

# Understanding the lived experience of infection-control measures in care homes for older people: joint findings from a completed study and an on-going study



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***International workshop on COVID-19 and Long-Term Care systems: What have we learnt and what policies do we need to strengthen for LTC systems?***

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Session: 6 December, 11:45-13:00



# Introduction

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- Little research on challenges care-home (CH) staff face in implementing infection-control measures (ICMs) during the pandemic.
- Exploratory study: Dec.2020 - Jan.2021
- On-going study: June 2021 - May 2022
- *Aim*: identify the lived experiences of CH staff implementing new ICMs, the sources of support available to them, the effects on staff and those they care for and what will help prepare for outbreaks of highly infectious disease outbreaks.

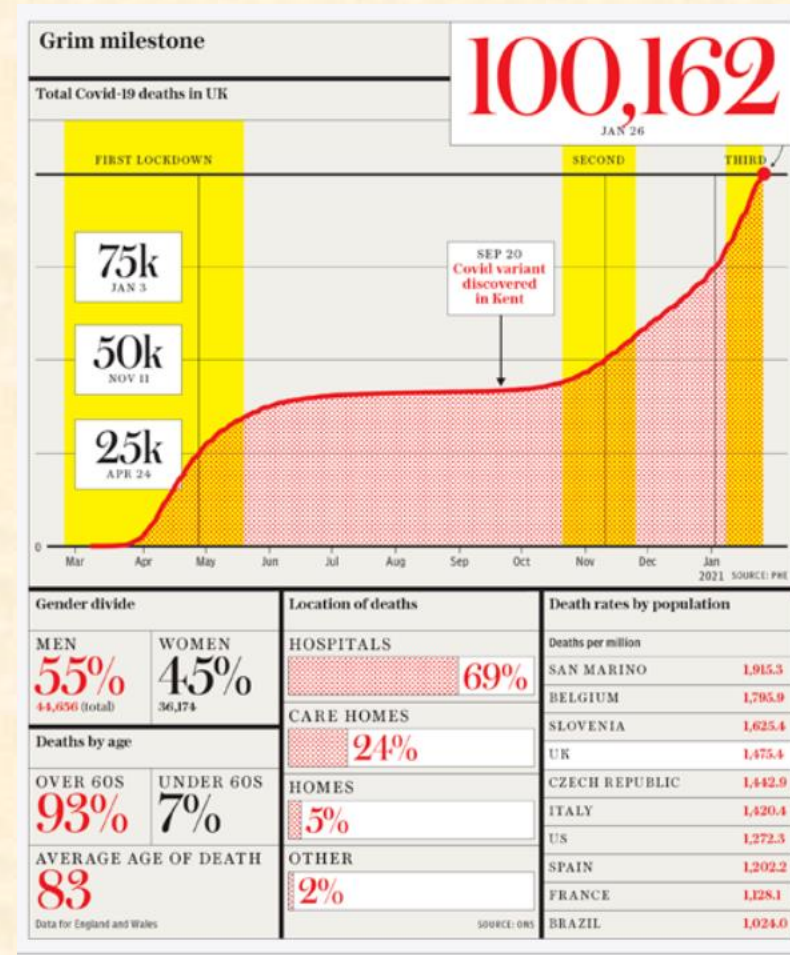
# Methods

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- Mixed-methods
  - online survey to provide broad insights, followed by key informant interviews to obtain experiences in depth
  - qualitative exploration of any challenges in implementing new ICMs, sources of support, morale, experiences
- We sought to obtain a range of age, gender, geographical location and occupational role

# Context – January 2021

On 13 January 2021, a Guardian analysis of the most up-to-date figures confirmed the 100,000 death toll for the first time. ... the Office for National Statistics (ONS) said the UK had passed that threshold on 7 January, based on death certificates.



Source: BBC Newspaper headlines, 27th January 2021, <https://www.bbc.co.uk/news/blogs-the-papers-55820159> (accessed 27.01.2021 at c.07:40).

# Context – 1st December 2021

## Cases

### People tested positive

Latest data provided on 1 December 2021

Daily

48,374

Last 7 days

305,252 ↑ 2,181 (0.7%)

▶ Rate per 100,000 people: **438.9**



## Deaths

### Deaths within 28 days of positive test

Latest data provided on 1 December 2021

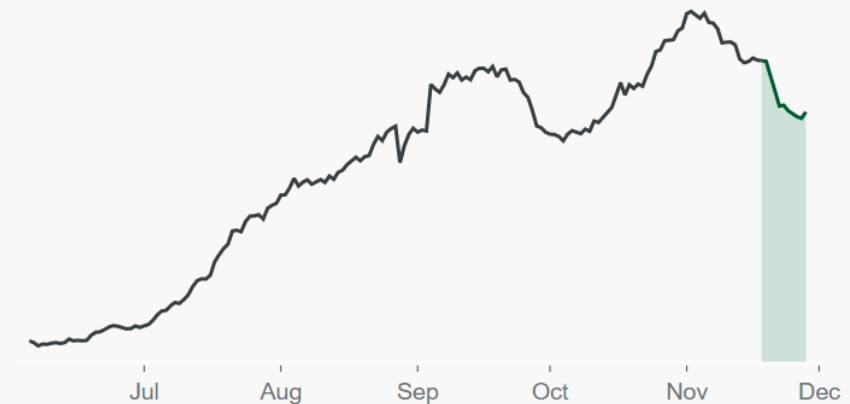
Daily

171

Last 7 days

854 ↓ -72 (-7.8%)

▶ Rate per 100,000 people: **1.2**



Source: UK Summary | Coronavirus (COVID-19) in the UK, last updated on 1 December 2021 at 5:24pm <https://coronavirus.data.gov.uk/> (accessed 02.12.2021 at c.10:50).

# Analysis

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- Online survey: 238 valid responses (Study 1)
  - ages 18-65+; 84% female; range of job roles
- Qualitative interviews: 15 (Study 1)
  - ages 18-65+; 10 female; 8 front-line care-workers; 7 at management level
- Survey data were analysed descriptively; qualitative data analysed thematically – then side-by-side comparisons were made

# Findings

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- Staff were motivated to provide care to the best of their ability and capacity
- But they faced challenges of personal protective equipment (PPE), communication and guidance and being supported in highly distressing situations





# Findings – Enablers

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- A good team spirit and collegial trust
  - “I trusted [my colleague] implicitly. We had various situations kick off. And we calmed down, de-escalated every situation.” *Participant A*
- Effective communication strategy in the CH
  - “...get our message to everyone in the CH – laundry, cleaners, cooks, everyone.” *Participant B*
- Openness to learning within the CH



# Findings – Enablers, *cont'd*

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- Morale and attitudes about work (survey):
  - *My colleagues and I work well together*  
Constantly/Often – 96% SCW; 84% JCW
  - *I should find a different CH to work in*  
Not at all – 85% SCW; 70% JCW
  - *My manager is supportive in preventing COVID*  
Constantly/Often – 90% SCW; 72% JCW
- Emotions:
  - *Finding work rewarding*  
Constantly/Often – 68% SCW; 78% JCW

# Findings – Barriers



- Lack of awareness / preparation for COVID-19 compared with other infectious disease outbreaks
- Inconsistency of training
- Difficulties of using PPE when caring
- Feeling unsafe in face of COVID-19:
  - “if you don’t know [they] have COVID, you’re lulled into a false sense of security that this little piece of paper over my face will protect me” *Participant C*
- Sense of fatalism which can reduce ICM adherence

# Findings – Barriers, *cont'd*

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- Lack of social and personal support in facing highly distressing situations
- Inconsistent, confusing, ever-changing advice
  - “Have everybody singing off the same hymn-sheet. So these are the standards that everybody in the country should adhere to. ...these are the steps you must take. And these are the tools.” *Participant D*

# Findings – Barriers, *cont'd*

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- Caring for residents living with dementia
  - “It’s incredibly difficult to isolate somebody.”  
*Participant E*
- The minimum standard in care homes should be standard for everyone in the community
  - “Hand-washing, hand-gel and covering your face, including when you cough – the basic stuff is the most important. We’ve gone the extra mile... Our norm should be the norm for everybody.” *Participant F*



# Discussion

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- CH staff drew upon ICMs to help them deliver the best possible care as well as protect their residents and colleagues
- Many factors shaped their uptake and efficacy
- Dealing with different types of anxiety
- Trying to provide care at the highest level, but government, CQC, LAs, etc., “didn’t ask the people on the ground what we need to do”

# Conclusion

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- Findings have increased our understandings of the practicalities and challenges around CH transmission mitigation measures for limiting the spread of COVID-19
- On-going research is imperative, including how best to support the care-home workforce

“...certain things are good to come out of it because it has raised our awareness of the most robust ICMs” *Participant G*

# Acknowledgements

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*The views expressed are those of the authors and not necessarily those of the NHS, NIHR, Department of Health and Social Care, Public Health England or UEA.*

# Image credits



Source: BBC News website – Front pages, 08.12.2020, “first vaccine day”, <https://www.bbc.co.uk/news/blogs-the-papers-55224733> (accessed 08.12.2020).

These images are taken from a collage of 19 pictures on the front page of the *Daily Mirror*, published in the compilation of the BBC News website front pages on 08.12.2020.

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Affiliation is University of East Anglia, unless otherwise indicated.

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**Thank you –  
your questions and  
comments are welcome**

Kathleen Lane and Diane Bunn,  
on behalf of both studies