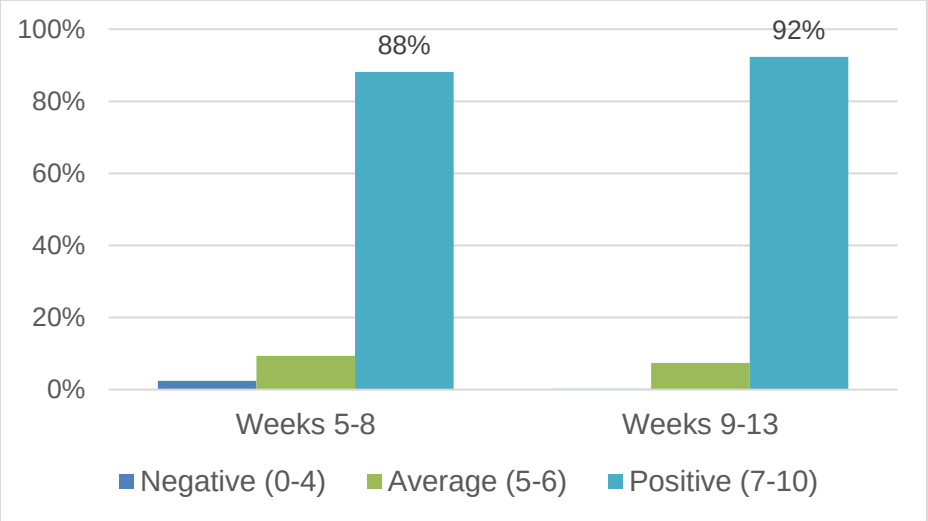


Figure 41. Domiciliary support services level of support from GPs



12.3. The level of support you are having to access out of hours GPs

In an early survey the level of support for access to out of hours GPs was a mostly positive experience for 91% of care homes and 90% of domiciliary support services, with these levels increasing in a follow-up survey (Figures 42 and 43).

Figure 42. Care homes level of support from out of hours GPs

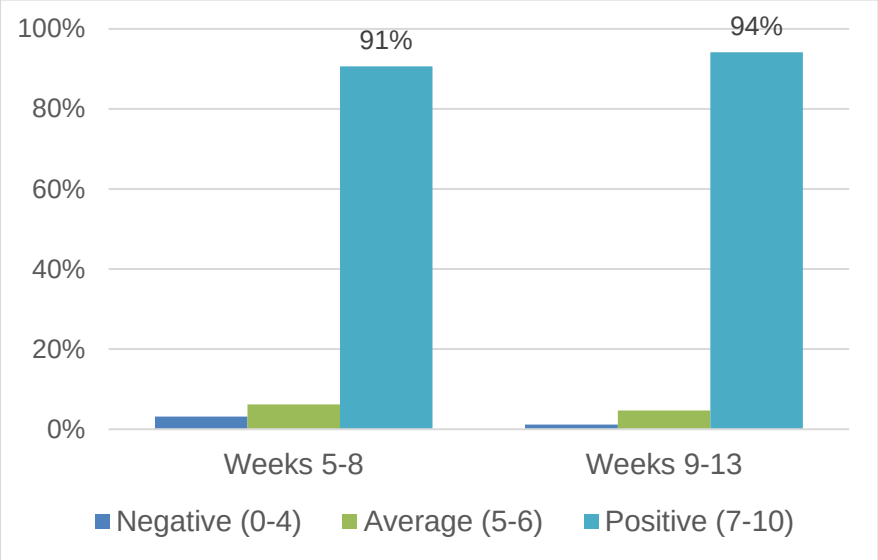
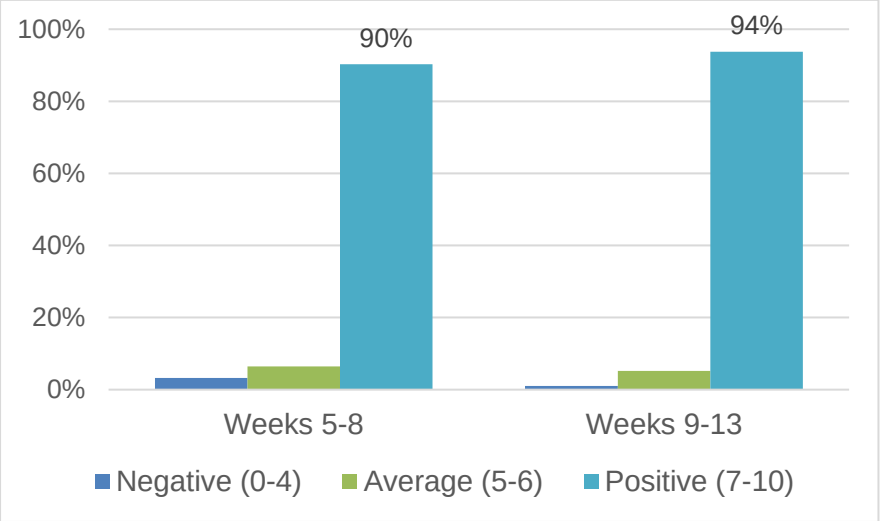


Figure 43. Domiciliary support services level of support from out of hours GPs



12.4. The level of support you are having to access to CPNs

In an early survey the level of support for accessing CPNs was mostly positive for 89% of care homes and 87% of domiciliary support services. The level did improve slightly in a follow-up survey (Figures 44 and 45).

Figure 44. Care homes level of support for access to CPNs

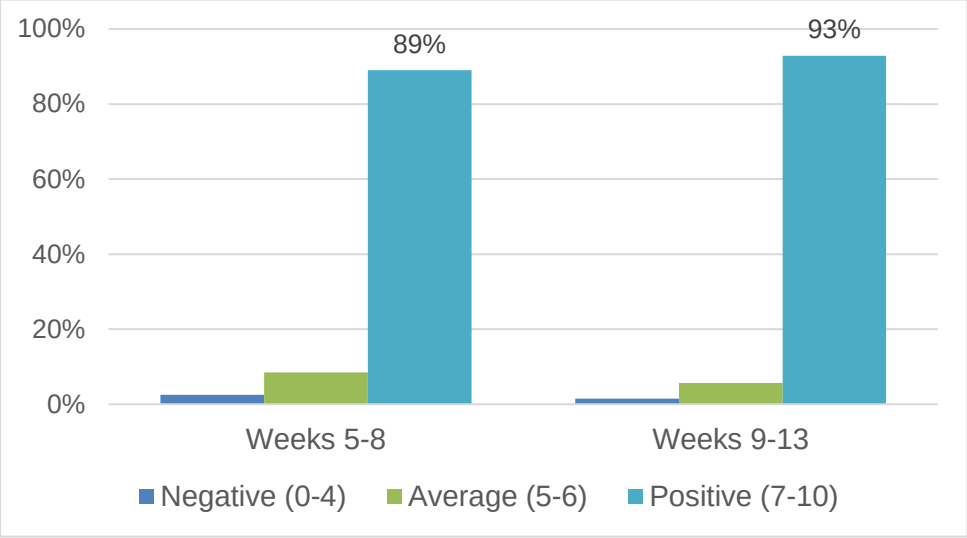
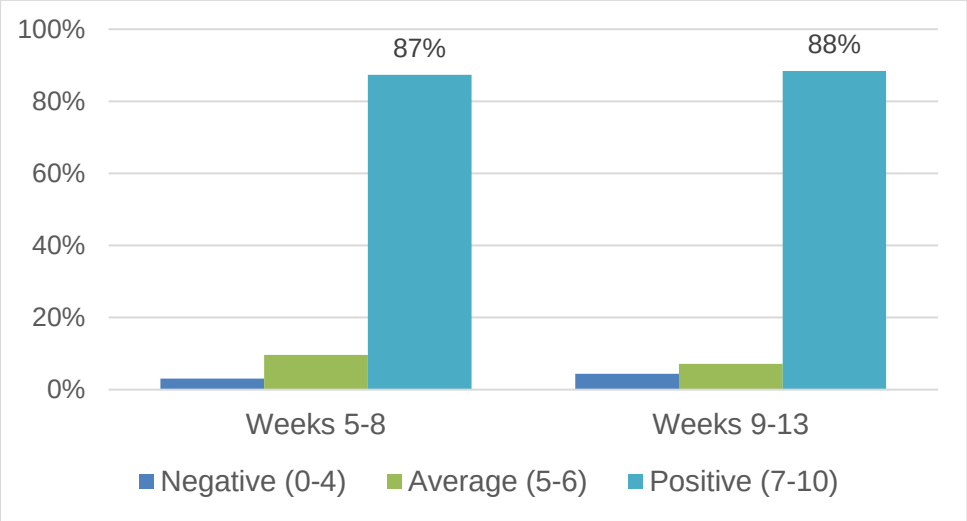


Figure 45. Domiciliary support services level of support for access to CPNs



12.5. The level of support you are having to access ambulance services

In all surveys the level of support for access to ambulance services was rated as one of the more positive experiences out of all support from community health services. Between 91% to 94% of care homes and about 95% of domiciliary support services rated support from ambulance services as mostly positive (Figures 46 and 47).

Figure 46. Care homes level of support for access to ambulance services

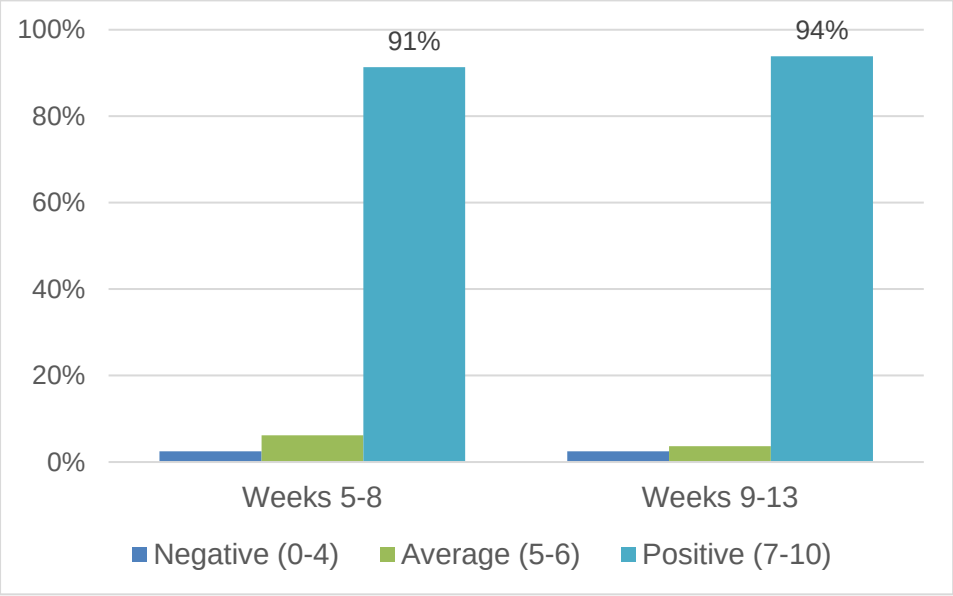
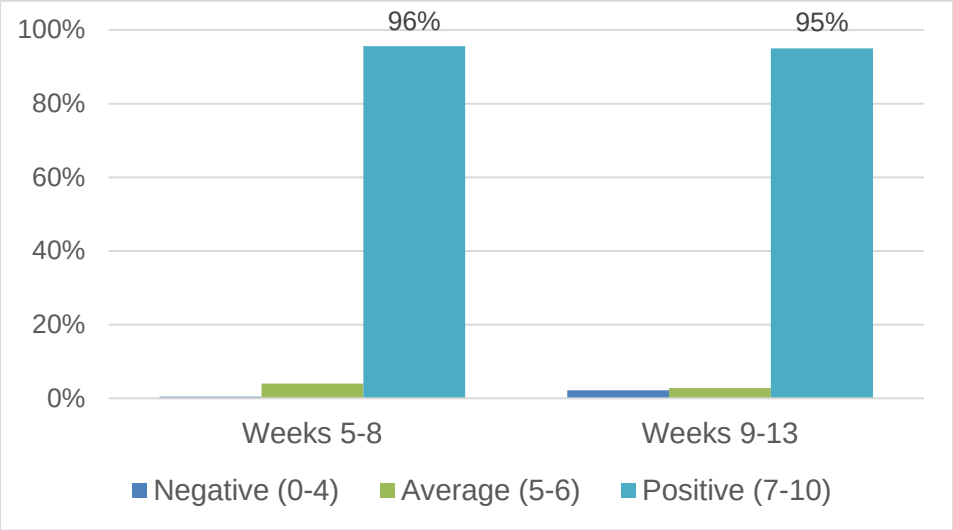


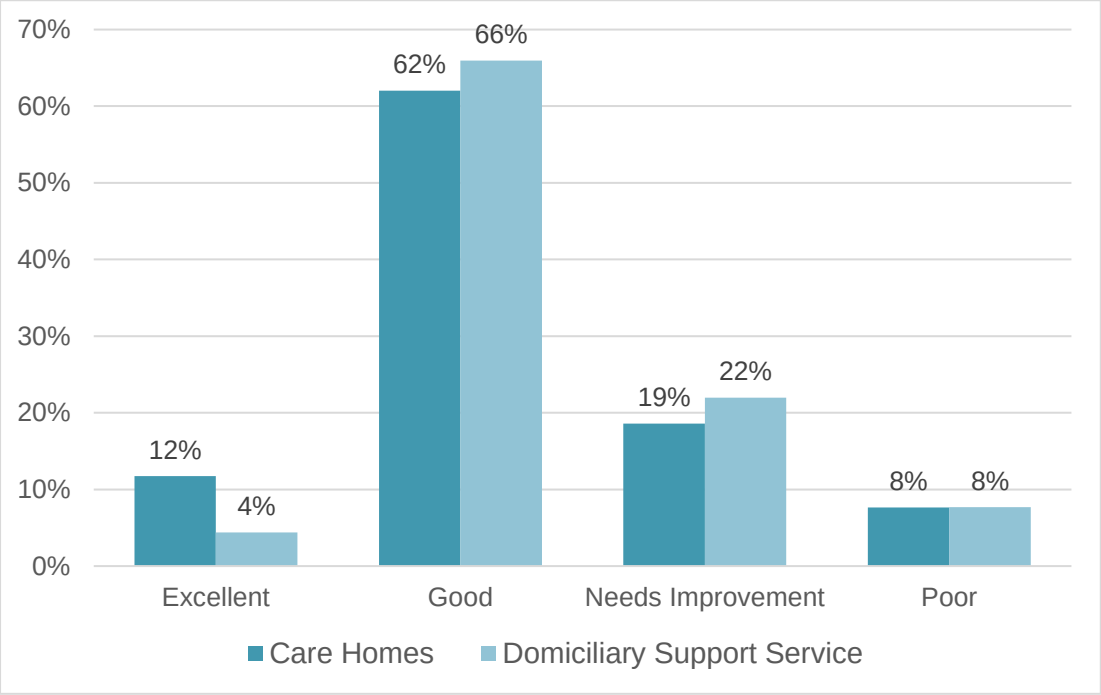
Figure 47. Domiciliary support services level of support for access to ambulance services



12.6. What has been your experience of access to outpatient hospital appointments? (survey weeks 14-17)

The majority of care homes (62%) and domiciliary support services (66%) who did access outpatient hospital appointments later in the pandemic had an overall 'good' experience (Figure 48).

Figure 48. Experience of access to outpatient hospital appointments



13. Have you been able to access social worker support if needed? (survey weeks 14-17)

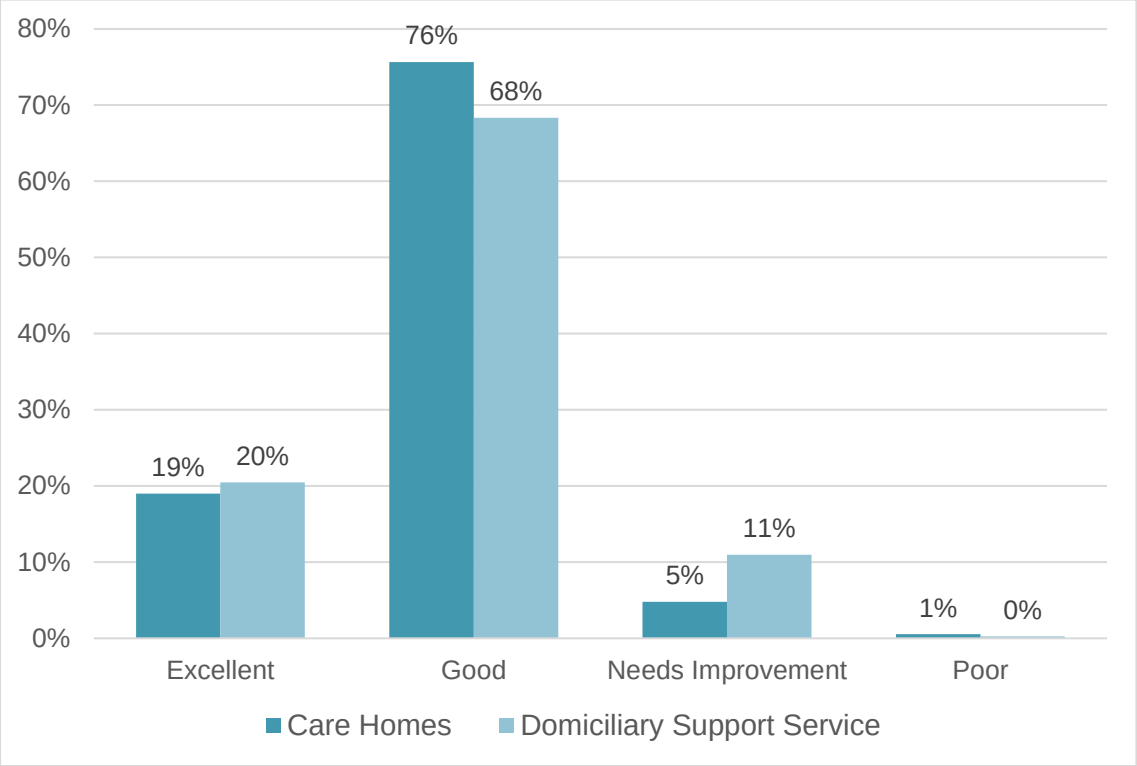
Both this and the subsequent question received a very high response rate (89%) reflecting the importance of access to this support for adult care providers. During

the later stage of the pandemic over 98% of care homes and domiciliary support services reported that they had been able to access social worker support if needed. Only 17 care homes and 10 domiciliary support services reported that they had not been able to access social worker support.

13.1. If you do have access to social workers, what has your experience been?

A significantly high number of care homes (76%) and domiciliary support services (68%) rated experience of access to social workers as 'good' and roughly 20% of care homes and domiciliary support services rated their experience as 'excellent' (Figure 49).

Figure 49. Experience of access to social workers



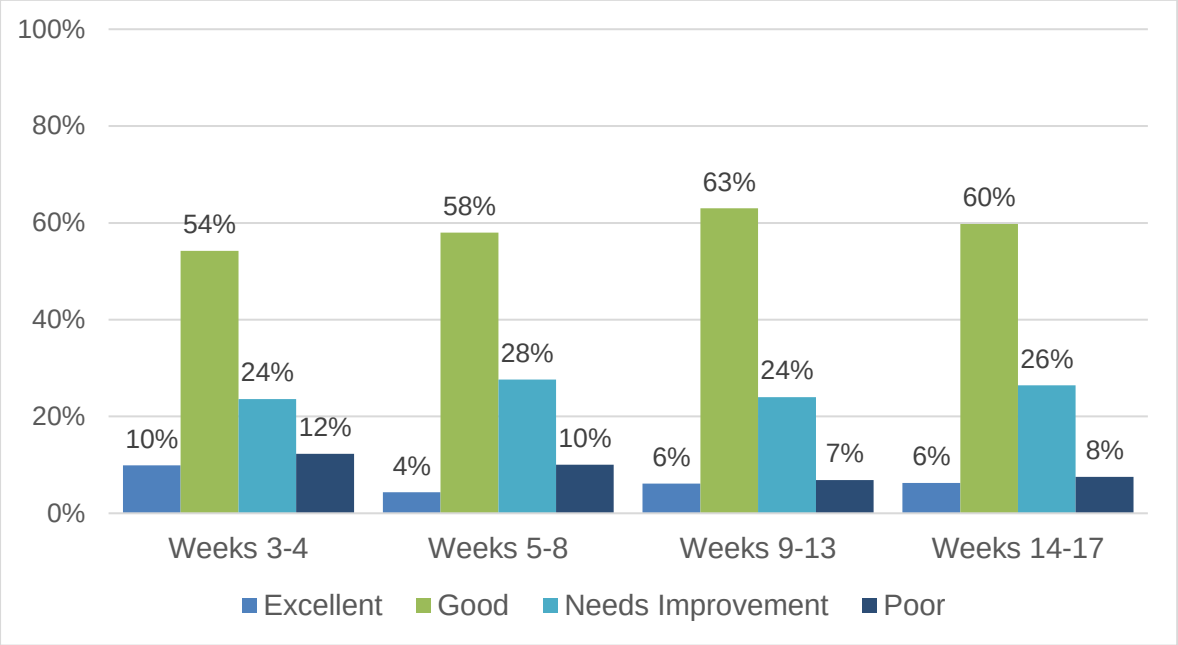
14. Hospital discharge

14.1. What has your experience of hospital discharge been?

When care providers were asked about their experience of hospital discharge, the response rate to this question was repeatedly low and well below 50% across the survey timeframe. Overall hospital discharge did show a slightly improving picture for both care homes and domiciliary support services as the pandemic progressed.

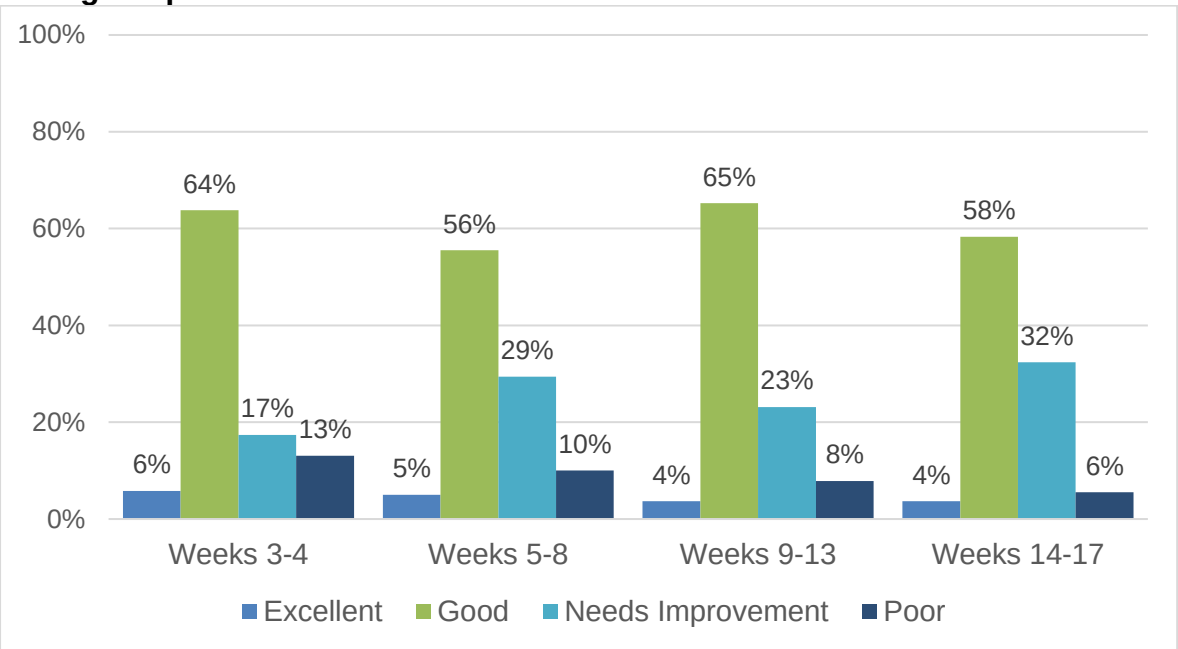
For the majority of care homes the experience of hospital discharge was mostly good - ranging from 54% to 60% in follow-up surveys. 12% of care homes reported a poor experience of discharge during the early stage of the pandemic and this progressively decreased down to 8% (Figure 50).

Figure 50. Care homes experience of hospital discharge during the pandemic



For the majority of domiciliary support services the experience of hospital discharge was mostly good, ranging from 58% to 65% during the survey timeframe. However, domiciliary support services also reported that more improvement was needed of hospital discharge (Figure 51).

Figure 51. Domiciliary support services experience of hospital discharge during the pandemic

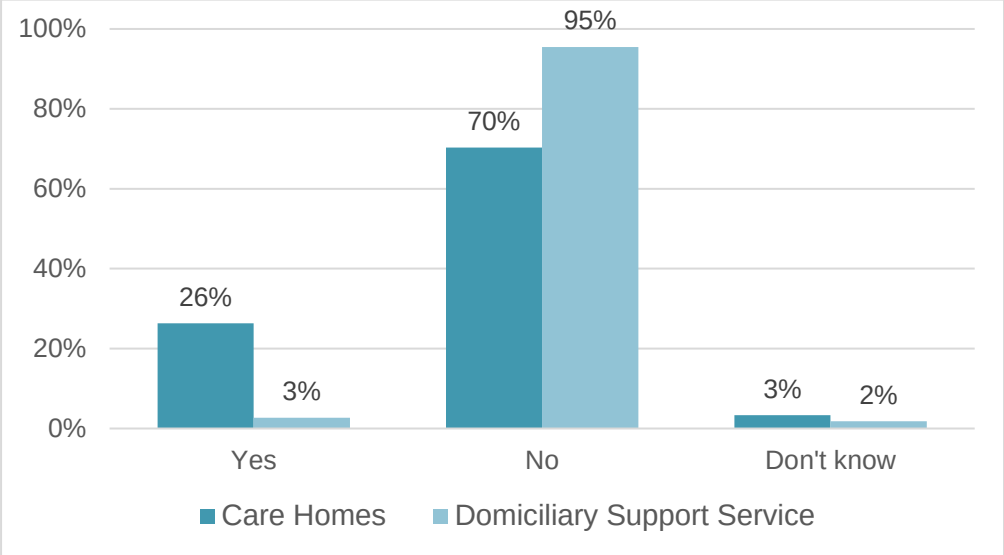


15. Deprivation of Liberty Safeguards (DoLS)

15.1. Have you applied for any new/amended DoLS authorisations over the past three months as a result of COVID-19?

Towards the end of the survey timeframe we asked care providers whether they had applied for any new or amended DoLS authorisations over the past three months as a result of COVID-19. We had a reasonably high response rate to this question of 79%. 26% of care homes (149 providers) and 3% of domiciliary support services (three providers) reported that they had applied for new/ amended DoLS (Figure 52).

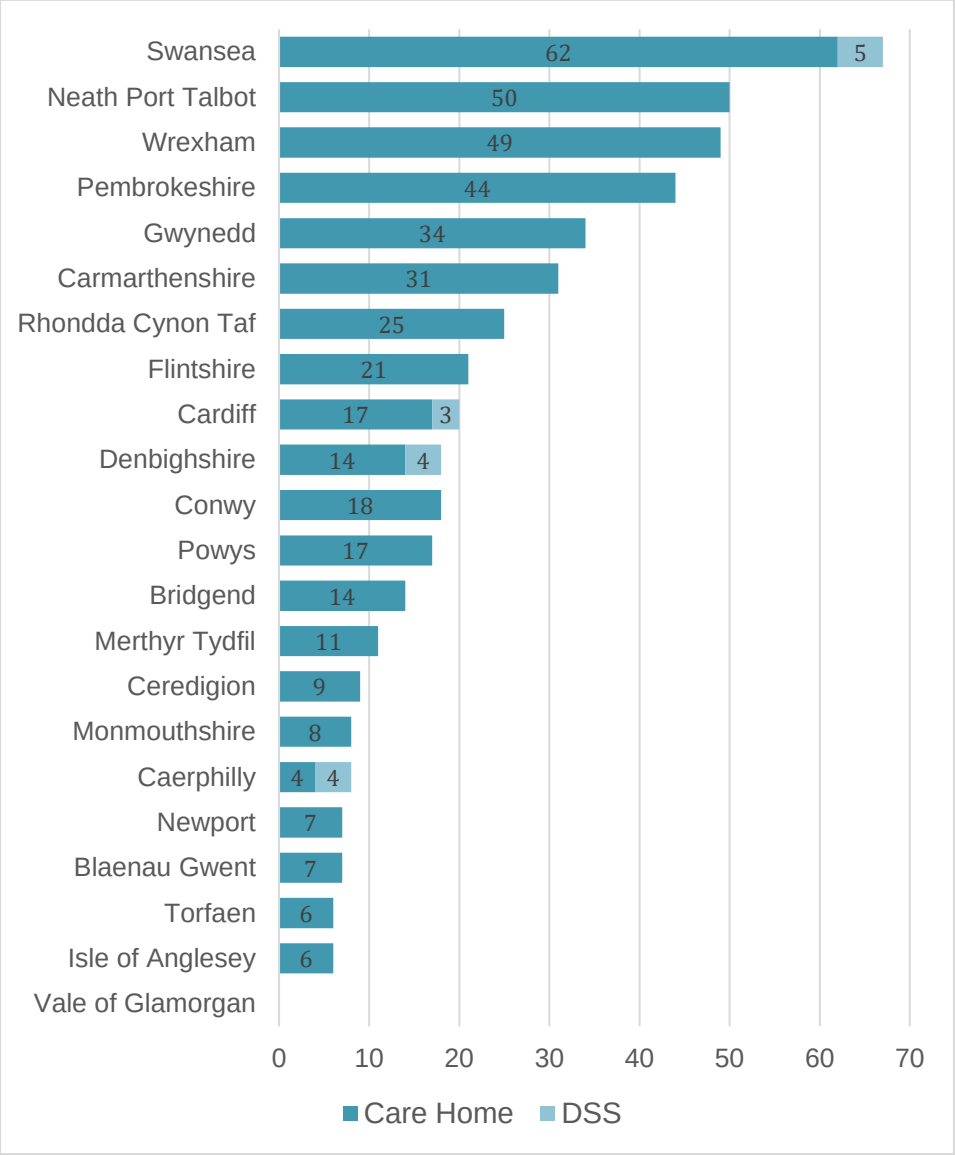
Figure 52. Care providers that applied for a new/amended DoLS authorisation as a result of COVID-19



15.2. If yes, how many DoLS?

Of those care providers that did apply for a new/amended authorisation, a total of 470 authorisations were reported by 152 care providers (149 care homes and three domiciliary support services). For these services the number of DoLS ranged from a minimum of one to a maximum of 15 authorisations per service. The highest total numbers were reported for the local authorities of Swansea (67), Neath Port Talbot (50), Wrexham (49) and Pembrokeshire (44). Care services within the Vale of Glamorgan did not report any new/ amended DoLS authorisations as a result of COVID-19 (Figure 53).

Figure 53. The number of new/amended DoLS authorisations by local authority

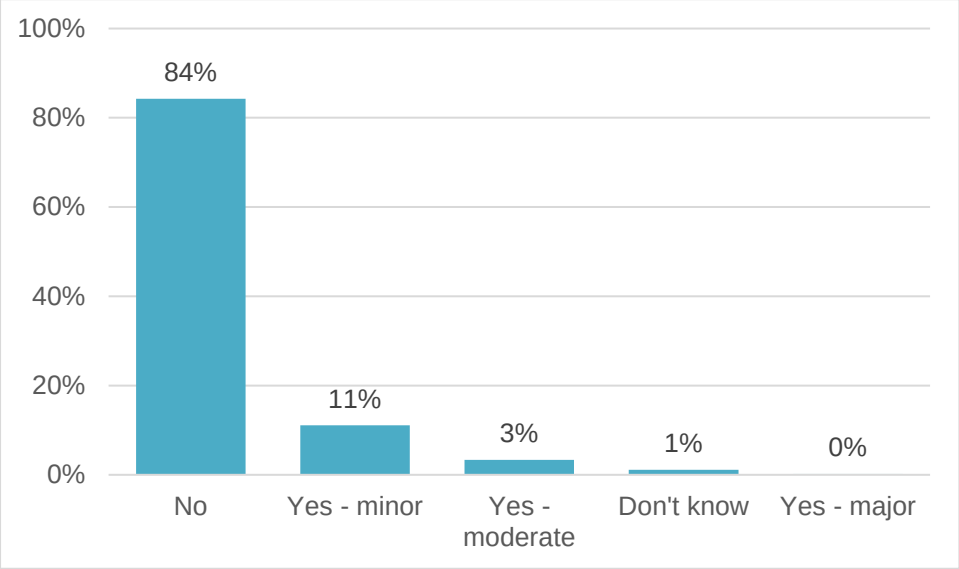


16. Nurse resource requirements

16.1. Are you having difficulties meeting your nurse resource requirements?

The response rate to this question was only 35% and represents the smaller number of care homes that do provide nursing as part of their care package. Towards the end of the survey timeframe 84% of care homes reported no difficulties in meeting nurse resource requirements with 11% having some minor difficulties (Figure 54).

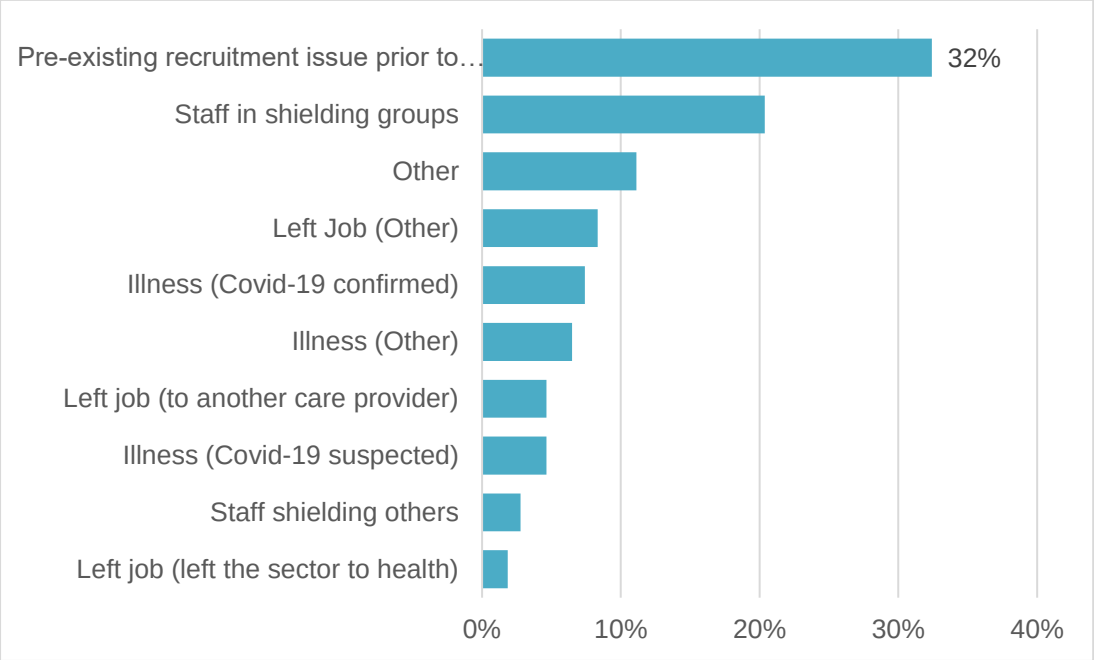
Figure 54. Care homes having difficulty meeting nurse resource requirements



16.2. If you are having difficulties – what are the reasons as to why you are having difficulties

For the small number of care homes (108 providers) that did report difficulties meeting their nurse resource requirements, the main reasons given were as a result of a pre-existing recruitment issue prior to COVID-19 and because staff were in shielding groups (Figure 55).

Figure 55. Reasons for not been able to meet nurse resource requirements



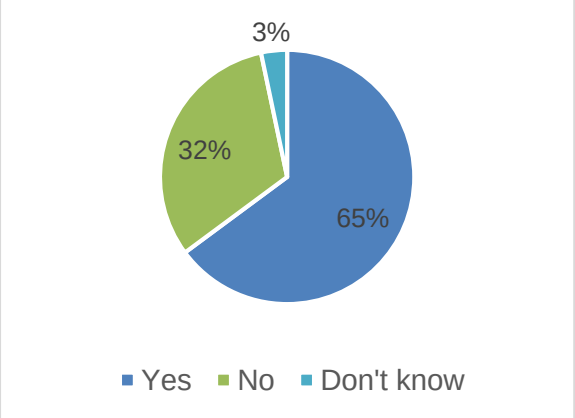
17. Use of digital devices

17.1. Have you had any digital equipment or devices supplied by Welsh Government during the pandemic?

A Welsh Government Digital Communities Wales initiative was launched in 2020 to roll out digital devices for carers, care homes and hospices to help people keep in touch with family, friends and medical professionals. We enquired with care providers whether this scheme was having a positive impact on them during the COVID-19 pandemic.

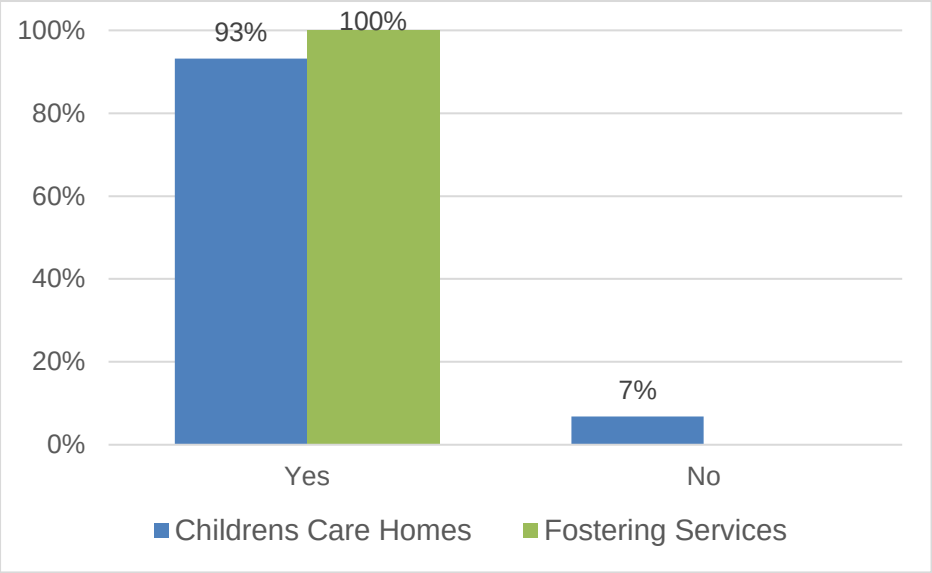
65% of care homes reported that they had been loaned digital equipment such as tablet devices from the scheme during the pandemic (Figure 56).

Figure 56. Loan of digital equipment to care homes



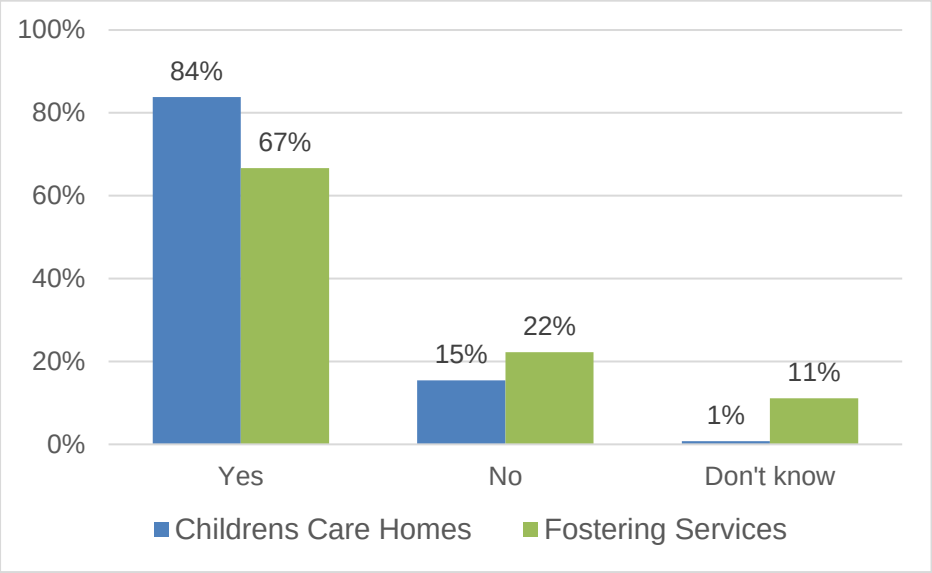
Quantitative analysis for care homes for children and fostering services

1. Are children able to access education?



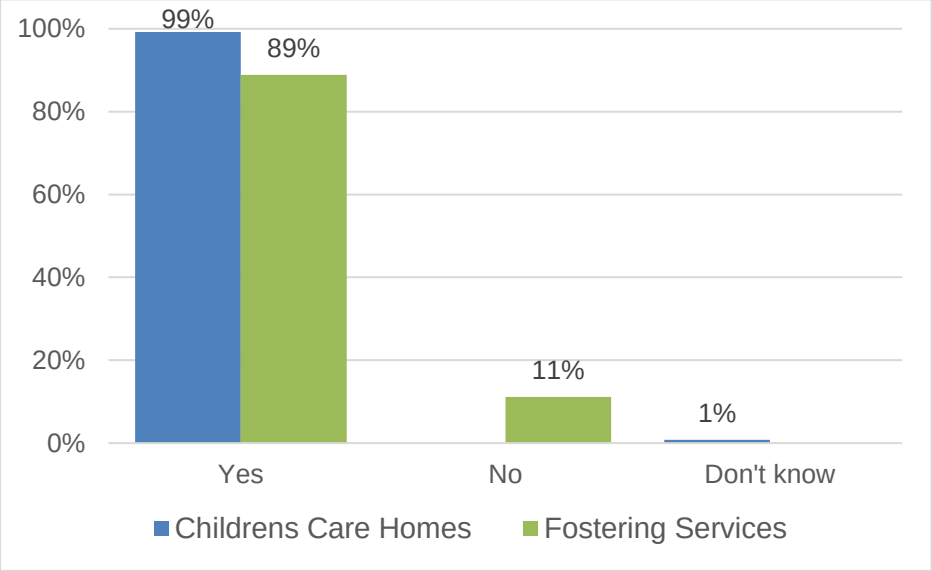
Only 7% of children's care homes reported that they were unable to access education. There were no issues for fostering services being able to access education.

2. Are children having access to advocacy services?



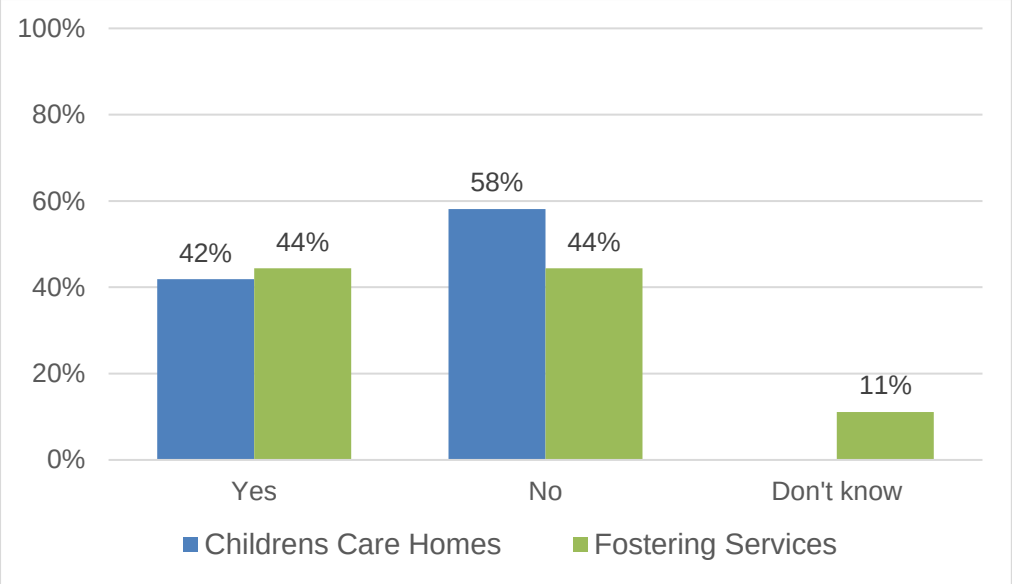
84% of children's care homes reported access to advocacy services. In comparison, fostering services had less access to advocacy with 22% reporting no access and 11% stating that they did not know about access.

3. Is the social worker monitoring the placement?



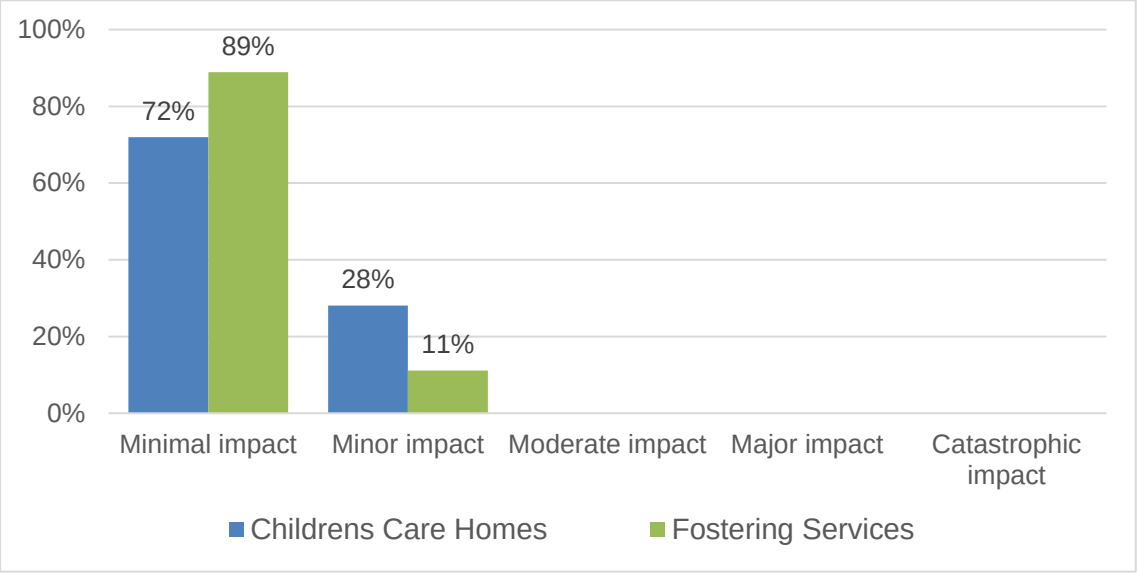
For the majority of children's services the social worker did monitor placements, with the exception of 11% of fostering services who reported that social workers did not monitor placements.

4. Are children accessing CAMHS support?



There is a mixed picture for children being able to access CAHMS support. A larger proportion of children's services reported that children were not accessing this support – accounting for 58% of children's care homes and 44% of fostering services.

5. What impact has COVID-19 had on the staffing levels of your business? (survey part 2)



The majority of children's services remained resilient during the pandemic, with the exception of some that did report a major/ catastrophic impact on staffing levels during the start of the pandemic. In a later survey (survey part 2) the majority of services reported that there was either a minimal or minor impact on staffing levels.