



Virtual Care Home Engagement Project



Willersley House

Report

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What is Healthwatch?

Healthwatch is the independent champion for people who use health and social care services which exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved then share their views with those with the power to make change happen. Helping people find the information they need about services in their area is another of our priorities.

In summary, Healthwatch's main aims are to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

Healthwatch Humber Network

Healthwatch North Lincolnshire, North East Lincolnshire, Hull and East Riding have come together to develop the Healthwatch Humber virtual care home engagement project to understand the experiences of residents, families, friends and carers in care homes across the Humber region.

What is Virtual Engagement?

Due to the corona virus pandemic, the nature of engagement has had to shift from the typical physical engagement to online 'virtual' engagement. We did not want to lose the opportunity to engage with care homes in this unprecedented time and wanted to have the voice of the resident heard. This meant that all engagement with Willersley House occurred via online methods. The promotional activity Healthwatch undertook to advertise the enter and view and to gain questionnaire responses, was done via the homes and Healthwatch's social media platforms. When the enter and view took place, all the interviews with staff, residents and

the registered manager were completed using online platforms such as Skype and Zoom.

Overview/Background

Willersley House is a residential care home situated in the village of Willerby, on the outskirts of the city of Hull. The location is a leafy suburban setting which ensures both quiet surroundings and a relaxed pace of life. The Home is part of the Methodist Homes (MHA) group, which is the UK's largest charity care provider for older people and offers residential, nursing and specialist dementia care in the sector in 90 care homes located throughout England, Scotland and Wales.

Willersley House provides accommodation and support for up to a maximum of 34 people in one adapted building.

In a report published in January 2018, the CQC awards Willersley House with an overall rating of 'outstanding', being judged outstanding in all areas.

Methodology

We began engagement with Willersley House on the week commencing the 9th of November. This involved advertising Healthwatch's weeklong 'visit' on all forms of social media and Willersley Houses Facebook page, making relatives/friends aware that we would be visiting and circulating our relatives/friends questionnaire so that they would have the opportunity to give us their views.

In the same week we sent a letter informing Willersley House that we would be conducting a virtual engagement with them in two weeks' time. This consisted of a letter for the manager explaining the days and times of the engagement, posters and flyers to distribute to staff and residents, advertising the purpose of our visit, and paper questionnaires and freepost envelopes that could be completed by staff and residents if they chose to.

Staff were then able to contact our volunteer coordinator to book an appointment to discuss their experiences at a mutually convenient time during the week long engagement.

Interview with the Manager

The registered Manager of Willersley House is Laura Barnsley. She has been in post for 20 years. Currently, Willersley House has 31 residents, 4 of whom have dementia.

Visiting

Willersley kept the resident's family and friends informed of changes to the home's restrictions through weekly emails, zoom calls, skype, telephone calls and website notices. These updates were sent a couple of times a week to all families and daily to those families who were more concerned or who's loved one was ill, 'the majority of families are very supportive and understanding of the restrictions, especially during the first lockdown'.

There were only a few instances where families, albeit with good intentions, still wanted to see their family member despite the risks involved, saying things such as "No one needs to know" or "But I haven't got the virus". And there were other instances where families of residents still attempted to visit the home, bringing with them various family members from different households. Laura said it had been challenging, trying to keep everyone safe.

In the summer, the home was able to facilitate some outside visitation with precautions in place. There was space for this in the back, front and side gardens. They were also able to have inside visiting for a couple of weeks until the second wave of restrictions were put in place. There was also some 'window visiting' taking place, where families and friends could look at each other through the window and talk using the telephone.

Looking to the future regarding visiting, every resident has a risk assessment, which is constantly being updated, in conjunction with a friends/relative visitor agreement allowing one nominated visitor. The Home has provided a special 'pod' visiting area for families and loved ones to come and visit.

Testing:

The senior team are all infection control champions. The same process for infection control has been adhered to as it would with any other illness, through increased thorough risk assessments, increased training and supported, enhanced cleaning regimes. There is also a COVID updates file that all staff can access to ensure they're aware of the latest guidelines. They have even received 'gold command' (guidance from those high in authority) via head office.

The staff are tested in the home every Tuesday and Wednesday by the infection control champions. Despite this early and regular testing, they have experienced some difficulties with the testing process and actually ran out of tests at one point, due to being sent many faulty tests that were later recalled, leaving them without tests for several weeks across the summer.

The residents are tested every month, or when symptomatic. The infection control champion undertakes testing the residents. None of the residents or staff were selected for any anti-body testing. The residents are open to being tested and have become increasingly used to it, the home having made it more of an activity for the residents to take part in.

Wellbeing:

It had been noted that there has been a deterioration in general health, and that residents have missed their usual interaction and seeing their loved ones.

A major change in activities and entertainment was no outside entertainment, volunteers cannot enter the home as most are vulnerable themselves and due to social distancing measures the residents find it harder to engage with each other and share tools and activity aids. Staff have had to revise the activity planner to encourage safe interaction and introduce new forms of stimulation to keep the residents entertained throughout the day. Additionally, the chaplain visits the residents in their rooms on a one-to-one basis and residents are encouraged to skype and telephone their families regularly.

Photographs are sent to family members of their relative taking part in the activities so that they have a subject to talk about, letter writing is encouraged, and residents are encouraged to enter communal areas of the home to prevent isolation, despite the restrictions, there still are lots of general activities going on such as keep fit and walking.

The staff team supported each other throughout and no staff were absent from work unless they had tested positive themselves. The management team had a strong visible presence and worked alongside the staff in supporting the residents. This being said, the pandemic has had a significant effect on staff, with staff working extra hours due to no cover, morale often being low, and staff had been frightened initially, but the team pulled together and worked their way through it.

Changes in care and access to services:

The Home was very well supported by their local GP practice and all healthcare professionals visited throughout so residents have always had access to healthcare services. Their GP came into the Home every day during the lockdown when there were many COVID cases. Other health services such as the dentist, opticians were also still able to provide care to the residents.

One issue was discharge from hospitals. If residents had to be admitted into hospital, when the time came to discharge the resident back into the Home residents would return from hospital neglected, for example with dirty or unbrushed hair or skin damage. Staff were sometimes rude. It was requested that patients not be returned to the home until they had had a negative COVID test, however often it was the case that the resident would turn up back at the home in an ambulance without prior testing.

There were other aspects of care that were affected by the COVID-19 pandemic, when looking at resident's care plans, increased monitoring and observations had to take place, and when residents were very poorly their care plans were fully revised and implemented.

Support from LA etc:

MHA Company set up wellbeing support for staff and were very proactive in providing information and guidance. Furthermore, the East Riding Local Authority have been highly supportive throughout and have since been thanked by the home for the support they provided.

Willerby GP Surgery also gave a wellbeing box, full of gifts and other items for staff. The local community have brought boxes of chocolates or bottles of wine for the home, and families of residents have been extremely supportive also.

The only criticism was regarding the lack of guidance given from Public Health England. The home was told by a representative from Public Health England, that they didn't really have a definitive answer and that she should 'google' it, this made her feel alone and unsupported.

Concluding questions

The overall experience of managing a care home during this time was exceedingly difficult, and the manager stated that it was "honestly the worst time of my life". Fearful for staff, for the residents and all of their lives initially, to show that they're strong and not afraid, in order to keep leading them and keep everyone safe, we were not prepared for what came at all and it was good to have a knowledgeable and supportive organisation to guide them, and to have a business continuity plan in place that consists of an emergency disaster plan in case of a crisis. Being kept up to date with government guidance was helpful so we were always aware of what was going on and what to do.

When asked what was learnt from the experience, Laura explained that she has been blessed with an amazing team who she is enormously proud of and moving into the future would like to keep some of the wellbeing resources and sessions to

help aid her team. A record of everything was made and they documented the full story of their COVID-19 experience to look back at what they have done.

Tour of the Home - Observations

There are 12 bedrooms on the ground floor and one bathroom. Each resident has an ensuite containing a toilet and a sink. There are eighteen bedrooms and 3 bathrooms on the first floor. All the bathrooms have bath and shower so that the residents have the choice of either. On the top floor, there are another four bedrooms and a bathroom with a shower only. It was noticed that the door to the stairs was closed with a keypad lock so the residents can't gain access to the stairs. There is a lift to all floors which was updated around four years ago. The rooms are all single occupancy at the moment, but they do have two rooms that can have two beds if needed by a married couple. We were shown one bedroom which was a good size with a good sized ensuite and a lovely view of the front lawn and drive.

There is a large dining room in which the tables have been moved apart to allow for social distancing. This room looked light and airy. They now have two sittings for meals. Although the home is large it is homely and full of character. There is a large, raised area just outside the dining room which can be accessed by sliding doors. Sophy told us that the residents love to eat outside if the weather is good. The flooring was nice and flat and because it is a raised area there is a fence around the perimeter.

There is a tea trolley that goes round three times a day between meals. Breakfast is served between 8 to 10 am and the tea trolley goes round at 10.30am, 3pm and around 7.30pm. Residents have the choice of hot or cold drinks and there is a water station. Sophy said they were very keen on keeping residents well hydrated and offered ice cream and milkshakes in addition to the usual hot and cold drinks on offer.

There is a reflexology room. They have offered reflexology for around 15 years. This is all inclusive, but they always ask the resident's GP before offering this treatment. Sophy said the residents found it very relaxing and therapeutic and it boosted their wellbeing. There is also a little hairdresser's which is closed now but hopefully will reopen at the start of December.

There was a lovely room downstairs that is used as a quiet sitting room or a chapel. They have multi denominational services twice weekly run by Cathy their in-house Chaplain. Sophy said they have some residents who are agnostic but they sometimes like to attend the services to sing hymns.

As we went round the home I noticed that some of the bedroom doors were slightly open but I didn't see any residents on our tour around the home until we visited the television room where Cathy was running a quiz. We could see that the residents were all spaced out and looked interested.

There were Christmas trees and lovely decorations in the large shared rooms and one in the entrance hall. The whole home looked very clean and well maintained. All the carpets looked well fitting and there were ramps for wheelchair access.

The only interaction seen with residents was in the TV lounge where they were having a quiz. The residents seen looked clean and tidy and appropriately dressed. That goes for all the residents interviewed also. There were some good interactions with Zoe the Activities Coordinator who was helpful and encouraging but allowed the residents to speak for themselves. She clearly had a good rapport with them, and they all seemed relaxed and comfortable with her and she made them laugh.

The staff that we saw on the tour looked calm and purposeful. The home appeared very peaceful and in very good order.

All staff were wearing PPE. Sanitising areas were strategically positioned throughout the home encouraging usage, furniture had been moved from the dining and lounge areas to facilitate distancing. They had a good supply of PPE sourced by the care home's company.

What did staff say?

We received answers to our staff questionnaire from fifteen members of staff. The staff of the home have worked there for a varying amount of time, the longest being 22 years and the most recent beginning in February 2020.

All the staff answered that they enjoyed working at the care home and gave multiple reasons as to why. Many explained that they love helping people, making a difference to peoples lives and caring for older people. They all stated that they enjoy working all together as a team and feel well supported by each other and the management.

Outbreak management (including testing)

There were various changes put in place to safeguard both the staff and the residents. These include social distancing, constant wear of PPE, increased cleaning processes, no visitation, regular testing, more training and regular huddle meetings. There were some early issues obtaining supplies when PPE initially ran

low, however through donations, Willersley's head office and local authority help, they managed to gain what they needed.

All staff members have been tested for COVID-19 and have been tested once a week within the home since May. One staff member has had an anti-body test. Mostly the staff reported they had not experienced any problems with testing, although it was claimed that initially the tests were difficult to access and were not sent out to the home. However, the situation is now much better. If a staff member did test positive for the COVID-19 virus, the staff's responses explained that they would be immediately contacted by Laura the registered manager and informed that they must isolate at home for 14 days, and all family members in your bubble must also self-isolate. Whilst self-isolating staff will receive full pay and supported by Laura.

The staff confirmed in their responses that there has in fact been an outbreak of the infection within the home. Despite this, staff agreed that enough was done within and by the home to make them feel safe. Laura the registered manager was on the floor working alongside staff, PPE stations were located on all corridors as well as in all bedrooms, training was given on how to safely remove PPE, and the routine testing also helped staff feel safe. However staff did explain that managing an outbreak was not without its challenges, initially some staff members were worried about safety, and throughout residents sometimes got confused and therefore it was for them to maintain social distancing. However overall the home managed to effectively control outbreaks and got through it by supporting each other.

Visiting

Most staff answered that they were informed of restrictions affecting visitation around March when the first lockdown began, this is when the local health authority contacted the home. These restrictions outlined no in person visitation inside the home, and outside visitation restricted to thirty minutes and by appointment only. Additionally, rooms and activities were adjusted to ensure that social distancing measures were place and full PPE and hygiene measures had to be abided to by staff.

Staff stated that they were happy to abide by and enforce these restrictions, and that restrictions were vital to keep themselves and the residents safe and were for everyone's benefit. However, some felt they were difficult and had negative implications, such as the isolation residents were experiencing since they have not had physical contact with their family, especially at the end of their life when they would need it the most. There were also challenges with managing the resident's relatives who perhaps thought that the rules didn't not apply to them or could be disrespectful to staff when told they could not visit.

Wellbeing & Support

When asked about what their main concerns during this difficult time, staff had a variation of answers including trying to keep themselves and the residents safe, catching the virus and then taking it home to their loved ones, the stress of implementing the visiting restrictions and limited family contact and the initial lack of guidance given to the home. Staff said that these concerns had negative impacts on theirs and the resident's wellbeing: feeling frequently scared and exhausted, stressed when trying to ensure that they adhered to the guidance, looking after residents who were ill, working extra hours to cover staff who were isolating, and the worry experienced after catching the virus.

However, despite the negative impacts the virus has had on the psychological and physical health of staff, staff did say that carried on and worked together as a team to get through it and received frequent support. This support came from Laura, the registered manager, other senior members of staff and the local authority- all of whom listened to staff and encouraged them to voice their complaints and gave frequent updates and training.

Changes in care and access to services

The majority of staff explained that their job role did change in some way throughout this period. This was either due to staff having to cover each other if they were self-isolating or due to more precautions being introduced to the home, for instance having to completely rethink the residents dining experience to ensure safety and social distancing. Staff were caring for people that did not usually need assistance and without a COVID-19 diagnosis would have been independent. There were instances when some staff were doing some of what the kitchen assistants jobs involve as the kitchen staff were not allowed to leave the kitchen area to ensure less resident contact. Other staff members had to fully transition into other and or previous roles and some staff were promoted into more responsibility, all of which to ensure all areas were covered. Despite this, most staff stated that there were not any aspects of care that they were unable to deliver, the only one being that the kitchen staff were not able to do the usual tea trolley or give out the meals.

Conclusion

Staff summarised working in a care home throughout this time as frightening, difficult and physically and mentally draining. This was further enhanced with the stress of not catching the virus, and the initial challenge of adapting to the restrictions especially the lack of visitation. However, emphasised that they all worked together as a team to support each other, with all staff continuing to work

to help each other through it. Everyone remarked on how well the home had been managed throughout the pandemic, using words like brilliant, fantastic, and said it was managed as well as could possibly expected. They felt highly supported by Laura their registered manager, and that her support and the restrictions put in place made them feel safe. When asked what could have been put in place to improve their experience, many of the staff answered that nothing could have been better, and that many of the challenges were due to the unknown nature of the virus. Staff mentioned a lack of guidance and communication, especially by government bodies and more help to staff on the floor to help with caring with residents.

To conclude, staff were asked if there was anything else staff would like to share with Healthwatch, answers included

- the care industry is poorly paid
- they have risked their lives for little money and public recognition
- they believe their role will remain challenging until relatives are able to see the residents physically
- how proud they were of each other
- That the management team was there for them
- that it is difficult to put what they have been through into words.

What did relatives say?

Both people we spoke to were relatives of residents in Willersley. When asking how long their relative had been in the home, both the residents had been there for over a year, the longest for two years. One had dementia where the others had no health or cognitive issues.

Communication and visiting

The relatives explained that previously they would have stayed in contact with their relative by weekly visits, daily phone calls and frequent outings. However, due to the COVID-19 pandemic restrictions, visitation ceased in March 2020. The relatives of residents were informed of this via email.

When asked how they felt about this change, the relatives answered that they understood that it was to protect their relative, with one relative explaining that they felt “anxious, though pleased that precautions were being taken”. Despite the increase in restrictions, relatives of residents have still been able to maintain contact with their loved one since the start of the pandemic. This has been made possible through skype calls, outdoor visitation (pre Willersley outbreak) and one relative explained that conveniently they “are able to telephone our relative whenever we want to” and do so around 2-3 times a week.

These new adapted visits were by appointment only and were thirty minutes at a time. These visits did have some challenges, relatives stating that outdoor visiting could be difficult because their relative gets cold very quickly and is deaf, therefore a socially distanced conversation can be challenging. The weather could sometimes limit visiting also, however there was a cover at the front porch of the home for some visits which provided some shelter. Another additional challenge relatives experienced was trying to arrange visitation if they do not locally. However, one relative explained that they were “able to arrange a number of visits while visiting the area”. When asked what might be done to improve the adapted visiting, one relative explained that perhaps some sort of permanent visiting shelter should be put in place to make it easier for those who do not live locally to the home to plan visits and not be hindered by the weather or the cold. However, another relative explained that the home has since tried a special visiting room with perplex dividers, though this relative explains that the most effective form of visiting they have found so far is window visiting, in which their resident and themselves communicate via a phone whilst looking at each other through the window. This has helped with the challenge of the resident not being able to hear their family member whilst socially distanced.

Access to services

Relatives agreed that their family member had access to activities during the COVID-19 pandemic. These daily activities consisted of walks of the grounds, chair exercises, quizzes, conversation on relevant topics, music, worship services and individual chaplain visits.

Relatives answered that they felt that their relative in the home did have access to health care services during the COVID-19 pandemic. This was done though doctors still being to make in person visits within the home and the use of photographs to show the doctors surgery the problem area(s). There were some challenges regarding obtaining the correct prescription however this was resolved after the relative of the resident contacted the home and the GP. None of the relatives we spoke to had had their loved one go into hospital throughout this time.

Relatives stated that they do feel that their relative in the home has had access to everything they need throughout. One relative explained that their family member “had everything. The home always lets us know if he needs any extras”. This was reinforced by what another relative stated, “my relative has been well cared for, carer/keyworker has bought any essential items such as toiletries”.

Wellbeing and conclusion

Relatives explained their worries about their family member contracting the virus within the home. The relatives we spoke to were understandably concerned, especially on the occasions when there had been positive tests within the home. However, relatives stated that their concerns were addressed by the staff, who worked extremely hard to keep their relatives safe and were always approachable and friendly. Overall relatives said that they were satisfied with the care given throughout the pandemic and explained that “the staff are amazing. Our relative is in a wonderful home with brilliant staff” and that “things continued as normally as possible. The atmosphere is cheerful and friendly”. Relatives concluded by saying that they’re “very happy with the care” and “cannot fault the care and support given”.

What did residents say?

In total we interviewed ten residents who had been in the home for a variety of years. The longest was three years, and the newest resident has lived at Willersley since July 2020.

Changes to care

Just over half of the residents we interviewed thought that their care had not changed as a result of the COVID-19 restrictions. Those who had thought it had changed explained that this was because “we used to have visitors, It used to be better”, “you cant have too many people in a room”, “they are very strict and careful here because of covid” and “they give you a choice to a point but its difficult for everyone at the moment. Plenty of carers always someone to help you. They do their best”.

Despite this the majority of residents answered that they had still been able to make decisions regarding their care and that their opinion had been taken into account throughout. Half of residents stated that they still had their named carer throughout the pandemic, although many weren’t sure of this. Residents explained “whoever it is, there’s always somebody to help you”, “No I have the same person, that’s very good. It works well. Since the virus on occasion there are different carers. Its just the way it is now”.

Most residents confirmed that staff have explained any changes to their care due to COVID-19, and the changes going on within the home. However, some residents did answer ‘No’ to this question, with one resident stating that they have nobody to talk to about the COVID-19 pandemic and is unsure if staff would be available to discuss as they are very busy looking after other residents. All residents answered that yes their views had been listened to throughout this time, and most were aware of a COVID-19 specific complaints procedure in case they did have any concerns. All residents stated that they felt their care needs were being met by

the home, and expanded on this: “if I have a problem the staff listen to me, I like my door open so there is some light by they used to close it. Now they leave it open because I like that. My daughter rings me everyday so if I have a complaint I tell her and she rings the home”. “If I had a problem I’d speak to one of the senior staff discretely and privately” and “if I mention anything that I’m worried about I can tell them and they will help and make it right”.

Access to services and activities

The majority of residents interviewed confirmed that they still had been able to access services when needed, such as doctors, dentistry, opticians and so forth, and all but one said that their GP had remained the same despite COVID-19. When asked how they feel about access to services during the pandemic, the residents “had an appointment with the eye hospital but this was missed due to being ill. I know who to speak to about this, I have a new GP he’s very pleasant” and “I am not sure, there’s been a doctor coming. Its hard to recognize people in masks. I never feel frightened as I know someone will help me, I see the nurse regularly about my arm. She makes it comfortable”, one resident commented that “ I think I’m okay with regards to health, but one of my teeth are broken and I’d like to see a dentist for some advice”.

When asked if the residents had had any ‘virtual’ GP appointments since lockdown, three said that they had. They said that “it was done on one of the carers phones” and “I see the GP on the screen. It was alright. He prescribed antibiotics and said I should stay in my room for a few days. It was a shame staying cooped up in my room but it wasn’t for long”. One resident explained that they had had a virtual appointment but would have preferred a face-to-face appointment, and another said that although they have spoken to the GP over the phone, they are starting to come back to the home more.

Three residents that we interviewed had attended hospital during the COVID pandemic, off of which for an outpatient appointment. They described this experience: “They were very clear about what they needed to go for me and they did that. I was never scared”, “I felt looked after and safe, it was very well organised” and “ I was given a mask to wear which I didn’t like very much and was glad when I could take it off”.

All the residents we spoke to had been tested for COVID-19, and one had had an antibody test. None of the residents experienced any problems with the testing experiences. When asked what the procedure would be if they tested positive for COVID-19, residents explained that you had to stay in your room: “I need to see someone who knows what to do and isolate in my bedroom”, “we have to stay in our room for a couple of weeks- we are tested monthly”. Some residents stated

that their family/friends had had COVID-19 tests also, though many were unsure. Residents did know that if their family/friends were COVID-19 positive they would have to self-isolate and wouldn't be able to come to the home.

Residents were additionally asked about whether they have been able to take part in any activities during the last few months, and most answered that they had still been able to. Some residents explained that activities had mostly stayed the same just taking place inside of the home, such as exercise, bingo and guessing games. A lot of residents cannot or do not want to take part in group activities and do more solo activities such as knitting and crafts, crosswords or use technology like iPad. Additionally the chaplain offers one to one services for those who cannot attend group worship. Other residents commented that entertainment, outdoor activities and trips can no longer take place.

Communication and visiting.

When asked about how they have found the changes in visiting to the home, the residents explained that they found it difficult to not see their family members but knew that it was in place to keep everyone safe. The residents expanded on this: "it's not very nice is it, It's upsetting really", "I do miss my children but I went through the war", "there has been changes but they've had to do that to help people" and "horrible now that my family cant come and visit- I love my visitors". Despite this, most residents agreed that they have managed to maintain contact with their loved ones during the pandemic. This has been facilitated through use of telephone calls, video calls on iPads, window visitation and previously outside visits. The residents explained that: "I have been able to speak to my family over the phone which is nice. They haven't stopped us from doing that- its important to be able to contact our family isn't it", "They stand near the bird feeder and we shout to each other", "I don't feel lonely, my daughter rings two or three times a week", "outside in the gardens. Cant do that now. too cold" and "can ring them when the home helps me. The point where we had visits in they were allowed to come visit the garden by appointment".

Wellbeing

When asked how they felt about living at the home, residents explained that although it had taken some getting used to and settling in, most were positive and happy about their home, and accepted that it was necessary for them to be in a care home. Residents said this happiness was due to various reasons, such as "lovely people", "the care is very good here- no complaints at all" and "the food is good, and there is always a choice. The staff are really lovely". Others explained that it had been happy living there but since COVID-19 it had somewhat changed

the experience, explaining that “there were always lots of activities and trips but has now changed”.

The vast majority of residents answered that they did feel safe against COVID-19 within their home. They expanded on this, stating that “feels like home sweet home. The girls (staff) are all nice”, “I do feel safe”, “I feel safer here than anywhere else. There’s always someone to help you”.

We asked how the residents mental and overall wellbeing had been during this period, and some have felt fine and not had any significant changes to their wellbeing,: “I have been fine. Obviously you feel a bit sad that you haven’t been able to see your family”, “I have been fine thank you. I’m lucky really, the food here is good, I’m keeping well” and “I don’t know, I try not to let it bother me”. However, other residents explained that they had felt “fed up” and sad recently: “I have felt anxious. You cant help feeling anxious some days but I know someone will come. I know I’m not on my own and they make me laugh”, “fed up. It is difficult for everybody. I've tried to kid myself that there's thousands like me but its not easy. Hopefully getting a vaccine”. Similarly we asked if the residents had experienced any feelings of loneliness or isolation and there was a mixed response: “no, not really”, “I have got plenty of company here, people that you pick up on the way. You go along every day and find somebody else!”,” No because I go to sleep fairly early at night so I’m not lonely then” and “yes a lot more”, “I have felt lonely, I have not had much company from staff”.

Conclusion

We asked how residents would describe the overall experience of living in a care home during this time and most were positive and happy with the experience they have had: “very good here- like being at home. I wouldn’t want to go anywhere else because everyone is so kind and nice”, “it gives you a sense of security, it makes me feel safe”. However some residents did comment that they missed their previous home environment or have had a slightly less positive experience: “they have been marvellous, all of them. I haven’t gotten any issues I just wish I was at home”, “very happy in the beginning by everything has changed now, less activities and cant sit together” and “well I cant say its pleasant or lovely because it isn’t. Everything I need, I get. I think the general consensus is that they would all rather be at home with families. If only we could have visits it would help”. Considering this, we asked what the home could put in place to improve their experience and most residents claimed that there wasn’t anything staff could do to improve anything: “no its good, you cant better it really” and “I don’t think there is really. I am happy as I am. There are silly things I cant have but that’s about it”. Though some residents did say that they think their experience will

improve when visitation could be reintroduced and that “staff try to make things better but this awful virus has changed everything”.

We also asked residents if they felt positive about the future and how they felt looking forward. Residents explained that they hoped that things would settle down soon regarding the virus, looking forward to seeing their family and getting back to some sort of normality.

Conclusion

Willersley House put in various changes in order to safeguard both the staff and the residents. This included rearranging and adapting to ensure social distancing, increased hygiene measures and use of PPE and from May regular testing was put in place within the home. The staff confirmed in their responses that there has in fact been an outbreak of the infection within the home.

We concluded that Willersley’s staff felt fully supported by their fellow colleagues and their registered manager. Although staff experienced initial concerns and negative psychological and physical health due to the effects of the virus and restrictions, staff carried on and worked together as a team to get through it and received frequent support. Staff said how proud they were of each other, how the management team was there for them, and that it is difficult to put what they have been through into words.

Looking at the support, Laura said that the home received support from their company MHA, who set up wellbeing support for staff and were very proactive in providing information and guidance, Willerby GP Surgery and the local community. Furthermore, the East Riding Local Authority have been highly supportive throughout and have since been thanked by the home for the support they provided. The only criticism was regarding the lack of guidance given from Public Health England.

Most residents stated that their overall wellbeing hadn’t been significantly affected by the lockdown, explaining that although they were sad that they’re relatives couldn’t visit, they accepted that it was a necessary restriction put in place to keep them safe. The staff and registered manager seemed to greatly consider the residents wellbeing throughout this time and many residents answered that they knew staff were there for them, and even when they had felt lonely, knew they had company amongst staff.

When asked what was learnt from the experience, Laura the registered manager explained that she has been blessed with an amazing team who she is very proud of and moving into the future would like to keep some of the wellbeing resources and sessions to help aid her team. When looking at the support that was given to herself and the team she believes that there was nothing that could've been improved and that as a team they did everything they could have possibly done in order to keep going despite the pandemic.

Relatives also said that they were satisfied with the care they received throughout the pandemic, and explained that “the staff are amazing. Our relative is in a wonderful home with brilliant staff” and that “things continued as normally as possible. The atmosphere is cheerful and friendly”. Relatives concluded by saying that they're “very happy with the care” and “cannot fault the care and support given”.

Recommendations

- 1) To start doing lateral flow tests on family & friends as soon as possible after the current lockdown is lifted.
- 2) To introduce more visitation pods or use a room with direct outside access if possible.
- 3) Encourage residents to come out of their rooms and use the communal areas more.
- 4) Local Authorities and Public Health communicating better and so not giving out conflicting information.

Acknowledgements

Healthwatch East Riding of Yorkshire would like to thank Willersley House, Laura the registered manager, Zoe the activity Co-ordinator and all the staff at the home for their help and involvement with the enter and view. We would also like to thank all the residents and relatives for their engagement. Thank you to our volunteers who helped us facilitate the project.

Distribution

This report has been distributed to the following:

- Willersley House
- Healthwatch England
- East Riding CCG
- East Riding of Yorkshire Council
- Healthwatch bodies within the Humber network